Central African Republic

Consolidated Emergency Report 2016

Children attending preschool classes in the Temporary Learning Space at M'poko IDP site © UNICEF CAR/2015/Le Du

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A. Abbreviations and Acronyms

ANC	Ante-natal care
ANEA	Agence Nationale de l'Eau et de l'Assainissement
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
EiE	Education in Emergencies
EFP	Essential Family Practices
GBV	Gender-Based Violence
HAC	Humanitarian Action for Children
HRP	Humanitarian Response Plan
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
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
RCPCA	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
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

In 2016, UNICEF's humanitarian assistance was based on the targets outlined in the HAC document, which focused on identifying the most vulnerable populations, assessing their needs and providing a response based on UNICEF's CCCs. Funding gaps did not allow UNICEF to reach its initial targets and the humanitarian situation in CAR remained dire, with 420,000 IDPs at the end of November, and an estimated 2.3 million persons affected by the crisis. Humanitarian access has been a huge challenge due to the fragile security situation. Nonetheless, UNICEF has played a strong role in advocating in CivMilitary Coordination meetings for the rights of children and women to obtain adequate support.

Using the cluster approach, UNICEF continued working closely with line ministries to strengthen government capacity for humanitarian response. Four Field Offices were fully operational (Bouar, Bossangoa, Bambari and Kaga Bandoro), with some 40 staff deployed, to support and strengthen operations in the field. Complementing this, mobile teams were also temporarily deployed to accelerate the provision of support and identify and resolve new challenges.

The RRM was an important part of the UNICEF emergency response and allowed the country office to reach 209,816 highly vulnerable people (out of 280,000 beneficiaries initially targeted for 2016). The RRM response focused on distributing NFIs and WASH services to 139,799 and 70,017 individuals, respectively, including playing an extremely effective role in limiting the negative effects of the cholera outbreak in Bangui and Ndjoukou. While dealing with this outbreak, the WASH team was supported by the West and Central Africa Regional Cholera Platform.

The RRM worked with four implementing partners, covering nearly 75% of the country's territory. This enabled the establishment of early warning systems (humanitarian watch), with a total of 160 alerts received on humanitarian shocks, mainly caused by armed conflict. Those alerts led to a total of 74 "exploratory missions" and 74 "rapid multi sectorial assessments". As a result, 36 NFIs and 26 WASH relief operations were implemented. A total of 29,810 NFI kits were distributed, 88 emergency latrines and 55 showers were constructed, 56 water points were rehabilitated and 147 hygiene promotion sessions were given through focus groups. The information gathered through the humanitarian watch, as well as the evaluations shared with the CAR humanitarian community, allowed for sector responses in areas not covered by RRM.

Health and nutrition services were scaled-up to reach vulnerable children living in enclaves and conflict-affected areas. As result, over 212,000 people in need were able to access basic health services. A total of 25,336 children suffering from SAM were admitted within nutritional facilities and properly treated. Vaccination campaigns against measles reached 33,162 children under 5 in IDP sites and epidemic districts. The HIV unit worked with NGOs and the MoH to conduct HIV awareness campaigns in IDP camps in Bangui and Bambari: out of 1,815 people tested, 35 were found HIV positive and are under ART.

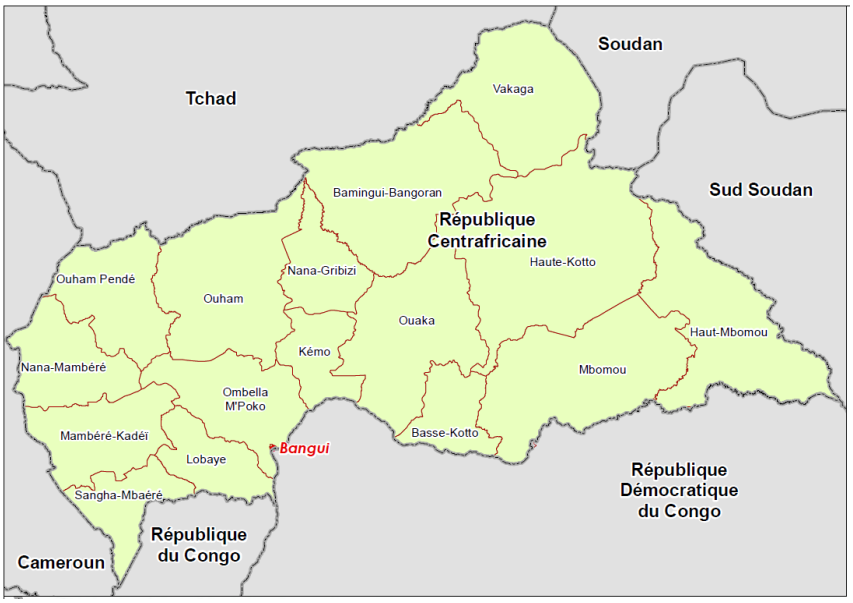
Emergency WASH interventions included water pumping, chlorination and trucking throughout the country targeting 400,000 vulnerable people. Over 538,000 persons (IDPs and host communities) benefitted from improved access to safe water and over 92,000 IDPs now have access to improved sanitation services.

Child protection services were expanded in response to the humanitarian crisis. With UNICEF support, a total number of 3,982 children including 1,222 girls, aged 7 to 17, were released from armed forces and groups in 2016. Out of the 140,000 children initially targeted, 56,229 children, including 24,062 girls received psychosocial support. Moreover, 1,733 women and children were identified as survivors of sexual violence and received access to comprehensive support (psychological support, medical assistance, hygiene kits).

Providing education to affected children was a key priority for UNICEF in 2016. A total number of 59,114 children received learning materials within the context of EiE activities. UNICEF set up safe TLS in IDP sites, providing access to relevant education opportunities to 40,258 children (out of 60,000 children initially targeted for 2016). Essential training in EiE, child protection, psychosocial support, and peacebuilding was given to more than 880 teachers. UNICEF, the Education Cluster and partners also provided services to children trapped in enclaves – including in the PK5 suburb of Bangui.

UNICEF led nutrition, education and WASH clusters and coordinated the child protection sub-cluster, in addition to being an active member of the health cluster facilitated by the WHO. In these functions, UNICEF ensured effective humanitarian leadership and accountability. To provide durable solutions for IDPs, UNICEF contributed to the finalization of the HTC guidance note on the provision of support to returnees as well as the reintegration of IDPs.

C. Humanitarian Context



The presidential election in February 2016 reinstituted constitutional order in the Central African Republic (CAR) after 3 years of political transition and opened up new perspectives for the redeployment of state authority through CAR territory. At a donors' conference in Brussels last November, President Touadera presented a five-year Peace Rehabilitation and Reconstruction Plan (RCPCA) requesting $ 3.1 billion and signed with UN Under-Secretary-General Jan Eliasson (on behalf of the international community) the "Framework for Mutual Engagement" that is intended to govern the relationship between the CAR and its international partners.

Nevertheless, almost one year after President Touadera took office, the country continues to suffer from instability, with entire regions beyond the control or authority of the Government as armed groups and criminal activities prevent the return of the rule of law. The lack of capacity, or even the absence, of state representatives in some regions does not allow the delivery of basic social services, which for the moment are largely provided by humanitarian partners covering some 50% of the national territory in their support of state social structures and assistance to the population.

The situation remains dire and renews the importance of the Core Commitments for Children (CCCs) to fulfil the rights of children affected by humanitarian crisis: one in every two children is affected by stunting; some 139 children in every 1,000 die before their fifth birthday, and 880 women in every 100,000 die from pregnancy-related causes. 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).[1] Almost 70% of the population in CAR do not have access to safe water and 65% lack access to sanitation services, even more in rural areas, putting children at risk of water-borne diseases. The education system has been severely impacted by the ongoing crisis. According to an informal survey carried out by the Ministry of Education at the end of the 2015 – 2016 school year, one in four schools was not functioning, due primarily to ongoing insecurity. In consequence, children are only slowly returning to classrooms, with approximately one in three children out of school. For child protection, there are many issues in CAR which resulted directly from the crisis. Approximatively 600.000 children and adolescents have been victims and are exposed to attacks, acts of violence, and recruitment by armed groups, family loss, physical harm, forced displacement and many other forms of violence.

[1] Integrated Food Security Phase Classification, August 2016

Poverty, poor governance and plundering of natural resources are among the underlying causes of CAR crisis, which consistently creates inter-community tensions, clashes between armed groups and criminal activities committed with impunity. The Prefectures (regions) in the Northwest, Center and East of the country have experienced a particularly violent season of transhumance in 2016 as armed groups fought for the control of transhumance corridors that are sources of significant financial incomes. Due to the ongoing conflict, at the end of 2016, an estimated 434,000 people were internally displaced and an additional 460,000 persons had sought refuge in neighbouring countries. Clashes among different ex-Seleka factions in the Eastern part of the country (Bambari and Bria) at the end of the year generated a further major displacement of persons estimated at 30,000 people.

This chronic crisis greatly undermines the progress towards a normalization of the security situation and continues to affect the local population: in 2016, an estimated 2.3 million people were in need of humanitarian assistance, including 1.2 million children (370,000 children under five). Almost 23,000 children under 5 affected by SAM were admitted for treatment and 170,000 children under 5 in sites for internally displaced persons and enclaves had access to essential health services and medicines. More than 780,000 affected people had access to an improved source of water. A total of 3,720 children were released from armed forces and armed groups in 2016. Access to quality education (including through temporary learning structures) was made available to 37,595 emergency-affected children, including adolescents and 23,246 acutely vulnerable households received rapid assistance with NFIs.

The main constraint to deliver humanitarian assistance was the security situation: repeated attacks by armed groups and criminal gangs against civilians, the regular establishment of barriers, threats and abuses against humanitarian workers are recurring factors since the beginning of the crisis. In 2016, an average of 10 security incidents per week have been registered throughout the territory of the CAR. To mitigate the impact of this volatile operational context, the humanitarian community advocates strongly with the MINUSCA for the creation of secure environments. Logistics constraints (poor infrastructures) and administrative harassment are also elements that affected negatively humanitarian access.

Currently, 134 humanitarian partners (66 national NGOs, 54 international NGOs, 10 United Nations agencies, 3 members of the International Red Cross movement and the Ministry of Social Affairs) are active in the field covering most of CAR territory. However, as the crisis in CAR has become more silent, lack of funding poses a tremendous challenge to provide the much-needed and life-saving assistance to vulnerable people: the Humanitarian Response Plan (HRP) 2016, requiring $ 531 million, has been only financed at 36%.

The CAR context remains volatile and UNICEF in coordination with all other stakeholders (government counterparts, national and international partners), and via its sub-offices in the country, continues to prioritize life-saving interventions as well as risk reduction support, early recovery and transition activities for crisis-affected people in the Central African Republic. As global cluster lead, UNICEF provides coordination and financial support to the Education, Nutrition, WASH and Child Protection clusters which play a central role in the country's early recovery and also supports the integration of national authorities into the humanitarian mechanism. Furthermore, UNICEF is ensuring that the links between humanitarian (HRP) and recovery (RCPCA) activities are taken into account for every intervention in order to prepare national authorities' capacities and enable them to take on more responsibility and ownership in the management of the country's needs.

D. Humanitarian Results

a) Child Survival and Development (CSD)

In 2016, the Child Survival and Development (CSD) Programme focused its emergency response on access to health services and the treatment of malnutrition. To strengthen the health system and ensure coordination and monitoring of the delivery of access to health services and quality of care, UNICEF, as the national nutrition cluster lead, provided technical support and contributed to the governmental transition plan to ensure coordination, data management and nutrition surveillance. By scaling up the active detection and treatment of severe acute malnutrition (SAM), reinforcing health workers' and community-based organizations' capacities and strengthening the surveillance and monitoring mechanisms of the nutrition response, UNICEF aimed to reduce the morbidity and mortality of children under five and assist vulnerable populations affected by severe acute malnutrition with a coordinated, timely and effective response. Through its four zonal offices, UNICEF provided technical and financial support to the Government and NGO partners and prepositioned essential supplies to assure life-saving assistance for children and mothers in hard-to-reach areas and IDP camps. Vulnerable populations and pockets of malnutrition were identified through rapid SMART surveys for an adapted response thanks to the integration of the Rapid Response Mechanism (RRM) in the nutrition emergency programme and cluster coordination in 2016.

Emergency health

In 2016, over 212,000 vulnerable children under five years living in conflict-affected areas were able to access basic health services through the provision of 250 medical kits. With the introduction of community management of childhood diseases, around 10,000 sick children under five were treated in 28 community sites in Bossangoa and Kaga-Bandoro, with approximately 500 children referred for complications.

Operational capacity of 90% of the 380 targeted health facilities was strengthened, allowing 58,333 pregnant women (76%) to attend antenatal care. 24,790 (58%) of deliveries were assisted by qualified health personnel. This was achieved through the provision of essential drugs, medical equipment, and training of 20 trainers and 120 health staff on refocused-antenatal care (ANC).

In addition to the continuing crisis, children and families in several areas of CAR were affected by a cholera outbreak, a measles outbreak and flooding. The cholera outbreak in August-October affected 265 people, including 139 children under 15, with 26 deaths. The measles outbreak took place in March and April in the prefecture of Ouham and caused 313 cases with 6 deaths among children under the age of 10. Floods during the end of

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

the year affected populations in Kaga-Bandoro and in Bangui. UNICEF in coordination with its partner, the national Red Crescent NGO, distributed 11,050 bed-nets to 5,662 households affected by flooding. Also, 20,400 households in Bangui and surroundings received 50,000 bed-nets.

With regard to immunization, 1,541,509 children were vaccinated (85% coverage), 623,872 children under five (97%) received vitamin A and 275,024 (84%) received deworming tablets during a national measles campaign supported by UNICEF and partners, targeting children from 6 months to 10 years. Only in IDP sites and epidemic districts (Prefectures of Haut Mboumou, Nana Gribizi, Ouaka, Ouham and Bangui), vaccination campaigns against measles have reached 33,162 children under 5. Furthermore, a national polio campaign with a coverage of over 95% each round reached 1,051,620 (102%) children under five. four sub-national polio campaigns were organized in two regions bordering Chad in response to the wild polio virus outbreak in Lake Chad region. - With the rehabilitation of the cold chain system, the proportion of facilities with a functional cold chain system has increased from 55.6% last year to 67% in 2016 thanks to the provision of 137 solar-powered cold chain equipment and the training of staff.

Emergency nutrition

In 2016, UNICEF scaled up the implementation of **Integrated Community – based Management of Acute Malnutrition** (CMAM). 25,336 severe acute malnourished (SAM) children (representing 86% of the annual target) have been admitted for treatment in therapeutic programs. Among them, 20% with medical complications (5,037 cases) have been treated in In-Patient Therapeutic units and 80% (20,017 cases) admitted to Out-Patient Therapeutic programs. Through cooperation partnerships with implementing NGO partners including Action contre la Faim (ACF), CARITAS, African Humanitarian Agency (AHA) and Premier Urgence (PU AMI), UNICEF increased the geographic coverage of nutrition services by 17.4% for therapeutic units, from 338 in 2015 to 409 in 2016 through the opening of new nutrition centers and a mobile strategy, allowing to deliver nutrition services to hard-to-reach populations located in insecure and remote areas.

Performance indicators for the treatment of SAM improved as compared to 2015: cure rate of 87.85% (2015: 83.5%; standard: >75%), death rate of 2.11% (2015: 3.3%; standard: <5%) and defaulter rate of 10.04% (2015: 13.1%; standard: <15%). This was achieved through the joint efforts of the MoH, UNICEF and other partners. 1,149 people (representing 93% of 2016 targeted staff) were trained on integrated management of acute malnutrition, thus aiming to provide each health facility with at least two trained staff. The capacities of medical staff at Bangui Pediatric Hospital were reinforced so they could provide trainings on SAM management and support health districts with technical supervision.

A nurse in the Bangui Pediatric Hospital applying nasogastric treatment on SAM cases © UNICEF CAR/2016/Muhimfura

Enhance the management of SAM response: Although the coverage of the CMAM (community-based management of acute malnutrition) increased by up to 77.1%, the integration of CMAM in the minimum health interventions package remains very challenging in the majority of prefectures (the

lowest with around 12% of coverage). The scale up of CMAM was possible due to the availability of nutrition supplies, especially RUTF and the timely and adequate distribution of RUTF to health facilities based on the respective caseload has been crucial for continuous treatment of beneficiaries. The provision of micronutrients for young children and mothers for routine programme of (Vitamin A supplementation; therapeutic zinc for diarrhea management; de-worming drugs for children and iron-folic acid supplements for pregnant women) remains low.

Improve infant and young children feeding practices: The national infant and young child feeding (IYCF) guidelines have been developed and validated by the Ministry of Health and with the support of UNICEF. Based on these guidelines, health workers counselled at least 3,400 mothers and caregivers on best IYCF practices and six out of twelve hospitals joined the baby-friendly hospitals initiative to promote IYCF practices among mothers such as early initiation and continuous breastfeeding. These efforts aim to contribute to the prevention of acute and chronic malnutrition (affecting 41% of children under five).

Mothers and caregivers receive counselling on infant and young children feeding © UNICEF CAR/2016/Muhimfura

Surveillance and monitoring/ evaluation mechanisms: Data availability through Rapid SMART nutrition surveys in six locations and continued technical support to the governmental transition plan to ensure coordination, data management and nutrition surveillance. This was crucial for the ongoing emergency response and preparedness activities. The nutrition cluster had integrated the Rapid Response Mechanism (RRM) updates in its planning which identifies remote and vulnerable areas/ pockets of malnutrition for an adapted response. To address barriers and bottlenecks limiting the efficiency of the nutrition response, especially with regard to timely information management, UNICEF used innovative technologies including U-report, community radios, and SMS. This allowed for active case finding and referral of Severe Acute Malnutrition cases under treatment who abandoned the programme following the insecurity situation.

Severe acute malnutrition has been more deadly in the rainy season, when aggravating factors such as diarrhoea, acute respiratory infections and malaria were at their peak. This situation has been exacerbated by limited access to health and nutrition services, a lack of potable water, poor infant and young children feeding practices and food insecurity for people who fled in the bush or lived in IDP sites in Dekoa, Kaga Bandoro, Batangafo, Mbres, Boguila, Bambari and on the axes of Bouar - Ngara-Mboulaye. To reach very remote and insecure areas, UNICEF CAR rented local motorcycles to assure the weekly supply of RUTF and referral of severe cases with medical complications.

HIV

In 2016, 3,161 pregnant women living with HIV (64% of the expected target) were put on ARV treatment. 1,903 infants (47% of the expected target) received ARV through PMTCT services and 2,501 children under 15 years were put on ARV. 53% of districts with high HIV prevalence were strengthened to provide PMTCT services through the training of 250 health workers and 200 community-based organizations on the new national B+ option guideline. Also, 44 student peer educators and 44 school

teachers were trained on HIV prevention. The targets for HIV and AIDS were not fully achieved due to the low integration of HIV in the maternal health interventions (antenatal care services package) and the difficult access to remote areas. UNICEF has also advocated for the integration of HIV in cross-sectoral activities to increase the scale.

NUTRITION	Cluster/ sector 2016 Target	Cluster/ sector total results	UNICEF 2016 target	UNICEF total results
Number of children aged 6-59 months with Severe Acute Malnutrition (SAM) admitted for therapeutic care	29,250	25,336	29,250	26,956
Recovery rate	>75%	87.1%	>75%	88.1%
HEALTH				
Number of children under 5 immunized against measles in IDP sites and epidemic districts	n/a	n/a	18,570	33,162
Number of children under 5, including those in IDP sites and enclaves, with access to essential health services and medicines	n/a	n/a	500,000	212,976
HIV and AIDS				
Number of children born to mothers who are HIV positive who have access to appropriate treatment	n/a	n/a	4,060	1,903
Number of pregnant women living with HIV who received ARVs for PMTCT	n/a	n/a	4,906	3,161

b) Water, Sanitation and Hygiene (WASH)

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 funding situation. OCHA estimates

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

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.

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

WATER, SANITATION & HYGIENE	Cluster/ sector 2016 Target	Cluster/ sector total results	UNICEF 2016 target	UNICEF total results
Number of affected people provided with access to improved sources of water as per agreed standards	700,000	898,570	400,000	538,864
Number of affected people provided with sanitation facilities as per agreed standards	700,000	279,787	250,000	92,254
Number of internally displaced households provided with WASH NFI kits	50,000	69,307	10,000	15,513

c) Education

Increasing access to quality basic education

As a consequence of CAR's crisis, large numbers of children have been displaced and are out of school and school infrastructure is not accessible due to the prevailing insecurity. Therefore, UNICEF's Education emergency response in CAR focused on access to quality education for emergency-affected children and provision of learning materials. By establishing Temporary Learning Spaces (TLS), increasing the pedagogical capacities of education staff, including teachers and distributing learning materials, the education system with the support of UNICEF, ensured quality teaching and addressed psychosocial needs in order for children to learn in a safe and protective learning environment.

Children participate in the launch of the Back-to-school campaign in Bangui © UNICEF CAR/2016/Le Du

In 2016, UNICEF and its partners ensured children's right to education in CAR by providing over 40,000 children in areas affected by the ongoing crisis with Education in Emergency (EiE) programming. Results included the provision of Ministry-led teacher training for over 880 teachers, including a separate training of 81 trainers and 400 teachers in addressing psychosocial needs of children, distribution of learning materials for over 70,000 children, joint monitoring and supervision with Ministry of Education authorities, and advocacy for the free enrolment of displaced children in government schools and the evacuation of armed groups from schools.

While the continuing insecurity did not allow to meet cluster and sector targets, education interventions had an important impact on the lives of children who were reached. The impact is illustrated by the increase in the share of children participating in the TLS who passed the standardized year-end exams compared to the national average (more than 80% vis-a-vis 48%).

Education in Emergency

Based on UNICEF's CCC and the 2016 HAC, the Ministry of Education (MoE) in close collaboration with the other partners was able to ensure access to education for children affected by the ongoing crisis with the provision of EIE programming for 67% of children (49% girls) targeted in six IDP sites in 2016.

This was a decrease from the 2015 results when UNICEF reached 116% of targeted children. Due to an overall improvement in the security situation in 2016, more children were able to return to functioning schools and therefore, the EIE results, reflecting this improvement were reduced.

Pursuing an equity approach, UNICEF worked closely with the MoE and partners to successfully mobilize resources to address the needs of South Sudanese refugee communities in an extremely isolated area bordering South Sudan. Over 1,500 refugee children were able to participate in educational activities alongside their Central African peers. UNICEF successfully advocated with the MoE so that instruction could be given in English with plans for transition to French if the refugee population remains in this area beyond the academic year.

UNICEF continues to incorporate lessons learned to improve EiE programming. To ensure children have access to educational activities in IDP sites, UNICEF is involving key stakeholders such as leaders of affected communities, site managers, and local education authorities from the initial assessment phase on. These actors help to ensure children frequent classes, teachers are present and quality of teaching is improved. Furthermore, extra school activities such as life skills, sport and recreation promote and facilitate children's return and maintenance in school.

Transition from Emergency to Development

The Ministry of Education undertook efforts, supported by UNICEF, to assure the transition of children from EIE programming to schools with the provision of catch up classes, teacher training and the distribution of teaching and learning materials. This resulted in over 80% of the children participating in the TLS passing standardized year end exams given by the Ministry of Education. This pass rate far exceeds the national average which hovers around 48%.

Back-to-school campaign in Bambari © UNICEF CAR/2016/Le Du

Additionally, as a direct result of UNICEF's advocacy, the Ministry of Education issued a national circular during the Back to School campaign which instituted free enrolment and registration for children transitioning from TLS in IDPs sites to government schools, assuring the linkages between humanitarian and development programming.

However, the crisis continues and flexible thematic financing allowed UNICEF to quickly address challenges and provide EiE programming as violence sporadically erupted in several hot spots. For example in September 2016 as preparations were underway for the launch of the 2016 – 2017 school year, violence broke out in the northern regional capital of Kaga - Bandoro affecting over 20,000 persons. UNICEF and the MoE were able to quickly mobilize a national partner to set up 13 TLS so that 5,271 children (47% girls) would not miss out on education during this crisis.

Capacity building

In order to make sure the needs of children who have been traumatized by the crisis were addressed and to meet the demand from educators for assistance in helping affected children, UNICEF with strong support from the UNICEF Regional Office education team, provided psychosocial training for 81 trainers (17% women) and 400 teachers (53% women). This training, which was strongly endorsed by the MoE, promotes the inclusion of psychosocial support throughout regular classroom lessons and will continue to be rolled out in regional training centres in 2017.

UNICEF worked closely with MoE authorities to ensure quality EiE programming. MoE staff took on the responsibility for EIE training by providing staff who conducted this training and giving feedback on training content. Regular supervision of TLS classes was carried out with Ministry staff, who provided directives and feedback to teachers and NGO partners based on monitoring missions. This work greatly enhanced the capacity of the MoE to oversee the implementation of the EiE programme.

Cluster leadership

UNICEF is leading the Education Cluster in CAR. In 2016, to ensure that educational needs of children affected by the crisis were effectively addressed, the cluster provided ongoing sector coordination, mapped education programming, updated surveys of NGO activities on a regular basis and built the capacity of government and partners to oversee the implementation of EIE programming. Additionally, in order to strengthen advocacy for the evacuation of armed groups from school premises and prevent attacks on schools or education staff, the education cluster provided regular information on attacks against the education sector to the Monitoring and Response Mechanism (MRM).

EDUCATION	Cluster/ sector 2016 Target	Cluster/ sector total results	UNICEF 2016 target	UNICEF total results
Number of children who received learning materials	350,000	70,941	300,000	*59,114
Number of displaced children aged 3 to 17 years with access to education in temporary learning spaces with teachers trained in psychosocial support	70,000	44,245	60,000	40,258

*Target for this indicator was established to include all children targeted under UNICEF programming, yet only children participating in EIE programming were deemed admissible to include in the numbers reported.

d) Child Protection

The focus of UNICEF's Child Protection Programme in 2016 was on the emergency response. By advocating with armed groups, conducting the verification and identification of children, UNICEF and its partners achieved the release of children associated with armed groups. By assisting these children through the transition and providing them with access to school, vocational training or income generating activities, their reintegration and reunification with their families and communities was possible. A key element for success was

During the release ceremony for children associated with armed groups in Bambari © UNICEF CAR/2015/Le Du

the community-based approach focusing in particular on the training of host families and efforts to increase the number of potential host families. This approach proved to be very effective, as children released from armed groups and welcomed in temporary host families were exposed to regular family life and family values that they needed to understand, accept and adhere to, before they were reintegrated into their communities and biological families.

Release and reintegration of children associated with armed groups

In 2016, 3,982 children associated with armed groups were released and reintegrated (including 1,222 girls) out of 4,500 children identified in the ranks of the armed groups across the country. The majority (90%) of these children were released from anti-Balaka and other community self-defense groups. The remaining 10% were released from ex-Séléka armed groups. UNICEF, together with MINUSCA Child Protection and our partners achieved the release of these children through strong advocacy with the different armed groups. UNICEF is an active member of the Protection and Civilians and Civil-Military Coordination groups created to increase synergies between humanitarians and peacekeeping forces.

Out of the 3,982 released children, 3,512 have benefited from a community reintegration programme which included admission to primary and secondary schools, professional and vocational training centers. More than 1,400 children practice an income-generating activities in support of their reintegration and to address some of their immediate needs. However, reintegration opportunities and infrastructures of youth training are very limited, and partners develop literacy courses for children to learn reading, writing and counting and refer children to master craftsmen to complement professional training.

Monitoring and reporting on grave violations

In 2016, activities carried out under the Monitoring and Reporting Mechanism (MRM) established by Security Council resolution 1612 and co-chaired by UNICEF and MINUSCA, contributed to the identification and documentation of 4,237 incidents by the parties to the conflict that were related to the six grave violations of children's rights. This included 26 children killed, 26 injured, 3,982 children formerly associated with armed groups, 38 cases of abduction (mainly Lord's Resistance Army - LRA), 45 cases of rape of minors by armed groups, 32 incidents of attacks and/or occupation of schools, 16 attacks on hospitals and 72 cases of denial of access to humanitarian aid. Children who have been victims of graves violations have all had access to the appropriate assistance package.

Children in child friendly spaces set up by UNICEF's partner NGO AFRBD in Batangafo © UNICEF CAR/2015/Sylvanus

Overall, there was a decrease in the number of incidents occurring in 2016 compared to 2015 for grave violations of child rights, and the number of children released from armed groups increased. This tendency is due to the fact that, compared to last year, insecurity is not prevailing in all parts of the

country anymore but rather limited to hotspots in specific areas. Furthermore, there is general hope and expectation that with the election of the new authorities, political stability will return to CAR. However, for the time being, the absence of state authorities and the weakness of administrative services in certain territories pose a risk for stability and peace in the local communities.

Four quarterly reports and one annual report on the six graves violations of child rights were submitted by the United Nations country team to the office of the Special Representative of the Secretary-General. However, no action plan to end grave violations of child rights has been signed between the United Nations Country Team and the listed armed groups who are currently engaged in fighting between them and thus, are not willing to commit to such a plan. The United Nations country team plans to increase high-level advocacy to achieve the signature of this action plan in the next year.

Emergency Gender Based Violence (GBV)

UNICEF and its partners identified a total of 9,046 victims of GBV who were supported in 2016, including 1,377 rape; 245 sexual assault; 1,314 physical assault; 95 forced marriage; 3,038 psychological violence; and 2,977 denial of resources. The availability of more data as compared with 2015 (more than 4,000 survivors) is a result of the improved follow-up and better/ improved technical capacity (541 partner staff trained in 22 sessions) as well as the increased number of awareness raising sessions (255 sessions) explaining to survivors the options that are available to them. However, there are still many survivors who do not speak out loud and seek medical and psychological assistance because they are afraid that their perpetrators, who often have impunity, will seek revenge.

UNICEF's Child Protection section is part of the GBV sub-cluster technical group and contributed to the regular coordination meetings where the mechanisms for managing and monitoring gender-based violence activities are discussed and actions are taken. This includes the development of GBV Guidelines, developing alerts particularly at displacement sites, and providing torch and whistle alert kits. UNICEF in collaboration with the GBV Sub-Cluster and the Ministry of Social Affairs signed an information sharing protocol. The GBV sub-cluster continues to play an important role in information collection through the information management system (GBVIMS) and the consequent quality verification which results in regular reports which are shared with all stakeholders. The information gathered from January to December 2016 showed 11,110 survivors of GBV, with 86% girls and women and 14% boys and men (8,797 other types of GBV incidents and 2,313 incidents of sexual violence).

A listening center to assist survivors of GBV in an IDP site in Bangui © UNICEF CAR/2015/Ogawa

Following the sexual exploitation and abuse involving UN peacekeepers and international forces, UNICEF CAR and partners supported 233 alleged victims (21 boys, 149 girls and 63 women) and took further immediate action to review and improve warning systems for SEA alerts. Coordination with partners and MINUSCA evolved significantly and NGOs and local partners were assisted to denounce alleged perpetrators and share information about possible SEA cases with MINUSCA. Moreover, troop contributing countries (TCC) have begun to react swiftly by sending national investigators following

the receipt of SEA allegations against their troops. The CAR Government has shown great commitment in assisting national investigators of TCC to identify alleged SEA victims and schedule interviews.

The legal and judicial protection services for GBV survivors were limited due to the shortcomings observed in the cooperation between the different legal entities (court, police, prison) in CAR. Police are absent from certain locations and where they are present they cannot arrest and bring all the alleged perpetrators to justice. Judges are present in some cities but often without resources to take decisions. The majority of prisons in CAR are not operational to keep convicts. This increases the insecurity for victims who prefer to be silent rather than denouncing the perpetrators who eventually have impunity. Despite this constraint and in a very difficult security context, the GBV's listening centers continue to provide the necessary judicial information to victims until the judicial system is reinforced.

Child protection sub-cluster coordination

In 2016, improved coordination and information sharing among key child protection actors strengthened the whole sector and thus, contributed to a concerted and efficient response for children affected by CAR's ongoing crisis. UNICEF, as the lead of the child protection sub-cluster played an important role in many areas. It reinforced the capacity building of key child protection actors (government and NGOs) on critical areas of 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.

In detail, the sub-cluster maintained regular contact with partners and organized regular as well as bilateral meetings and ad hoc fora such as the SAG (Strategic Advisory Group). The sub-cluster coordinated and supported the implementation of a national strategy for child protection in emergency, and developed and shared SOPs with the Ministry of Social Affairs. Furthermore, the sub-cluster works through technical working groups on specific issues like unaccompanied minors, children associated with armed groups as well as a referral mechanism system for children in needs. The sub-cluster, in collaboration with the Gender Based Violence (GBV) sub cluster and Prevention Sexual Exploitation and Abuse (PSEA) task force ensured that child protection actors are informed on PSEA risks and response mechanisms for children in CAR, and that its members are involved in the response mechanism such as the referral system.

The cluster conducted field missions to Bossangoa, Bambari, Berberati, and Bouar to identify the gaps and needs of the local sub-clusters and support those groups with training and tools. It also advocated for child protection funds in emergency, particularly through the HRP 2017-2019.

A joint mission by child protection sub-cluster members on a bad road between Dekoa and Mala to do a needs assessment © UNICEF CAR/2017/Ogawa

The child protection sub-cluster developed monitoring and evaluation tools such as the 5 W matrix (who does what where, when and for whom), in order to monitor child protection response needs and achievements at the

national level. This allows to follow the presence of child protection actors and currently all provinces in CAR (with the exception of Sangha Mbaere prefecture) are covered at least by one child protection actor. Nevertheless, the new outbreaks of violence that erupted in different areas of the countries reduced the mobility and the capacity of protection response for humanitarians including child protection partners as well as insufficient funds to cover all needs.

Capacity Building

Timely information on child rights violations were available thanks to the strengthened capacities and system for child protection monitoring. UNICEF and MINUSCA child protection organized the capacity building system for all major actors and stakeholders involved in the Monitoring and Reporting Mechanism (MRM) for grave violations. 13 training sessions on this issues were held for 403 staffs including 69 women from Government, UN and NGO actors in Bossangoa, Bouar, Berberati, Bambari, Bria and Bangui. They learned how to collect data and share information alerts on MRM incidents with the technical Country Task Force.

A new way of direct collaboration between key stakeholders from the health sector and the registration office helped to streamline the process of birth registration and raise parents' awareness on the importance of birth registration acts during pre- and post-natal visits. This synergies are significant to address the obstacles identified during the process of granting birth certificates, for instance the short deadlines, the value of birth registration cards, or the cost of birth registration acts. UNICEF supported the the Ministry of Territorial Administration to organize three training sessions in Bangui for 92 participants, including 88 women.

Through the work of the GBV sub-cluster, UNICEF contributed to strengthen the capacities of the 60 sub-cluster members, including 27 women, by facilitating four training sessions on the basic principles of GBV, psychosocial care, and the management of sexual violence against children.

CHILD PROTECTION	Cluster/ sector 2016 Target	Cluster/ sector total results	UNICEF 2016 target	UNICEF total results
Number of unaccompanied and separated children reunited with their families	3,500	288	500	287
Number of children released from armed forces and groups	5,660	4,018	3,000	3,982

e) Cross-cutting priorities

Communication for Development (C4D)

In 2016, UNICEF's Communication for Development (C4D) strategies played a leading role in embarking key ministries (Health, Social Affairs and Communications), International organisations and the civil society in the roll out of behaviour change interventions through the angle of Essential Family Practices (EFP).

Preparedness and response plans were elaborated with the Ministry of Health and the Ministry of Social affairs to respond to the cholera, monkey pocks and polio outbreaks. More specifically, 300 civil servants were trained on how to conduct communication activities during preparedness and response phases. To support the deployment of activators to community level, over 30,000 posters and 200,000

flyers were developed and disseminated. A toolkit to reinforce community participation in planning, setup, monitoring of EFP activities at community level was adopted.

UNICEF also supported the implementation of six vaccination campaigns. 2,700,000 people were reached through the roll out of Interpersonal communication (IPC) interventions taking place on a national scale. This intervention supported the vaccination of 1,995,642 children aged 0-59 month.

Overall, approximately 2,500,000 people (including 179,788 people living in IDP camps) were exposed to messages on education, polio prevention, measles prevention, cholera prevention, hygiene, sanitation, non-violence and HIV through mass media and IPC activities.

UNICEF supported a campaign called 'adolescents have talent' promoting peace and social cohesion through the use of sports and art. Series of competitions, public radio broadcasts, group discussions and advocacy meetings have been organized. As a result, more than 200,000 adolescents and young people were reached. These activities also contributed to recruit 600 youths as community activators for peace and social cohesion.

UNICEF also supported the development of a national analysis on the needs and aspirations of adolescents and young people in the country. This study provides major opinions and concerns of young people on the issues pertaining to peace and social cohesion and will inform UNICEF's programming in 2017.

Rapid Reporting Mechanism (RRM)

The RRM is an important part of UNICEF's emergency response in CAR. It intervenes to assist acutely vulnerable populations affected by a shock (man-made, natural disaster, epidemic), resulting in mass displacements. Its response assesses the vulnerability of returnees, host families and communities in order to provide assistance. The RRM applies a two-fold perspective, highlighting both: 1) acute vulnerabilities and the urgency for action in response to these vulnerabilities, and 2) recovery action needs through its Multiple Sector Assessment (MSA). The RRM informs all humanitarian vulnerability-based recovery programming in CAR. Furthermore, RRM intervenes to bridge the humanitarian-development programming and continuously advocates at cluster level and in humanitarian coordination fora with implementing partners (ACF, ACTED, Solidarité Internationale, PU-AMI Premier Urgence) to integrate other sectors that are not covered by the RRM (e.g. nutrition, education, livelihoods) in their humanitarian and development work.

Following clashes between different armed groups in Kaga Bandoro in October, the RRM team was one of the first to arrive at the site of displaced people to provide NFI and WASH items © UNICEF CAR/2016/Solidarité

The RRM strategy involves pre-financing UNICEF and partner response teams, stock prepositioning, early warning systems, and vulnerability-based assessments using specific tools developed to evaluate community vulnerability regarding Non Food Items (NFI), WASH, Education, Health, and Food Security. The RRM works in coordination with other clusters (e.g. WASH, Nutrition, Health, Protection etc.) to ensure coherence and synergies in emergency response operations. When other actors, such as the clusters, are not present in a given area, the RRM bridges the gap and delivers emergency relief through NFI and WASH interventions providing basic survival means to affected populations. Through continued advocacy in different fora (comprising of UN agencies, Government partners, NGOs), RRM plays a key role to facilitate humanitarian access to the most vulnerable population, especially children.

In 2016, UNICEF's RRM remained the main provider of emergency response for WASH and NFIs. It also continued to provide quality information on the humanitarian situation as well as analysis in CAR. During the course of 2016, a total of 219,202 highly vulnerable people in very remote areas, notably in the above mentioned prefectures, received humanitarian assistance with 148,384 beneficiaries for NFIs and 70,818 beneficiaries for WASH following RRM interventions.

To overcome supply challenges, UNICEF applied a pre-positioning strategy to reduce delays in the receipt of orders and be more responsive. With the support from its donors, UNICEF was able to pre-position 19,000 kits: 7,000 were kept as strategic stock in Bangui to facilitate emergency rapid response and another 12,000 contingency kits were pre-positioned in the field. These kits were distributed between the different RRM intervention areas, at a rate of 3,000 kits per partner.

In 2016, RRM established humanitarian watch systems covering 89% of CAR territory. These early warning systems provided a total of 178 alerts on humanitarian shocks throughout the year which were immediately shared with the humanitarian community to enable quick emergency response actions.

In the past, the RRM faced challenges to provide a timely response due to internal and external factors. Internal challenges were mostly linked to communication flows and coordination responsibilities. To mitigate these issues and decrease the delay between the reception of alerts and the response on the ground, new RRM tools (such as intervention monitoring tables, jointly established intervention criteria and data dashboards) contributed to improve responsiveness by 20% by the end of 2016.

In areas with limited partner presence, RRM was able to undertake 74 MSA, which led to a total of 37 NFI interventions and 28 WASH interventions for IDPs (45% NFI, 40% WASH), and returnees (45% for NFI, 15% for WASH). The results of these assessments were widely shared with the whole humanitarian community and the weekly steering committee meetings provided follow up on the humanitarian situation and on RRM activities (assessments and responses). Furthermore, in 2016 RRM included the rapid Standardized Monitoring and Assessment of Relief and Transitions (SMART) in the initial assessments, as a quick and scientifically proven method to identify severe and acute malnutrition (SAM) pockets, facilitating emergency nutrition interventions by specialized agencies led by UNICEF. A total of 9 SMART surveys have been undertaken by ACF in 2016.

To assure a large scale, UNICEF established three partnerships with international NGOs and one partnership with a local NGO to ensure high quality assistance in terms of WASH and NFIs in remote areas.

RAPID RESPONSE MECHANISM	Cluster/ sector 2016 Target	Cluster/ sector total results	UNICEF 2016 target	UNICEF total results
Number of acutely vulnerable households following a shock that receive rapid assistance with NFIs	n/a	n/a	40,000	29,810
Number of acute acutely vulnerable people following a shock that received rapid and appropriate assistance in WASH	n/a	n/a	80,000	70,818

E. Monitoring and Evaluation

In the context of the emergency response, the country office mechanisms for monitoring and evaluation of the interventions have been adapted to meet the need for rapid data for decision-making processes. This shift used the Humanitarian Performance Monitoring method aiming at providing accurate data in a timely manner to support the office's efforts vis-a-vis the increasing demand of data by various users including donors. In this respect, data collection mechanisms were strengthened at sectoral level to allow frequent reporting namely on a monthly basis for a set of indicators agreed upon through the Humanitarian Action for Children mechanism (HAC). The office also used a third-party monitoring approach via the Central African Red Cross from October 2016 to March 2017, using an online database which involved about forty projects whose overall funding accounted for more than 60% of all projects in the portfolio.

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, with the involvement of national counterparts.

In all its programmes, together with implementing partners and government counterparts at national and decentralized levels, UNICEF organized joint evaluations and supervisions to ensure implementation of recommendations, developing local capacity in monitoring and evaluation and foster ownership of interventions at local level. Supervisions take place each trimester and UNICEF staff conducted regular field visits to monitor implementation and identify bottlenecks. UNICEF in CAR has the cluster lead for Nutrition, WASH, Education and the sub-cluster lead for Child Protection. Through the cluster, data dashboards comprising of analysis and evaluation have been shared with all partners including an analysis of strengths and weaknesses which characterise the cluster and interventions of the respective response.

Furthermore, statutory review meetings of all UNICEF CAR programmes 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 used 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.

In line with the guidelines on Partnership with the Civil Society, partnerships with NGOs receiving more than US$ 100,000 per year are planned in the course of the year. The main result expected from this exercise is to monitor and support the refocus (if needed) of the interventions as well as the design of a capacity building plan for the implementing partners.

The conclusions of the evaluation on "The UNICEF Response to the Crisis in CAR"[2] published in 2016 were used to formulate activities in the future work plan to address the gaps in response planning and implementation.

F. Financial Analysis

In 2016, UNICEF CAR received US$ 31,455,219 for its emergency response to the ongoing crisis. This represents 56 per cent of the HAC appeal. Nutrition received 82 per cent of the funds needed to assure the treatment of SAM cases. Despite the great needs with regard to EiE, the Education section received the least funding with only 26 per cent of its requirements. The appeals for WASH and the Rapid Response Mechanism were funded at 65 per cent and 66 per cent respectively. A gap of 49 per cent remained for child protection and a 56 per cent gap for Health and HIV/Aids.

Continued successful implementation of UNICEF CAR's emergency response and the transition to recovery and resilience-building interventions was possible thanks to the thematic humanitarian funding received during 2016. The total US$ 1,504,545 received, represented 7.1 per cent of the total humanitarian contributions. These funds, together with the carry-over from 2015, enabled the country office to effectively respond to humanitarian needs throughout the year.

The value for money of these thematic humanitarian funds was for one the flexibility and secondly the immediate availability to support the emergency response in CAR. As the situation in the country remained highly volatile, thematic funding enabled UNICEF to be flexible and react quickly to provide life-saving support. Furthermore, thematic funds assured the continuity for underfunded interventions to provide technical assistance, implementation support and monitoring of activities as the crisis continued in 2016.

Table 1: 2016 Funding status against the Appeal by Sector (in USD)

Sector	Requirements	Funds Available Against Appeal as of 31 December 2016*	% Funded
Nutrition	7,200,000	5,903,481	82%
Health and HIV/Aids	9,250,000	4,069,783	44%
Water, Sanitation & Hygiene	7,227,000	4,715,786	65%
Child Protection	12,900,000	6,594,327	51%
Education	6,118,000	1,569,779	26%
Rapid Response Mechanism	13,000,000	8,602,063	66%
Total	**55,695,000**	**31,455,219**	**56%**

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

Table 2: Funding received and available by 31 December 2016 by Donor and Funding type (in USD)

Donor Name/Type of funding	Programme Budget Allotment reference	Overall Amount*

[2] https://www.unicef.org/evaluation/files/CAR_Brief_-_FINAL(1).pdf

I. Humanitarian Funds received in 2016		
a) Thematic Humanitarian Funds		
See details in Table 3	SM/14/9910	**1,504,545**
b) Non-Thematic Humanitarian Funds		
European Commission/ ECHO	SM/16/0117	2,061,794
Japan	SM/16/0076	2,037,037
USA (USAID) OFDA	SM/16/0237	1,851,852
Canada	SM/16/0143	1,248,439
Netherlands Committee for UNICEF	SM/16/0249	1,050,723
German Committee for UNICEF	SM/16/0030	1,004,258
German Committee for UNICEF	SM/16/0034	1,004,258
USA (USAID) OFDA	SM/16/0393	925,926
SIDA - Sweden	SM/16/0101	828,890
USAID/Food for Peace	SM/16/0373	737,992
Spanish Committee for UNICEF	SM/16/0487	286,895
Spanish Committee for UNICEF	SM/16/0120	135,853
Spanish Committee for UNICEF	SM/15/0519	23,415
Total Non-Thematic Humanitarian Funds		**13,197,332**
c) Pooled Funding		
CERF	SM/16/0435; SM/16/0436; SM/16/0437; SM/16/0483; SM/160/484; SM/160/510	2,897,490
Common Humanitarian Fund (CHF)	SM/16/0008; SM/16/0240; SM/16/0474	1,454,415
d) Other types of Humanitarian Funds		
USA (USAID) FFP	KM/16/0034	855,360
USA (USAID) FFP	KM/16/0032	249,860
Total Humanitarian Funds received in 2016		**20,159,002**
II. Carry-over of Humanitarian Funds available in 2016		
e) Carry-over Thematic Humanitarian Funds		
Global Thematic	SM/14/9910	2,064,192
f) Carry-over of Non-Thematic Humanitarian Funds		
USAID/Food for Peace	SM/15/0328	1,577,572
UNOCHA	SM/15/0597	913,747
European Commission/ECHO	SM/15/0404	815,479
UNDP - MDTF	SM/15/0123	748,452
Denmark	SM/15/0092	611,775

Ireland	SM/15/0560	507,635
UNOCHA	SM/15/0566	496,126
UNDP - MDTF	SM/16/0008	471,000
USAID/Food for Peace	KM/15/0011	393,938
UNOCHA	SM/15/0565	370,044
Switzerland	SM/15/0304	271,051
UNOCHA	SM/15/0557	267,531
Consolidated Funds from NatComs	SM/15/0340	227,606
Spanish Committee for UNICEF	SM/15/0519	207,654
German Committee for UNICEF	SM/15/0623	203,500
German Committee for UNICEF	SM/15/0545	203,054
Canada	SM/15/0204	189,936
UNDP - MDTF	SM/15/0512	179,505
Italian National Committee	SM/15/0285	135,306
Belgium	SM/15/0387	133,071
SIDA - Sweden	SM/15/0189	109,492
France	SM/15/0487	93,920
UNDP - MDTF	SM/15/0511	91,057
German Committee for UNICEF	SM/14/0534	32,124
Hungary	SM/15/0599	9,897
German Committee for UNICEF	SM/14/0636	9,665
Total carry-over Humanitarian Funds		**11,334,329**
III. Other sources (Regular Resources set -aside, diversion of RR)		
RR for Emergency Child Protection (CAAC, MRM, GBV)	GS/16/0010	1,495,780
RR for Emergency WASH	NON-GRANT(GC)	468,191
RR for Emergency IM	NON-GRANT(GC)	379,955
RR for Emergency Education	NON-GRANT(GC)	255,808
RR for Emergency C4D	NON-GRANT(GC)	277,213
RR for RRM Supplies	GC/16/0004	62,044
Total other resources		**2,938,991**

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

Table 3: Thematic Humanitarian Contributions Received in 2016 (in USD)

Donor	Grant Number	Programmable Amount	Total Contribution Amount
Allocation from global thematic humanitarian*	SM/14/9910	800,000	843,997
Netherlands Committee for UNICEF	SM/14/9910/1113	359,932	377,929
French Committee for UNICEF	SM/14/9910/1321	186,154	195,462
United Kingdom Committee for UNICEF	SM/14/9910/0648	119,048	125,000

United States Fund for UNICEF	SM/14/9910/0925	17,457	18,330
German Committee for UNICEF	SM/14/9910/1322	16,050	16,852
Norwegian Committee for UNICEF	SM/14/9910/0807	5,462	5,736
UNICEF-China	SM/14/9910/0743	441	463
Total		**1,504,544**	**1,583,768**

G. Future Work Plan

In 2017, UNICEF will prioritize life-saving interventions and risk reduction for crisis-affected, displaced and returning people in the Central African Republic. Capacity building and preparedness activities will be reinforced. UNICEF will tackle preventable childhood illnesses, malaria, HIV and malnutrition, and will provide people with access to safe water and improved sanitation. UNICEF will focus on the serious protection needs of children, including their release from armed groups and their reunification with families when separated or unaccompanied, and will provide the appropriate psychosocial support to vulnerable children. Children who are out of school due to crisis will gain access to safe learning spaces and quality education. The Rapid Response Mechanism (RRM) will provide non-food items (NFIs) and water, sanitation and hygiene (WASH) support to vulnerable people in remote areas. UNICEF leads the WASH, nutrition and education clusters, as well as the child protection sub-cluster, and will work with line ministries to strengthen government capacity for humanitarian coordination, leadership and response. UNICEF also plays a strong role in health programming and will continue to support education, nutrition, health and WASH core supply pipelines.

H. 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.

These girls displaced by violence in Kaga Bandoro are the reason why our teams work hard every day. ©UNICEF CAR/2017/Le Du

I. Annexes to the CER

I. Two-pagers (separate)

II. Human Interest Story

Here you can access the UNICEF CAR 2016 presentation on the situation of children and the results UNICEF was able to achieve together with its partners:

https://social.shorthand.com/UNICEF_CAR/jyzTnAfWJ6/the-central-african-republic-in-2016

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

III. Donor Feedback Form

Title of Report: Consolidated Emergency 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

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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

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

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!