Note from the Humanitarian Coordinator

I am pleased to share with you the 2011 annual report of the Common Humanitarian Response (CHF) for Central African Republic (CAR).

While the political situation is improving with continued consultations between the Government and the two main rebel groups and the recently brokered ceasefires in conflict areas, the people of Central African Republic is still facing one of the most acute and forgotten humanitarian crises in the world. The European Commission has ranked CAR as the second worst humanitarian emergency just after Somalia.

The country is in dire need of urgent humanitarian assistance. Two thirds of the population do not have access to clean drinking water or health facilities, and even where facilities do exist; there is only one health worker per 7,000 people. The education system is weak with 95 pupils per teacher, and one third of all children nationwide are not attending primary school. Most of those who have access to primary education are taught by unqualified parent-teachers. An estimated 42% of the population is food insecure and widespread human rights violations have been reported, including gender-based violence and the enrolment of children into armed groups.

Humanitarian organizations in CAR are assisting an estimated 1.9 million people (nearly half of the country’s population) in desperate need of humanitarian aid. Over 400,000 people have been forcibly displaced at least once since 2005. Today 75,000 Central Africans remain displaced internally and living in precarious conditions, out of which over 25,000 were newly displaced in 2012 and over 20,000 were displaced by LRA violence between 2008 and 2011, leaving not only a severe risk to their lives and livelihoods but also the livelihoods of the populations hosting them. Humanitarian actors are committed to saving lives and reducing the vulnerability of people affected by persistent conflict.

It is vital that humanitarians are able to reach people in need in order to provide lifesaving assistance and support communities’ hopes and dignity. We commend any and all efforts made by government authorities to facilitate the implementation of activities; however humanitarian access to vulnerable populations remains a major challenge. While it has improved in some parts of the country, it has critically deteriorated in other.

The CHF in CAR remains an essential tool in addressing strategically humanitarian issues. We continue working to increase credibility, transparency and accountability of the funds by strengthening its governance and management structures. In that dynamic, I have endorsed the implementation of the global monitoring and reporting framework for CHF projects and the set-up of the OCHA/UNDP joint unit which will certainly reinforce the management of the Fund.

I urge the international community, especially donors, to increase their support to the 1.9 million people in dire need of assistance by funding the 2012 Consolidated Appeal in with CHF is playing a strategic role.

I thank all past and current donors to the CHF for their support and ask potential new donors to join the effort of making the CHF one of the key tools in supporting humanitarian response in the country.

Dr. Zakaria Maiga,
Humanitarian Coordinator a.i
Bangui, Central African Republic
Executive Summary

The CAR Common Humanitarian Fund in 2011

In 2011, the Common Humanitarian Fund (CHF) in the Central African Republic received US$ 8.23 million in new contributions from two donors and allocated US$ 7.72 million\(^1\) to 23 projects, including three multi-sector projects.

Eighteen projects from the standard allocation and five projects funded through the emergency reserve targeted the most vulnerable communities in need of humanitarian assistance.

An additional amount of US$ 5.65 million was transferred in 2011 by MPTF for 26 projects approved by the end of 2010, increasing the total transferred to recipient organization to US$ 13.37 million\(^2\).

The Common Humanitarian Fund has been a key financing mechanism to address critical needs in the country. The complementarity with CERF as well as other sources of funding like ECHO and Peace Building Funds (PBF) enabled humanitarian organizations to increase the coverage and the impact of humanitarian operations in the country.

The 2011 annual report provides information and analysis on donor contributions received, allocations made and the results achieved by the projects implemented during the year.

2011 Programmatic Results

The 2011 performance on the 76 ongoing projects funded by the CHF (53 in 2010 and 23 in 2011) is presented in the achievement of individual cluster section of this report. These results represent only those achieved in 2011. Of the 76 projects, 68 were implemented by NGOs, 7 by UN agencies and 1 project jointly implemented between a UN agency and two NGOs.

During the year, 19 projects, mostly those funded in 2010, were monitored and evaluated by the monitoring and evaluation committee formed by UN agencies and NGO representatives, OCHA and UNDP. The projects approved from the 2011 standard allocation are being implemented and the final results will be reported in the 2012 annual report.

Key developments in 2011

The CHF has been used as a key financing tool in CAR to enable a coordinated and strategic response. The Humanitarian Country Team (HCT) decided to encourage a multi-sector approach in the response process and needs assessments to maximize the impact of humanitarian interventions. In this line, the Humanitarian Coordinator approved three multi-sector projects through the CHF in 2011.

In order to address the absorption capacity issue raised by donors in 2011, the Advisory Board (AB) decided to meet more regularly than in the past to adequately address related problems. The now monthly meetings of the AB have been contributing to increasing transparency and accountability of the Fund.

The Gender Marker was introduced for the first time in CAR during the 2012 CAP process held in the last quarter of the year. This aims to enforce organizations to consider gender issues in the project design and implementation and will be considered as a key element by clusters in the project review and selection.

Finally, during the year, the UNDP CHF unit followed recommendations to strengthen its role as Managing Agent (MA) and recruited two new staff to improve the financial monitoring and verification of the funds.

Challenges for 2012

In 2012, the management of the CHF in CAR will be improved by the following measures:

- OCHA and UNDP will merge to create a Joint Fund Management Unit under the supervision of OCHA.
- A new Monitoring and Reporting Framework endorsed by the Humanitarian Country Team will be implemented in close consultation with the Clusters by the end of 2012.
- The technical review process for grant allocations will be reviewed to ensure high quality proposals will be selected to address the priority needs of the population.

Lastly, the donor’s commitment to CAR is not sufficient comparing to the scale of the humanitarian needs. Given this difficult funding context, most of the organizations combine humanitarian, transition and development funds to make their operations viable. As consequence, humanitarian operations are often combined with development activities. In this context of chronic gaps for humanitarian funding the CHF has become a key financing mechanism that allows the Humanitarian Country Team to focus on prioritizing humanitarian needs by providing adequate funding.

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\(^1\) The amount includes MA fees on NGO projects (7%)
\(^2\) The Consolidated Annual Financial Report for CAR CHF produced by MPTF records the $13.37 million as total amount transferred to participating organizations in 2011 including projects approved in 2010, instead of the previously mentioned $7.72 million linked to actual projects approved in 2011
FAQ INTRODUCTION TO CHF

What is the Common Humanitarian Fund?

The Common Humanitarian Fund (CHF) is a multi-donor pooled fund used to support the timely allocation and disbursement of donor resources to the most critical humanitarian needs in Central African Republic (CAR) under the responsibility of the Humanitarian Coordinator (HC). The CHF is used only for the projects included in the CAR Consolidated Appeal (CAP).

The CHF-CAR was established in July 2008 as an expansion of the Emergency Response Fund (ERF) to improve the availability of timely, un-earmarked humanitarian funding which can be targeted strategically to priority humanitarian activities that are underfunded.

How does the CHF work?

The CHF provides grants to UN humanitarian agencies as well as to international and national NGOs. The CHF has two windows:

- Standard allocations provide timely and predictable funding to priorities as identified by humanitarian partners in the Consolidated Appeal Process (CAP).
- An Emergency Reserve with an amount between 10 and 20% is kept within the CHF to respond to unforeseen needs arising outside the Standard Allocation process.

Where do CHF funds come from?

CHF funds come from UN Member State contributions. By the end of 2011, total contributions of US$ 41.78 million have been received from five donors: Irish Aid, the Government of the Netherlands, the Government of Norway, the Swedish International Development Cooperation (SIDA) and the United Kingdom Department for International Development (DFID). Out of the total deposited, US$ 8.23 million was received in 2011.

Who manages the CHF?

- The HC is responsible for the overall management of the funds and is supported by OCHA.
- The HC provides oversight and coordination of all CHF operations.
- The Advisory Board reviews projects and the functions of the CHF and advises the HC. Its membership includes representatives of United Nations agencies, NGOs and donors.
- OCHA CAR manages the programmatic aspects of the Fund and narrative reporting.
- UNDP CAR manages the financial aspects related to funding for NGOs.
- UNDP MTDF Office manages the overall financial aspects of the Fund including financial transactions with donors and United Nations agencies.
- The Funding Coordination Section (FCS) in OCHA New York is responsible for strategic, policy, programmatic and technical support of OCHA-managed country-based pooled funds.
Context - Humanitarian Situation

A few milestones were reached in the Central African Republic (CAR) including:

- Successful presidential and parliamentarian electoral processes held early in the year and the implementation of a new government
- The cease-fire agreement signed in June 2011 between the Government and the Convention des Patriotes pour la Justice et la Paix (CPJP) rebel group
- The peace caravan organized by the Government and two rebel groups, the CPJP and Union des Forces Democratiques pour le Rassemblement (UFDR) in the north-east
- The resuming of the DDR process in the central north

Despite significant progress, the security and humanitarian situation in the country remains fragile and the humanitarian needs prevailed in most of the regions. The general context was characterized by continued internal displacements, lack of access to basic social services and protection and food insecurity.

The north, east and south-east regions are still characterized by restricted humanitarian access to civilian populations, threatened by criminality, sporadic conflicts or attacks of rebel or armed groups and logistic constraints.

The south-east was still affected by the Lord’s Resistance Army (LRA) attacks and killing despite of the intensification of means deployed to capture Kony1 and his troops. Emergency programmes have been developed in the south-east to deliver food and non-food items to 20,000 displaced populations, 5,000 refugees and to address protection, health and SGBV problems in the region due to attacks from the LRA and other armed groups. In addition, the number of Humanitarian organizations has doubled in the region to ensure better coverage of humanitarian needs with regards to health, wash and food security through the existing funding mechanisms in the country (CHF, CERF).

Moreover, the UN Humanitarian Air Service (UNHAS) increased from one to two flight rotations to a number of destinations in the south-east and the northwest due to the high demand for flights to these areas by humanitarian organizations.

In 2011 there were 105,206 internally displaced persons (IDPs), where more than 22,180 were newly displaced during the year. There were 66,545 returnees* (from CAR or neighboring countries) leaving a total of 171,751 Central Africans affected by displacement within the CAR. The refugees from Sudan and the Democratic Republic of the Congo and asylum-seekers of varying nationalities residing in the CAR are estimated 19,865.

As of April 2012, OCHA estimated the number of Internally Displaced Persons (IDP) in CAR at 75,198, the returnees at 39,855 while refugees from Sudan and Democratic Republic of Congo reached 19,867. More than 25,000 people are newly displaced in 2012.

Access to a large part of the east remains difficult and hazardous due to logistical constraints and violent and unpredictable criminality by unidentified armed groups.

During the year, many serious incidents against humanitarian actors including kidnapping were reported around Kabo (north). This has led to a suspension of humanitarian activities on the northern axis from Kabo. Generally, humanitarian movements in the region have been limited. In addition the number of IDPs in Kabo has doubled from 3,000 to 6,000 as the result of clashes between APRD and Chadian transhumant groups in March.

In spite of the prevailing security situation in the northern and eastern regions, there were opportunities in a number of areas (north-west and south-west) for early recovery projects to support IDPs, returnees, host communities and people living in the post emergency settings.

The number of humanitarian actors present in the country remained stable, and actors continue to work in challenging and complex environments to reach communities affected by conflict.

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1 The Leader of LRA
However, due to lack of funding, some organizations have closed down field offices and/or reduced or suspended their activities in some areas leaving some vulnerable population without any support or protection. Inadequate funding has limited support to returnees to rebuild their lives in an extremely harsh context of the central Africa bush. In addition, medical organizations mostly NGOs was not able to extend or to sustain their support to hospital and medical facilities in the north east and the south-east leaving up a number of people without any access to basic health care.

In sum, the general context was characterized by internal displacements, lack of protection and food insecurity in the whole country, catastrophic social indicators, weakness of the State, and economical fragility, which makes the situation very difficult for the population and creates many challenges for humanitarian operations in CAR.

### 2011 Donor contributions

Two donors, the Swedish International Development Cooperation (SIDA) and Irish Aid provided US$ 8.23 million in new contributions to the CHF in 2011. These contributions together with the fund carry over for 2010 of US$ 3.66 million and earned interest of US$ 0.18 million during the year provided the Pooled Fund with US$ 12.07 million for new allocations in 2011.

Due to the limited funding available, the CHF had only one standard allocation round carried out during the year. In addition, the Humanitarian Coordinator activated the Emergency Reserve to timely respond to new and unforeseen emergencies.

The US$ 8,225,880 contributed in 2011 represents a 28% decrease from the financial support received in 2010.

Since inception and by the end of 2011, five donors namely Irish Aid, the Government of the Netherlands, the Government of Norway, the Swedish International Development Cooperation (SIDA) and the United Kingdom Department for International Development (DFID) have contributed a total of US$ 41.7 million to the Fund.

Donor contribution to CHF remained stable over years since its establishment in 2008, but 2011 showed a decrease compared to 2010. If this trend continues in the coming years, it may negatively impact the humanitarian operation in CAR.

### 2011 Fund Allocation

Through one standard allocation and the use of the Emergency Reserve, US$ 7.72 million were allocated to 23 projects in seven clusters during 2011. 79% of the 2011 funding or US$ 6.11 was allocated through the standard allocation to 18 projects and 21% or US$ 1.61 through the Emergency Reserve to 5 projects.
As it has been observed for the previous years, the CHF provided more funding to non-governmental organizations (NGOs) than to UN agencies. Of the total allocated, 84% or US$ 6.45 million was provided to international NGOs, US$ 13% or US$ 1.04 million to UN agencies and 3% or US$ 0.23 to national NGOs. The funding repartition between the UN and the NGOs reflects the operational presence of actors throughout the country.

### 2011 Allocations by Organization Type

<table>
<thead>
<tr>
<th>Type</th>
<th>Projects</th>
<th>SA</th>
<th>ER*</th>
<th>Funding ($)</th>
<th>% Tol.</th>
</tr>
</thead>
<tbody>
<tr>
<td>Int. NGO</td>
<td>17</td>
<td></td>
<td></td>
<td>6,452,898</td>
<td>84%</td>
</tr>
<tr>
<td>UN</td>
<td>3</td>
<td></td>
<td></td>
<td>1,304,865</td>
<td>13%</td>
</tr>
<tr>
<td>Nat. NGO</td>
<td>3</td>
<td></td>
<td></td>
<td>227,731</td>
<td>3%</td>
</tr>
<tr>
<td>Total</td>
<td>23</td>
<td></td>
<td></td>
<td>7,715,494</td>
<td>100%</td>
</tr>
</tbody>
</table>

*Project allocation through Standard Allocation (SA) or Emergency Reserve (ER)

The standard allocation included three multi-sector projects and one joint project in the Education sector.

### 2011 Allocation per type

Of the nine clusters included in the CAP, seven clusters received funding for projects through the CHF process during the year.

The HCT decided to encourage a multi-sector approach in the response process and needs assessments to maximize the impact of humanitarian interventions. This approach has been strengthened through the CHF by allocating funding to 3 multi-sector projects for a total of US$ 1.8 million or 23.4% of CHF funding allocated in 2011. The first multi-sector project included health, nutrition and protection assistance to IDPs and affected communities in the north-east, the second one included Health and nutrition support to IDPs, refugees and host communities in the LRA affected areas and the third one included Food Security and early recovery support to IDPs, returnees and vulnerable communities in the prefecture of Bamingui Bangoran (north-east) As the cluster repartition in the CAP did not have a multi-sector category, the fund allocated to the 3 multi-sector projects was recorded against each sector involved in the project.

### 2011 Allocations by Cluster

<table>
<thead>
<tr>
<th>Cluster</th>
<th>Projects</th>
<th>SA</th>
<th>ER*</th>
<th>Funding ($)</th>
<th>% Tot.</th>
</tr>
</thead>
<tbody>
<tr>
<td>MSR</td>
<td>3</td>
<td></td>
<td></td>
<td>1,807,176</td>
<td>23.4%</td>
</tr>
<tr>
<td>WASH</td>
<td>6</td>
<td></td>
<td></td>
<td>1,800,755</td>
<td>23.3%</td>
</tr>
<tr>
<td>NUT</td>
<td>3</td>
<td></td>
<td></td>
<td>1,310,525</td>
<td>17.0%</td>
</tr>
<tr>
<td>FS</td>
<td>3</td>
<td></td>
<td></td>
<td>818,523</td>
<td>10.6%</td>
</tr>
<tr>
<td>HLT</td>
<td>3</td>
<td></td>
<td></td>
<td>710,377</td>
<td>9.2%</td>
</tr>
<tr>
<td>ER</td>
<td>3</td>
<td></td>
<td></td>
<td>622,510</td>
<td>8.1%</td>
</tr>
<tr>
<td>EDU</td>
<td>1</td>
<td></td>
<td></td>
<td>345,526</td>
<td>4.5%</td>
</tr>
<tr>
<td>PRO</td>
<td>1</td>
<td></td>
<td></td>
<td>300,000</td>
<td>3.9%</td>
</tr>
<tr>
<td>Total</td>
<td>23</td>
<td></td>
<td></td>
<td>7,715,494</td>
<td>100%</td>
</tr>
</tbody>
</table>

*Project allocation through Standard Allocation (SA) or Emergency Reserve (ER)

The Humanitarian Coordinator decided that the CHF should follow the priority ranking in the CAP to avoid any disconnection between strategic priorities as set out in the CAP and the funded projects. In that perspective 80% of the allocated funding went to the highest priority projects (Immediate and High).

### 2011 Allocation per Priority

<table>
<thead>
<tr>
<th>Priority</th>
<th>Projects</th>
<th>SA</th>
<th>ER*</th>
<th>Funding ($)</th>
<th>% Tot.</th>
</tr>
</thead>
<tbody>
<tr>
<td>Immediate</td>
<td>10</td>
<td></td>
<td></td>
<td>3,763,338</td>
<td>49%</td>
</tr>
<tr>
<td>High</td>
<td>7</td>
<td></td>
<td></td>
<td>3,380,212</td>
<td>31%</td>
</tr>
<tr>
<td>Medium</td>
<td>6</td>
<td></td>
<td></td>
<td>1,571,943</td>
<td>20%</td>
</tr>
<tr>
<td>Total</td>
<td>23</td>
<td></td>
<td></td>
<td>7,715,494</td>
<td>100%</td>
</tr>
</tbody>
</table>

*Project allocation through Standard Allocation (SA) or Emergency Reserve (ER)

The standard allocation process was launched in July with a global financing amount of US$ 8.25 million.

An allocation paper was developed by the HCT through a consultative process with clusters and the CHF Advisory Board. This document set the funding priorities for the allocation, taking into consideration the needs analysis in the CAP. The document also considered the latest humanitarian developments and existing funding from other donors, namely ECHO and the Peace Building Fund (PBF), as reviewed during the mid-year review process.
Using the allocation paper and the cluster response plan as reference, national and international NGOs and UN agencies submitted 40 project documents to the CHF for funding consideration. The proposals were reviewed by individual clusters and at inter-cluster level (especially for multi-sector projects), the Advisory Board (for Coordination and Support Service) and the CHF unit, and then approved by the Humanitarian Coordinator during September and October. Only one project from Emergency Telecom sector as part of the Coordination and Support Services Cluster was reviewed by the Advisory Board. The final allocated amount during the standard allocation, including UNDP MA fees, was US$ 6.11 million for 18 projects.

While the projects were formally approved in September and October 2011, the signature of some contracts between organizations and UNDP were delayed as the Humanitarian Coordinator requested to recipient organizations to clear the outstanding balance with UNDP before having a new contract. This decision was recommended by the Advisory Board in addressing the general absorption capacity of organizations.

### 2011 Standard Allocation per Cluster

<table>
<thead>
<tr>
<th>Clusters</th>
<th># projects</th>
<th>Amount</th>
<th>Percentage</th>
</tr>
</thead>
<tbody>
<tr>
<td>Health</td>
<td>1</td>
<td>374,440.08</td>
<td>06%</td>
</tr>
<tr>
<td>Food Security</td>
<td>3</td>
<td>818,523.25</td>
<td>13%</td>
</tr>
<tr>
<td>Nutrition</td>
<td>3</td>
<td>1,310,525.00</td>
<td>21%</td>
</tr>
<tr>
<td>Early Recovery</td>
<td>3</td>
<td>622,510.55</td>
<td>10%</td>
</tr>
<tr>
<td>WASH</td>
<td>3</td>
<td>532,805.43</td>
<td>09%</td>
</tr>
<tr>
<td>Protection</td>
<td>1</td>
<td>300,000.00</td>
<td>05%</td>
</tr>
<tr>
<td>Education</td>
<td>1</td>
<td>345,626.05</td>
<td>06%</td>
</tr>
<tr>
<td>Multi-Sector projects⁴</td>
<td>3</td>
<td>1,807,173</td>
<td>30%</td>
</tr>
<tr>
<td><strong>Total</strong></td>
<td><strong>18</strong></td>
<td><strong>6,611,608.86</strong></td>
<td><strong>100%</strong></td>
</tr>
</tbody>
</table>

A large part of the funds were allocated to NGOs (87%) and their highest priority projects as defined in the CAP.

### 2011 Standard Allocation per type of organization

<table>
<thead>
<tr>
<th>Type</th>
<th># projects</th>
<th>Amount</th>
<th>%</th>
</tr>
</thead>
<tbody>
<tr>
<td>UN Agencies</td>
<td>2</td>
<td>800,000.00</td>
<td>13%</td>
</tr>
<tr>
<td>Int NGOs</td>
<td>13</td>
<td>5,083,876.02</td>
<td>83%</td>
</tr>
<tr>
<td>Nat NGOs</td>
<td>3</td>
<td>227,730.84</td>
<td>04%</td>
</tr>
<tr>
<td><strong>Total</strong></td>
<td><strong>18</strong></td>
<td><strong>6,111,606.86</strong></td>
<td><strong>100%</strong></td>
</tr>
</tbody>
</table>

### Emergency Reserve

The Emergency Reserve aimed to ensure a funding capacity to respond to any unforeseen emergency or to fund any other urgent operations decided by the Humanitarian Country Team under the leadership of the Humanitarian Coordinator. It was activated during the year to fund 5 projects for a total amount of US$ 1,603,887 to provide life-saving assistance to vulnerable people in WASH and Health sectors. This included assistance to population affected by the cholera outbreak in country in November 2011, assistance to IDPs and returnees in the Bamingui Bangoran prefecture and provision of Emergency health care to 9,000 IDPS in Ndifia and Tiringoulo (North-west), following the conflict between CPJP and UFDR in April. Moreover, it enabled support to an emergency pediatric center in Bangui to ensure free access to high quality health care to children under 14 and high quality basic outpatient RHC services (ANC+FP) to women living in Bangui and surrounding areas.

The Humanitarian Coordinator also decided to allocate US$ 765,500 to a special project which aimed to increase the capacity of the WASH sector with adequate equipment to provide safe water to the population.

### 2011 Emergency Reserve allocation by clusters

<table>
<thead>
<tr>
<th>Clusters</th>
<th># projects</th>
<th>Amount</th>
<th>%</th>
</tr>
</thead>
<tbody>
<tr>
<td>Health</td>
<td>2</td>
<td>335,937.20</td>
<td>21%</td>
</tr>
<tr>
<td>WASH</td>
<td>3</td>
<td>1,267,950.00</td>
<td>79%</td>
</tr>
<tr>
<td><strong>Total</strong></td>
<td><strong>5</strong></td>
<td><strong>1,603,887.20</strong></td>
<td><strong>100%</strong></td>
</tr>
</tbody>
</table>

The Emergency Reserve was allocated to highest priority projects in the CAP. The WASH project was not initially in the CAP but was inserted when the crisis occurred.

### 2011 Emergency Reserve Allocation per priority

⁴ This is not a cluster but reflects allocation decision made by the Humanitarian Coordinator to 3 multi-sector projects.
Number of projects and amounts allocated (in US$)

<table>
<thead>
<tr>
<th>Priority</th>
<th># projects</th>
<th>Amounts</th>
<th>Percentage</th>
</tr>
</thead>
<tbody>
<tr>
<td>Immediate</td>
<td>4</td>
<td>1,414,497.20</td>
<td>88%</td>
</tr>
<tr>
<td>High</td>
<td>1</td>
<td>189,390.00</td>
<td>12%</td>
</tr>
<tr>
<td>Medium</td>
<td>0</td>
<td>0</td>
<td>0</td>
</tr>
<tr>
<td><strong>Total</strong></td>
<td><strong>5</strong></td>
<td><strong>1,603,887.20</strong></td>
<td><strong>100%</strong></td>
</tr>
</tbody>
</table>

The Emergency Reserve allocation in 2011 represents 21% of the total amount allocated during the year (US$ 7.72 million) which is the highest amount used from the Emergency Reserve since the creation of the CHF in CAR. This also reflects how the Emergency Reserve was activated to address new and unforeseen emergencies in the fragile humanitarian context in 2011.

2008-2011 Emergency Reserve allocation

Number of projects and amounts allocated (in US$)

<table>
<thead>
<tr>
<th>Year</th>
<th>#projects</th>
<th>Amounts</th>
<th>Percentage</th>
</tr>
</thead>
<tbody>
<tr>
<td>2008</td>
<td>2</td>
<td>244,562.00</td>
<td>09%</td>
</tr>
<tr>
<td>2009</td>
<td>4</td>
<td>538,566.60</td>
<td>19%</td>
</tr>
<tr>
<td>2010</td>
<td>4</td>
<td>410,439.16</td>
<td>15%</td>
</tr>
<tr>
<td>2011</td>
<td>5</td>
<td>1,603,887.20</td>
<td>57%</td>
</tr>
<tr>
<td><strong>Total</strong></td>
<td><strong>15</strong></td>
<td><strong>2,797,454.96</strong></td>
<td><strong>100%</strong></td>
</tr>
</tbody>
</table>

Gender Consideration

Gender aspects were considered as essential to be taken into consideration in the project cycle. Gender as well as HIV AIDS was considered as one of the five criteria applied to prioritize project in the CAP.

In 2011, gender was mainstreamed within three clusters (Education, WASH and Nutrition). This aimed to reinforce the cluster capacity regarding integration of gender considerations in the response to emergency situations. These three clusters have developed a gender action plan and identified NGOs to start the implementation of the plan through pilot projects.

In addition, the Gender Marker was introduced for the first time in September 2011 during the 2012 CAP process. Each project in the 2012 CAP was reviewed and scored through the Gender Marker assessment codification tools with the support of a GenCap advisor based in Geneva. The Gender Marker will be considered in 2012 CHF allocations to encourage organizations to take into account gender aspects in the design and the implementation phases of their projects. The HCT has requested the deployment of a Gen Cap in country to support the clusters and the CHF management team for the implementation of the Gender Marker.
2011 Programmatic Results

Projects implemented during 2011

During 2011, the CHF provided funding to 23 new projects and there were 35 projects from 2010 allocations and 7 projects from 2009 under implementation, which makes a total of 65 projects.

The results section of this report concerns the results achieved by the 42 projects approved in 2009 and 2010 and being implemented in 2011 as the 23 new projects were allocated funding only in the last quarter of 2011.

Monitoring of the CHF projects

The evaluation of the CHF in three countries (Sudan, DRC and CAR) in 2010 by independent consultants found the monitoring component of CHF in CAR to be a weakness. OCHA in consultation with partner agencies developed a Management Response Plan (MRP) during 2011 to follow up of the key recommendations of the evaluation. Since, the Humanitarian Coordinator, supported by the Advisory Board, have discussed with relevant stakeholders ways to reinforce the monitoring function of the Fund.

As a result, UNDP has reinforced their team with two new staff recruited in March 2011.

This capacity allowed UNDP to increase its financial monitoring performance and produce monthly financial overviews of the funds shared with the Advisory Board and the concerned implementing organizations.

Consequently, the capacity absorption issue which was largely discussed with some specific donors was adequately addressed bringing the cumulative delivery rate to 82% as at the end of December 2011. Almost 100% of projects approved in 2009 and 2010 are financially cleared (No outstanding unjustified balance with NGOs).

The Humanitarian Coordinator also endorsed the Advisory Board recommendation in July to set quarterly field visits to monitor projects.

During 2011, one monitoring visit was organized for 19 projects in the northern region to measure project performance against expected outputs.

The monitoring team was formed by wash and agriculture specialists respectively from the WASH and Food Security Clusters, UNDP as Managing Agent (MA) and OCHA and was focused on NGO projects. UN agency projects were not visited by the monitoring team. However, the submitted reports of projects not visited were reviewed and results incorporated in this report.

The field monitoring is intended to measure progress toward expected results and to identify strengths, weaknesses and major constraints in order to improve projects implementation and management.

Due to security reasons, the monitoring team was not able to visit some project areas in the Bamingui Bangoran prefecture and then was limited to accessible areas. In September 2011, a mission was organized by the Early Recovery Cluster in the south and south-west to visit projects implemented by the Cluster. These included CHF-funded projects. This mission issued a report shared with OCHA on the progress made, which has been identified as a best practice for other clusters.

The findings of the monitoring mission were presented to the Advisory Board and recommendations were issued to improve the implementation of the projects in terms of timely delivery, efficiency, and effectiveness for the benefit of vulnerable people.

Lessons Learned from the Monitoring Visit

Based on the monitoring visit conducted in 2011 for 19 projects, the following has been highlighted by the monitoring team.

- Effective presence of NGOs in the field enabled them to better deliver humanitarian assistance to affected communities.
- Project implementation did not include sufficiently security risk and logistic constraints in the planning.
• Limited project funding leave a number of potential persons in needs outside the target.
• Complementarity between CHF, CERF, ECHO and PBF allowed NGOs to extend their services by efficient use of the funding.
• Local authorities and communities are sufficiently involved in the project implementation to ensure sustainability of some activities.
• Multi-sector approach has to be strengthened in the response.
• The high staff turnover within the organizations combined with insufficient human resource capacity affected negatively the implementation as well as achievement for some projects.
• The internal monitoring system of organization is often weak to ensure a proper data collection to sustain the achievements.
• CHF unit is not sufficiently informed by NGOs on the adjustments made during the implementation.
• Best practices in WASH sector observed in Kabo IDP site to be duplicated in other sites.

The Education Cluster

The Education Cluster objectives included ensuring access to quality education in a safe and protected environment for 133,860 children affected by conflict and crisis.

The CHF projects were mainly focused on areas affected by the conflict and target school-age children, IDPs and refugee children, and children associated with armed groups.

Five projects were under implementation in 2011, one of which was funded in 2011, two in 2010 and 2 in 2010 for a total amount of US$ 1,118,745.

With that support, sector partners enrolled 23,414 children in primary school and ensured safe and healthy environment for 1,620 children. This includes 32 Congolese refugees’ children and 2,833 girls.

585 IDP and refugee children between three and five were enrolled in the pre-school. The organizations provided appropriate and well equipped school infrastructure. Ten classrooms were rehabilitated; three latrines and eight temporary spaces were constructed.

In order to improve the quality of the education in the targeted areas, 312 parent teachers were trained in the new approach based on learner’s need and attainment of life skills. They also received training in basic teaching method, classroom management and social psychology approach. Two counseling and sensitization sessions a week were held in 28 schools to assist children with trauma and to promote peace culture amongst them. In total 70 schools and temporary leaning spaces were supported with school materials including books and recreation kits.

Lessons learn from monitoring visit

• Providing appropriate and well-equipped infrastructure supports increased enrollment of children.
• A focus on the quality of the intervention in emergency education has enabled the design of appropriate activities and encouraged all stakeholders to promote high quality education for children especially in conflict-affected areas.
• The full participation of communities in promoting the right of all children to education is crucial. Parents should be trained and informed on the rights and protection of children so that they can promote children’s education to the full extent.
• Community involvement in the project implementation through their own contribution in kind or in labor especially for rehabilitation and construction activities ensured good maintenance of school infrastructures.
• Interaction with other sectors namely water and sanitation and protection directly linked to education needs to be strengthened.

• Income generating activities supported the parent-teacher associations (PTA) with substantial financial means to run the school.

• The Capacity of Parent-Teachers Association remained low and need continued support.

• Building and rehabilitation costs are often underestimated causing delays in the implementation.

Challenges:

• Insecurity in project areas did not always allow access to schools.

• Collection and updating data on education is poor.

• Humanitarian actors experienced difficulties transporting school kits and pedagogical materials to remote schools and schools in areas subject to an upsurge of violence.

The Food Security Cluster

The Food Security Cluster objectives included facilitating food access to 586,000 vulnerable people including 200,000 IDPs and refugees.

During 2011, twelve projects were under implementation of which three projects funded in 2011, eight in 2010 and one in 2009, with a total amount of US$ 2,690,244.

With the CHF support, partner organizations provided 158 mt of food to 1,690 Sudanese refugees relocated from Sam Ouandja to Bambari for security reasons.

Beyond the food aid, communities were supported with seeds and agricultural tools to resume their farming where it was abandoned for security reasons, especially in the northern regions and the LRA-affected areas. 400 households in the conflict-affected areas received agricultural kits and appropriate training to increase their production. Moreover, 42 Community Based Organizations (CBO) were supported with small funding to extend, diversify or increase their agricultural production. The Food Security Cluster worked in closed coordination with other sectors, namely the Nutrition Cluster to provide sustainable solutions to the food and malnutrition issues. Therefore, the CHF funded a multi-sector project including Nutrition and WASH components that was funded in 2010 and provided support to 417 women (93% of target) from 15 villages to increase and diversify their production. This has contributed to improve malnutrition in some households.

Two agricultural fairs were organized to increase commercial and exchange opportunities for farmers.

Lessons Learned from the Monitoring Visit

• Support and training provided to vulnerable people enabled them to proudly resume their farming work that was abandoned over years due to the conflict.

• Multi-sector project combining food security and nutrition aspects proved to be efficient addressing both issues from both sectors.

• Individual farming activities proved to be more attractive than collective activities.

Challenges

• Funding not always aligned with the agricultural season.

• Some farmers still don’t have access to their farms because of insecurity.

• Quantity of foods, seeds and tools is not always sufficient compared to the needs.

• The vulnerability criteria used to select potential beneficiaries is in most cases not well understood by the populations.

The Health Cluster

The Health Cluster objectives included improvement of access to emergency health care (primary and secondary health care) for 430,522 including 147,000 IDPs and 10,522 refugees.

During 2011 seven projects were under implementation of which three projects were funded in 2011, three in 2010 and one in 2009 for a total amount of US$ 2,649,764. This included the health components within four multi-sector projects approved in 2010 (2) and 2011 (2).
With the CHF support, 20 health centers were supported through provision of essential drugs and medical material to provide or improve basic health care service for affected populations within the project areas. This enabled health center to treat 55,330 outpatients from which only 132 died. 105 complicated pregnancies were adequately treated through an improved and reinforced referral system. Health partners, through their support to the health system, successfully provided health care service to the isolated 24,162 inhabitants of Sikikédé (north-east). This area was inaccessible for years due to the presence of the rebel group CPJP. Following the conflict between the two mains rebel groups located in the north-east in April and September, health partners rapidly provided first health care to 6,686 IDPs in Ndiffa, Tiringoulo and Bria.

The CHF enabled the establishment and functioning of a highly effective network of 100 community-based health workers to ensure access to basic diagnosis and treatment services for malaria and other preventative services at community level for 182,172 people living in the remote areas, where only a few functioning state health facilities exist.

In October 2011, the emergency reserve was activated to enable health partners to timely respond to the cholera outbreak in CAR. Three cholera kits were provided and six cholera centers were set to confine and treat cases. 293 reported cases were treated. Through this support, health organizations’ capacity was increased to identify and successfully treat cholera cases. An estimated 140,000 persons among the cholera-affected zones quickly accessed information on the risks, prevention and treatment through the dissemination of flyers and posters.

The CHF also enabled health organizations to set up functional local health systems, to provide essential medical supplies, consumables, drugs and equipment, to establish or to reinforce the network of community health workers and to organized mobile clinics for remote areas or isolated communities.

**Lessons Learned from the Monitoring Visit**

- Projects are implemented in collaboration with the health prefectures.
- Health care services delivery in most of the conflict area depends on the support of health organizations.
- Capacity building of health care workers is crucial for the sustainability of health services.
- Insufficient local medical staff capacity in the health centers.
- Lack or inadequate medical materials to provide good quality services.

**The Nutrition Cluster**

The Nutrition Cluster objectives included strengthening the capacity of actors in case management of acute malnutrition and micronutrient deficiencies in CAR for 650,000 children under five.

During 2011, four projects were under implementation of which three were funded in 2011 and one in 2010 for a total amount of US$ 2,324,846. This included the nutrition components in four multi-sectors projects approved in 2010 (2) and 2011 (2).

As malnutrition is a still a recurrent problem in CAR, the CHF supported mainly nutrition programmes aiming at the treatment of acute and moderate malnutrition cases. Therefore 1,357 children under five with acute malnutrition, of which 870 severe acute malnourished, were treated in two nutrition programmes developed.

Three stabilization centers and three outpatient Therapeutic Programmes were established and functional for malnutrition cases treatment with 86% of recovery rate and a 2% death rate. Moreover, 14 UNTA (Unité Nutritionnelle de Traitement Ambulatoire) were opened and treated 453 malnourished children. Over 500 community health workers were trained in management of malnourished children and malnutrition surveillance.

Nutritional supplies were provided in all malnutrition treatment units in project implementation areas.

In 2011 nutrition projects were not included in the monitoring visit.

**Lessons learned from reports assessment**

- Lack of reliable data due to poor data collection in the area
- Health centres staff are not sufficiently skilled or trained to address complicated cases
- Health centres are not well equipped to treated the complicated cases
- The causes of malnutrition are various and should be addressed through integrated approach including other sectors as health, food security and WASH.

Challenges:
Project reports reviewed highlighted the following challenges:

- Nutrition programmes needs to be integrated with food programmes to sustain the treatments.
- A large part of the country especially conflict affected areas are out of the scope of nutritional survey because of insecurity or limited presence of health organization.
- More funding for organizations would improve programme coverage through community based nutrition activities.

**The Water, Sanitation and Hygiene Cluster (WASH)**

The WASH Cluster objectives included ensuring access to safe drinking water and basic sanitation infrastructure in accordance with SPHERE.

During 2011, 12 projects were under standards implementation of which six projects were funded in 2011, five in 2010 and one in 2009, for a total amount of US$ 3,025,617. This included water and sanitation components within a multi-sector project approved in 2010.

The CHF supported 4,000 families to receive hygiene kits and 350 purification sachets each to cover water purification needs for three months during the cholera outbreak in October 2011. In addition, family latrines were constructed in more than 10,000 homes in the cholera affected areas. 52,297 persons including 13,069 men, 12,557 boys and 13,602 girls from 82 villages were provided with latrines constructed through community-led total sanitation approach (CLTS). Safe drinking water was provided to 20,000 persons including 10,200 women and 9,200 children in 22 villages. 4,200 school children including 2,142 girls from 14 schools were given access to safe drinking water. As a result of the intervention, 293 cases of cholera were treated. It has also enabled an efficient coordination between UN agencies, the Government and NGOs to revise print and disseminate the national protocol for managing cholera.

The CHF also enabled aid organizations to provide wash assistance to 2,979 IDPs in Kabo through the construction of 50 latrines and six garbage boxes. The IDP were provided with hygiene information through sensitizations. In addition, one well was rehabilitated, 12 water pumps repaired, five new boreholes built and water management committees trained.

A special project was approved by the Humanitarian Coordinator to improve the sector capacity to increase access to safe drinking water through purchase of drilling machinery.

**Lessons Learned from the Monitoring Visit**

- Water management committees are trained and ensured sustainability of the activities.
- Support to local based pump repairers through training and provision of spare parts increased regular maintenance of pumps.
- Project implementation has shown best practices in building latrines and water points management that could be replicated in other areas.

**Challenges:**

- Procurement of materials and logistic constraints lead to delay the project implementation.
- Construction standards are not always culturally accepted.
- Education and WASH activities within the schools should be integrated for more efficiency and greater impact.

The Protection Cluster

The sector objectives included enhancing security and physical integrity of persons of concern (PoC) by creating a conducive protected environment for 190,000 IDPs and returnees. During 2011, eight projects were under implementation of which one project was funded in 2011 and seven in 2010, for a total amount of US$ 2,516,605. This included protection components within three multi-sector projects approved in 2010 and 2011.

The CHF-funded projects emphasized on strengthening community response mechanisms, GBV prevention and psycho-social support to GBV survivors and victims, as well as providing legal support.

Forty four protection committees were established and trained to sensitize communities on GBV issues and refer survivors in need to the appropriate health structure. Legal support was provided to 202 GVB victims and survivors through the juridical clinic established in Batangafo. This juridic clinic has extended its activities on the axes Batangafo-Kabo and Batangafo - Ouandaogo through protection committees and dedicated trained volunteers. As result, 44 mediations were engaged 20 cases resolved. The other 20 cases were underway at the end of the year.

Lessons Learned from the Monitoring Visit

- Activities are closely monitored by partners.
- Government bodies, local partners and authorities are fully involved in the project implementation which facilitated resolution of cases.
- Protection committees are functional and effective.
- Technical support is provided to local authorities and volunteers to better perform their duties.
- Victims rely on juridical clinics for legal assistance and counseling.

Challenges:

- Some of the indicators are difficult to measure through evidence based approach.
- The children reintegration process may go beyond the normal duration expected for a humanitarian project.
- Volunteers are often seen as a threat for the population and may put their life in danger.
- The transfer of the juridical clinic to a local partner may take longer than expected due to the insufficient capacity of the partners.

The Early Recovery Cluster

The Early Recovery Cluster objectives included ensuring rehabilitation/building of rural road infrastructures, and support restarting or strengthening of social economic recovery for 310,946 vulnerable people.

During 2011, eleven projects were under implementation, of which three projects were funded in 2011, six in 2010 and two in 2009 for a total US$ 2,205,209. This included early recovery components within a multi-sector project funded in 2011.

The projects mainly focused on reinforcing capacity of Community Based Organizations and rehabilitation of
infrastructures. Trained CBO were provided with income-generating activities kits and financial services to develop or diversify their business. Through these projects, 449 people from 58 groups benefited from financial services for a total amount of US$ 34,819, saving and credit groups were created and are operational.

Two centers for women activities promotion and two multi-function platforms were built to support women to diversify their activities. This also revitalized the local economy around the markets. Moreover, 133 income generating activities kits were distributed to 63 groups.

The financial services to vulnerable people were supported with 661 members enrolled through village saving and credit mechanisms.

To improve limited access to targeted people due to poor state of the roads, 27 roads and other infrastructure roads were rehabilitated.

In addition, a boat was rehabilitated to enable access between Bossangoa and Bozoum to create economic opportunities amongst farmers.

Lessons Learned from the Monitoring Visit

- Communities are strongly involved in the rehabilitation work as well as the maintenance to ensure the sustainability of infrastructure.
- Rehabilitation of infrastructure played a crucial role regarding access and assistance delivery to affected communities.
- Capacity building of community groups enabled them to more and more being independent from humanitarian assistance.

Challenges

- Inexistence of maintenance service for infrastructure in certain areas.
- Early recovery activities are perceived by a number of actors as part of development and should not compete for Humanitarian Funding
- The success of DDR will encourage people to return back to their villages with important needs beyond the capacity of the cluster.

Summary and Analysis of Achievements

The CHF in CAR is dedicated to providing a targeted humanitarian response based on the needs in the CAP as identified by the humanitarian actors in the country.

In 2011 the CHF represented 20% of total funding received in country for humanitarian programmes and therefore contributed to mitigate the humanitarian consequences in the country.

The main results and impact of CHF funded projects are summarized as follows:

- The Emergency Reserve was activated by the Humanitarian Coordinator to provide timely assistance to isolated IDPs in Ndiffa and Tiringoulo and to respond to the outbreak of cholera in country in November.
- CHF allowed partners to rapidly open OTP and UNTA programmes to address the malnutrition problems especially with focus on treatment of severe acute malnutrition in several places in the country.
- Through CHF funding, targeted interventions in conflict-affected areas were undertaken to support rehabilitation and community resilience through projects in Education, Early Recovery and Food Security.
- While the CHF projects increased access to safe drinking water to affected people, they also contributed to enhance the capacity of the WASH sector with the provision of drilling machinery. This will increase the delivery to populations as only two machineries were available for the whole country.
- The CHF enabled humanitarian organizations to extend their response activities in areas
previously not sufficiently covered like the south-east and the north-east.

- Integrated response with greater impact on the community was strengthened through the multi-sector approach by allocating CHF funding to three multi-sector projects.
- Complementarity between CHF and other funding such as CERF, ECHO, and Peace Building Fund (PBF) increased effectiveness and improved coordination between theses funding mechanisms

**Fund Management**

The management of the CHF was regularly included in the agenda of the Advisory Board to address management issues and to increase accountability and credibility of the funds. During 2011, the absorption capacity problem raised in 2010 by donors was adequately addressed through specific actions. As a result, the cumulative delivery rate reached 82% at the end of December 2011.

To ensure a proper follow up of the implementation of decisions taken by the Humanitarian Coordinator, the Advisory Board decided to meet on a monthly basis. Monthly financial overviews continued to be produced by UNDP, the Management Agent, and discussed by the Advisory Board who issued recommendations for each concerned organization. The rules regarding the No Cost Extension Request (NCE) were reviewed allowing a maximum of two months per request. This has considerably reduced the NCE requests and forced NGOs to better plan and considering risk management when submitting a proposal.

The increase of UNDP staff capacity at the beginning of the year contributed to reduce delay to an average of three days between the contract signature and the first disbursement to NGOs.

Based on the conclusions of the CHF Global Evaluation in 2010 and the continued consultations with donors and other stakeholders, the following remedial actions were implemented to strengthen the overall management:

- New CHF contracts subject to clearance of any outstanding fund balance for 2009 and 2010.
- More systematic and regular consultations between OCHA and UNDP for an integrated follow up of the project cycle.

- Overall financial management of the Fund to be systematically discussed by the Advisory Board on a monthly basis.

Consultation with OCHA Funding Coordination Section (FCS) and Multi-Partner Trust Fund office (MPTF) has led to a mission conducted in March 2012. One of the key recommendations of the mission is to set a joint funding management unit in CAR between OCHA and UNDP under the model of the CHF in Democratic Republic of Congo to improve the management structure of the Fund. This is expected to be implemented in 2012.

**Partnership and Governance**

The allocation process continues to be embedded within the cluster approach with the active participation of cluster leads, co-leads and members. The Humanitarian Country Team, chaired by the Humanitarian Coordinator, is still playing a key role in needs analysis and prioritization for the standard allocation.

As CHF is a heavy management process and funds to be allocated are limited, the Advisory Board started thinking on a possible revision of the process aiming to render the technical review process more efficient while increasing the quality control of proposals.

The Advisory Board met five times in 2011 to discuss and address issues over the management of the Fund to increase transparency, accountability and credibility of the CHF. A matrix was developed to better follow up the implementation of each recommendation issued by the AB. ECHO had suspended their participation to the CHF Advisory Board meetings in August because of misunderstandings over the functioning and role of the Advisory Board. However, through constructive discussions with ECHO representatives in CAR it resumed its duties within this board in November.

The newly designed HDPT web site has a dedicated page on CHF which contains all key documents related to the Fund.

**Conclusion and Way Forward**

During 2011, the CHF in CAR enabled flexible and rapid support to communities severely affected by the crisis; therefore it remained an essential tool to mitigate the humanitarian consequences in the country.

Priority projects in conflict-affected areas, namely the north-east, the north and the south-east, enabled humanitarian organizations to provide humanitarian assistance to isolated, affected population despite access
constraints. Moreover, the activation of the Emergency Reserve by the Humanitarian Coordinator enabled rapid response to sudden and unforeseen emergencies, such as the cholera outbreak in the country and the IPDs in N'dj liable (north-east).

However, the difficult general context in 2011 characterized by lack of access in some areas, sporadic conflicts between armed groups, insecurity and logistic constraints has delayed the implementation of some projects. Even some activities were suspended for months due to insecurity faced by humanitarian actors.

Donor’s commitment to CAR is inadequate compared to the scale of humanitarian needs (with a very limited representation of donors in Bangui). The 2011 CAP was funded only at 46% while the CAP 2012 required 134 million for 105 projects targeting 1.9 million people which is currently funded at 41%.

**Challenges for 2012**

As a result of the joint OCHA and UNDP mission carried out in the first quarter of 2012, the CHF units of OCHA and UNDP will merge to create a Joint Fund Management Unit under the supervision of OCHA. This aims to strengthen the global monitoring of the project cycle and to ensure that CHF fits the purpose of humanitarian response. In that perspective, an M&R specialist position is expected to be created within the new joint Funding Management Unit.

In 2012, strengthening the monitoring and reporting aspects of the fund will remain a key priority for the CHF. The HCT has endorsed the new CHF Monitoring and Reporting Framework in May 2012 and consultations with clusters will be held for its implementation by the end of 2012.

In terms of the allocation process, the technical review process will be reviewed to ensure that high quality proposals will be selected to address the priority needs of the population. Clusters will be more involved in the prioritization while the review of projects will be done by a review committee which needs to be defined and agreed upon.

For 2012, only two donors out of the four regular CHF donors already confirmed their commitment to support CAR CHF, while the contribution will likely be less than for 2011. If this trend continues to be observed, it may negatively impact on humanitarian operations, as the CHF has become the main source of humanitarian funding and is key in addressing humanitarian needs in a tight funding context.

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3 FTS, as of 22 June 2012
**Glossary**

**ACF**: Action Contre la Faim (Action Against Hunger)

**ACTED**: Agency for Technical Cooperation and Development

**ADEM**: Association pour le Développement de Mbrè (Association for the Development of Mbrè)

**AFJC**: Central African Women's Legal Association

**AIDS**: acquired immuno-deficiency syndrome

**APRD**: Armée pour la Restauration de la République et la Démocratie (Army for the Restoration of Democracy)

**ARDI**: African Regional Spatial Data Infrastructure

**BCC**: behavior change communication

**BINUCA**: Bureau Intégré des Nations Unies pour la consolidation de la paix en Centrafrique (Integrated Peacebuilding Office in the Central African Republic)

**CAAFG**: children associated with armed groups

**CAP**: consolidated appeal or consolidated appeal process

**CAR**: Central African Republic

**CARC**: Central African Red Cross Society

**CBO**: community-based organization

**CERF**: Central Emergency Response Fund

**CHF**: Common Humanitarian Fund

**CMAM**: community management of acute malnutrition

**CNRC**: Commission Nationale pour les Réfugiés (National Refugees Commission)

**COGES**: Comité de gestion sanitaire

**COOPI**: Cooperazione Internazionale (International Cooperation)

**CPB**: Complexe Pédiatrique de Bangui (Pediatric complex of Bangui)

**CPJP**: Convention des Patriotes pour la Justice et la Paix (Patriotic Convention for Justice and Peace)

**DDR**: disarmament, demobilization and reintegration

**DRC**: Democratic Republic of the Congo

**DRC**: Danish Refugee Council

**ECHO**: European Commission Directorate-General for Humanitarian Aid and Civil Protection

**ER**: early recovery

**FAO**: Food and Agriculture Organization of the United Nations

**FDPC**: Front démocratique du peuple centrafricain (Democratic Front for the Central African People)

**FOSA**: Formation sanitaire (health training)

**FPR**: Front Populaire pour la Reconstruction (Popular Front for Reconstruction)

**FFW**: food-for-work

**FTS**: Financial Tracking Service

**GAM**: global acute malnutrition

**GBV**: gender-based violence

**ha**: hectare

**HCT**: Humanitarian Country Team

**HDPT**: Humanitarian and Development Partnership Team

**HIV**: human immuno-deficiency virus

**IDP**: internally displaced person

**IGA**: income-generating activity

**IMC**: International Medical Corps

**IRC**: International Rescue Committee

**JRS**: Jesuit Refugee Service

**JUPEDEC**: United Youth for the Protection of the Environment and Community Development

**Kcal**: kilo-calorie

**Km**: kilometre

**LRA**: Lord of Resistance Army

**MAM**: moderate acute malnutrition

**MERLIN**: Medical Emergency Relief International

**MICS**: multiple indicator cluster survey

**MT**: metric ton
NFI: non-food item
NGOs: non-governmental organizations
OCHA: Office for the Coordination of Humanitarian Affairs
OTP: outpatient therapeutic programmes
PPCB: peri-pneumonia contagious bovine
PoC: people of concern
PT: parent-teacher
PTA: parents-teachers association
SAM: severe acute malnutrition
STI: sexually transmitted infection
TFC: therapeutic feeding centre
TFU: therapeutic feeding unit
U5: under five
UFDR: Union des Forces Démocratiques pour le Rassemblement (Union of Democratic Forces for Unity)
UN: United Nations
UNICEF: United Nations Children Education Fund
UNDP: United Nations Development Programme
UNFPA: United Nations Population Fund
UNHAS: United Nations Humanitarian Air Service
UNHCR: United Nations High Commissioner for Refugees
UNS: Unité nutritionnelle supplémentaire (supplementary feeding unit)
UNT: Unité nutritionnelle thérapeutique (therapeutic feeding unit)
UNTA: Unité nutritionnelle de traitement ambulatoire (mobile therapeutic feeding unit)
WASH: water, sanitation and hygiene
WFP: World Food Programme
WHO: World Health Organization
## Annex 1: List of projects under the first Standard Allocation 2011

<table>
<thead>
<tr>
<th>No.</th>
<th>Org.</th>
<th>Project Title</th>
<th>CAP Code</th>
<th>Sector</th>
<th>Project amount</th>
</tr>
</thead>
<tbody>
<tr>
<td>1</td>
<td>IMC</td>
<td>Improve the community control of acute malnutrition in region sanitaire N°5 (Vakaga and Haute Kotto prefectures)</td>
<td>CAF-11/H/36816</td>
<td>Nutrition</td>
<td>177,000.00</td>
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<td></td>
<td></td>
<td>Protection Health and psychosocial support to SGBV victims in Vakaga and Haute Kotto provinces</td>
<td>CAF-11/P-HR-RL/36825</td>
<td>Protection</td>
<td>180,000.00</td>
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<td></td>
<td></td>
<td>Risk reduction project for displaced population affected by the conflict in Vakaga and Haute Kotto Provinces</td>
<td>CAF-11/H/36823</td>
<td>Health</td>
<td>300,000.00</td>
</tr>
<tr>
<td>2</td>
<td>DRC</td>
<td>Supporting the capacity of farmer organizations and networks to cope with emergencies, and enhancing the productivity of agro-pastoral production systems in Bamingui Bangoran</td>
<td>CAF-11/A/36794</td>
<td>Food Security</td>
<td>323,350.00</td>
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<tr>
<td></td>
<td></td>
<td>Supporting conflict affected women’s organizations and other groups in order to further improve and diversify their income generating capacity Bamingui Bangoran</td>
<td>CAF-11/ER/36793</td>
<td>Early Recovery</td>
<td>258,600.00</td>
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<td>3</td>
<td>UNICEF</td>
<td>Renforcer la capacité de réponse en protection d’urgences, prévention et surveillance des violations graves des droits des enfants.</td>
<td>CAF-11/P-HR-RL/36872</td>
<td>Protection</td>
<td>300,000.00</td>
</tr>
<tr>
<td>4</td>
<td>Merlin</td>
<td>Strengthening Primary Health Care services and HIV/AIDS sensitization to conflict affected populations in CAR</td>
<td>CAF-11/H/36880</td>
<td>Health</td>
<td>250,000.00</td>
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<tr>
<td></td>
<td></td>
<td>Addressing malnutrition &amp; HIV among vulnerable communities in CAR</td>
<td>CAF-11/H/36908</td>
<td>Nutrition</td>
<td>200,000.00</td>
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<td>6</td>
<td>ACF</td>
<td>Improved nutritional surveillance at national level through nutritional surveys and routine surveillance data</td>
<td>CAF-11/H/36755/R</td>
<td>Nutrition</td>
<td>374,500.00</td>
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<tr>
<td>7</td>
<td>UNICEF</td>
<td>Emergency nutrition for child survival in Central African Republic</td>
<td>CAF-11/H/36873/124</td>
<td>Nutrition</td>
<td>500,000.00</td>
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<td>8</td>
<td>Première Urgence</td>
<td>Projet de relance agricole d’urgence et d’appui aux AGR agroalimentaires féminines en zone LRA</td>
<td>CAF-11/1/36719</td>
<td>Food Security</td>
<td>349,750.00</td>
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<td>9</td>
<td>JUPEDEC</td>
<td>Appuyer la capacité de production agricole dans la Préfecture du Haut Mbomou et de Rafai’</td>
<td>CAF-11/A/36904/R</td>
<td>Food Security</td>
<td>165,000.00</td>
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<tr>
<td>10</td>
<td>Mentor Initiative</td>
<td>Emergency Malaria Control for IDPs and Host Community in Conflict-Affected Sub Prefecture of Paoua and Markunda, North Western province of CAR</td>
<td>CAF-11/H/36783</td>
<td>Health</td>
<td>349,944.00</td>
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<tr>
<td>11</td>
<td>Première Urgence</td>
<td>Désenclavement et relance économique des communes de Bah-Bassaret Mia Pende dans la sous-préfecture de Paoua</td>
<td>CAF-11/ER/36715</td>
<td>Early Recovery</td>
<td>285,000.00</td>
</tr>
<tr>
<td>12</td>
<td>Echelle</td>
<td>Appui aux organisations rurales de base pour une meilleure gestion et performance des activités</td>
<td>CAF-11/ER/36768</td>
<td>Early Recovery</td>
<td>47,832.56</td>
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<tr>
<td>13</td>
<td>Vitalité Plus</td>
<td>Acces to water and sanitation infrastructures in Yalinga town (High-Kotto)</td>
<td>CAF-11/WS/36924/R</td>
<td>Wash</td>
<td>50,000.00</td>
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<tr>
<td>14</td>
<td>Solidarités</td>
<td>water, access, sanitation and hygiene promotion for conflict affected people in the Ouham and Ouham-pende prefectures</td>
<td>CAF-11/WS/36813</td>
<td>Wash</td>
<td>144,249.00</td>
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<tr>
<td>15</td>
<td>PU-AMI</td>
<td>Prévention et traitement de la malnutrition dans les sous-préfectures de Berberati et de Gamboula</td>
<td>CAF-11/H/37007</td>
<td>Nutrition</td>
<td>383,000.00</td>
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<tr>
<td>16</td>
<td>IRC</td>
<td>Stimulating Local Economies: A Sustainable Response to Food Security</td>
<td>CAF-11/A/36906/R</td>
<td>Food Security</td>
<td>250,000.00</td>
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<tr>
<td>17</td>
<td>COOPI</td>
<td>Protecting community livelihoods in the S/P of Berbérali and Nola through income generating scheme</td>
<td>CAF-11/ER/36875</td>
<td>Early Recovery</td>
<td>248,953.00</td>
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<tr>
<td>18</td>
<td>DRC</td>
<td>Sanitation and hygiene promotion for School and population in Ouham</td>
<td>CAF-11/WS/36795</td>
<td>Wash</td>
<td>303,700.00</td>
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<td><strong>5,764,118.56</strong></td>
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Annex 2: list of projects funded under the 2011 emergency reserve

<table>
<thead>
<tr>
<th>№</th>
<th>Org.</th>
<th>Project Title</th>
<th>CAP Code</th>
<th>Sector</th>
<th>Project amount</th>
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<tbody>
<tr>
<td>1</td>
<td>IMC</td>
<td>Emergency response to IDP's settled in Ndiffa and Tiringoulo, Vakaga, CAR</td>
<td>CAF-11/H/41857/R/13107</td>
<td>Health</td>
<td>136 960,00</td>
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<tr>
<td>2</td>
<td>ACF</td>
<td>Reinforcement of ANEA drilling capacity and improvement of safe drinking water access in CAR</td>
<td>CAF-11/WS/41633/R/5186</td>
<td>Wash</td>
<td>765 500,00</td>
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<td>3</td>
<td>Solidarités</td>
<td>Water access, sanitation and hygiene promotion for conflict-affected people in Bamingui-Bangoran prefecture</td>
<td>CAF-11/WS/36814/5633</td>
<td>Wash</td>
<td>200 000,00</td>
</tr>
<tr>
<td>4</td>
<td>UNICEF</td>
<td>Provision of essential services to vulnerable people affected by cholera outbreak in CAR</td>
<td>CAF-11/WS/45094/R</td>
<td>Wash</td>
<td>234 865,00</td>
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<tr>
<td>5</td>
<td>Emergency ONG</td>
<td>Comprehensive paediatric care at Bangui EMERGENCY Paediatric Centre</td>
<td>CAF-11/H/36833/7138</td>
<td>Health</td>
<td>177 000,00</td>
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<td>1,514,325.00</td>
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## Annex 3: List of projects monitored in 2011 (field visit)

<table>
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<tr>
<th>N°</th>
<th>Org.</th>
<th>Project Title</th>
<th>Contract Code</th>
<th>Sector</th>
<th>Project amount</th>
</tr>
</thead>
<tbody>
<tr>
<td>1</td>
<td>Première Urgence – Aide Médicale Internationale</td>
<td>Emergency medical assistance, primary and secondary healthcare in Bamingui-Bangoran</td>
<td>CHF/AMI 02</td>
<td>Health</td>
<td>161,250</td>
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<tr>
<td>2</td>
<td>Première Urgence – Aide Médicale Internationale</td>
<td>Primary and secondary health care in Bamingui-Bangoran and Nana-Gribizi</td>
<td>CHF/AMI 03</td>
<td>Health</td>
<td>200,000</td>
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<tr>
<td>3</td>
<td>ADEM</td>
<td>Support income-generating activities among displaced and return people in Brés sub-prefecture</td>
<td>CHF/ADEM 01</td>
<td>Early recovery</td>
<td>75,000</td>
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<tr>
<td>4</td>
<td>ADEM</td>
<td>Appui à l’agriculture attelée dans la Sous-préfecture de M’brès.</td>
<td>CHF/ADEM 02</td>
<td>Food Security</td>
<td>158,333</td>
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<tr>
<td>5</td>
<td>ADEM</td>
<td>Amélioration des conditions d'accès à l'eau, à l'assainissement et à l'hygiène des populations affectées par les conflits dans la Sous-préfecture de M’brès (Nana-Gribizi)</td>
<td>CHF/ADEM 03</td>
<td>WASH</td>
<td>150,000</td>
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<tr>
<td>6</td>
<td>International Rescue Committee (IRC)</td>
<td>Creating Safe Learning Environments for Displaced and Conflict-Affected Children in the Central African Republic</td>
<td>CHF/IRC 06</td>
<td>Education</td>
<td>152,910</td>
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<tr>
<td>7</td>
<td>International Rescue Committee (IRC)</td>
<td>Expansion of primary health care activities in Nana Gribizi prefecture, Central African Republic</td>
<td>CHF/IRC 09</td>
<td>Health</td>
<td>216,044</td>
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<tr>
<td>8</td>
<td>UNDP</td>
<td>Renforcement des capacités des initiatives de micro finance à Kaga-Bandoro</td>
<td>CHF/UNDP 02</td>
<td>Early recovery</td>
<td>100,000</td>
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<tr>
<td>9</td>
<td>Solidarités International</td>
<td>Food Security assistance to the Ouham, Nana-Gribizi and Bamingui Bangoran people</td>
<td>CHF/SOL 09</td>
<td>Food Security</td>
<td>179,800</td>
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<tr>
<td>10</td>
<td>Echelles</td>
<td>Appui aux organisations rurales de base pour une meilleure gestion et performance des activités</td>
<td>CHF/Echelle 01</td>
<td>Early Recovery</td>
<td>47,833</td>
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<tr>
<td>11</td>
<td>Danish refugees Council (DRC)</td>
<td>Education d’urgence dans la Province de l’Ouham</td>
<td>CHF/DRC 04</td>
<td>Education</td>
<td>152,910</td>
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<tr>
<td></td>
<td>Organization</td>
<td>Project Description</td>
<td>Code</td>
<td>Sector</td>
<td>Amount</td>
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<tr>
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<tr>
<td>12</td>
<td>Danish refugees Council (DRC)</td>
<td>School sanitation and hygiene promotion in Ouham</td>
<td>CHF/DRC 07</td>
<td>WASH</td>
<td>207,448</td>
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<tr>
<td>13</td>
<td>Danish refugees Council (DRC)</td>
<td>Legal advice and human rights training (Ouham)</td>
<td>CHF/DRC 08</td>
<td>Protection</td>
<td>309,497</td>
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<tr>
<td>14</td>
<td>Danish refugees Council (DRC)</td>
<td>Moyens d’existence durables, protection et appui aux populations affectées par le conflit dans le nord-est de la RCA</td>
<td>CHF/DRC 10</td>
<td>Early recovery</td>
<td>200,000</td>
</tr>
<tr>
<td>15</td>
<td>Danish refugees Council (DRC)</td>
<td>Emergency Education and Child Protection capacity building response in Bamingui Bangoran and Ouham regions</td>
<td>CHF/DRC 12</td>
<td>Education</td>
<td>169,937</td>
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<tr>
<td>16</td>
<td>Danish refugees Council (DRC)</td>
<td>Sanitation and hygiene promotion for School and population in Ouham</td>
<td>CHF/DRC 14</td>
<td>WASH</td>
<td>149,907</td>
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<tr>
<td>17</td>
<td>Solidarités International</td>
<td>Water access, sanitation and hygiene promotion for conflict affected people in the Ouham prefecture</td>
<td>CHF/SOL 05</td>
<td>WASH</td>
<td>297,048</td>
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<tr>
<td>18</td>
<td>Solidarités International</td>
<td>Water access, sanitation and hygiene promotion for conflict affected people in the Ouham prefecture</td>
<td>CHF/SOL07</td>
<td>WASH</td>
<td>272,000</td>
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<tr>
<td>19</td>
<td>Solidarités International</td>
<td>Programme d'urgence d'approvisionnement en eau potable et assainissement du site des déplacés de la ville de Kabo dans la préfecture de l'Ouham</td>
<td>CHF/08</td>
<td>WASH</td>
<td>50,000</td>
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</tbody>
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