
Common Humanitarian Fund – Central African Republic Annual Report 2010

I. Executive Summary

The Common Humanitarian Fund (CHF) in the Central African Republic (CAR) was critical in 2010 to cover the most immediate assessed needs of about 1.6 million people in the North West, North East and South East of the country. Sustained generous contributions from the Netherlands, the United Kingdom, Ireland and Sweden have allowed further predictability and flexibility, hence relevance of the overall humanitarian response in country. Whether UN agencies or Non governmental organisations, recipient partners have demonstrated strong commitment to address critical needs in most often trying circumstances. The standard allocation process has involved a wide range of stakeholders through the CHF Advisory Board, the Humanitarian Country Team and within the respective clusters.

The 21 projects selected during the first quarter of 2010 and the four projects funded through the Emergency Reserve have benefited the most vulnerable communities in eight provinces throughout both conflict-affected and post-conflict areas. The predictability and flexibility of the CHF as a funding mechanism allowed supporting projects to respond to specific local needs. The needs and types of vulnerability are varying from longstanding internal displacement due to conflict in the North West to massive sudden displacements in urban areas in the South East due to continuous fighting by the Lord Resistance Army (LRA).

In late 2010, a second allocation process with a more integrated approach resulted in the selection of 28 additional projects by early 2011. A total of US \$11.2 million was allocated in 2010. The ongoing monitoring of the entire process led, as of late 2010, to the identification of a number of issues with required improvement. First, late implementation of projects and subsequent delays in justifying expenditures by recipient organisations combined with burdening administrative management by UNDP need to be address in order to expedite project cycle including financial monitoring and reporting within agreed timeframe. Second, there was an apparent disconnection between strategic priorities as set out in the CAP and actual ranking of projects funded through the CHF. Hardly a third of CHF projects were ranked as immediate priority in the CAP, though the CAP is the umbrella document that might drive decision making process for each CHF allocation. Finally, projects monitoring and evaluation have remained weak through the year, limited to few field visits carried out by a peer teams whose reports mainly emphasised on output delivery with few if any elements about outcomes.

Comprising representatives from UN agencies, NGOs and donors, and chaired by the Humanitarian Coordinator, the CHF Advisory Board played a key role in analysing how best address these issues, in view of bringing significant changes as of 2011.

Whilst final decision remains with the Humanitarian coordinator, the allocation process involved the respective clusters vetting the projects submitted through technical expertise. With the advisory Board support, the Humanitarian Coordinator then proceeded with final selection taking into account broader strategic factors including funding pattern, geographic focus and impact optimisation.

CAR Prefectures (provinces) and main locations :



II. Context – Humanitarian Situation

The Central African Republic in 2010 continues to see progress towards peace consolidation particularly in the North West region. In other regions such as in the North East and South East of the country, the humanitarian situation deteriorated whilst humanitarian access faced increasing constraints. Presidential and legislative elections, although contested by parts of the opposition, took place peacefully in the first quarter of 2011 and involved the association of all groups having signed the Libreville Peace Agreements. However, extreme poverty, particularly in the rural areas, together with very poor access to basic health care and primary education, continue to be the daily life of a large part of the population despite numerous efforts undertaken by the government and supported by the international community.

In significant parts of the country, populations continue to face chronic vulnerability due to pockets of insecurity and sporadic conflicts. The Disarmament, Demobilization and Reintegration (DDR) process remained stalled in 2010 hindering prospects in the possible return of internally displaced persons (IDPs) and refugees in this highly-populated region of the country. Meanwhile renewed violence in the Northeast has led to further deterioration with an influx of emerging humanitarian needs. Of additional concern, humanitarian access to these North Eastern areas has been critically limited due to a combination of security risks including conflict related hazard and criminal threats. In the south east, unabated attacks carried out by the Lords Resistance Army have resulted in new waves of internal displacements. Access of relief organisations was limited to airways thanks to the humanitarian air service or to the use of armed escorts, notably by UN agencies for the delivery of humanitarian assets such as food and non-food items. This assistance targets the refugees and displaced people in the area who fled their unprotected villages in the region and sought refuge in the towns of Obo, Rafai, Mboki and Zemio.

The number of humanitarian partners present in the country has remained stable and humanitarian actors continue to work in changing and very complex environments to address the needs of 1.6 million vulnerable people and communities affected by the conflicts, including around 192,000 IDPs¹ and 22,000 refugees. Significantly, the CHF has also been able to focus on an early recovery oriented approach in all sectors targeting the areas with potential return of IDPs and refugees, and in the south west which has faced acute malnutrition crisis although not affected by the conflict.. The Early Recovery Cluster has been instrumental in identifying priorities and approaches, including cooperation with national and local authorities, and revealed critical to help orient approaches designed within all other specific clusters. Although not described as humanitarian assistance per se some specific activities were meanwhile identified as necessary as they allowed for the delivery of humanitarian assistance. Roads and bridges projects for instance, revealed essential to allow access to humanitarian organisations. This multifaceted approach aimed at reducing aid

¹ OCHA, UNHCR, November 2011

dependence and vulnerability while paving the way for sustainable development and peace consolidation in-country.

The number of IDPs rose from 168,000 at the beginning of 2010 to an estimated 192,000 by year-end mainly due to new violence in parts of the North as well as attacks launched by LRA in the South East. The number of refugees rose from 10,257 in September 2009 to 22,793² with the influx of refugees from DRC in the South and the South Eastern regions.

An estimated 162,000 central African nationals continue to live as refugees in neighboring countries. As mentioned above, should the DDR process in the North West succeed under the current new momentum it is likely it would enable the return of refugees from Chad and Cameroun. Such a situation would need substantial new resources for the return and reintegration of both IDP and returning refugee communities.

In 2010, humanitarian access became a major constraint in the North and North East of the country due to both government restrictions and insecurity. The Humanitarian Coordinator and humanitarian actors have repeatedly insisted on free and unhindered access deploring the restrictions on movements being imposed. The situation has now by July 2011 changed in the wake of the new ceasefire agreement and all interdictions for humanitarian access in the prefecture of Bamingui Bangoran prefecture in the North are being lifted.

Access in large parts of the East remains very difficult. Constraints combine denial of access by armed groups engaged in continuing hostilities and violent and unpredictable criminality and theft which has made access to these large areas increasingly difficult and hazardous. In response, humanitarian agencies operating in the North-East have adjusted their approach, increasingly maintaining their delivery capacity through national partners. New emergency programmes have been developed to respond to the new crisis in the LRA affected South-East where safe access is limited by air to main towns where IDPs and refugees have found relative safe haven.

While the country seeks to progress toward recovery and development, humanitarian response capacity will remain critical. The focus and priorities shall be adapted to the varying conditions involving both life-saving objectives and an inclusion of an early recovery orientation in the areas where the DDR process is on track or with adequate security (North West and South West). Early recovery approach is intended to contribute to stabilisation and peace consolidation in these areas, but shall also where possible lessen population's dependency on humanitarian assistance through the restoration of households' self-subsistence capacities. The potential of large-scale return in the North West could mean new important opportunities in 2011 and 2012. In the South East affected by the Lords Resistance Army, safe access will continue being a major challenge. Yet, rehabilitation of roads and bridges could significantly improve both access and security.

² UNHCR, February 2011

As set out in the Common Humanitarian Strategy for 2011 (within CAP 2011), the key areas of humanitarian response include Protection, Food Security, Education, Health, Nutrition and Water and Sanitation. Technical and operational coordination of the activities in these sectors is achieved through the respective clusters which regularly meet at central level, and in several instances are supported by decentralised health clusters.

Overall, relief activities in CAR enabled assistance and early recovery support to communities severely affected by the conflict, and was the sole funding mechanism which strengthened community organizations in the mitigation or avoidance of further humanitarian crisis. Offering predictable, flexible and rapid support the CHF remains an essential tool the Humanitarian Coordinator spearheads to enable the delivery of required humanitarian response throughout the whole country. *See details in part IV : Achievements.*

III. Donor contributions³

In 2010, donors generously contributed US \$11.4 million to the CHF as detailed in the below table:

Table 4: Donor contributions in 2010

Country	Contribution
Sweden	\$ 3,998,914.94
Ireland	\$ 3,052,419.67
United Kingdom	\$ 2,278,650.00
Netherlands	\$ 2,097,902.00
Total	\$ 11,427,786,61

Regular discussions have allowed fruitful dialogue between donors (the Swedish International Development Cooperation Agency (SIDA), the United Kingdom's Department for International Development (DFID), the Irish Aid and the Government of the Netherlands), the UNDP Multi Donors Trust Funds office (MDTF), the Humanitarian Coordinator, UNDP and OCHA. A follow-up matrix designed in 2009 along with DFID helped monitoring progress on key issues relating to the Funds governance and allocation process. In addition, a dedicated link is available through the HDPT websites including all related documentation. However, updates and postings have been irregular in 2010 due to OCHA country office staffing issues, with notably the absence of an Information Management Officer for 7 months. Clearly the aim is to maintain a high level of transparency and credibility within the CHF. The timing of commitments and disbursements have somewhat influenced the timeframe of allocation, with the second standard allocation taking place late in the year (from November to December), hence funding projects in early 2011.

For the financial report details, please refer to MDTF gateway on <http://mdtf.undp.org/>

³ Financial details on CHF can be found in the consolidated annual financial reports produced by UNDP MDTF Office in May 2011

IV. CHF Achievements

The CHF in CAR is dedicated to support programmes which bring strategic complementarity to respond to needs identified in the Common Humanitarian Action Plan. Governance bodies include the clusters, cluster leads and co-leads gathered within the intercluster forum, the CHF Advisory Board, and the Humanitarian Country Team. The Humanitarian Coordinator provides oversight and coordination of all CHF operations. The CHF functions as a stand-by funding mechanism which supports comprehensive response to humanitarian priorities through close interaction with international and national partners for enhanced complementarity.

Key achievements of the CHF in 2010 include:

- New programmes in Health, WASH and Food Security sectors were quickly initiated to provide rapid emergency assistance to 18,000 Congolese refugees in the Lobaye Province in the South before requesting additional assistance from CERF rapid respond window. The voluntary transfer of 8,000 refugees to the new site has been supported and completed. The refugees received upgraded assistance with basic facilities (Health, WASH) and agricultural support (such as seeds and tools).
- CHF enabled two NGOs, namely Community Humanitarian Emergency Board (COHEB) and Comité d'Aide Médicale (CAM) to establish new presence respectively in Mboki and Zemio to provide healthcare services to vulnerable people in the Haut Mbomou prefecture, the most affected area from LRA attacks.
- In the same area, the CHF has supported agricultural projects for Congolese refugees and host communities. In spite of the limited safe perimeters around towns, support to agricultural activities is meant to avoid creating food aid dependency, mitigate exposure to lootings, and maintain support for sustainable self-sustenance.
- Merlin was granted CHF funds to rapidly establish a field presence in the South East LRA- affected areas of Rafai and Dembia for the delivery of sustained health care services to IDPs and host populations. In Rafai, the IDP community is larger than the host population, thus burdening already overstretched social services and basic facilities.
- The Danish Refugees Council (DRC), local NGO JUPEDEC, and UNICEF have been supported to address protection related issues and the reintegration of children associated with armed groups in the conflict-affected areas (Haut Mbomou, Ouham). These interventions will be further extended to Bangassou, Rafai and Dembia in 2011 with additional CERF funds.

- The CHF has funded the NGO Aide Médicale Internationale (AMI) to provide health care services, resupply drugs and medical supplies to the hospital in Ndélé after the attack of the city by CPJP rebels in April 2010.
- In the North West and North, early recovery projects carried out by the Danish Refugee Council, Première Urgence, Action Contre la Faim (ACF), the International Rescue Committee, and UNDP have improved community access and accessibility to basic social services, and strengthened operational capacities of community-based organizations (CBOs).
- The Emergency Reserve was used on four occasions: first, to allow a rapid response to the NGO Solidarités to cover water and sanitation needs of up to 3,000 newly displaced people in the North West in Kabo. Second, it supported emergency agriculture operation by Triangle Génération Humanitaire. This programme in the highly volatile environment of the Vakaga region in the Northeast involved the distribution of seeds to 10,915 isolated households. Third, it addressed malnutrition problems for 750 severe acute malnourished children in the Southwest carried out by ACF. Finally it supported ACF to provide food assistance to 3,600 vulnerable people in Markounda in the Northwest.

During the reporting period, 21 projects were funded through the standard allocation and 4 projects from the Emergency Reserve covering five sectors (Health; WASH; Food security; Protection; and Early recovery). By mid-2011, most projects are still under implementation.

Table 1 : Funding per sector⁴

Sectors	First Standard allocation	Emergency reserve	Total amount allocated	Percentage
WASH	1 270 258	50 000	1 320 258	24 %
Protection	738 767		738 767	14 %
Food Security	1 271 793	223 239	1 495 032	27 %
Early Recovery	765 000		765 000	14 %
Health	1 016 044		1 016 044	19 %
Nutrition		110 000	110 000	2 %
Total	5 061 862	383 239	5 445 101	100 %

Approved projects

- First Standard allocation

The first standard allocation was carried out in March/April 2010 under the leadership of the Humanitarian Coordinator. Only two projects out of 21 were managed by UN agencies,

⁴ See project details in annex 1

namely UNDP and UNICEF. Overall, 93% of the available funds were allocated to NGOs. The list of the projects is attached in annex 1

Table 2 : Funding par category organizations⁵

Organization	Amount allocated	Percentage	Number of Project
UN Agencies	370 270	7%	2
International NGOs	4 532 592	90 %	18
National NGOs	150 000	3 %	1
Total	5 061 862	100%	21

- Second Standard allocation

The second standard allocation was launched in late November 2010 and completed in January 2011 based on available funds and confirmations to that effect by the donors at year-end. The implementation of these projects thus started in early 2011, and shall be included in the 2011 Annual Report.

In line with the CAP 2011, this allocation involved a strengthened cross-sectoral approach through integrated programmes and joint programmes between several organizations. This approach enabled organizations to respond effectively to the needs of the affected population as needs assessment and related analyses have confirmed the relevance of providing multi-sector assistance to maximise impact. Three multi-sector projects and one joint project were approved in consultation with the Humanitarian Country Team during this allocation. These are:

Multi-sector projects⁶

- ACF : Food security, nutrition and WASH in the Southwest
- IMC: Protection, nutrition and health in the Northeast
- IRC : Education, health and protection in the North

Joint project⁷

- UNICEF-COOPI-JUPEDEC : Emergency Education in the Southeast

This new approach led to an increase in the average amount allocated to individual projects. The Humanitarian Country Team was in agreement that the CHF would increase effectiveness and achieve greater impact if fewer but larger projects were supported. At the strategic level, larger project allows for more cost effective multi sector programme with expected higher impact on community livelihood capacities. Furthermore, a smaller number of projects alleviate the burden of administrative management and monitoring, hence improve both the quality and the timeliness of both UNDP and OCHA 's support to recipient organisations.

⁵ See project details in annex 2

⁶ See project details in annex 2

⁷ See project details in annex 2

This multi-sectoral approach will be further developed from 2011 onwards although the current cluster and CAP system, with its clear-cut sectoral setup, does not fully allow such an integrated approach. As the cluster system, the CAP has no specific subdivision covering multisectoral project except for assistance to refugees by UNHCR. Each project submitted to the CHF must therefore clearly highlight the outcomes, indicators and budget for each sector of the response in order to allow adequate monitoring in line with the CAP framework.

Table 3 : Funding par category organizations⁸

Organization	Amount allocated	Percentage	Number of Project
UN Agencies	532 997	9 %	2
International NGOs	4 784 255	83 %	24
National NGOs	149 907	2.5 %	1
Joint project UN-Int-NGO-Nat NGO	319 973	5.5 %	1
Total	5 787 132	100 %	28

- Emergency Reserve

Four projects were funded in 2010 through the Emergency Reserve to address immediate urgent needs of vulnerable people including malnutrition in the Southwest, provision of water and sanitation to IDPs in Kobo in the North, food distribution in Markoundia in the Northwest and seeds distribution in the Vakaga Province in the North East as listed below:

Table 4 : List of projects funded through the Emergency Reserve

Sector	Organization	Category	Projects	Amount
Nutrition	ACF	International NGO	Addressing nutrition emergency in the prefecture of Mambéré Kadeï and Sangha Mbaéré	110 000
	ACF	International NGO	Improvement of food security for the most vulnerable displaced population in Markoundia sub-prefecture	23 239
Food Security	Triangle	International NGO	Improvement of food security for households in Vakaga and Sam Ouadja	200 000
	Solidarités	International NGO	Provision of clean water and sanitation facilities for IDPs in Kobo camps (Ouham)	50 000
WASH			Total	383 239

⁸ See project details in annex 3

V. Monitoring and Evaluation

Recipient UN agencies and Non Governmental Organisation are issuing regular activities reports which are shared with key stakeholders including the respective clusters leads and co-leads. In addition, OCHA facilitated field evaluations of 13 projects by mid-2010. Finalised reports for each evaluation are posted on the Humanitarian and Development Partnership Team website (<http://intra.hdptcar.net>).

The overall conclusions by the field evaluations carried out in 2010 were positive. The immediate objectives of each project were achieved reaching the targeted beneficiaries. Yet, whilst measures of outputs carried out through these field evaluation missions was satisfactory, more thorough evaluation and subsequent analysis is required to demonstrate particularly the sustainability of results achieved. Two specific issues have been highlighted through the evaluations. First, logistic and security constraints, often unpredictable by essence, have affected the capacity of implementing organisations to deliver project activities within the planned timeframe. Important restrictions for humanitarian access due to security threats, and temporary denial of access by the national authorities have thus been identified as major constraints. These constraints have particularly affected programmes in the Bamingui-Bangoran and Vakaga provinces. Second, tight financial monitoring rules have resulted, in several instances, in further delaying the disbursement of funds from the managing agent (UNDP).

The combination of these factors has had a significant impact on the timing of implementation of many projects.

Following donor recommendations, OCHA organised a global evaluation of the three existing CHFs in Democratic Republic of Congo, Sudan, and CAR. In CAR, the evaluation was carried out in October 2010 and included field visits to funded projects. Amongst the key recommendations was the need to critically strengthen project-level monitoring and evaluation. Current projects monitoring merely allow to gather information about the project implementation and major project outputs achievements. As recognised by the evaluation team, the strengthening of the M&E aspects cannot happen without a support for OCHA to have adequate capacity to fulfill such a role. The evaluation made a number of key recommendations which may have significant consequences for the possibility to further improve the work in this respect. OCHA at both HQ and country office levels is committed to take steps towards strengthening monitoring, reporting and evaluation. A Monitoring Response Plan have been developed on the basis of the recommendations issued in global evaluation report. The implementation of the Plan in 2011 shall be supervised by the Pooled Funds working Group at global level.

In addition, UNDP is engaged to provide the CHF unit with required logistical support the evaluation committee to conduct more regular in country field visits. Meanwhile an M&E specialist was recruited in early 2011 to the Resident Coordinator's office. It is another

opportunity to focus on the broader improvements in the M&E capacity of UN agencies to enable a more comprehensive and homogenous systems.

VI. Funding management

Key issues and challenges

❖ An overall poor absorption capacity

The Common Humanitarian Fund in CAR has allocated up to \$33 million between 2008 and 2010. The Fund faces key challenges regarding the actual absorption capacity of both fund management mechanisms and project implementing organizations. In December 2010, some \$14 million out of the \$33 million remained as funds not yet certified⁹. The \$14 million comprised of \$2.3 million accumulated under the Emergency Reserve, \$6.1 million still under process through the 2010 second allocation (of December 2010), and \$5.6 million for projects from 2009 and 2010 but not yet reported by implementing NGOs and UN agencies, or not cleared by UNDP in its Managing Agent role.

As a result of this financial development a number of steps were undertaken by all involved. Based on detailed analysis by UNDP as of the second half of 2010 key issues were identified supporting the move to introduce remedial measures taken (*see below*) by all associated involving UNDP, OCHA and the recipient organizations. This has permitted to significantly improve the situation by mid 2011. The CHF Advisory Board, under the lead of the Humanitarian Coordinator, is the key forum for these discussions and decisions. This comes in addition to the UNDP financial management process. The measures described in more details below involved reinforcing both reporting and implementation requirements for the organisations receiving CHF funds as well reinforcement of the UNDP capacity to provide timely financial management.

- Financial closure of all CHF funded projects from the 2009 allocation. This involves that all outstanding advances are cleared as a prerequisite for additional disbursement whether it is an on-going project or to access a new grant;
- Recipient organizations (NGOs) are requested to report on at least 80% of the funds received prior to new disbursement by UNDP
- Monthly financial monitoring is carried out by UNDP and shared with relevant stakeholders;
- The latest CHF contracts related to the December 2010 allocation) will be signed on a case-by-case basis;
- Gradual transition from the project-based allocation to joint- and multi-sector programmes-based allocation;

⁹ "Not yet certified": from the Administrative Agent (AA) perspective may also refer to funds that are actually allocated, even engaged, but yet not financially justified to the AA.

- Reinforcement of UNDP CHF unit with the recruitment of two additional staffs to strengthen the UNDP Managing Agent role, hence improving timeliness of NGO project management;
- Strengthening consultations between OCHA and UNDP with regards to the programmatic and financial monitoring of programmes;
- Improvement of NGOs planning project cycle with greater anticipation of procurement and administrative constraints;
- Review of specific rules and procedures governing the authorisation of no-cost-extensions;
- Establishment of specific financial monitoring tool for the Emergency Reserve;
- Ongoing development of a comprehensive CHF procedural manual which includes both programmatic and financial aspects (OCHA/UNDP);

Most of these recommendations have been gradually applied as of the late 2010/early 2011 allocation. Significant improvement followed in early 2011 in the wake of the changes brought throughout the process. As of end of June 2011 pending justification of funds were reduced to 1% for funds allocated in 2009, while 22.5% of the funds allocated to the 21 projects in early 2010 were yet to be accounted for, i.e. a critical improvement compared with the same ratios by end 2010. In addition the disbursed amount to NGOs for projects approved in 2009 and 2010 increased by 18% and the expenditures level also increased to 19% while the funds balance at UNDP CAR for NGOs decreased by 37%. A monthly financial overview is issued and shared with each recipient organization, enhancing timely financial monitoring. See detailed financial progress table in annex 3.

The CHF Advisory Board meetings have become a key forum in ensuring continual improvements with regard to both financial and strategic objectives of the CHF. On the basis of the recommendations issued by the Advisory Board, the CHF mechanism is continuously reviewed to ensure that it is fast, flexible and as transparent as possible.

❖ Coverage of immediate priority projects

In line with its strategic objectives, the CHF is meant to prioritize projects ranked as within the immediate priority in the CAP. However, among the 21 projects supported in 2010 only 3 were ranked as under the immediate priority in the CAP, representing 15% of the allocated funds. The remaining 18 projects were ranked as high priority. All projects ranked as medium priority were rejected at the cluster level. This apparent inconsistency was highlighted by many stakeholders and discussed in the Advisory Board meeting. A thorough analysis carried out by OCHA on this issue has highlighted the principal cause leading to such result:

NGOs and UN agencies argued that outcomes of the CAP prioritization ranking process may not fit with their own priorities, or / nor with the population needs at a said time. This led to gauging the relevance and purpose of each identified criteria, and subsequently of the whole project ranking mechanism. While the prioritization process has been instrumental as a process in a country where all humanitarian needs may be seen as a priority, it is also

important that the process is continuously reviewed. One significant example is that a key pillar among projects supported through the CHF includes early recovery oriented aspects identified as a main factor enabling humanitarian action in a specific context, and further ensuring sustainability of programmes. These programmes may thus remain at high priority though cannot be considered as immediate and directly lifesavings. In other situations certain top priority projects are merely not systematically submitted for funding by NGO and UN agencies notably when projects are already funded through other sources such as ECHO, the Central Emergency Relief Fund (CERF), the Peace Building Funds (PBF) or other bilateral donors. This explains why the list of projects submitted for technical review by the clusters during the allocation process encompassed only limited number of projects ranked as immediate priority. Nevertheless, the cluster leads are requested to systematically consider CAP ranking during the review of submitted projects. The overall objective remains to support all the projects ranked as immediate priority, notwithstanding the source of funding.

The prioritisation mechanism will undergo thorough review in order to better reflect actual impact of programmes, and the effect one project may have on others across sectors as well as across regions. For example, while a bridge and road project may not clearly meet gender and HIV/AIDS related criteria, it remains essential to allow more sustainable gender and HIV based programmes to exist.

VII. Partnerships and governance

As set out in the CAR CHF guidelines, two standard allocations were carried out in 2010 under the responsibility of the Humanitarian Coordinator. The first allocation was launched in March 2010 while the second was launched in late November 2010 and completed in January 2011.

The allocation process continued to rely on the active participation and involvement of the clusters leads, co-leads and members of the Advisory Board.

The Humanitarian Country Team (HCT) was established in February 2010. In 2010, the HCT was actively involved in the CHF by setting humanitarian priorities and re-defining general criteria for the CHF within the broader humanitarian priorities. The involvement of the HCT increased credibility, accountability and transparency throughout the CHF allocation process and was instrumental to secure the HC's buy-in decision from all stakeholders.

The CHF Advisory Board met twice in 2010 and has met twice in 2011. As previously stated in the Report, the Advisory Board is becoming the main body to ensure improved management based on discussions among all stakeholders including UN agencies, the NGO community, and international donor partners.

With the active participation of UN agencies, NGO and donor representatives, the Advisory Board has been able to play a dual role linked to the strategic components of the clusters recommendations and the CHF allocation and eligibility process.

The Advisory Board has analysed issues and challenges emerging from the first standard allocation process in 2010. The pre-earmarking of a dedicated amount for some sectors triggered frustration amongst partners operating in non-selected areas, while exacerbating competition within those selected. This resulted in various biases including the tendency to cut budgets of all projects in order to accommodate all submitting organisations. This was better addressed through the second allocation in late 2010. The cluster screening step was limited to technical recommendations while no limit of number projects or amount per sector was fixed. Conversely, the inter-cluster forum has been revitalised to provide the Humanitarian Country Team with recommendations on projects, notwithstanding then any priority on a particular sector.

While the final decision remains with the Humanitarian Coordinator, the CHF Advisory Board and, to a lesser extent the Humanitarian Country Team, have become critical for ensuring comprehensive use of the CHF towards agreed objectives. This new approach will be further improved under the 2011 allocation with a view to not only improve relevance of funded projects but also result in a fewer number of larger projects funded through the CHF. In that sense, clusters are encouraged to indentify integrated projects that encompass activities in several sectors, be they submitted by a single organisation or jointly. This approach aims to maximize the use of the funds and the impact of the response for the beneficiary population.

As mentioned in chapter III above, constructive dialogue is maintained with CHF donors, notably Sweden's Swedish International Development Cooperation Agency (SIDA), United Kingdom's Department for International Development (DFID), the Irish Aid and the Government of the Netherlands, to discuss and address key issues affecting the management of the CHF in CAR. The HDPT website contains specific CHF-related links and all final documents related to the CHF.

VIII. Conclusion and way forward

Following an in-depth analysis of in-country humanitarian trends during the year, the humanitarian community in CAR designed the 2011 CAP on the basis of two divergent although simultaneous scenarios. On the one hand, political stabilisation, the potential implementation of the DDR process should be paving the way for significant organized return of up to 150,000 IDPs and refugees in late 2011 or 2012. On the other hand, in still significant areas of the country particularly towards the eastern parts but also still in parts of the North the focus will involve more programmes relating to life saving activities in a context that may remain very complex and with potential new or ongoing security concerns and subsequent lack of humanitarian access. This includes increased criminal activities, also against humanitarian operations. Of particular concern are serious constraints to humanitarian access

in the provinces of Bamingui Bangoran, Haute Kotto and Vakaga. In addition, there may not be any early return of the DRC refugees in 2011 ahead of upcoming national elections. Meanwhile, vulnerable groups affected by LRA attacks demands will continue to have security concerns preventing many from accessing their land which will thus contribute to their dependence on humanitarian assistance.

The funding management issues were raised and discussed within the Advisory Board and they are being addressed with concrete actions that will continue in 2011. The reinforcement of the CHF monitoring and evaluation is considered as a management priority that will be addressed gradually in collaboration with all stakeholders. The extension of multi sector approach in the humanitarian planning will be reinforced within clusters to maximise the impact of the CHF funded intervention for the communities.

In 2010, the CAR CHF funded 25 projects for a total amount of \$5,445,101 and 28 projects under the early 2011 allocation for a total amount of \$5,787,132¹⁰ to be implemented this year.

The CAP 2011 CAP was launched in November 2010 with a total requirement of \$129 million for 118 projects. As result of the CAP mid-year review, the revised requirement for 2011 is \$139.5 million for 134 projects The CHF remains a key instrument in addressing priority needs of vulnerable groups. It will also focus whenever possible on an early recovery oriented approach in all sectors with the aim to reduce aid dependence and vulnerability.

In 2011, the CHF shall extend its support to humanitarian programmes targeting those populations out of reach in 2010 due to insecurity and / or denial of access, particularly in the Vakaga, Bamingui Bangoran, Haut Mbomou, Mbomou and Haute Kotto provinces.



¹⁰ Initially 29 projects were approved for \$6,050,251 but one project (totalling \$263,119) was withdrawn as another funding source from another donor was confirmed for the same activities in the same areas.

ACRONYMS AND ABBREVIATIONS

ACF	Action Contre la Faim (Action Against Hunger)
ACTED	Agency for Technical Cooperation and Development
ADEM	Association pour le développement de Mbrès (Association for the Development of Mbrès)
AMI	Aide Médicale Internationale (International Medical Aid)
CAM	Comité d'Aide Médical (Medical Aid Committee)
CAP	Consolidated Appeal Process
CAR	Central African Republic
CERF	Central Emergency Response Fund
CHF	Common Humanitarian Fund
COHEB	Community Humanitarian Emergency Board
COOPI	Cooperazione Internazionale (International Cooperation)
CPJP	Patriotic Convention for Justice and Peace
CRS	Catholic Relief Services
DDR	Disarmament, Demobilization and Reintegration
DFID	Department for International Development
DRC	Democratic Republic of the Congo
DRC	Danish Refugee Council
ECHO	European Commission Humanitarian Aid Office
FAO	Food and Agriculture Organization of the United Nations
GBV	Gender-based violence
HCT	Humanitarian Country Team
HDPT	Humanitarian and Development Partnership Team
IDP	Internally displaced people
IMC	International Medical Corps
IRC	International Rescue Committee
JUPEDEC	United Youth for the Protection of the Environment and Community Development
LRA	Lord's Resistance Army
Mentor	Mentor Initiative
MDTF	The Multi Donors Trust Funds
M&E	Monitoring and Evaluation
MERLIN	Medical Emergency Relief International
NFI	Non Food Items
NGO	Non-governmental organization
OCHA	Office for the Coordination of Humanitarian Affairs
PBF	Peace Building Funds
PU	Première Urgence
SGBV	Sexual and gender-based violence
SIDA	Swedish International Development Cooperation Agency
Solidarités	Solidarités - Aide Humanitaire d'Urgence
TGH	Triangle Génération Humanitaire
UFDR	Union des Forces Démocratiques et du Rassemblement (Union of Democratic Forces for Unification)
UN	United Nations
UNICEF	United Nations Children's Fund

UNDP	United Nations Development Programme
UNFPA	United Nations Population Fund
UNHAS	United Nations Humanitarian Air Service
UNHCR	United Nations High Commissioner for Refugees
WASH	Water, sanitation and hygiene
WFP	World Food Programme
WHO	World Health Organization

Annex 1 : List of the approved projects during the first standard allocation

Sector	Organization	Project	Amount
WASH	Crois rouge Française	Emergency intervention in the Lobaye prefecture : access to water for congolese refugees and host communities by rehabilitation of clean water distribution network and the hygiene infrastructure of Mongouba hospital.	160 500
	Solidarités	Water access, sanitation and hygiene promotion for conflict affected people in the Ouham prefecture	272 000
	ACF	Village hydraulic, hygiene promotion and HIV/AIDS education in the post-conflict affected sub prefecture of Bossangoa - prefecture of Ouham	243 000
	IRC	Preventing Illness and Promoting Dignity: Better Water, Sanitation and Hygiene Conditions in the Central African Republic	298 558
	DRC	School sanitation and hygiene promotion in Ouham	296 200
		Sub total WASH	1 270 258
Protection	UNICEF	Prevention and protection and community based reintegration of children associated with armed groups and other vulnerable conflict affected children and women	279 270
	JUPEDEC	Protection and assistance to IDPs, refugees and host communities in the prefecture of Haut Mbomou	150 000
	DRC	Legal advice and human rights training (Ouham)	309 497
		Sub total Protection	738 767
Food Security	PU	Response to face foods insecurity in the malnutrition affected area (sub prefecture of Gadzi) and reinforcement of livelihood in the southwest	190 000
	DRC	Improve food security and sustainable agriculture amongst IDPs, returnees, vulnerables and other conflict affected populations in Ouham, Ouaham Pende and Bamingui Bangoran	233 902
	COOPI	Improving Agricultural Livelihoods for Refugees and Vulnerable Households in Mongoumba Sub-Prefecture"	251 519
	Triangle GH	Improving the production and reinforcing the technical knowledge and capacity of farmer associations in Birao, Sam Ouadja, Tiringoulou, Sikkede and Sam Ouandja.	227 964
	ACTED	Improving food security and living condition of vulnerable host communities and refugees in the sous prefecture of Zemio	368 408
		Sub total Food Security	1271 793
Early Recovery	PU	Improvement of humanitarian access and accessibility and commercial traffic in Ouham Pende	305 000
	DRC	Sustainable livelihood ,Protection and support to conflict affected population in the Nord est of CAR	200 000
	UNDP	Strenghtening the capacity of microfinance initiatives in Kaga Bandoro and Bria	100 000
	ACTED	Support the rural economie between Bozoum and Bossangoa through priority roads rehabilitaton (regional road N°8) and infrastructure construction with community participation	160 000
		Sub total early recover	765 000
Health	CAM	Emergency health care for the population in Haut Mbomou.	350 000
	IRC	Expansion of Primary Health Care Activities in Nana Gribizi Prefecture, Central African Republic	266 044
	AMI	Primary and secondary health care in Bamingui-Bangoran and Nana-Gribizi (CAP 2010)	200 000
	MENTOR	Emergency Malaria Control for IDPs and Host Community in Conflict-Affected Sub Prefecture of Paoua, North Western province, CAR	250 000
		Sub total Health	1 016 044
	Total	5 061 862	

Annex 2: List of projects approved through the second allocation

Sector	Organisation	Project	Amount	
WASH	ACF	Improvement of safe water access and hygiene conditions in Mambéré Kadeï et Sangha Mbaéré Prefecture	180 000	Multi sector
	DRC	Sanitation and hygiene promotion for School and population in Ouham	149 907	
	ADEM	Improvement of water access, sanitation and hygiene conditions of the conflict affected population in the sub prefecture of Mbres (Nana-Gribizi)	150 000	
		Sub total WASH	479 907	
Protection	IRC	Strengthening the capacity of communities and local authorities to prevent and respond to gender based violence in the conflict affected areas of Bocaranga, Ngaoundaye and Kouï sub prefecture (Ouham Pendé) and Kaga Bandoro sub prefecture (Nana Gribizi)	150 000	Multi sector
	IMC	Protection Health and psychosocial support to SGBV victims in Vakaga Haute Kotto and Bamingui Bangoran provinces.	150 000	Multisector
	DRC	Reinforcement of the capacity of civil society and local NGOs on the promotion and human rights	169 916	
	COOPI	Enhance community mechanisms to support and reintegrate victims of the LRA in the Haut Mbomou prefecture	129 919	
	Mercy Corps	Ensuring Access to Justice and Psychosocial Support to Survivors of Sexual and Gender-based Violence in Mbomou, Nana Mambere, Ouaka and Bangui/Ombella Mpoko	200 000	
	UNHCR	Protection and assistance to IDPs, spontaneous returnees, victims of human right violations and other forms of violence specifically based on gender and identity/ethnicity and persons with special needs	283 000	
		Sub total Protection	1 082 835	
Food Security	Action Contre la Faim	Improvement of food availability and access to vulnerable households affected by economic crisis and acute malnutrition in Sangha Mbaere et Mambere Kadeï	200 000	Multisector
	Solidarités	Food Security assistance to the Ouham, Nana-Gribizi and Bamingui Bangoran people	179 800	
	Première Urgence	Response to the malnutrition crisis by improving the food security of vulnerable family in the south west	180 000	
	COOPI	Response to food insecurity in the prefecture Mambere Kadeï and Sangha Mbaéré by the restoration of local production capacity	179 904	
	WFP	Relief food assistance to people directly affected by armed conflicts, displacement and food insecurity (PRRO 200050)	249 997	
		Sub total Food security	989 701	
	DRC	Supporting conflict affected womens' organizations and other groups in order to further improve and diversify their income generating capacity in Ouham Pendé, Ouham and	149 961	

Early Recovery		Bamingui Bangoran		
	Première Urgence	Improving economic security for the population in the areas of Bash Bessar and Mia Pende in Paoua sub prefecture by promoting income generating activities and improving commercial traffic in a multisectoral approach	230 000	
	ACTED	PrPromotion of community and economic development through the rehabilitation of community infrastructure in Ouham and Ouham Pende	219 862	
		Sub total early recovery	599 823	
Health	Mentor Initiatives	Emergency Malaria Control for IDPs and Host Community in Conflict-Affected Sub Prefecture of Paoua, North Western province, and Obo south Est of CAR	249 995	
	IRC	Improvement of quality primary health care including reproductive health and essential nutrition services in Ouham Pendé and Nana Gribizi	195 000	Multisector
	IMC	Risk reduction project for displaced population affected by the conflict in Vakaga, Haute Kotto and Bamingui-Bangoran Provinces.	249 616	Multisector
	MERLIN	Strengthening Primary Health Care services and HIV/AIDS sensitization to conflict affected population in CAR	300 000	
	CAM	Support to Birao hospital (Vakaga)	280 000	
		Sub total Health	1 274 611	
Nutrition	MERLIN	Addressing malnutrition among the vulnerable communities in Nana Mambere	220 346	
	IMC	Improve the community control of acute malnutrition in region sanitaire N°5 (Haute-Kotto, Vakaga and Bamingui Bangoran prefecture	169 999	Multisector
	ACF	Reinforcement of support to the treatment of SAM during hunger gap hits Mambéré Kadeï et Sangha Mbaéré	300 000	Multisector
		Sub total Nutrition	690 345	
Education	UNICEF / COOPI-JUPEDEC	Access to quality education in a safe and friendly environment for children affected by the conflict in the Haut Mbomou prefecture	319 973	Joint project
	DRC	Emergency Education and Child Protection capacity building response in Bamingui Bangoran and Ouham regions	169 937	
	IRC	Creating safe learning environments for conflict-affected children in the Central African Republic (CAR)	180 000	Multisector
		Sub total Education	669 910	
		Total	5 787 132	

Annex 3 : Analysis of the approved and disbursed funds related to NGOs for the period 2008-2010

Situation as at 30 June 2011, UNDP CAR

<i>Paramètres</i>	<i>31/12/2010</i>	<i>30/06/2011</i>	<i>Progress</i>
	Allocation 2008-2010	Allocation 2008-2010	
Total Approved amount	\$ 17,892,915	\$ 17, 892,915	
Total Disbursed amount	\$ 12,059,142	\$ 14, 214,260	+ 18%
% of disbursed amount / approved amount	67,39 %	79,44%	
Total expenditures	\$ 11,361,058	\$ 13, 499,959	+ 19%
% Expentures / Disbursed amount	94,21 %	94,98%	
Total amount to be justified	\$ 698,084	\$ 714,301	+2%
% Total amount to be justified / total disbursed amount	5,79 %	5,02%	
Amount still to be disbursed	\$ 5,882,889	\$ 3, 678,656	- 37%
% Amount still to be disbursed / Total Approved amount	32,71 %	20,56%	

Source : UNDP CAR