
Common Humanitarian Fund – CAR

Annual Report 2009

I. Executive Summary

In the rapidly changing political and security context in the Central African Republic in 2009 the Common Humanitarian Fund (CHF) has been critical in adapting the humanitarian response to evolving needs of both assistance and protection for the affected populations.

The flexibility of the Funds allowed to respond to emerging crisis as well as to fill critical funding gaps in areas of high priority as identified through the CHAP process. Such flexibility permitted not only to adapt to new emerging needs, but also to changes of the context when humanitarian access has been temporarily denied.

With almost US\$ 12 millions, 60 projects have been supported by the Funds in 2009, 55 through the standard allocation process and 5 under the emergency window. Roughly two thirds of the projects were carried out directly by national and international NGOs.

Although not its primary objective, the Funds has been a catalytic mechanisms widening the scope of donors' involvement and complementarity. The Fund has allowed other donors to make more rapid decisions on co-financed projects. Many of the NGO implemented projects have for instance been co-financed by the European Union, providing greater visibility and sustainability.

The Funds management improved through the year both in term of governance and accountability. Yet, there is still room for strengthening the process in order to ensure the best impact and ability to focus on the key priorities. The fund is a strategic tool to enhance optimisation of the limited resources in country and based on a consultative decision making process among all the main stakeholders. It remains a challenge and an opportunity for the humanitarian community to ensure credibility and the right prioritization.

In 2009, donors covered 72% of the Consolidated Appeal. The CHF funds contributed up to 17% of the resources mobilised through the CAP.

II. Context

CAR in 2009 has known uneven achievements on the path to consolidating the peace. Progress achieved under the three overarching priorities of the Peace Consolidation Strategic Framework, namely Good Governance / Human Rights, Security Sector Reform and Economic Development have seen delays in key sectors such as for instance the DDR and the SSR sectors. Despite numerous efforts made by the Government and communities, and more cohesive support from the international community, poverty and basic survival are the main preoccupation for the majority of CAR's four million people.

In the wake of the December 2008 Inclusive Political Dialogue, the Disarmament, Demobilization and Reintegration (DDR) programme was put on tracks. The process includes the five armed movements that had joined the Libreville Peace Process through 2008. However, numerous technical impediments combined with repeated blockages at political levels prevented the disarmament to actually start before the end of the year. An inclusive Independent Electoral Commission was eventually appointed in October 2009 and while delays are expected the presidential and legislative elections should still take in 2010.

Thanks to the programs carried out by the protection actors towards the national authorities and non-state armed groups, human rights violations are declining though still prominent. The international community has reiterated its support to the country with a view to reaching more coherence. With the Government and civil society, the Peace-building Commission has designed an integrated Peace Consolidation Strategic Framework, which provides clear directions on all issues to address remaining priorities.

Despite the overall progress achieved by CAR in 2009, peace dividends have not materialised for those most vulnerable. They remain in extreme levels of poverty with the dismantlement of social community safety nets, particularly among the displaced populations. Humanitarian assistance therefore has remained a major response by the international community. While a focus on early recovery and structural development assistance is increasingly becoming a priority dealing with mid and long-term needs, humanitarian assistance will continue to be a major priority in 2010. Humanitarian programmes are often the only programmes with immediate effect and are hence instrumental in mitigating instability and are important factors preventing another relapse into violence.

III. Humanitarian situation

The humanitarian situation in the Central African Republic (CAR) has seen a marked deterioration in 2009 with the low intensity conflicts shifting from the North-West to the North-Centre-East of the country and the incursions of the Ugandan Lord's Resistance Army (LRA) in the South-East. Renewed insecurity has caused new internal displacements and increased the vulnerability of the local population. The number of IDPs is now estimated at 162,000 and some 31,000 refugees from Sudan and the Democratic Republic of Congo settled in the eastern and southern provinces. An estimated 73,000 of the IDP caseload are trying to return, but without conditions for basic durable solutions. In addition, there are 137,000 Central African refugees in southern Chad and Cameroon.

Renewed fighting between the National Forces and the rebels of the CPJP in the Ndele region, together with a number of incidents directed against relief organisations in the North East since May 2009 led to a dramatic decrease of humanitarian access and a subsequent downsizing of programs scope. This included in particular the abduction of two NGO international staff in the town of Birao on November 22nd. In the South East, LRA settlement in CAR as of June led to the displacement of more than 10,000 civilians leaving empty villages along the main roads of the Southeast affected region. In August, LRA violent attacks in DRC Equateur province further pushed 2,000 refugees to seek refuge in the same areas in CAR. As of November, renewed insecurity around the Dongo / Libengue areas in Equator province (DRC) triggered the suden flight of 18,000 refugees in the Lobaye prefecture, South of the capital Bangui.

The nutritional status of the most vulnerable population groups (particularly children) reached critical levels. Rapid assessments conducted in three prefectures of the southwest in July 2009 revealed that 16% of children aged under 5 are acutely malnourished and 6.6% are severely acutely malnourished as a consequence of the global financial crisis which affected, in particular, the mining sector.

Overall during the reporting period, relief organisations have faced a steady erosion of the humanitarian space in important areas of operations. The causes underlying the constraints affecting humanitarian access are four folds: logistics, criminality, conflict, and political.

IV. Achievements

New programmes were initiated in the conflict affected areas where humanitarian organisations were able to respond to emergencies in situations like the new displacement of 8 000 people fleeing the

conflict between armed groups in Birao in June 2009 (North east) and the malnutrition situation in the Southwest (UNICEF / nutrition cluster).

Responding to new emerging needs, CHF enabled CAM (Comité d'Aide Médicale) and COOPI to establish a presence in Obo to ensure a better quality of health and to better serve the vulnerable people in the Haut Mbomou Prefecture (East), the most affected area by the LRA attacks with more than 7 000 people displaced including more than 2,000¹ refugees fleeing DRC for CAR,.

Whilst food aid was delivered to more than 140 000 extremely vulnerable people, CHF supported projects helped filling the gaps for the provision of basic agricultural inputs (seeds, agricultural tools, fertilizers, livestock veterinary service) thus paving the way for more durable solutions whereas even IDPs have still access to their field, with the notable exception of those stuck by the LRA terror in the far South West of the country.

Early recovery aspects were integrated in all programs notably enabling construction or rehabilitation of schools, health centres, roads and bridges.

With support of OCHA, humanitarian coordination is strengthened by decentralising the clusters coordination at the field level (Paoua, Ndele, Kaga-Bandoro) and by establishing a CAR Humanitarian Country Team based on IASC principles.

The CHF funded projects aimed to contribute to achieving strategic goals as set out in the CHAP. Each projects funded through CHF is therefore part of the CAP. CHF funded projects have contributed to reach the achievements listed in the table below:

Health

Cluster/Sector Objective	Achievements
Improve access to basic healthcare (including reproductive health) and better management of obstetrical and neonatal emergency care in conflict zones and improving disease surveillance and outbreak response	<ul style="list-style-type: none"> • more than 300 000 people benefited from basic and first level referral care and 4 028 deliveries were carried out by trained health workers in health structures supported by humanitarian NGOs • 2 322 health workers from community have benefited from training on variance health topics • Training on the management of meningitis was provided in Bouar/Nana Manbere by Medical Emergency Relief (MERLIN) and in Nana Gribizi by International Medical Aid (AMI) • WHO supported training of 200 health workers and 30 laboratory technician on integrated disease surveillance and response • WHO supported the Ministry of Health to improve epidemiological data management (data collection, computer equipment)
Strengthen the response to disasters and crises by reinforcing and equipping emergency services in health facilities in conflict zones	<ul style="list-style-type: none"> • UN agencies have constructed/rehabilitated and equipped Ndelé hospital (emergency ward by WHO; operational theatre by the United Nations Population Fund [UNFPA]) Provision of equipment and emergency material provided • Medical centers rehabilitated in Nana Manbere by MERLIN
Improve the health and nutritional status of children under-five, pregnant women, and other vulnerable groups by providing a package of essential services	<ul style="list-style-type: none"> • More than 2,759 severely malnourished children under-five years diagnosed and treated • Mass distribution of insecticide-treated nets (ITN) was carried out in conflict affected areas in the north

¹ Figures for early September 2009.

according to defined policies and standards (immunization, nutrition, malaria control and others)	
Scale up the fight against sexually transmitted infections (STI), HIV/AIDS and tuberculosis with a strong emphasis on vulnerable people at risk in conflict areas, including survivors of sexual violence, displaced people, refugees, adolescents, pregnant women, people affected by HIV/AIDS, men and women in uniform and others	<ul style="list-style-type: none"> • Ten of the 18 available anti-retroviral (ARV) treatment centres in health facilities in prefectures are supported by NGOs • More than 120 peer educators were trained in health prefectures by Central African Association for the Well being of Families (ACABEF) with the support of UNICEF • 667 sexual and gender-based violence (SGBV) survivors have been treated and supported •

Protection

Cluster/Sector Objective	Achievements
Improve prevention of and response to human rights violations and reduce climate of impunity	<ul style="list-style-type: none"> • Two hundred and fifty cases of human rights violations were referred to the judicial system and resulted in 80 convictions in Bouar, Bossangoa, Bambari, and Bangui. This figure represented an increase on previous years and went beyond the original target. Paralegals are under training and legal clinics will be operational from October onwards • A total of 5,575 people participated in trainings on international humanitarian law, human rights law and the Guiding Principles on Internal Displacement
Ensure that people affected by violence and discrimination receive adequate assistance to reduce their vulnerability and exposure to exactions and abuse	<ul style="list-style-type: none"> • A large proportion of people affected by conflict and violence received material and non-material assistance. • A total of 393 children are benefiting from the child DDR programme targeting children and have been reintegrated in their families during the project.
Ensure that assistance respects basic protection principles, does no harm and applies a community-based approach	<ul style="list-style-type: none"> • The participatory and community-based approach is used by all NGOs and United Nations operational agencies. Basic protection principles are respected at all times by members of the protection cluster

WASH

Cluster/Sector Objective	Achievements
Deliver 15 litres of safe drinking water per day and per person to the most vulnerable people, including the displaced and refugees	<ul style="list-style-type: none"> ▪ 216 boreholes/wells have been built or rehabilitated to facilitate access to safe drink water (45 by Mercy Corps, 17 by Triangle, 65 by ACF, 18 by Solidarités, 71 by IRC;)
Construct 6,440 family and 65 communal latrines in conflict areas in the north	<ul style="list-style-type: none"> ▪ Construction of 28 community latrines in 10 schools (24 in 6 schools by Acted; 4 in 4 schools by Solidarite) ▪ Construction of 970 family latrines that are culturally acceptable and gender sensitive (20 by Solidarités, 300 by Triangle GH, 650 by IRC)
Promote better hygiene practices among host communities, displaced people and refugees	<ul style="list-style-type: none"> ▪ 5 hygiene and maintenance committees created in schools by Acted ▪ 46 water committees created and trained Creation of five hygiene and maintenance committees in schools ▪ 180 hygiene promotion sessions organised by community agents around the water points (140 by ACF) or in the schools (40 by IRC)

Education

Cluster/Sector Objective	Achievements
Ensure that 110,000 children from three to 15 years, mainly girls, have access to a good quality education in the conflict-affected areas in the north and southeast.	<ul style="list-style-type: none"> ▪ 54 684 displaced children have resumed in 2009 in 168 schools in the conflict affected areas <ul style="list-style-type: none"> ➢ COOPI : 39 530 children in 104 schools in Paoua ➢ IRC 6045 children in 20 schools in Nana Gribizi ➢ JUPEDEC : 690 children in the Haut Mbomou prefecture ➢ Triangle GH: 6500 children in 32 schools in Vakaga and 1919 in 8 schools in the Haute Kotto • Literacy course was organized for 680 (including 480 girls) in Haut Mbomou and Ouham
Reinforce the capacity of parent-teacher associations in school management and train parent-teachers in teaching and evaluation	<ul style="list-style-type: none"> ▪ 742 parents teachers, 298 APE have been trained <ul style="list-style-type: none"> ➢ COOPI : 517 PT and 120 APE ➢ Triangle GH : 40 PT in Birao and 8 in Sam Ouadja ➢ Jupedec: 75 PT in Haut Mbomou ➢ IRC: 102 PT 178 APE ▪ 55 education staff at central level in conflict affected areas have been trained in result-based planning and management by UNICEF
Improve knowledge and understanding of gender issues, including GBV, sexual and reproductive health, STIs, and HIV/AIDS, with a view to preventing HIV infections and empowering boys and girls to make informed choices about their sexual and reproductive health	<ul style="list-style-type: none"> ▪ 70 peer educators trained on HIV/AIDS in Nana Gribizi prefecture by IRC.
Rehabilitate and equip 125 school buildings including water and sanitation facilities in post-conflict areas.	<ul style="list-style-type: none"> ▪ 27 school classes rehabilitated in the prefectures of Kémo, Nana Gribizi, Bamingui Bangoran and Ouham with 24 gender-sensitive latrines ▪ 19 schools in Kémo and Nana Gribizi , 7 schools in Ouham have been equipped with 114 latrines, 19 water posts and 38 hand washing facilities. ▪ Four kindergartens have been built and two others rehabilitated in Paoua (COOPI) ▪ Five classes built in the Haut Mbomou (JUPEDEC)

Food security

Cluster/Sector Objective	Achievements
Protect and restore the livelihoods of people affected by conflict with targeted food assistance.	<ul style="list-style-type: none"> • Food assistance was provided to protect and restore the livelihoods of 52,000 people through food for work, food for training and food for seed protection
Distribute food to extremely vulnerable people to ensure their food security.	<ul style="list-style-type: none"> • 141,337 vulnerable people (IDPs, refugees, malnourished children and women, orphans, and people affected by HIV) received food rations.
Mitigate the impact of rising prices and support access to productive resources	<ul style="list-style-type: none"> • Basic inputs provided to 8,676 hh • Small livestock provided to 2,865 hh • Training sessions to 8,290 hh

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Nutrition

Cluster/Sector Objective	Achievements
Ensure the management of severe acute malnutrition by strengthening existing therapeutic feeding and ambulatory centres and setting up new ones in high-risk areas	<ul style="list-style-type: none"> • Six therapeutic feeding units (TFUs) and 26 Outpatient feeding programmes were operational in Bangui, Ouham, Ouham Pendé, Nana Gribizi and haute Kotto. • New nutrition services opened in the southwest Region : Four Therapeutic units and 11 outpatient feeding programmes (ACF, UNICEF, MERLIN)

Early recovery

Cluster/Sector Objective	Achievements
Improve access to areas struck by conflict by repairing roads and bridges so that people can travel to markets, hospitals and schools	<ul style="list-style-type: none"> • 206 km of road rehabilitated • 60 bridges built or rehabilitated
Restore the capacity of communities to produce goods and facilitate the reintegration of returning displaced people and refugees	<ul style="list-style-type: none"> • More the 780 groups are supported, trained and follow up in agropastoral sector through tools, seeds and equipments (ACTED, Solidarites, ADEM) • 35 ha of “bas fonds” rehabilitated (Solidartés; PU) • 14 self help groups of women in Paoua are supported and follow up in the management of theirs informal financial schemes used as safety net and “village banks”; (DRC, UNDP) • The first multifunctional platform is set up in Paoua in order to improve add value in transforming agricultural product (DRC, UNDP)
Support national and local capacities to deliver basic services to people in need	<ul style="list-style-type: none"> • Paoua high-school is rehabilitated (DRC) • Two microfinance offices set-up in Ouham and Nana-Grebizi (UNDP) • Two cooperative supported and one federation supported in Northern East CAR (DRC)

Coordination and support services

Cluster/Sector Objective	Achievements
Humanitarian action is coordinated within and between clusters, activities are mapped and gaps in the response are closed	<ul style="list-style-type: none"> ▪ Under the lead of OCHA task forces have been initiated to coordinate evaluation and responses to major humanitarian situation in the north east five Birao), South west (Karno, Boda) and South east (Obo) and recently in Lobaye (Moungouba) ▪ Coordination within clusters was strengthened in 2009 with all aid organizations participating as members or observers. Clusters now play a central role in developing humanitarian strategy and selecting projects for funding from the Common Humanitarian Fund (CHF) and the CERF ▪ ToR of CAR humanitarian Country Team approved by the HDPT and endorsed by the HC. First meeting held in February 2010
The Common Humanitarian Fund is strengthened to make financing more strategic, predictable and flexible	<ul style="list-style-type: none"> ▪ 60 projects from UN agencies and NGOs have been supported by the CHF in 2009
Aid agencies have the logistical support	<ul style="list-style-type: none"> ▪ WFP fleet made available to the wider humanitarian community

they need, in Bangui and in areas that are hard to reach (humanitarian air service [UNHAS], trucks, help with customs clearances and registration)	<p>to secure food and non-food relief delivery to beneficiaries</p> <ul style="list-style-type: none"> ▪ Coverage insured by the truck fleet for Paoua, Kaga-Bandoro, and Birao, Ndele and Obo ▪ Monthly operational forum organized to coordinate the logistics response ensuring an efficient humanitarian response ▪ More than 2000 passengers used the humanitarian air service (UNHAS-WFP) ▪ More than 15 destinations served to humanitarian actors by UNHAS (WFP)
Humanitarian workers can reach people in areas affected by conflict and banditry, and can communicate safely and reliably	<ul style="list-style-type: none"> ▪ Constant negotiations and advocacy for safe access with all armed groups to allow access to humanitarian organizations (OCHA^o) ▪ Communications throughout the main areas of humanitarian actions is strengthened. (OCHA, UNICEF) ▪ Five radio rooms operate 24 hours in the country (UNDSS);

V. Coordination and Partnership building

As set out in the CAR CHF guidelines, two standard allocations were carried out in 2009. The first allocation was launched in Mars 2009 under the responsibility of the Humanitarian Coordinator a.i while the second one was launched in November 2009 under the responsibility of the incoming Humanitarian Coordinator appointed for CAR in October 2009.

With the support of OCHA, the allocation process showed the active participation and involvement of clusters leads, NGO co leads, clusters members and the CHF advisory board. The CHF advisory board was reinforced in September 2009 with the participation of ECHO as an additional member representing the donors based in Bangui in addition to the representative of the French Cooperation. In November, Advisory boards members rotated as per the six-month mandate policy. WFP and UNFPA were replaced by UNICEF and BINUCA whilst IRC's representative has taken over ACF's and Solidarités' mandate was extended.

In September 2009, the CHF Advisory Board conducted a review of the CHF concept note including broad consultation with all CHF stakeholders. The revised Concept Note, which serves as guidelines, was eventually approved by the Humanitarian Coordinator in early October 2009. The advisory Board took stock of lessons learned and weaknesses highlighted through previous allocation processes (e.g. to avoid a large number of small allocations). Overall, Funds allocation per cluster is based on the priority sectors defined in the CAP 2009, together with an analysis of recent developments of the humanitarian context. The final decision based on the recommendations is done by the Humanitarian Coordinator.

In December 2009, the Humanitarian Coordinator endorsed the terms of Reference of the CAR Humanitarian Country Team (HCT) based on IASC guidelines. The establishment of an HCT aims at strengthening the decision making process within the humanitarian community in CAR and also to reinforce the CHF governance mechanisms particularly for setting strategic priorities and criteria for project selection.

As of October 2009, OCHA resumed convening regular Inter cluster meetings, on monthly basis where strategic planning and guidance on CHF issues are discussed as well as other humanitarian funding mechanism (eg. CERF). As of October 2009, each of the nine existing cluster had designed its own strategy and work plan. The strategies served as a basis for designing cluster specific criterion during the second standard allocation.

A constructive and permanent dialogue with CHF donors, notably DFID, materialised as of June 2009 through the design of a follow-up matrix including key issues affecting the management of the CHF in CAR. The matrix sets out objectives against which progress could be monitored.

VI. Funding Management

- Donor contributions**

In 2009, donors generously contributed \$ 11 897 072 to the CHF.

Country	Contribution
Ireland	\$ 3 345 822
Netherlands	\$ 2 941 176
Sweden	\$ 3 298 599
United Kingdom	\$ 2 311 475
Total	\$ 11 897 072

- Approved projects**

The CHF CAR succeeded in mobilising a total amount of USD 11.047.855 in 2009. Thanks to these generous contributions 60 projects were financed, 25 through the first allocation, 30 during the second allocation round and 5 under the emergency window.

Three projects (CAM, WHO, and IMC) initially approved during the first round were later on withdrawn for different reasons: IMC and CAM could not manage to secure complementary funds thus undermining the sustainability, and viability of their projects. Meanwhile, one WHO project has been rejected by the Humanitarian Coordinator following recommendation of the Advisory board because the submission process did not comply with established procedures.

During the CAP mid-year review (June 2009), the HDPT members identified education as a new priority sector, whilst Early Recovery activities – mainly around infrastructure and IGAs were considered a medium priority. The education fast track initiative for CAR does not actually cover needs in the Northern conflict affected areas. Therefore, education projects in these areas have received support from the CHF through the second round (COOPI, IRC, UNICEF).

Standard allocation									
	First round			2 nd round			Total General		
	UN	NGO	Total	UN	NGO	Total	UN	NGO	Total
Priority sectors in the CAP	\$ 415 927	\$ 2 156 836	\$ 2 572 763	\$ 805 278	\$ 2 826 300	\$ 3 631 578	\$ 1 221 205	\$ 4 983 136	\$ 6 204 341
Other sectors	\$ 894 000	\$ 616 194	\$ 1 510 194	\$ 725 237	\$ 2 004 703	\$ 2 729 940	\$ 1 619 237	\$ 2 620 897	\$ 4 237 134
	\$ 1 309 927	\$ 2 773 030	\$ 4 082 957	\$ 1 530 515	\$ 4 831 003	\$ 6 361 518	\$ 2 840 442	\$ 7 604 033	\$ 10 444 475
%	32%	68%	100%	24%	76%	100%	27%	73%	100%
Number of projects	6	19	25	6	24	30	12	43	55

Emergency reserve funds									
Emergency projects							\$ 315 000	\$ 288 380	\$ 603 380
Number of projects							2	3	5
Total approved in 2009							\$ 3 155 442	\$ 7 892 413	\$ 11 047 855
							29%	71%	100%
Number of projects in 2009							14	46	60

Up to 56 % of the funding has been allocated to the priority sectors identified in the CAP 2009. Thus the CHF contributed to achieve the 3 strategic priorities in 2009. The other sectors were allocated with 38% of funds to give an appropriate response to the needs and to support actions engaged through the projects in the priority sectors.

The emergency window opportunity revealed critical to respond to the sudden deterioration of the food security situation in May/ June 2009 in the north of Bamingui Bangoran Prefecture where up to 6,000 IDPs spread in the north of Ndele remained without access to humanitarian assistance for almost two months as a result of the CPJP rebels' activity. Overall 6 % of the funds were used for emergency projects approved in the first half of year.

In early 2009, the CHF was used exceptionally as a last and indispensable basis to avoid suspension of the Humanitarian Air Services. Such a situation would have made access in large areas very difficult, if not impossible, due to the distances and road conditions and thereby undermine the relief organisations' capacity to carry out their programmes. Meanwhile OCHA has submitted its project to the Advisory Board who granted USD 400 000 in April 2009 to strengthen coordination mechanisms as well as CHF management in the country. During the second round in October 2009, the Advisory Board rejected OCHA's submission arguing of a conflict of interest affecting the governance of the Fund. The Advisory Board further recommended that a fixed percentage of the yearly roll out of the Funds should be automatically earmarked to support OCHA's CHF support capacity at country level.

29% of the allocated funds have supported projects of UN agencies whilst 71% were granted to international and national NGO as direct implementing partners, through UNDP as managing agent though. This is remarkable as it proves that the CHF also balances the usual trend where UN agencies attract the bulk of the multi donors' funds as is for instance the case with the CERF or the Peace Building Fund (PBF).

Due to the timing of the contributions, the second round of CHF allocation took place late in the year (November) in the period where the new CAP 2010 process was already completed based on the need assessment made by the clusters in September. Agreement was made by the HDPT and endorsed by the Humanitarian Coordinator to consider the new projects designed for the CAP 2010 so the funds can be made available to better respond to actual current needs (eg: malnutrition in the Southwest, IDPs and refugees in the far east, DRC refugees in the South, etc) .

- **Key issues / lessons learned**

The Funds management, allocation process including governance and strategic directions are submitted to a yearly review process on the basis of lessons learned compiled by OCHA office, in

close collaboration with UNDP. Three specific issues have affected one way another the use of the funds in 2009:

- The mandatory implementation as of January 2009 of the Harmonized Approach for Cash Transfer (HACT) by most of the UN agencies, notably UNDP, has led to some concerns over the well functioning of the CHF in CAR. Main worries related to the potential delay for disbursing funds the required assessment of the “implementing partners” would induce. Yet, the UNDP HACT assessment team has allowed for CHF deadlines to be almost met. Three national NGO however suffered longer transferred process as the findings of the HACT capacity assessment did not allow them to be remitted the whole funds directly.
- Aimed at insuring high levels of accountability, the UNDP managing and administrative framework resulted in an average two month delay between the Contract date and the first disbursement. This has clearly affected NGO response capacity, particularly for those with few if any treasury capacity. UNDP senior management has taken strong commitments to address these issues so as to improve both responsiveness and predictability in 2010.
- The CHF Concept Note serving as guidelines of the Funds in CAR clearly set out thresholds of amount to be allocated per projects. However, the ceiling amount required, US\$150,000 do not take account of National NGO absorption capacity. This has resulted in the rejections of some cheaper projects, although realistic and pertinent, or otherwise pushed national submitting organisation to inflate their submission to a non-realistic level. As a gentle principle, most of the national NGO submitting quality and relevant project proposal were recommended for local partnerships with either a UN agency or a well-implemented international NGO. The concept note, revised in October 2009, now clearly set out the possible exception for accepting grant lower than \$150,000, notably in the case where the project is submitted by a national partner.

VII. Monitoring and evaluation

In compliance with the CHF Concept Note, the Advisory Board has spearheaded the monitoring and evaluation of 13 ERF and CHF funded projects through the year. Ad hoc evaluation teams were appointed by the HC. Their membership reflected the HDPT memberships with a representative from the donor community, one or two respectively from the UN and NGOs. The evaluation team also hosted UNDP staff, as the Managing Agent and one OCHA CHF team staff. Three field trips were organised through the year in Paoua, Birao / Vakaga and Bouar/ Bocaranga.

Five projects out of the thirteen evaluated projects were funded through CHF whilst the other eight were completed ERF funded projects. The evaluated CHF projects were funded through the first CHF allocation which took place in August 2008 as the approved projects from the first allocation in 2009 were still being implemented. The evaluation of these projects will take place, on a random basis, during the first half of 2010.

Main findings of the field missions were satisfactory to the respective Evaluation Team. The implementation processes were timely with transparent management and monitoring and general strict compliance to agreed frameworks. Programmatic insights combined with discussions with the various projects stakeholders, including local authorities and beneficiary communities, evidenced the actual participatory approach and the wide outreach capacity of the implementing organisations. However, it remained a challenge to measure durable impact either because of the very nature of the context including long term forced displacement, or merely as the project outcomes still largely depend on the involvement of the NGO involved.

The main issues highlighted through the evaluation relate to the constraints which have delayed implementation, such a very lengthy procurement process. Insecurity and subsequent

consequences on humanitarian access have also been identified as a major constraints, not only since the implementation of affected projects have had to be temporarily suspended, but also as such suspension induced additional losses of progress when, for instance, project staff turned over, temporarily lost the experienced acquired close to communities. This has been the case notably in the Bamingui Bangoran and Vakaga prefectures.

The evaluation reports are available online on the HDPT intranet under the CHF link (<http://intra.hdptcar.net>)

The CHF follow-up matrix highlights issues and need for improvement in the CHF. It identifies monitoring and more particularly evaluation as requiring strengthening. Therefore, agreement was reached to multiply the evaluation missions in 2010 so as to cover a greater number of funded projects. The evaluation itself as well as the reporting framework shall be more formalised and standardised in order to be part of a wider M&E system in CAR. The evaluation will be introduced as a peer review process with the aim to increasing its credibility. Meanwhile, UNDP has carried out an in-depth review of its Managing Agent role in view of enhancing transparency and timeliness.

Table 2: List of projects evaluated in 2009

N°	Organisation	Project Title	Code	Project période	
				Starting	End
1	Comité d'Aide Médicale	Psychosocial support for vulnerable and traumatized people in western Vakaga prefecture, Central African Republic	ERF/CAM 5	01/07/2008	31/12/2008
2	International Medical Corps	Primary health care and community health care in Ouadda and surrounding villages and for refugees and host population in Sam Ouandja	ERF/IMC3	01/11/2007	30/04/2008
3	International Medical Corps	Therapeutic feeding centre and supplementary feeding centre for refugees and host populations in Haute-Kotto and Vakaga	ERF/IMC4	01/11/2007	30/04/2008
4	Triangle GH	Assessment of food security in Vakaga and northern Haute-Kotto prefectures in the northeast	CHF/TGH 01	01/10/2008	31/01/2009
5	Merlin	Support to health primary services in Nana-Mambéré	ERF/Merlin2	1/09/2008	31/04/2009
6	Mercy Corps	Improving access to water and health and hygiene information in Nana-Mambéré	ERF/MC2	1/01/2008	31/08/2008
7	Mercy Corps	Improving hygiene and access to clean water in Nana-Mambéré	ERF/MC3	15/09/2008	31/05/2009
8	Mercy Corps	Improving hygiene and access to clean water in Nana-Mambéré prefecture	CHF/MC0 1	1/10.2008	31/05/2009
9	ACF	Assistance en eau et hygiène des populations affectées par le conflit dans le Nord-Ouest de la RCA	ERF/ACF 5	1/07/2008	31/03/2009
10	COOPI	Education d'urgence pour les enfants de 3 à 15 à Paoua Sous-préfecture, Ouham-Pendé	CHF/COO PI01	1/11/2008	31/03/2009
11	DRC	Protection and Livelihood Support to Conflict Affected Communities in Northwestern CAR	ERF/DRC 1	1/02/2008	31/07/2008
12	PU	Amélioration de la sécurité alimentaire de 700 familles de l'Ouham Pendé	CHF/PU0 1	3/11/2008	2/05/2009
13	PU	Appui aux populations déplacées, retournées et résidentes de l'axe Paoua N'Gaoundaye par la réhabilitation de la route, Ouham Pendé, Sous Préfectures de Paoua et N'Gaoundaye	CHF/PU0 2	6/10/2008	5/04/2009

Conclusion :

Thanks to significant improvement of the governance and monitoring system in 2009, lessons learned will be capitalised in 2010 to consolidate progresses reached on management and process on the one hand, and to achieve and measure greater impact at the community level on the other hand. Linking relief programmes to early recovery and durable impact will be a major objective of the HDPT in 2010. The CHF is an essential tool in allowing the joint humanitarian community to achieve this objective. The UN integration process shall contribute to the higher level of coordination, maximising complementarities thus translating opportunities into larger durable impact to more people still in acute needs of being accompanied towards recovery.

The CAP 2010 was launched in January 2010 with a total requirement of \$ 113 615 353 for 135 projects which represents an increase of 13% compared with last year's CAP. Thanks to the extended capacity of now well established relief organisations, the overall number of targeted direct beneficiaries went up to 1,600,000 people, more than a third of the whole CAR population. Consolidation of the CHF in 2010, both in terms of quantity and quality will remain critical to meet the CAP strategic objectives.

The Common Humanitarian Fund in CAR is instrumental in providing flexible and targeted assistance to vulnerable populations affected by the continuing humanitarian conditions. Beyond its immediate focus on saving lives, the CHF is an essential strategic tool allowing the humanitarian community under the leadership of the Humanitarian Coordinator to fill both geographic and sector gaps. It is a mechanism that allows joint priority setting to optimise the use of the scarce resources available to support the peace and stabilisation in country, whether sectoral or thematic resources as for instance those brought through the CERF or the Peace Building Fund.

2010 will be a challenging year for the Central African Republic. There is the strong hope that the peace consolidation will allow for further steps towards early recovery and development initiatives. Both the DDR process and the running of national election represent indeed genuine opportunities to serve as historical benchmark towards peace and stability. Yet, there are enormous challenges to address and there will remain important humanitarian needs to be covered also in 2010.

