



UNITED NATIONS
Central African Republic



COVID-19
RESPONSE

CENTRAL AFRICAN REPUBLIC UN COVID-19 SOCIO-ECONOMIC RESPONSE PLAN



UN COVID-19 CENTRAL AFRICAN REPUBLIC: SOCIO-ECONOMIC RESPONSE AND RECOVERY PLAN

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ACRONYMS

AfDB	African Development Bank
APPR	Political Accord for Peace and Reconciliation (Accord Politique pour la Paix et la Réconciliation)
ARV	Antiretroviral
AU	African Union
BADEA	Arab Bank for Economic Development in Africa
BBB	Build Back Better
CAR	Central African Republic
CBOs	Community-Based Organizations
CCM	Country Coordinating Mechanism
CCRT	Catastrophe Containment and Relief Trust
CEEACC	Communauté Economique des Etats de l’Afrique Centrale (Economic Community of Central African States)
CEMAC	Economic and Monetary Community of Central Africa
CERF	Central Emergency Response Fund
CLPR	Peace and Reconciliation Committees
CMOP	Comité de mise en œuvre préfectoral (Prefectural Implementation Committee)
COVID-19	Corona Virus Disease of 2019
CSO	Civil Society Organization
CVJRR	Commission Vérité, Justice, Réparations et Réconciliation
DSRSG	Deputy Special Representative of the Secretary General
EDF	European Development Fund
EU	European Union
GBV	Gender-based violence
HC	Humanitarian Coordinator
HIV/AIDS	Human immunodeficiency virus/Acquired immunodeficiency syndrome
ICP	Infection Control and Prevention
IDA	International Development Assication
IDP	Internally Displaced Persons
IFIs	International Financial Institutions
ILO	International Labour Organisation
IMF	International Monetary Fund
IPC	Integrated (Food Security) Phase Classification
LDP	Local Development Plans

LGTBI	Lesbian, Gay, Transgender, Bisexual and Intersex People
MINUSCA	United Nations Multidimensional Integrated Stabilization Mission in the Central African Republic
MoH	Ministry of Health
NAC	National Aids Commission
NGOs	Non-Governmental Organisations
PLWHA	People Living with HIV/AIDS
PMT	Programme Management Team
PPE	Personal Protective Equipment
RC	Resident Coordinator
RCF	Rapid Credit Facility
RCPCA	Plan National de Relèvement et de Consolidation de la Paix (National Recovery and Reconciliation Plan)
Recope	Child Protection Community Network
SDGs	Sustainable Development Goals
SERRP	Socio-Economic Response and Recovery Plan
SMEs	Small and Medium Enterprises
SMIs	Small and Medium Industries
SRSR	Special Representative of the Secretary General
STI	Sexually Transmitted Infection
UN	United Nations
UNCT	United Nations Country Team
UNDAF+	United Nations Development Assistance Framework
UNDP	United Nations Development Programme
UNECA	United Nations Economic Commission for Africa
UNESCO	United Nations Educational, Scientific and Cultural Organization
UNFPA	United Nations Population Fund
UNHCR	United Nations High Commissioner for Refugees
UNICEF	United Nations Children's Fund
UNS	United Nations System
WASH	Water, Sanitation and Hygiene
WFP	World Food Programme
WHO	World Health Organisation



Stopping the spread of the COVID-19 pandemic also involves, amongst others, information and awareness raising among the populations on the barrier measures. With the support of MINUSCA, some Central African painters contribute through a series of wall frescoes in the eight districts of the capital. Photo: UN/MINUSCA - Herve Serefio.

INTRODUCTION

The United Nations (UN) in the Central African Republic (CAR) has been at the forefront of COVID-19 preparedness and response since the onset of the crisis in March 2020. After the first case of COVID-19 was reported, the Government of CAR implemented COVID-19 prevention measures nationwide. The Deputy Special Representative of the Secretary General/Resident Coordinator/Humanitarian Coordinator (DSRSG/RC/HC) was nominated the COVID-19 Coordinator in CAR by the UN Special Representative of the Secretary General (SRSR) to ensure a coordinated UN support to the Government across all pillars. The extensive support provided by the UN in terms of access to social services, governance, rule of law and security and socio-economic development as well as its role as convener of the international and the humanitarian communities, has meant that the UN in CAR, including the UN Country Team (UNCT) and the UN Multidimensional Integrated Stabilization Mission in the Central African Republic (MINUSCA), has been uniquely positioned to support the Government in all aspects of COVID-19 response, from strategic coordination and

oversight to technical level response.

Since the beginning of the national COVID-19 response, the UN has been included in all national and sub-national planning and coordination structures, from the strategic to the technical working group level. The President and Prime Minister of CAR are leading the overall coordination of the COVID-19 response, with the Ministry of Health taking the lead in the health response and the strong support of the DRSR/RC/HC.

OCHA identified CAR as one of the world's most at risk countries in terms of the impact of COVID-19 on the health and humanitarian context. Well beyond "just" a health crisis, the COVID-19 pandemic has put further strain on CAR, a country already confronted with a multi-dimensional crisis with severe economic, political and security challenges. Over half the population is in humanitarian need and dependent on assistance. Conflict remains endemic in parts of the country, and general and local elections are scheduled to take place in December 2020 through

FIGURE 1 | UN COVID-19 RESPONSE



to February 2022. The socio-economic impact of the pandemic has deepened existing inequalities and further accentuated the vulnerability of a population.

Beyond the immediate life-saving and health-related imperatives, COVID-19 poses significant risks to CAR’s economy, which is under a two-fold threat, both from the global economic decline and through the direct impact of the measures taken locally to stem the spread of the epidemic. According to the World Bank, the impact of COVID-19 could more than halve the country’s economic growth projections for 2020 and the consequences for its export-based economy and heavy reliance on imported goods, services and know-how, will be felt for several years to come. The crisis further exacerbates the country’s pre-existing vulnerabilities across all development sectors, including health.

Reflecting the multi-dimensional nature of the impact of COVID-19 in CAR, the UN is providing support through three interrelated work streams to respond to the immediate health crisis, address the heightened humanitarian needs as well as the consequences of the deteriorating socio-economic situation (see Figure 1. UN COVID-19 Response).

In August 2020 the Government of CAR issued an updated National COVID-19 Response Plan with an increased budget requirement for each pillar of action: (i) health (US\$ 204,811,138.53), (ii) socio-economic situation (US\$ 290,363,873.13) and (iii) security and rule of law (US\$ 29,858,869.17). The total budget is (US\$ 525,033,880.83).

The National COVID-19 Health Response Plan, a component of the National Response Plan, was developed with the support of the UNCT, and is based on a comprehensive health needs assessment. The Plan identified significant gaps in all areas with a total cost of US\$ 7 million for 6 months, which was provided through a World Bank grant. The humanitarian COVID-19 response, including health components, was allocated a total of US\$ 12.3 million through the CERF (US\$ 7.3 million) and the CAR Humanitarian Fund (US\$ 5.5 million). CAR was included in the COVID-19 Global Humanitarian Response Plan and the

CAR Humanitarian Fund continues to mobilise resources to support the immediate efforts against the COVID-19 pandemic.

The UN response to COVID-19 has been planned and coordinated in close collaboration with all stakeholders including government, technical and financial partners including International financial institutions as well as the humanitarian community. All efforts have been made to ensure complementarity and avoid duplication between the health, humanitarian, and socio-economic responses.

The UN has the dual imperative to mitigate the impact of the crisis, and to help the Government and population respond in a way that builds a better – and different – future. The UN Socio-Economic Response and Recovery Plan outlines the UN’s immediate socio-economic interventions over 18 months thus complementing the humanitarian and direct health responses. The Plan is fully aligned with the United Nations Framework for the Immediate Socio-Economic Response for COVID-19 (April 2020).

The situation in CAR continues to evolve, and the full impact of COVID-19 is yet unknown. The Socio-Economic Response and Recovery Plan is a living document that will be updated based on the evolution of the impact of COVID-19 in CAR and the results of on-going assessments and the socio-political context. A rapid assessment of the socio-economic impact of COVID-19 was undertaken in April-May 2020 with the collaboration of the international community and Government, which provided a basis for the initial socio-economic response. A more comprehensive socio-economic assessment is currently being carried out under the UN’s leadership, in addition to further sector-specific studies.

The Plan is embedded in the UN’s overall support to the attainment of the Sustainable Development Goals (SDGs) and the 2030 Agenda as articulated in the UN Development Assistance Framework Plus (UNDAF+). The UN’s response thus also directly contributes to the implementation of the National Recovery and Reconciliation Plan (RCPCA) and the Accord for Peace and Reconciliation (APPR).

SITUATION ANALYSIS

BASIS FOR ACTION; REACHING THE MOST VULNERABLE TO ENSURE THAT NO ONE IS LEFT BEHIND

The COVID-19 pandemic has further exacerbated the vulnerability of an already chronically vulnerable population. CAR is the second poorest country in the world facing a multi-dimensional crisis characterized by weak economic, social, and political conditions, insecurity and protracted conflict, limited state authority and presence throughout the country. The capacity to provide essential public services to the population is limited at best. Over half the population is in humanitarian need, facing food insecurity, displacement, poverty and lack of access to social services. Overall, the country and its citizens continue to cope with extreme poverty, inadequate public health systems, insufficient access to safe water and sanitation, very high unemployment, as well as persistently high food and nutrition insecurity. The government faces limited fiscal and policy space and many of the country's subsistence farmers engage in predominantly low-output, rain-fed agriculture.

IMPACT OF COVID-19 ON THE ECONOMY

CAR is a landlocked country, almost entirely dependent on neighboring Cameroon for trade with the rest of the world. Its economy is mainly made up of the primary sector, including timber and mining, contributing to 43 percent of GDP and the service sector, including banking, trade, telecommunications, which contributes 41 percent of annual national output.

More than four years after the end of the political transition, which followed the failed seizure of power in 2013 by ex - Seléka armed groups, the reconstruction of the economy remains strongly hampered by political and security dynamics, amongst other factor. Insecurity has increased and nearly two thirds of the territory is still occupied by armed groups. In addition, structural constraints include a lack of basic socio-economic infrastructure, roads and energy, and an absence of investment in the productive sectors. The country is heavily dependent on external aid to support reconstruction and redeployment of state authority across 623,000 km of territory.

In this context, the COVID-19 pandemic is having a devastating impact on the CAR economy, causing a significant decline in economic growth and employment, a decline in budgeted revenue and thus a drop in public expenditure. Incomes have drastically dropped for those engaged in the sectors most impacted by the pandemic such as agriculture, tourism, transport, restaurants, petty trade, arts and culture, etc. The country is heavily reliant on remittances from low-skill workers abroad, many of which have themselves lost their jobs, as result of the effects of COVID-19 on the economies in their countries of residence. Thus the pandemic is expected to result in sharp declines in domestic consumption in urban areas and could potentially reverse the increases in urbanization as people leave urban slums and to go back to their home villages to reunite with their families, and thus putting even further stress on fragile farming communities.

As a result of border closures and measures taken by the

RESOURCES





As part of the response to COVID-19, MINUSCA is supporting government initiatives in the implementation of preventive measures at Bangui Mpoko airport and the management of proven cases of Covid-19 in Central African territory. Photo: UN/MINUSCA - Leonel Grothe.

Government to counter the spread of the disease, bars, restaurants and nightclubs have been closed down. A noticeable decline has occurred in the transport sector and commercial activities. The hotel industry has come to a virtual standstill. While steps taken by the Government were likely to combat the spread of COVID-19, initiating and maintaining these measures over time have come at a cost. On the other hand, facing an increase in cases, opening of schools in high-incidence areas could be even more disastrous for the health, economic and social sectors. In this to-be-avoided scenario, the consequences for a fragile state could include the following: a collapse of the health system, including the disruption of priority programmes such as vaccinations, the fight against HIV/AIDS, tuberculosis and malaria; an economic recession and a dramatic increase in unemployment; food shortages due to lower production and reduced imports and exports of basic foodstuffs and produce; a surge in prices and a collapse in people's purchasing power, and an increase in social unrest in the face of containment measures taken by authorities throughout the country.

SUMMARY OF MAJOR FINDINGS OF THE RAPID SOCIO-ECONOMIC IMPACT OF THE COVID-19 PANDEMIC IN CAR

The COVID-19 pandemic is affecting nearly every aspect of social and economic life. The most vulnerable population groups are the most heavily affected by the socio-economic impact of the pandemic. These require specific and sustained attention in the response.

EFFECTS OF THE COVID-19 PANDEMIC ON MACROECONOMIC AGGREGATES¹

Economic growth is expected to decline for 2020. Various estimates anticipate GDP growth for the year at 0.8 to -1.2 percent. These scenarios would represent a drop of 3.6 to 5.6 percent below CAR's anticipated pre-COVID-19 growth projections.

The main drivers of economic activity have been agriculture and industry, with growth rates of 5.1 percent and 4.1 percent, respectively. The service sector is projected to decline by 2.9 percent due to travel restrictions and COVID-19 containment measures. Whereas these declines may not seem extreme, they nonetheless worsen an already dire situation. The impact of the pandemic could plunge what is already one of the poorest countries in the world into even deeper poverty.

The fiscal situation is expected to worsen slightly with a high risk of debt distress. The overall fiscal balance, including grants, is projected to decline from an estimated surplus of 1.5 percent of GDP in 2019 to a projected deficit of 2 percent of GDP in 2020.

Inflation is trending upwards, with rises in prices of certain foodstuffs in the capital Bangui and provincial markets.

¹ Evaluation of the socio-economic impact of the coronavirus (COVID-19) pandemic in the Central African Republic, May 2020

Inflation is expected to reach 3.5 percent in 2020, which will surpass the convergence criterion of the regional central bank.

In the external and monetary sectors, the current account balance is expected to deteriorate slightly in the medium term. The current deficit is projected to reach 5.6 percent or 6 percent of GDP in 2020, compared to 5.2 percent in 2019, due to the fall in exports as a result of shrinking demand in partner countries.

SOCIAL AND ECONOMIC EFFECTS

At-risk populations are experiencing the highest degree of socio-economic marginalization, including informal workers, refugees, women and girls, and young people.

The shutting of more than 3,500 schools comes at a severe social and economic cost to around 1,400,000 students. There have been simultaneous closures of universities coupled with shrinking labor markets, including the loss of temporary jobs. These factors affect communities, including those living in conflict zones and especially refugees and internally displaced persons. The socio-economic impact of COVID-19 appears to particularly affect young people, people with disabilities and female-headed households. There is an increased risk of the violation of rights of women and girls as well as children, with indications of an increase in the incidences of rape, domestic violence, early marriage and other forms of gender-based violence².

The crisis has highlighted the extreme vulnerability of domestic food systems, due to the country's heavy dependence on imports from Cameroon, the Democratic Republic of Congo and Chad.

² Evaluation of the socio-economic impact of the coronavirus (COVID-19) pandemic in the Central African Republic, May 2020.

The IPC estimates³ that 2.4 million people have already been in a situation of acute food insecurity from May to August 2020. Furthermore, 1.6 million people, representing 35 percent of the surveyed population, have been living in a state of stress with a high risk of sliding into severe and acute food insecurity.

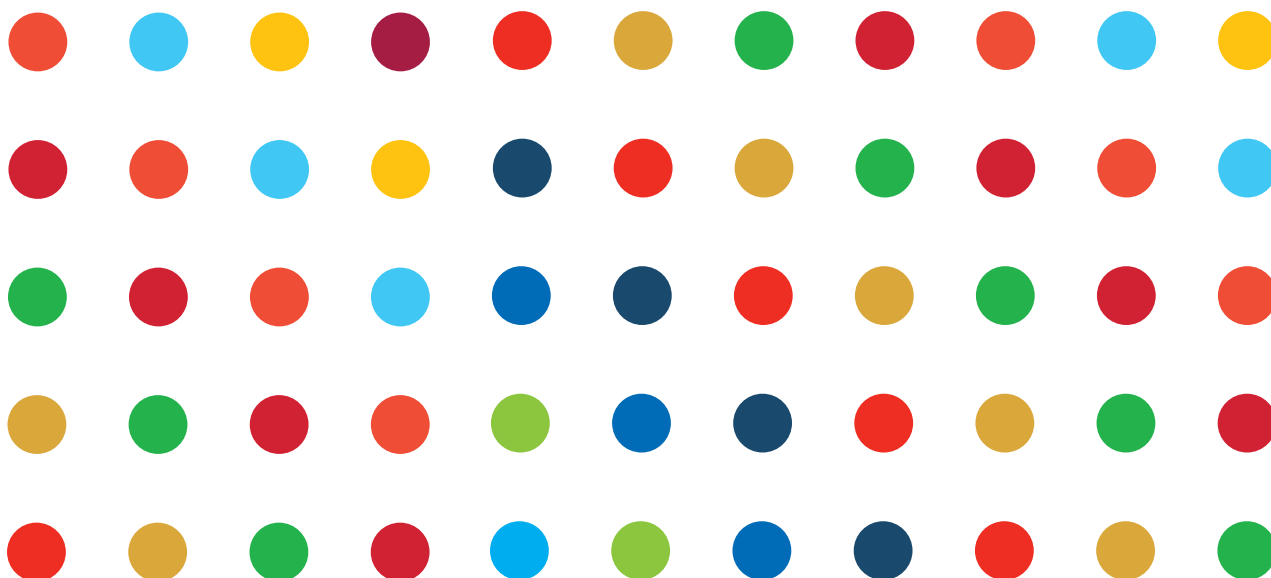
The COVID-19 pandemic is anticipated to have a far-reaching impact on rural agricultural population groups. Already vulnerable these populations face multiple challenges, including poverty (estimated at 71 percent⁴), food insecurity and malnutrition, conflicts, civil insecurity with associated displacement, loss of assets and loss of livelihoods.

In the labour market, informal workers, including self-employed people and small agricultural producers, made up 77 percent of the workforce in 2018. People employed in the catering, transport and hotel sectors are the most exposed in terms of health and declines in those activities. Due to the immediate effects of drastic reductions in their working hours and consequently in their incomes, they have been economically marginalized. Women, for example, represent 80 percent⁵ of the informal sector in markets and family businesses. Women, who are relatively more numerous in small-scale market sales and agricultural and food processing activities, have been more greatly affected by procedures to mitigate the spread of COVID-19 and the impact on the food-value chain.

³ Integrated Food Security Phase Classification

⁴ Evaluation of the socio-economic impact of the coronavirus (COVID-19) pandemic in the Central African Republic, May 2020.

⁵ Evaluation of the socio-economic impact of the coronavirus (COVID-19) pandemic in the Central African Republic, May 2020.





300 motorcycle taxi drivers, taxis and buses from the eight districts of Bangui and the communes of Bimbo and Begoua were sensitized on preventive measures against COVID-19. An activity organized by MINUSCA, in partnership with the NGO Linga Tere, the Ministry of Health and WHO. Photo: UN/MINUSCA - Biliaminou A. Alao.

THEORY OF CHANGE

The ability to complement and shift from emergency humanitarian and health-based responses to a multi-dimensional comprehensive approach, with development and peace at its core, is enabled by the willingness and capacity of development and government partners to collaboratively create, fund and integrate successful Recovery and Response solutions both during and after the COVID-19 crisis. The Government and CAR residents can Build Back Better. They can “build forward” only with timely recovery interventions integrated into the overall crisis response framework. The crisis is providing an important opportunity to support the Government and communities to mount sustainable and transformative solutions, breaking, to the extent possible, the dependency cycles.

Alignment of the Response: Coordination and Partnerships

The UN Socio-economic Response and Recovery Plan articulates the UN’s contribution to the Government’s National Response Plan. It is developed in collaboration with all partners, including the humanitarian community and the World Bank, to avoid duplication and produce immediate yet sustainable results. The proposed integrated interventions are embedded in the UN’s overall support to CAR, as outlined in UN Development Assistance Framework Plus (UNDAF+). Moreover, these elements are fully aligned with the UN Framework for

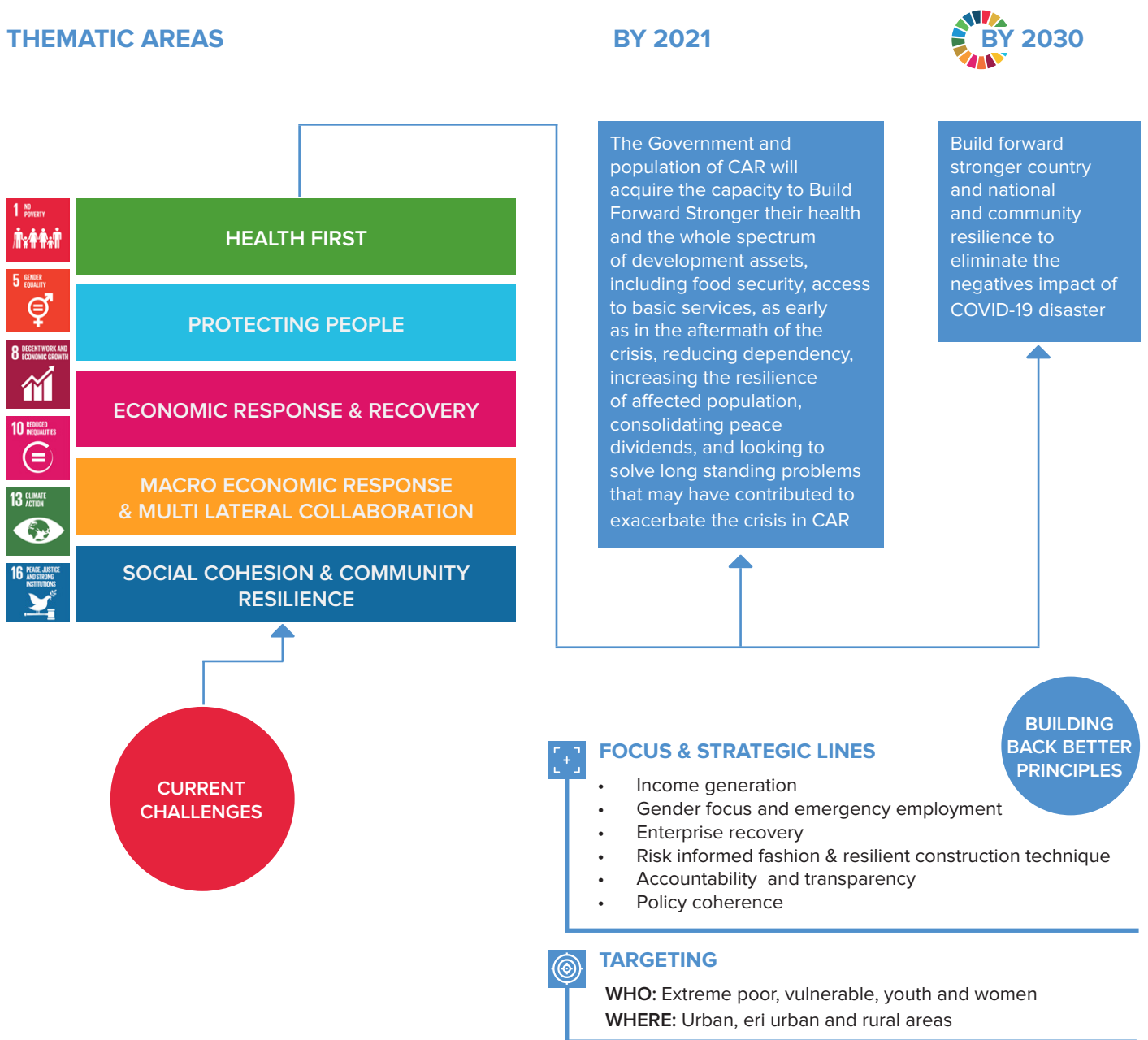
the Immediate Socio-Economic Response to COVID-19 of April 2020, the purpose of which is three-fold: (i) tackling the emergency; (ii) focusing on the social impact and the economic response and (iii) ‘recovering better’.

The UNCT in CAR will align their integrated interventions on the five pillars of the framework, namely:

1. Health first: Protecting health services and systems during the crisis;
2. Protecting people: social protection and basic services;
3. Economic Response and Recovery: Protecting jobs, SMEs and the informal sector workers;
4. Macro-economic response and multilateral cooperation;
5. Social cohesion and community resilience.

The UN’s resources thus will also directly contribute to the implementation of the RCPCA and the APPR. Consistent with the RCPCA, six transversal objectives will be promoted. These include the regional equity, gender equality, transparency and accountability at all levels, national capacity (public and civil society), inclusion of youth and the environmental sustainability.

FIGURE 2 | UN COUNTRY TEAM RESPONSE PLAN COVID - 19. THEORY OF CHANGE



A TWO-PRONGED APPROACH

A COMPREHENSIVE SOCIO-ECONOMIC IMPACT ANALYSIS

The UN Country Team, together with the Government of CAR, produced a rapid socio-economic evaluation of the impacts of COVID-19 on the country⁶. This rapid assessment, together with various humanitarian assessments and rapid sector assessments, provided the basis for the development of the UN Response and

Recovery Plan. This study is the first of two phases which consist of making a speedy assessment of the possible induced social and economic effects of COVID-19. This involves the quick collection of first-hand data to describe and analyze trends and socio-economic impacts. The main trends and the most affected sectors have been analyzed, including the implications for macroeconomic aggregates, employment and the productive sector (private and social sectors). This stage also resulted in a set of relevant recommendations enabling the Government and its partners to redirect their own interventions. This analysis was completed in collaboration with the entire UN Country Team, technical and financial partners as well as government, including line ministries. In a second phase, the UN Country Team will produce a detailed

⁶ Evaluation of the socio-economic impact of the coronavirus (COVID-19) pandemic in the Central African Republic, May 2020

analysis of the longer-term socio-economic impact of COVID-19 in CAR. This detailed assessment will inform the Government's actions, identify needs and gaps to partners' support where it is most needed based on each comparative advantage. The review will propose specific policy and programme recommendations to the Government, UN agencies, and all development partners. This analysis will inform the UN Response and Recovery Plan and ensure that interventions remain relevant.

AN INTEGRATED PROGRAMME BASED ON SOCIO-ECONOMIC DEVELOPMENT INTERVENTIONS

This Response and Recovery Plan articulates the comprehensive **UN integrated program of interventions** which aims to ensure the country prevents, responds and recovers from the crisis and is rendered more resilient to future shocks. It includes:

- ▶ **Enhanced Preparedness:** strengthening the health system and the Government's capacity to coordinate, plan and remain operational in times of crisis, including through public and community infrastructure building;
- ▶ **An Inclusive Response:** continuity of state services and public administration, continuous access to education, food security, water, sanitation and hygiene (WASH), the continuity of regular health services, including for pregnant women, and social services (gender-based violence, social protection for the most vulnerable), immunization services and income-generating activities particularly for youth, ensuring that no one is left behind with a focus on women, people living with HIV/AIDS, the elderly and those living with disabilities;
- ▶ **Recovery:** using the results of the long-term socio-economic impact analysis to design, inter alia, sustainable livelihood opportunities to revitalize the economy, warrant the sustainable provision of basic social services and build/strengthen key infrastructures. All interventions will consider gender dynamics as well as the disproportionate impacts of COVID-19 on men and women. Moreover, social protection interventions will feature in all scenarios and across sectors, be it in the form of cash transfers, cash compensation, in-kind and food transfers as well as longer-term social safety net programmes based on a government policy. Beyond these interventions, the goal is to support the country establishing proper social protection mechanisms, based on robust policy, building on the Government's work already completed in this respect.

In the immediate to short-term recovery process, vulnerable groups will be prioritized such as the elderly, women, children and youth, persons with disabilities, persons in detention, internally displaced persons (IDPs), people living with HIV/AIDS and those others with pre-existing medical conditions, small-holder producers, processors, traders in farming, fisheries, livestock and forestry livelihood workers.

Using seed/catalytic funding where available, **UN-prioritized interventions will target:**

1. Health system strengthening to maintain essential health services and the systems that undergird them; to provide policy support and technical guidance, to enable community-based organizations in sensitization, prevention and care initiatives including providing equipment such as masks, soap and gel; to integrate socio-cultural analysis and approaches for identifying behaviors that spur the dissemination of appropriate information and fight stigma and misinformation (community radios, social media, etc.); to support the rehabilitation of infrastructure, including the construction of pilot facilities that revitalize the local economy post-crisis; to support the health workforce and frontline professionals, and train personnel, as well as support community and civil society efforts in promoting accountability and compliance with human rights and bioethical principles in confronting COVID-19 including through instruments such as the National charter on the quality of care and the rights of patients in the CAR;
2. Focus on livelihoods and immediate social safety nets with a focus on key value chains and income-generating activities to safeguard the informal economy, to increase input distribution in augmenting food and the availability of inputs including quality seeds and other planting materials and short-cycle ruminants as well as financial services, providing cash transfers where appropriate, etc.; and
3. Provision of equipment and materials including to safeguard the continuity of State and administrative services delivery in all sectors include Justice and Electoral Management Bodies and schools to facilitate distance learning. This outreach may include also renewable energy installations.

The medium-term recovery interventions will be informed by the above-mentioned socio-economic impact analysis (to include all social aspects of development). This phase will include building the Government's resilience to shocks, strengthening institutional capacities, developing standards on disaster-risk reduction, etc.

The UN medium term response to COVID-19 in CAR will prioritize social protection and access to public services with **particular attention focused on the following areas:**

1. Scaling up and expanding resilient and pro-poor social protection systems, including cash transfers;
2. Maintaining essential food security and nutrition services;
3. Assuring continuity and quality of water and sanitation services;
4. Securing sustained learning for all children, preferably in schools;
5. Supporting the continuity of social services and

access to shelters;

6. Supporting prevention of gender-based violence and victim support;
7. Building resilience through the development and application of sustainable livelihood approaches to strengthening value chains, including financing mechanisms to all aspects of sustainable gender sensitive and climate-smart value chain upgrading;
8. Supporting COVID-19 survivors and affected SMEs to enhance life skills and competencies to help restart economic activity including through income-generating activities that lead to ongoing incomes. Moreover, with a view to sustaining gains and promoting resilience of even the most vulnerable, the UN will assist the Government in finalizing a national Social Protection Policy.

The long-term recovery could include measures to reduce risks associated with sustained waves of COVID-19 through better management of natural resources, alternative livelihoods and income-generating activities, and sustainable food production, among other measures to reduce risk and vulnerability and support state restoration in CAR. There are also important gender dimensions in terms of gender norms and social discrimination that constrain social, economic and political empowerment of women and girls. Secured access to assets and inheritance, effective participation in decision making and power systems at all levels of society, access to education, access to services; and the unpaid work and time burden of women in se areas needing long-term transformative gender processes⁷.

But the UN also need to go further. In “Building Back Better,” the crisis provides an opportunity to develop and implement projects dealing with basic services for residents, ranging from clean water and electricity supplies to decent medical and state-run infrastructures, roads, technological services and the sustainable management of natural resources.

The long-term recovery response will therefore include:

1. Providing integrated, country-specific policy advice and programme support to the Government and civil society focusing on protecting workers and sectors that are most impacted by the crisis;
2. Scaling-up employment intensive programming including by supporting young people/women and social partners to strengthen their professional competencies, increase their entrepreneurial skills and support social innovation;
3. Proposing nature-based solutions for development, including for SMEs;
4. Proposing gender sensitive digital and technological

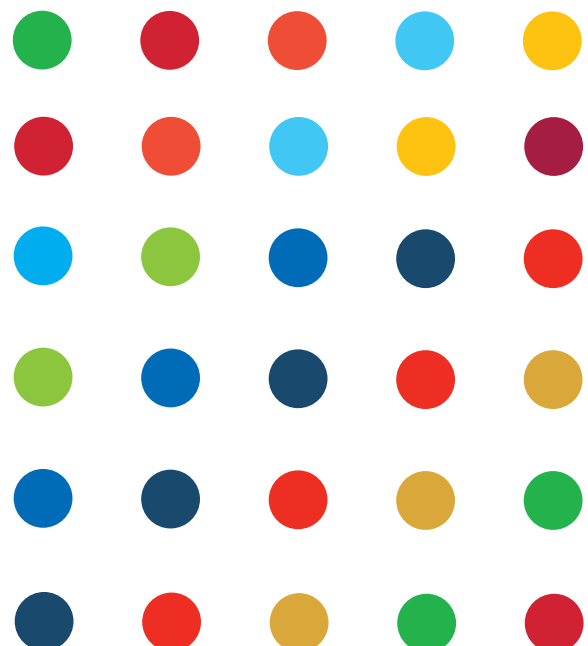
innovations, starting with digital payments and the strengthening of internet networks and coverage;

5. Empowering community resilience, participation, early warning and service delivery as well as support measures to ensure access to food for society’s most vulnerable segments;
6. Supporting governance, social dialogue, cohesion and the rule of law. Longer-term responses must include larger scale programmes aimed at providing sustainable essential basic services including clean water and energy, building critical infrastructures for the delivery of and access to these services.

These interventions will build on and expand beyond the scope of the Global Humanitarian Response Plan COVID-19 Plan (April-December 2020), and in particular Strategic Priority 2 (“Preserve the ability of people most vulnerable to the pandemic to meet their food consumption and other basic needs through their productive activity and access to social safety nets and humanitarian assistance”).

The Socio-economic Response and Recovery Plan is aligned with the existing UN development assistant framework. The UN’s interventions are clustered around five mutually reinforcing areas: Health First; Protecting People; Economic Response and Recovery; Macroeconomic Response and Multilateral Collaboration; and Social Cohesion and Community Resilience.

There are several on-going programmes under the UNDAF+ which provide a foundation upon which further socio-economic interventions can be constructed. Within each pillar the proposed projects are organized into short, medium and long term, as recommended in the socio-economic impact assessment report.



⁷ World Bank Gender Diagnostic, 2012 and FAO Gender Country Assessment.



Hygiene kits and sensitization material were delivered to the Ouaka Prefecture. Photo: UN/MINUSCA - Alou Diawara

FIVE STRATEGIC PILLARS

The UN Framework for the immediate socio-economic response to the impact of COVID-19 identifies five strategic pillars of action which, taken as a whole, aim to meet the needs and protect the human rights of those affected by the pandemic.

The CAR Response and Recovery Plan is an integrated programme of complimentary interventions intended to ensure that the country prevents, responds, recovers, and builds further resilience during and following the crisis.

Built on the principle of “Building Back Better”, the interventions across all five strategic pillars are designed to enhance preparedness and an inclusive recovery. Considering the CAR context, this principal must be operationalized through the implementation of humanitarian-development nexus programming. The Response and Recovery Plan is an articulation of this approach and will contribute to bolstering the resilience of affected populations, consolidate peace dividends, and generate sustainable and transformative solutions looking to solving long-standing challenges that may have contributed to exacerbate the crisis in CAR. To the extent possible, these interventions aim to break the dependency cycles resulting from the continuously recurring shocks hitting the country.

With the “Building Back Better” imperative at the heart of the UN framework, interventions across all pillars are conflict-sensitive and rooted in the principals of gender equality, environmental sustainability, social equity and human rights, COVID-19 has exacerbated pre-existing vulnerabilities and inequalities. Specifically, all interventions will consider gender dynamics as well as the disproportionate impact of COVID-19 on women. Furthermore, the Plan focuses

on “leaving no one behind,” including persons in conflict-affected areas, displaced persons, refugees, people living with disabilities, elderly, LGBTI, children and adolescents, people living with HIV/AIDS, informal sector workers, rural communities and those living in conflict⁸.

The strategic objectives of the UN COVID-19 Socio-Economic Response and Recovery Plan are to: Protect people; preserve gains in all Sustainable Development Goals; ensure equality; promote transparency, accountability and collaboration; Increase solidarity; and put people’s voices, rights and action at the centre.

The response will include varied strategic approaches revolving around:

- ▶ Direct project implementation and delivery;
- ▶ Sectoral and cross-sectoral policy advice, technical assistance in the design and delivery of context-specific solutions;
- ▶ Facilitation of partnerships and dialogue, capacity building and access to expertise.;
- ▶ Availability of data and analysis, including multidimensional and gender-sensitive analysis and forecasting;
- ▶ Coalition-building, including funding;
- ▶ Coordination of international engagement.

⁸ OCHA (2020), Global Humanitarian Response Plan COVID-19



HEALTH FIRST



7 UN entities involved



\$ 34.5M required



\$ 31.9M funding gap

EXPECTED RESULTS

- 1 Strengthen national capacities for coordination, planning and management of COVID-19
- 2 Health infrastructure is strengthened and equipped, including laboratory inputs, protective equipment and other logistics
- 3 Epidemiological surveillance of diseases with epidemic potential and COVID-19 is boosted
- 4 Infection prevention and control in health facilities and entry points are strengthened
- 5 Support the continuity of the provision of adequate health care for women, children, people living with HIV/AIDS and other vulnerable populations

The UN support to the health response is at the core of the UN COVID-19 operation, embracing humanitarian, health and socio-economic concerns. With WHO at the helm of the global COVID-19 response, the UN system is providing strategic and technical support to the Ministry of Health and the Government in general in all aspects of immediate assistance as well as health care management and service provision.

Within the context of the Recovery and Response Plan, the UN focuses on reinforcing the health system and coordinating the COVID-19 challenge nationwide. Working with the Ministry of Health and district health officials as well as the Pasteur Institute, the UN system is contributing to the decentralization of the COVID-19 effort especially in the most vulnerable areas. The UN is engaging extensively with communities and community leaders across the countries that are marshaling resources to minimize the spread of COVID-19 and its impact at all societal and administrative levels. In this community response, women play a crucial role as they are responsible at the household level for many of the household chores. They are the front-line crisis managers acting within traditions and gender norms. Their role in prevention and attention to caregiver affects the success of the other pillars, both in short and medium term.

Specifically, UN support aims to underpin the immediate response and ensure the continuity of health care for all, especially the most vulnerable including pregnant women and people living with HIV/AIDS or other chronic diseases. In the process, the UN builds capacity in early warning, surveillance and preparedness for future intense

epidemiological outbreaks through the provision health infrastructure, targeted training, equipment and materials as well as essential drugs.

The UN system has put in place a programme of interrelated interventions that, viewed as a whole, promote a resilient and sustainable health care system. These interventions include new initiatives as well as the scaling up and acceleration of existing initiatives. These include:

Expected Result 1: Strengthen national capacities for coordination, planning and management of COVID-19

Because CAR has inadequate and insufficiently trained human resources across all part of the country a key challenge has been training district doctors and hospital medical officers at the sub-national levels. The UN supported technical coordination since the crisis's beginning. With COVID-19 showing no signs of abating in the immediate future, this support will continue.

The UN is also collaborating with the Ministry of Health's Sub-Commission on Communications as well as civil society organisations to amplify information and awareness-raising campaigns about COVID-19 prevention. Many of these messages focus on how women can play a key role.

Expected Result 2: Health infrastructure is strengthened and equipped, including laboratory inputs, protective equipment and other logistics



UNPOL officers demonstrating the barrier measures against COVID-19 at the PK3 IDP site in Bria to sensitize all sections of the population on good practices in order to stop the spread of COVID-19. Photo: UN/MINUSCA.

Activities are available and procurement and supply of biomedical equipment, drugs, other medical consumables

Health care facilities are concentrated in the capital, Bangui, but these facilities are limited and inadequately equipped. Most official COVID-19 deaths have occurred outside of health facilities. The UN aims to scale-up the renovation, rehabilitation and construction of health care facilities across the country, with a focus on the hinterland. Assistance will include providing medical equipment and materials, including personal protection equipment, and safeguards of supply and logistics chains to provide an uninterrupted supply of other essential life-saving health commodities. To make sure that these immediate measures contribute to building a resilient and sustainable health system, the infrastructure monitoring and maintenance team is being strengthened. To make these facilities operational the UN system is supporting the procurement and supply of biomedical equipment, drugs, other medical consumables. In addition to numerous health care workers and surveillance personnel being trained regarding COVID-19, the capacity of mortuary staff is being strengthened through training and the provision of more equipment.

The UN is prioritizing the construction of isolation centers throughout the country, especially in the border areas with Cameroon from which the bulk of imported COVID-19 cases stem. Bangui continues to be the country’s COVID-19 epicentre and the city’s facilities need to be fully equipped to accommodate infected persons with light to severe symptoms.

Testing remains a challenge in CAR. There are few test kits and even if there were more the ability of the country’s laboratories to analyze tests is severely limited. Laboratory capacity is a pillar of any sustainable health system and early warning capacity. With only two officially certified laboratories currently in place, the UN is contributing to the refurbishment and equipping of laboratories as well as the provision of COVID-19 testing kits.

Expected Result 3: Epidemiological surveillance of diseases with epidemic potential and COVID-19 is boosted

The establishment of functioning and effective epidemiological surveillance systems and the development of the required resources to operationalize these are an essential piece of the resilience equation and therefore a key component of “Building Back Better”.

The UN is focusing on bolstering early warning and surveillance systems and supplementing the Government’s capacity to carry out epidemiologic investigations and case investigations, including across borders in line with international standards. Due to the country context and its critical role in advancing early warning systems, the UN will underwrite the development of the community-based surveillance strategy whereby women will be key stakeholders. The training of women and their collaboration in early warning could be crucial. To build investigative capacity the UN is training investigators, including from five priority districts, and contacting follow-up agents.

In order to operationalize the UN principals and in compliance with the global drive to improve the availability of data, the UN system is promoting the systematic collection of age categories and sex disaggregated data, as well as pregnancy status (as appropriate), and data on persons with disabilities (where possible).

Expected Result 4: Infection prevention and control (ICP) in health facilities and entry points are strengthened

As a landlocked country with relatively porous borders and a high dependency on overland imports and exports, there are numerous entry vectors through which the virus can enter and spread. It is not economically or logistically feasible for CAR to close its borders entirely, so special measures must be adopted for these areas. As noted above, the majority of the imported cases came through the border with Cameroon border. The criticality of adopting special measures at the order areas for the entire country requires the UN to scale-up and expand its support to surveillance and testing in border areas. a mapping of priority structures must be regularly maintained. At the same time, the UN helps train and manage officers at points of entry. It evaluates health facilities in these areas and sparks good hygiene and sanitation practices, well aware the training health workers in infection control and prevention.

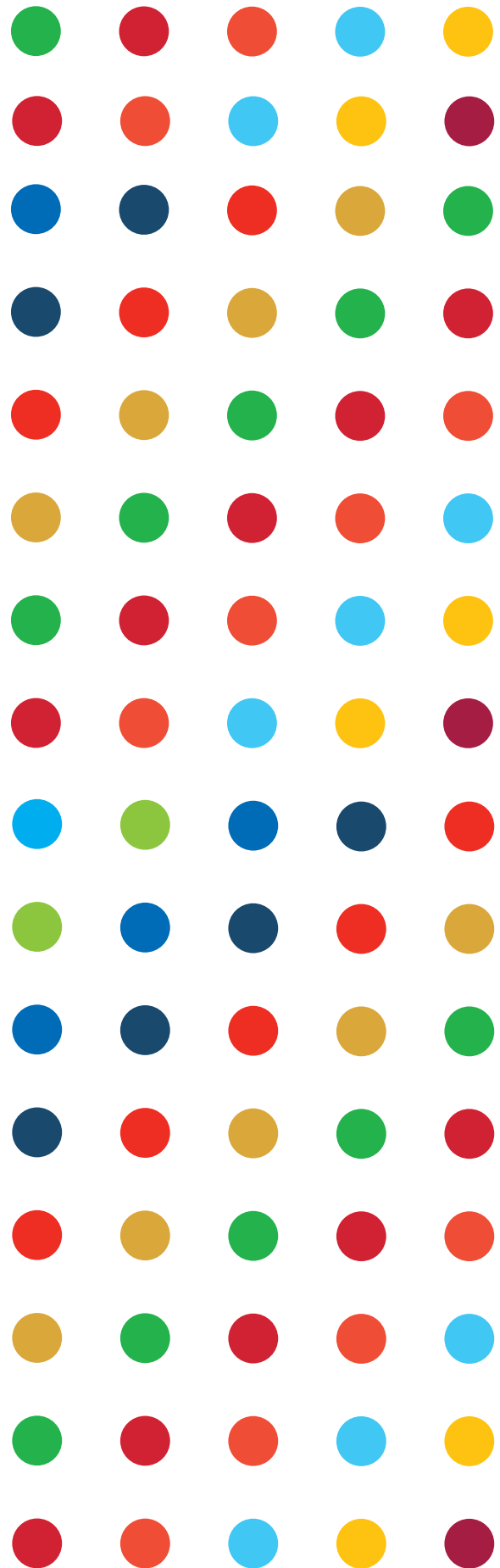
Expected Result 5: Support the continuity of the provision of adequate health care for women, children, people living with HIV/AIDS and other vulnerable populations

In a context such as CAR with extremely limited from 'well aware that resilience can be quickly disrupted if resources are diverted away from COVID-19, disproportionately rendering vulnerable groups even more vulnerable. To mitigate the impact of such an allocation, the UN tracks any displacement of basic and specialist health care. Meanwhile it is important for service to be COVID-19 compliant with suitable and available drugs and equipment.

Health human resources management and ensuring the provision of psychosocial support to health workers with COVID-19 infection.

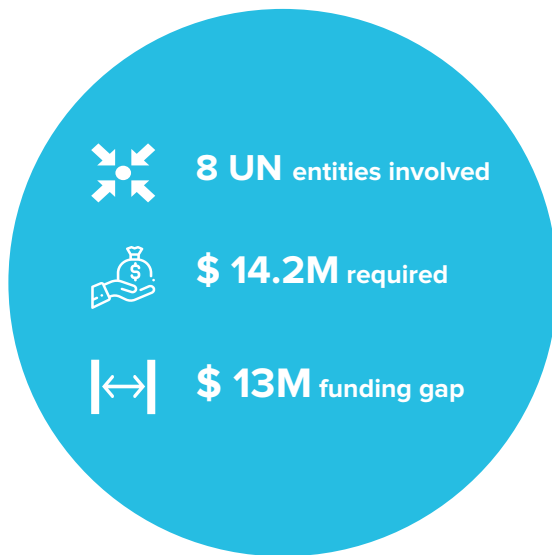
The UN system supports mechanisms for the delivery of treatment for people living with HIV/AIDS and tuberculosis over three months and community-based mechanisms for the distribution of antiretrovirals and anti-Tuberculosis drugs. Similarly, existing essential nutrition services are being continued and with delivery modalities adapted as required. Care for pediatrics and reproductive health remain priorities.

In addition to ensuring the provision of modern contraceptives, the UN is supplying maternity wards and birthing facilities with WASH and reproductive health kits. Training is underway for mid-wives, birth attendants and other maternity care workers dealing with COVID-19 and preventing its spread.





PROTECTING PEOPLE



EXPECTED RESULTS

- 1 Local communities are mobilized and engaged in COVID-19 prevention and the protection of vulnerable groups focusing on the displaced, refugees and youth
- 2 Digitization, redeployment and continuity of key State services are effectively ensured
- 3 Gender-based violence prevention and response including aid management platforms
- 4 Children affected by the COVID-19 crisis receive adequate support
- 5 School reopening is effective and the resilience of the education system is supported

Social protection plays an important role during the current COVID-19 crisis, yet it must also be viewed as part of a broader, multi-dimensional comprehensive approach to all aspects of the Recovery and Response Plan. That commitment requires the collaboration of all humanitarian, development and Government partners throughout the crisis. Social protection and ensuring access to basic services are the cornerstones of the “Building Back Better” agenda in CAR, as these aim to bring about immediate recovery whilst strengthening community resilience in the medium to long-term.

Social protection measures facilitate access to affordable health services and mitigate the social and economic repercussions of the crisis; they function both at household level by providing basic income security and at the macro level by stabilizing aggregate demand, contributing to macroeconomic stability and easing recovery. Short-term social protection steps provide immediate support to prevent the degradation of the humanitarian situation whilst reducing the negative impact on the local economy.

Similarly, longer term social protection mechanisms have proved an effective mechanism for promoting equity and building resilience, as well as for targeting the most marginalized and vulnerable. Evidence from previous crises shows that countries that have effective health and social protection systems that provide universal coverage are better prepared to overcome COVID-economic impacts. They have the institutional capacities to scale these systems relatively quickly in response to a crisis (ILO 2019d, 2017). In this respect, a nationally defined social protection floor that guarantees access to health care and at least a basic level of income security throughout a

person’s life course is critical.

The immediate and long-term implications of the COVID-19 crisis on standards of living and livelihoods underline the longstanding need for increased focus on resilience, social safety nets and structural social protection mechanisms. Existing national social protection measures in CAR are extremely limited and principally delivered by the humanitarian community.

To address immediate social protection needs while ensuring the sustainability of solutions in the longer term the UN is adopting a two-phase strategy composed of two complementary components:

- ▶ To address the immediate (18 months) social protection concerns of protection, access to healthcare and the loss of household income, existing social protections measures (notably cash transfers and vouchers) will be scaled-up as complementary measures are installed as required. This component should be considered agile and will need to be adjusted to accommodate new data as situations change.
- ▶ To promote resilience against future shocks, a Social Protection Strategy will be finalized. A costed implementation plan will be set in motion which clearly lays out the sequencing of social protection measures.

As the bridge between the humanitarian response and building longer term resilience, development partners and the humanitarian community will collaborate to



Three former child soldiers at Elevage camp in Bambari. Around 20,000 people, mainly Muslim members of the Fulani ethnic group, live in this camp, which was set up in response to the most recent crisis in this country in 2013. Ahmad, 14, Mohammed (rear), 15 and Tariq, 15, (names were changed) are brothers. They saw their parents killed by anti-Balaka and fled into the bush, where they came across ex-Seleka fighters. They joined the group hoping to revenge the death of their parents and became child soldiers. Photo: UNICEF

expand and scale-up social protection measures across all sectors and assure access to basic services, focusing on ensuring that no one is left behind, specifically women, girls, victims of GBV, pregnant women, people living with HIV/AIDS, female headed households, the elderly and people living with disabilities. These measures aim to achieve the following outputs:

Expected Result 1: Local communities are mobilized and engaged in COVID-19 prevention and the protection of vulnerable groups focusing on the displaced, refugees and youth

Local communities are involved in analysis and planning for COVID-19 prevention, especially for women in their role as caregiver and crisis manager at the household level. Dedicated support is being furnished to the displaced, refugees and their host communities, and youth.

The UN will also provide the youth facilities of Bangui, Bimbo and Begoua with hand washing kits and face masks.

Expected Result 2: Digitization, redeployment and continuity of key State services are effectively ensured

Scaling up cash transfers and vouchers to the most vulnerable households in the worst impacted areas as well as the targeting of COVID-19 affected groups is at the core of the immediate social protection enterprise. The UN will work with the Government to ensure the sustainability of interventions. Digitization will be subject to measures so

that women have equal access and information on social protection mechanisms. Female-headed households will be receiving aid in the event of literacy problems would occur (e.g. availability of options for voicemail rather than text-based messaging).

In compliance with global guidance, support will be channeled to the Internal Security Forces as well as to prison services. Their capacity to mitigate the spread of COVID-19 in prisons and remand centers demands attention too.

Expected Result 3: GBV prevention and response including aid management platforms

Global studies illustrate that COVID-19 has resulted in an increase in violence, including sexual violence, against women. In a country where nearly 6 out of 10 girls are married before the age of 18, the progress that has been made in reducing child marriage could be lost. Women and girls, particularly those from the poorest and socially marginalized families, are expected to be disproportionately affected. The UN will assure the continuity of essential response services including health care for survivors of sexual and gender-based violence. Victims will be provided with rape and sexually transmitted infection kits. GBV management centers will be equipped with protective devices in affected areas and multisectoral management of GBV promoted to enhance the system; there will be collaboration between pillar 1 interventions and result 3 as health centers could be the first place of call of persons in distress. Dignity kits will be distributed to women and girls in families and communities affected by

COVID-19. To facilitate reporting, one-stop shop call center system (voice, social networks, etc.) to support the 1212 number for women in need will be established. A mobile application to support COVID-19's contact monitoring/tracking system is being developed.

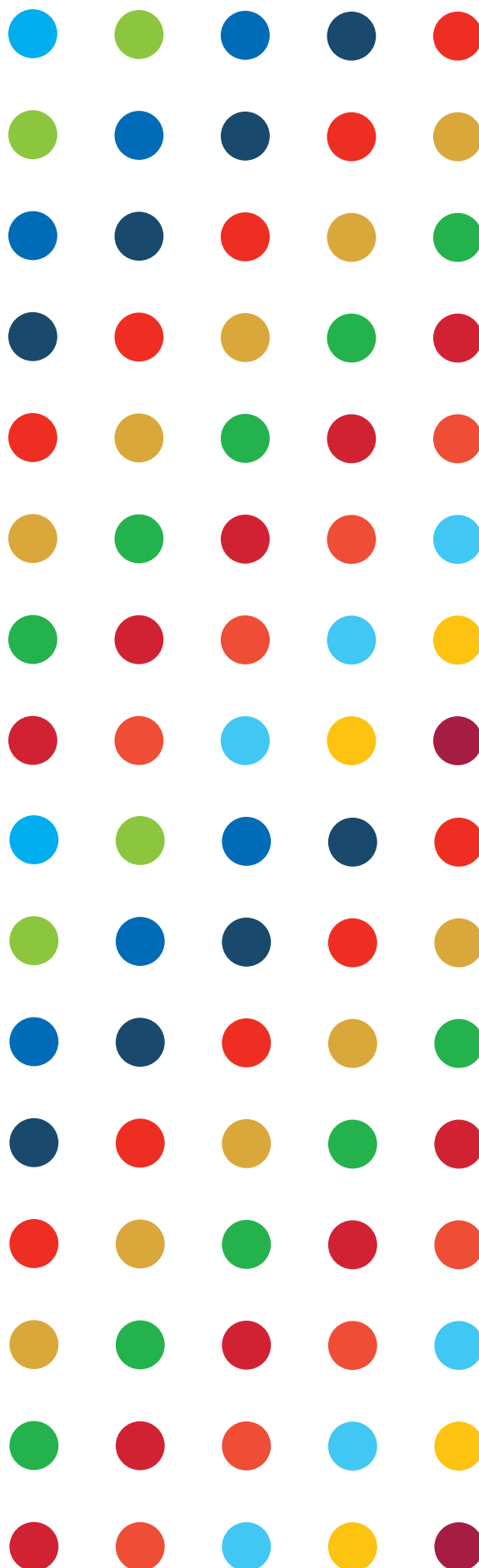
Community dialogues with girls and women, boys and men will be organized to deepen understandings of risks they face in relation to gender-based violence (GBV) and how they can be addressed. Local communities will also be mobilized to take collective action to prevent and protect women and girls from GBV through awareness raising on the causes and consequences of GBV.

Expected Result 4: Children affected by the COVID-19 crisis receive adequate support

Children without adequate parental care (such as unaccompanied and separated children, orphans, childheaded households, street children, children in conflict with the law, et. al) are among the most vulnerable of population groups, and are particularly vulnerable to COVID-19 infections and the negative impact of measures taken by the Government to contain the pandemic. That they continue to receive needed care is on the UN agenda and so health staff, RECOPE, NGO and government social workers, et al. will be schooled proactively on the prevention of family separation and on the care and protection of children without adequate parental care in the context of COVID-19. Family-based care will be prioritized as the first option. Existing networks of foster families will be augmented to invigorate infection prevention. The prompt registration of separated and unaccompanied children, including child-headed households, will be ensured to facilitate tracking, family tracing and reunification, including placement in foster homes when necessary. Recognizing that COVID-19 has a significant impact on children's whose caregivers and/or family are impacted, targeted support will be provided to children and their families through distribution of reunification kits, non food items and if possible, cash assistance. Appropriate mental health and psychological-social support will also be tapped for affected children and their families.

Expected Result 5: School reopening is effective and the resilience of the education system is supported

Following Government's decision to gradually re-open schools from July 15th, assistance is provided to ensure a gradual, protected return to school. The UN has been working with the Ministry of Education and other key stakeholders of the Local Education Group to accompany the re-opening according to new school calendar and operational plans to assure access in a safe and protective learning environment. The capacities of the decentralized education authorities are being strengthened to monitor the impact on returning children of learning loss from school closure during pandemic lockdown. Additionally, the education actors are also supported to include response to the pandemic as part of their education in emergencies preparedness and planning for increased resilience of the education school system.





ECONOMIC RESPONSE AND RECOVERY



11 UN entities involved



\$ 66.8M required



\$ 64.2M funding gap

EXPECTED RESULTS

- 1 The economy and social recovery of people during the COVID-19 crisis in CAR is improved
- 2 The resilience of key economic sectors in the wake of the COVID-19 crisis is strengthened

The main objective is to support the post-crisis economic recovery of COVID-19, especially the most affected sectors with a particular focus on strategic value chains and the main providers of employment and income for the populations.

Fully in line with the COVID-19 National Response Plan, the UN Response and Recovery Plan focuses mainly on the mainstays of the national economy and the main provider of income and livelihood for the populations (producers, processors and small traders in agriculture, fisheries, livestock and forestry livelihoods, SME/SMI, agriculture, etc.). It will be implemented in a gender-sensitive approach in complementarity with other state and partner interventions. Included will be direct support to stabilise people's livelihoods, improving the business environment, investing in infrastructure sectors, etc. The Plan will be implemented within the RCPCA framework, taking into account elements of the six objectives of the RCPCA, regional equity, gender equality, transparency and accountability at all levels, national capacity (public and civil society), inclusion of youth and environmental sustainability.

The interventions will intend to benefit various economic actors, critical actors in strategic value chains (agriculture, livestock, forestry, fisheries), producers including small traders, transporters, restaurateurs, craftsmen, art and culture professionals, as well as agro-pastoral actors. They will partly result in improved financial inclusiveness through the firming-up of gender-sensitive and adapted services by microfinance institutions, the involvement of banking institutions and the establishment of a national

guarantee and investment fund.

Further gender constraints include lack of secured access to assets and inheritance, lack of effective participation in decision making and power systems at all levels of society, low literacy levels due to less access to education, less access to services, and the burden of unpaid work and time burdens. These arenas require support for longterm transformative gender processes. On the other hand, it should be mentioned that although the policy and legislation in CAR in terms of gender equality are well advanced, tradition and gender norms are a cause of discrimination. These considerations, among others, argue for gender interventions at all levels: household level and community level, professional organisation level, local development level and in the context of development of value chains.

Expected Result 1: The economy and social recovery of people during the COVID-19 crisis in CAR is improved

In response to these dynamics, under this pillar the plan aims to:

- ▶ Enhance livelihood of vulnerable communities based on initiatives that target strategic value chains (agriculture, livestock, fisheries, forestry) and that support livelihoods diversification for increased resilience of the most vulnerable peoples, including youth, IDPs, refugees and women who could benefit from providing temporary employment opportunities, income-generating activities (IGA) that include labour



On International Women’s Day, UN Women distributed hundreds of loincloths to vulnerable women, including women who were victims of gender-based violence in Bégoua, in CAR. Photo: UN Women.

intensive work and services;

- ▶ Reduce the risk of propagation of COVID-19 in large parts of CAR in areas that have already been impacted by armed conflict through providing support to national Government to deal with Post-COVID19 crisis;
- ▶ Provide access to resilient livelihoods with viable opportunities and sustainable employment for vulnerable populations to COVID-19 including returning refugees, displaced persons, ex-combatants, women, eldest people, people with disability and youth which will contribute to the stabilization, wellbeing and social cohesion of communities affected by COVID-19;
- ▶ Offer immediate “cash for work” opportunities and for gender equality to the most vulnerable households. The gender dimensions will be further considered during implementation, not only in terms of participation but as well in terms of addressing critical gender-based constraints. At least 50 percent of beneficiaries will be women. The interventions will be based on a gender-sensitive value chain approach and will have short, medium- and long-term upgrading actions. In the long term, the aim is that two thirds of the beneficiaries will start their income generating

activities by creating formal businesses. Gender-based constraints will be addressed through specific gender actions. This will aim in the long term to make female-managed businesses have equal chances for growing and becoming sustainable. Vulnerable groups should become “drivers of change.” social stabilizers, sustainability developers and peaceful rebuilders in their communities.

Expected Result 2: The resilience of key economic sectors in the wake of the COVID-19 crisis is strengthened

The main objective is to support the post-crisis economic recovery of COVID-19, especially the most affected sectors and the main providers of employment and income for the populations. More specifically, the purpose of the plan under this pillar will :

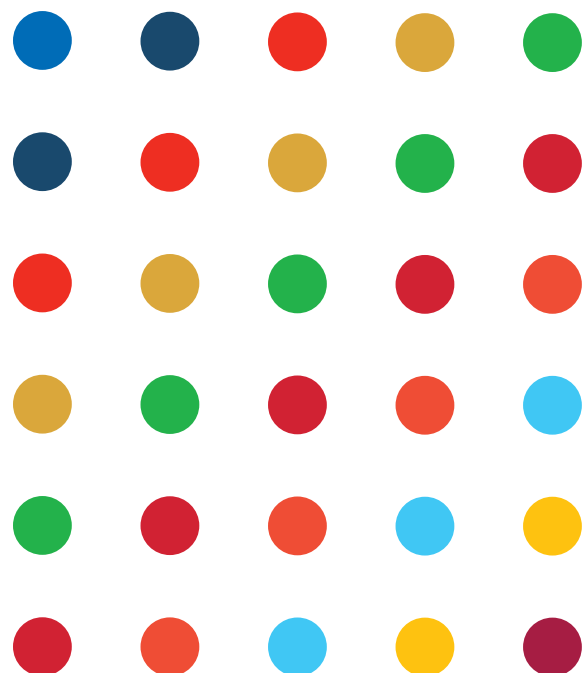
- ▶ Carry out a survey to identify the Small and Medium Enterprises (SMEs) most affected by COVID-19
- ▶ Support the SMEs most affected by COVID-19
- ▶ Provision of tax relief over a period of six months for SME;

- ▶ Coverage of rental costs plus water and electricity bills for the institutions providing the services;
- ▶ Support to artisans and in a value chain upgrading approach support producers, processors, traders (small agropastoral farmers, vegetable production, livestock, fisheries) particularly market gardeners and poultry and small ruminant breeders, to endorse their activities and enable them to continue supplying the market;
- ▶ Support for the acquisition of working tools that meet the requirements of the context (for example, in the case of catering, facilitating access to disposable plates and packaging to enable home delivery);
- ▶ Technical assistance and support for capacity building in the preparation and implementation of business plans;
- ▶ Set-ups of a gender-sensitive Guarantee and Investment Support Fund to lessen the impact on small businesses and agents operating in the informal sector which represents 80 percent of the population, with separate windows for small trade and handicrafts;
- ▶ Promotion of gender-sensitive financial inclusion through institutional and financial capacity-building of microfinance institutions, in particular through support for the redeployment of microfinance services in the hinterland;
- ▶ Investments in the rehabilitation and development of basic economic infrastructure (roads, energy, telecommunications) to underpin economic growth and contribute to the conditions for redeployment of the State and restoration of the social contract with the population;
- ▶ Supports for a reinforced structuring of the different sectors and activity sectors to facilitate the capacity-building of the actors and access to adapted technical and vocational training education as well as improve the organization and professionalization of their activities;
- ▶ Supports for the modernization of the craft and services sectors with the facilitation of access to the necessary tools and equipment, including modern energy;
- ▶ Promotion of the development of gender-sensitive and responsive human resources, in particular through the establishment of vocational training courses in all key sectors of the economy as well as making use of blended approaches via community radios and digital platforms, as relevant;

in improved productivity, value addition, reduction in post-harvest losses, improved value addition, better market access, and greater utilization and nutrition.

Key proposed actions are:

- ▶ Strengthening national systems and key stakeholder capacities for the provision of high-quality planting and livestock inputs (including seeds and planting material and animal stock, especially short-cycle ruminants and poultry and fisheries stock, feed and inputs to boost plant and animal health);
- ▶ Mobilization of sectoral technical services to target sectors to be supported, to assess needs and to define approaches in consultation with producers and other actors in the sector;
- ▶ Adoption of value-chain approaches to strengthening key value chains such as cassava, maize, poultry and small ruminants and aquaculture;
- ▶ Where resources allow, supports and advocacies for the development of agri-pastoral infrastructures (agricultural facilities, market gardening wells, drying areas, storage warehouses, processing units, etc.) support and other necessary rural infrastructure such as feeder roads, energy and communication;
- ▶ Engagement with a broad range of technical expertise involving South-South cooperation, research, academia and private sector for experience-sharing and establishing of mechanisms and tools for better delivery and effective monitoring of development of the concerned sectors.



As agriculture and livestock are key sectors of the CAR economy, support to the revitalisation of Livestock Communes in some neighboring prefectures will be vital for the post-crisis recovery. To this end, the UN plans to address bottlenecks to strengthen agri-food value chains in fields with high potential, especially those that will result



MACROECONOMIC RESPONSE AND MULTILATERAL COLLABORATION



6 UN entities involved



\$ 27.4M required



\$ 25.8M funding gap

EXPECTED RESULTS

1

A rapid and a full Socio-economic Impact Assessment of COVID-19 in CAR is carried out

2

Measures are taken to contribute to preventing sexual exploitation, abuse and gender-based violence in the COVID-19 context

The UN in CAR and all technical and financial partners (IFIs and EU), as well as regional institutions (UNECA) have come together to produce a socio-economic evaluation of the impacts of COVID-19 on the country. The UN in CAR, in partnership with relevant line Ministries, under the helm of the Ministry of Economy, Planning and Cooperation, has produced a quick, short term analysis of the socio-economic impact of COVID-19 on the country. This will be complemented by a longer-term document, to inform Government actions and articulate the particular areas where partners' support is needed. More specifically, the purpose of the plan is as follows:

Expected Result 1: A rapid and a full Socio-economic Impact Assessment of COVID-19 in CAR is carried out

A multi-pronged approach will be adopted for the socio-economic response to the COVID-19 crisis in CAR including in-depth gender analysis. Following the rapid socio-economic study, an in-depth evaluation of the impacts of the COVID-19 in CAR will be carried out in collaboration with the Government as well as UN and other technical and financial partners. Its goal will be to quantify the real consequences of the pandemic on the economic, social and health sectors.

In addition, the UN will conduct an analysis of policy priorities and available policy measures considering both financing and implementation constraints faced by the country. This will be combined with other support to the macroeconomic sector and will consist of:

- ▶ Providing monetary measures at Regional Economic Commission level to mitigate the macroeconomic impacts;
- ▶ Advising on social-expenditure monitoring and mapping of budgets for social development priorities to assist governments in rebalancing public expenditures;
- ▶ Conducting comprehensive impact assessments at the

household level, undertaking context-specific socio-economic impact analyses of the crisis including gender aspects and taking into account household level sampling to evaluate women's economic and social specific needs and interests;

- ▶ Coordinating closely with regional partner (AU, CEMAC, CEEACC) and international financial institutions (World Bank, IMF, AfDB, BADEA, EU);
- ▶ Supporting formal sector businesses;
- ▶ Supporting actors of the informal economy;
- ▶ Supporting the agricultural sector.

Expected Result 2: Measures are taken to contribute to preventing sexual exploitation, abuse and gender-based violence in the COVID-19 context

As much as possible, preventing Sexual Exploitation and Abuse and gender-based violence in the wake of the COVID-19 pandemic. The UN will work with Government and international financial institution to:

- ▶ Develop mitigation measures that target the health and economic impacts of the COVID-19 pandemic on women and support and strengthen women's resilience;
- ▶ Provide institutional support to the Ministry of Women and Child protection to animate institutional advocacy, prevention, response and data collection on COVID-19 and;
- ▶ Build the capacity of national institutions, including health and social development sectors, to be able to recognize discrimination through awareness-raising about gender problems in campaigns that address other issues, including COVID-19).



SOCIAL COHESION AND COMMUNITY RESILIENCE



8 UN entities involved



\$ 16.6M required



\$ 16.1M funding gap

EXPECTED RESULTS

1

Mechanisms that consolidate peace, security and social cohesion are strengthened

2

Decentralization process and local governance systems enhanced to improve service delivery

Drawing upon its vast experience in this field, the UN will provide key governance support to CAR, which is currently dealing with COVID-19 as well as consolidating peace. It will do so by building the capacity at national and local levels to address the most intractable structural causes of vulnerability and insecurity. Its interventions will focus on expanding capacities for integration, reconciliation and peace consolidation. When the Government is able to deliver services and ensure stability, durable solutions can be consolidated, making the country resilient to recurring crises caused by human-made and/or natural disasters. Improving social cohesion and building trust in public institutions and processes positively contribute to sustaining peaceful, just and inclusive societies.

Expected Result 1: Mechanisms that consolidate peace, security and social cohesion are strengthened

Democratic and transparent governance processes that promote peace, security and stability, the protection of human rights, and gender equality, along with increased effective participation of women and youth in consultation and decision-making processes and power systems --these are all prerequisites for prosperity and inclusive development. It is vital to heighten local leadership capacities and mechanisms to help prevent and manage conflict while facilitating dialogue and consensus-building to promote trust, tolerance, inclusion and social cohesion. Meaningful and quality participation of civil society in these processes will play a key role in nurturing inclusive and peaceful state-society relations. UN's support is designed to help identify peaceful means of resolving tensions, including through conflictsensitive diagnostics,

national and subnational development plans, and multi-level mechanisms to advance state-civil society dialogue, encourage social cohesion, tolerance, equality, inclusion, freedom of expression and respect for diversity. Special attention would be paid to the active and equal participation of women and other marginalized groups in governance processes and decisions

Specifically, the UN will:

- ▶ Provide a technical and operational support to national and local authorities, civil society actors, religious leaders and mediators to enhance their analytic capacities to prevent and mitigate potential conflicts, improve their ability to formulate structural change propositions that inform decision-making processes on laws and policies and fight against hate speech and disinformation. These efforts will improve the coverage of enhanced capacity for gender-responsive conflict prevention and peace-building in the context of transhumance;
- ▶ Reinforce security sector reform by supporting the technical and operational capacities of the community police and the gendarmerie, and improve their compliance with ethical behaviors to increase the trust of the population and facilitate the return or settlement of refugees and IDPs;
- ▶ Support the creation (or the re-dynamization) of mechanisms to foster dialogue, both at the national and local level (i.e., CMOP, Comités techniques de sécurité, Peace and Reconciliation Committees) to



A market gardening project brings together some 700 beneficiaries from armed groups and residents of the town of Bangassou and its surroundings, in the Mbomou prefecture, in the south-east of the Central African Republic. A MINUSCA initiative in support of the Government, as part of the community violence reduction program. Photo: UN/MINUSCA: Herve Sereffio.

reconstitute community dialogue and facilitate the integration of the returnees;

- ▶ Provide a technical, logistical and operational support to judicial and non-judicial mechanisms (i.e., regular courts, Special Criminal Court, CVJRR) to help the country deal with its past, reinstate the victims in their rights, provide the country with a comprehensive and agreed common history, and a reparation plan for the victims of the current and past conflicts.

Expected Result 2: Decentralization process and local governance systems enhanced to improve service delivery

The UN will support more effective service delivery by supporting the consolidation of the decentralization process and local governance systems. Building responsive and accountable institutions provides the foundation for the delivery of core government functions. Effective participation of women and youth in local governance processes will be promoted, and investments will be made to build their capacity. Furthermore, the transparent delivery of services and economic development helps to enhance trust in the legitimacy and capacity of the State, particularly in disaster- and conflict-affected provinces. In support of this aim, the UN will facilitate accelerated capacity development Government-wide, at all levels, for effective delivery of basic services related to COVID 19. Considering decentralization and local governance remain complex and heavily influenced by local power-politics, the UN will ensure that local governance systems are not limited to local formal institutions, but encompass the interactions

and relationships between the state, citizens, private sector and civil society actors who together influence and shape resilient societies. The UN will strengthen community resilience funds to provide services to their members and promote social cohesion, gender equality, peace and reconciliation. To achieve tangible results the UNCT will:

- ▶ Support the effectiveness of social service provision by ensuring the redeployment and training of civil servants and the rehabilitation of related infrastructure;
- ▶ Encourage the establishment of a local governance multi-donor trust fund to support a comprehensive and solid decentralization process leading to the emergence of realistic and innovative approaches from local stakeholders (local authorities, civil society actors, local leaders...) and the facilitation of resource mobilization for decentralization;
- ▶ Improve the capacities of local actors (authorities, civil society, community leaders, women and youth) in designing local development plans (LDP) that mobilizes resources for its implementation and ensures a joint technical and financial monitoring of the LDP;
- ▶ Support local stakeholders in designing and implementing local stabilization plans interlinked with LDPs and focused on providing job and revenues to youth at risk, women (specifically heads of households), vulnerable populations (persons with disabilities) and minorities.



Through a large mass communication campaign, MINUSCA supports local and government efforts to prevent the spread of the Coronavirus. In Obo (southeastern to CAR), the displayed visual messages allow the population to easily understand and practice the barrier measures. Photo: MINUSCA.

COMMUNICATION

The COVID-19 crisis has been dubbed a “crisis of communications.” Nowhere has this been truer than in CAR. Here communications including the sensibilization of civil society and communities on the dangers of COVID-19 and prevention measures have been at the centre of COVID-19 responses from the outset. Going forward the UN Communications Group will continue to support the Ministry of Health’s Sub-Commission on Communications. In addition to the dedicated COVID-19 communications efforts already underway, COVID-19 messaging will continue to be mainstreamed across all UN communications

campaigns, including the UN75 initiative. In anticipation of the evolution of the pandemic, COVID-19 communications is integrated into interventions across all pillars. Community mobilization and working with civil society organizations is a key component of the COVID-19 communications response, which will be further expanded in the medium to the long-term response. Beyond the Response and Recovery Plan, COVID-19 messaging will become a major component of the communications support towards the implementation of the UNDAF+, and thus by extension the National Recovery and Peacebuilding Plan.

RISK MANAGEMENT

A Common Risk Management Framework will be established to support the effective implementation of the UN Response and Recovery Plan. Considering the full risk spectrum from institutional to financial risk, this will facilitate the rapid adaptation of the Plan to the constantly evolving situation. The Risk Management Framework will classify risk for likelihood and impact, consider what factor would cause the threat to materialize and determine the

mitigation measures. The Programme Management Team will manage the Risk Management Framework with the support of the Resident Coordinator’s Office to ensure that all components of the integrated Plan are fully included in the analysis. Risks logs will be maintained, and reviews undertaken as per the established UN project management standards.

RESOURCE MOBILIZATION AND PARTNERSHIPS

The National COVID-19 Response plan indicated a need of US\$ 222.5 million to face the COVID-19 pandemic. In response, the international community managed to mobilize additional resources in the amount of US\$ 128.7⁹ million with a financing gap of US\$ 93.8 million¹⁰.

Following the outbreak of the pandemic in the Central African Republic, the IMF approved a disbursement of US\$ 38 million under the Rapid Credit Facility and US\$ 4 million under the Catastrophe Containment and Relief Trust to help the Central African Republic meet the urgent balance of payment needs stemming from the COVID-19 pandemic¹¹. In addition, the World Bank approved a grant of US\$ 7.5 million from the International Development Association (IDA) to help the Central African Republic respond to the threat posed by the Coronavirus outbreak and strengthen national systems for public health preparedness¹².

Other development partners have also provided much-needed resources to reduce the response financing gap. For instance, the European Commission has granted €54 million to the CAR to help the Government offset public expenditures negatively affected by the fight against the virus. This financial support has been supplemented by an immediate reallocation of €6.5 million from on-going European Development Fund (EDF) programmes and the Békou Trust Fund to help the WASH sector¹³.

Given the current limited availability of external resources, the UN socio-economic response is expected to be financed from multiple sources. These include UN global funds (i.e. the UN Secretary General's new COVID-19 Response and Recovery Multi-Partner Trust Fund and the Joint SDG Fund), agency-specific resource-mobilization efforts organized around agency appeals or Trust Fund initiatives, Government-sponsored country-level appeals and UNCT-sponsored country-level pooled funds. International Financing Institutions (IFIs) financing of Government priorities may also be entrusted to parts of the UN development system for implementation. While multiple sources will need to be used, resource mobilization efforts at the country level should be part of a joint resource mobilization process under the leadership of the Resident

9 The 128 includes US\$ 87.1 million from the IFIs and the EU, and US\$ 8.5 million from the UN System

10 UNDP (2020) - Evaluation de l'impact socio-économique de la pandémie de coronavirus (COVID-19) en République Centrafricaine

11 IMF Press release 20/175 <https://bit.ly/3eeVhEB>

12 WB Press release 14 May 2020 <https://bit.ly/2VY6e7c>

13 EU Press release 18 June 2020 https://ec.europa.eu/commission/presscorner/detail/en/ip_20_1074

Coordinator and reporting on these funds should also form part of the UN Country Team's collective reporting.

Existing funding instruments like the UN Peacebuilding Fund and the Spotlight Initiative are also potential funding sources and partners for joint or complementary programming. To implement the Socio-Economic Response and Recovery Plan, the UN in CAR will use the already established country-level Multi-Partner Trust Fund - the "Ezingo Fund" - which is uniquely positioned to support and coordinate resource mobilization from multiple donors and partners .

UNITED NATIONS EZINGO FUND

Established in 2014, the Ezingo Fund aims to finance a coordinated response to stabilization and recovery efforts in CAR. The Ezingo fund offers the unique opportunity for development partners to contribute funds in a pooled mechanism. This allows for rapid and efficient disbursements of funds to implement actions and procure essential supplies and services, as well as design and implement medium-term recovery interventions. The Ezingo Fund, as part of its "Early Recovery" program area, is focused on supporting the Government of Central African Republic tackle the health emergency as well as to address the social and economic impact of the pandemic. In 2020, Ezingo will disburse US\$ 900,000 to fund urgent COVID-19 response projects focused on economic support to vulnerable populations and prevention. The Ezingo Fund will prioritize the communities most affected and those most vulnerable to COVID-19 and ensure complementarity with programmes featured under the Global HRP COVID-19 and WHO's Strategic Preparedness and Response Plan to avoid overlap or duplication.

REPROGRAMMING OF FUNDS

Considering the magnitude of needs and the urgency of the task, and in the absence of comprehensive data on financing requirements, the UN Country Team proceeded with a re-purposing of existing budgets and interventions (US\$ 8.47 million) that could be adjusted to support the socio-economic response to COVID-19. Also, a reprogramming and reallocation of resources has already begun as part of UNDAF+'s joint work plans, in close collaboration with the Government, donors and partners, to meet this requirement.

PARTNERSHIPS

Partnerships will be critical to accelerate the response to COVID-19. Beyond its own expertise and resources, the UN will use its significant reach to help mobilize the



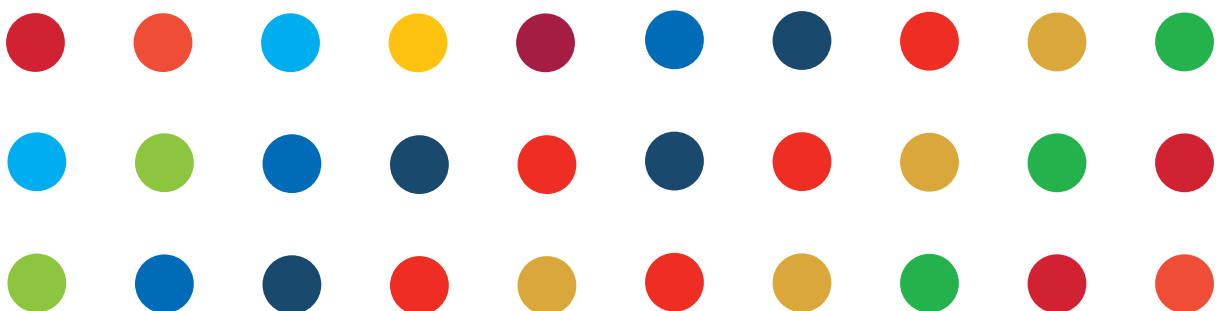
Muslims living at the PK3 IDP site in Alindao - Alindao is a town and sub-prefecture located in the Central African Republic prefecture of Basse-Kotto - talk with a team of UN agencies and NGOs about durable solutions in March 2020. Photo: UN RCO-Naïm-Kaélin Zamane.

extensive network of partners required for a whole-of-society response. There is the need therefore to carry out a mapping exercise of key partners based on priority areas to ensure effective engagement and collaboration for the response. The mapping will define the articulation of the interlinked partnerships among the UN System, development partners and the Government of CAR to allocate their resources in a coordinated manner and to identify synergies both for planning and implementation purposes of programmes. These partners include local and national authorities, NGOs, CSO and CBOs, Private Sector, academia South-South and Triangular cooperation.

The Government and local authorities are at the frontline of the pandemic. Effective dialogue and coordination between local and national authorities are critical for implementing effective measures. Civil Society and grassroots organizations, community-based organizations

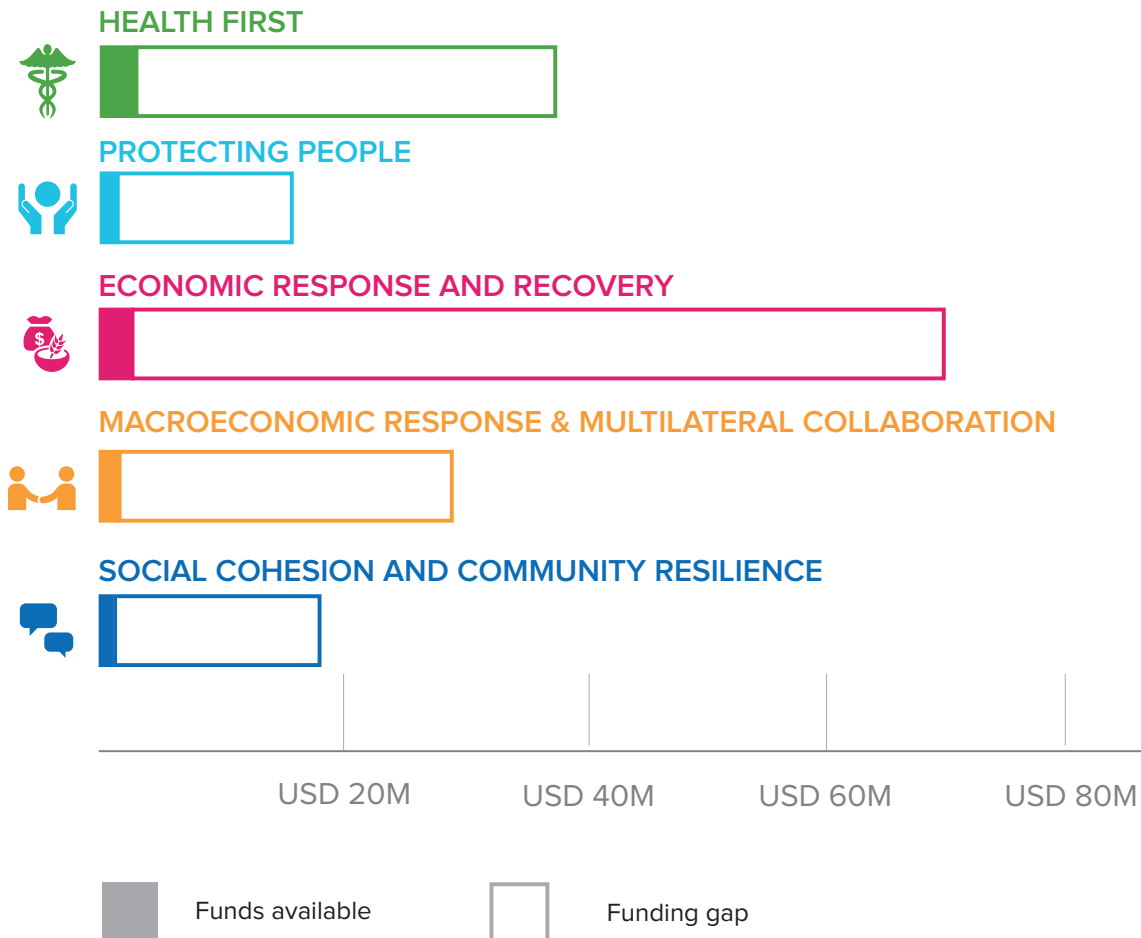
and faith-based organizations are among the first, or only, point of reference for individuals and families about COVID-19. The private sector is also key for the country's economic recovery. There is a need to leverage blended finance through public private partnerships, to bolster the resilience building activities of the country.

The value-added of South-South and Triangular cooperation has also been proven during responses to health emergencies like Ebola, and now, COVID-19. As the pandemic continues to spread globally, developing countries have been sending medical experts and providing support to both developing and developed countries. For example, Rwanda donated a COVID-19 screening device to CAR. The machine, valued at approximately US\$ 200,000, will accelerate testing of suspected cases of infection in the country.



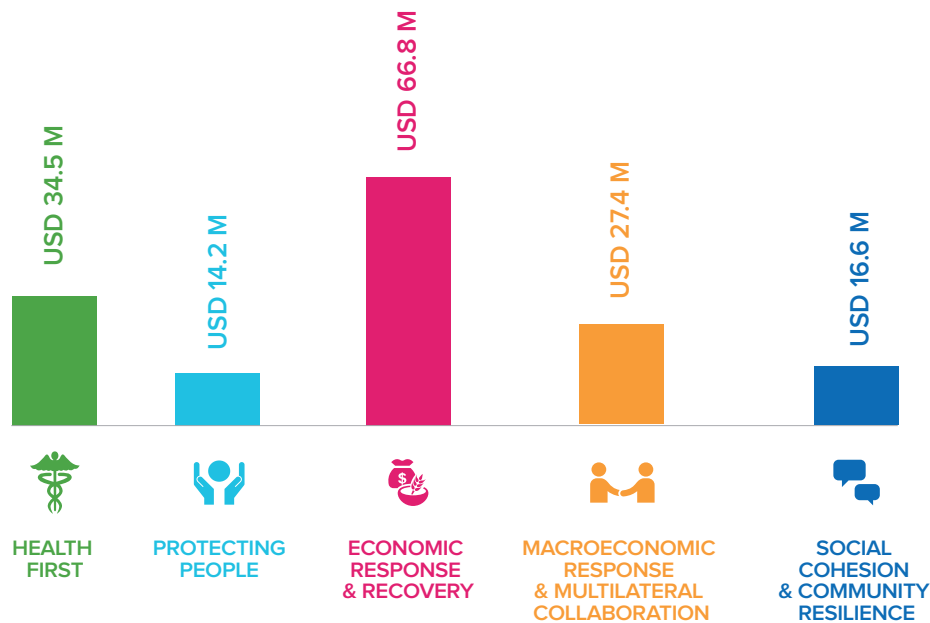
ANNEX I: PLAN AT A GLANCE

REQUIRED AND AVAILABLE AMOUNT PER PILLAR



Source: UN System Interventions on COVID-19 Response in CAR

FUNDING NEEDS PER PILLAR



Source: UN System Interventions on COVID-19 Response in CAR

ANNEX II: STRATEGIC RESULTS FRAMEWORK

National Priorities: Contributing to the implementation of the National COVID-19 Response Plan, RCPCA and APPR						
Strategic Objective: Addressing the immediate emergency by strengthening the health system through the effective coordination of the COVID-19 response						
Output	Indicators		Means of verification	UN Agencies	Budget	
	Wording	Baseline				
Output 1: Health services and systems are strengthened during the crisis	A national COVID-19 preparedness and response plan in place and operational	0	1	Validation Report	IOM, WHO, UNAIDS, UNICEF UNFPA UNOPS UNWOMEN	34,580,853 (including \$31,923,452 to be mobilised)
	Proportion of health facilities that have received UN support to maintain essential health services[1] since the COVID-19 pandemic (disaggregated by type of support)	0%	TBD	Monitoring report Ministry of Health (MoH)		
	Number of new confirmed cases (female-male) of COVID-19 among health workers (WHO) in health facilities supported by the UN System	0	TBD	Monitoring report MoH		
Output 2: Effective social protection and basic service delivery	Number of facilities that have developed strategies to ensure continuity of critical services	0	TBD	Monitoring report MoH	FAO, IOM, UNAIDS, UNDP, UNFPA UNHCR, UNICEF, UNWOMEN	14,208,000 (including \$13,033,000 to be mobilised)
	Number of COVID-19 related social protection schemes/services[2] that have been established with UN support	0	4	Project activity reports		
	Number of beneficiaries by type of plan/service disaggregated by gender (plan types may target specific groups of beneficiaries)	0	5 280	Project activity reports		
Strategic Objective: Ensure an inclusive social and economic response to COVID-19						

	Number of people with access to essential WASH service supplies[3] for COVID-19, disaggregated by sex, age group and population at risk	77	232	724	650	Project activity reports		
	Existence of measures[4] in place to address gender-based violence during the COVID-19 pandemic	Yes	Yes	Yes		Project activity reports		
	Percentage of people living with HIV/AIDS (PLWHA) on treatment who received their treatment for three (3) months	40%	40%	70%		Project activity reports		
	Percentage of tuberculosis patients on treatment having received their treatment for three (3) months	40%	40%	70%		Project activity reports		
Output 3: Economic response and recovery through job protection and creation, small and medium-sized enterprises and supporting informal sector workers	Number of measures aimed at economic recovery and access to decent work, especially in sectors of high risk from COVID-19 that have been developed with UNCT's support	1		2		Project activity reports	FAO, IOM, UNAIDS, WFP, UNDP, UNESCO UNHCR, UNICEF, UNOPS, UNWOMEN, BIT	66,816,185 (including \$64,233,685 to be mobilised)
	Number of direct beneficiaries of measures[5] aimed at economic recovery and access to decent work, particularly in sectors of high risk from COVID-19	7	886	9	740	Project activity reports		
	Number of masks produced and distributed to NGOs and vulnerable populations	9	500	577	600	Project activity reports		
Output 4: Macroeconomic response and multilateral cooperation secured	Number of studies conducted on the socio-economic impact of COVID-19	1		2		Study reports	FAO, WFP, IOM UNDP, UNESCO UNICEF, UNOPS UNFPA, UNAIDS	27,377,000 (including \$25,825,000 to be mobilised)

	<p>Number of studies/surveys conducted on the needs arising/impact of COVID-19 on vulnerable populations and sectors</p> <p>Number of population-based strategies developed on the basis of the socio-economic impact assessments and implemented</p>	4	10	Study/Survey Reports	
<p>Strategic objective: Improved recovery through support for community resilience, socio-economic recovery and social protection</p> <p>Output 5: Effective social cohesion and community resilience</p>	<p>Number of measures put in place with UN support to address COVID-related violence and stigmatization</p> <p>Percentage of existing platforms that have integrated the response to COVID-19 into their areas of action</p> <p>Number of civil society platforms engaged in COVID-19 response</p> <p>Number of vulnerable groups (women, youth and the disabled (by gender)) that have received relevant information on COVID-19, including in appropriate language and format, accessible and tailored to their specific needs at COVID-19</p> <p>Number of people (including PLHIV and vulnerable populations) reached by awareness-raising sessions on human rights, quality of care and COVID-19</p>	1	3	Project activity reports	<p>16,665,000 (of which \$16,159,000 to be mobilised).</p> <p>IOM, UNAIDS, UNDP, UNDP, UNOPS, UNESCO, UNFPA, UNICEF, WFP, UNHCR, FAO</p>
		0	5	Project activity reports	
		2	8	Project activity reports	
		3	5	Project activity reports	
		866 748	1 566 098	Project activity reports	

[1] As defined by WHO guidelines.

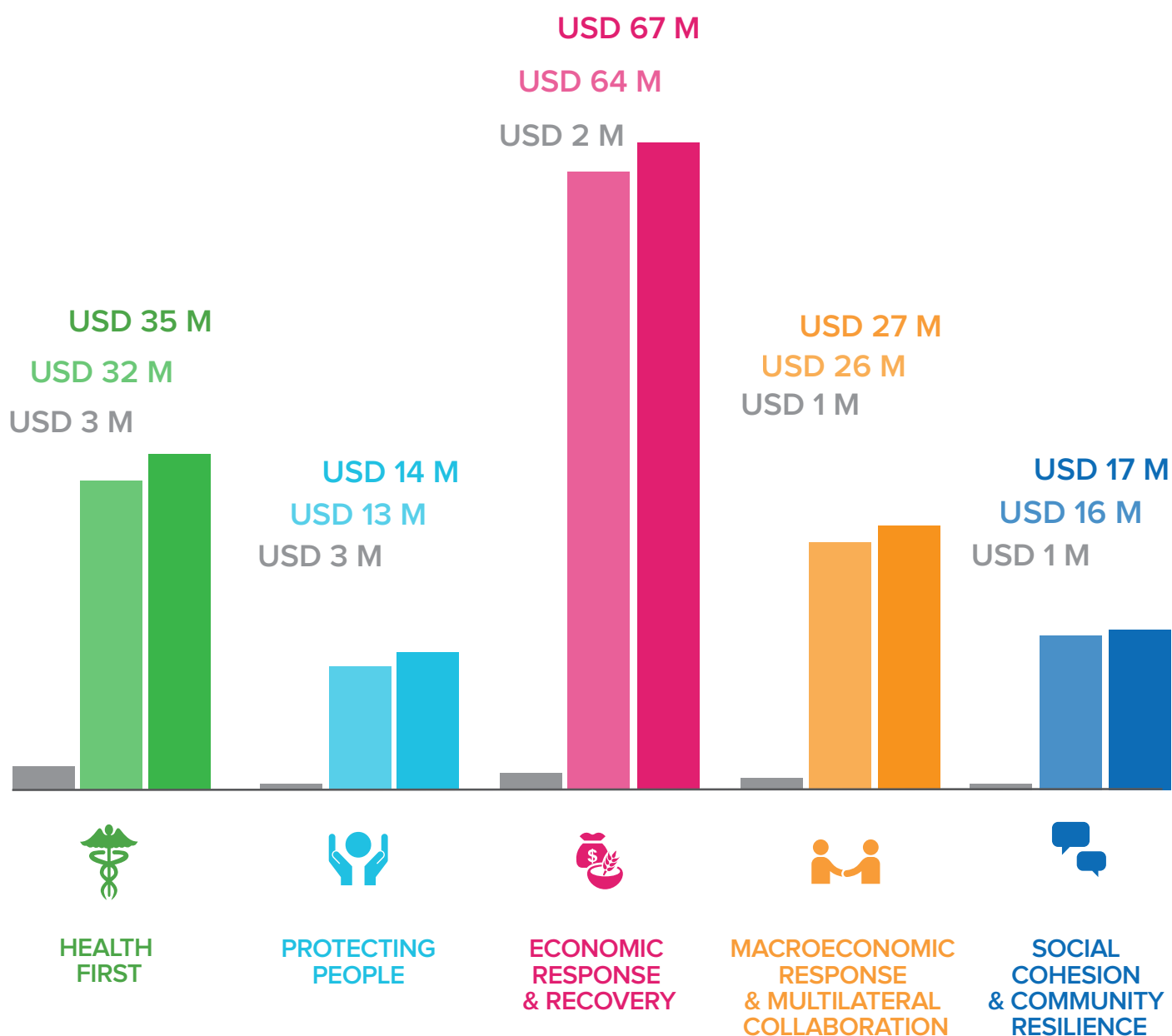
[2] Possible schemes (a) financial assistance packages, (b) Cash for Work / cash transfer programmes, (d) food and nutrition programmes, (e) legal aid services, (f) human rights protection services, (g) psychosocial support services).

[3] Outreach and prevention kits, masks, soaps, etc.

[4] Measures: Sensitization of FSI + awareness-raising campaign against GBV during the COVID-19 period with leaflets and radio spots to inform the population

[5] (a) health, safety at work, health training, (b) health, safety, mining sector, (c) employers and continuity of services, (d) beneficiaries of labour intensive programmes (including youth), (e) labour market and COVID-19 analyses.

ANNEX III: FUNDING REQUIREMENTS AND GAP



Thematic area	Amount available	Funding gap	Total requirements
Health first	\$ 2.657.401	\$ 31.923.452	\$ 34.580.853
Protecting people	\$ 1.175.000	\$ 13.033.000	\$ 14.208.000
Economic response and recovery	\$ 2.582.500	\$ 64.233.685	\$ 66.816.185
Macroeconomic response and multilateral collaboration	\$ 1.552.000	\$ 25.825.000	\$ 27.377.000
Social cohesion and community resilience	\$ 506.000	\$ 16.159.000	\$ 16.665.000
Total	\$ 8.472.901	\$ 151.174.137	\$ 159.647.038

ANNEX IV: COVID-19 DONOR ENGAGEMENTS

SOURCE OF FUNDING	CONTRIBUTIONS	IMPLEMENTING PARTNER	SECTOR
Gavi	\$ 648,806	UNICEF	Strengthening the health system - COVID-19 Communication for development
CERF	\$ 7,295,989	WHO, OCHA	Strengthening the health system - COVID-19
China	\$ 70,000	WHO	Strengthening the health system - COVID-19
European Union	\$ 2,315,000	UNICEF	WASH
FAO	\$ 1,178,000	FAO	Recovery Socio-Eco COVID-19 Food Security
GAFSP ¹	\$ 15,400,000	FAO	Recovery Socio-Eco COVID-19
Germany	\$ 2,345,000	WHO	Education Strengthening the health system - COVID-19
Humanitarian Fund	\$ 770,000	FAO, OCHA, Clusters	Strengthening the health system - COVID-19 Health Inclusive response to COVID-19 Food Security Protection WASH
ILO	\$ 269,500.00	ILO	Strengthening the health system - COVID-19 Health Inclusive response to COVID-19
MPTF - Ezingo	\$ 70,000	UNAIDS	Health - HIV/AIDS
UNAIDS	\$ 31,077	UNAIDS	Strengthening the health system - COVID-19 Health Inclusive response to COVID-19

UNDP	\$ 3,000,000	UNDP, UNFPA	Recovery Socio-Eco COVID-19 Inclusive response to COVID-19
UNFPA	\$ 595,000.0	UNFPA, UNDP	Strengthening the health system - COVID-19 Health Inclusive response to COVID-19
UNHCR	\$ 1,590,000	UNHCR	Strengthening the health system – COVID-19 WASH Protection
UNOPS	\$ 6,490,000	UNOPS	Recovery Socio-Eco COVID-19
USA	\$ 2,500,000	WFP	Food Security
WHO	\$ 220,000	WHO	Strengthening the health system - COVID-19
World Bank	\$ 22,433,333	UNOPS, WHO, UNICEF	Recovery Socio-Eco COVID-19 Strengthening the health system - COVID-19
Grand Total	\$ 79,231,003		



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THE CENTRAL AFRICAN REPUBLIC
MINUSCA



UNOPS



United Nations Entity for Gender Equality
and the Empowerment of Women



World Food
Programme



World Health
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