Children in Crisis in Central African Republic
A Four Month Progress Report
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Cover Photo:
The boundaries and names shown and the designations used on this map do not imply official endorsement or acceptance by the United Nations.
Final boundary between the Republic of Sudan and the Republic of South Sudan has not yet been determined.

Two boys wait for health services in the Don Bosco camp for people displaced by the fighting, in Bangui, the capital. An estimated 13,000 people currently live in the camp.
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Executive summary
All information as of May 2014

For four decades, the Central African Republic has been plagued by chronic political instability, underdevelopment and poor governance. In 2013, what has been characterized as a ‘forgotten crisis’ came to a peak when Séléka rebels invaded the country, leaving hundreds dead and almost a million people displaced from their homes. The situation greatly deteriorated following a spate of attacks on 5 and 6 December 2013 that triggered a wave of retaliation throughout the country.

Today, large-scale human rights violations continue to be perpetrated by all sides of the conflict, including widespread gender-based violence and torture. Children have been killed, mutilated, subjected to sexual violence and recruited by armed groups. An escalating cycle of bloodshed has left hundreds dead and entire communities displaced and destroyed. There is a distinct pattern of minority populations being forcibly displaced. Over 600,000 people, or 13 per cent of the population, are displaced throughout the country, with some 200,000 in Bangui alone, and minority populations continue to be targeted for religious and ethnic reasons. An estimated 6,000 children remain associated with armed groups.

This crisis remains a children’s emergency: nearly 2.3 million children have been affected and many remain at risk and continue to require assistance and protection. Girls and boys, who make up half of the population of the Central African Republic, are among the most vulnerable groups – including the children of thousands of Muslim minorities who continue to be besieged and threatened by armed militias.

Even before the crisis, the children of the Central African Republic faced unfavourable conditions: one in every six infants died before the age of five; a fifth of Central Africans under the age of five were chronically undernourished; a third of primary school-aged children were out of school; only half of children had access to safe drinking water; and only one in five had access to proper sanitation. An estimated 60 per cent of the population of the Central African Republic lived on less than a dollar a day. The crisis exacerbated what had already been a forgotten emergency, destroying already fragile systems and structures and turning communities against each other.

In the face of these challenges, UNICEF mobilized globally to meet children’s needs on the ground. Resources from across the organization were made available with the activation of emergency procedures, which allowed for the rapid scale up of human resources and operational capacity. An additional field office was opened in Bambari to reach vulnerable communities.

In line with its inter-agency commitments, UNICEF is leading the nutrition cluster, and co-leading the water, sanitation and hygiene (WASH), education clusters, and the child protection sub-cluster. UNICEF also plays an important supporting role in the health cluster, the gender-based violence sub-cluster and the non-food items/shelter cluster.

Much remains to be done, however. Unimpeded humanitarian access is required to meet the needs of vulnerable populations. The ongoing volatile security situation throughout the country continues to hinder the delivery of humanitarian supplies to the most at-risk communities. With the rainy season approaching, urgent priorities will include the relocation of displaced people to safer shelters and sites, the provision of basic services and the protection of children and women, including those unable to relocate.

UNICEF’s response to date has been possible thanks to the generous support provided by donors, including governments, national committees and individuals. Implementing partner nongovernmental organizations have been central to ensuring the delivery of services and supplies to beneficiaries. UNICEF also acknowledges the tremendous efforts undertaken by organizations and individuals. Given the ongoing insecurity and mounting humanitarian needs, however, more funds are urgently needed to help those most affected emerge from this crisis and begin the formidable task of reconstruction and recovery.

Along with other members of the international community, UNICEF has been working under very difficult circumstances to deploy the required support to affected women and children. However, the situation on the ground is deteriorating at a much faster pace than the international mobilization in response. Now is the time to intensify efforts to provide life-saving assistance to the victims of the ‘forgotten crisis’, especially in the areas of health and child protection, which are particularly underfunded. Without greater support, UNICEF will be unable to respond to the massive needs of the people of the Central African Republic, with long-term consequences for their country and the region.
Overview

This report outlines UNICEF’s response during the first four months of the Level 3 corporate emergency activation, which was triggered by the upsurge in the crisis in early December 2013. The report focuses on results for children against targets set for the first 100 days of the Level 3 response, continuing needs and challenges, and also highlights priorities for the ongoing emergency response in 2014.

Central African Republic – a forgotten emergency

The beginning of the conflict in the Central African Republic can be traced to March 2013, when a coalition of rebel groups known collectively as Séléka overthrew the government after prolonged fighting throughout the country. The security situation worsened as the year continued, with reports of over 200,000 internally displaced persons (IDPs), human rights abuses and renewed fighting between Séléka and supporters of the former government.

Despite the official disbanding of Séléka groups in September 2013, its members continued to operate, which contributed to insecurity throughout the country. In response, local defence groups known as ‘anti-balaka’ were formed, and violence between the two groups erupted. The conflict worsened towards the end of the year, with international warnings of a large-scale massacre as fighting intensified between Séléka members, who are presumably from the Muslim minority, and the mainly Christian anti-balaka coalition.

Sectarian violence escalated on 5 and 6 December, with casualties estimated as high as 1,000. Hundreds of thousands of men, women and children fled their homes. Gross human rights violations were committed, including killing, maiming and gender-based violence, with many children and actors claimed as victims. The violence provoked the internal displacement of nearly 500,000 persons across the country – the vast majority of them in Bangui – within one month. Since December, more than 100,000 people have fled into neighbouring countries. Most have found refuge in Cameroon (168,086), Chad (90,117), the Congo (15,282), and the Democratic Republic of the Congo (62,303), with smaller numbers fleeing to other countries.

Despite the establishment of a transitional government and the election of a new interim president in January 2014, sectarian violence continues to threaten populations throughout the country. Four months after the December violence, the number of displaced people remains at over 600,000, with 200,000 of these in Bangui. An estimated 6,000 children are associated with armed groups. Thousands of people, mainly Muslims, are besieged in enclaves, threatened by anti-balaka militias.

The crisis shook a country long plagued by instability and chronic poverty. With dismal development indicators, the Central African Republic is among the lowest ranking countries in the world in terms of child and infant survival; nutrition; sanitation; literacy; and basic life-saving service delivery, such as HIV testing, treatment and prevention. Far too many children still fall prey to malaria and water-borne illnesses like diarrhoea. Far too few Central African children grow to realize their full potential. A great deal needs to be done, by the Government, by humanitarian agencies and by partners across the country.

Response by the Government and the international community

The transitional government of the Central African Republic is facing many challenges in mounting, leading and coordinating responses and rehabilitation efforts in the country. The events of 5 and 6 December 2013 triggered the declaration of an inter-agency Level 3 emergency for the Central African Republic on 11 December.

The United Nations Security Council authorized the establishment of the African Union-led International Support Mission (also known as MISCA), and the reinforcement of the French forces (known as SANGARIS). A Senior Humanitarian Coordinator was deployed on 11 December. Following the Level 3 emergency activation, UNICEF launched its Humanitarian Action for Children 2014, which was updated in January 2014 to total US$62 million.¹ The inter-agency response has taken place under a 12-month Strategic Response Plan (SRP) that runs through December 2014, with a recently revised total appeal for US$551 million. The revised Strategic Response Plan 2014 builds on the initial Strategic Response Plan, published on 14 December 2013, and the programmatic aspects of the 100-day Plan, issued on 24 December 2013.

UNICEF’s response and priorities for children

On 9 December 2013, Executive Director Anthony Lake activated UNICEF’s corporate emergency procedures, mobilizing the organization’s global resources to meet the needs on the ground. Within the first month, 32 additional staff members were on the ground, including four staff members dedicated to cluster coordination. The Central African Republic Country Office, where a Level 2 emergency had already been declared, redeployed emergency personnel in-country, and additional human, supply and financial resources were mobilized regionally and globally with UNICEF’s standby partners. To fast track the delivery of supplies in the face of ongoing insecurity, UNICEF used commercial air carriers to bring in life-saving emergency items.

Additional capacity from UNICEF’s global clusters and the West and Central Africa Regional Office reached the Central African Republic within the first wave of surge deployments. UNICEF continues to respond, in coordination with the Government, other United Nations agencies, and international and national nongovernmental organizations. The cluster approach is designed to strengthen partnerships for better predictability, response capacity, coordination and accountability in key sectors of humanitarian response. The

¹ Funding requirements will increase to US$81 million.
clusters aim to enable a more coherent and effective response by mobilizing groups of agencies to respond in a coordinated manner, each sector having a clearly designated lead. UNICEF is lead for nutrition, co-lead for WASH and education, co-lead of the child protection sub-cluster, and plays an important supporting role in the health cluster, the gender-based violence sub-cluster and the non-food items/shelter cluster. UNICEF also deployed staff to support the Multi-Sector Initial Rapid Assessment, which fed into the revision of the Strategic Response Plan.

In the wake of the crisis, UNICEF remains committed to providing life-saving and life-sustaining assistance in WASH, health, nutrition, education and child protection, in line with its Core Commitments to Children in Humanitarian Action (CCCs). As a partner present in the Central African Republic since 1968, UNICEF is also committed to strengthening resilience and supporting the country’s capacity to maintain progress towards the Millennium Development Goals and beyond. In line with government and inter-agency plans, and in particular with the objective that conflict-affected people are protected from harm, specifically vulnerable groups, UNICEF’s focus is on three key objectives:

1. Provide internally displaced persons and the entire population of the Central African Republic with access to a minimum package of quality basic social services;
2. Revitalize the basic social services that address the effects of the crisis, as well as structural challenges; and
3. Promote community resilience.

To date, UNICEF has only received a fraction of what is needed to provide tangible life-saving interventions on the ground. Without additional human and financial resources, UNICEF will be unable to scale up its response to reach the most vulnerable men, women and children of the forgotten crisis in the Central African Republic.

### Situation in numbers

- **4.6 million** people affected
- **2.3 million** children affected
- **625,000** people are currently internally displaced
- At least **6,000** children recruited by armed groups
- **201,711** displaced people have access to safe drinking water
- **130,844** displaced people received WASH items (jerry cans, soap)
- **81,271** children screened for malnutrition
- **6,809** severely malnourished children admitted for care

### Response in numbers

#### RAPID RESPONSE MECHANISM

- **11,400** families received temporary shelter material, prioritizing pregnant women and children
- **29,564** families received emergency WASH items
- **11,160** families received non food items (NFIs) (bed nets, mats, blankets)

#### HEALTH

- **62,000** IDP households received insecticide treated bed nets (two per family)
- **78,000** people received malaria prevention and treatment
- **894** pregnant women received ARV prophylaxis

#### EDUCATION

- **24,929** children benefitting from delivery of school supplies
- **23,600** children returned to school in temporary learning spaces
- **118** temporary learning spaces established

#### CHILD PROTECTION

- **9,270** children receiving psychosocial support in child-friendly spaces
- **429** separated children reunited with their families
- **363** survivors of gender-based violence received holistic treatment

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*Children in Crisis in Central African Republic - A Four Month Progress Report*
Core Commitments for Children in Humanitarian Action

Water, sanitation & hygiene (WASH)

STRATEGIC RESULT

Affected families in rural and urban high-risk areas and displacement sites have access to safe and secure basic sanitation and safe water facilities with improved hygiene behaviour through approaches that reduce risk and strengthen resilience, including a contingency plan to reduce the risk of cholera.

Already before the current humanitarian crisis, a little over half of the population of the Central African Republic had access to safe drinking water and only one third of the population had access to an improved family latrine. Investment in the water and sanitation sector was poor and much of the country’s infrastructure was damaged or destroyed during multiple conflicts. In the most recent crisis, water supply and waste management systems were disrupted due to looting and lack of fuel to run pumps and generators. Many families displaced by the fighting have fled into the bush and are collecting water from non-potable sources, increasing the risk of disease.

Water supply

Despite overwhelming logistical challenges and ongoing insecurity, since the end of December 2013, UNICEF has provided crucial support to SODECA, the national water supply authority, to rehabilitate and extend existing water networks in Bangui, Bossangoa, Bouar and Bambari. Immediately following the crisis, UNICEF provided the critical water treatment materials that enabled SODECA to continue to provide safe drinking water in Bangui. UNICEF also provides water trucking to IDP sites that cannot be reached through the local water network. In addition, UNICEF is working with the Government to rehabilitate water pumps in rural areas, so far restoring access to approximately 15,000 people in Bambari and Bossangoa. In total, through UNICEF and partners (see page 25 for full list of WASH partners), more than 201,000 people in IDP sites in Bangui, Bossangoa and Bouar have received safe drinking water, and another 130,000 people have received critical items, including jerry cans and soap.

Sanitation

Since the beginning of the crisis, UNICEF has focused on the high-risk, densely populated IDP sites, and efforts have been directed towards the construction, maintenance and de-sludging of latrines for the affected men, women and children living in these sites, mainly in Bangui and Bossangoa. Since the end of December, more than 104,000 people have recovered access to sanitation through the construction of latrines by UNICEF and partners.

Hygiene promotion

To ensure that communities received information on behaviours that will keep them safe and healthy, UNICEF combined the distribution of emergency items with messaging on the importance of hand washing with soap. Through door-to-door campaigns, focus groups and mass communication broadcasts, UNICEF and partners reached over 130,000 people in Bangui, Bossangoa, Bouar, Bambari and Kaga Bandoro to create awareness about proper hygiene, information that is critical as the rainy season approaches.
Funding Requirements: US$14,000,000

Funding gap: US$7,782,827 (56%)
Funds received: US$6,217,173 (44%)

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2 Funding requirements will increase to US$17.4 million.
Core Commitments for Children in Humanitarian Action

Education

STRATEGIC RESULT

Pre-school and school-aged children in conflict-affected areas have access to safe and secure quality education and psychosocial support that contributes to reducing trauma and strengthening resilience.

Even before the current crisis, the education system in the Central African Republic was fragile and primary school enrolment rates had not improved in 15 years. During that time, the national education system received little government support. This extremely limited government support meant that schools relied almost entirely on community support to function, which resulted in dismal quality standards.

Children’s education has become another casualty of the recent conflict. A distance assessment conducted on 355 schools in all provinces of the country in February 2014 showed that in the most affected provinces of Kemo, Ouham and Sangha-Mbaere, all schools have been closed for months. About 65 per cent of schools assessed were looted, occupied or damaged by bullets and shells, and almost 280,000 primary school students dropped out during the past year. In Bangui, 35 per cent of schools are being used as shelters, and there are concerning reports of attacks targeting schools.

Access to quality education

Despite overwhelming security and logistical challenges, UNICEF and partners have established 118 temporary learning spaces (ETAPES) with age sensitive educational and recreational activities and child protection services to provide educational continuity for over 23,000 children in IDP sites in Bangui and Bossangoa (see page 25 for full list of education partners). UNICEF provided education supplies and teacher training to these spaces, which also provide psychosocial support, life skills and peacebuilding initiatives in safe learning environments. Although UNICEF reached 23 per cent of the children targeted for access to education, only six per cent of the children targeted received quality education, as parents continue to be afraid of sending their children to school.

Returning children to school

The status of school reopenings varies widely throughout the country, and depends on the specific security situation. For example, in Kaga Bandoro, where security remains tense, all public schools remain closed to date, with only one private primary school currently functional. The February survey showed that more than 65 per cent of schools in the Central African Republic were closed as a result of insecurity. UNICEF is supporting two phases of the back-to-school effort. For the first phase, UNICEF has been supporting the Ministry of Education in its efforts to return teachers and children to school by providing learning materials, monitoring the number of schools that are open, liaising with the United Nations World Food Programme (WFP) on a school feeding programme, and making preparations for training and the implementation of catch-up classes in areas where security permits. UNICEF will also support emergency rehabilitation for schools that have been damaged. For the second phase, where security permits, UNICEF will support the Ministry of Education’s back-to-school campaign for the new school year commencing in November 2014, targeting over 300,000 children and 2,700 teachers. A mass media campaign will be carried out as will support for teacher training, provision of school materials, light rehabilitation of schools and continued support to strengthen the Ministry of Education.
Education Targets until April 2014 and results as of 4 April*

<table>
<thead>
<tr>
<th></th>
<th>Cluster target</th>
<th>Cluster result</th>
<th>UNICEF target</th>
<th>UNICEF cumulative result</th>
</tr>
</thead>
<tbody>
<tr>
<td>Children between 3 to 18 years benefiting from education supplies</td>
<td>170,000</td>
<td>32,149</td>
<td>160,000</td>
<td>24,929</td>
</tr>
<tr>
<td>Children participating in temporary learning spaces</td>
<td>45,000</td>
<td>25,429</td>
<td>40,000</td>
<td>23,600</td>
</tr>
</tbody>
</table>

*While targets through April 2014 are from the 100-day plan, funding requirements encompass the whole of 2014.

Education cluster coordination

UNICEF co-leads the education cluster, which is composed of around 60 members, including the Ministry of Education. The education cluster is tasked with supporting the Ministry of Education to respond to the current needs, and coordinates partners’ education response to reach the maximum number of children. Education cluster partners have provided basic furniture to 45 schools, constructed a school in Zemio and rehabilitated nine primary schools in Bambari. By end of the year, the cluster aims to provide 100,000 children with access to education and 400,000 children with quality education.

Challenges and looking forward

Four months on, the biggest challenge in the education sector remains security. Because of insecurity, children and teachers are afraid to return to school. The volatile security situation hampers the number of partners available to help with activities outside of Bangui. There are also a multitude of logistical challenges: much school infrastructure has been looted or destroyed and requires urgent repair. In addition, partial payment of teachers’ salaries, which were six months in arrears, has just recently resumed.

Funding remains a large constraint, with less than one third of UNICEF’s funding requirement met for education. Funds are urgently needed for the rehabilitation of schools, many of which were destroyed during the crisis, and for teacher training and school materials. Funds are also desperately needed to deploy more personnel to conduct outreach outside of Bangui, and to provide access to education for displaced children.

In the face of these challenges, UNICEF will continue to support the Government on back-to-school efforts. UNICEF will continue to provide support in the form of distribution of materials, assistance for the rehabilitation of schools and advocacy to prevent school occupation by armed forces. Together with the Government and WFP, UNICEF will support school feeding programmes in areas where there is food insecurity, including Bangui.

Funding Requirements:

**US$7,000,000**

<table>
<thead>
<tr>
<th>Funding gap</th>
<th>Funds received</th>
</tr>
</thead>
<tbody>
<tr>
<td><strong>US$4,956,571</strong></td>
<td><strong>US$2,043,429</strong></td>
</tr>
</tbody>
</table>

71% 29%

3 Funding requirements will increase to US$10 million.

A safe space to learn in Bangui

Francois, 10, stood out from the crowds of children at one of the largest displacement site in Bangui.

Francois has been living on the grounds of the city’s largest church since December 5 when violence broke out in Bangui. He talks about the things he misses most from his old life: his brothers and sister who fled to the dense bush outside the city; his best friends and teachers who scattered to different displacement sites; and his school.

“I miss learning,” he said, before describing the pillaging of his school. “The roof was taken, the doors are off, and everything inside has been stolen.”

Over the past year, schools in Central African Republic have been looted, occupied by armed groups and forces or displaced persons, and damaged by bullets or shells. Children like Francois have been out of school for at least four months, many longer due to school closures caused by insecurity. UNICEF is responding to the pressing needs for education by supporting the establishment of temporary classrooms at major displacement sites for more than 25,000 children aged 3-18 years.

Anne, an experienced teacher who has been displaced by the crisis and is working in one of the temporary learning spaces, said it best.

“I want the children in my class to forget the bad things they have seen. I want to make sure that they don’t act out with violence and retribution, but instead with honesty and gentleness. A country without education has no future.”
Core Commitments for Children in Humanitarian Action

Health

STRATEGIC RESULT

To reduce the risk of excess morbidity and mortality from childhood illnesses and outbreaks of vaccine preventable and water and vector borne diseases; and contribute to strengthening resilience in health care systems.

Already before the events of December 2013, the Central African Republic had a weak health care system and the world’s sixth highest under-five mortality rate and third highest maternal mortality rate. Government spending on health was only 11 per cent of the national budget, considered insufficient to meet the needs of the population. In rural areas, most health clinics lacked equipment, qualified staff and drugs. As a result, child survival in the country has always been precarious. One in six children die before age five, and only one third are vaccinated for diphtheria, whooping cough and tetanus.

Since the conflict began, health care facilities have been looted and medical staff have fled their posts. The destruction of many health centres has meant that services – including routine immunization – were suddenly discontinued. The discontinuation of routine immunization led to the devastation of the cold chain and loss of vaccines. Humanitarian partners are doing everything they can to reach those most vulnerable, but these efforts are not nearly enough. With the rainy season approaching, hundreds of thousands of children and adults are at growing risk of communicable diseases, and there is a small and critical window of opportunity to position and deliver life-saving and life-sustaining assistance.

Immunization

Despite the volatile security environment and overwhelming logistical challenges, UNICEF and partners ensured that almost 150,000 children aged six months to 15 years – 75 per cent of the children targeted – were vaccinated against measles during the past four months (see page 25 for full list of partners). Some 38,000 children aged zero to five years were vaccinated for polio and 4,260 children under one received routine vaccination in IDP sites. UNICEF has intensified routine immunization activities, with efforts focused on at-risk populations of internally displaced persons. For children outside of IDP sites, the initial UNICEF target to cover children aged up to 11 months was extended to children aged up to 23 months to reach children who were not vaccinated last year due to insecurity. In the next few months, UNICEF aims to reinforce the cold chain supply, implement the Reach Every District (RED) approach through micro-planning and outreach to hard-to-reach populations. UNICEF also aims to strengthen supervision and monitoring systems for vaccination, and conduct supplemental immunization activities such as vitamin A supplementation and deworming.

Malaria

It is estimated that at least ten per cent of the population of the Central African Republic, or 460,000 people, have malaria every year. This figure is likely underestimated, however, as cases occurring among the displaced and the poor and marginalized populations may go uncounted. It is assumed that since the crisis began, these numbers have risen, as families have been displaced as a result of violence and many have been forced to flee to the forest, where they are at increased risk. In the months
following the start of the conflict, UNICEF worked with partners to distribute bed nets to 62,000 households, reaching 325,000 people, or almost 90 per cent of the targeted population. UNICEF will distribute basic health and malaria kits in regional hospitals and health centres, reaching almost 385,000 people since the end of December, and will distribute another 450,000 bed nets by end of May.

**HIV and AIDS**

The Central African Republic has one of the highest adult HIV prevalence rates in French-speaking sub-Saharan Africa, with an overall estimated prevalence of 7.8 per cent for adult women, and rates as high as 11 per cent in some areas. The conflict has significantly exacerbated this situation. The insecurity has disrupted women’s access to prenatal consultations, preventing early screening for HIV in order to provide treatment and prevent mother-to-child transmission. During the crisis, many women fleeing violence hid in the bush, without access to services for the prevention of mother-to-child transmission (PMTCT). Sexual violence perpetrated by armed men during the crisis has increased transmission rates. In the past four months, UNICEF partners have provided HIV counselling to 12,000 women, and has provided ARV prophylaxis to almost 900 pregnant women. More than 500 children born to mothers living with HIV have also benefitted from ARV treatment as part of PMTCT.

**Challenges and looking forward**

Four months after the events of 5 and 6 December, the challenges seem unsurmountable. The health system in the Central African Republic has been devastated, and attempts to pick up the pieces are hampered by ongoing insecurity and lack of capacity. Security concerns have hindered the dispatch of essential medicines and equipment to district health centres, leaving thousands of women and children without access to any health services. In spite of these constraints, UNICEF will continue to work to restore health and HIV services and improve their coverage and performance, with a focus on high-impact interventions. As an important member of the health cluster, UNICEF will continue to collaborate with the World Health Organization (WHO) and support most of the health interventions on the ground. UNICEF aims to provide an integrated package of health and HIV care through health facilities and at the community level. UNICEF will also work to ensure that the most vulnerable populations have free access to HIV prevention and treatment, including through integrated approaches such as interventions for children with severe acute malnutrition.

**Health Targets until April 2014 and results as of 4 April**

<table>
<thead>
<tr>
<th>Health Targets</th>
<th>UNICEF target</th>
<th>UNICEF cumulative results</th>
</tr>
</thead>
<tbody>
<tr>
<td>Households benefiting from bednets (2 bednets per family)</td>
<td>70,000</td>
<td>62,000</td>
</tr>
<tr>
<td>Number of U5 children vaccinated against measles</td>
<td>200,000</td>
<td>149,294</td>
</tr>
<tr>
<td>Number of people that access basic health services and medicines in the affected areas</td>
<td>1,000,000</td>
<td>650,000</td>
</tr>
<tr>
<td>Pregnant women receiving HIV/AIDS counselling</td>
<td>14,183</td>
<td>12,437</td>
</tr>
<tr>
<td>Pregnant women benefiting from PMTCT-ARV prophylaxis</td>
<td>1,098</td>
<td>894</td>
</tr>
<tr>
<td>Children born from HIV positive women benefiting from ARV prophylaxis</td>
<td>1,098</td>
<td>510</td>
</tr>
<tr>
<td>Children previously on ARV prophylaxis who continue to receive ARV treatment</td>
<td>426</td>
<td>350</td>
</tr>
</tbody>
</table>

*While targets through April 2014 are from the 100-day plan, funding requirements encompass the whole of 2014. There is no cluster target as UNICEF is not accountable to report to the health cluster.*

**Funding Requirements:** **US$14,000,000**

**Funding gap**

**US$12,331,491**

**Funds received**

**US$1,668,509**

88% 12%

4 Funding requirements will increase to US$20.6 million.
Core Commitments for Children in Humanitarian Action

Nutrition

STRATEGIC RESULT

The most vulnerable pregnant and lactating women and children under five have access to nutrition interventions that prevent undernutrition and micronutrient deficiencies, treat acute malnutrition and sustain positive nutrition behaviour; and contribute to strengthening resilience.

Infant and young child feeding (IYCF)

As part of the immediate response, UNICEF has integrated nutrition including infant and young child feeding into a comprehensive package of services for women and children that promotes complementary health and WASH support measures. UNICEF trained 80 peer educators active in various IDP sites on promotion of exclusive breastfeeding, which is fundamental to child health, development and survival. UNICEF also provided messaging on hygiene promotion along with the distribution of family water kits, which provide families in IDP sites with soap, jerry cans, and buckets. UNICEF is currently planning to distribute kits to an additional 250 families as part of the comprehensive primary health care package.

Micronutrients

UNICEF seeks to combine vitamin A supplementation of children and iron-folate supplementation of pregnant women with measles and polio immunization to reach the largest possible number of women and children in its emergency response. A mass integrated campaign was held the previous November, however, and it is generally recommended that a six-month waiting period be observed to avoid toxicity. As a result, UNICEF has postponed the launch of a vaccination campaign, as well as vitamin A supplementation and deworming, to May 2014, with the aim of reaching 750,000 children. This will be accompanied with iron-folate supplementation for approximately 350,000 pregnant women, and combined with activities to raise awareness through community and youth leaders and the mass media.

Community-based management of acute malnutrition

UNICEF and partners (see page 25 for full list of partners) have screened over 81,000 children for acute malnutrition since the crisis began. A total of 6,809 children with severe acute malnutrition were identified and admitted to therapeutic care, over 100 per cent of the children targeted. UNICEF is currently the sole provider of nutritional supplies in the Central African Republic. UNICEF and partners are working to ensure the purchase and distribution of supplies for treatment for severe acute malnutrition, and provide training, coordination and tools for the intervention.
Nutrition cluster coordination

UNICEF leads the nutrition cluster, which is composed of 16 partners, with the nongovernmental organization Action Contre la Faim as co-lead. Rapid action is needed to scale up life-saving malnutrition treatment services, while putting activities into place that will prevent a severe deterioration in the nutrition status of vulnerable populations. The nutrition cluster estimates that 28,000 children will be affected by severe acute malnutrition in 2014 and this number could rise substantially given the deteriorating humanitarian situation and the disruption to the planting and harvesting seasons. The nutrition cluster focuses on six key priority prefectures and is working on enhanced programming with health, protection, education and WASH cluster partners. The nutrition cluster also advocates for increased integration of accountability mechanisms to affected populations into its nutrition programming through the development of harmonized guidance and tools to monitor and analyse this approach and its impact on programme decision-making.

Challenges and looking forward

The ongoing volatile security situation and the low level of funding has drastically hindered efforts towards community level care of acute malnutrition. Not enough partners are able to access the most hard-to-reach populations and few can deliver an integrated package of nutrition interventions. Access to food and health care in certain IDP sites and in-country areas remains challenging and will impact the nutritional status of people during coming weeks and months. The most vulnerable – children under five and pregnant and lactating women – will experience the strongest impacts.

Looking forward, UNICEF will work to ensure the continuous availability of nutrition supplies in the country and put a supply chain system into place that all partners adhere to. UNICEF will launch an integrated immunization campaign that will include sensitization on feeding practices, as well as vitamin A and iron-folate supplementation and deworming. UNICEF also seeks to put into place systems for nutrition data collection and management and for sharing lessons learned. To this end, UNICEF will perform a Standardized Monitoring and Assessment of Relief and Transitions (SMART) nutrition survey to create a base of information against which to measure progress. A consultant has already been hired to conduct data collection and analysis for preliminary results. UNICEF is preparing to expand infant and young child feeding and micronutrients delivery; strengthen capacity and surveillance; and train community health workers to perform monitoring, screening at least once every three months and referrals. In the long term, UNICEF will also help the Ministry of Health to join the global Scaling Up Nutrition (SUN) movement, a partnership of countries from around the world that work together to achieve progress in nutrition.

Nutrition targets through April 2014 and results as of 4 April 2014*

<table>
<thead>
<tr>
<th></th>
<th>Cluster target</th>
<th>Cluster result</th>
<th>UNICEF target</th>
<th>UNICEF cumulative results</th>
</tr>
</thead>
<tbody>
<tr>
<td>Children aged 6 to 59 months with severe acute malnutrition (SAM) admitted for therapeutic care and benefitting from promotion of nutrition practices</td>
<td>5,200</td>
<td>6,809</td>
<td>5,200</td>
<td>6,809</td>
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<tr>
<td>Recovery rate</td>
<td>&gt;=75%</td>
<td>87%</td>
<td>&gt;=75%</td>
<td>87%</td>
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<tr>
<td>Death rate</td>
<td>&lt;5%</td>
<td>1.3%</td>
<td>&lt;5%</td>
<td>1.3%</td>
</tr>
<tr>
<td>Default rate</td>
<td>&lt;15%</td>
<td>14.2%</td>
<td>&lt;15%</td>
<td>14.2%</td>
</tr>
</tbody>
</table>

*While targets through April 2014 are from the 100-day plan, funding requirements encompass the whole of 2014.

Funding Requirements:

**US$5,000,000**

Funding gap

**US$2,223,527**

44%

Funds received

**US$2,776,473**

56%

5 Funding requirements will increase to US$11 million.

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Children in Crisis in Central African Republic - A Four Month Progress Report | 13
The recent conflict has exacerbated child vulnerability and devastated the country’s already fragile social and child protection systems and structures. The capacity of families and communities to care for and protect children has also been greatly eroded by continuous cycles of conflict, chronic poverty and low basic social service coverage. The crisis in the Central African Republic has turned communities against each other, with violations against children sinking to new depths of brutality. Children have been maimed and killed, sexually abused and recruited into armed groups and local militias. Among the most vulnerable children are those who have fled their homes and are unaccompanied or separated from their families. Equally at risk are the children of Muslims besieged and threatened by armed militia. Finally, high levels of gender-based violence are being reported, including the use of rape against women and girls to terrorize communities and break family ties.

**Psychosocial support**

UNICEF uses child-friendly spaces as a point of entry to identify separated children, conduct psychosocial activities, facilitate group processes, mobilize networks of children, youth and women, and ensure that survivors of abuse and gender-based violence have access to care and support, including the creation of referral services for children requiring specialized care. Despite the ongoing volatile security situation, some 9,270 children benefitted from 25 child-friendly spaces in IDP sites in Bangui and Bossangoa, through UNICEF and partners (see page 25 for full list of partners). Children in these spaces have the opportunity to engage in activities such as play, recreation or informal learning that promote psychosocial recovery. Adolescents receive HIV education and life skills, all geared towards mitigating the risk that youth will turn to violence. UNICEF also provided psychosocial support training to 314 teachers and staff working in temporary learning centres in Bangui. In Kaga Bandoro, UNICEF provided orientation on psychosocial support to 17 animators working in child-friendly spaces and planned to train more, but efforts were hampered by insecurity in the area.

**Gender-based violence**

Working with over 35 agencies and organizations, UNICEF has played an active role in coordinating the humanitarian response in the gender-based violence sub-cluster. In collaboration with its partners working on gender-based violence, UNICEF identified 363 survivors of gender-based violence in Bangui, Bangassou and Rafai - recognizing that this is only the tip of the iceberg due to lack of access to available services, distance and fear of retribution. UNICEF provided these survivors with holistic support, which includes addressing both medical and psychological needs. UNICEF supported a training on gender based violence information management for 25 sub-cluster members, and is working on establishing referral services outside Bangui.
Children affected by armed conflict

It is now estimated that there are at least 6,000 children associated with armed groups on all sides of the conflict. Boys and girls under 18 must not be involved in the armed conflict under any circumstances. Together with the Government and representatives of MISCA, French forces, and the United Nations Integrated Peacebuilding Office in the Central African Republic (BINUCA), UNICEF secured the release of 235 children associated with armed groups and forces in the Central African Republic. Most of these children have been reunified with their families and communities. UNICEF and partners are currently compiling data on the presence or use of children, including girls, among the ranks of anti-balaka militias, a phenomenon that appears to have increased in neighbourhoods in Bangui, in villages outside of the capital and in main towns in western Central African Republic.

Unaccompanied and separated children

The December crisis has exacerbated the vulnerability and multidimensional protection risks of hundreds of thousands of children in the Central African Republic, especially for those separated or at risk of separation from family. The already weak systems in place to protect children have been further depleted with the loss of social work personnel, logistics and office space. Many separated children are at risk of abuse and exploitation. In addition, children currently with families living in extreme poverty are vulnerable to abandonment, raising the risk of a secondary separation and increased vulnerability to sexual abuse and violence. Despite security and logistical challenges, UNICEF and partners have identified 750 unaccompanied and separated children since the beginning of the crisis. Of these, 429 children were reunited with their families by the various child protection partners. Until now, UNICEF’s efforts have been dedicated to identifying individual cases under very complex conditions. UNICEF has begun putting systems and mechanisms into place for the identification, documentation, tracing and reunification of unaccompanied and separated children, not only in Central African Republic, but also with a cross-border dimension that includes Cameroon and Chad.

Monitoring grave violations against children

Together with BINUCA and MISCA, UNICEF has worked to strengthen the Security Council-mandated Monitoring and Reporting Mechanism (MRM) on grave violations against children. The MRM is a critical tool that allows for the verification and documentation of violations such as abductions, denial of humanitarian assistance, recruitment and use of children by armed groups, killing and maiming, rape and sexual violence and destruction of schools and hospitals. The Country Task Force has met regularly to make sure that information is collected, integrated and verified, to inform and trigger adequate responses to prevent and address grave violations against children. Through the MRM, UNICEF and partners have verified 24 cases of children killed and 103 cases of children maimed by anti-balaka and ex-Séléka between January and March 2014.
Child protection sub-cluster coordination

UNICEF co-leads the child-protection sub-cluster with Save the Children and COOPI (Cooperazione Internazionale). Thus far, the sub-cluster has established two working groups, the first to create a system of identification, documentation, tracing and reunification for unaccompanied and separated children, and the other to integrate, coordinate and develop standard operating procedures for child-friendly spaces and temporary learning centres, in coordination with members of the education cluster. The sub-cluster has also worked on the identification and verification of children associated with armed groups, and has organized related trainings and awareness activities.

Challenges and looking forward

The ongoing volatile security situation throughout the Central African Republic compounded the already severe challenges related to addressing the urgent protection needs of the most vulnerable women and children. As a result of the limited capacity of international forces to deploy to areas outside of Bangui where protection incidents have been reported, there is a lack of access to some highly vulnerable populations. Moreover, there is a lack of partners conducting social cohesion and community reconciliation activities outside of Bangui, and limited capacity to accurately identify, document, trace and reunify children who have been separated from their families. This limited capacity is due to the low numbers of child protection responders, particularly outside of Bangui, for hard-to-reach communities. Survivors of gender-based violence are often not receiving holistic support, which encompasses the critical psychological element, nor are they receiving HIV testing. In its efforts to reach affected women and children, UNICEF seeks to build the capacity of local actors, nongovernmental organizations and the Government and increase access to services outside of Bangui and in disadvantaged urban neighbourhoods. UNICEF will work more closely at the community level and will continue its dialogues with armed groups to ensure the demobilization and reintegration of children. UNICEF will also work with partners to ensure that survivors of gender-based violence receive holistic treatment.

Children affected by armed conflict: A child soldier no more

When the Séléka came into Bangui and seized power last year, all the schools closed down. I was attending secondary school at the time. But since there was no school and no jobs, I joined the Séléka. I was told that I would make money there. My father, who works for the military, registered me and I worked under his command. My parents are divorced. My Mum didn’t know that I had joined the Séléka. I’m sure she would not have liked it.

I was lucky. I was not sent out to fight. Some of my friends who went into battle never returned. Those who did return told us that our friends were dead. I would go to sleep every night afraid that I would wake up with an order to go to the front.

They told me that I would make money in the Séléka, but I wasn’t paid for five months. I realized that I was wasting my time in staying with them. On January 16, I decided to leave when social workers visited our unit. They took us to a transition centre. We are safer here than in the city. Security has not yet returned to the city, and I fear that people who knew that I joined Séléka will recognize me and report me to the anti-balaka.

Since I arrived here, I have decided that I want to learn auto mechanics and to work as a mechanic. If I work, I could pay for my own education, if my father refuses to pay my school fees. I want to return to school as soon as possible.
Restoring immunization services in Central African Republic: Protecting baby Melanie from measles

Claudia couldn’t protect her baby Melanie from becoming homeless after a group of armed men burnt down her house. She can’t protect her from rain and cold, living in a leaky tent in one of Bangui’s largest displacement camps.

But she can protect Melanie from measles, yellow fever and polio. That’s why she visited a makeshift vaccination clinic at St Carmel displacement site last week.

The clinic was set up for a routine immunisation campaign for children under-two years of age. The UNICEF-supported campaign is targeting 128,000 children throughout Central African Republic.

“I wasn’t able to take my baby to the clinic for the last four months, because of the violence where I live,” Claudia said. “She missed out on some vaccinations, but I didn’t know which ones. When we ran away from our house, we lost her vaccination card.

“I came today because if my baby gets sick, there is no money for treatment. We are all living on the ground, so the smallest children easily fall sick. It’s better to avoid diseases with the help of vaccinations.”

Conflict has been disastrous for the health of children and women in the Central African Republic. The immunization cold chain was largely destroyed outside the capital city, Bangui. UNICEF is currently distributing refrigerators and cold boxes to rebuild the cold chain.

“This year we are working hard to increase routine immunisations, rather than focussing on one-off campaigns, “ said UNICEF vaccination specialist Deo Manirakiza. “Before the crisis, only 13 per cent of children were fully immunized before their first birthday. CAR has the sixth-highest under-five mortality rate in the world. Protecting children against deadly and preventable diseases is essential to saving children’s lives.”

Gaining access to water: A grandmother’s plight

Tents, with their ragged ends flapping in the wind, are spotted across the M’Poko airport displaced persons site as far as the eye can see. Yet, in some ways, life almost seems to go on like normal.

At a UNICEF-supported water installation, women fill buckets with water and perch them on top of their hands. Children scamper around, splashing in the puddles.

It was not always this way. When people from Bangui first fled violence to the airport area, they found physical shelter, but no water or sanitation facilities. But almost immediately, UNICEF and partners mobilized to ensure that families in these camps would have basic necessities.

“We are so lucky that we got water here,” says Celine Yengouandji. She is 65 years old and a retired government worker. She explains that she and her extended family were forced to flee their home when Séléka groups attacked her neighborhood. Now they cannot return, because their house has been destroyed.

Approximately 50,000 persons are estimated to live in the M’Poko IDP site. UNICEF provides water to about 12,500 people each day, and has supported the construction of latrines and showers for IDPs. But conditions are difficult. Currently, approximately 39 people share one latrine, and 147 people must share a shower.

“All we want is to go home,” Celine says. “But we cannot. We are grateful that we at least have clean water here, but what will happen in the rainy season? There is cholera, we are all afraid of this.”
Core Commitments for Children in Humanitarian Action

Cross-cutting priorities, performance monitoring and evaluation

Reaching the most vulnerable
Communication for Development (C4D)
Accountability to affected populations
Communication and advocacy
Emergency coordination
Humanitarian Performance Monitoring Information System
Lessons
Evaluation

Reaching the most vulnerable

In all areas of the response, UNICEF has worked with partners, including the Government at both the national and sub-national levels, to restore basic services to children. Common community entry points have included temporary learning spaces, schools, health centres, child-friendly spaces and cantonment sites. All strategies have been rooted in rapid sector assessments, analysis of current behaviours and recommendations for best channels through which to reach the largest number of people. Geographically, UNICEF has primarily focused its activities in Bangui, but as the security situation permits and with increased funding to expand programme implementation, UNICEF aims to intensify activities outside of the capital, particularly in Bassangoa, Kaga Bandoro, Bangassou, Bouar and surrounding rural areas.

Communication for Development (C4D)

In the ongoing humanitarian crisis in the Central African Republic, children face many types of behavioural risks, including separation from family, abuse and exploitation, gender-based violence, recruitment by armed groups, psychosocial issues, violence, disease, malnutrition, interruption of education and ignorance about available services. Integrating Communication for Development into emergency interventions in IDP sites allows UNICEF and partners to mitigate these risks through communication aimed at behaviour and social change and through community participation (see page 25 for full list of partners). Communication for Development interventions also seek to mobilize communities for peacebuilding in order to re-establish positive social and cultural values for social cohesion and reconciliation.

To provide cross-cutting support to emergency interventions, community health workers received training on the promotion of ‘essential family practices’ such as breastfeeding, hygiene, vaccination of children, the proper use of latrines, use of mosquito nets and prevention of diarrhoea. These messages have reached over 16,000 people in IDP sites since the end of December. In order to establish a peaceful intercommunity dialogue and to strengthen the capacities of community leaders to promote peace and nonviolence, two UNICEF-supported workshops took place in February. These workshops provided forums for strategic reflection on social cohesion with various representatives, civil society leaders, and youth leaders, as well as training on preventing conflicts and promoting peace. Despite the frequent cancellation of activities due to security, UNICEF has been able to support cholera prevention and vaccination campaigns, sports activities for at-risk youth, and a campaign to end violence against children. Peacebuilding activities are ongoing through April, including workshops with religious leaders, trainings for journalists on conflict-sensitive journalism, participatory theatre, participatory radio and sports for life for at-risk youth.

Accountability to affected populations

From the outset of the emergency response, UNICEF sought to better integrate principles of participation, accountability and feedback as key pillars for both response plans and monitoring systems. Children’s voices were heard in intercommunity dialogues with religious leaders on promoting peace, organized by UNICEF. UNICEF established
mechanisms for monitoring supply usage as part of a commitment to transparency and accountability. End user forms, administered by third party monitors to verify programme results, are now in place to maximize affected communities’ use of supplies. In addition, specific questions within the framework of the third party monitoring approach have been posed to the populations living in IDP sites in order to adjust UNICEF’s response and improve the quality of services provided.

**Communication and advocacy**

UNICEF’s intensive outreach work with international media helped to put the Central African Republic on the international agenda before the Level 3 emergency was declared. Since early December 2013, UNICEF has continued to place children at the forefront of the conversation about the crisis – both in traditional and digital media. At the peak of the crisis, UNICEF was fielding daily requests for media interviews, with coverage from the BBC, Al Jazeera, CNN, the New York Times and other major outlets. UNICEF received global coverage with weekly press releases from Bangui, as well as through opinion pieces by senior UNICEF staff in key outlets, such as the Huffington Post. Outreach to National Committees (a total of three visits in the last four months) and collaboration with Goodwill Ambassadors enabled UNICEF’s response to be featured in key media markets and donor countries in Europe, North America and Asia. UNICEF increased its social media presence in February, launching a Facebook page to complement its Twitter account. UNICEF’s active Twitter feed is currently followed by foreign correspondents, donors, think tanks and other key influential bodies. At the headquarters level, UNICEF engaged in extensive advocacy, including efforts to engage with Member States, the United Nations Security Council and MбSCA; the secondment of a full time staff member to the United Nations Secretary General’s special team on the Central African Republic; and the shaping of the United Nation’s posture relating to the situation in the Central African Republic.

**Emergency coordination**

Linked to the 9 December UNICEF Corporate Emergency Level 3 activation, an emergency management team (EMT) was established to enable effective corporate response, building on the existing Level 2 internal coordination mechanisms. The EMT was chaired by the Global Emergency Coordinator (the Regional Director of the West and Central Africa Regional Office) and included participation from the Central African Republic Country Office, senior staff from the West and Central Africa Regional Office and UNICEF Headquarters. At the country level, emergency coordination was maintained through the weekly Emergency Task Force meeting to monitor, review and make needed adjustments to the emergency response country-wide. Meanwhile, a special Bangui IDP response technical team met daily to ensure the effective targeting and prioritization of UNICEF’s response in over 65 IDP sites across the city. The UNICEF-coordinated Rapid Response Mechanism (RRM) mobilized the initial response to the Bangui IDP crisis, eventually reaching some 45,000 people with non-food items, shelter and WASH assistance via implementing partners.

Piloted in Central African Republic in 2013, the RRM 2014 is currently being strengthened to reach more people experiencing critical needs and where existing response capacity is otherwise unavailable. To achieve this, the number of RRM implementing partners has been increased from two to five, each with trained standby rapid assessment and response teams. The RRM response target, based on a ‘provider of last resort’ capacity, is up to 120,000 displaced or acutely vulnerable populations. RRM response is a minimum package of non-food items/shelter and WASH interventions. The RRM response is predicated on initiating delivery within 10 days of notification of a humanitarian event. The project is embedded in the Central African Republic cluster coordination mechanism.

**Humanitarian performance monitoring**

UNICEF strengthened its humanitarian monitoring in response to the crisis in the Central African Republic and developed an integrated system of tools to report on progress and provide information for management response. Bi-weekly dashboards have been prepared and shared with management, including information on progress towards achievements, supplies, human resources and financial implementation to guide decision-making.

UNICEF further strengthened humanitarian performance monitoring through use of the third-party monitoring approach, through which external third-party monitors verify programme results to improve UNICEF’s reach for oversight. Two local institutions were recruited to independently monitor progress made in UNICEF interventions in the IDP sites in Bangui, Bossangoa and Kaga Bandoro. This approach has allowed UNICEF to receive real-time information and efficiently monitor UNICEF partner results, and carry out rapid corrective measures. The approach has proven to be innovative and cost efficient, with the questionnaires collected in the field using forms immediately available in a database for analysis. UNICEF mobile teams were deployed to the field to provide immediate response and to assure, by a triangulation exercise, the quality of the data and information. Based on the success of this recent experience, the third-party monitoring project will be scaled up in selected zonal offices.

UNICEF has regularly used end user forms to monitor the relevance and use of supplies distributed to communities. In addition, the populations living in IDP sites have been asked specific questions within the framework of the third-party monitoring approach. This information has been used to improve the quality of the services provided and to adjust UNICEF’s response.

**Lessons**

The third-party monitoring approach was effective in an environment where the security situation is still volatile and where the capacity to reach out to many parts of the country remains a challenge. While a formal evaluation exercise has not been conducted, UNICEF has coordinated emergency planning and review processes with its partners to define programme interventions and assess and monitor progress made against the 100-day targets set out in the initial Strategic Response Plan. The planning process and revisions of the emergency response have been developed with the support of all levels of the organization (Central African Republic Country Office, West and Central Africa Regional Office and UNICEF Headquarters).

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**Children in Crisis in Central African Republic - A Four Month Progress Report**
Managing the response

Human resources
Supply and logistics

The response to the crisis in the Central African Republic required a significant and immediate increase in staff, supplies and financial resources. Within four days of the escalation in the violence that took place on 5 December 2013, UNICEF activated its corporate emergency procedures and all levels of the organization helped identify and deploy emergency response staff, fast track shipment and delivery of supplies, raise the necessary resources to support the response and deliver on UNICEF’s cluster coordination roles. In addition to Bangui, UNICEF operated a mobile team in Bouar and expanded field offices in Kaga Bandoro and Bossangoa to be on the ground to reach children and women where needs were greatest.

Human resources

With the Central African Republic Country Office under-staffed at the time of the crisis, additional ‘surge’ staff were immediately mobilized at the regional and global levels. For the first time, UNICEF activated its Western, Eastern, Southern, Central Africa Human Resources surge staffing mechanism to use a combined approach across regions (West and Central Africa and Eastern and Southern Africa) to support emergency surge capacity. This is also the first time that this surge mechanism was successfully hosted in an online system through e-Recruitment. In addition to this, an immediate response team (IRT) composed of 11 members with extensive emergency experience arrived as the first wave of the response as an automatic part of the Level 3 emergency activation.

At its peak, 96 surge staff were deployed to Bangui and field locations, adding to the 108 existing, pre-crisis UNICEF staff members in the country. Surge staff included staff members working in programmes, communications, administration and operations, as well as cluster coordinators and information managers in WASH, nutrition, education, health and child protection. Staff converged from 20 UNICEF country offices, three regional offices, and four headquarters locations. UNICEF also drew on an emergency response mechanism under the global
clusters and brought in consultants, retirees and UNICEF standby partners from nongovernmental organizations and governments.

Four months on, just over 50 surge staff were still deployed for the response. Over 90 new national and international staff members are being recruited for the emergency phase over the next year, while 21 longer-term staff members have already been hired to enable continuity of support in the months ahead.

While supplies were being ordered in response to the mounting humanitarian needs in the Central African Republic, delivery remained a huge challenge, with items being shipped or flown to the port of Douala in neighbouring Cameroon, and then transported by truck to Bangui through conflict-torn territory. Faced with the security-related congestion in the ‘Douala corridor’, UNICEF mobilized MISCA troops to escort supply trucks from the Cameroonian border to Bangui. Only a week after UNICEF activated its emergency procedures, international commercial airlines and charter flights from Copenhagen and Brussels were mobilized and flown to Bangui carrying critical emergency items. Two new logistics hubs were recently established in Bambari and Bouar to deliver at scale in the far west and eastern regions of the country.

Four months on, despite significant improvements in logistics conditions, delivery of supplies remain a challenge because of insecurity, lack of proper infrastructure and inadequate third-party service providers such as customs inspectors. Other operational challenges include constant fuel shortages and a sluggish bank system. With only three per cent of roads paved in the country, maintenance costs for the office’s fleet of vehicles are high, particularly during the rainy season. The personal security of staff members remains precarious, with six office staff targeted by car jackings, robberies and death threats in the past four months.

To date, UNICEF has procured supplies worth US$8 million in total, of which local procurement accounts for US$886,000. The total amount of supplies ordered is projected to be around US$22.9 million by the end of 2014.

**Supply and logistics**

UNICEF immediately drew on the remaining emergency supplies that had been pre-positioned for the first response from warehouses in Bangui, Kaga Bandoro and Bassangao. The level of locally available supplies was insufficient to meet the scale of needs and following the looting of stock valued at US$500,000 from UNICEF warehouses in the coup d’état of March 2013, in-country stock had not been fully replenished due to funding constraints. Critical life-saving supplies began to be mobilized from UNICEF Supply Division in Copenhagen.

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**Fig. 1. Human resources surge**

<table>
<thead>
<tr>
<th>Pre-crisis staff level</th>
<th>Post-crisis immediate response phase</th>
</tr>
</thead>
<tbody>
<tr>
<td>108</td>
<td>204</td>
</tr>
</tbody>
</table>

**Fig. 2. Sources of surge support**

- Country Office Staff: 35%
- Regional Office Staff: 45%
- Headquarters Staff: 9%
- Stand-by partners: 9%
- Retirees/Consultants: 1%

**Fig. 3. Supplies procured by section**

- Child survival and development (health and nutrition): US$3.8 million
- WASH: US$1.3 million
- Child protection: US$1.3 million
- Emergency: US$1.1 million
- Education: US$0.42 million
- Communication for Development: US$0.1 million
UNICEF has appealed for US$62 million\(^6\) for 2014, reflecting the continued deterioration in the situation of children in Central African Republic and the overwhelming humanitarian needs. The UNICEF response is part of the inter-agency Strategic Response Plan and outlines a scaled up response to urgent humanitarian needs on the ground.

To date, UNICEF has received US$18 million from numerous governments and corporate and individual donors. This is less than 30 per cent of the required funding for the current response plan. We acknowledge and sincerely appreciate the very generous support thus far, including from individuals, governments and UNICEF’s many corporate and private partners, without which the initial phase of the response would not have been possible and support to emergency initiatives could not have been initiated.

We also note, however, that with only one third of funds required for life-saving interventions received, too many women and children in the Central African Republic will fall prey to preventable diseases like malaria, or will be forced to go without safe drinking water. Without immediate funding, too many children will be denied the nutrients that they need for overall health and development and will be forever stunted. Too many women and children will be vulnerable to sexual violence or recruitment into armed groups, and too many children will remain out of school. Without greater support, what is already a tragedy will become a widening catastrophe for children and their families in the Central African Republic, with long term consequences for the country and the region.

Building on over 40 years of experience and presence in the Central African Republic, UNICEF will continue to work with the Government and other partners under the inter-agency Strategic Response Plan and beyond, to address the humanitarian needs of the population and strengthen the country’s resilience. UNICEF urgently requests donor support for the provision of rapid and tangible assistance to the Government of the Central African Republic so that basic services can be restored.

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**Fig. 4. Contributions by type of donor**

\(^6\) Funding requirements will increase to US$81 million.
Fig. 5. Funds received

<table>
<thead>
<tr>
<th>Private sector / National Committees</th>
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<tr>
<td>French Committee for UNICEF</td>
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<td>Italian Committee for UNICEF</td>
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<td>Japan Committee for UNICEF</td>
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<td>Swiss Committee for UNICEF</td>
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<td>Canadian UNICEF Committee</td>
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<td><strong>Total</strong></td>
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<thead>
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<th>Public sector / governments</th>
<th>US$</th>
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</thead>
<tbody>
<tr>
<td>United Nations Office for the Coordination of Humanitarian Affairs (UNOCHA)</td>
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<tr>
<td>United States Agency for International Development (USAID) Office of Foreign Disaster Assistance (OFDA)</td>
<td>4,200,000</td>
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<tr>
<td>Canada – International Humanitarian Assistance (IHA) Program</td>
<td>2,692,998</td>
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<tr>
<td>Japan</td>
<td>1,800,000</td>
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<tr>
<td>Humanitarian Aid and Civil Protection department of the European Commission (ECHO)</td>
<td>1,375,516</td>
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<tr>
<td>USAID Food for Peace</td>
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<tr>
<td>Italy</td>
<td>523,560</td>
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<td>Republic of Korea</td>
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<td><strong>Total (private and public)</strong></td>
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</table>

Fig. 6. Funding received per sector (US$)

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<tr>
<th>Sector</th>
<th>Requirements</th>
<th>Received</th>
<th>Funding gap</th>
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<tbody>
<tr>
<td>Nutrition</td>
<td>5,000,000</td>
<td>2,776,473</td>
<td>2,223,527</td>
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<tr>
<td>Health and HIV/AIDS</td>
<td>14,000,000</td>
<td>1,668,509</td>
<td>12,331,491</td>
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<td>WASH</td>
<td>14,000,000</td>
<td>6,217,173</td>
<td>7,782,827</td>
</tr>
<tr>
<td>Child protection</td>
<td>12,000,000</td>
<td>4,984,320</td>
<td>7,015,680</td>
</tr>
<tr>
<td>Education</td>
<td>7,000,000</td>
<td>2,043,429</td>
<td>4,956,571</td>
</tr>
<tr>
<td>Non-food items/Rapid Response Mechanism</td>
<td>10,000,000</td>
<td>1,112,342</td>
<td>8,887,658</td>
</tr>
<tr>
<td><strong>Total</strong></td>
<td>62,000,000</td>
<td>18,802,247</td>
<td>43,197,753</td>
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</tbody>
</table>
Looking forward

Even before the current crisis, the Central African Republic was characterized as a failed state plagued by political instability and chronic poverty. The December 2013 crisis exacerbated a pre-existing and forgotten structural emergency. In the short term, UNICEF seeks to realize its commitments to the children of a country long forgotten by the international community by working to help the Government to restore basic services. There remains much to be done on the ground, and for real and lasting change for children, long-standing issues related to poverty must be addressed, in addition to the immediate humanitarian needs. Overall, the country remains a fragile state that requires strong and steadfast accompaniment to overcome the chronic poverty and underdevelopment, deep rural and urban disparities and weak institutions that have left children vulnerable to shocks and the impact of crisis.

In addition to the alarming humanitarian crisis in the capital, Bangui, it also remains crucial to address the major humanitarian needs of populations in the provinces. The populations in most dire need will continue to be targeted with assistance, acknowledging that needs in different geographical regions may vary between crisis response and early recovery. In order to provide a platform with a robust response in the provinces, UNICEF will strengthen its services in Bossangoa, Kaga Bandoro and Bambari, and establish new field offices in Bouar, Ndele and Zemio. Mobile teams will continue to be dispatched from established offices to assess and address the needs of populations in other areas.

On the ground, UNICEF and the Government will work together to rebuild capacity and strengthen the resilience of the health system. Most immediately, UNICEF will continue to support IDP sites via first-line health teams providing essential primary health care, including routine immunization services, antenatal care and integrated community management of malnutrition, diarrhoea, malaria and respiratory diseases. These essential services will ensure that no child is left behind because of preventable disease. As the situation improves, and as the displaced return to their communities, UNICEF will support the Government to establish a district health system and restore community-based facilities to screen for malnutrition and provide HIV services.

UNICEF will continue to support efforts to provide safe drinking water and hygiene education, accelerate sanitation coverage and expand services from mainly Bangui to communities around the country.

Through the cluster system, UNICEF will continue to improve humanitarian support to internally displaced persons in Bangui and prepare existing sites for the approaching rainy season and to avoid a cholera outbreak.

To ensure that children receive continuous education in safe and accessible areas, UNICEF will continue to support the Ministry of Education by providing learning materials, monitoring the number of schools that are open, making preparations for teacher training and catch up classes and supporting the rehabilitation of schools that have been damaged. UNICEF will also support the Back-to-School campaign for the new school year, which will begin in the fall of 2014.

In order to provide children with a measure of protection from the worst effects of the crisis, UNICEF will also continue to use child-friendly spaces as a point of entry for identifying separated children, conducting psychosocial activities, facilitating group support and identifying victims of abuse and gender-based violence. UNICEF will continue to support the MRM on grave violations against children, and will continue to work to secure the release of children associated with armed groups and forces.

Communication for Development will continue to be integrated into all UNICEF interventions through communication around behavioural and social change and community participation aimed at reinforcing life-saving information on essential family practices such as breastfeeding and the use of bed nets. Communication for Development will also continue to mobilize communities through outreach with religious and community leaders to promote peace and reconciliation.

Looking beyond the emergency phase, in the long term, UNICEF will focus its efforts on the restoration of basic services for children and their families, in line with its Core Commitments for Children in Humanitarian Action. The focus will be on those who are already disadvantaged and in need of special assistance, notably poor, marginalized and female-headed households, children, the elderly and persons with disabilities.

In short, UNICEF will join efforts with the Government, the newly-established United Nations peacekeeping mission, other United Nations agencies and partners to ensure that the crisis that has been forgotten for so long – and that has claimed so many of the men, women and children of the Central African Republic – is forgotten no more.
UNICEF partners and counterparts

United Nations system

Nongovernmental and civil society organizations

WASH
Action Against Hunger (ACF), Agency for Technical Cooperation and Development (ACTED), CRCA, Water and Sanitation for Africa (EAA), Integrated Community Development International (ICDI), International Medical Corps (IMC), Institute of Agricultural Research for Development (IRAD), International Rescue Committee (IRC), Mercy Corps, REMOD, Vitalite Plus

Health
Alliance of International Medical Action (ALIMA), National Association of Young Women Active for Solidarity (ANJFAS), Caritas, CNLS, Italian International Cooperation (COOPI), Croix Rouge, International Medical Corps (IMC), International Rescue Committee (IRC), Medecins du Monde (MDM), MSF-Belgique, UNHCR

Nutrition
Action Against Hunger (ACF), Caritas, COHEB International, International Medical Corps (IMC), Merlin, Save the Children

Child Protection
Agency for Technical Cooperation and Development (ACTED), Association of Women Jurists of Central African Republic, Caritas, Catholic NGO for Relief and Development Aid CORDAID, COHEB International, Don Bosco, Danish Refugee Council (DRC), Enfants Sans Frontieres, International Medical Corps (IMC), International Rescue Committee (IRC), Mercy Corps, Save the Children, Search for Common Ground, SOS Villages, War Child

Communication for Development (C4D)
ARC, CIEE, Center for Information, Education and Communication for the Sexual Health of Youth (CISJEU), National Youth Council (CNJ), Mercy Corps, Search for Common Ground

Surge capacity standby partners
Action Contre la Faim (ACF), Danish Refugee Council (DRC), Finn Church Aid (FCA), Irish Aid, Norwegian Refugee Council (NRC), Norwegian Church Aid (NCA), RedR Australia, Save the Children UK, Swedish Civil Contingencies Agency (MSB)

UNICEF offices
Country offices: Benin, Burkina Faso, Burundi, Brazil, Cote d’Ivoire, Chad, Comoros, Congo-Bravzaville, Democratic Republic of Congo, Guinea, Guinea-Bissau, Haiti, Kenya, Kyrgyzstan, Madagascar, Mauritania, Niger, Nigeria, Pakistan, Senegal, South Africa
Headquarters offices: Belgium, Copenhagen, Geneva, New York, Somalia Support Center
Regional offices: Eastern and Southern Africa, The Americas and Caribbean, West and Central Africa

Donors

National Committees
Canadian UNICEF Committee
Finnish Committee for UNICEF
French Committee for UNICEF
Italian Committee for UNICEF
Japan Committee for UNICEF
Swiss Committee for UNICEF

Governments
Canada/International Humanitarian Assistance
France
Japan
Italy
Republic of Korea
Malta
Andorra
Switzerland
United States Agency for International Development (USAID)
Humanitarian Aid and Civil Protection department of the European Commission (ECHO)

Others
The Central Emergency Response Fund (CERF)
World Bank

UNICEF values all of its partnerships and works with a wide range of community-based organizations, faith-based organizations, non-public actors and other groups and individuals, and recognizes that many of those could not be mentioned here.
## List of acronyms

<table>
<thead>
<tr>
<th>Acronym</th>
<th>Description</th>
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</thead>
<tbody>
<tr>
<td>ACF</td>
<td>Action Contre la Faim</td>
</tr>
<tr>
<td>ARV</td>
<td>Anti-retroviral prophylaxis</td>
</tr>
<tr>
<td>BINUCA</td>
<td>United Nations Integrated Peacebuilding Office in the Central African Republic</td>
</tr>
<tr>
<td>C4D</td>
<td>Communication for Development</td>
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<tr>
<td>COOPI</td>
<td>Cooperazione Internazionale</td>
</tr>
<tr>
<td>EMT</td>
<td>Emergency Management Team</td>
</tr>
<tr>
<td>ESARO</td>
<td>Eastern and Southern Africa Regional Office (UNICEF)</td>
</tr>
<tr>
<td>ETAPEs</td>
<td>Espaces Temporaires d’Apprentissage et de Protection de l’Enfant</td>
</tr>
<tr>
<td>GBV</td>
<td>Gender-based violence</td>
</tr>
<tr>
<td>HAC</td>
<td>Humanitarian Action for Children</td>
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<tr>
<td>HIV</td>
<td>Human immunodeficiency virus</td>
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<tr>
<td>IDP</td>
<td>Internally displaced person</td>
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<tr>
<td>IDTR</td>
<td>Identification, documentation, tracing and reunification</td>
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<tr>
<td>IYCF</td>
<td>Infant and Young Child Feeding</td>
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<tr>
<td>MDGs</td>
<td>Millennium Development Goals</td>
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<tr>
<td>MIRA</td>
<td>Multi-Sector/Cluster Initial Rapid Assessment</td>
</tr>
<tr>
<td>MISCA</td>
<td>International Support Mission to the Central African Republic</td>
</tr>
<tr>
<td>MRM</td>
<td>Monitoring and Reporting Mechanism</td>
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<tr>
<td>NFI</td>
<td>Non-food item</td>
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<tr>
<td>NGO</td>
<td>Nongovernmental organization</td>
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<tr>
<td>PMTCT</td>
<td>Prevention of mother-to-child transmission</td>
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<tr>
<td>RRM</td>
<td>Rapid Response Mechanism</td>
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<tr>
<td>SAM</td>
<td>Severe Acute Malnutrition</td>
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<tr>
<td>SMART</td>
<td>Standardized Monitoring and Assessment of Relief and Transitions</td>
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<tr>
<td>SODECA</td>
<td>Central African National Authority for the Distribution of Water</td>
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<tr>
<td>SRP</td>
<td>Strategic Response Plan</td>
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<tr>
<td>SUN</td>
<td>Scaling Up Nutrition</td>
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<tr>
<td>UN</td>
<td>United Nations</td>
</tr>
<tr>
<td>UNICEF</td>
<td>United Nations Children’s Fund</td>
</tr>
<tr>
<td>WASH</td>
<td>Water, sanitation and hygiene</td>
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<tr>
<td>WCARO</td>
<td>West and Central Africa Regional Office (UNICEF)</td>
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<tr>
<td>WFP</td>
<td>World Food Programme</td>
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<tr>
<td>WHO</td>
<td>World Health Organization</td>
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