Despite the challenging security environment, in recent weeks UNICEF’s response to the crisis has scaled up in the interior of CAR. As of 17 February, outside of Bangui, UNICEF has three field offices and a mobile team. This SitRep provides an overview from these UNICEF field teams. We remain acutely aware that much more needs to be done to address the urgent needs of vulnerable women and children throughout the Central African Republic and we take this opportunity to thank partners and donors for their continued support.

Highlights

- In Bouar and surrounding areas, UNICEF has provided emergency WASH and Health response to 20,000 IDPs in 3 sites (including health and malaria kits for 3,000 people, latrines, defecation trenches and showers built for 14,000 IDPs). UNICEF and partners are collaborating to carry out nutritional screening and routine vaccination of children. Water provision to the town has been successfully re-launched. In addition, 3,400 displaced and host families received Non Food Items (NFIs).

- In Bossangoa, UNICEF continues to meet the needs of 16,000 remaining IDPs in 3 sites, and of returnees in Bossangoa town with the provision of safe water, sanitation and health services with essential drugs and equipment. 3 child friendly spaces in the IDP sites serve as a key entry point for child protection activities. Outside of Bossangoa, distribution of NFIs has been conducted for approximately 10,000 people.

- In Bambari basic health and malaria kits delivered to the Regional Hospital for 2,800 patients. Access to clean water is being scaled up for 30,000 people. Child protection community networks and youth clubs continue to identify new child protection cases and are sensitising the communities on the violation against child rights.

- In Kaga Bandoro, where 1,565 people have been displaced in 2 sites, 15 basic health kits and 15 malaria kits have been distributed to cover the immediate needs of those in the prefecture of Nana-Gribizi. UNICEF and partners are working to rehabilitate 11 water pumps to serve an estimated 5,500 people. Multi-sector rapid assessments carried out in Bouali, Boda and Sibut with an immediate response to Bouali, Boda and Mbaiki.
BOUAR MOBILE TEAM

Highlights

- UNICEF’s main emergency lifesaving activities, in WASH, Health and Nutrition, focus on Baoro and Bouar IDPs sites, where Muslim families are essentially trapped, due to insecurity.
- On 28 January, WFP conducted a food ration distribution to cover 15 days.
- A health post opened in Baoro IDPs site on 31 January; health workers at the health post found 17 children with SAM cases, who were treated with UNICEF nutritional supplies.
- On 11 February, a rapid screening found 21 children under 5 with severe acute malnutrition (SAM) who were treated with UNICEF nutritional supplies.

Humanitarian situation

With the departure of ex-Seleka from the area, violent clashes have come to a halt. However, insecurity remains high, especially in towns, due to the high number of anti-balaka and other armed groups. The incidence of looting and shootings remains high. The Muslim community is now the main target. It is expected that, left without any choice but to continue to be intimidated, looted, harassed and targeted, Muslim families who have not already left are expected to leave the main towns in the area (Bouar, Baoro and Bohong) to take refuge in Cameroon in the coming days or weeks should MISCA provide security to civilian convoys. Meanwhile, non-Muslim families from rural and urban areas displaced in the bush are expected to return to their neighborhoods and villages. On the road axis in rural areas, villages remain empty, however, some tentative signs of return can be observed. However, thousands of homes have been burned and looted. Immediate emergency and medium term interventions are required in all sectors.

Key Results

The two IDP sites in Baoro have adequate access to water (hand pumps, boreholes and spring water). In Baoro site (est. 3,500 pers.), in collaboration with the Catholic Mission, trench latrines have been dug to complement the existing emergency latrines.

Continuous screening has been conducted in Baoro since 31 January and in Bouar IDPs sites. In Baoro site, 17 children with SAM have so far been identified (31 January - 5 February) and in Bouar site 21 children with SAM identified on 11 February by MSF. UNICEF provides nutritional supplies as well as systematic treatment for adequate care on the sites.

76 NFIs kits were donated for families whose houses have been burnt by ex-Selekas during their transit in Bouar at the end of January. UNICEF provided plastic sheeting for shelters in the Bouar Mosque and Baoro Catholic Mission IDPs sites.
Summary Analysis of Program Response

- Partners are slowly developing their capacities after more than two months on standby for operations outside Bouar town. The capacity of governmental partners to respond is weak. Insecurity on the Bangui-Bouar axis is still affecting partners’ chain of supplies.
- To respond to health needs, the reactivation of Bouar Hospital Therapeutic Nutritional Unit (UNT) / Therapeutic Nutritional Ambulatory Unit (UNTA) started on 12 February, in partnership with MSF Spain; UNICEF provides the nutritional supplies, systematic treatments and basic material for the UNT. On the first day of the opening, six children were admitted in the UNT and two in the UNTA. The next priority step includes the collection of information regarding the status and capacities of the UNT and UNTA in Nana Membere health facilities as well as in Bohong and Bocaranga (Ouham Pende). To respond to HIV needs, a rapid supply of anti-retroviral drugs is critical as there is a stock-out at Bouar Hospital.
- In Bouar Mosque site (est. 8,000 pers.), UNICEF and partners built latrines (emergency and trench latrines) and showers, especially for women and children.

BOSSANGANGA FIELD OFFICE

Highlights

- Numerous multi sectorial evaluation missions have been completed on the axes outside Bossangoa between 3 and 11 February (see map).
- Approximately 10,000 people in the rural areas outside of Bossangoa have benefitted from NFI distributions.

Key Results

The water system in Bossangoa has been rehabilitated with the support of UNICEF. Pumping and distribution of drinking water is ongoing for a total of 15,500 displaced people still at the Evêché and École Liberté IDP sites. UNICEF and a partner pumps and distributes 18l/pers./day from a borehole located in the Evêché site. Water trucking is ensured for 1,200 IDPs in the École de Liberté site (16 l/pers./per day). 900 latrines and 460 showers are operational.

42 community health workers have been trained to promote “essential family practices” such as breast feeding, hygiene, vaccination of children, the proper use of latrines and use of mosquito nets and prevention of diarrhea. The C4D activities were developed within the two sites of Evêché and l’École Liberté for 16,700 IDPs.

2 basic health kits, 1 supplementary drug kit, 1 midwifery kit, and 1 malaria kit have been provided to the clinic in Bouca (80 km east of Bossangoa) to cover needs for the month of February.

428 children continue to participate in 3 UNICEF-supported child friendly spaces, two at the Evêché site and one at École Liberté site.

In Bossangoa, temporary learning centers are taking place in 21 classrooms for approximately 4,200, and school-in-a-box kits were distributed in Bossangoa center and surrounding villages on the Bouca axis.
Summary Analysis of Program Response

- On 11 February a SODECA water network connection was established between Bossangoa Evéché site, and the École Liberté site, ensuring that water is now available everywhere in the area of École Liberté, and allows for a reduction of costs of the water-trucking activities.
- The project “sports for life in Bossangoa” is ongoing in the two sites focusing on peace education and health targeting 20,000 children and youth.
- The reopening of health centers is a common imperative to restore the health system in the region. There is a need to advocate to ensure adequate human resources in each health post (most of the health workers fled to Bangui and the rest have been hired by MSF).
- Clinical data from monthly health reports in January 2014 for the two sites show:
  - 1,993 patients supported with 473 children under 5 years
  - 449 children under 1 year given routine EPI vaccines (102 in sites and 347 in hospital)
  - 396 pregnant women vaccinated against maternal and neonatal tetanus
- Case management of malnourished children has continued through the centers of care and mobile clinics conducted by MSF Holland. Nutritional supplies, including plumpy nuts, are provided by UNICEF.
- Nutritional data for the month of January 2014:
  - 264 admissions for SAM 72 recovered, 70 transferred to UNT, 9 withdrawals (tracking mobile clinic), 26 followed by mobile clinic
  - 418 cases of moderate malnutrition
- For Education the reopening of schools in the axes is also a priority, dependent on teachers returning to their villages.
BAMBARI FIELD OFFICE

Highlights

- The UNICEF team in Bambari continues working to activate the emergency response plans for WASH, Health and Child Protection in Bambari sub-office areas.
- The Senior Humanitarian Coordinator, UNICEF Representative and other senior humanitarian officials visited Bambari on 15 February. Bambari provides a rare example of a town where peaceful coexistence has continued up until now. However, this social peace is under pressure from external factors, namely the proliferation of light weapons; frequent rumours of anti-balaka attacks; and the passage of ex-Seleka forces into and through the area.

Key Results

- Save the Children has reported a typhoid epidemic in Bambari due to lack of safe water and poor hygiene practices. UNICEF and partners will distribute soap and scale-up ongoing hygiene promotion activities.
- UNICEF has delivered anti-retroviral drugs (ARV) to the hospital in Bambari. Lack of transport and security have made it challenging to dispatch essential medicines and equipment to district health centres.
- UNICEF met with different partners and local authorities to initiate an advocacy strategy and specific arrangements with armed forces and groups for Children Associated with Armed Forces (CAAG) in Ouaka, Haute Kotto and Vakaga prefectures.
- Access to schools for children and teachers is very limited due to population movement and insecurity in rural areas outside of Bambari. Teaching personnel is generally absent, although one school in Bambari recently reopened its doors.
- The WASH sub-cluster of Bambari is now re-activated with TGH, CRF, Caritas, ANEA and UNICEF. Partners are updating Who does What and Where (3W). The sub-cluster is co-led by the “Direction General Hydraulique” (DGH) and UNICEF.

Summary Analysis of Program Response

- A partnership has been signed with Caritas to rehabilitate and chlorinate 15 existing wells for 7,500 persons in Bambari city. Another partnership will be signed with TGH to cover 15 other existing wells for 7,500 persons in Bambari city. UNICEF is providing funding to rehabilitate SODECA’s water system and water pipelines in the hospital of Bambari city.
- UNICEF has delivered ARVs to hospital of Bambari for 500 HIV/AIDS patients.
KAGA BANDORO FIELD OFFICE

Highlights
- Clashes in the town of Kaga Bandoro have led to the displacement of at least 1,565 individuals at two sites: L’église de la Nativité (1,065 people) and Mission Catholique (500 people); 5,000 people have been displaced in surrounding areas. In Bangui, supplies to support these IDPs have been loaded into trucks, but because of ongoing insecurity in the capital, the movement of these supplies is stalled.
- Due to the crisis, 98% of schools are not functioning primarily due to insecurity and as such, partners have not been able to access this area.
- 24 health personnel have been trained on Emergency Obstetric Neonatal Care (EONC) of which 16 auxiliary midwives and 8 head nurses from the rehabilitated health posts.

Humanitarian Situation
The security situation of Kaga-Bandoro and its surrounding locations remains volatile. A recent anti-balaka attack on Botto, a village 6 km from Kaga Bandoro caused displacements of the local population who took refuge in the Mission Catholique and l’Eglise de la Nativite of Kaga Bandoro. To prevent an armed confrontation between the anti-balaka and ex-Seleka, a mediation team was formed. The team consists of religious leaders (a Bishop and a priest), the mayor of Kaga Bandoro, the Secrétaire General de Prefet and MISCA Deputy Commander. The religious leaders also requested the presence of UN (represented by OCHA and DSS). The MISCA was subsequently deployed and has started patrolling the area. The mediation and the deployment of MISCA have helped tensions to diffuse and have somewhat calmed the fear of the local population.

Key Results

**Summary Analysis of Program Response**
The absence of the local authorities in the region is a limiting factor for effective implementation of UNICEF programmes at the field level. Moreover, as in all of CAR, insecurity restricting staff movements as well as transport movements has been identified as a major limiting factor in the response. Due to these movement restrictions, the programme implementation was severely impacted both at UNICEF and partners level. In addition to the key results presented above, some recent achievements by UNICEF and partners in and around Kaga Bandoro in the last two weeks are presented below:

UNICEF, in partnership with Save the Children, has rehabilitated seven health posts in 7 towns surrounding Kaga Bandoro.

600 beneficiaries, including 250 women, were reached through 6 sensitization campaigns. Awareness on hygiene and sanitation in all target communities is underway.

1,624 children participated in 4 community events on psychosocial support, debates on HIV/AIDS, etc. 4 recreational kits were distributed to the target communities.
• Reorganization and training of Water Committees in all the villages where the water points were repaired. For each repaired water point, there is a management committee composed of 10 members, 6 men and 4 women. Rehabilitation and refurbishment of 22 wells is covered by partnership agreements.

• Advocacy has been done by UNICEF to the Ministry of hydraulic to deploy SODECA technicians/workers in Bambari to address rehabilitation of the water network in the city. In the meantime, ANEA must be engaged in the rehabilitation of the water points through the axis.

• Training of community leaders on Child Protection related issues.

• 4 community events conducted (Psychosocial support, debates and discussions on HIV/AIDS, etc) with the participation of 1,039 (344 girls and 695 boys). 15 youth clubs supported in the project areas.

• Rehabilitation of seven health posts, of which five are Massengué, Dissikou, Mbiti, Badia and Ndometé on Dekoa axe. The remaining two are Gazao and Doukouma on Mbres axe. However, the construction activities of Doukouma health post are not yet finalized.

• 264 pregnant women attended antenatal care services (ANC) in the past 2 weeks. In addition, 1 woman tested positive for HIV. 76 persons living with HIV are continuing ARV treatment.

• 9 mobile or outreach clinics conducted, during which 475 medical consultations were done; 333 additional medical consultations were conducted in the health posts.

• 10 children and 10 pregnant women referred to Kaga-Bandoro Prefectoral Hospital (KBPH)

Twitter handle: @UNICEF_CAR, #CARcrisis


Who to contact for further information:

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Representative                Deputy Representative        Communications Specialist
Central African Republic      Central African Republic    Central African Republic
sdiabate@unicef.org            jleveillee@unicef.org        ltom@unicef.org
# KEY RESULTS

<table>
<thead>
<tr>
<th>Sector</th>
<th>Indicator</th>
<th>2014 (First 100 days)</th>
<th>2014 (Full year)</th>
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<tbody>
<tr>
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<td>UNICEF &amp; operational partners</td>
<td>Sector / Cluster</td>
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<td>Cluster Target</td>
<td>Cumulative results (§)</td>
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<td>UNICEF</td>
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<td></td>
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<td>Target</td>
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<tr>
<td></td>
<td></td>
<td>Cumulative results (§)</td>
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<td></td>
<td></td>
<td>% of Target Achieved</td>
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<td></td>
<td></td>
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<tr>
<td>Health</td>
<td>Number of U5 children vaccinated against measles (*)</td>
<td>200,000</td>
<td>149,294</td>
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<td></td>
<td>Number of children under - five provided Vitamin A (*)</td>
<td>0</td>
<td>0</td>
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<tr>
<td></td>
<td>Children 1-5 years receiving de-worming medication (*)</td>
<td>0</td>
<td>0</td>
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<td></td>
<td>Number of people that access basic health services and medicines in the affected areas</td>
<td>500,000</td>
<td>44,800</td>
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<tr>
<td>Nutrition</td>
<td>Children 6-59 months with Severe Acute Malnutrition (SAM) admitted for therapeutic care and benefitting from promotion of nutrition practices</td>
<td>4,620</td>
<td>1,811</td>
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<tr>
<td></td>
<td>Children 0-59 months children in therapeutic care recovered from SAM*</td>
<td>&gt;=3,465</td>
<td>688</td>
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<tr>
<td></td>
<td>Recovery Rate</td>
<td>&gt;=75%</td>
<td>93%</td>
</tr>
<tr>
<td></td>
<td>Death Rate</td>
<td>&lt;5%</td>
<td>1%</td>
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<tr>
<td></td>
<td>Default Rate</td>
<td>&lt;15%</td>
<td>6%</td>
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</tbody>
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**UNICEF Operational Partners:** ACF, SAVE THE CHILDREN, FRENCH RED CROSS, COLLABORATION WITH MSF, CARITAS

(*) Partial data

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**Nutrition**

- **Recovery Rate:** >=75% 93% NA >=75% 93% NA >=75% 93% NA
- **Death Rate:** <5% 1% NA <5% 1% NA <5% 1% NA
- **Default Rate:** <15% 6% NA <15% 6% NA <15% 6% NA

**UNICEF Operational Partners:** ACF, COHEB, IMC, MSF-F, MSF-E, MSFH, CARITAS, MERLIN, SAVE THE CHILDREN

(*) 688 represents the 93% of exited children are recovered in January 2014
<table>
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<tr>
<th>Sector</th>
<th>Indicator</th>
<th>2014 (First 100 days)</th>
<th></th>
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<tr>
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<td>Sector / Cluster</td>
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<td>Sector / Cluster</td>
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<td></td>
<td>UNICEF Target</td>
<td>Cumulative results (#)</td>
<td>% of Target Achieved</td>
<td>Cluster Target</td>
<td>Cumulative results (#)</td>
<td>% of Target Achieved</td>
</tr>
<tr>
<td><strong>WASH</strong></td>
<td>Affected population that have improved access to water (*)</td>
<td>352,000</td>
<td>138,130</td>
<td>39%</td>
<td>714,750</td>
<td>444,000</td>
<td>62%</td>
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<td></td>
<td>Affected population with access to a basic sanitation services (**)</td>
<td>150,000</td>
<td>63,150</td>
<td>42%</td>
<td>714,750</td>
<td>132,702</td>
<td>19%</td>
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<tr>
<td></td>
<td>Affected population receiving wash items and knowledge to put in place hand washing practices (***)</td>
<td>150,000</td>
<td>53,550</td>
<td>36%</td>
<td>714,750</td>
<td>109456</td>
<td>tbd</td>
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<tr>
<td></td>
<td>Quantity of potable water liters/day per affected population</td>
<td>7.5</td>
<td>N/A</td>
<td>7.5</td>
<td>N/A</td>
<td>15</td>
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<tr>
<td><strong>Child Protection</strong></td>
<td>Number of children released from armed forces and groups</td>
<td>800</td>
<td>45</td>
<td>6%</td>
<td>800</td>
<td>45</td>
<td>6%</td>
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<tr>
<td></td>
<td>Separated children in emergencies reunified with families (80% of registered children)</td>
<td>480</td>
<td>190</td>
<td>40%</td>
<td>480</td>
<td>190</td>
<td>40%</td>
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<tr>
<td></td>
<td>GBV survivors who receive holistic assistance</td>
<td>800</td>
<td>125</td>
<td>16%</td>
<td>NA</td>
<td>NA</td>
<td>NA</td>
</tr>
</tbody>
</table>

UNICEF Operational Partners: IRC, ACF, ANEA, LIFA, EEA.

(*) Standard sphere not yet reached for Bangui sites. Bossangoa std Shepre almost reached with the provision of 12 litre of water per person per day.

(**) Latrines/defacation fields with hand washing dispositive in the IDPs sites. Bossangoa Sphere standard reached while for Bangui sites the avarage is 154 per latrines at the airport site and UNICEF supoprted interventions 1 latrine per 100 persons.

(***) Partial data related to the people reached with hygiene communication activities.

UNICEF Operational Partners: CARITAS, COOPI, IMC, MERCY CORPS, SAVE THE CHILDREN
<table>
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<tr>
<td></td>
<td>UNICEF Target</td>
<td>Cumulative results (#)</td>
<td>% of Target Achieved</td>
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<tr>
<td>HIV/AIDS</td>
<td>Affected population reached with information on HIV</td>
<td>666,667</td>
<td>63,760</td>
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<td></td>
<td>Pregnant women benefiting from PMTCT services (Test, ARV prophylaxis)</td>
<td>1,992</td>
<td>1,968</td>
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<tr>
<td></td>
<td>Children born from HIV positive mothers benefiting from paediatric care</td>
<td>1,550</td>
<td>656</td>
</tr>
<tr>
<td></td>
<td>PLWA previously on HIV-related care/treatment continuing to receive care (PMTCT, ART)</td>
<td>2,667</td>
<td>3,907</td>
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<tr>
<td></td>
<td><strong>UNICEF Operational Partners: MoH</strong></td>
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</tr>
<tr>
<td>Education</td>
<td>Children between 3 to 18 years benefiting from education supplies (*)</td>
<td>160,000</td>
<td>18,800</td>
</tr>
<tr>
<td></td>
<td>Children participating in ETAPE activities (temporary learning spaces)</td>
<td>40,000</td>
<td>23,000</td>
</tr>
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<td></td>
<td><strong>UNICEF Operational Partners: CORDAID, VITALITE PLUS, ECAC, JUPEDEC, COHEB, IDEALE RCA, CARITAS</strong></td>
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<tr>
<td></td>
<td>(*) Education supplies for an estimated 13,390 3-18 years old children have been so far delivered to implementing partners (111 ECD Kits, 196 School-in-a-box, 212 Recreation Kits). As of today 70 ETAPE are operational with an estimated 14,000 children having access.</td>
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</tbody>
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