UNICEF CAR Humanitarian Situation Report

Reporting period: 1 July – 30 September

Central African Republic

Humanitarian Situation Report

July - Sept 2017

Key Programme Indicators

<table>
<thead>
<tr>
<th>Sector/Cluster</th>
<th>UNICEF</th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
<td>Cluster Target</td>
</tr>
<tr>
<td>WASH: Number of affected people provided with access to improved sources of water as per agreed standards</td>
<td>1,600,000</td>
</tr>
<tr>
<td>Education: Number of children (boys and girls 3-17yrs) in areas affected by crisis accessing education in temporary learning spaces (TLS)</td>
<td>94,400</td>
</tr>
<tr>
<td>Health: Number of children under 5 in IDP sites and enclaves with access to essential health services and medicines</td>
<td>N/A</td>
</tr>
<tr>
<td>Nutrition: Number of children aged 6-59 months with SAM admitted for therapeutic care</td>
<td>30,521</td>
</tr>
<tr>
<td>Child Protection: Children (boys and girls) released from armed forces and armed groups who participate in a community reintegration programme</td>
<td>4,874</td>
</tr>
</tbody>
</table>

N/A = Not Applicable

July - September 2017

1.2 million
Children in need
(2017 Humanitarian Response Plan)

2.4 million
People in need
(2017 Humanitarian Response Plan)

600,250
Internally displaced persons
(UNHCR, 30 Sept 2017)

481,577
Refugees in neighbouring countries
(Chad, Cameroon, DRC, Congo)
(UNHCR, 30 Sept 2017)

UNICEF Appeal 2017*
US$ 53.6 million

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Central African Republic

Humanitarian Situation Report

Highlights

• Due to increased violence, the number of IDPs has increased from 534,000 at the end of June to 600,250 at the end of September – a number that had not been registered since March 2014, right after the peak of the crisis.

• Hotspots of insecurity resulting in continued displacement of children continued throughout the third quarter of 2017. The displacements were mainly along the south eastern border, the north western border and in the central area of the country. UNICEF prioritizes life-saving interventions and risk reduction for crisis-affected, displaced and returning people in CAR.

• The school year started September 18, with children progressively returning to classrooms. However, schools remain closed in several areas of insecurity; UNICEF and partners have set up Temporary Learning Spaces in crisis affected areas.

*US$ 7.9 million carried over from 2016

Carry-Forward Funds, $7,888,649
Funding Gap, $30,454,501
Funds received, $15,256,849

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**Situation Overview & Humanitarian Needs**

Hotspots of insecurity resulting in continued displacement of children continued throughout the third quarter of 2017. The displacements were mainly along the south eastern border, the north western border and in the central area of the country resulting in a total of 600,250 IDPs - an increase of 49% since January 2017. The number of refugees has not significantly changed but remains stable at nearly half a million Central Africans living in surrounding countries.

A High-Level Ministerial Meeting on the CAR was held on the margins of the 72nd ordinary session of the UN General Assembly (19 Sept 2017) co-chaired by the Secretary-General of the UN, the President of CAR, and the President of the African Union Commission. The meeting was organized in partnership with the Economic Community of Central African States (ECCAS), the European Union and the World Bank, and the members of the International Support Group as well as other key partners also participated. They highlighted that the violence observed in recent months has reached an unprecedented level since the height of the crisis in 2014 and the clashes between armed groups and violence against civilians and peacekeeping forces have affected humanitarian access and operations. Population movements have been taking place in very remote and inaccessible areas – many times without road access, due to purposely destroyed bridges by armed groups and the ongoing rainy season.

UNICEF continues to work with OCHA and the Civil Military Coordination unit to negotiate humanitarian access to carry out humanitarian assessment and response missions.

### Estimated Population in Need of Humanitarian Assistance


<table>
<thead>
<tr>
<th>Start of humanitarian response: January 2014</th>
<th>Total</th>
<th>Male</th>
<th>Female</th>
</tr>
</thead>
<tbody>
<tr>
<td>Total Population in Need</td>
<td>2.4 million</td>
<td>1.2 million</td>
<td>1.2 million</td>
</tr>
<tr>
<td>Children (Under 18)</td>
<td>1.7 million</td>
<td>0.85 million</td>
<td>0.85 million</td>
</tr>
<tr>
<td>Children Under Five</td>
<td>547,725</td>
<td>273,975</td>
<td>273,750</td>
</tr>
<tr>
<td>Children 6 to 23 months</td>
<td>271,195</td>
<td>136,053</td>
<td>135,942</td>
</tr>
<tr>
<td>Pregnant women</td>
<td>87,000</td>
<td></td>
<td></td>
</tr>
</tbody>
</table>

**Humanitarian Leadership and Coordination**

UNICEF is a member of the Humanitarian Country Team (HCT), UN Country Team (UNCT) and Security Management Team (SMT).

UNICEF leads WASH, Nutrition Education clusters and Child Protection sub-cluster. The Government co-chairs WASH and Education clusters, Child Protection sub-cluster and is an active member of the Nutrition cluster. Child Protection (CP) sub-cluster covers all provinces directly or indirectly. Nutrition is paired with health and works through three sub-clusters at the sub-regional level. The Education and WASH clusters are also functional at the sub-regional level.

UNICEF is the coordinator of the Rapid Response Mechanism (RRM) and is a member of the Health and, through the RRM Coordinator, Shelter/NFI/Camp Management clusters. The Cluster/Sub-Cluster leads and RRM Coordinator are members of the Inter-Cluster Coordination team (ICC).

**Humanitarian Strategy**

UNICEF prioritizes life-saving interventions and risk reduction for crisis-affected, displaced and returning people in CAR. Capacity building and preparedness activities are reinforced. UNICEF tackles preventable childhood illnesses, malaria, HIV and malnutrition, and provides people with access to safe water and improved sanitation. UNICEF focuses on protection needs of children, including their release from armed groups and their reunification with families when separated or unaccompanied, and provides the appropriate psychosocial support to vulnerable children. Children who are out of school due to crisis will gain access to safe learning spaces and quality education. The Rapid Response Mechanism (RRM) provides non-food items (NFIs) and water, sanitation and hygiene (WASH) support to vulnerable people suffering shocks. UNICEF works with line ministries to strengthen government capacity for humanitarian coordination, leadership and response. UNICEF also plays a strong role in health programming and will continue to support education, nutrition, health, NFI and WASH core supply pipelines.

**Summary Analysis of Programme Response**

**Rapid Response Mechanism (RRM)**
The RRM raised 35 alerts during the quarter and these were predominantly in the south-eastern prefectures of Basse-Kotto, Mbomou and Haut-Mbomou and the north-eastern prefectures of Ouham-Pende and Ouham. Due to decreased access for Solidarités International (SI) in their geographic area, and increased needs in the south-eastern prefectures covered by ACTED, the SI teams have begun supporting the response in collaboration with ACTED teams reinforcing the flexibility of the RRM.

Insecurity during the period caused an RRM implementing partner to evacuate their base and suspend activities due to a staff member being assassinated, and another to postpone activities due to being attacked and looted while on route. Both are currently active in the RRM.

The 17 post distribution monitoring (PDM) exercises conducted in 2017 have shown that recipients find the kitchen kits and tarpaulin the most useful items in the NFI kit. The tarpaulin has been especially helpful during the rainy season when grass to make temporary shelter isn’t available.

WASH
New waves of displacements due to violence have created additional and urgent needs in WASH assistance while the rainy season has aggravated sanitation issues in IDP sites.

UNICEF, with its partners, has continued to provide assistance in drinking water, basic sanitation and hygiene (including promotion) to approximately 81,000 IDPs in sites and surrounding host communities in Bambari, Bangassou, Batangafo, Bossangoa, Kaga Bandoro sub prefectures. CARITAS, closely coached by UNICEF, launched the WASH response in Bangassou. Unfortunately, armed groups threatened WASH partners in Bangassou, which caused the disruption of water pumping. MINUSCA forces stepped in to provide water-trucking services for the IDPs.

WASH partners built seven boreholes equipped with hand pumps and distributed water purification kits to 3,500 households in IDP sites in Kaga Bandoro. Water purification kits were also provided to about 11,870 households of returnees who had fled the Kaga Bandoro area and returned to their villages when the violence calmed. During the school year 2017-2018 re-opening ceremony, maintenance kits and drinking water stations were handed over to 13 schools in the town of Kaga Bandoro for the maintenance of toilets. These will benefit more than 7,375 students (3,201 girls and 4,174 boys). More than 230 teachers from these schools were trained in school hygiene.

The “Agence Nationale de l’Eau et de l’Assainissement en Milieu Rural” (ANE) and the “Direction Générale de l’Hydraulique” (DGH) and CARITAS, with the support of UNICEF, have built more than 780 latrines and 105 emergency showers on various sites in Bambari and Bria for about 32,700 displaced persons. CARITAS Bambari strengthened the capacities of 20 community and religious leaders on IDP site management. In addition, 30 community mobilizers and 40 latrine maintenance officers were also trained. 245 teachers and academic inspection cadres were trained on the need and the importance of hygiene in the school environment.

A WASH gap analysis highlighted the growing need in WASH (from about 120,000 to 220,000 people) in conflict-affected areas. With support from UNICEF, the cluster organized a validation workshop on its Strategic Operational Framework including guidance for: Wash in schools, IDP camps, and health centers including nutritional centers.

Child Protection
UNICEF and its partners continued prevention and response activities against family separation, identification, care and reunification for Unaccompanied and Separated Children (UASC). These activities have been carried out with harmonized tools developed within the child protection working group (CPWG). In August, two Child Friendly Spaces (CFSs) were established in Grimari by a national NGO to provide psychosocial support to vulnerable children and to ensure identification, documentation, tracing and reunification of UASC.

MINUSCA, child protection (CP) actors, and UNICEF initiated advocacy activities for the release of children associated with armed groups in sensitive areas such as PKS and Lobaye. One of the major outcomes of the advocacy conducted toward Ex-Seleka groups by UNICEF and MINUSCA CP is the release of 74 children in the city of Kaga Bandoro only. Armed groups as FPRC, UPC, MPC and MLJC are handing over list of recruited children to child protection actors in Vakaga, Ouaka and Nana Grebizi. These success could be hampered by the lack of financial resources to support this process. During the reporting period, 295 children including 103 girls were released.

On 30 August 2017, the government launched the pilot DDRR National Program. UNICEF, in collaboration with MINUSCA and CP actors, developed Standard Operating Procedures (SOP) to better coordinate and ensure care and protection for
children during this process. The program will involve 520 ex-combatants from 14 armed groups nationwide. UEPNDDR, the national body in charge of the programme continued the screening of ex-combatants. No children were found during the current verification process in Bouar.

MINUSCA and UNICEF conducted a mission in Nana-Mambere province to follow-up on early marriages involving armed groups. CP actors together with the CPWG are evaluating how to respond without exposing the survivors and their families to risk of retaliation. In Dekoa, 82 survivors and 60 vulnerable women received dignity kits. To improve the quality of reporting and response to SEA survivors, a training session was organized for the UNICEF staff in Bangui.

As part of the implementation of UN SG Resolution 1612, humanitarian actors were trained and sensitization activities were conducted with armed groups to ensure quality data collection and reporting on grave child right violations. In collaboration with education cluster, UNICEF and MINUSCA organized a training for 43 education actors (6 women) on the MRM collection of information on attacks against schools and school occupations.

**Education**

In July, due to increased insecurity, 93% of schools in areas of heavy fighting were closed leading to the suspension of exams and education in emergency (EiE) activities for 156,000 children, among which, there were approximately 55,000 displaced children (49% girls). Fourteen schools were occupied by armed groups, which was reported through the MRM.

In August, UNICEF worked closely with the Ministry of Education (MoE) to organize the National Back to School Campaign. This campaign was especially important, as the crisis continued in many areas of CAR, to promote the right to education for all children with the key message of “J'ai le droit d'aller à l'école” (in English: 'I have the right to go to school'). UNICEF supported a wide range of activities that included a mass communication campaign, preparation and clean-up of schools, and the deployment of teachers. Nevertheless, due to escalating violence in some areas, many schools remain closed and the commencement of the school year is proceeding slowly. UNICEF continues to support partners working in these areas.

To ensure that children affected by the ongoing crisis have access to education, UNICEF supported implementing partners and the MoE so that in total 52,539 children (47% girls) had access to catch up classes and recreational activities in 294 of Temporary Learning Spaces. (Of this total 4,726 children commenced participation in the ETAPES in September 2017).

In order to respond to the ongoing crisis, the Education Cluster has mobilized $1.1 million from the Humanitarian Fund and $6 million from Education Cannot Wait financing for a total of $7.1 million.

The Education Cannot Wait (ECW) Secretariat approved four projects totaling six million dollars to ensure that over 60,000 vulnerable children in crisis affected areas in CAR have access to education. This funding will ensure EiE interventions for approximately 60,000 children in situations where the crisis continues and children are especially vulnerable.

The Education Cluster continues to strengthen the capacity of partners in EiE programming through training activities, particularly focusing on information management, INEE standards and Back to School strategies.

**Health - Maternal, New-born and Child Health (MNCH)**

During the period July - September 2017, medical care was provided to displaced persons in IDPs sites through the donation of medical kits including antimalarial drugs. At the Bocaranga IDP site, 1,000 Long Lasting Insecticide Treated Nets (LLITN) were distributed to 500 households. 516 IDPs, including 405 children under 5, were provided with medical assistance in Bambari IDP site health care unit. Malaria is the most frequent cause of consultation.

A supervisory mission in the Ouham Prefecture with the support of UNICEF was undertaken in August in 10 of the 15 community-based care sites. It revealed that in the remote villages of Bossangoa sub-prefecture, Community Health Officers (ASC) supported 669 children in June and July (an average of 30 children per site per month). The majority were cases of fever. 489 cases of malaria, 174 cases of diarrhea and 113 cases of pneumonia were treated on the sites. 17 children with general signs of danger were referred to health facilities. Access problems continue to limit contact between sites and health facilities. Thus the context of insecurity in Kaga Bandoro did not allow the sites to be supplied with drugs.

Following the launch of the Joint WHO-UNICEF-UNFPA Initiative for the Reduction of Maternal, Newborn, Child and Adolescent Mortality on 22 June 2017 by the First lady of the Central African Republic and the Africa Regional Director of WHO, a 2018-2020 contingency plan was drafted with the technical support of two international consultants WHO and the participation of about 20 experts from the Ministry of Health, WHO, UNFPA and UNFPA.
As part of the partnership between GAVI and CAR, a joint GAVI CAR evaluation workshop was held from June to July 2017. This exercise was attended by GAVI, the UNICEF regional offices (WCARO) and of the WHO (AFRO)

The main objectives were to:

- Review the programmatic and financial achievements of the GAVI grants
- Analyze situations to improve future programming

Recommendations were made to improve immunization coverage in CAR. The Expanded Programme on Immunization (EPI) applied to the GAVI grant (cold chain optimization platform) for the acquisition of additional cold chain equipment to improve the vaccine supply chain in CAR. Two meetings of the Inter-Agency Coordination Committee (IACC) were held for the debriefing of the GAVI mission, the validation of the joint evaluation report and the platform’s submission documents of GAVI on the cold chain.

**Nutrition**

UNICEF and its partners continued their efforts to support the scale up of the Community Management of Acute Malnutrition programme. During the quarter, 45,335 children aged 6 – 59 months were screened for malnutrition in hot spots with 3,674 children identified with moderate acute malnutrition (MAM) and 1,326 children with severe acute malnutrition (SAM). All cases identified were referred for treatment. At least 2,679 pregnant and lactating women benefitted from infant and young child feeding counselling.

Insecurity in the south east continues to challenge the provision of nutrition services. Out-patient therapy (OTP) services were established in July in Mobaye (five sites), Kembe (four sites) and Satema (two sites). Two mobile clinics to provide an integrated nutrition package have been set up to reach the hard-to-access and displaced population in Kembe and Satema. However, most nutrition activities were suspended intermittently by implementing partners in Zangba, Bangassou and Zemio. The IDPs in these areas are in a state of extreme vulnerability with high levels of malnutrition that continue to rise. This may be indicative of a wider nutrition problem in hard-to-reach populations that are either under siege or hiding in the bush. There is a need to keep the nutrition response active in the hotspots including Bria, Alindao, Mobaye, Zemio and Obo in the Basse Kotto, Haute Kotto, Mbomou and Haut Mbomou prefectures.

In August, a rapid SMART nutrition survey conducted in Ngougbia (Ouaka prefecture) by ACF with UNICEF’s support revealed an acceptable nutritional situation in this isolated area. The results showed a Global Acute Malnutrition rate of 4.1 per cent and a SAM rate of 0.7 per cent.

In September, a rapid SMART survey conducted by CSSI with UNICEF’s support showed a deterioration of the nutritional situation in all IDP camps in Obo (prefecture of Haut-Mbomou) requiring more resources to respond. The results showed a serious nutritional situation (close to the 15 per cent emergency level WHO standards as a critical situation) and a SAM rate of 4.8 per cent, well above the 2 per cent emergency level set by WHO. As part of the response to this critical nutrition situation, two mobile teams were deployed from CSSI in Obo IDPs camps to provide nutrition services to the children.

UNICEF continued to preposition and distribute nutrition supplies to the current hotspots (Bambari, Kaga-Bandoro, Bria): 1,844 cartons of RUTF, 132 cartons of F-75, and 56 cartons of F-100 were provided to MSF-F, Concern, AHA and JUPEDEC to treat approximately 2,000 children during two months.

The process for the review and validation of the national policy of food security and nutrition is ongoing.

**HIV/AIDS**

Most of the new HIV positive cases detected during the reporting period were enrolled in the Antiretroviral Treatment (ART) program. The main reason for non-enrolment of positive is the lack of integration of Paediatric HIV care in adult anti-retroviral treatment (ART) center. Coaching is planned in October to fill the gap.

Technical support has been provided to the central level of MoH to develop the National Strategic Plan for Maternal, Child and Adolescents health; to the decentralized Ouham Health district authorities (DRS3) to analyse the access, integration and quality of paediatric HIV. A TOR for capacity building to ensure task shifting and integration is under development in support to the decentralize level. The scale up of PMTCT services in strategy in the health region 3 under the leadership of the regional health directorate of the region 3 started in July with 11 MoH HIV/PMTCT managers trained as trainers of trainers on the coaching capacity; these managers provided on-the- job training to 19 health facilities offering ANC for PMTCT integration. The National Aids Commission (CN/CNLS) was supported to prepare the launching of the HIV Paediatric and adolescent scale up operational plan. Also, supportive supervision and on-the-job
training was provided to 36 staffs in 16 PMTCT centres in Bangui in collaboration with the PMTCT Focal point from the Family Health Department. The main challenges faced during the reporting period are: the poor leadership, managerial and coordination capacity from the MoH and the National Aids Program for the follow-up of the grant agreement for the Polymerase Chain Reaction test (PCR) subvention by Global Fund; the delay to start-up the biological platform for the PCR handed by UNICEF to the National Laboratory, as well as the shortage of pediatric ART drugs; Low data completion (<60%) due to insufficient data collection in the field.

Media and External Communication
The UNICEF CAR Chief of Communications briefed the UN press corps in Geneva during the regular press briefing on 15 August. The briefing was picked up by the New York Times, Le Temps de Genève, EFE News agency, United Nations Information Center in different languages, as well as by smaller media outlets in Hungary, Nigeria and Canada. Interviews were recorded by UN Radio and Radio Vatican. The briefing notes were also published by the UNICEF UK National Committee.

Some of the Facebook posts that received the most “likes” were:
https://goo.gl/p53HNX
https://goo.gl/Am5y4Q

Funding
UNICEF CAR revised its 2017 Humanitarian Action for Children appeal to $53.6 million to be in line with the revised Humanitarian Response Plan. Most recently, generous funding support was received from donors such as ECHO, “Education Cannot Wait”, and from UNICEF’s Global Thematic Humanitarian Fund.

With the spread of conflicts leading to more displaced children and families in new areas, child protection, health and HIV/AIDS, WASH, and nutrition needs are increasing while the significant funding gaps ranging from 66 –85 per cent are hampering effective response.

<table>
<thead>
<tr>
<th>Appeal Sector</th>
<th>HAC 2017 requirements</th>
<th>Funds available*</th>
<th>Funding Gap</th>
</tr>
</thead>
<tbody>
<tr>
<td>Health and HIV/AIDS</td>
<td>8,100,000</td>
<td>1,209,884</td>
<td>6,890,116</td>
</tr>
<tr>
<td>Nutrition</td>
<td>7,200,000</td>
<td>1,954,587</td>
<td>5,245,413</td>
</tr>
<tr>
<td>Water, Sanitation &amp; Hygiene (WASH)</td>
<td>9,000,000</td>
<td>2,625,686</td>
<td>6,374,314</td>
</tr>
<tr>
<td>Child Protection</td>
<td>9,000,000</td>
<td>3,094,779</td>
<td>5,905,221</td>
</tr>
<tr>
<td>Education</td>
<td>7,300,000</td>
<td>4,044,507</td>
<td>3,255,493</td>
</tr>
<tr>
<td>Rapid Response Mechanism (RRM)</td>
<td>12,200,000</td>
<td>9,466,055</td>
<td>2,733,945</td>
</tr>
<tr>
<td>Cluster/Sector Coordination</td>
<td>800,000</td>
<td>750,000</td>
<td>50,000</td>
</tr>
<tr>
<td><strong>Total</strong></td>
<td><strong>53,600,000</strong></td>
<td><strong>23,145,499</strong></td>
<td><strong>30,454,501</strong></td>
</tr>
</tbody>
</table>

* Funds available* includes funding received against current appeal as well as carry-forward from the previous year.

Next SitRep: 1 November 2017

UNICEF CAR on Twitter: https://twitter.com/UNICEF_CAR
UNICEF CAR on Facebook: www.facebook.com/UNICEFCAR

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Email: dkiernan@unicef.org
## Annex A
### SUMMARY OF PROGRAMME RESULTS

<table>
<thead>
<tr>
<th>Cluster</th>
<th>UNICEF 2017 revised target</th>
<th>UNICEF total results as of September 2017</th>
<th>Change since last report ▲▼</th>
<th>Cluster 2017 revised target</th>
<th>Cluster total results as of Sept. 2017</th>
<th>Change since last report ▲▼</th>
</tr>
</thead>
<tbody>
<tr>
<td><strong>NUTRITION</strong></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Number of children between 6-59m affected by SAM admitted for treatment</td>
<td>30,521</td>
<td>16,569</td>
<td>9,862</td>
<td>30,521</td>
<td>16,569</td>
<td>9,862</td>
</tr>
<tr>
<td>Recovery rate</td>
<td>&gt;75%</td>
<td>90.90%</td>
<td>-2.50%</td>
<td>&gt;75%</td>
<td>90.90%</td>
<td>-2.50%</td>
</tr>
<tr>
<td><strong>HEALTH</strong></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Number of children under 5 in sites for internally displaced persons and enclaves with access to essential health services and medicines</td>
<td>500,000</td>
<td>91,844</td>
<td>33,424</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td><strong>WATER, SANITATION AND HYGIENE (WASH)</strong></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Number of crisis affected people provided with access to improved sources of water as per agreed standards.</td>
<td>600,000</td>
<td>270,770</td>
<td>46,330</td>
<td>1,600,000</td>
<td>923,560</td>
<td>174,482</td>
</tr>
<tr>
<td>Number of crisis affected people provided with sanitation facilities as per agreed standards.</td>
<td>350,000</td>
<td>189,088</td>
<td>56,700</td>
<td>450,000</td>
<td>411,412</td>
<td>63,600</td>
</tr>
<tr>
<td><strong>CHILD PROTECTION</strong></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Number of separated and unaccompanied children reunified with their families.</td>
<td>1,000 [2]</td>
<td>538</td>
<td>379</td>
<td>5,800</td>
<td>608</td>
<td>379</td>
</tr>
<tr>
<td>Number of children reached with psychosocial support through CFS.</td>
<td>100,000 [3]</td>
<td>80,377</td>
<td>53,957</td>
<td>101,000 [4]</td>
<td>144,992</td>
<td>83,531</td>
</tr>
<tr>
<td>Number of children (boys and girls) released from armed forces and armed groups who participate in a community reintegration programme.</td>
<td>3,500</td>
<td>1,694</td>
<td>295</td>
<td>4,874</td>
<td>3,292</td>
<td>295</td>
</tr>
<tr>
<td>Number of women and children identified as survivors of sexual violence who have access to holistic support.</td>
<td>1,000 [5] (W:640 / C:360)</td>
<td>311 W:203/ C:108</td>
<td>69</td>
<td>3,000</td>
<td>755</td>
<td>69</td>
</tr>
<tr>
<td><strong>EDUCATION</strong></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Number of children (boys and girls 3-17 yrs) in areas affected by crisis accessing education</td>
<td>75,000</td>
<td>52,539</td>
<td>4,726</td>
<td>94,400 [6]</td>
<td>52,539</td>
<td>4,726</td>
</tr>
<tr>
<td>Number of children (boys and girls 3-17yrs) attending school in a class led by a teacher trained in psychosocial support[7]</td>
<td>100,500</td>
<td>45,584</td>
<td>0</td>
<td>195,000</td>
<td>45,584</td>
<td>0</td>
</tr>
<tr>
<td><strong>RAPID RESPONSE MECHANISM</strong></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Acutely vulnerable households that received rapid assistance with NFIs following a shock</td>
<td>28,000</td>
<td>22,378</td>
<td>4,149</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Affected people receiving appropriate WASH interventions after a shock</td>
<td>80,000</td>
<td>52,844</td>
<td>21,339</td>
<td></td>
<td></td>
<td></td>
</tr>
</tbody>
</table>

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1 Cluster and UNICEF results are the same as UNICEF is the sole provider of therapeutic nutritional inputs in CAR for all partners
2 Target revised to 1,000 because initial target of 300 reached
3 Target revised to 100,000 because initial target of 50,000 reached
4 This is the revised HRP cluster target as per revised HRP. Although target has been reached it has not been revised further. Target will be increased in 2018 HRP
5 Initial target of 2,000 reduced to 1,000 because total result as of end of September is 311 survivors far above the target of 2,000 planned initially
6 Cluster target is higher than the HRP mid-yr revision due to increased capacity through additional funds received.
7 # of children calculated by # of teachers trained x 75 (average number of students taught by a teacher).