SITUATION IN NUMBERS

Highlights

- Some improvement in security conditions in Bangui, but increased reports of violence and new displacement in central and western CAR.
- About 886,000 people remain displaced across CAR. This is a decrease of 49,000 people, compared with last week, due to some returns and an initial over-estimation.
- The number of IDPs in Bangui continues to fluctuate, from 550,910 on the 8th of January to 512,172 on the 15th of January, as verification visits to sites offer updated figures. The Population Movement Commission will increase coordination with field assessments in order to improve the quality of displacement data from sites outside the capital.
- 23 children including 6 girls were released on 16 January 2014
- Mobile teams in Bouar and Bambari arrived this week to establish a field presence.
- Both the President and Prime Minister resigned during the reporting period.
- Executive Director of UNICEF, Tony Lake, and Regional Director, Manuel Fontaine, are in CAR this week.
- UNICEF purchased pumps and spare parts for the water treatment plant in Bangui to increase the volume of safe drinking water available through public networks across the capital.
- UNICEF continues to provide vaccines and injection materials to support the polio and measles vaccination campaigns in Bangui, by day three, partners have already exceeded targets.
- Strategic Response Plan for 2014 was revised based on MIRA assessment findings. Aid agencies are subsequently revising funding requirements coordinated through the clusters.
- To date, UNICEF has received US$ 3.2 million out of a US$ 62 million appeal.

17 January 2014

2.3 million
CHILDREN AFFECTED

4.6 million
PEOPLE AFFECTED
(OCHA December 2013)

886,000
INTERNALLY DISPLACED
(OCHA 8 January 2014)

>50%
PEOPLE DISPLACED IN BANGUI
(Since 5 December)

Funds received 2014
US$ 3.2 million

UNICEF Appeal 2014
US$ 62 million
Situation Overview & Humanitarian Needs
After a relative calm observed during the last week in Bangui, leading to some sites showing a decrease in numbers, the resignation of the President of the Transitional Government led to violent events from Friday afternoon to Sunday. Ex-Seleka groups were dismantled and attacked by young people, provoking violent counter-reactions. During this time, several deadly attacks took place in IDP sites such as Don Bosco, Combattants and Eglise Frères Castor where more than eight IDPs were injured and two died as a result of grenades thrown at the sites. Fifty houses were reportedly burned down in the 5th arrondissement. These events occurred despite increased patrolling and presence of MISCA and SANGARIS forces. The United Nations reported that at least 44 persons were killed in Bangui during the weekend violence.

Violent incidents continue to be reported outside of Bangui. According to a report from Bozoum, ex-Seleka forces burned 1,300 houses and killed at least 10 people on 8-9 January in Bombalou, Boyala, Boyaram. In addition, four people were reported killed in Boyabane by ex-Seleka dressed in police uniforms. The anti-Balaka burned 70 houses in Bokongo in retaliation.

A review of latest displacement figures took place on 15 January. In Bangui, there are now 512,172 IDPs (instead of the previously estimated 550,910) in 66 sites, according to the Commission of Population Movements. In Bossangoa the displacement situation is largely unchanged. OCHA estimates total 886,000 IDPs in CAR, down from the previous 935,000 figure. The fluctuation of IDP numbers is due to tentative or temporary returns of the displaced families to their homes for brief periods as well as continued verification of previously over estimated IDP sites.

National Transitional Council (NTC) members remain in extraordinary session as part of efforts to elect a new Head of State of the Transition; there are tentative indications that the election could take place early next week. The AU has appealed to TNC members to not include themselves as candidates in this election. Mr. Nguendet, the appointed interim Head of State of the Transition announced his intention to refrain from participating in these elections (provisional eligibility criteria, for example, continue to evolve, and may end up excluding former rebels and former senior officials). Under Congolese President Denis Sassou-Nguesso’s chair, the Technical Follow-Up Committee is expected to continue its support of CAR’s transitional process. On 10 January, CAR’s Head of Transition Michel Djotodia and Prime Minister Nicolas Tiangaye both resigned.

A Protection Cluster assessment mission was conducted on 10 January to the villages of Zéré and Bongboto on the Bouar-Bossangoa axis, the mission recorded continued low level clashes between anti-balaka elements and the Seleka in villages along the axis. While international troops are present, patrols outside of Bossangoa have been limited. Protection partners will continue monitoring the situation both to assess the need of humanitarian assessment and to provide protection with their continued presence in the area.

2.6 million people currently require humanitarian assistance, according to the latest Multi-Sectoral Initial Rapid Assessment (MIRA), conducted at the end of December 2013. Priority needs include health, food, protection, WASH and education. Immediate survival assistance is urgently required in IDP sites in Bangui. Women’s priority needs are protection, and food. Health and education service
provision has collapsed due to looting, and lack of supplies and staff. While a surge in response capacity has taken place since the declaration of the Level 3 emergency on 9 December, humanitarian access remains extremely challenging particularly up country due to insecurity. Many communities, especially in rural areas, have not received any external assistance.

Security
- 44 lives were claimed in Bangui following the resignation of the President and Prime Minister on 10 January, prompting heavy levels of inter-communal violence.
- On the 11 January a group of armed ex-Seleka targeted Bokombo (35 km from Bangui). Shots were fired in the air and several houses burnt. In retaliation, anti-Balaka elements attacked claiming six ex-Seleka and burning two vehicles. The rest of the armed group are said to have fled into the forest.
- On 13 January, the body of a staff member of the national NGO COHEB was found after being reported missing when he did not make his UNHAS flight. This is the third humanitarian worker death since August when two national staff members working with ACTED were killed returning from a field mission.

Humanitarian leadership and coordination
- The process to update the SRP has been on-going this week; the updates are based on MIRA findings, new displacement developments in Bangui and the changes in the political scenario. The SRP was presented to HCT on 17 January to be validated and to then be presented at the Brussels high level donor meeting on 20 January.
- UNICEF Executive Director Anthony Lake arrived in CAR on 17 January for a three day visit that will also include a half day visit to observe UNICEF and UN/NGO humanitarian services in Bossangoa.
- The Airport IDPs Taskforce was formally established under the Camp Coordination/Camp Management Cluster. A distribution of NFIs has begun on 16 January targeting women headed households as a priority.
- The IOM-led Commission on the Movement of Population continues to meet weekly to agree on numbers. This week, discussions on how best to strengthen the quality of data from locations outside the capital and how best to strengthen information on IDPs in host families.

Humanitarian Strategy
UNICEF’s strategy is to quickly scale up its response with a focus where children’s needs are greatest. In Bangui this means IDP sites with high population density (over 10,000; 6,000 for child protection, 1,000 for vaccination) or with major identified gaps due lack of actors. Site visits take place daily for follow up of activities and identification of gaps to be filled. The Cluster approach allows for better coordination and better coverage through partnerships.

The present situation of extremely limited government capacity and inadequate NGO presence means that UNICEF staff must play a key role in enabling the effective and timely targeting of assistance for children and women. This has been the rationale for the mobile team approach in CAR, first introduced in July. Through a combination of existing field offices and the deployment of mobile teams UNICEF will better identify and target response for the most needy children and women. A core team of international emergency health, child protection, and WASH staff are now being recruited. Emergency Specialists are presently leading teams in Bouar and Bambari.

The departure of the two mobile teams to Bambari and Bouar was delayed for 48 hours last weekend due to increased insecurity affecting road movement out of Bangui. The teams are now on site, updating with security, administration and humanitarian actors on the ground. Medical kits (2 kits Malaria (total coverage 800 patients), 2 kits Basic (total coverage 2,000 patients) were delivered
in Bambari. Emergency NFI supplies for IDP populations have been prepositioned in Bouar. Team composition is CSD/Nutrition, WASH, Child Protection, Admin and Emergency.

The mobile team in Bouar has started initial contacts with local authorities and partners on the ground to assess the needs and response capacity on the ground. The team leader has assessed the security in the region to be volatile along the roads with low levels of violence between armed groups occurring regularly. UNICEF is coordinating with WFP in order to set up a temporary warehousing capacity in the town in order to ensure response capacity in the area.

The mobile team in Bambari has focussed on re-establishing contacts with operational NGOs based in Bambari and will develop a needs overview with short assessment missions planned along the northern axis this week. The team leader will also work with UN agencies on the ground to facilitate the setup of the planned UN common premises and warehousing capacity. Incidents of looting continue along the Damara-Sibut axis on the road to Bambari.

Summary Analysis of Program Response
Since the 5 December crisis in Bangui, UNICEF has provided support to IDPs in 20 sites in Bangui, people displaced with host families, and the sick in numerous health facilities. The focus has been on sites with more than 10,000 displaced (6,000 for child protection, 1,000 for vaccination) or where major gaps and absence of other actors have been identified. The Rapid Response Mechanism (RRM) is also providing non-food items (NFIs) such as soap, jerry cans, bed nets, mats, tarpaulins and blankets to the most vulnerable groups, including the sick, children under five, pregnant and lactating women and where critical gaps are identified.

WASH
- UNICEF conducted a diagnosis of the Bangui water production plant on 8 January and recommended the replacement of a new pump and the substitution of the old parts of the other four pumps in the distribution system in order to improve the plant’s performance and prevent possible breakdowns. UNICEF has agreed to buy a new pump (one has broken down) and spare parts for the four functioning ones which would allow to increase output from 1,150 to 1,500m3/h. This intervention will also guarantee the optimum flow (1,500 m3/h) whatever the current electricity shortage during the ongoing dry season.
- 90 additional latrines have been constructed in Bangui IDP sites by UNICEF partners in the first two weeks of January. Since the beginning of the recent crisis on 5 December, 206 latrines have been completed by UNICEF and its partners in 11 IDP sites, in addition to 11 defecation fields and 34 showers.
- UNICEF has partnered with ACF and IRC to bring water, sanitation and hygiene up to SPHERE standards for 55,000 IDPs in Bangui and 45,000 IDPs in Bossangoa. An agreement with the African Islamic League is being finalized to provide 2,650 additional people with clean drinking water.
- UNICEF has donated a 60 Kva generator to the government's city water company SODECA in Bossangoa, and has finished the electrical reparations at their water production site. Currently, UNICEF is supporting SODECA Bossangoa to contribute about 100,000 liters of potable water per day to the total 447,000 liters/day being provided to the 36,000 IDPs at the Catholic Mission additional 9,000 IDPs area covered through outreach to smaller sites and host families. The SODECA contribution has increased the daily access to potable by the IDPs at the Catholic Mission from 9.6 liters/person/day as of January 9 to 12 liters/person/day now.
- UNICEF and the government's agency General Directorate of Hydraulics (DGH) are continuing with branching off and extending the existing SODECA water network to reach another 7,500 IDPs at Ecole Liberte where, currently, the population is provided with 36,000 liters of water/day through two water truckers managed by another government agency Agence National de l'Eau.
et Assainissement (ANE). The rehabilitations are due to be completed in the coming days and the system will provide 500,000 liters of safe water in Bossangoa, a significant contribution to total water requirements of 880,000 liters/day. The remaining quantity is currently being provided by two emergency pumping systems run by UNICEF/Direction General de l’Hydraulique and MSF Holland, while MSF and ACF continue conducting sanitation and hygiene activities.

- With the completion of the latest latrines at Bossangoa at the Eveche site by ACF and MSF, SPHERE standards have been reached (1 latrine for 50 people). The current ratio in Ecole Liberte is of 76 people per latrine, with further latrine construction ongoing.

- WASH partners are beginning to find resistance to further construction on site by owners and managers of numerous premises hosting IDPs. This is particularly true for latrines, but could also affect other activities involving construction such as Child Friendly Spaces and temporary learning spaces.

- UNICEF has also coordinated the Sanitation and Hygiene response in Bossangoa with ACF and MSF. The two NGOs have constructed 821 latrines and 509 showers. At this moment the sanitation service is covered based on SPHERE standard in the main IDP site, the Catholic Mission, with 1 latrines/50 populations, to the 83% of the IDPs in Bossangoa. For the rest, 17%, lack of space is the main constraint to the construction of latrines and other sanitation/hygiene facilities in the IDPs’ camps in Bossangoa. Efforts are being made to use any available space to construct new sanitation facilities. MSF is testing the use of a biodegrading powder (magic powder) in the full latrines for their continued use.

Health

- UNICEF and NGO partners are implementing a Health Cluster led measles vaccination campaign in 39 IDP sites in Bangui. UNICEF has supplied vaccines and injection materials as well as additional support costs to 25 IDP sites. In the first 3 days of vaccination, ICRC has surpassed targets reaching 11,558 children 6 months to 15 years old with measles vaccines out of a targeted 8,769 as well as 4,975 U5 children with Polio vaccines out of an expected 3,656. This increase in numbers is due to the influx of children from neighbourhoods around the displaced sites.

- In addition to the vaccination campaign, UNICEF continues to support health centres in Bangui, this week with medical kits and essential drugs to 3 hospitals and five health centres.

HIV/AIDS

- UNICEF has partnered with national NGO ANJFAS, RONALSI and the DGLS to provide ARVs and PMTCT care to pregnant women and children born of HIV positive women in ten of the most populated IDP sites in Bangui (Saint-Paul Archevêché, Boy Rabe Monastery, Saint-Bernard, Saint-Jean de Gabaladja, Saint-Joseph de Mukassa, Airport, Castors, Saint-Sauveur, Km 05 and Don Bosco). 5,000 HIV positive pregnant women and 1,000 children born to HIV positive mothers will benefit from this initiative.

  - Achievement of the first week activities in the Airport and Monastere IDP site:
    - 32 HIV pregnant women identified and reintegrated to the PMTCT programme
    - 10 newborn from HIV positive mother referred for testing
    - 133 people living with HIV identified and referred for ARV treatment

- In Bossangoa, 330 young girls and boys are being trained to give information on HIV in the Eveche and Liberte sites.
Nutrition

- To date, up to 14,704 cases have been admitted in 2013-14. Among those admitted, an estimated 77.5 per cent children recovered, 2.3 per cent died and 7.8 per cent fell out of care / defaulted.
- Among new admissions, the cases with oedema (kwashiorkor) represent 23 per cent of the caseload, whereas 73 per cent are specifically marasmus cases. The crisis of Bangui has affected the regular system of distribution of nutrition products for remote areas, and these issues are being addressed.
- For Bangui, UNICEF with its partners increased the screening / referral and treatment capacity of severe acute malnutrition in IDPs sites through seven mobile Outpatient Therapeutic Programmes (OTPs) covering (Eglise frer Castor, St Sauveur, Eglise Elim M’Poko, St Pierre de Gobongo, St Jean de Glabagja, Aeroport et le Monastere boy Rabe, which have up to now treated 362 cases in addition to eight OTPs in fixed sites and three IPT functioning (Saint-Joseph, Hospital Bimbo, and Complexe Pediatrique de Bangui)
- In Bossangoa, monthly screening is conducted by MSFH and identified an increase of new cases of SAM compared to October figures (89 to 201). The screening with MUAC, conducted in villages neighbouring Bossangoa (40 km) led to the identification and referral of 46 cases of SAM.
- The nutrition cluster has provided guidelines to all implementing partners on identification, classification and referral of SAM cases and has updated its cluster response plan to take into account the changes in context since mid-December.

Child Protection

- UNICEF, together with the Minister of DDR, and representatives of BINUCA and MISCA have visited 5 of the 14 military cantonments of Bangui, and started the process of identification and demobilization of boys and girls associated with armed forces and armed groups. 23 children including 6 girls were released on 16 January 2014 in Bangui, and many more to be released in the coming days. Since May 2013, UNICEF and partners have secured the release of 229 children associated with armed groups and forces in the Central African Republic. 83 per cent of these children have been reintegrated their families and communities, while the others are still benefiting from interim care through UNICEF supported partners.
- There are 9 UNICEF funded Child Friendly Spaces active across the country of which four in Bangui each covering one site; three in Bossangoa, two in Kaga Bandora with a mobile team, and two in Bambari. UNICEF is in the process of establishing 109 integrated spaces in 16 sites linking Education, Child Protection and Nutrition/Health activities in an integrated programme.
- Since the beginning of the crisis on 5 December, UNICEF and partners identified 425 unaccompanied and separated children, 222 girls and 203 boys. In total 283 have been reunified in different IDP sites in Bangui up to date.

Education

- UNICEF has identified 16 priority IDP sites in Bangui where the majority of IDPs are living for the establishment of 109 Temporary Safe Learning Spaces (ETAPeS) with the support of 15 NGO implementing partners from the Education Cluster. The ETAPeS will be used to provide age sensitive educational activities for children and adolescents from ages 3-18 including child protection services such as identification of separated child and PSS activities.
- UNICEF will be conducting trainings starting on 15 January targeting pre-primary teachers and NGO staff on ECD activities for the ETAPeS.
Rapid Response Mechanism (RRM)

Map 1: Rapid Response Mechanism interventions in Bangui (as of 13 January).
UNICEF is in discussion with existing and potential new RRM implementing partners (the RRM is looking to expand its partnerships to include IRC and Solidarites) as operational planning is being finalized for the 2014 RRM response. Based on the principles of urgent emergency assessment, ensuing dissemination of results and advocacy for response and maintaining a ‘responder of last resort’ strategy, the RRM project expects to reach up to 120,000 acutely vulnerable populations in CAR this year. A total of US$ 3.75m has been received in addition to an OFDA pledge for US$ 1.5m. Together this will enable a rapid operational scale up including the mobilization of supplies and field teams in the coming 6-8 weeks.

In the PK 5 section of Bangui, a predominately Muslim neighbourhood, the RRM has reached 5,400 families (23,000 individuals) in host families though a local leader network led distribution of blankets, LLINS and plastics mats during the first 10 days of January.

In the St Sauveur (Bangui), the RRM distributed 8,000 pieces of soap reaching 20,000 IDPs in the site.

In cooperation with UNHCR, UNICEF’s RRM program has begun a joint NFI distribution at the airport. Since 7 January, 4,400 households have received food and NFIs through mostly UNHCR and WFP distributions.

**Cluster Coordination**

All UNICEF-led Clusters now have a dedicated cluster coordinator. Clusters meet on a weekly basis.

**Child Protection**

- The Child Protection Sub-Cluster has established two working groups: 1) To establish a system of identification, tracing and reunification for UASC and standardize tools; and 2) To map CFSSs, review the criteria for site selection, and develop standard operating procedures for both CFSS and ETAPES in coordination with members of the Education Cluster.

- SCI has started a partnership with le Réseau des Journalistes pour le droits de l’homme (RJDH) who have begun an awareness campaign on the prevention of separation and psychosocial first aid. The campaign will take place over the course of the month of January and be based on the key messages developed and endorsed by the Child Protection Sub-Cluster.

- There is a need to develop and establish a clear referral system; this is made complex by the situation on the ground – depending on capacity level and availability of services to respond from site to site.

- There is a need to scale up the response, and deliver training in key aspects of child protection response for members of the sub-cluster as well as site facilitators.

**Education**

- The education cluster has been reinforced this week with the arrival of an Information Manager RRT member as well as a transitional cluster lead that will facilitate the use of the cluster’s preliminary assessments and work plans complete from July – November. The limited number of education partners available for interventions outside of Bangui is hampering the scale up of the response.

**Cluster priorities in the coming week:**

- To date, over 88,000 children age 3-18 have been identified in 16 prioritized 16 and are in need of educational activities. The Education cluster is coordinating the establishment of temporary safe learning space in the sites (ETAPES – Espaces Temporaires d’Apprentissage et de Protection de l’Enfant) with age sensitive educational and recreational activities and child protection services.

- Updated data is being collected on the number of available teachers living in the sites as well as teachers ready to return to their community/home schools. The next priority is to organize
training of teachers and facilitators for the ETAPeS as well as capacity building for psychosocial support (PSS) and how to refer children to PSS facilities.

- In addition, the Education cluster is assessing conditions for the reopening of schools and resumption of learning activities. The majority of schools in the affected areas in the country remain closed or with extremely reduced attendance rates. No data on current status/state of schools exists, however, and is a greatly needed to determine the status of the 2013/2014 school year, which will be difficult to save. The needs identified before 5 December are still relevant and will be top priority as IDPs return to home communities.

WASH:

- The WASH Cluster is coordinating the WASH response in Bangui IDP’s sites. To date, partners are currently implementing or initiating implementation of a full wash package in 34 per cent of the sites covering 86 per cent of the IDP’s in the city. A further 13 per cent of sites covering an additional 4 per cent of the affected population have received a partial WASH package.
- Based on the huge influx of people in M’Poko airport camp (around 100 000 IDPs), a WASH cluster coordinator has been specifically deployed in the camp, this to ensure a maximal use of the resources available and to avoid duplication in the activities. A specific update on the airport response will be available in the next SitRep.
- A WASH Cluster coordinator will be deployed in Bosangoa on January 15 for the coordination of WASH activities in the different IDPs sites. He will also implement coordination structures (micro-clusters) relying on WASH Cluster partners in four surrounding mid-size cities (Paoua, Bouar, Bozoum, Bocaranga). Nevertheless, the really weak number of active wash partners outside Bangui, added to the prevailing precarious security situation, is a real obstacle to the scaling up of the WASH response.
- Intensive discussions with potential new wash actors (present in the country but focusing on other sectors of activities or not already present in the country) have been launched. In this framework, Oxfam and Tear Fund, recently arrived, will start to implement WASH projects in the country in the coming days / weeks.
- A working group aiming to identify solutions on improving water access in Bangui, notably in provision of the next dry season has been set-up. A first set of recommendations and related practical actions have been done, targeting the importance of the maximization of the water supply in Bangui through the SODECA water treatment plant and distribution system.
- A new version of the Strategic Response Plan for 2014 will be elaborated this week, based notably on the results of the MIRA and will constitute the starting point of the WASH Cluster Strategic Operational framework 2014 for Central African Republic.

Nutrition Needs

- A nation-wide, cross-sectional representative nutrition survey is planned for March 2014 however initial MIRA data indicates that a high proportion of key informations reported an increase in perceived malnutrition symptoms since the crisis. The percentage was higher for key informants in central Bangui (96 per cent) and small rural villages (90 per cent). MIRA data is qualitative and cannot be generalised but may point to a deteriorating nutrition situation that will need to be confirmed with an in-depth nutrition assessment.
- Given the extreme vulnerability of the population and given the large number of aggravating factors (displacement, poor food security, deteriorated access to clean water and sanitation, increased morbidity and lack of health care services), the nutrition cluster anticipates a rise in acute malnutrition cases in the next 100 days. Rapid action is needed to scale-up treatment services whilst putting in place activities that will prevent a severe deterioration in the nutrition status of vulnerable populations.
Based on prevalence data from the SMART nutrition survey 2012, and applying an incidence rate of 2.6, the nutrition cluster estimates that nationally, in 2014, the burden of children suffering from SAM will be 28,000 and the burden of children suffering from moderate acute malnutrition (MAM) will be 60,000. Over the course of the next 100 days, nutrition cluster partners aim to target nationally 9,000 children affected by SAM and 47,000 children affected by MAM, whilst putting in place activities to prevent the deterioration in nutritional status of at least 80% of vulnerable populations (girls and boys 0-36 months, pregnant and lactating women) in priority geographic locations.

Gaps and constraints
- Six Outpatient Therapeutic Programmes (OTPs) in Bangui remain closed as a result of the crisis. In order to meet minimum nutritional needs in Bangui and its surroundings, partners need to ensure that at least 80 per cent of nutrition services previously available in health facilities remain operational.
- Coverage of IDP camps for active case-finding of malnutrition cases remains insufficient to meet needs. At least 75% of the population of children under five years need to be reached by these screening activities.
- Mobile OTP units need to be increased in IDP sites in Bangui and the rest of the country to intensify the coverage and the continuity of treatment to displaced populations. The cluster is planning to undertake a needs assessment in March which will determine the scope of scale up.
- Though a number of partners are supporting CMAM services at the prefecture level, coverage of health centres with CMAM services remains low in priority prefectures, particularly Ombella M’Poko, Ouaka, Basse Kotto, Ouham and Ouham Pende.
- There is an urgent need to prevent the deterioration of the nutritional status of vulnerable populations, for instance by implementing a large-scale blanket feeding operation for young children and pregnant and lactating women.
- WASH activities need to be systematically integrated into nutrition programming through the distribution of hygiene kits to caretakers of malnourished children and WASH support to health centres.
- Partners implementing nutrition activities are limited in CAR and the nutrition cluster is currently carrying out advocacy to health cluster partners to integrate nutrition screening and treatment into mobile health clinics.

Funding
The 2013 UNICEF CAR appeal was 53 per cent funded. UNICEF’s appeal of US$62 million for 2014 reflects a continued deterioration in the situation for children of CAR and overwhelming humanitarian needs. As of 17 January, UNICEF has received $3.2 million against the 2014 HAC requirement. It is important to note that based on recent developments and results from the Multi-Cluster Initial Rapid Assessment (MIRA) the Strategic Response Plan is in the process of being revised. It is foreseen that the funding requirements in terms of the programmatic response and funding will further increase.

<table>
<thead>
<tr>
<th>Sector</th>
<th>Initial HAC 2014 requirements</th>
<th>Income through UNICEF and donors</th>
<th>Funding gap</th>
</tr>
</thead>
<tbody>
<tr>
<td>Nutrition</td>
<td>5,000,000</td>
<td>-</td>
<td>5,000,000</td>
</tr>
<tr>
<td>Health and HIV/AIDS</td>
<td>14,000,000</td>
<td>617,052</td>
<td>13,382,948</td>
</tr>
<tr>
<td>Water, Sanitation &amp; Hygiene</td>
<td>14,000,000</td>
<td>2,245,843</td>
<td>11,754,157</td>
</tr>
<tr>
<td>Child Protection</td>
<td>12,000,000</td>
<td>354,734</td>
<td>11,645,266</td>
</tr>
<tr>
<td>Education</td>
<td>7,000,000</td>
<td>-</td>
<td>7,000,000</td>
</tr>
<tr>
<td>Non Food Items (NFI)</td>
<td>10,000,000</td>
<td>-</td>
<td>10,000,000</td>
</tr>
<tr>
<td>Total</td>
<td>62,000,000</td>
<td>3,217,629</td>
<td>58,782,371</td>
</tr>
</tbody>
</table>
Supply and Logistics

- As of 13 January 2014, a total value of US$419,045,96, composed of essential medical supplies, health kits, nutrition products, NFI and WASH items were distributed to different UNICEF implementing partners with a valid PCA.

- CAR CO is expected to receive two charter flights from Accra (78MT/327 m3) and from Copenhagen with (91MT/300 m3) of emergency, health, WASH and office supplies within the next week.

- The Douala corridor is still an issue with congestion at the CAR - Cameroon border. The CAR Logistics cluster with the advice of UNICEF and other UN agencies is in discussion with MISCA for the availability of escorts.

<table>
<thead>
<tr>
<th>Sector</th>
<th>Stocks **</th>
<th>Pipeline</th>
<th>SO value in the pipe</th>
<th>Dispatched from 01.01.2014 to date</th>
<th>Delivered to Partners – Since Last Report*</th>
</tr>
</thead>
<tbody>
<tr>
<td>Health</td>
<td>496,298.86</td>
<td>1,523,196.70</td>
<td>475,672.00</td>
<td>108,145.97</td>
<td>100,207.13</td>
</tr>
<tr>
<td>Nutrition</td>
<td>388,441.41</td>
<td>358,273.48</td>
<td></td>
<td>5,621.26</td>
<td>3,998.06</td>
</tr>
<tr>
<td>WASH</td>
<td>206,906.57</td>
<td>162,107.84</td>
<td>348,579.00</td>
<td>20,530.20</td>
<td>2,948.17</td>
</tr>
<tr>
<td>Education</td>
<td>156,458.16</td>
<td>389,389.66</td>
<td></td>
<td>10,118.08</td>
<td>10118.08</td>
</tr>
<tr>
<td>Child Protection</td>
<td>34,378.83</td>
<td>73,583.61</td>
<td>126,061.00</td>
<td>6,937.59</td>
<td>6937.59</td>
</tr>
<tr>
<td>Emergency</td>
<td>320,165.57</td>
<td>281,121.17</td>
<td>304,294.00</td>
<td>267,692.86</td>
<td>189,492.94</td>
</tr>
<tr>
<td>Total</td>
<td>1,602,649.40</td>
<td>2,787,672.46</td>
<td>1,254,606.00</td>
<td>419,045.96</td>
<td>313,701.97</td>
</tr>
</tbody>
</table>

**Current inventory in warehouse as at 13.01.2014
**Dispatched since 6 January 2014
**SUMMARY OF PROGRAMME RESULTS**

*Given the lag in receiving performance data, the results reported below relate to UNICEF programmatic response in 2013. The next SitRep will switch to reporting against 2014 targets.*

<table>
<thead>
<tr>
<th>Sector</th>
<th>Indicator</th>
<th>UNICEF &amp; operational partners</th>
<th>Sector / Cluster</th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
<td></td>
<td>UNICEF Target</td>
<td>Cumulative results (#)</td>
</tr>
<tr>
<td>Health</td>
<td>Number of U5 children vaccinated against measles</td>
<td>647,687*</td>
<td>595,734*</td>
</tr>
<tr>
<td></td>
<td>Number of children under five provided Vitamin A</td>
<td>647,687*</td>
<td>597,013*</td>
</tr>
<tr>
<td></td>
<td>Children 1-5 years receiving de-worming medication</td>
<td>576,650*</td>
<td>520,999*</td>
</tr>
</tbody>
</table>

**UNICEF Operational Partners:** IMC, ACF, PU-AMI. Ministry of Health, Collaboration with MSF. (*) Preliminary data. Targets revised to reflect inaccessibility to 2 Prefectures. Regions 4, 5, 6 have not yet reported on November and December data.

<table>
<thead>
<tr>
<th>Nutrition</th>
<th>Children 0-59 months with Severe Acute Malnutrition (SAM) admitted for therapeutic care and benefitting from promotion of nutrition practices</th>
<th>14,100</th>
<th>14,704</th>
<th>104%</th>
<th>14,100</th>
<th>14,704</th>
<th>104%</th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
<td>Children 0-59 months children in therapeutic care recovered from SAM&gt;=10,600**</td>
<td>10,060</td>
<td>95%</td>
<td>&gt;10,600**</td>
<td>10,060</td>
<td>95%</td>
<td></td>
</tr>
<tr>
<td></td>
<td>Recovery Rate&gt;=75%</td>
<td>77.5%</td>
<td>n/a</td>
<td>&gt;=75%</td>
<td>77.5%</td>
<td>n/a</td>
<td></td>
</tr>
<tr>
<td></td>
<td>Death Rate&lt;5%</td>
<td>2.3%</td>
<td>n/a</td>
<td>&lt;5%</td>
<td>2.3%</td>
<td>n/a</td>
<td></td>
</tr>
<tr>
<td></td>
<td>Default Rate&lt;15%</td>
<td>7.8%</td>
<td>n/a</td>
<td>&lt;15%</td>
<td>7.8%</td>
<td>n/a</td>
<td></td>
</tr>
</tbody>
</table>

**UNICEF Operational Partners:** ACF, COHEB, IMC, MSF-F, MSF-E, MSFH, CARITAS, MERLIN, SAVE THE CHILDREN. (*) Target revised from 23,500 representing the burden of SAM in CAR to 14,100 representing the caseload to be reached in 2013 (at least 60% of the burden). (**) Target revised from 17,600 to 10,600. The previous target included the total amount of hold and new cases of SAM children recovered while the revised target focused only on the children recovered out of the total number of newly admitted SAM children. The total number of recovered children (out of the total number of hold and newly recovered children) is 9,807. The changes in these targets are based on a discussion held with partners and Government to better reflect the situation in the country. For consistency we are including in the note the status of the progress based on the targets agreed in the revised 2013 CAP.

<table>
<thead>
<tr>
<th>WASH</th>
<th>Affected population provided with households water treatment and storage material, and key hygiene supplies</th>
<th>250,000</th>
<th>317,750*</th>
<th>127%</th>
<th>250,000</th>
<th>317,750*</th>
<th>127%</th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
<td>Population reached with hygiene promotion messages</td>
<td>250,000</td>
<td>223,000**</td>
<td>89%</td>
<td>250,000</td>
<td>223,000**</td>
<td>89%</td>
</tr>
<tr>
<td></td>
<td>Affected population provided with access to safe water which benefitted from promotion of key hygiene practices</td>
<td>100,000</td>
<td>152,747</td>
<td>153%</td>
<td>100,000</td>
<td>152,747</td>
<td>153%</td>
</tr>
</tbody>
</table>

**UNICEF Operational Partners:** ACF, ACTED, ANEA. (*) Note: including 180,000 benefitting from the water treatment provided by the water municipal company SODECA in Bangui. (**) This includes 35,000 direct beneficiaries and the remaining amount reached through campaigns. During the last Bangui operation (68,000 IDPs) the standard used was for 2 weeks supply instead of a month.
<table>
<thead>
<tr>
<th>Sector</th>
<th>Indicator</th>
<th>UNICEF &amp; operational partners</th>
<th>Sector / Cluster</th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
<td></td>
<td>UNICEF Target</td>
<td>Cumulative results (#)</td>
</tr>
<tr>
<td><strong>Child Protection</strong></td>
<td>Number of children released from armed forces and groups</td>
<td>500</td>
<td>270*</td>
</tr>
<tr>
<td></td>
<td>Separated children in emergencies reunified with families</td>
<td>1,200</td>
<td>955*</td>
</tr>
<tr>
<td></td>
<td>GBV survivors who receives holistic assistance</td>
<td>2,000</td>
<td>1,436</td>
</tr>
<tr>
<td><strong>HIV/AIDS</strong></td>
<td># of affected population reached with information on HIV</td>
<td>24,000*</td>
<td>20,706</td>
</tr>
<tr>
<td></td>
<td># of children young people and women access HIV and AIDS prevention, care and treatment (HIV+ pregnant women and exposed children)</td>
<td>14,000**</td>
<td>7,897</td>
</tr>
<tr>
<td></td>
<td># of PLWA previously on HIV-related care/treatment continuing to receive care (PMTCT, ART)</td>
<td>16,800***</td>
<td>12,474</td>
</tr>
<tr>
<td><strong>Education</strong></td>
<td>Primary school children benefiting from education supplies</td>
<td>175,000</td>
<td>31,483</td>
</tr>
<tr>
<td></td>
<td>Out of school children benefiting from child friendly spaces</td>
<td>50,000</td>
<td>600</td>
</tr>
</tbody>
</table>

UNICEF Operational Partners: Caritas, COOPI, IMC, Mercy Corps and Save the Children
(*) Cumulative data from 2013 as of January 2014.

UNICEF wishes to express gratitude to all public and private sector donors for the contributions and pledges received, which have made the current response possible. UNICEF would especially like to thank National Committees and donors who have contributed ‘non-earmarked’ funding. ‘Non-earmarked’ funding gives UNICEF essential flexibility to direct resources and ensure the delivery of life-saving supplies and interventions to where they are needed most – especially in the form of longer-term and predictable funding and in strengthening preparedness and resilience. Continued donor support is critical to continue scaling up the response.

Twitter handle: @UNICEF_CAR, #CARcrisis

Who to contact for further information:

Souleymane Diabaté
Representative
Central African Republic
sdiabate@unicef.org

Judith Léveillée
Deputy Representative
Central African Republic
jleveillee@unicef.org

Linda Tom
Communications Specialist
Central African Republic
ltom@unicef.org