Highlights

- The security situation remains tense in CAR, especially in Bangui where lootings, shootings, killings and targeted attacks are still commonplace. Muslim communities are particularly under attack.

- Emergency WASH and NFI response this week in PK5 and PK12 areas in Bangui and in Baoro in the north-west for 24,000 IDPs.

- UNICEF mobile teams in Bouar and Bambari are strengthening partnerships in the field, and the first distributions have taken place in Bouar and Baoro. Needs assessments and emergency response in villages will continue over the next weeks.

- About 825,000 people remain displaced across CAR. However, the overall number of IDPs in CAR is expected to rise in the coming weeks as new information on population movements are being reported.

- The number of IDPs in Bangui continues to fluctuate, and is now at 400,341 people on January 29, down from 550,910 on the 8th of January. The Population Movement Commission will increase coordination with field assessments to improve the quality of displacement data from sites outside the capital.

- Since 3 January, 150,000 children between 6 months and 15 years have been vaccinated against measles in 33 IDP sites in Bangui. A total of 32,096 children under 5 have also received oral polio vaccine and 43,834 children have been screened for malnutrition.

- Since the beginning of the crisis in December, the Rapid Response Mechanism (RRM) has covered 33 places (sites, health centers, host family neighborhoods), providing non-food items (NFIs) to 11,000 families, emergency WASH items to 28,800 families and temporary shelter for more than 9,600 children and pregnant or breastfeeding women.

- 20,000 children from Central African Republic have recommenced their education in temporary classrooms in Bangui, and 15,000 children benefitting from Child Friendly Spaces with psycho-social support.

- To date, UNICEF has received US$ 3.2 million versus the US$ 62 million appeal.
Situation Overview & Humanitarian Needs

The Central African Republic's new interim President, Catherine Samba-Panza, faces massive challenges after more than a year of political unrest and inter-religious violence in the country. On 28 January, the interim leader and her Prime Minister announced the names of the ministers who will serve in the new government. At her swearing-in ceremony on the 21 January, the President promised a government of technocrats. She also said the new government's priority would be to disarm and demobilize all the armed groups in the country and ensure they re-enter civilian life. Beyond the capital, the overall security situation has gotten worse, as armed groups have splintered along two major axes: Northwest towards the border with Cameroon and North to Northeast on the Damara/Sibut transportation route.

OCHA estimates a current total of 825,000 IDPs in CAR, down from 935,000. However, the overall number of IDPs in CAR is expected to rise in the coming weeks as new information on population movements is reported from field sites. Immediate survival assistance is still required in IDP sites in Bangui. Priority needs are protection, sanitation 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 system-wide declaration of the Level 3 emergency in December, many communities, especially in rural areas, have not received any external assistance due to limited capacity and insecurity. Muslim enclaves are increasingly threatened by elimination or expulsion by Anti Balaka forces. The deployment of some MISCA/Sangaris forces has been seen to be an effective deterrent in several locations, although there are many places without any security presence.

Security

The situation in Bangui remains volatile; international forces continue to carry out stabilisation activities, stationing troops at major intersections and in marketplaces with continued weapons searches. Outside the capital, the Bangui–Sibut–Damara axis has seen increased levels of violence attributed to clashes between criminal elements and members of armed groups leaving the capital.

Security conditions in the Northwest have deteriorated with reported clashes between different criminal elements, Anti Balakas, Ex-Seleka and international forces. The high number of checkpoints along the Bangui-Bourar axis has hindered humanitarian access and significantly reduced road traffic as commercial vehicles are systematically looted. Specifically, in Bourar, since January 17, attacks by Anti-Balaka targeting ex-Seleka led to the displacement of an estimated 20,000 residents in church facilities and the hospital, while an unknown number of residents left to the bush; houses have been burnt, shops and houses looted. As ex-Seleka left and Anti-Balaka stabilised the situation in town, by January 26 the displacement sites were empty. An estimated 480 houses have been burnt just outside Bozoum, along with seeds and tools for planting crops.

Vulnerable populations are becoming isolated in the towns where they have taken shelter. This presents several challenges in terms of response. Security is precarious at best, and without the possibility of movement along the axis, it will continue to be the main impediment to humanitarian response.

Humanitarian leadership and coordination

- Clusters are in the process of reviewing eligible projects for the Common Humanitarian Fund (CHF).
- The Airport IDPs Taskforce was formally established under the Camp Coordination/Camp Management Cluster. A distribution of NFIs began on 16 January targeting women-headed households as a priority.
- The IOM-led Commission on the Movement of Population, which meets weekly to agree on population estimates, focused on strengthening the quality of data from locations outside the capital and how best to strengthen information on IDPs in host families.
- An Ad Hoc coordination mechanism has been set up to facilitate common situation analysis. UNICEF is contributing support on information management (IM) functions and provides updates on situation of concern on a weekly basis.
Humanitarian Strategy
UNICEF’s strategy is to scale up its response quickly 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.

UNICEF is currently strengthening its field presence by reinforcing staff in established field offices (Bossangoa, Bambari and Kaga Bandoro) as well as coordinating outreach strategies along key axis in the West and center of the country. In the present situation of extremely limited access, government capacity and inadequate NGO presence, UNICEF staff are playing 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 2013.

Summary Analysis of Program Response
Overall, UNICEF programs are on track to meet the targets outlined in the 100 day plan (see “programme results tables” at the end of this Sit.rep). The major challenges to scaling up the response outside of the capital remain security and weak operational partner presence in key field sites.

WASH
The situation is extremely dynamic and both sanitation and hygiene responses demand urgent attention to scale-up, together with the quality of implementation, that will be monitored through field monitoring.

In Bangui:
- Water: The WASH situation in the vast majority of the IDP sites do not meet the required minimum standards. Spare parts and a new pump were ordered by UNICEF to increase and secured the water production at the Sodeca station.
- Sanitation: The Multi-Cluster Initial Rapid Assessment (MIRA) process and health monitoring indicates increasing number of diarrhea cases amongst the displaced population.

Outside Bangui:
- Water: In Bossangoa, the provision of safe drinking water continues: Access to water at the Evêché IDP site now covers 35,000 people (83% of total number of IDPs with 10 to 12L/pers /day); As of 23 January the number of water trucking rotations has been increased to 10 rotations per day of which 8 (48,000 L) to Ecole Liberte covering 6,000 people. Additional needs have been identified to strengthen the water delivery system in Bossangoa; construction materials are being purchased to reinforce the water distribution in the city and the water system’s generator battery is due to be replaced.

Health
UNICEF’s Child Survival and Development program now has 19 partnerships providing a package of high impact interventions for the reduction of maternal, neonatal and infant mortality, and the strengthening of the health system.

In Bangui:
- UNICEF’s immunisation efforts in Bangui IDP camps continue with partners reporting 150,000 children vaccinated against measles, and 32,096 children vaccinated against polio since 3 January. Distribution of Interagency Emergency health kits continues to ensure the coverage of 140,000 patients with essential medicines.
- In addition to reinforcing the availability of health services, UNICEF is completing agreements with partners for a blanket distribution of long lasting insecticidal nets (LLINs) across IDP sites in Bangui. This distribution comes ahead of the short rainy season in CAR during which rates of malaria are expected to
rise given the shelter conditions in most IDP sites. The distribution is expected to cover 106,205 families
with 2 nets each.

Outside Bangui:
- On 20 January, a joint rapid evaluation of the needs in the health sector was conducted in six of the eight
IDP sites (est. 20,000 persons). UNICEF contributed to the health response by providing two basic
Interagency Emergency Health Kits (IEHK) and two malaria kits to the Préfecture Sanitaire de Nana-
Mambéré who established health posts in the six assessed sites. UNICEF and partners ensured the
supervision and monitoring of the response.
- As of 26 January, after 6 days of health interventions, a total of 1,909 patients have been treated mainly
for malaria, acute respiratory infections (ARI) and diarrhea. Children under 5 are most affected. To date,
no diseases with epidemic potential have been registered.

HIV/AIDS
UNICEF’s HIV response is advancing well against the 100 Day Plan and 2014 yearly targets.

Highlights in Bangui
- UNICEF has provided of ARVs and PMTCT care to pregnant women and children born of HIV positive
women in Bangui IDP sites.

Highlights outside of Bangui
- In Bossangoa, 330 young men and women / adolescents are being trained to give information on HIV in
the Eveche and Liberte sites.
- As ARVs are no longer available in Bouar Hospital, an order was placed on 15 January but advocacy is
needed for the quick and timely delivery of the ARVs ordered.

Nutrition
Nutrition interventions are on track to meet their 100 Day Plan and annual 2014 targets.

Highlights in Bangui
- Since the beginning of January 2014, a total of 43,834 children have been screened for malnutrition in
Bangui’s IDP camps. Nutrition partners MSF-Belgium, MSF-Spain, IMC, ACF and MDM screened 36,118
children during measles vaccination campaigns and 7,716 children through routine screening activities.
Children diagnosed with severe acute malnutrition (SAM) and moderate acute malnutrition (MAM) were
treated through on-site mobile OTPs or referred for treatment to existing health structures with
Outpatient Therapeutic Programmes (OTPs) and Supplementary Feeding Programme (SFP)
components.
- A total of 644 children are receiving treatment for SAM through Bangui’s static OTP sites and 198 children
are receiving treatment for SAM through Bangui’s mobile OTP sites. Currently there are 109 children
treated for severe acute malnutrition with medical complications at the in-patient therapeutic program
of Bangui’s Pediatric Hospital, with support from ACF and UNICEF)

Highlights outside of Bangui
- In addition to ensuring that supplies (PlumpyNut and therapeutic milk products - F75 and F100,) are
prepositioned, an assessment of the status and capacities of UNT and UNTA in Bouar town and Nana
Membere Health Facilities is the current priority.

Child Protection
The child protection program’s progress has been hampered by the restrictive security environment which
entails concerns for programs such as children formerly associated with armed groups (CFAAG) and GBV
interventions.

Highlights:
- UNICEF has continued the process of verification and release of boys and girls associated with armed
forces and armed groups, and COOPI has received 10 children in its "Centre de Transition et Orientation"
(CTO) this week, resulting in a total of 33 children who are receiving rehabilitation and reintegration support since January 2014.

- UNICEF conducted an intensive two-day training for 130 child protection monitors from NGO partner “Enfants sans Frontières”. The training was held in Bangui from 22-23 January 2014 at the Faculty of Evangelical Theology of Bangui (FATEB), and covered the following themes: (1) child protection monitoring within humanitarian action, (2) the six grave violations committed against children in situations of armed conflict, as established by UN Security Council Resolution 1612 and the Monitoring and Reporting Mechanism (MRM), (3) information sharing protocols such as confidentiality and security of information, (4) psychosocial first aid and referral pathways, and (5) the protection risks and needs of unaccompanied and separated children.

- There are 17 Child Friendly Spaces active across the country. 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. 69 sites are now operational.

**Education**

- UNICEF is making good progress against the 100 day targets, specifically, UNICEF is establishing 104 Temporary Safe Learning Spaces (ETAPeS) with the support of 11 NGO implementing partners from the Education Cluster in 20 priority IDP sites in Bangui where the majority of IDPs. To date, 70 temporary learning spaces in 15 sites have been established increasing the access to education to an estimated 14,000 children.

- Early Childhood Development (ECD) care giver trainings began on 27 January and are continuing throughout the week; thus far, 160 care givers have been trained on ECD in emergencies and the use of the UNICEF ECD kits.

- The education program is also developing an education for peacebuilding strategy that will reinforce the social cohesion objectives across the SRP.

**Rapid Response Mechanism (RRM)**

**Response in the last 2 weeks**

- UNICEF’s partner ACF conducted a field mission to do an RRM evaluation in Birlo town, where around 250 displaced families under high vulnerability were identified. Main findings will be shared with the relevant Clusters.

- ACF distributed NFIs for 135 displaced families in SICA2 (in Bangui), where around 700 individuals were in host families (soap, plastic mats and bed nets).

- Due to the security problems at the IDP site St Charles de Louanga, (PK12) Solidarites is obliged to keep the NFI distribution for more than 5,000 families on standby.

- IRC distributed NFIs in Bangui in the sites of Frere Cambonier, Notre Damme de Fatima, Antoine de Padoue to cover the needs in jerrycans, blankets and soap for 1,300 families.

- ACTED in coordination with Danish Refugee Council organized a NFI distribution for 9,000 families that is ongoing for the Don Bosco site in Bangui. UNICEF will cover the blankets and jerrycans for 50% of them and soap for all; the remaining 50% will be covered by DRC and UNHCR.

**Preparedness**

- The RRM has pre-positioned 8,000 NFI kits in Bouar and Bossangoa to facilitate the coverage and access to supplies in the field.
Cluster Coordination
All UNICEF-led Clusters now have a dedicated cluster coordinator. Three Information Management (IM) officers have arrived to support the Education, Nutrition and WASH clusters. All clusters meet on a weekly basis. Overall, security conditions limiting movement affects implementation, monitoring, and result in a lack of information outside of Bangui and on the axes.

Child Protection
Cluster priorities in the coming week:
Provide additional trainings, including for focal points in sites without a child protection response, focal points outside sites, and priority locations outside of Bangui. Continue to meet weekly to coordinate the integration of protection and education in the ETAPES, develop operational guidelines, and a training plan.

Successes:
- Reinforced focus on psycho-social interventions, as 17 CFS currently function within and outside of Bangui, reaching 14,600 children with psycho-social activities, while also serving as reference points through which unaccompanied and separated children can be identified and referred to appropriate care services.
- Focal points in all sites in Bangui with a child protection response have been identified, 30 of which will attend a training on the 28th and 29th January on Identification, Documentation Tracing and Reunification (IDTR) processes, including prevention, registration, interim care, follow up, tracing and reunification.
- Key messages on basic psychological first techniques and the prevention of family separation in times of crisis have been designed through the support of local partners, RDHJ (Réseau des Journalistes de Droits de l’Homme), Save the Children and the Child Protection Sub-Clusters.
- Community dialogues for the past three weeks in four of the main IDP sites in Bangui: the Airport, Boy Rabe, Moukassa and Castor, raising awareness, recording messages by families and children and carrying out a public information campaign on national media and community radios. This has been undertaken by local partner RDHJ. Through this partnership, a free SMS system was also set-up for communities to report child protection concerns, which are then referred to CP partners working in IDP sites for appropriate support and follow up, with a planned evaluation to take place later in the week.

Education
Cluster priorities in the coming week:
Remote evaluation of the state of education in the whole country through phone based interviews. This will help find out the status of education facilities outside Bangui and determine strategic interventions for Cluster members.

Successes:
- Continued roll out of the temporary safe learning spaces strategy in the sites (ETAPEs – Espaces Temporaires d’Apprentissage et de Protection de l’Enfant) with age sensitive educational (literacy and numeracy) and recreational activities and child protection services.
- Continued distribution of emergency recreational, teaching and learning materials and identification and training of teachers and facilitators within IDP sites.
- Providing psychosocial services for children and teachers/facilitators (in coordination with Child Protection sub-cluster).
- Updated key data on the number of available teachers living in the sites and teachers ready to return to their community/home schools as well as updated data on the current state of education outside of Bangui will be available in 2 weeks.
Challenges:
- Further gap analysis is needed to strategically scale up response for IDP children with similar activities outside of Bangui.
- Limited number of education partners available for interventions outside of Bangui.
- Population movement making organization of structured education and child protection activities difficult.

WASH
WASH situation in the vast majority of the IDP sites do not meet the required minimum standards. MIRA process and health monitoring indicates increasing number of diarrhea cases amongst the displaced population.

Successes:
- In Eveche camp in Bossangoa (35,000 IDPs), partners including UNICEF are providing a ratio of 10 liters per person per day; the ratio for latrines is 1 latrine per 39 persons and for shower is 1 shower per 76 persons.
- In site Liberte in Bossangoa (6000 IDPs), partners are providing an average of 12 liters per day. 1 latrine per 46 persons and 1 shower for 69 persons.

Challenges:
- In M’Poko airport camp (around 100,000 IDPs), an average of 3 liters per day per person is distributed, 154 persons per latrine available and, about 181 m³ of solid waste are weekly collected and evacuated from the site.
- Limited number of actors and limited capacities compared to the important number of beneficiaries, especially outside Bangui.
- Limited services / suppliers / transporters available.
- Limited space in displacement sites limits emergency sanitation interventions possible.
- Water production and distribution capacity will continue to decrease with the beginning of the dry season.

Nutrition
Successes:
- Since the beginning of January 2014, a total of 43,834 children have been screened for malnutrition in Bangui’s IDP camps. Nutrition partners MSF-Belgium, MSF-Spain, IMC, ACF and MDM screened 36,118 children during measles vaccination campaigns and 7,716 children through routine screening activities.
- Children diagnosed with severe acute malnutrition (SAM) and moderate acute malnutrition (MAM) were treated through on-site mobile OTPs or referred for treatment to existing health structures with OTP and SFP components.
- A total of 644 children are currently receiving treatment for SAM through Bangui’s static OTP sites and 198 children are receiving treatment for SAM through Bangui’s mobile OTP sites.
- Currently there are 109 children treated for severe acute malnutrition with medical complications at the in-patient therapeutic programme of Bangui’s Paediatric Hospital, with support from ACF and UNICEF.

Challenges:
- Insecurity along major road networks leading to Boar, Bocaranga and Kaga Bandoro is impeding the delivery of humanitarian aid, including nutrition commodities.
- Four 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% of nutrition services previously available in health facilities remain operational.
• Active case-finding of malnutrition cases in prefectures outside of Bangui needs to be scaled up, particularly in localities affected by on-going violence and areas with a high number of returnees.
• Though a number of partners are supporting services of Community Management of Acute Malnutrition (CMAM) 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.

Supply and Logistics
• During the month of January a total value of USD 535,010 composed of essentials medical supplies, health kits, nutrition products, NFI and WASH items were distributed to UNICEF implementing partners.
• The Douala corridor is still an issue with several trucks stuck at the Central Africa Republic and Cameroon border. The CAR Logistics cluster with the advice of UNICEF and other UN agencies is in discussion with MISCA for the escort availability.
• UNICEF CAR received 1 charter flight Ex-Accra with 65 MT of emergency supplies on January 22, 1 charter Ex-Nairobi with Wash Items (1,000 buckets, 20 litres) on a donated EU charter to CAR on January 23, 1 charter Ex-Douala with Wash Items (4 MT) for SODECA on January 23, 1 charter Ex-Copenhagen (from Liege) with 86.7 MT of emergency supplies on January 28.

Funding
There has been a marked increase in donor interest to addressing needs in the Central African Republic. 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 30 January, UNICEF has received $3.2 million against the 2014 HAC requirement.

<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>WASH</td>
<td>14,000,000</td>
<td>2,255,350</td>
<td>11,744,650</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>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>3,227,136</td>
<td>58,772,864</td>
</tr>
</tbody>
</table>

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.
## SUMMARY OF PROGRAMME RESULTS

<table>
<thead>
<tr>
<th>Sector</th>
<th>Indicator</th>
<th>2014 (First 100 days)</th>
<th>2014 (Full year)</th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
<td>UNICEF &amp; operational partners</td>
<td>Sector / Cluster</td>
<td>UNICEF &amp; operational partners</td>
</tr>
<tr>
<td></td>
<td>UNICEF Target</td>
<td>Cumulative results (#)</td>
<td>% of Target Achieved</td>
</tr>
<tr>
<td>Health</td>
<td>Number of U5 children vaccinated against measles (*)</td>
<td>200,000</td>
<td>150,000</td>
</tr>
<tr>
<td></td>
<td>Number of children under - five provided Vitamin A (*)</td>
<td>N/A</td>
<td>N/A</td>
</tr>
<tr>
<td></td>
<td>Children 1-5 years receiving de-worming medication (*)</td>
<td>N/A</td>
<td>N/A</td>
</tr>
<tr>
<td></td>
<td>UNICEF Operational Partners: ACF, SAVE THE CHILDREN, FRENCH RED CROSS, COLLABORATION WITH MSF, CARITAS</td>
<td>(*) Partial data</td>
<td></td>
</tr>
<tr>
<td>WASH</td>
<td>Affected population that have improved access to water (*)</td>
<td>352,000</td>
<td>100,000</td>
</tr>
<tr>
<td></td>
<td>Affected population with access to a basic sanitation services (**)</td>
<td>150,000</td>
<td>52,200</td>
</tr>
<tr>
<td></td>
<td>Affected population receiving wash items and knowledge to put in place hand washing practices (***</td>
<td>150,000</td>
<td>26,000</td>
</tr>
<tr>
<td></td>
<td>Quantity of potable water liters/day per affected population</td>
<td>7.5</td>
<td>N/A</td>
</tr>
<tr>
<td></td>
<td>UNICEF Operational Partners: IRC, ACF, ANEA, LIFA, EEA.</td>
<td>(*) Sphere standards not yet reached for Bangui sites. Bossangoa std almost reached with the provision of 12 liters of water per person per day.</td>
<td>(***) Partial data related to the people reached with hygiene communication activities.</td>
</tr>
</tbody>
</table>

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

<table>
<thead>
<tr>
<th>Indicator</th>
<th>2014 (First 100 days)</th>
<th>2014 (Full year)</th>
</tr>
</thead>
<tbody>
<tr>
<td>Number of children released from armed forces and groups</td>
<td>800</td>
<td>33</td>
</tr>
<tr>
<td>Separated children in emergencies reunified with families</td>
<td>480</td>
<td>2</td>
</tr>
<tr>
<td>GBV survivors who receive holistic assistance</td>
<td>800</td>
<td>N/A</td>
</tr>
</tbody>
</table>

**UNICEF Operational Partners:** CARITAS, COOPI, IMC, MERCY CORPS, SAVE THE CHILDREN

## HIV/AIDS

<table>
<thead>
<tr>
<th>Indicator</th>
<th>2014 (First 100 days)</th>
<th>2014 (Full year)</th>
</tr>
</thead>
<tbody>
<tr>
<td>Affected population reached with information on HIV</td>
<td>666,667</td>
<td>63,098</td>
</tr>
<tr>
<td>Children, young people and women access HIV and AIDS prevention, care and treatment (HIV+ pregnant women and exposed children)</td>
<td>3,733</td>
<td>2,898</td>
</tr>
<tr>
<td>PLWA previously on HIV-related care/treatment continuing to receive care (PMTCT, ART)</td>
<td>2,667</td>
<td>3,594</td>
</tr>
</tbody>
</table>

**UNICEF Operational Partners:** MoH

## Education

<table>
<thead>
<tr>
<th>Indicator</th>
<th>2014 (First 100 days)</th>
<th>2014 (Full year)</th>
</tr>
</thead>
<tbody>
<tr>
<td>3-18 years old children benefiting from education supplies (*)</td>
<td>160,000</td>
<td>13,390</td>
</tr>
<tr>
<td>Affected children participating to ETAPE activities (temporary learning spaces)</td>
<td>40,000</td>
<td>14,000</td>
</tr>
</tbody>
</table>

**UNICEF Operational Partners:** CORDAID, VITALITE PLUS, ECAC, JUPEDEC, COHEB, IDEALE RCA, CARITAS

(*) 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.
Twitter handle: @UNICEF_CAR, #CARcrisis

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