



Children playing volleyball, taking a break from the difficult living conditions in Bria displaced camp



Humanitarian Situation Report No. 2

Reporting Period
1 July to 31 August

Central African Republic

HIGHLIGHTS

- Over 37,000 people, mainly women and children, sought refuge in Ouham and Ouham-Pendé prefectures fleeing violence from southeastern Chad. Since April, 18,545 Sudanese refugees and returnees arrived in the north-east prefecture of Vakaga, seeking safety from the ongoing conflict in Sudan. These displacements have exacerbated the humanitarian situation in those regions, which count among the most vulnerable in CAR. UNICEF has been providing critical assistance, particularly to children facing multiple risks due to displacement and violence.
- During the reporting period, UNICEF-supported health facilities have treated 23,320 people, 13,456 of which children under the age of five (6,589 girls).
- UNICEF has supported the treatment of 4,761 children aged between 0 and 59 months (2,428 girls and 2,333 boys) suffering from severe acute malnutrition (SAM).
- UNICEF and its partners provided access to safe water for 23,644 people.
- In response to displacements triggered by conflict and natural disasters, the Rapid Response Mechanism has assisted more than 12,500 people (including 2,510 children under 5) with NFI and about 8,000 through WASH assistance (including over 1,680 children under 5).

SITUATION IN NUMBERS¹

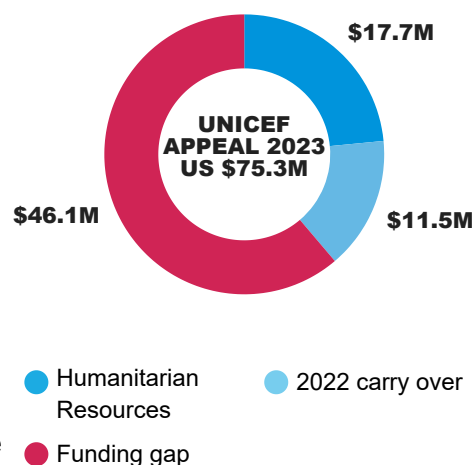


1,400,000
Children in need of humanitarian assistance



3,400,000
People in need of humanitarian assistance

FUNDING STATUS (IN US\$)**



** Funding available includes: funds received in the current year; carry-over from the previous year; and repurposed funds with agreement from donors

FUNDING OVERVIEW AND PARTNERSHIPS

In 2023, UNICEF through its Humanitarian Appeal for Children (HAC) called for US 75.3 million to meet the humanitarian needs of children in the Central African Republic. Following the crisis in Sudan since April 2023 and the consequent population outflow, UNICEF developed a workplan specifically to respond to the needs of Sudanese children and their families. At the same time, UNICEF has also responded to the immediate needs of asylum seekers and returnees from Chad. The European Commission - ECHO, GAVI The Vaccine Alliance, German Federal Foreign Office, Government of Spain, Government of Switzerland, Swedish International Development Cooperation Agency, USAID, Norway, and the French, Spanish and Netherlands Committees for UNICEF have generously contributed to UNICEF CAR humanitarian response so far. UNICEF is grateful to all donors for their contributions, which has enabled UNICEF and partners to respond to the most pressing and urgent needs. However, while the needs remain high, the 2023 HAC for the Central African Republic remains significantly underfunded, with a gap of over US\$ 45.6 million (61 per cent).

SITUATION OVERVIEW AND HUMANITARIAN NEEDS

In July and August, asylum seekers and returnees from Chad in the north-west (Ouham and Ouham-Pendé prefectures) and from Sudan in the north-east (Vakaga prefecture) continued to affect the already critical humanitarian situation in those regions. As of end of August, 37,273 people, mostly women and children, have arrived from southeastern Chad fleeing violence and inter-communal conflict. As for the refugees from Sudan, 18,545 people have arrived in CAR, the majority being women and children, seeking refuge in the town of Am Dafok, on the border with Sudan.

At the end of July 2023 (August data are not available), the total number of internally displaced persons (IDPs) in CAR rose to 514,547, an increase from May, when there were 473,572 IDPs. This increase is mainly attributed to the impact of natural disasters, in particular floods, and ongoing violence.

UNICEF and its partners are addressing the needs of children and their families in all affected regions of the country, providing essential assistance through basic services and protection.

SUMMARY ANALYSIS OF PROGRAMME RESPONSE

Health and HIV/AIDS

During the reporting period, UNICEF continued to respond to health needs of refugees and returnees, particularly in areas such as Paoua and Markounda. At the same time, UNICEF continued to support health districts in other regions, namely Bossangoa, Bouca, Bozoum, Ngaoundaye, Bouar, Nana-Gribizi, and Sangha-Mbaere.

A total of 23,320 individuals, of whom 13,456 were children under the age of 5, accessed free essential healthcare at health facilities supported by UNICEF during this period.

Among children under 5, the most prevalent illnesses were malaria (53 per cent), diarrheal diseases (12 per cent), and acute respiratory infections (2 per cent). In addition, 2,084 pregnant women received treatment for malaria, and 98 per cent of them (2,040) were tested for HIV. Of those tested, 47 (2.3 per cent) tested positive and

subsequently received antiretroviral treatment.

Regarding the response to polio cVDPV2 outbreaks, six new cases have been reported nationwide; a total of 1,748,271 individuals were vaccinated, although no children were vaccinated in the humanitarian context during the reporting period. A second round of polio vaccination is scheduled for September.

Nutrition



During the reporting period, 4,761 children under the age of 5, including 2,428 girls and 2,333 boys, suffering from severe acute malnutrition (SAM) were admitted and received treatment in UNICEF-supported nutritional units. This comprised 4,279 in Outpatient Therapeutic (OTP) programs and 482 in Inpatient Therapeutic (ITP) care.

Performance indicators for the SAM management program align with international SPHERE standards, with a cure rate of 95.5 per cent, a death rate of 0.6 per cent, a drop-out rate of 3.3 per cent and a non-response rate of 0.6 per cent.

The number of health facilities supported by UNICEF increased from 361 at the end of June 2023 to 406 by the end of August. This increase is due to new partnerships with NGOs in hard-to-reach areas where the treatment of acute malnutrition was not previously effective.

Regarding the implementation of integrated nutrition packages, which encompass both preventive and curative activities, it is reported that 28 out of 35 health districts (HDs) have successfully done so, with the support of 16 national and international non-governmental organizations.

Moreover, 26,979 children aged between 6 and 59 months received the first dose of vitamin A as part of routine care, and 8,090 received the second dose. Over 13,274 children aged 12 to 59 months were dewormed, and 42,569 mothers and/or caregivers received guidance on optimal family feeding practices, particularly focusing on infant and young child feeding (IYCF).

Education



The reporting period aligned with the summer break in the CAR education system.

UNICEF partners organized community dialogue sessions to emphasize the importance of education, particularly for girls. Furthermore, 56 teachers, including 13 women and 43 men, have been trained and were provided with essential teaching materials.

As a response to the Sudan crisis, 387 children from families seeking asylum after fleeing Sudan received educational materials. Additionally, two tents were set up as temporary learning spaces for these children.

Water, sanitation and hygiene

In July and August, UNICEF supported access to safe drinking water for more than 23,644 people in asylum seeker sites in Markounda and Birao, in IDP sites in Kaga bandoro and Batangafo through the rehabilitation of 69 water points and supporting emergency water pumping systems.

About sanitation, 10 latrines were constructed in Birao-providing 500 people with access to basic sanitation, 20 improved traditional latrines in vulnerable households were constructed or rehabilitated in the IDP site of Oro-djafoun in Ouandago and 44 a girls and women have received reusable sanitary pads for menstrual management. Additionally, 279 people have been sensitized on good hygiene practices.

Social Behaviour Change (SBC), Community Engagement & Accountability

During the reporting period, UNICEF initiated a national campaign on flood prevention and control utilizing a network of 22 community radios. A total of 126 radio programs were broadcast, disseminating essential messages concerning WASH (Water, Sanitation, and Hygiene), Child Protection, Nutrition and Health, as well as prevention against Gender-Based Violence during flood emergencies. Furthermore, local community journalists received training on how to report on flood emergencies within their communities. According to the audience reach data provided by IMMAR Research & Consultancy, it is estimated that the campaign reached a population of 4,392,000 individuals with life-saving information regarding flood prevention.

Rapid Response Mechanism (RRM)

From July to August, the Rapid Response Mechanism recorded and shared a total of 12 alerts. In line with the needs that emerged at the multi-sectoral assessments that followed, nearly 12,500 people

(including 2,510 children under 5) were assisted through NFI response and about 8,260 through WASH assistance (including more than 1,680 children under 5). All of the RRM activities that followed these alerts were related to incursions of armed groups into villages or clashes between armed groups and the national army and its allies, resulting in population displacements.

HUMANITARIAN LEADERSHIP, COORDINATION AND STRATEGY

The key principles of the inter-agency humanitarian response strategy in CAR are: 1) multisectorality; 2) localization; 3) accountability to affected people; and, 4) nexus.

UNICEF is a member of the Humanitarian Country Team (HCT), UN Country Team (UNCT), and Security Management Team (SMT). UNICEF also participates in the MINUSCA coordination mechanisms such as the Senior Management Group for Protection (SMGP) and the Protection from sexual exploitation and abuse Task Force (PSEA TF) to strengthen the delivery of humanitarian assistance.

UNICEF is the Cluster Lead Agency for the WASH, Nutrition, Education Clusters and Child Protection Area of Responsibility. The Government is an active member of the WASH, Nutrition, and Education Clusters and Child Protection Area of Responsibility. All the UNICEF-led Clusters also work at the Regional level, in the areas where UNICEF has Field Offices.

The RRM Coordinator is a member of the Inter-Cluster Coordination team (ICC) which enables efficient coordination between the RRM program and the humanitarian community.

Child Protection AOR:

During the reporting period, Child Protection Partners extended psychosocial support to 4,654 children and caregivers directly impacted by the armed conflict, including 2,564 girls, through Child Friendly Spaces (CFS) and various community-based initiatives aimed at creating a safe and secure environment for children.

Furthermore, 97 children, including 37 girls, who had been separated from their families due to violence and ongoing displacement, were documented and received family care. They were either placed with foster families or reunited with their families in six different prefectures, namely Vakaga, Haute Kotto, Haut Mbomou, Mbomou, Ouham, Basse Kotto, and Bangui.

In addition, 30,320 individuals benefited from gender-based violence (GBV) risk reduction, prevention, and response interventions.

Throughout the reporting period, Child Protection Partners ensured the identification, documentation, provision of protection services and socio-economic reintegration of 25 children, including 7 girls, who had previously been associated with armed groups in the Sub Prefecture of Zemio

Education Cluster

During the reporting period (July-August 2023), 492 children (245 boys and 247 girls) benefited from an accelerated education program. Among them, 387 refugee children (185 males and 202 females) from Sudan received individual educational materials and 82 teachers were trained in basic and psychosocial pedagogy.

WASH Cluster

The WASH Cluster maintained operational meetings with partners to support effective coordination and response. To date, UNICEF and Cluster WASH partners ensured provision of safe water to 348,867 people and sanitation facilities to other 81,351 persons.

The Cluster disseminated its new needs assessments strategy and tools at national and subnational levels. The cluster and its partners

also finalized the Menstrual Health and Hygiene baseline evaluation in the field: the report will be available in September.

Nutrition Cluster

During the months of July and August, the main focus was on strengthening the capacity of partners through training and conducting nutrition assessments and rapid SMART surveys. This involved training 36 humanitarian actors from various organizations to enhance their ability to conduct assessments. Simultaneously, 23 humanitarian actors, including nutrition sub-cluster focal points, nutrition service staff, UN agency personnel (WFP and UNICEF), and national and international NGO partners, received training in humanitarian coordination and the cluster approach.

Out of the 42 planned assessments, which included nutrition needs assessments, mass screenings, and SMART Rapides surveys scheduled between July and September 2023, 29 (69 per cent) were successfully conducted during this period. The remaining assessment activities are ongoing and are expected to be completed by the end of September. These efforts will provide crucial up-to-date data for the IPC analysis of acute malnutrition, a process currently in progress.

HUMAN INTEREST STORIES AND EXTERNAL MEDIA



Women and girls in rural areas continue to be at risk of gender-based violence at any time and location. The difficult living conditions expose women like Arlette to more risks of harassment.

Arlette, 25, is a resident of Gou 3, in the Kémo Prefecture of the south-eastern Central African Republic. She explains how women and girls as young as 7 years face risks of harassment and abuse on a daily basis to fetch water at a borehole, 10 km far from her village.

“The borehole in our town had been broken for a few months now. During that period, and like traditions dictate, women and girls would wake up at 4 am and walk around 10 km to fetch water from the nearby borehole,” she says.

“The road would be dark. We could barely see ahead of us. You think I would get used to it, but no. My stomach would clench every day throughout the journey,” she adds. “Someone could jump and attack us at any moment – we never felt safe, but we had no options. Many women and girls were harassed, some kidnapped.”

This was, however, not the only situation that put these brave women at risk. The lack of proper toilets forced them to defecate in the open air, without any privacy. “In our community, this has caused many problems and many girls were raped because they were

alone,” she notes.

To remedy this, UNICEF rehabilitated the borehole and installed latrines in Gou 3 to ensure the women and girls don't have to take unnecessary risks and feel more protected.

Furthermore, with the support of the United States Government, UNICEF organized a training of trainers for 40 community mobilisers on GBV principles, prevention, and interventions in CAR to contribute to creating a safer environment for children, especially girls, in vulnerable conditions, and their families.

Rustin, a project officer with UNICEF's implementing partner in the region, attended the training. “Many girls find themselves victims of violence while doing simple chores or activities related to their hygiene and water needs. Such trainings help us explain to the communities how to protect girls from violence”, he stated.

“The training of trainers has provided me with useful information, guidelines and protection principles that I relay to the community. The opportunity of the UNICEF-supported community-led total sanitation (CLTS) project helps us to educate people on gender-based violence risks and prevention,” he says.

The CLTS project aims to inspire and empower rural communities to stop open defecation and to build and use latrines.

“The rate of gender-based violence is high in the region; that is mainly due to women and girls having to cross long distance to get water supplies. That's why together with the community, we set up mitigation measures to protect women and girls from violence, such as having a companion when they go to get water. Furthermore, with the community leaders, we are conducting continuous sessions on the risks and prevention of GBV as well as human rights”, Rustin adds.

“The awareness sessions have a double role: it will help individuals understand the risks that we, as women, take and will help us report when we are in trouble. At the same time, the perpetrators of these horrible acts now know that they will not go unpunished,” states Arlette.

- Raising awareness among communities to lower risks of gender-based violence in CAR

<https://www.unicef.org/car/en/stories/raising-awareness-among-communities-lower-risks-gender-based-violence-car>

HAC APPEALS AND SITREPS

- Central African Republic Appeals
<https://www.unicef.org/appeals/car>
- Central African Republic Situation Reports
<https://www.unicef.org/appeals/car/situation-reports>
- All Humanitarian Action for Children Appeals
<https://www.unicef.org/appeals>
- All Situation Reports
<https://www.unicef.org/appeals/situation-reports>

NEXT SITREP: 30/11/2023

ANNEX A - PROGRAMME RESULTS

Consolidated Programme Results

Sector			UNICEF and IPs response			Cluster/Sector response		
Indicator	Disaggregation	Total needs	2023 targets	Total results	Progress*	2023 targets	Total results	Progress*
Health								
Children vaccinated against measles	Total	-	247,680	199,450	0%	-	-	-
	Girls	-	-	101,719	-	-	-	-
	Boys	-	-	97,731	-	-	-	-
Children vaccinated against polio	Total	-	395,100	1.7 million	▲ 122%	-	-	-
	Girls	-	-	645,163	-	-	-	-
	Boys	-	-	619,863	-	-	-	-
Children and women accessing primary healthcare in UNICEF-supported facilities	Total	-	189,300 ²	107,885	▲ 12%	-	-	-
	Girls	-	3	27,978	-	-	-	-
	Boys	-	4	27,608	-	-	-	-
	Women	-	5	27,694	-	-	-	-
	Men	-	6	24,605	-	-	-	-
HIV/AIDS								
Pregnant and lactating women living with HIV receiving antiretroviral therapy	Total	-	859	297	▲ 5%	-	-	-
	Girls	-	-	70	-	-	-	-
	Women	-	-	227	-	-	-	-
Adolescent girls and boys tested for HIV and received the result of the last test	Total	-	31,200	5,366	▲ 1%	-	-	-
	Girls	-	-	2,845	-	-	-	-
	Boys	-	-	2,521	-	-	-	-
Nutrition⁷								
Children 6-59 months with severe wasting admitted for treatment	Total	-	59,400	25,968	▲ 8%	47,512	25,968	▲ 20%
	Girls	-	-	13,244	-	-	13,244	-
	Boys	-	-	12,724	-	-	12,724	-
Primary caregivers of children 0-23 months receiving infant and young child feeding counselling	Total	-	262,300	121,265	▲ 46%	-	-	-
	Women	-	-	100,651	-	-	-	-

	Men	-	-	20,614	-	-	-	-
Children 6-59 months receiving Vitamin A supplementation	Total	-	671,760	33,337	▲ 5%	-	-	-
	Girls	-	-	17,349	-	-	-	-
	Boys	-	-	15,988	-	-	-	-
Child protection, GBViE and PSEA								
Children, adolescents and caregivers accessing community-based mental health and psychosocial support	Total	-	140,000	11,040	0%	151,000	58,225	▲ 3%
	Girls	-	-	4,801	-	-	25,489	-
	Boys	-	-	5,586	-	-	28,918	-
	Women	-	-	383	-	-	2,143	-
	Men	-	-	270	-	-	1,675	-
Women, girls and boys accessing gender-based violence risk mitigation, prevention and/or response interventions	Total	-	500,000 ⁸	18,301	▲ 3%	388,020	242,053	▲ 8%
	Girls	-	- ⁹	5,729	-	-	89,903	-
	Boys	-	- ¹⁰	2,863	-	-	75,739	-
	Women	-	- ¹¹	9,709	-	-	76,411	-
People with safe and accessible channels to report sexual exploitation and abuse by personnel who provide assistance to affected populations	Total	-	350,000	10,743	▲ 1%	130,000	61,110	▲ 5%
	Girls	-	-	5,001	-	-	27,249	-
	Boys	-	-	5,742	-	-	30,296	-
	Women	-	-	246	-	-	2,420	-
	Men	-	-	150	-	-	1,145	-
Children who have exited an armed force and groups provided with protection or reintegration support	Total	-	1,700	291	▲ 12%	2,000	316	▲ 1%
	Girls	-	-	85	-	-	92	-
	Boys	-	-	206	-	-	224	-
Education¹²								
Children accessing formal or non-formal education, including early learning	Total	-	100,000	68,633	0%	408,000	87,939	0%
	Girls	-	-	29,142	-	-	39,967	-
	Boys	-	-	39,491	-	-	47,972	-
Children receiving individual learning materials	Total	-	250,000	68,633	0%	408,000	132,697	0%

	Girls	-	-	29,142	-	-	58,682	-
	Boys	-	-	39,491	-	-	74,015	-
Teachers trained in psychosocial support and basic teaching methods	Total	-	1,200	113	0%	3,239	681	▲ 3%
Water, sanitation and hygiene								
People accessing a sufficient quantity and quality of water for drinking and domestic needs	Total	-	300,000	74,088	▲ 8%	1 million	348,867	▲ 11%
	Girls	-	-	25,564	-	-	80,239	-
	Boys	-	-	23,675	-	-	76,751	-
	Women	-	-	15,848	-	-	101,171	-
	Men	-	-	9,001	-	-	90,705	-
People accessing appropriate sanitation services	Total	-	150,000	21,268	0%	300,000	81,351	▲ 14%
	Girls	-	-	7,485	-	-	18,711	-
	Boys	-	-	6,874	-	-	17,897	-
	Women	-	-	3,707	-	-	23,592	-
	Men	-	-	3,202	-	-	21,151	-
Women and girls accessing menstrual hygiene management services	Total	-	30,000	4,602	0%	-	13,236	-
	Girls	-	-	3,894	-	-	8,115	-
	Women	-	-	708	-	-	5,121	-
People reached with hand-washing behaviour-change programmes	Total	-	300,000	69,637	0%	1.1 million	-	▼ -19%
	Girls	-	-	23,372	-	-	84,586	-
	Boys	-	-	21,570	-	-	80,908	-
	Women	-	-	16,432	-	-	106,652	-
	Men	-	-	8,263	-	-	95,619	-
Cross-sectoral (HCT, SBC, RCCE and AAP)								
Households reached with UNICEF-funded humanitarian cash transfers across sectors	Total	-	7,500	3,277	▲ 9%	-	-	-
People reached through messaging on prevention and access to services	Total	-	2.7 million ¹³	742,766	0%	-	-	-
People who participate in engagement actions	Total	-	2.4 million	491,802	▲ 1%	-	-	-
	-	-	-	-	-	-	-	-
	-	-	-	-	-	-	-	-

	-	-	-	226,403	-	-	-
	-	-	-	246,577	-	-	-
People sharing their concerns and asking questions through established feedback mechanisms	Total	-	10,000	2,324	▲ 11%	-	-
	-	-	-	103	-	-	-
	-	-	-	79	-	-	-
	-	-	-	1,363	-	-	-
	-	-	-	779	-	-	-
Rapid response mechanism							
Vulnerable people newly affected by the crisis rapidly provided with essential household items	Total	-	250,000	110,185	▲ 14%	-	-
	Girls	-	-	33,161	-	-	-
	Boys	-	-	36,144	-	-	-
	Women	-	-	21,926	-	-	-
	Men	-	-	19,364	-	-	-
Vulnerable people affected by the crisis benefiting from water, hygiene and sanitation interventions	Total	-	165,000	79,049	▲ 5%	-	-
	Girls	-	-	24,253	-	-	-
	Boys	-	-	23,580	-	-	-
	Women	-	-	16,891	-	-	-
	Men	-	-	14,325	-	-	-

*Progress in the reporting period 1 July to 31 August

ANNEX B — FUNDING STATUS

Consolidated funding by sector

Sector	Requirements ¹⁴	Funding available		Funding gap	
		Humanitarian resources received in 2023	Resources available from 2022 (carry over)	Funding gap (US\$)	Funding gap (%)
Nutrition	19,000,000 ^{15,16}	425,672	1,293,420	17,280,908	91%
Health and HIV/AIDS	6,400,000	3,698,801	5,608,696	-	0%
Child protection, GBViE and PSEA	11,000,000 ¹⁷	2,304,381	833,715	7,861,904	71%
Education	9,000,000	378,827	-	8,621,173	96%
Water, sanitation and hygiene	9,500,000	945,443	-	8,554,557	90%
Cross-sectoral (HCT, SBC, RCCE and AAP)	3,800,000 ¹⁸	1,696,501	720,420	1,383,079	36%
Rapid response mechanism	14,600,000 ¹⁹	7,876,569	3,081,563	3,641,868	25%
Cluster/sector coordination	2,000,000	347,360	-	1,652,640	83%
Total	75,300,000	17,673,554	11,537,814	46,088,632	61%

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ENDNOTES

1. HNO 2023

2. The target has increased compared with 2022. It is calculated as follows: the sum of children and women who are beneficiaries of the Rapid Response Mechanism who could potentially need treatment (based on the strategy to increase complementarity with RRM), plus children to be treated for measles and children treated for severe wasting.
3. The target has increased compared with 2022. It is calculated as follows: the sum of children and women who are beneficiaries of the Rapid Response Mechanism who could potentially need treatment (based on the strategy to increase complementarity with RRM), plus children to be treated for measles and children treated for severe wasting.
4. The target has increased compared with 2022. It is calculated as follows: the sum of children and women who are beneficiaries of the Rapid Response Mechanism who could potentially need treatment (based on the strategy to increase complementarity with RRM), plus children to be treated for measles and children treated for severe wasting.
5. The target has increased compared with 2022. It is calculated as follows: the sum of children and women who are beneficiaries of the Rapid Response Mechanism who could potentially need treatment (based on the strategy to increase complementarity with RRM), plus children to be treated for measles and children treated for severe wasting.
6. The target has increased compared with 2022. It is calculated as follows: the sum of children and women who are beneficiaries of the Rapid Response Mechanism who could potentially need treatment (based on the strategy to increase complementarity with RRM), plus children to be treated for measles and children treated for severe wasting.
7. All nutrition targets increased on the basis of internal assumptions, taking into account the increased needs and UNICEF's capacity to respond in 2022.
8. The target increased substantially from 12,000 to 500,000, given the mainstreaming across sectors of prevention of gender-based violence in emergencies and prevention of sexual exploitation and abuse. Each sector will report on its respective achievement to contribute to this joint target.
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11. The target increased substantially from 12,000 to 500,000, given the mainstreaming across sectors of prevention of gender-based violence in emergencies and prevention of sexual exploitation and abuse. Each sector will report on its respective achievement to contribute to this joint target.
12. The new approach in education as presented in the Country Programme Document for the Central African Republic aims to tackle emergency response as well as prepare communities' capacities to respond to future shocks in education. In practice, this means that during an emergency/shock a number of children will receive materials and teachers will receive emergency training in psychosocial support as a first response. However once the emergency response is addressed, a more comprehensive package of interventions will be put in place. This includes semi-permanent infrastructure development, more comprehensive training for teachers, integration of WASH and protection activities and engagement with the community. This more comprehensive package has a higher cost and therefore, while outwardly seeming to reach a lower number of children, it guarantees a more lasting impact, making communities more prepared to shocks and future emergencies. An estimated 250,000 children will benefit from the emergency response, and 100,000 from the more complete package.
13. The programme target is higher than the total number of people/children to be reached because the target includes mass media outreach.
14. The increase in the budget requirement compared with 2022 is mainly related to the upward revision of all unit costs in line with the increase in operational costs, which are linked to the country's severe fuel crisis and to other cost increases related to global disruptions and the falling exchange rate.
15. The effects of rising food, fertilizer and fuel prices resulting from multiple global factors, including the war in Ukraine, have driven up global humanitarian needs and increased the cost of nutrition interventions.
16. The nutrition budget has increased in line with an increase in targets.
17. Around US\$3.5 million for gender-based violence in emergencies and prevention of sexual exploitation and abuse activities.
18. This includes US\$2.5 million for social and behavioural change and US\$1.3 million for multisectoral humanitarian cash. It does not include the budget requirement for the 5,000 households receiving humanitarian cash transfers through the RRM, nor does it include the budget for cash plus (cash in nutrition and education programmes, which is expected to be financed outside of the framework of this appeal). An estimated 2,500 households will receive a one-off payment of around US\$70. Another 5,000 will receive the same amount through the RRM, which is included in the RRM budget.
19. The RRM budget covers 225,000 people receiving essential household items, 25,000 people receiving humanitarian cash transfers and 165,000 people benefiting from WASH responses.