



UNICEF partner presenting the content of the NFI & hygiene kits to displaced people in Ngoukpe and Oumba in the Ombella-M'Poko Prefecture.



# Humanitarian Situation Report No. 1

Reporting Period  
1 January- 29 February 2024

## Central African Republic

### HIGHLIGHTS

Despite ongoing challenges like clashes, insecurity, and natural disasters causing displacement, the Central African Republic has seen improvements in some areas in early 2024. In its Humanitarian Action for Children (HAC), UNICEF is requesting US\$66.7 million to address the critical humanitarian needs of 1,049,900 vulnerable people, with 87 per cent being children. This represents an 11 per cent decrease from the 2023 HAC appeal

- Since January, the UNICEF-supported health facilities treated 55,859 children and women.
- UNICEF supported the treatment of 10,053 children aged between 0 and 59 months suffering from severe acute malnutrition (SAM).
- UNICEF and its partners provided access to safe water for 20,853 people, and 1,882 people had access to appropriately designed and managed latrines.
- In response to displacement triggered by conflict and natural disasters, the Rapid Response Mechanism (RRM) provided non-food items (NFI) to 9,946 families and WASH assistance to more than 70,000 people.

### SITUATION IN NUMBERS

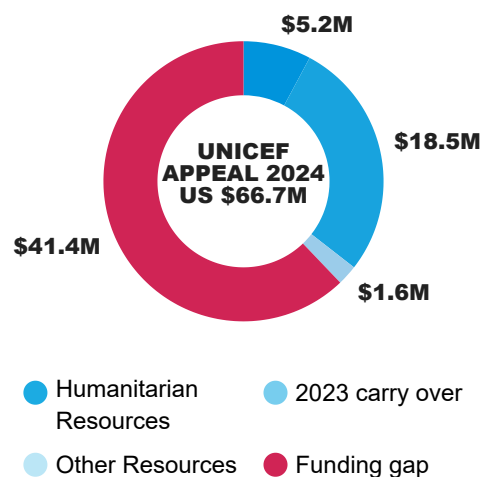


**1,300,000**  
Children in need of humanitarian assistance



**2,800,000**  
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 2024, UNICEF appealed for US\$66.7 million to address the humanitarian needs of children and women in the Central African Republic. By the end of February 2024, nearly US\$5.2 million (8 per cent of the appeal) had been promptly received, thanks to the Governments of Japan, Korea, Sweden and the UK (FCDO), as well as the UNICEF National Committees in Germany and Spain.

US\$18.5 million (28 per cent of the appeal) was carried forward from the previous year. These funds are enabling a seamless humanitarian response, with appreciation extended to the Governments of Canada, Norway, the USA (USAID, BHA, State Department), the European Union, the Global Alliance on Vaccine (Gavi), the King Salman Humanitarian Aid and Relief Center (KSRelief), as well as the UNICEF National Committees in France and Spain.

The funding gap exceeds US\$44 million (66 per cent of the appeal).

Significant funding gaps are evident across sectors, particularly in Nutrition, WASH, and the RRM, which carry the largest and most pressing funding gaps to ensure continuity in key and essential UNICEF-led responses.

UNICEF will persist in advocating for partnerships and resources. Within the context of the CAR, flexible/softly earmarked, pooled and multi-year funding represent some of the most effective methods to impact children by facilitating a quicker, more agile and cost-effective response.

UNICEF urgently appeals for assistance to provide life-saving support to the most vulnerable children and families affected by shocks.

## SITUATION OVERVIEW AND HUMANITARIAN NEEDS

The Government of the Central African Republic and the Humanitarian Country Team launched the 2024 Humanitarian Response Plan (HRP) on February 2. They have requested \$367.7 million, a 30 per cent decrease from 2023, to assist 1.9 million vulnerable individuals across CAR.

Despite improvements, conflict and insecurity persist, driving widespread needs in CAR. The plan prioritizes food, health, protection and WASH. Approximately 2.8 million people—46 per cent of the population—will require assistance in 2024 (HNO 2024).

Similarly, in its 2024 Humanitarian Action for Children (HAC), UNICEF is requesting US\$66.7 million to address the critical humanitarian needs of 1,049,900 vulnerable people, with 87 per cent being children. This represents an 11 per cent funding request decrease from the 2023 appeal.

Given the ongoing volatility of the humanitarian situation in CAR, where previously stable regions can swiftly become emergency zones, UNICEF is adapting its response strategy. This involves tailoring programmes to the characteristics of each area and target population.

The approach encompasses rapid emergency responses in hard-to-reach areas, multisectoral responses for asylum seekers, refugees and internally displaced people (IDPs), and a cohesive link between humanitarian and development efforts. Moreover, it prioritizes finding durable solutions to displacement.

## SUMMARY ANALYSIS OF PROGRAMME RESPONSE

### Health and HIV/AIDS



During this period, 55,859 children and women accessed primary health care services in UNICEF-supported facilities across the six priority health districts: Bouar, Nana Grébizi, Bouca, Bossangoa, Ngaoundaye, and Sangha-Mbaéré. Among them, there were 36,952 children under 5 years of age (18,846 girls and 18,106 boys) and 18,907 women. The most prevalent diseases among children under 5 years of age were malaria (65 per cent), acute respiratory infections (16 per cent) and diarrheal diseases (18 per cent).

During the same reporting period, 142 pregnant and lactating women living with HIV were initiated on antiretroviral therapy, of an expected annual target of 968.

There were no emergency measles vaccination activities scheduled or conducted during this reporting period.

### Nutrition

In terms of nutrition, UNICEF supported the treatment of 10,053 children under five (5,127 girls and 4,926 boys) suffering from severe

acute malnutrition (SAM), with 9,121 treated in Outpatient Therapeutic (OTP) centres and 932 in Inpatient Therapeutic (ITP) centres. The performance indicators for the SAM management programme align with international SPHERE standards, with a cure rate of 85.2 per cent, a death rate of 1.1 per cent, and a drop-out rate of 5.9 per cent. Of the 1,173 functional health facilities (FOSA), 464 (40 per cent) provide treatment for severe acute malnutrition.

For malnutrition prevention activities, UNICEF supplied Vitamin A, benefiting 11,288 children aged 6–59 months with the first dose and 4,033 with the second dose. Additionally, 6,188 children aged 12–59 months were dewormed. UNICEF also distributed 4,437 cartons (each containing 150 sachets) of ready-to-use therapeutic food (RUTF) and medicines to health facilities across the 35 health districts.

## Child protection, GBViE and PSEA

In January and February UNICEF's Child Protection partners continued to provide essential services to children, families and communities affected by armed conflict in various regions. During the reporting period, UNICEF expanded its partnership to reach children and families in Birao (Vakaga), Paoua (Lim-Pendé) and Markounda (Ouha). As a result, 13 child-friendly spaces (CFS) have been created, offering 2,399 children (1,276 girls and 1,123 boys), psychosocial support through recreational activities. Additionally, 8 unaccompanied separated children were identified and provided with interim care, while 11 benefited from case management services.

Efforts to prevent war-related risks, particularly the prevention of mines and remnants of war, remained a priority. UNICEF provided technical support to the Mine Action Area of Responsibility. Through partners, a total of 2,373 people (725 women, 516 girls, and 1,112 boys) were sensitized to the risks of violence, abuse and exploitation against children, including gender-based violence (GBV) and sexual exploitation and abuse (SEA).

At the advocacy and policy level, UNICEF continued its endeavours to prevent and respond to grave child rights violations. In February, a Country Taskforce on Monitoring and Reporting Grave Child Rights Violations was held in collaboration with MINUSCA. UNICEF and MINUSCA provided technical support to the Government of CAR, finalizing the drafting of the protocol for the safe handover of children associated with armed groups and armed forces to civilian actors, along with a national strategy for preventing grave violations against children. A validation workshop will be organized with relevant sectors during the second quarter of the year. These initiatives underscore UNICEF's commitment to protecting and promoting the rights and well-being of children affected by conflict.

## Education

From January to February 2024, UNICEF facilitated educational access for 61,901 children (35,342 girls and 26,559 boys) across several prefectures, including Haute Kotto, Ouaka, Ouham, Ouham Pende, Lim-Pende and Bamingui Bangoran.

In addition, 44,864 children (19,994 girls and 24,870 boys) in crisis-affected areas, such as Bossangoa, Bozoum, Paoua, Markounda, Bambari, Bria and Ndele, received learning materials.

During this period, teacher training initiatives, which had been postponed, commenced, resulting in the training of 160 teachers (10 female and 150 male). Furthermore, UNICEF conducted sensitization campaigns on the importance of education, reaching 3,667 community members (1,968 female and 1,699 male). Additionally, UNICEF, in collaboration with partners, completed the construction of 36 classrooms in Haute-Kotto and Ouaka.

## Water, sanitation and hygiene



The new water well installed in Kaka village in Ndele has helped thousands of people gain access to clear water.

During the first two months of the year, UNICEF directed its efforts towards ensuring access to safe drinking water and sanitation facilities for Chadian asylum seekers who seek refuge in the Markounda site and in host communities in Paoua. Through these efforts, 10,361 individuals gained access to safe drinking water and 1,882 people have benefitted from the construction of 25 latrine cabins and 34 shower cabins. Furthermore, 7,701 individuals have been sensitized to good hygiene practices through awareness-raising sessions.

Moreover, an additional 4,000 people gained access to drinking water thanks to the construction of 3 new boreholes in Markounda and the rehabilitation of 5 boreholes in Paoua. Additionally, 13 water point management committees, consisting of a total of 88 individuals, and 1 pump repairer were trained in sustainable water management.

In Markounda, two health facilities received essential WASH items for infection prevention and control, while 6 health workers were trained in infection prevention and control measures. Additionally, to support the treatment of children suffering from severe acute malnutrition, 164 mothers whose children were diagnosed with malnutrition received WASH kits to promote hygiene practices and water treatment at home.

Responding to the Sudanese crisis and the recent influx of refugees, UNICEF's emergency response has focused on providing an additional 6,000 people in the Korsi site with access to safe drinking water.

## Social Behaviour Change (SBC), Community Engagement & Accountability



UNICEF partners sensitizing communities on the use of water and NFIs during a distribution in Damara.

During the reporting period, UNICEF assisted the humanitarian community in conducting a dissemination campaign for the Humanitarian Needs Overview (HNO) 2023 and the Humanitarian Response Plan (HRP) 2024 in Bria, Bambari and Kagabandoro. The campaign aims to improve transparency on the humanitarian planning including targeting criteria.

As part of the collective Accountability to Affected Populations (AAP) Working Group, UNICEF supported and spearheaded an awareness campaign regarding the findings of the Multi-Sectoral Needs Assessment (MSNA) – carried out in 2023 and aiming to provide input for the development of the HNO and HRP for 2024 – and its integration into the Humanitarian Programme Cycle (HPC) planning process.

Public radio programmes were arranged in areas with a large number of affected people like Bria, Bambari and Kagabandoro. The radio programmes involved community leaders and local authorities. This initiative reached at least 137,000 people through radio broadcasts, with 5,000 individuals actively participating in public gatherings at the regional level.

## Rapid Response Mechanism (RRM)

In January and February, 23 alerts triggered 19 Exploratory Missions (MEX) and 26 multi-sector assessments (MSA). Approximately 78 per cent of these alerts were related to violence, around 17 per cent to return movement and 5 to other reasons. These incidents affected 45,948 individuals and led to population displacements, primarily in Ouham, Ouham-Pende, Bamingui Bangoran, Haute-Kotto, Basse-Koto and Ouaka.

Throughout these two months, RRM partners extended Non-Food Items assistance to 9,946 households, including 9,432 children under 5, and provided WASH assistance to more than 29,338 individuals, encompassing over 5,129 children under 5.

## 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) the humanitarian-development-peace 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 and Education clusters and the 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 Area of Responsibility

During the first two months of the year armed groups continued to be active, particularly in the west and east (Mbomou and Haut-Mbomou Prefectures) of the country. The movement of armed groups, particularly in Haut-Mbomou, Ouham and Vakaga Prefectures, the use of explosive ordnances and ongoing military operations by Governmental forces are negatively affecting the ability of the Country Task Force for Monitoring and Reporting to monitor and report on grave child rights violations.

Despite these challenges, Child Protection actors provided psychosocial support to 18,829 children (7,987 girls) and 1,195 caregivers. Additionally, 43 children (including 21 girls) separated from their families due to violence and forced displacement were documented and benefited from family care through placement with foster families and reunification. Child Protection partners provided 221 survivors of sexual violence (24 boys) with access to protection and medical services. Additionally, 8,170 individuals benefited from GBV risk reduction and prevention interventions.

### • Education Cluster

The Education Cluster has developed a new work plan for 2024 tailored on the Humanitarian Response Plan. With 1.2 million children in need of humanitarian assistance requiring education support this year, the response has targeted 369,860 individuals (including 366,805 children and 3,055 teachers) with a comprehensive approach encompassing Child Protection and WASH aspects, as well as a stronger collaboration with the RRM. Ouaka, Ouham Péné, Nana Mambéré, Nana Gribizi, and Ouham are the prioritized prefectures.

Between January and February 2024, 62,504 children (comprising 28,139 girls and 34,365 boys, 62 of whom are children with disabilities) were reintegrated to schools, while 62,533 (including 28,139 girls and 34,394 boys, 62 of whom are children with disabilities) received educational kits in the prioritized prefectures. Furthermore, 1,342 teachers were trained in basic pedagogy and psychosocial support by national and international organizations. Additionally, 12 emergency classrooms and 6 semi-durable latrine blocks were constructed, facilitating learning for 2,639 children. To prevent school exclusion due to menstrual hygiene factors, dignity kits were distributed to 2,326 girls, including four with disabilities.

Moreover, with the assistance of a child protection specialist from the Area of Responsibility in Geneva, the Education Cluster organized in February a workshop with inspectors from the Ministry of National Education and technical staff from NGOs to revise training modules and teacher guides on psychosocial support in the classroom. Thirty members of the Education Cluster and eighteen technicians from the Ministry of National Education received training on mental health and

psychosocial support, facilitated by the same specialist.

### ● **WASH Cluster**

To date in 2024, WASH Cluster partners have provided drinking water to 52,781 people and granted access to sanitation facilities to 6,890 individuals. This year, the WASH Cluster has introduced two new technical working groups, one on Localization and Accountability and one on Quality Assurance, complementing the existing groups on Menstrual Hygiene, Water Governance, WASH and Nutrition, and Flood Response. These groups aim to develop norms, standards and tools to enhance effective coordination and response to the needs of affected populations.

### ● **Nutrition Cluster**

In January and February, the Nutrition Cluster focused on analyzing the response capacities of its partners, evaluating the performance of Cluster Coordination and drafting the Nutrition Cluster's annual action plan.

Likewise, with the involvement of cluster partner members, several activities were carried out in cluster priority areas, facilitating access to severe acute malnutrition services for 6,930 children aged 6–59 months suffering from SAM and providing vitamin A supplementation to 7,902 children aged 6–59 months.

## HUMAN INTEREST STORIES AND EXTERNAL MEDIA



Do you know how difficult it is to cook a meal for your family when you don't even have a pot left and everything was taken away from you?" - Chantal Guereko, 32-year-old mother of five

"Running? It has happened too many times, I have lost count of the exact number of times I have been forced to flee to escape death in recent years," says Jean-Marie Sengoto. He recalls that each time an armed conflict has erupted in the Central African Republic, he and his family have been victims in their village of Oumba.

Incessant attacks by armed groups in the Central African Republic continue to cause massive population displacement, leading to further chaos, loss and trauma for thousands of innocent children.

In Oumba, in the prefecture of Ombella-M'Poko, hundreds of families were forced to flee their homes following a deadly attack on their village.

"Around three o'clock in the morning, the silence of the night was suddenly broken by heavy gunfire in our neighbourhood. The children, terrified, started to cry and scream, begging us to protect them," recounts Jean-Marie, the 42-year-old father of six. "Faced

with the violence that was unfolding, I had no choice but to flee with my wife Magdalena and our children to the nearby forest. We stayed there hidden, waiting for order to be restored in our area. Fear was omnipresent and we were only able to find a semblance of calm after several weeks."

Returning home a few days later to assess the damage was a new shock for Jean-Marie. "My house was in ruins, and our modest food supplies had been looted. I didn't know how I was going to feed my family."

Seventeen kilometers from Oumba, in the village of Ngoupkbe, the situation is not much different. The inhabitants experienced the same terror and told similar stories.

Chantal Guereko, a 32-year-old mother of five, waits her turn for the distribution of humanitarian supplies. Her eyes betray the fear she felt when armed groups attacked her village. "We didn't know what to do, we just ran for our lives," she explains, her voice trembling. The pain is palpable in her words as she recalls these traumatic events.

Despite the ordeal they have been through, Chantal and other families share more than just the trauma of being uprooted from their lives. They are today receiving vital humanitarian aid thanks to UNICEF's Rapid Response Mechanism.

It is noon, and already hundreds of people, mostly women and children, have gathered in the shade of the trees in the centre of Oumba. All listen attentively to advice on hygiene from a social worker from Action Against Hunger, a UNICEF partner. On this crucial day, some 250 families will receive emergency humanitarian aid.

While volunteers are busy unloading boxes and bags, the social worker lists the items that will be distributed to each household: a jerrycan, a bucket, a kitchen utensil kit, two mats, blankets, a tarpaulin, soap, two large pieces of cloth, mosquito nets, a hygiene kit with underwear and other essential products for women and girls.

Many consider the Rapid Response Mechanism to be a lifeline for families in crisis. On the front lines of emergencies, the RRM is a critical intervention mechanism that allows UNICEF to provide vital humanitarian aid to the most vulnerable populations, including children, affected by crises and displacement. In close collaboration with its partners, UNICEF delivers life-saving supplies to the most remote and hard-to-reach areas, including front lines.

For Chantal, the assistance received is a real treasure: "Do you know how difficult it is to cook a meal for your family when you don't even have a pot left and everything was taken away from you?"

The feeling of relief is shared by Jean-Marie: "We felt abandoned, that's the truth. But today, we are filled with joy to see that people care about us and have come to our rescue."

With funding from the European Commission's Humanitarian Aid Department (ECHO), the USAID Bureau for Humanitarian Assistance (BHA), Swiss Humanitarian Aid, and the Swedish International Development Cooperation Agency (Sida), UNICEF and its partners are providing essential non-food items and hygiene kits to thousands of displaced families in affected areas of the Central African Republic.

This concrete assistance allows displaced families to meet their urgent daily needs and maintain proper hygiene, thus contributing to their well-being and dignity in a crisis context.

- We are not invisible": In Ngoupkbe and Oumba, displaced people receive vital aid.

<https://www.unicef.org/car/en/stories/we-are-not-invisible>

## 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: 30/05/2024**

# ANNEX A - PROGRAMME RESULTS

## Consolidated Programme Results

Sector			UNICEF and IPs response			Cluster/Sector response		
Indicator	Disaggregation	Total needs	2024 targets	Total results	Progress*	2024 targets	Total results	Progress*
<b>Health and HIV/AIDS</b>								
Children vaccinated against measles, supplemental dose	Total	-	181,686	-	0%	-	-	-
	Girls	-	92,660	-	0%	-	-	-
	Boys	-	89,026	-	0%	-	-	-
Children 0-59 months vaccinated against polio	Total	-	291,035 <sup>1</sup>	-	0%	-	-	-
	Girls	-	148,428 <sup>2</sup>	-	0%	-	-	-
	Boys	-	142,607 <sup>3</sup>	-	0%	-	-	-
Children and women accessing primary health care in UNICEF-supported facilities	Total	-	283,750 <sup>4</sup>	55,859	▲ 20%	-	-	-
	Girls	-	- <sup>5</sup>	18,846	-	-	-	-
	Boys	-	- <sup>6</sup>	18,106	-	-	-	-
	Women	-	- <sup>7</sup>	18,907	-	-	-	-
Pregnant and lactating women living with HIV receiving antiretroviral therapy	Total	-	968	142	▲ 15%	-	-	-
<b>Nutrition</b>								
Children 6-59 months screened for wasting	Total	-	764,891	10,053	▲ 1%	-	-	-
	Girls	-	390,094	5,127	▲ 1%	-	-	-
	Boys	-	374,797	4,926	▲ 1%	-	-	-
Children 6-59 months with severe wasting admitted for treatment	Total	65,962	45,473	10,053	▲ 22%	45,473	6,930	▲ 15%
	Girls	33,641	23,191	5,127	▲ 22%	23,191	3,534	▲ 15%
	Boys	32,321	22,282	4,926	▲ 22%	22,282	3,396	▲ 15%
Primary caregivers of children 0-23 months receiving infant and young child feeding counselling	Total	-	368,918 <sup>8</sup>	4,339	▲ 1%	-	-	-
	Women	-	306,202 <sup>9</sup>	3,601	▲ 1%	-	-	-
	Men	-	62,716 <sup>10</sup>	738	▲ 1%	-	-	-
Children 6-59 months receiving vitamin A supplementation	Total	-	620,077	11,288	▲ 2%	-	-	-

	Girls	-	-	5,757	-	-	-	-
	Boys	-	-	5,531	-	-	-	-
<b>Child protection, GBViE and PSEA</b>								
Children, adolescents and caregivers accessing community-based mental health and psychosocial support	Total	-	80,000 <sup>11</sup>	2,399 <sup>12</sup>	▲ 3%	306,000	18,829	▲ 6%
	Girls	-	_13	1,276	-	-	7,987	-
	Boys	-	_14	1,123	-	-	9,647	-
	Women	-	_15	-	-	-	634	-
	Men	-	_16	-	-	-	561	-
Women, girls and boys accessing gender-based violence risk mitigation, prevention and/or response interventions	Total	-	50,000	2,373	▲ 5%	296,000	8,170	▲ 3%
	Girls	-	-	536	-	-	2,534	-
	Boys	-	-	1,112	-	-	2,366	-
	Women	-	-	725	-	-	3,270	-
People with safe and accessible channels to report sexual exploitation and abuse by personnel who provide assistance to affected populations	Total	-	350,000	1,656	0%	-	-	-
	Girls	-	-	362	-	-	-	-
	Boys	-	-	442	-	-	-	-
	Women	-	-	514	-	-	-	-
	Men	-	-	338	-	-	-	-
Children who have exited an armed force and groups provided with protection or reintegration support	Total	-	700 <sup>17</sup>	-	0%	735	-	0%
	Girls	-	_18	-	-	-	-	-
	Boys	-	_19	-	-	-	-	-
<b>Education</b>								
Children accessing formal or non-formal education, including early learning	Total	1.2 million	100,000	61,901	▲ 62%	366,805	62,504	▲ 17%
	Girls	-	-	35,342	-	-	28,139	-
	Boys	-	-	26,559	-	-	34,394	-
Children receiving individual learning materials	Total	1.2 million	150,000 <sup>20</sup>	44,864	▲ 30%	366,805	62,533	▲ 17%
	Girls	-	_21	24,870	-	-	28,139	-
	Boys	-	_22	19,994	-	-	34,365	-



Teachers and facilitators trained in basic pedagogy and/or mental health and psychosocial support	Total	7,790	1,000	160	▲ 16%	-	-	-
<b>Water, sanitation and hygiene</b>								
People accessing a sufficient quantity and quality of water for drinking and domestic needs	Total	-	250,000	20,853	▲ 8%	800,000	52,781	▲ 7%
	Girls	-	-	6,655	-	-	11,612	-
	Boys	-	-	3,714	-	-	15,306	-
	Women	-	-	7,255	-	-	12,140	-
	Men	-	-	3,229	-	-	13,723	-
People accessing appropriate sanitation services	Total	-	100,000	1,882	▲ 2%	250,000	6,890	▲ 3%
	Girls	-	-	467	-	-	1,585	-
	Boys	-	-	536	-	-	1,516	-
	Women	-	-	436	-	-	1,998	-
	Men	-	-	443	-	-	1,791	-
Women and girls accessing menstrual hygiene management services	Total	-	20,000	-	0%	90,000	150	0%
	Girls	-	-	-	-	-	75	-
	Women	-	-	-	-	-	75	-
People reached with handwashing behaviour-change programmes	Total	-	250,000	7,707	▲ 3%	1 million	24,570	▲ 2%
	Girls	-	-	2,065	-	-	5,651	-
	Boys	-	-	1,812	-	-	5,405	-
	Women	-	-	1,965	-	-	7,125	-
	Men	-	-	1,865	-	-	6,388	-
<b>Cross-sectoral (HCT, SBC, RCCE and AAP)</b>								
Households reached with UNICEF-funded humanitarian cash transfers (including for social protection and other sectors)	Total	-	10,000 <sup>23</sup>	-	0%	-	-	-
Affected people (children, caregivers, community members) reached with timely and life-saving information on how and where to access available services	Total	-	4 million <sup>24</sup>	137,000	▲ 3%	-	-	-
	-	-	<sup>25</sup>	31,510	-	-	-	-
	-	-	<sup>26</sup>	31,510	-	-	-	-
	-	-	<sup>27</sup>	34,250	-	-	-	-
	-	-	<sup>28</sup>	32,880	-	-	-	-

People engaged in reflective dialogue through community platforms	Total	-	100,000	5,000	▲ 5%	-	-	-
	-	-	-	1,150	-	-	-	-
	-	-	-	1,150	-	-	-	-
	-	-	-	1,250	-	-	-	-
	-	-	-	1,200	-	-	-	-
People engaged in reflective dialogue through social media and digital platforms	Total	-	40,000	-	0%	-	-	-
	-	-	-	-	-	-	-	-
	-	-	-	-	-	-	-	-
	-	-	-	-	-	-	-	-
	-	-	-	-	-	-	-	-
People sharing their concerns and asking questions through established feedback mechanisms	Total	-	10,000	-	0%	-	-	-
	-	-	-	-	-	-	-	-
	-	-	-	-	-	-	-	-
	-	-	-	-	-	-	-	-
	-	-	-	-	-	-	-	-
Rapid response mechanism								
Vulnerable people recently affected by shocks benefiting from life-saving multi-sectoral interventions.	Total	-	180,000	78,538	▲ 44%	-	-	-
	Girls	-	-	23,470	-	-	-	-
	Boys	-	-	24,183	-	-	-	-
	Women	-	-	16,182	-	-	-	-
	Men	-	-	14,703	-	-	-	-

\*Progress in the reporting period 1 January- 29 February 2024

## ANNEX B — FUNDING STATUS

### Consolidated funding by sector

Sector	Requirements	Funding available			Funding gap	
		Humanitarian resources received in 2024	Other resources used in 2024	Resources available from 2023 (carry over)	Funding gap (US\$)	Funding gap (%)
<b>Health and HIV/AIDS</b>	6,500,000	346,733	-	8,937,136 <sup>29</sup>	0	0%
<b>Nutrition</b>	19,500,000 <sup>30</sup>	635,189	-	2,024,741	16,840,070	86%
<b>Child protection, GBViE and PSEA</b>	7,000,000 <sup>31</sup>	324,741	-	3,198,721	3,476,538	50%
<b>Education</b>	9,000,000	109,529	1,560,000	2,724,559	4,605,912	51%
<b>Water, sanitation and hygiene</b>	8,300,000	890,241	-	267,447	7,142,312	86%
<b>Cross-sectoral (HCT, SBC, RCCE and AAP)</b>	4,500,000 <sup>32</sup>	1,563,359	-	204,427	2,732,214	61%
<b>Rapid Response Mechanism</b>	9,900,000	1,352,788	-	1,119,160	7,428,052	75%
<b>Cluster coordination</b>	2,000,000	-	-	-	2,000,000	100%
<b>Total</b>	<b>66,700,000</b>	<b>5,222,580</b>	<b>1,560,000</b>	<b>18,476,191</b>	<b>44,225,100</b>	<b>66%</b>

<sup>29</sup>repurposed other resources with agreement from donors

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## ENDNOTES

1. This target decreased compared with 2023 because of a change in geographic coverage (with nine health districts prioritized in 2024).
2. This target decreased compared with 2023 because of a change in geographic coverage (with nine health districts prioritized in 2024).
3. This target decreased compared with 2023 because of a change in geographic coverage (with nine health districts prioritized in 2024).
4. The targets increased in alignment with UNICEF's strategy of reaching children living in areas that face Integrated Food Security Acute Malnutrition (IPC AMN) Phase Classification 3 or 4 (child wasting). Children participating in a nutrition intervention will receive an integrated primary health care package.
5. The targets increased in alignment with UNICEF's strategy of reaching children living in areas that face Integrated Food Security Acute Malnutrition (IPC AMN) Phase Classification 3 or 4 (child wasting). Children participating in a nutrition intervention will receive an integrated primary health care package.
6. The targets increased in alignment with UNICEF's strategy of reaching children living in areas that face Integrated Food Security Acute Malnutrition (IPC AMN) Phase Classification 3 or 4 (child wasting). Children participating in a nutrition intervention will receive an integrated primary health care package.
7. The targets increased in alignment with UNICEF's strategy of reaching children living in areas that face Integrated Food Security Acute Malnutrition (IPC AMN) Phase Classification 3 or 4 (child wasting). Children participating in a nutrition intervention will receive an integrated primary health care package.
8. The decrease is in accordance with the trend observed by the cluster and is equivalent to 80 per cent of the national people in need number. A discrepancy between the UNICEF and the cluster targets is due to the fact that the cluster aims to concentrate the entire package of activities, including prevention interventions, solely in IPC AMN phase 3 and 4 areas, UNICEF intends to expand its preventive package of activities nationwide.
9. The decrease is in accordance with the trend observed by the cluster and is equivalent to 80 per cent of the national people in need number. A discrepancy between the UNICEF and the cluster targets is due to the fact that the cluster aims to concentrate the entire package of activities, including prevention interventions, solely in IPC AMN phase 3 and 4 areas, UNICEF intends to expand its preventive package of activities nationwide.
10. The decrease is in accordance with the trend observed by the cluster and is equivalent to 80 per cent of the national people in need number. A discrepancy between the UNICEF and the cluster targets is due to the fact that the cluster aims to concentrate the entire package of activities, including prevention interventions, solely in IPC AMN phase 3 and 4 areas, UNICEF intends to expand its preventive package of activities nationwide.
11. The target was adjusted downwards to align with UNICEF's current capacity, considering that fewer than 100,000 children were reached in 2022. Additionally, it takes into account the anticipated decrease in the number of people in need for the Child Protection Cluster, which is expected to drop from 1.1 million in 2023 to approximately 900,000 in 2024.
12. All UNICEF CP results are pending validation by the AoR. This is why they are not included at this moment in AoR results
13. The target was adjusted downwards to align with UNICEF's current capacity, considering that fewer than 100,000 children were reached in 2022. Additionally, it takes into account the anticipated decrease in the number of people in need for the Child Protection Cluster, which is expected to drop from 1.1 million in 2023 to approximately 900,000 in 2024.
14. The target was adjusted downwards to align with UNICEF's current capacity, considering that fewer than 100,000 children were reached in 2022. Additionally, it takes into account the anticipated decrease in the number of people in need for the Child Protection Cluster, which is expected to drop from 1.1 million in 2023 to approximately 900,000 in 2024.
15. The target was adjusted downwards to align with UNICEF's current capacity, considering that fewer than 100,000 children were reached in 2022. Additionally, it takes into account the anticipated decrease in the number of people in need for the Child Protection Cluster, which is expected to drop from 1.1 million in 2023 to approximately 900,000 in 2024.
16. The target was adjusted downwards to align with UNICEF's current capacity, considering that fewer than 100,000 children were reached in 2022. Additionally, it takes into account the anticipated decrease in the number of people in need for the Child Protection Cluster, which is expected to drop from 1.1 million in 2023 to approximately 900,000 in 2024.
17. Reintegration actions for children associated with armed forces and armed groups will prioritize children released from armed groups in 2024 and those who left armed groups in 2023. The target of 700 such children is based on data from the annual report 2022 of the country's MRM task force (773 children documented in 2022, including 443 children recruited during the reporting year).
18. Reintegration actions for children associated with armed forces and armed groups will prioritize children released from armed groups in 2024 and those who left armed groups in 2023. The target of 700 such children is based on data from the annual report 2022 of the country's MRM task force (773 children documented in 2022, including 443 children recruited during the reporting year).
19. Reintegration actions for children associated with armed forces and armed groups will prioritize children released from armed groups in 2024 and those who left armed groups in 2023. The target of 700 such children is based on data from the annual report 2022 of the country's MRM task force (773 children documented in 2022, including 443 children recruited during the reporting year).
20. Decreased in line with cluster projections for 2024.
21. Decreased in line with cluster projections for 2024.
22. Decreased in line with cluster projections for 2024.
23. This includes 5,000 households benefiting through the Rapid Response Mechanism and 5,000 households receiving cash through other humanitarian cash transfers. The overall number is an increase compared with 2023.
24. The population targeted is higher than the total number of people/children to be reached because the target includes mass media outreach.
25. The population targeted is higher than the total number of people/children to be reached because the target includes mass media outreach.
26. The population targeted is higher than the total number of people/children to be reached because the target includes mass media outreach.
27. The population targeted is higher than the total number of people/children to be reached because the target includes mass media outreach.
28. The population targeted is higher than the total number of people/children to be reached because the target includes mass media outreach.
29. This funding is 100% related to ACT-A i.e. vaccination for COVID-19 and related response.
30. Although the number of children receiving treatment for wasting will decrease, the malnutrition prevention package will be expanded. Furthermore, unit costs have been adjusted to account for price increases, particularly in transport costs, which have risen due to challenges in reaching remote and inaccessible areas (where transport costs are notably high). Additionally, this budget line item includes support for a national SMART survey.
31. This includes \$2.5 million for addressing gender-based violence in emergencies and for interventions linked to protection from sexual exploitation and abuse.
32. This includes \$1.5 million for social and behavioural change and \$3 million for multisectoral humanitarian cash. It does not include the budget requirement for the 5,000 households receiving humanitarian cash transfers through the Rapid Response Mechanism.