



Verma 2014

CAMEROON

Humanitarian Situation Report

unicef 

SITUATION IN NUMBERS

August, 2014

128,550
CAR REFUGEES (31 August, 2014)

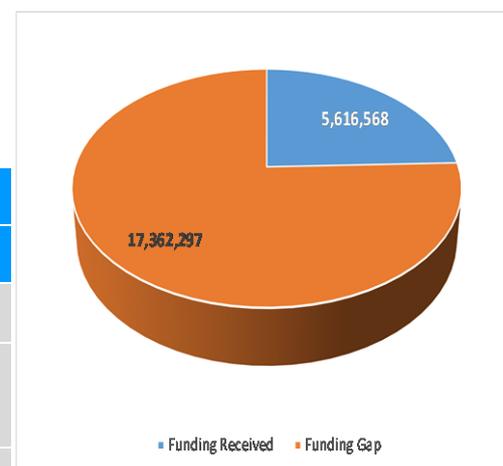
48,778 SAM
92,794 MAM
SAHEL NUTRITION CRISIS
(Targeted caseloads of children)

24,182
NIGERIAN REFUGEES
(August 2014)

9 cases
POLIO

2134 cases / 110 deaths
Cholera

UNICEF Funding Requirements 2014*
US\$ 23 million



Highlights

SECURITY ATTACKS AND NIGERIAN REFUGEES - Targeted kidnappings and armed attacks by Boko Haram are on the rise, particularly since May 2014. A total of 24,182 Nigerian refugees have arrived in Northern Cameroon this year, with an estimated 13,921 Nigerian refugees in Minawao refugee camp.

CAR REFUGEES: As of the end of August, 125,000 people have been officially registered as refugees since January 2014 and about 84% of these are women or children. UNICEF's response includes ensuring that 57% of Severe Acute Malnutrition (SAM) expected caseload in 2014 has been admitted for treatment; 62 ETAPes are ready for back to school campaign; and measles and Polio campaign have covered all refugee children.

NUTRITION RESPONSE: 31,447 children with SAM have been admitted for therapeutic care to date through UNICEF and partners.

POLIO RESURGENCE: Cameroon has been declared as country with active transmission of wild Polio virus, with 9 cases confirmed since October 2013. 2 new cases were confirmed among CAR refugees in July.

CHOLERA RESURGENCE: 2,134 cases of cholera have been reported at the national level with 110 deaths (99% of all deaths are in Northern Cameroon).

EBOLA PREPAREDNESS: Cameroon has recorded no confirmed cases to date, but the National action and response plan is in place, which includes guidelines and measures to be taken at entry points, health facilities, clinical management, contact management and epidemiological surveillance procedures. Trainings, communication and prepositioning of materials is underway.

Challenges: Lack of funding (just 24% funds available) and human resources on ground to take care of refugee needs outside the camps are a big challenge.

	UNICEF		Sector/Cluster	
	UNICEF Target	Cumulative results (#)	Cluster Target	Cumulative results (#)
Number of people who have access to potable water	30,000	7,500	80,000	37,400
Number of children 9 months -15 years immunized against measles in Adamawa and East regions	84,000	103,645	84,000	103,645
Number of CAR refugee children <5 with SAM admitted to care	7,855	4,517	7,855	4,517
Number of children accessing psycho-social support	16,000	7,745	30,000	7,745

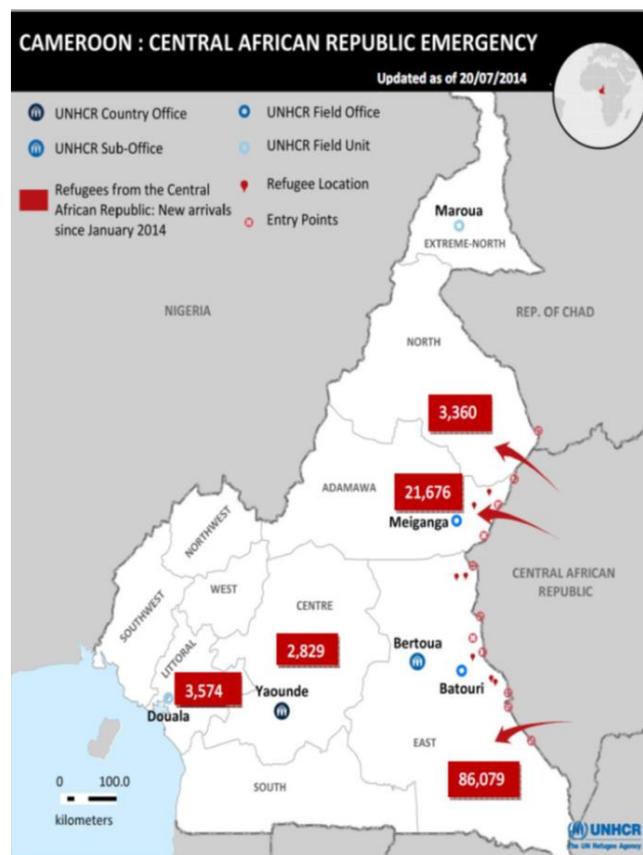
UNICEF's Response to CAR crisis with partners

Situation Overview & Humanitarian Needs

CAR Refugee Crisis: Cameroon hosted over 92,000 CAR refugees prior the recent intensification of violence between armed groups in CAR in December 2013. As of the end of August, 128,550 CAR refugees have been registered by UNHCR (180,000 expected by yearend), of which 57% are children (0 to 17 years old). Almost half of these are accommodated in 7 sites in East and Adamawa Region while others are living out of sites. UNHCR reports now show a decrease in refugee influx (< 5,000 per month). For more details visit an online map accessible at: <http://carcrisis.unicef-qis.org>.

Nutrition Response: In 2014, out of an estimated 56,633 SAM burden and 132,434 MAM burden in children, the targeted caseload that will be supported in Far North, North, Adamawa and East regions is 48,778 children under-five for SAM and 92,794 children under-five for MAM. This number includes new refugee arrivals from CAR and Nigeria.

Nigerian Refugee Crisis: An outbreak of violence between Boko Haram and government forces in Nigeria bordering Northern Cameroon has spilled over into Cameroon. UN agencies have ensured access to health, nutrition, and water to avoid a deterioration of the humanitarian situation. 24,182 Nigerian refugees are in Northern Cameroon, with about 13,921 Nigerian refugees in Minawao refugee camp, which is located 130 km east of the Nigeria-Cameroon border. Many Nigerian refugees refuse to be transferred to the camp, preferring to stay near the border in order to better monitor the situation in the Northeast with the hopes of returning (1 July 2014, UNHCR and UNCT NE Nigeria Situation Analysis).



Estimated Affected Population

(Estimates calculated based on initial figures from UNICEF Humanitarian Action Update February 2014, Cameroon General Census revisions 2013)

	Total
Total Affected Population	5,891,785
Children Under Five	1,178,357
Children 6 to 23 months	350,089
Pregnant women	368,186
Children Under Five with Severe Acute Malnutrition (SAM)	54,198
Children Under Five with SAM and medical complications	4,878

Humanitarian leadership and coordination

UN agencies in Cameroon (UNICEF, WHO, UNHCR, UNFPA, IOM, WFP) continue to coordinate activities to support the CAR refugees in East and Adamawa Regions. UNHCR is undertaking the role of coordinator on behalf of the UN system along with the Government of Cameroon. Coordination meetings continue at the operational level on a weekly basis in the field at Bertoua and Meiganga.

Coordination meetings at the national level are held twice a month in Yaounde with all humanitarian actors engaged in emergency response. UNICEF has activated Nutrition and WASH working groups as a lead and the Education sector as a co-lead. UNICEF has also activated the Child Protection sub-group.

Humanitarian Strategy

UNHCR has taken the lead role in coordinating the response to the CAR refugee crisis with UNICEF and other UN agencies supporting specific interventions. Throughout the Sahel nutrition crisis, UNICEF has taken a lead role in mobilizing and involving key stakeholders in the response, specifically in Nutrition, WASH and Education. The technical

lead role that UNICEF plays has helped to define critical interventions to be carried out, and to set up practical monitoring mechanisms for follow up and impact measurement.

The humanitarian operation is now more adapted to the urgency of the needs after several months of scale up. Partners are expanding their presence, mortality rates due to severe acute malnutrition are being managed and WASH facilities in sites are increasingly available. UNHCR revising the planning figure from to 180,000 projected arrivals from CAR for 2014 meaning that humanitarian actors should plan for an additional 70,000 arrivals between now and December.

Summary Analysis of Programme Response

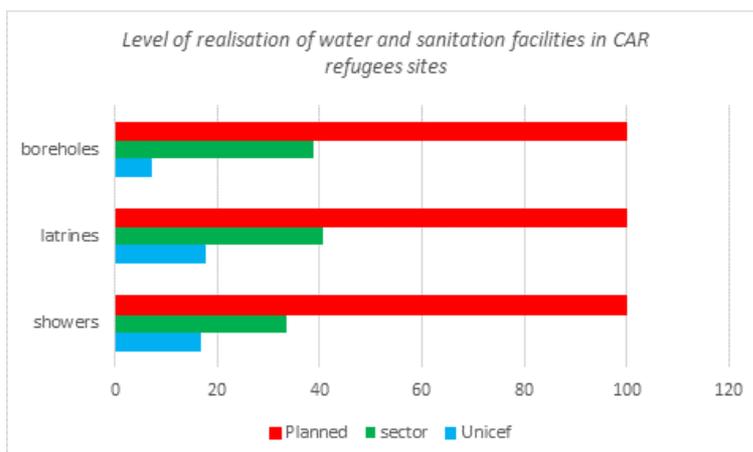
RESPONSE FOR CAR REFUGEES

NUTRITION

- Active case finding is ongoing on a regular basis in refugee sites through dedicated community workers. Data received to date indicates that **4,517 children with SAM have received treatment in 4 operational inpatient facilities and 10 outpatient therapeutic programmes**. This represents 57.5% of the 7,855 estimated caseload for refugees in 2014. The recovery rate for children admitted into outpatient centres as of August was 53.5% (standard: >75%); with a default rate of 42.4% (standard: <15%) and 3.6% death rate (standard: <10%). Defaulter rate is a concern and all the nutrition partners are working on alternative strategies at the community level and better operational coordination.
- The main difficulty is to locate the household of the child to carry out home visits and bring children back into care. Families are moving from transit sites to camps and between camps. The reinforcement of community workers is ongoing and solutions for this are being assessed.
- The multi-sectoral investigation was conducted from August 30 to Sep 5, 2014 at Timangolo site with the joint support of the Central African Field Epidemiology and Laboratory Training Program (CAFELTP), the Regional Centre for the Prevention and Fight against the epidemics in the region of Eastern Cameroon (CERPLE E) and UNICEF. The level of admissions is now stable and the number of cases transferred to InPF (inpatient care) has started to decrease, which is an encouraging indicator of less malnutrition severity in the cases. UNICEF continues its daily technical supervision in OTPs and InPF in sites, but also outside the sites where main objective is to reinvigorate the functioning of OTPs in all the health centres located in the 9 priority health Districts (Djohong, Garoua Boulai, Kette, Batouri, Ndelele, Yokadouma, Mouloundou, Betare Oya and Bertoua). This strategy will help to target both the large number of refugees outside of sites and the host communities.
- Since January RUTF, therapeutic milk, systematic treatments as well as InPF specific treatment are delivered by UNICEF through the regional delegation stock. A supply of therapeutic milk and therapeutic ready to use form was made to OTPs in Batouri, and Garoua Boulai Kette as well as InPF in Gado and Kenzou. Field delivery remains a constraint and a huge part of the monitoring activity for the nutrition team.
- From 25 to 29 August 2014, a training support to the OTPs was conducted by UNICEF in Batouri. It has strengthened the capacity of health personnel to MSF CH OTP and 25 people were trained. Since January this more than 120 NGO staffs that have been trained by UNICEF nutrition team.
- UNICEF continues daily support to the regional nutrition focal point and its team. UNICEF supported the DRSP E to hold coordination meeting of the Nutrition Group on every Wednesday.

WASH

- The regions affected by the CAR refugee crisis have low access to potable water (East: 54.4%, Adamawa: 69.8%) and basic sanitation (East: 21.9% and Adamawa: 64.2%).
- The current need estimated by UNHCR is 144 boreholes, 4,000 latrines and 3,380 showers in refugee sites. A total of 612 out of 1,000 planned latrines, and 399 out of 500 planned showers have been constructed, benefiting a total 22,632 refugees. UNICEF is providing water to an estimated 6,300 refugees through water trucking



and 10 boreholes.

- UNICEF and its partners are currently present in the Mbile and Gado refugee camps in the East, and in Ngam and Borgop camps in Adamawa. UNICEF has signed agreements with 2 local NGOs (ACEEN and AIDER), one international NGO (PU-AMI) and private contractors to ensure nutritional response in Yokadouma and Ndokayo refugee sites in East region. 12,400 basic family water kits have been prepositioned, and to date 7,902 refugee families have received basic family water kits.
- 250 refugee volunteers have been trained on water treatment by UNICEF staff and are now in charge of training and monitoring water treatment in households in refugee sites.

HEALTH

- **Measles Response:** As a result of the vaccination campaign from August 13-16:
 - 7,122 refugee children aged 6 months -15 years were vaccinated against measles; 543 of these children are 6-11 months; 2,553 aged 12-59 months and 4,026 aged 5-15 years old.
 - Among the total population (host and refugees), 93,029 children aged 6 months -15 years, including 5,812 in the age group 6-11 months, 30 820 in the age group of 12 -59 months and 56 397 in the age group of 5-15 years were vaccinated.
 - Polio and measles immunization of refugees at entry points is continuous with data available four sites (Garoua-boulai, Gbiti, Kentzou, Tocktoyo) showing that 355 children aged 0-5 months immunized against polio and 700 aged 6months to 15 years aged immunized against measles.
- **Polio Response:** Activities have intensified in the context of the renewed efforts to stop the circulation of the wild Polio virus (WPV) following the discovery of two cases of WPV in a spontaneous refugee site in the health district of Kette in the Eastern Region. The number of priority districts has reduced from 30 to 27 since June. The two campaigns in 2 East and Adamawa regions reached a target population of 1,215,301 people per shift. 2,420,000 doses for 2 rounds were made available by UNICEF. Efforts are needed to strengthen the monitoring of correct counting of refugee children immunized both in camps and communities as well as of communication activities in the field.
- **Malaria:** The installation of long lasting insecticide treated bed nets (LLINs) in refugee tents started on August 23in Camp Gado under the effective supervision of [district health authorities] and is ongoing. A total of 883 bed nets were distributed to 444 households after sensitization targeting 605 children and 133 pregnant women. The rapid monitoring in households shows that 90% of bed nets were hanging.
- **Supplies:** An additional 2,500 bed nets have been made available to the Regional Health Delegation: 2,000 to be distributed in Gado and 500 in Timangolo camps. UNICEF has supplied the region of Adamawa with a total of 122,000 doses of measles vaccine for the upcoming measles campaign with an additional 49,000 doses stored in the East region.
- Coordination meetings are held weekly and led by the Health Regional Delegation. The Health Cluster, led by WHO, is operational at the national level, and meetings are held monthly.

EDUCATION

- 65 out of the planned 87 *Espaces temporaires d'Apprentissage et de Protection de l'Enfance* (ETAPes – Temporary Learning and Child Protection Spaces) are now complete in 5 sites (Gado, Timangolo, Mbile, Lolo and Borgop).
- 36 animators (16 for East Region and, 20 for the Adamawa Region) have been recruited and have received training on Education Awareness Raising.
- 66 volunteer qualified teachers have been trained (Bertoua, July 7 to 12) by MINEDUB, UNICEF, Plan Cameroon, UNESCO on accelerated programming, remedial classes, detection of psychosocial support, promotion of peace through education, large group management and participatory child-centred methods. 40 teachers are already in positions and have benefited from teaching material kit (pens, pencils, textbooks, chalks, etc.). Additional volunteer teachers are currently being recruited.
- 4,258 children have been able to immediately resume education activities in ETAPes and have benefited from learning materials (textbooks, slates, chalks, pens, pencils, etc.). Material is provided by UNICEF and distributed by Plan Cameroon
- Management committees of the ETAPes have been established and trained in ETAPE management in each of the 5 sites.
- Coordination meetings are now organized jointly in East and Adamawa. Last meeting took place on August 26 and meetings are held every two weeks. 6 monitoring missions visits have been organized and included a total visit of 17 sites (5 different sites visited several times) and allowed to formulate recommendations to speed up the activities and improve the quality of the response (for instance identify solution to the low retention of teachers)

- New funding is urgently needed in order to allow sustainability of education activities all along the school year and to increase capacity of host public schools, especially given the increase in the number of refugees. This includes provision of supply, rehabilitation and construction of classrooms and school facilities, but also support and training of volunteer teachers and to local authorities, construction of additional temporary spaces. New funding is also needed urgently in order not to delay the implementation of the second phase of the project that targets refugees that are not located in refugee sites but are hosted in villages. The deeper needs assessment is ongoing.

PROTECTION

UNICEF is responding to Child Protection needs in partnership with IMC and Asseja in the Borgop site in Adamawa region, and in Lolo and Gado sites in the East. Interventions are currently focusing on children in sites but discussions are ongoing for activities for children in host communities.

The following has been achieved during the month of August:

- Psychosocial and recreational activities are now being conducted through the ETAPES (child protection spaces) which are running in semi-permanent buildings. These spaces have been constructed by UNICEF in partnership with PLAN to provide educational and protection activities to children.
- 8 child-friendly spaces have been providing protection, psychosocial and recreational activities in Gado and Lolo to 5,139 children (41% girls) from an overall target of 8,000. 40 Central African refugees are working as animators in the child-friendly spaces.
- UNICEF is supporting Asseja to monitor child protection needs through the work of social workers: 100 home visits have been conducted in the camps, from which 70 children were referred to the health services, such as MSF and AHA.
- 121 girls (between 13-20 yrs of age) are participating in activities in Girls clubs. Activities include awareness raising and discussion on life skills, including specific protection risks to girls.
- Child Protection committees have been established in each camp and they have been conducting sensitization activities in the camps on violence prevention and informing communities on referral mechanisms.
- 2,418 families have received sensitization on risk of sexual violence, exploitation and prevention of violence by child protection committees and social workers.
- 29 unaccompanied children placed in foster families are being monitored and followed up by social workers on a regular basis. This work is supporting the reunification and registration process led by ICRC.

In Borgop, Adamawa region, UNICEF is working in partnership with IMC. To date, the following has been achieved:

- In collaboration with UNICEF Education partner PLAN, 4,900 children have been registered in Borgop to participate in the activities in the ETAPES (providing protection and educational activities)
- 13 Central African facilitators have been identified and trained to provide psychosocial and recreational activities for children in the child-friendly space activities in the ETAPES
- Three social workers have been deployed to work in child protection case management and with the facilitators in the CFS activities in the ETAPES
- Tools for child protection rapid needs assessment expected to be finalised by end of September and planned to inform child protection response in Borgop site have been developed.

HIV/AIDS

UNICEF's response to HIV/AIDS is ensured by the Health services within the Bertoua, Garoua Boulai, Betare Oya, Batouri, Ngaoundere, Meiganga health districts under the coordination of the East Regional Delegation of Public Health for PMTCT and for Primary prevention, by the Ministry of Youth Affairs, Women's Empowerment and a Network of Youth Associations in the Region known as RODIS. Interventions are focused on strengthening the capacities of service providers to offer services to the refugees and host communities, provision of ARVs, Test kits, CD4 machines and community mobilization in favour of PMTCT. Adolescents and Youths carry out peer education, sensitization of their peers in and out of the camp and offer free HIV counselling and testing to their peers.

- Case Management- Out of the 19,096 pregnant women received at the antenatal clinic (ANC) in the refugee zones in the East and Adamawa Regions, 17,751 were tested for HIV. Among these women, 1,226 tested positive for HIV (6.9%), and among those who tested positive, 66% are now on ARVs to prevent mother-to-child transmission of HIV. This means 37% of pregnant women tested HIV positive are still not receiving ARVs for PMTCT because some of the women who come from distant sites do not return after their first antenatal clinic and secondly we

discovered some sites were not administering ARVs to HIV positive pregnant women because the ARVs they had were expired.

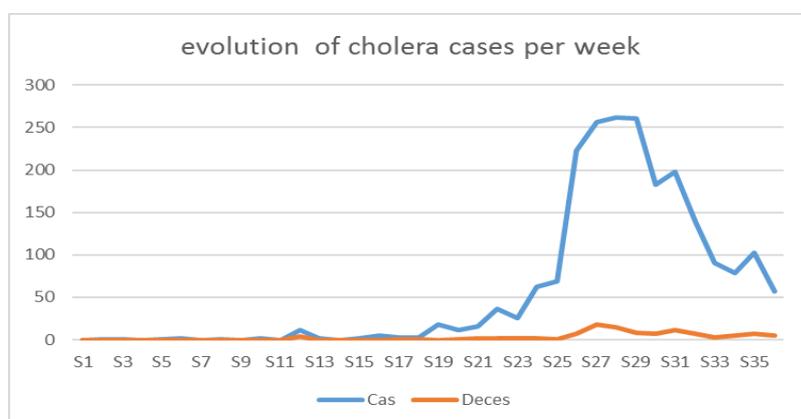
- 190 HIV-exposed children born to HIV positive mothers have benefited from early infant diagnosis at six weeks post-partum.
- Out of 2,044 children suffering from Acute Severe Malnutrition received at the CNA/CNTI only 223 were tested for HIV. 20 children who tested HIV+ were referred to the approved treatment centers for treatment, care and support as at now only 7 are effectively receiving ARVs. Integration of HIV and malnutrition has just began in East and Adamaoua regions with teams currently on the field to strengthen the capacities of services providers to boost the testing of mothers and children with severe acute malnutrition.
- Training - 335 services providers have been trained on PMTCT/PC, integration of HIV testing, treatment and care in CAN/CNTI and community health agents in favor of PMTCT/PC.
- 160 supervisor peer educators aged 10-24 and 24 Educative Team members in and out of the camps have been trained on peer education, HIV/STI prevention, risk and vulnerability mapping, behavior analysis and Life skills
- Sensitization- 22,500 adolescents and youths in and out of the camps have been sensitized on HIV/STI prevention by the peer educators trained above. Among those sensitized 2,349 were tested for HIV and know their serological status. The 44 young people who tested positive (75% girls) were referred to the approved treatment centers for treatment, care and support. Until now 10 community radio programmes on HIV prevention are being broadcasted in Gado, Garoua Boulai, Adamawa and Batouri to reach refugees and surrounding communities with focus on prevention messages and how to access services.

RESPONSE TO THE SAHEL NUTRITION CRISIS

- UNICEF support to the Sahel Nutrition response continues through its Maroua Field office in the North. Among the 48,778 SAM cases targeted, **31,447 have been admitted in outpatient and inpatient centers**. As part of the 'WASH in NUT' response strategy **16,188 WASH Kits have been distributed** this year to families with SAM children.
- After completion of the training on revised national protocol which has targeted 829 health workers and 66 health districts, formative supervisions for follow-up have started since June 2014. They are done at the regional level to supervise the health district, and at the health district level to supervise health center activities.
- The new database for data collection has been implemented and additional field training is needed to improve its use. Looking at performance rates, the main issue is still defaulting for OTPs (up to 30 %), with a common reasons given long distance, other interest for the caretakers, stock out at health centers level, workload of the health staff (immunization campaign, trainings). General supply distribution is ongoing in North and Far North including anthropometric materials replacement.

CHOLERA RESPONSE

- In 2014, **2,134 cases of cholera have been reported at the national level with 110 deaths**. 99% of all cases and deaths have been reported in the North and Far North region.
- A total of 204 health staffs and community animators in health district affected by the CAR refugee crisis have been trained on cholera response and prevention.
- The "Shield and Sword" implementation strategy has been operationalized in the affected health districts of the Far North region (Mogode, Bourha, Hina, Mokolo and Mindif) and North region (Touboro, Mayo Oulo and Guider). About 303 community (202 in far North and 101 in the North) relays are mobilized for cholera response. This includes community sensitization and affected household disinfection. This has significantly contributed to the reduction of number of case of cholera reported.



RESPONSE TO NIGERIAN REFUGEES

NUTRITION

- A screening and active case finding of severe acute malnutrition was done in Minawao Camp on August 27, which reported that 2% of screened children (n=15/789) suffer from severe acute malnutrition and 10% (n=79/789) suffer from moderate acute malnutrition. All these cases were referred to the Outpatient centre (OPC) of Gadala and are receiving treatment with therapeutic foods and drugs. 3 cases with medical complications were transferred to Mokolo inpatient facility.
- A joint mission (UNICEF, health district) allowed to estimate the needs for the coming month for both refugee and host population.
- Nutritional situation of Nigerian refugee population in Far North remains alarming, thus it is critical to continue with screening and case management. Close coordination of activities is ensured through the coordination between UNICEF, French Red Cross and International Medical Corps.

WASH

- A new borehole built by UNICEF in the camp was functional; 83 latrines among the 110 built by UNICEF was functional. These figures don't enable to be conform to SPHERE standards. New partnership with an NGO is ongoing in order to scale up construction of boreholes, latrines and showers as well as hygiene promotion activities.
- Whereas 31 cholera cases 02 death were reported within the settlement camp of Minawao on end August 29th, UNICEF continues to work closely with the Government in central and regional level in response through essential supplies on case management, water and sanitation and in community awareness creation. Activities of sensitization on cholera prevention and adoption of WASH best practices in the affected districts are ongoing.
- WASH cluster meetings were restarted on August 29th and will take place every month in Far North.

HEALTH

- The routine immunization is offered in the camp. Among the newly arrived refugees, children (6 months-15 years) were not vaccinated against measles due to lack of vaccine.
- UNICEF has provided the health post for refugee at Minawao camp including medicines, medical consumables for the management of current cases of childhood illnesses
- LLINs were distributed to all households (around 808) in the Camp.
- During Polio National Immunization Days (NIDs) in August 2014, 4,903 people have been vaccinated against polio, among which, 1,572 were children aged 0 to 59 months.

PROTECTION

- UNICEF has provided 20 ECD kits, recreational kits and 10 tents for four recreational spaces in camp of Minawao, which will be implemented in partnership with the NGOs ADELPA

Communications for Development (C4D)

The trainings on interpersonal communication continue to be rolled out in the health areas of the 6 regions, to support the Polio National Immunization Days (NIDs). At the same time, the network of 38 rural radios broadcasted special micro-programmes and spots on vaccination, hand washing, using of latrines and hygiene of milieu in local languages. Community relays and health workers are continuing to spread key messages in the households within and outside the camps, explaining how to avoid waterborne diseases and prevent cholera and Polio, and to promote the best practices in some affected districts. In the East region, local radios broadcast messages on Peace for the host community and refugees.

Supply and Logistics

109,377 USD of supplies have been distributed to Implementing Partners comprising:

- Health: 37,800 USD (Measles vaccines, printed materials)
- HIV-AIDS: 77,330 USD (ARV's & testing kits)
- Education: 76,876.47USD (Classroom & students supplies)
- WASH: 32,500.17 USD (Water family kits)

Media and External Communication

In partnership with journalists of the REJAE (the child-friendly journalists network) 3 journalists from international and national media travelled to the North region to attend an advocacy meeting on maternal, neonatal and child health.

They also visited some of the schools that were devastated by floods in 2012 and that were rebuilt by UNICEF thanks to funding from the Government of Japan. Three articles and a Human Interest Story have been issued on the two subjects.

Funding

Based on the country's inter-agency 2014 Strategic Response Plan and increased needs, UNICEF is requesting US\$ 23million to meet the humanitarian needs of children in Cameroon in 2014. In a context of multiple emergencies with a high level of refugee influx due to violence and insecurity in neighbouring countries and an ongoing nutrition crisis, without sufficient funding, UNICEF will be unable to support the national response to the country's ongoing complex humanitarian and protection crisis. WASH, nutrition and health supplies are urgently needed to uphold children's rights to critical basic services.

UNICEF Cameroon 2014 HAC and CAR Refugee Needs				
Sector	Total 2014 Requirements*	Funds available	Funding gap	
			\$	%
Nutrition	4,108,600	2,137,969	1,970,631	48%
Health/HIV	3,558,600	1,068,321	2,490,279	70%
WASH	8,193,736	1,226,196	6,967,540	85%
Education	3,807,929	1,000,000	2,807,929	74%
Child Protection	3,310,000	184,082	3,125,918	94%
Total	22,978,865	5,616,568	17,362,297	76%

* Total HAC 2014 and revised SRP requirements, including joint appeal for CAR refugee response as of August 2014; current harmonized ceiling in play.

Who to contact for further information:

Felicite Tchibindat
Representative
Yaounde, Cameroon,
Tel: +23722223182
Mobile +23775061112
Fax: +23722231653
Email: ftchibindat@unicef.org

Zakari Adam
Deputy Representative
Yaounde, Cameroon
Tel: +23722223182
Mobile +23779523052
Fax: +23722231653
Email: zadam@unicef.org

Vikas Verma
Resource Mobilization Specialist,
Yaounde, Cameroon
Tel: +23722223182
Mobile +23775296971
Fax: +23722231653
Email: vverma@unicef.org

ANNEX A: SUMMARY OF PROGRAMME RESULTS

	Cluster Response			UNICEF		
	2014 Target	Total Results	% Achieved July 2014	2014 Target	Total Results	% Achieved July 2014
SAHEL NUTRITION CRISIS						
Number of children <5 with Severe Acute Malnutrition admitted to Therapeutic care	48,778	31,447	64%	48,778	31,447	64%
Number of affected families (SAM, IDP) who received a wash kits with key hygiene messages	50,000	16,188	32%	44,000	16,188	37%
Number of people who have access to appropriate basic sanitation facilities (latrines)*	160,000	7,200	4%	145,000	7,200	4%
Number of children under one immunized against measles for routine immunization (January – July 2014)				235,222	114,303	49%
CAR REFUGEE RESPONSE						
Number of children <5 with Severe Acute Malnutrition admitted to Therapeutic care	7,855	4,517	57%	7,855	4,517	57%
Number of affected families who received a wash kits with key hygiene messages	16,000	7,902	49%	10,000	7,902	79%
Number of people who have access to potable water in refugee site	80 000	10,800	14%	30, 000	6,300	21%
Number of people who have access to appropriate basic	40,000	10,042	25%	30,000	10,042	33%

sanitation facilities (latrines)						
Number of children 9 months -15 years immunized against measles in Adamawa and East regions				84,000	55,285	66%
Number of children accessing psycho-social support				10,800	6,717	62%
Number of UASC identified and receiving appropriate care				90	40	44%
Number of children with access to temporary learning spaces	21,846	4,428	20%	21,846	4,428	20%