



## Cameroon

The humanitarian crisis in Cameroon has expanded from four regions in 2017 to eight in 2019;<sup>1</sup> and the situation of conflict-affected children in the South-West, North-West and Far North regions has worsened. Villages, schools and health facilities are under attack. In the South-West/North-West, 9 in 10 children have been out of school for three years.<sup>2</sup> Between 23 and 65 per cent of hospitals are not functioning in these regions, and in some areas, only 6 per cent of women are giving birth in health centres.<sup>3</sup> Insecurity has disrupted vaccination activities and primary health care services, placing children at higher risk. Humanitarian access is limited by parties to the conflict, the remoteness of populations in hiding in rural locations and frequent lock-downs across towns and cities by non-state armed groups. Internally displaced people are facing high poverty levels with few prospects for short-term return. The North and Far North regions continued to report new cholera cases in 2019, with over 88 deaths.<sup>4</sup> Rising insecurity threatens communities, children and humanitarian workers. The needs of 266,000 Central African refugees are overburdening health services, schools and water systems.<sup>5</sup> Projections for voluntary return are low and demographic pressures are jeopardizing social cohesion.

### Humanitarian strategy

In 2020, UNICEF will prioritize 1) strengthening the quality and coverage of gender-sensitive humanitarian response for children; 2) strengthening child protection capacities; 3) supporting joint government/inter-agency contingency planning and rapid response for new emergencies (including for vaccine-preventable and communicable diseases); and 4) conducting advocacy on the impact of conflict on children. The response will emphasize systems strengthening, and linking humanitarian action, development and peacebuilding in local contexts. Life-saving gender-sensitive services will be undertaken for displaced, refugee and host community children to mitigate acute needs and enhance resilience. Gender-based violence in emergencies will be addressed through preventive interventions and inter-agency referral mechanisms. In the South-West/North-West, UNICEF will continue to develop a coherent emergency education response sensitive to the need for safe learning environments, while reinforcing implementing partner capacities. Rapid Response Mechanism approaches will be expanded with partners.<sup>6</sup> Security risk management capacities will be strengthened along with third-party monitoring to improve accountability and programme quality. UNICEF will fulfill its coordination commitments, including cluster coordination for the South-West/North-West crisis. Capacities for disability-inclusive and cash-based approaches will be improved through programme quality and partnerships. Community engagement and accountability to affected populations will be strengthened along with the prevention of sexual exploitation and abuse.

### Results from 2019

As of 31 August 2019, UNICEF had US\$7.7 million available against the US\$39.3 million appeal (20 per cent funded).<sup>7</sup> This shortfall limited capacities to meet the needs of populations affected by the South-West/North-West and Lake Chad basin crises and refugees from the Central African Republic. This led to low achievement in several sectors, including water, sanitation and hygiene (WASH) (ensuring sustainable access to safe drinking water) and education (out-of-school children accessing education and receiving learning materials). Lack of access and limited school safety challenged UNICEF's ability to reach children with education activities. UNICEF deployed a field presence in Buea and Bamenda in the South-West/North-West to reinforce partner capacities. Using 2018 carry-over funding, UNICEF reached 151,800 children aged 6 months to 15 years with measles vaccination; 43,500 families received long-lasting insecticide-treated nets; 41,000 children with severe acute malnutrition (SAM) received treatment; and 110,000 people received WASH kits. Some 1,000 conflict-affected children received a birth certificate and 1,700 unaccompanied and separated children were identified and/or placed in alternative care arrangements and received follow-up. A special Rapid Response Mechanism was established to reach hard-to-reach populations in the South-West/North-West with multi-sector assistance. Cluster coordination commitments were met for nutrition, WASH, education and child protection.

# Humanitarian Action for Children

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#### Total people in need

4.4 million<sup>8</sup>

#### Total children (<18) in need

2.2 million<sup>9</sup>

#### Total people to be reached

779,000<sup>10</sup>

#### Total children to be reached

674,500<sup>11</sup>

#### 2020<sup>12</sup> programme targets

##### Nutrition

- 61,900 children aged 6 to 59 months affected by SAM admitted for treatment

##### Health

- 168,438 children aged 6 months to 15 years vaccinated against measles
- 222,106 people provided with anti-malaria drugs

##### WASH

- 65,000 people accessing water for drinking, cooking and personal hygiene
- 90,000 people accessing appropriate sanitation facilities
- 180,000 people provided with WASH kits

##### Child protection

- 141,500 children and caregivers accessing mental health and psychosocial support<sup>13</sup>
- 36,046 children and women accessing gender-based-violence-in-emergencies risk mitigation, prevention or response interventions.
- 2,200 unaccompanied and separated children accessing family-based care or appropriate alternative services

##### Education

- 482,350 boys and girls aged 3 to 17 years who are out of school and affected by crisis accessing quality formal or non-formal basic education
- 720,700 boys and girls aged 3 to 17 years and affected by crisis receiving learning materials
- 200,500 boys and girls aged 3 to 17 and affected by crisis attending education in a classroom where the teacher has been trained in psychosocial support

##### Communication for development

- 230,000 people reached with key life-saving and behaviour change messages on essential family practices

|   | Sector 2019 targets | Sector total results | UNICEF 2019 targets <sup>i</sup> | UNICEF total results |
|---|---------------------|----------------------|----------------------------------|----------------------|
| <b>NUTRITION</b>  |                     |                      |                                  |                      |
| Children aged 6 to 59 months with SAM admitted for treatment  | 60,255              | 39,727               | 65,064                           | 40,626               |
| % children discharged as cured from integrated programmes for SAM treatment <sup>ii</sup>   | > 75%               | 87.5%                | > 75%                            | 87.5%                |
| Primary health care facilities that deliver integrated management of acute malnutrition services  | 809                 | 839                  | 702                              | 839                  |
| <b>HEALTH</b>   |                     |                      |                                  |                      |
| Children immunized against measles  |                     |                      | 266,492                          | 151,841              |
| <b>WATER, SANITATION AND HYGIENE</b>  |                     |                      |                                  |                      |
| Affected people accessing adequate basic sanitation   | 374,758             | 33,152               | 57,500                           | 20,181               |
| Affected people provided with WASH kits   | 649,109             | 148,939              | 270,000                          | 109,994              |
| People provided with sustainable access to safe drinking water  | 811,386             | 69,209               | 93,500                           | 14,000               |
| <b>CHILD PROTECTION</b>   |                     |                      |                                  |                      |
| Children reached with psychosocial support through child-friendly/secure spaces   | 563,265             | 171,550              | 289,789                          | 87,110               |
| Unaccompanied and separated children identified and/or placed in alternative care arrangements and/or who benefited from individual follow up | 7,596               | 6,748                | 3,693                            | 1,701                |
| <b>EDUCATION<sup>iii</sup></b>  |                     |                      |                                  |                      |
| Children aged 3 to 17 years affected by crisis accessing education  | 519,000             | 3,915                | 311,400                          | 1,847                |
| Children aged 3 to 17 years affected by crisis receiving learning materials   | 363,300             | 2,415                | 217,980                          | 0                    |
| <b>COMMUNICATION FOR DEVELOPMENT<sup>iv</sup></b>   |                     |                      |                                  |                      |
| People reached through mechanisms to voice their needs/concerns   |                     |                      | 210,000                          | 1,137                |
| People reached with key life-saving and behaviour change messages   |                     |                      | 385,000                          | 263,468              |

<sup>\*</sup> Results are as of 31 August 2019.

<sup>i</sup> UNICEF targets may exceed sector targets where UNICEF is targeting populations in refugee camps.

<sup>ii</sup> The original 2019 indicator "Children aged 6 to 23 months provided with micronutrient powder" was replaced by two indicators in monthly situation reports: 1) performance of integrated programme for SAM in the Far North: cured rate; and 2) number of primary health facilities that deliver integrated management of acute malnutrition services.

<sup>iii</sup> As school/learning materials are distributed during September and December of each academic year, results on children benefiting from learning materials are low as schools are effectively on holidays with no teaching activities underway except for summer 'catch-up' courses. For the Lake Chad basin crisis, no funding was received for education.

<sup>iv</sup> There is no sector group working on communication for development in emergencies.

#### Funding requirements

UNICEF is requesting US\$48.9 million to address the critical needs arising from the South-West/North-West crisis, the situation in the Far North and the continuing emergency needs of refugees from the Central African Republic and host communities. The requirements reflect Online Project System projects and align with Humanitarian Response Plan priorities.<sup>14</sup> The amount requested includes US\$1 million to support cluster coordination for the South-West/North-West response.<sup>15</sup>

| Sector                         | 2020 requirements (US\$) |
|--------------------------------|--------------------------|
| Nutrition                      | 7,745,000                |
| Health <sup>16</sup>           | 8,993,000                |
| Water, sanitation and hygiene  | 6,466,000                |
| Child protection <sup>17</sup> | 11,353,000               |
| Education                      | 10,590,000               |
| Communication for development  | 2,815,000                |
| Cluster/sector coordination    | 975,000                  |
| <b>Total</b>                   | <b>48,937,000</b>        |

<sup>1</sup> Office for the Coordination of Humanitarian Affairs (OCHA) Cameroon, briefing paper, September 2019.

<sup>2</sup> Education sector assessment report, August 2019.

<sup>3</sup> Rapid Response Mechanism field report, July 2019.

<sup>4</sup> Government of Cameroon, Ministry of Health, 'Cholera Report No. 49', September 2019.

<sup>5</sup> Office for the Coordination of Humanitarian Affairs Cameroon, Humanitarian Needs Analysis for East and Adamoua regions, September 2019.

<sup>6</sup> The Rapid Response Mechanism for the South-West/North-West crisis was developed to enable comprehensive multi-sector response for hard-to-reach populations in need, including the distribution of long-lasting insecticide-treated bed nets, WASH kits, nutritional screening, vaccination and basic health supplies and support for birth registration.

<sup>7</sup> Available funds include US\$4.5 million received against the 2019 appeal and US\$3.2 million carried forward from the previous year.

<sup>8</sup> This figure is provisional and subject to change upon finalization of the inter-agency needs and planning documents. Office for the Coordination of Humanitarian Affairs, 'Cameroon: 2020 Humanitarian Needs Overview' (draft), OCHA, October 2019.

<sup>9</sup> This was calculated based on people under 18 years representing 50 per cent of the population. Multiple Indicator Cluster Survey 2014.

<sup>10</sup> This was calculated based on the total children to be reached plus the adult population to be targeted with anti-malaria drugs (47 per cent of 222,000). Based on the 2016 Statistical Yearbook, 50.3 per cent of the population are women/girls leading to a disaggregated target of 391,754 women/girls and 387,081 men/boys.

<sup>11</sup> This calculation is based on the number of children aged 6 to 59 months targeted for SAM treatment (61,900) plus the maximum number of boys and girls (aged 5 to 17 years) targeted for learning materials (612,595). This includes a disaggregated target of 339,249 girls and 335,246 boys.

<sup>12</sup> Programme targets are provisional and subject to change upon finalization of the inter-agency planning documents.

<sup>13</sup> This includes 128,630 children and 12,870 caregivers accessing mental health and psychosocial support.

<sup>14</sup> The Online Project System is a web-based database that allows United Nations agencies and non-governmental organizations participating in consolidated or flash appeals to directly upload their projects and funding requests and update them during the course of the appeal year.

<sup>15</sup> Figures are provisional estimates. Financial requirements are subject to change upon finalization of the inter-agency appeal/planning documents.

<sup>16</sup> The increase in the requirement is due to the inclusion of a scaled-up malaria prevention and treatment component.

<sup>17</sup> The increase in the requirement is due to an increased emphasis on quality reintegration for unaccompanied and separated children and children associated with armed forces and armed groups in the Far North.

#### Who to contact for further information:

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