



A student from the Government Bilingual High School Mbouda drinking water from a tap from a solar-powered drinking water supply system. A donation from UNICEF and partners.

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for every child

Humanitarian Situation Report No. 3

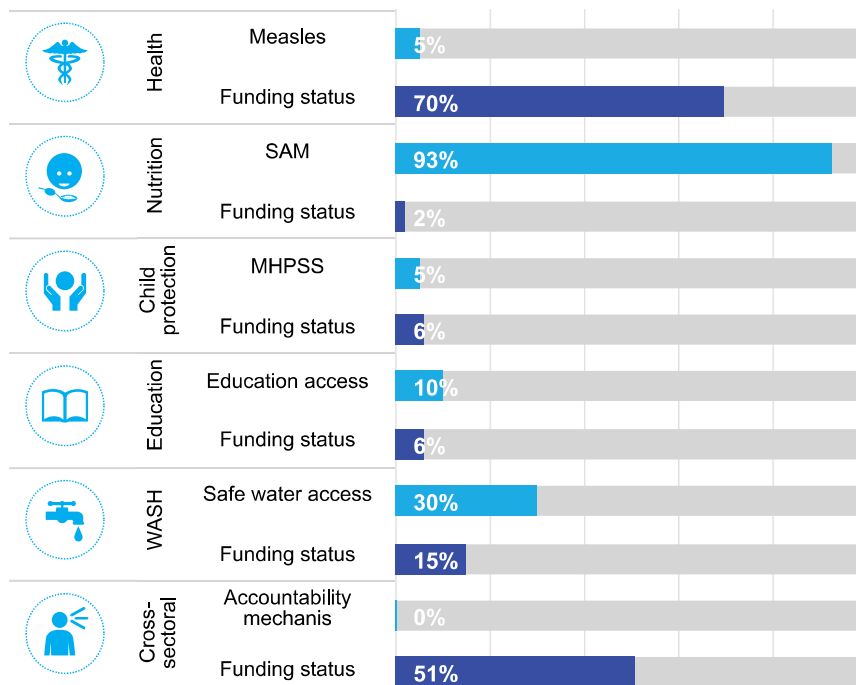
Reporting Period
1 July to 30
September

Cameroon

HIGHLIGHTS

- In Quarter three, the cholera epidemic expanded from five regions (Littoral, South-West, Centre, South, and West) affecting 48 districts with 10,028 confirmed cases and 189 deaths having 1.86 per cent lethality rate, to include four additional regions (Far North, North, East, and North-West), affecting 36 additional districts with 10,336 confirmed cases and 200 deaths.
- The United Nations Central Emergency Response Fund (CERF) funding that was received will be allocated across agencies: 40 per cent for Food Security in the Far North, 20 per cent for Nutrition in the Far North, 25 per cent for Shelter/NFI in the Far North, and 25 per cent for Protection in the North-West and south-West regions, including the Areas of Responsibility.
- In the Far North Region, 37,000 people are affected by floods with 2,400 houses destroyed. This has led to the destruction of 88 schools, disrupting the education of over 26,615 children.

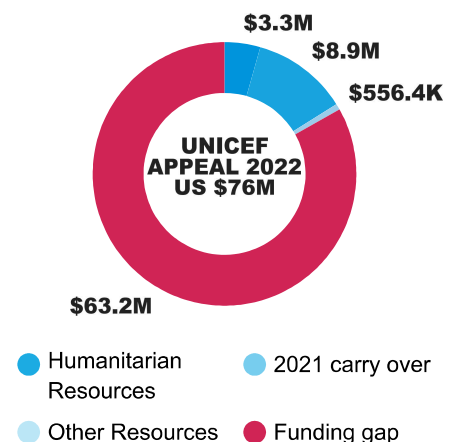
UNICEF RESPONSE AND FUNDING STATUS*



SITUATION IN NUMBERS



FUNDING STATUS (IN US\$)**



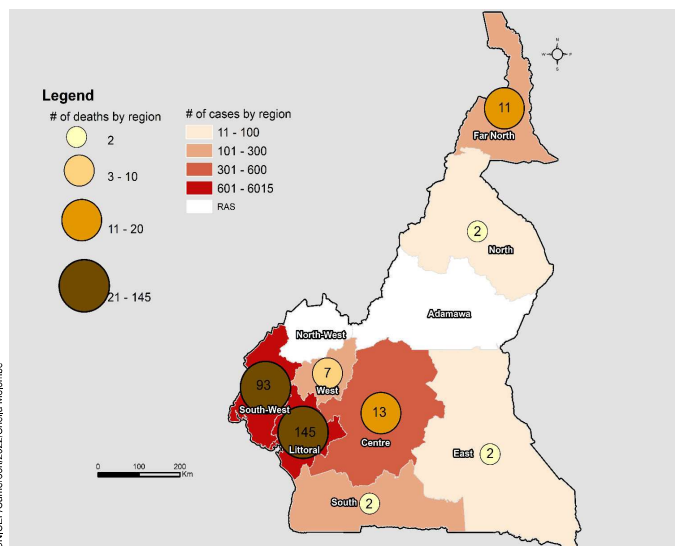
** Funding available includes: funds received in the current year; carry-over from the previous year; and repurposed funds with agreement from donors

* UNICEF response % is only for the indicator, the funding status is for the entire sector.

FUNDING OVERVIEW AND PARTNERSHIPS

UNICEF appeals for USD\$76 million to sustain provision of life-saving services for women and children in Cameroon. During this reporting period, no new funding was received. The governments of Norway, United Arab Emirates, SIDA Sweden, and the United States of America as well as the United Nations Office for the Coordination of Humanitarian Affairs (OCHA) have generously contributed to UNICEF Cameroon's humanitarian response. UNICEF expresses its sincere gratitude to all public and private donors for the contributions received. However, the 2022 Humanitarian Appeal for Children (HAC) still has a funding gap of USD 63,232,794. Without sufficient funding, over 195,000 children and 275,000 people in the North-West/South-West, West, Littoral regions; 267,000 children and 326,000 people in Lake Chad Basin region and 207,000 children and 219,000 people in the East and Adamawa regions will not receive the crucial support they need

SITUATION OVERVIEW AND HUMANITARIAN NEEDS



Cholera cases in Cameroon as of September 2022

The third quarter (Q3) of 2022 recorded over 157 significant security incidents, such as clashes between Non-State Armed Groups and State Security Forces, violence against civilians, attacks on education and attacks on healthcare in the North-West and South-West regions. The North-West region remains the most volatile and accounts for over half of all security incidents in the country. The State Security Forces continue to conduct operations in both regions, leading to the killing of several local Non-State Armed Groups (NSAG) commanders. However, NSAGs continue to demonstrate intent and capabilities, especially in the caliber of weapons used, including but not limited to Rocket Propelled Grenades (RPG) and Improvised Explosive Devices (IED).

The period from July to September 2022 recorded a marginal increase in the number of security incident reporting compared to the first two quarters of the year. Further, recent incidents in September 2022 underscored the capability of NSAG operatives to show force in the immediate environs of Buea (South-West), which marked a shift from the trends in the past 12 months. The resurgence of NSAG operatives and the ability to carry out brazen attacks will prompt an increase in State Security Forces operations to arrest and detain civilians suspected to be or have ties to NSAG operatives, as was the case in the period 2018-2019 when NSAG

had a stronger foothold around the outskirts of Buea town. In addition to State Security Forces arrest and detain operations, checkpoints leading in and out of Buea are likely to implement stringent searches of vehicles and travelers.

The school reopening for the academic year 2022-2023 was marked by tension and violence in both regions. Ahead of the academic year, NSAGs imposed a two-week stay-at-home order (Lockdown) to disrupt the reopening and the academic calendar. Despite a change in position by some sects of NSAGs to recognize the functioning of private and missionary schools, the acceptance was conditioned on schools reopening not before 4 Oct 2022. Hence, the period 5 to 16 September 2022 recorded a significant increase in education-related violence, including but not limited to the killing of a teacher, abduction of school officials, arson and vandalism against school infrastructure.

16 attacks on education were recorded in Q3 2022, fifteen of which were carried out by NSAG operatives, and the last was due to fighting between state security forces and NSAGs which led to the destruction of property, including a primary school. Five healthcare-related incidents were recorded in Q3, four of which centered around the Banso Baptist Hospital (run by the Cameroon Baptist Convention Health Services – a UN/UNICEF implementing partner).

On 10 Sep 2022, Cameroonian military forces conducted offensive operations in the Kumbo area (North-West), killing six NSAG operatives and injuring others. Two wounded NSAG operatives under treatment at the Banso Baptist Hospital were taken away by HG security forces and killed. The incident led to threats and acts against the hospital and health workers accused by both parties of supporting the other.

NSAG-imposed stay-at-home orders accounted for 21 days of movement restrictions, 13 of which were movement restrictions resulting from the Monday stay-at-home orders (Ghost Town) and eight days of specific restrictions targeting the 2022-2023 school reopening, from 5 to 16 September 2022 (excluding weekends).

From 1 July to 13 October 2022, 214 security incidents were recorded in the Far-North region, Non-State Armed Groups (NSAGs) killed 61 civilians, injured 31 and abducted 68 during the reporting period. These security incidents include and not limited to predatory, criminal acts including ambushes against civilians and looting villages in the divisions of Mayo-Sava, Mayo-Tsanaga and Logone-and-Chari.

High rate of kidnappings of civilians in the vicinities of Lake Chad, in the Logone-et-Chari area were reported with at least 59 people consisting of traders and fishermen having been kidnapped by NSAGs in the districts of Hile-Alifa, Blangoua and Darak, some of whom were released after payment of ransoms while others remain captive. This trend is also linked and not limited to the presence of NSAGs who have fled from joint military operations recorded during Q2 on the islands of Lake Chad located on Cameroonian territory is considered as a new stronghold.

Increased number of predatory attacks occurred in localities around the Mandara Mountains. In Mayo-Tsanaga division, districts hosting most predatory raids were Mokolo (Canton of Tourou), Koza and Mayo-Moskota. Same patterns and trends were observed in Mayo-Sava division, mainly in the localities of Mora and Kolofata. This is due to the presence of NSAGs who fled and found refuge in areas not covered by recent Q2 military operations around the Mandara Mountains.

It is worth mentioning the setup of checkpoints by NSAGs. On one of these checkpoints, along the Kourgui-Limani secondary road in the Mayo-Sava Division, FN), one male local NGO moving on motorcycle has been hijacked and his personal belongings

stolen. They also stopped robbed on-duty nurses of their cell phones, shoes and several valuables. Merchant trucks were stopped and emptied by NSAGs on the Kerawa-Djibrili-Ashigashia axis.

Many incidents endangering nurses are recorded, and medical personnel have become a target. On 8th July, NSAGs (ISWAP elements) attempted kidnapping a nurse in Bargaram (Logone et Chari Division, FN). On 5th August, NSAG element identified as ISWAP fighters broke into a nurse residence and his drugshop in Tchika near to Hile Alifa (Logone et Chari, FN). They killed him and collected all his medical products and materials. On 26th September, NSAGs (ISWAP) carried out an attack in Godigong, near the school of Oudjila Igzawa (Mayo-Sava Division, FN) and killed a nurse of 42 years old who refused to accompany them to administer treatment to one of them who was sick.

In August, rumors of NSAGs campaign to marry even by force "as many girls as possible aged between 16 and 20 years old", caused great panic among families in communities living along the borders with Nigeria, particularly in the divisions of Mayo-Sava, Mayo-Tsanaga and Logone et Chari. Households decided to send their daughters in safe places and to limit their movements even to access basic social services.

In the Lake Chad Basin affected areas (LCB), the conflict continues to create considerable humanitarian needs in Cameroon's Far North region. Humanitarian access is hampered by the use and presence of improvised explosive devices and unexploded ordnance, combined with physical constraints such as poor road infrastructure and seasonal flooding. As of September 2022, 37,000 people were affected by floods in the Far North Region and 2,400 houses were destroyed. This flooding has also led to the destruction of 88 schools, disrupting the education of over 26,615 children.

SUMMARY ANALYSIS OF PROGRAMME RESPONSE

Water, sanitation and hygiene

From July to September 2022, UNICEF contributed to the humanitarian WASH response to different situations: Cholera outbreak in South-West, Littoral and Centre regions; the displacement of populations in the Far North region (due to intercommunity conflict and floods) and in the NW/SW regions (due to the ongoing socio-political crisis); and the presence of Central African refugees in East and Adamawa regions. To aid affected population, UNICEF collaborated with the Ministry of Public Health and the Ministry of Water Resources and Energy and signed partnership agreement with 4 NGOs (Environmental and Development Protection Association, Plan International, Cameroon Baptist Church Health Services and Community Initiative for Sustainable Development). These collaborations led to the following results:

Concerning the cholera outbreak and the prevention of diarrhoea, 960 community health workers from 19 health Districts in the Littoral and South-West regions and 4 sites for Internal Displaced Persons (IDPs) in Far North region were trained and reached 1.3 million people through an awareness raising campaign. In addition, 26,371 households, 541 institutions and 684 vehicles carrying people affected by cholera were disinfected.

Regarding the provision of safe drinking water which remain the main challenge, 46,879 people gained access to safe drinking water in the South-West, East and Far North regions through the

construction of 54 water points (including two solar powered systems) and the rehabilitation of seven boreholes. These water points and boreholes were built in communities, including 39 schools and two health centres.

Concerning sanitation, 134 cubicles of latrines were constructed in 10 schools and four IDP sites in the North-West and Far North regions, benefitting 10,494 people. The increase in number of people reached in comparison to the last quarter is due to more partnerships, increased funding and a longer implementation period.

Main challenges on coordination were related to the absence of information managing and double hating of UNICEF staff in charge of supporting the coordination. The main gaps concerning the cholera response are the lack of interventions to improve access to sustainable safe drinking water and sanitation services in cholera affected areas and community mobilization activities. In the NW/SW regions, the unpredictability of lockdowns affects the planning of interventions. In the Far North region, the new floods limit the access to some areas where construction of key infrastructure are ongoing. For the whole country, the limited funding of the WASH sector limits the assistance UNICEF can provide to affected populations.

Health and HIV/AIDS

The cholera epidemic that started on 21 October 2021 in the Southwest region is still ongoing. From July to September the cholera epidemic expanded from five regions (Littoral, Southwest, Centre, South, and West) affecting 48 districts for a total of 10,028 confirmed cases and 189 deaths with a 1.86 per cent lethality rate, to include four additional regions (Far North, North, East, and North-West), affecting 36 additional districts, bringing the total amount of cases to 10,336 confirmed cases and 200 deaths with a lethality rate of two per cent. UNICEF supported the case management of cholera cases with provision of Personal Protective Equipment (PPE), Infection Prevention and Control (IPC) materials and 12 Acute Watery Diarrhoea (AWD) kits meant to treat 1,200 cholera cases in the South-West, Littoral, West, Centre, East, and South regions.

The measles epidemic prevailed in 22 per cent of health districts with 2,232 confirmed cases at the end of September as compared to 24 per cent at the beginning of July with 1,742 confirmed cases. UNICEF provided technical assistance to the Measles-Rubella (MR) outbreak response in all the 25 health districts out of which seven were in the four priority supported regions. A total of 151,719 children aged six months to seven years were reached with RR2 in the Far North (26,701), Adamawa (64,444), North (54,942) and Northwest (5,326) regions. 1,235,000 doses of MR vaccines were received for the nationwide measles outbreak response.

Concerning Polio, a second-round polio campaign was organized from 1-3 July 2022 in all 10 regions. With UNICEF's support, 94 per cent of parents were informed before the campaign and 64 per cent of health districts had an information level greater or equal to 95 per cent against 55 per cent in round one. The number of vaccinated children reduced from 4.6 per cent in round one to 4.1 per cent in round two. 82 per cent of children were missed in round two as compared to 84 per cent in round one either because of their absence from the home, their households were not visited, or their parents refused. After the campaign, 273,092 nOPV2 vials were destroyed because they were not used.

The monkeypox epidemic began in Cameroon in August 2022 across 6 health districts in five regions (Centre, North-West, South-West, Littoral and South). There were eight confirmed cases (out of 39 suspected cases) in the Littoral (1) and South (7) regions, and two deaths were counted in the North-West region, noting a

lethality rate of 5.1 per cent. UNICEF will provide support by assisting in reinforcement of capacities in at risk health districts as well as the treatment of confirmed cases. Awareness raising sessions will also be held to inform and educate the public.

Nutrition

From 1st July to 30th September, a total of 16,873 children (7,910 boys and 8,963 girls) received treatment for severe wasting including 1,005 internally displaced persons and 632 Central African Republic and Nigerian refugees. A total of 47,812 pregnant women received iron and folic acid supplements and 52,249 children were supplemented with multiple micronutrient powders (MNP). Also, 77,400 parents and caregivers of children under two years of age were educated on appropriate infant and young child feeding practices.

In the Far north region, 407 persons including 98 health personnel and 309 teachers were trained on adolescent nutrition in preparation for the upcoming Iron and Folic Acid Supplementation Programme targeting adolescent girls. The mother MUAC approach is proving effective in the Far North region, accounting for around 40% of children screened for severe wasting.

Access to SAM treatment remains a major bottleneck in the North-West and South-West regions. The violence and insecurity situation hinders humanitarian access. Also, the Community-based Management of Acute Malnutrition Programme is not yet fully integrated into routine health services in these two regions. Another challenge experienced during this quarter is the rains and resulting floods in some parts of the Far North region. This resulted in the destruction of farmlands and population displacement. This together with the continuous rise in food prices puts many at risk of malnutrition. Generally, for the section underfunding remains a major challenge, limiting the number of people in need that can be assisted. To cover some of the gaps, the nutrition sector will receive CERF funds before the end of the year in the upcoming UFE window. These funds will serve to cover the main gaps in the Far North region for the upcoming quarter.

Child protection, GBViE and PSEA



Richard, a 6 month old boy receives his birth certificate declaration at the integrated health centre in Maroua

During the reporting period, a total of 52,981 people were reached through Child Protection (CP) interventions. 11,307 children,

parents and caregivers were reached through sensitization sessions on CP issues. 8,743 children (3,617 boys and 5,126 girls) received Mental Health and Psychosocial Support (MHPSS). The Gender-Based Violence in Emergencies (GBViE) prevention and mitigation interventions reached 8,086 people including 1,055 boys, 1,970 girls, 3,070 women and 1,991 men. Capacity building interventions carried on by implementing partners reached 1,020 persons, with 43 staff and community representatives (27 women, 16 men) trained on the Prevention of Sexual Exploitation and Abuse (PSEA), making it possible to reach 3,620 beneficiaries (2,172 women, 1,448 men). Feedback mechanisms were established in communities, enabling 17,500 to safely report PSEA incidents in Bamenda, Kumba, Mamfe and Kumbo in the NW/SW regions. 653 children received case management, while 421 Unaccompanied and Separated Children (UASC), namely 258 boys and 227 girls were placed under adequate alternative care services. 180 children (143 girls and 37 boys) received birth certificates and 107 adolescents (82 girls and 25 boys) received national identity cards. 787 students and teachers benefitted from sex education in schools.

An inventory of urgent needs conducted by the Regional Delegation for Social Affairs at the Disarmament, Demobilization and Reintegration (DDR) Centre of Meri in the Far North Region has helped to identify 485 children (227 girls & 258 boys including four unaccompanied girls and four girls living with disabilities) who were provided with Psychosocial Support (PSS). They received 2,250 plastic mats, 60 dignity kits and 10 blankets and 26 children were reunified with their mothers (presumed associated with Boko Haram). Also, two child protection community-based mechanisms of 40 members (20 women and 20 men) were established in Moutourwa (Far North region) to support identification and case referrals of vulnerable children to social services.

These results were achieved thanks to the support of CP implementing partners, namely Government decentralised services, local NGOs including Action Locale pour un Développement Participatif et Autogéré (ALDEPA), CARITAS, and TEEN ALIVE and Community-Based Associations, though the funds mobilised for CP interventions were not enough to meet the target. The biggest challenges for the Child Protection section are limited funds to address certain child protection issues including the limited technical knowledge and skills on Child Protection in Emergencies and the presence of few partners to properly respond to child protection issues. In the Far North Region, these issues include violence in the Mayo-Tsanaga & Mayo-Sava districts, floods and the increasing needs in the Meri DDR Centre. In the NW/SW regions, the threat and presence of NSAGs and the imposed lockdowns, make it difficult to reach the targets. CP actors continue to advocate for increased funding, especially for case management of UASC and other vulnerable children and their families as well as for birth registration and MHPSS interventions.

Education

During this reporting period, 31,580 additional children (17,530 girls) accessed formal or non-formal education, including early learning programs, thanks to the support of UNICEF.

School resumed in the country, but timidly in the North-West and South-West regions where children missed two weeks of classes due to the lockdown imposed in both regions in early September 2022. Secondary data provided by the Education Cluster revealed that 75 per cent of schools that were open in 2021 remained operational this year with some few exceptions. Government sources revealed that in the 2021/22 school year only 58 per cent of the 131,151 expected primary school pupils attended schools in the NW and only 27 per cent of the expected 220,000 secondary schools' students attended classes. In the SW, 46 per cent of the

expected 275,887 pupils attended primary schools and 91 per cent of 110,112 adolescents went to school.

The situation of teachers has reportedly only slightly improved since the 2020/21 school year. At the onset of the 2022/23 school year, in the NW, out of 9,846 expected primary school teachers, only 41 per cent have resumed work while out of 9,230 secondary school teachers, 44 per cent returned to their posts. In the SW, 84 per cent of primary school teachers have resumed yet only 73 per cent of 9,625 expected secondary school teachers did not resume work. Evidence suggests that threats and kidnapping of teachers and students continue in the communities with 11 kidnappings verified in 2022. The United Nations verified 25 attacks on education in 2021 and 20 in 2022.

Due to insufficient funding, poor access to populations in need, and attacks on formal education, the cluster partners have only reached 39,710 out-of-school crisis affected children with alternative platforms (radios, online learning and non-formal education centers), which is 14 per cent of the 289,000 children targeted in the 2022 Humanitarian Response Plan. Education cluster partners report that 88 per cent of villages with IDPs in the NW and 76 per cent of villages hosting IDPs in the SW have received no assistance in education.

In the Far-North, 126 schools were affected by floods in the Logone-&-Chari and Mayo-Danay divisions, depriving approximately 38,813 pupils (including 15,826 girls) from their right to education. In the Logone-et-Chari division, all 26 schools that were closed due to the inter-community conflict became operational and education resumed for 8,364 children including 3,414 girls.

In the East region, the Connect my School initiative continues under the ownership of school communities in four municipalities (Garoua-Boulai, Ngoura, Bertoua 1 and Bertoua 2), hosting Central African refugees and IDPs from the NW and SW regions, benefitting 15,000 with improved learning. Evidence from the field suggest that the ongoing Connect my School initiative can positively impact access and learning in overcrowded and multigrade classrooms, and significantly reduce teachers workload in schools hosting refugees and IDPs.

The 2022 Education Annual Review Meetings which took place in the North region in August and the Adamawa region in September appraised the situation of the education sector in the entire region, per subdivision, and highlighted major constraints to education provision and proposed tangible solutions.

On August 1, 2022, the Executive Committee of Education Cannot Wait (ECW) approved USD \$25 million in seed funding for a Multi-Year Resilience Programme⁶ in Cameroon (2022-2025), to provide access to inclusive quality education in a protective and safe learning environment to 227,000 children as well as strengthen the education system.

Cross-sectoral (HCT, C4D, RCCE and AAP) Humanitarian Cash Transfer

UNICEF is chairing the Taskforce on linkages of cash voucher assistance to social protection to identify how best to contribute the role of humanitarian actors in strengthening the national social protection system. One of the three taskforces under the national Cash Working Group, which is led by World Food Programme (WFP), seeks to identify linkages in optimizing the management of beneficiary database, dialogue on harmonizing transfer to address humanitarian needs and socio-economic based on the realities of protracted crises situation. UNICEF is also supporting the

development of the management information system for the Social Unified Registry together with government, development and humanitarian partners to support the first module on registration and targeting.

Social and Behavior Change

As part of the response to the cholera outbreak in Littoral and South-West regions, UNICEF supported production of cholera outbreak response messages by both regional platforms of community radios. 16 spots and six micro-programmes were recorded in both French and English for wide diffusion. The cholera prevention advocacy materials were translated in major national languages. Currently, broadcast is ongoing in 36 community radios in both the Littoral (17) and South-West (19) regions.

HUMANITARIAN LEADERSHIP, COORDINATION AND STRATEGY

The Humanitarian / Resident Coordinator in-country continues to lead humanitarian coordination efforts, supported by OCHA. At the national level, UNICEF and the Government of Cameroon are co-leading the Nutrition and WASH sectors. UNICEF co-leads the Education Sector with Plan International as well as the Child Protection Area of Responsibility (AoR). In the Far-North region, OCHA continues to lead the Inter-Sector and Inter-Cluster coordination for out-of-camp refugees, IDPs and host communities, while UNHCR oversees coordination for the refugee response in the East, Adamawa, North and Far-North regions. In the NW/SW regions, clusters are activated to support the humanitarian response.

The WASH Cluster led by UNICEF in the North-West/South-West regions remained focused on the cholera epidemic and the WASH sector in the Far North remained functional during the reporting period with regular monthly coordination meeting.

UNICEF continues to lead the Localization Working Group and during this upcoming quarter, an NGO co-lead will be selected amongst the working group members. During this reporting period, the working group has been focused on preparing for a series of trainings that will be offered to group members in early 2023 as well as beginning to mobilize resources from the Humanitarian Country Team (HCT) and Inter-sector groups. A two-day gender training was held in September 2022 for our NGO partners from the South-West and North-West that work with UNICEF on ECHO-funded projects.

HUMAN INTEREST STORIES AND EXTERNAL MEDIA

The resurgence of cholera has killed 241 people since October 2021 in Cameroon. According to a report made by the Ministry of Public Health, about 12,129 cases of the disease have been reported. The Littoral region is one of the most affected by this epidemic, with 5,180 cases and 128 deaths having been reported. Health authorities, volunteers and health workers are mobilizing to stop the spread of the disease.

“Since the beginning of this epidemic, we have registered about 120 cases and 4 deaths,” says Dr. Messomo, Head of Japoma Health District, stressing that “the most affected localities are swampy areas. Precipitation and contamination of water sources are an important factor in the spread of the disease. “With the

support of partners such as UNICEF, we have launched an awareness campaign in the six health areas affected by the epidemic that has already lasts 6 weeks. 50 multi-skilled community health workers have been recruited. Their role is to communicate, raise awareness and disinfect when the need arises," He said.

In groups of three or four, the health workers are recognizable by their combination of Biological hazard protection, white serotype, armed with sprayers, images, backpacks containing aquatabs, bleach powder and other accessories for fighting cholera. Despite the poor road conditions and weather, they walk for hours through neighborhoods to inform and raise awareness.

Today, they have reached about 50 households. The door-to-door service helped raise awareness of practical hygiene measures such as hand washing, disinfection of houses and latrines, and allowed for the distribution of aquatabs with demonstrations on water purification treatment to avoid illness.

"I lost my nephew in strange conditions, because of lack of information. I believe that if his parents had followed the necessary information, he would still be alive. This is what encourages me to engage in actions to fight cholera such as awareness raising and prevention. It is not easy with limited accessibility and our current working conditions. But I know that relevant information can save lives. » says Orchelle Moukoko in the district health of Japoma.

According to Andre, the team leader, "our work has prevented contamination and deaths. Our role is to alert, detect, respond to, and prevent threats. We are on site from Monday to Sunday. We master the neighborhood at our fingertips. Before, it was a bit difficult, but now thanks to the awareness raising we are doing, the population is starting to accept the preventive measures. For instance, out of 200 houses, we only had one case of resistance. This means that our actions are bearing fruit. We thank UNICEF for its support."

UNICEF is working tirelessly with the Ministry of Health and other partners to fight against this cholera outbreak, while promoting better access to water and sanitation, which are important structural conditions for interrupting the transmission chain. Technical and equipment support are provided to social workers on site in the affected health zones as the supply of chlorine, soap, handwashing kits, image boxes for awareness raising and prevention.

- Communiqué de presse conjoint UNICEF - FEICOM <https://unicefcameroon.medium.com/com-munique-de-presse-conjoint-unicef-feicom-38594b611eb0>
- Le parlement des enfants au Cameroun s'attaque eu phénomène d'abandon des enfants <https://unicefcameroon.medium.com/le-parlement-des-enfants-au-cameroun-sattaque-eu-ph%C3%A9nom%C3%A8ne-d-abandon-des-enfants-3ec4129d5cde>
- Le programme de parentalité positive lancé officiellement au Cameroun <https://unicefcameroon.medium.com/le-programme-de-parentalit%C3%A9-positive-lanc%C3%A9-officiellement-au-cameroun-ab88cf2a3356>
- Le Cameroun tient son premier plan stratégique national de santé communautaire <https://unicefcameroon.medium.com/le-cameroun-tient-son-premier-plan-strat%C3%A9gique-national-de-sant%C3%A9-communautaire-c86229c295bb>
- Saving life as Community Health Worker for the populations of Azire-Bamenda, Northwest region <https://unicefcameroon.medium.com/saving-life-as-community-health-worker-for-the-populations-of-azire-bamenda-northwest-region-445dddde63c1>
- Ensuring quality hygiene, an emergency for children affected by conflict <https://unicefcameroon.medium.com/ensuring-quality-hygiene-an-emergency-for-children-affected-by-conflict-41c53bcd3899>
- Bonne rentrée scolaire à tous les élèves et enseignants du Cameroun et plein succès pour cette année <https://unicefcameroon.medium.com/bonne-rentre%C3%A9e-scolaire-%C3%A0-tous-les-%C3%A9l%C3%A8ves-et-enseignants-du-cameroun-et-plein-succ%C3%A8s-pour-cette-d362bca86f6b>
- Les radios communautaires relais des bonnes pratiques pour le développement optimal des enfants dura <https://unicefcameroon.medium.com/les-radios-communautaires-relais-des-bonnes-pratiques-pour-le-d%C3%A9veloppement-optimal-des-enfants-27279b6a97bf>
- Drinking water flows at the Government Bilingual High School (G.B.H.S) Mbouda <https://unicefcameroon.medium.com/drinking-water-flows-at-the-government-bilingual-high-school-g-b-h-s-mbouda-a13bf330d3d4>
- Ending cholera: Community health workers are working on it <https://unicefcameroon.medium.com/ending-cholera-community-health-workers-are-working-on-it-52eec4dea097>
- Faire des Communes des lieux où les droits de l'enfant font partie intégrante des politiques, décisi <https://unicefcameroon.medium.com/faire-des-communes-des-lieux-o%C3%B9-les-droits-de-lenfant-font-partie-int%C3%A9grante-des-politiques-3188c50201e2>

HAC APPEALS AND SITREPS

- Cameroon Appeals
<https://www.unicef.org/appeals/cameroon>
- Cameroon Situation Reports
<https://www.unicef.org/appeals/cameroon/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: 18 01 2023

ANNEX A SUMMARY OF PROGRAMME RESULTS

Sector			UNICEF and IPs response			Cluster/Sector response		
Indicator	Disaggregation	Total needs	2022 targets	Total results	Progress	2022 targets	Total results	Progress
Health								
Children aged 6 to 59 months vaccinated against measles	Total	190,411	190,411	10,048	▲ 3%	-	-	-
Children and women accessing primary health care in UNICEF-supported facilities	Total	130,000	130,000	-	0%	-	-	-
Household assisted with longlasting treated bednets	Total	-	89,614	1,383	▲ 2%	-	-	-
Children aged under five with pneumonia treated at primary health care facilities and in communities with oral antibiotics	Total	-	12,764	3,085	▲ 24%	-	-	-
	Boys	-	-	2,858	-	-	-	-
	Girls	-	-	227	-	-	-	-
Children aged under five with acute watery diarrhoea who received treatment	Total	-	17,215	1,216	▲ 7%	-	-	-
	Boys	-	-	846	-	-	-	-
	Girls	-	-	370	-	-	-	-
Nutrition⁷								
Children aged 6 to 59 months with severe acute malnutrition admitted for treatment	Total	64,407	64,407	60,064	▲ 26% ⁸	59,704	61,847	▲ 31% ^{9,10}
	Boys	-	-	29,674	-	-	30,347	-
	Girls	-	-	30,390	-	-	31,058	-
Children aged 6 to 59 months screened for wasting	Total	150,000	50,000	37,864	0% ¹¹	100,000	37,864	0% ¹²
Pregnant women receiving preventative iron supplementation	Total	245,000	157,000	60,870	▲ 30% ¹³	197,078	60,981	▲ 24% ¹⁴
Children aged 6 to 59 months receiving multiple micronutrient powders	Total	243,000	165,549	69,549	▲ 32% ¹⁵	165,413	69,549	▲ 32% ¹⁶
Child protection								
Children and parents/caregivers accessing mental health and psychosocial support	Total	1 million	341,000	18,742	▲ 2%	489,690	60,266	▲ 3%
	Boys	-	-	7,198	-	-	21,950	-
	Girls	-	-	8,184	-	-	28,925	-
	Women	-	-	2,215	-	-	5,702	-
	Men	-	-	1,145	-	-	3,689	-

Sector			UNICEF and IPs response			Cluster/Sector response		
Indicator	Disaggregation	Total needs	2022 targets	Total results	Progress	2022 targets	Total results	Progress
Women, girls and boys accessing gender-based violence risk mitigation, prevention and/or response interventions	Total	726,168	175,413	17,773	▲ 3%	196,395	34,642	▲ 5%
	Boys	-	-	2,966	-	-	6,449	-
	Girls	-	-	4,675	-	-	9,867	-
	Women	-	-	7,979	-	-	12,902	-
	Men	-	-	3,974	-	-	5,424	-
People who have access to a safe and accessible channel to report sexual exploitation and abuse by aid workers	Total	1 million	825,111	7,119	0%	1 million	24,034	▲ 1%
	Boys	-	-	1,073	-	-	4,865	-
	Girls	-	-	1,542	-	-	14,993	-
	Women	-	-	2,186	-	-	2,603	-
	Men	-	-	1,514	-	-	1,582	-
Unaccompanied and separated children accessing family-based care or a suitable alternative	Total	-	8,500	489	▲ 3%	11,685	607	▲ 3%
	Boys	-	-	177	-	-	289	-
	Girls	-	-	224	-	-	318	-
Education								
Children accessing formal or non-formal education, including early learning	Total	848,400	478,800	49,804	▲ 7%	644,000	282,999	▲ 13%
	Boys	-	-	22,363	-	-	157,433	-
	Girls	-	-	27,441	-	-	125,566	-
Children receiving individual learning materials	Total	1.5 million	321,300	85,001	0%	1.1 million	88,561	0%
	Boys	-	-	46,309	-	-	47,904	-
	Girls	-	-	38,692	-	-	40,657	-
Children accessing psychosocial support in their schools/leaving programmes	Total	1.5 million	315,000	244,275	▲ 12%	1.1 million	265,919	▲ 5%
	Boys	-	-	132,747	-	-	145,776	-
	Girls	-	-	111,528	-	-	120,143	-
WASH								
People accessing a sufficient quantity of safe water for drinking and domestic needs	Total	1.4 million	190,000	57,720	▲ 22%	1.1 million	183,767	▲ 8%
	Boys	-	-	21,073	-	-	54,371	-
	Girls	-	-	21,073	-	-	54,419	-

Sector			UNICEF and IPs response			Cluster/Sector response		
Indicator	Disaggregation	Total needs	2022 targets	Total results	Progress	2022 targets	Total results	Progress
	Women	-	-	7,485	-	-	27,201	-
	Men	-	-	7,347	-	-	30,212	-
People use safe and appropriate sanitation facilities	Total	1.6 million	162,000	5,717	▲ 2%	565,510	36,583	▲ 1%
	Boys	-	-	1,713	-	-	9,993	-
	Girls	-	-	1,680	-	-	10,860	-
	Women	-	-	1,270	-	-	7,356	-
	Men	-	-	1,054	-	-	6,653	-
People reached with critical WASH supplies	Total	1 million	390,000	99,558	▲ 4%	735,155	220,707	▲ 10%
	Boys	-	-	27,546	-	-	53,093	-
	Girls	-	-	51,272	-	-	82,237	-
	Women	-	-	12,741	-	-	50,235	-
	Men	-	-	7,999	-	-	39,039	-
Social protection								
Households reached with UNICEF-funded multi-purpose humanitarian cash transfers	Total	2,000	-	-	-	-	-	-
Households benefitting from new or additional social transfers from governments with UNICEF technical assistance support	Total	1,100	-	-	-	-	-	-
Cross-sectoral								
People with access to established accountability mechanisms	Total	123,767	123,767	397	0%	-	-	-
People reached through messaging on prevention and access to services	Total	3.2 million	3.2 million	62,833	▲ 1%	-	-	-
People participating in engagement actions for social and behavior change	Total	640,000	640,000	2,208	0%	-	-	-

ANNEX B FUNDING STATUS

Sector	Requirements	Funding available			Funding gap	
		Humanitarian resources received in 2022	Other resources used in 2022	Resources available from 2021 (carry over)	Funding gap (US\$)	Funding gap (%)
Nutrition	11174622	0	56364	206828	10911430	98%
Health and HIV and AIDS	5064772	738000	500000	2302374	1524398	30%
Water, sanitation and hygiene	23519497	1089651	0	2546521	19883325	85%
Child protection, GBVIE and PSEA	16968184	26550	0	1029373	15912261	94%
Education	8661283	0	0	559165	8102118	94%
Social protection and cash transfers	4362291	48000	0	30289	4284002	98%
Emergency preparedness	1717200	1015048	0	918922	-	0% ¹⁷
Cross-sectoral (HCT, C4D, RCCE and AAP)	3434400	416721	0	1329849	1687830	49%
Cluster Coordination	1144800	0	0	0	1144800	100%
Total	76,047,049	3,333,970	556,364	8,923,321	63,233,394	83%

*repurposed other resources with agreement from donors

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ENDNOTES

1. CAMEROUN RAPPORT DE SITUATION DE LA GESTION DU CHOLERA N 29, Ministry of Public Health
2. Cameroon 2022 Humanitarian Response Plan
3. Cameroon 2022 Humanitarian Response Plan
4. CAMEROUN: STATISTIQUES DES PERSONNES RELEVANT DE LA COMPETENCE DU HCR - September 2022
5. CAMEROUN: STATISTIQUES DES PERSONNES RELEVANT DE LA COMPETENCE DU HCR - September 2022
6. This programme will be delivered in 64 municipalities in the ten regions of Cameroon, by a consortium led by UNICEF, UNHCR, UNESCO, Plan International, NRC and WFP
7. Results for wasting, pregnant women who received folic acid and iron supplement and MNP were recalculated to use the max over the given period. This explains why there could be a possible drop/change in results from last report.
8. Previous results for Nutrition was updated from 31,985 to 43,191.
9. Previous results for Nutrition sector was updated from 31,985 to 43,606
10. Sector results are lesser than UNICEF and implementing partners results because the cluster does not consider returnees in their response but UNICEF does.
11. Previous result was adjusted to show correct values given the change made in the calculation methodology of this results.
12. Previous result was adjusted to show correct values given the change made in the calculation methodology of this results.
13. Correction in calculation methodology of this results were made. Hence, previous results have changed from 88,690 to 60,870. For the period of July to September, 47,812 pregnant women received iron and folic acid supplement.
14. Previous result was adjusted to show correct values given the change made in the calculation methodology of this results.
15. Previous result for MNP was not recorded. As updated results, the max for MNP is 69,549 but for the period of July to September, the maximum number of children reached is 52,249.
16. Previous result was adjusted to show correct values given the change made in the calculation methodology of this results.
17. These funds include resources for emergency supply prepositions and resources for emergency response. The funds are prepositioned and distributed to sectors when need be. They can hence be overfunded at some point depending on the funds prepositioned at the time.