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Humanitarian Action for Children

unicef 

Cameroon

The humanitarian crisis in Cameroon has expanded from four regions in 2017 to eight in 2019;¹ and the situation of conflict-affected children in the South-West, North-West and Far North regions has worsened. Villages, social services such as schools and health facilities are under attack and children are not protected. In the South-West/North-West, 9 in 10 children have been out of school for three years,² between 23-65 per cent of hospitals are not functioning and in some areas, only 6 per cent of women are giving birth in health centres.³ Insecurity has disrupted vaccination 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 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. Along with chronic malnutrition, the North and Far North regions continued to report new cholera cases in 2019, with over 88 deaths.⁴ Rising insecurity threatens communities, children and humanitarian workers. The needs of 266,000 Central African refugees overburden health services, schools and water systems.⁵ 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.⁶ 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 2020

As of 30 June 2020, UNICEF has US\$7.2 million available against the US\$45.4 million appeal (16 per cent funded).⁷ This shortfall has severely limited means to reach children affected by the South-West/North-West and Lake Chad basin crises and refugees from the Central African Republic. This has resulted in low measles vaccination, limited availability of mental and psycho-social support services along with emergency education and learning materials. The continuity of multi-sector response for hard to reach IDP children in South-West/North-West and essential WASH services for victims of Boko Haram violence in Far North have ground to a halt for lack of funding. Since 1 January, using available resources 3,748 unaccompanied and separated children have been identified and/or placed into alternative care arrangements; 104,583 children and adults have benefited from the distribution of WASH kits; 28,917 children have been screened for SAM and admitted for treatment and 839 primary health care facilities have been supported to provide integrated management of acute malnutrition services. UNICEF partnered with an increasing number of local NGOs in key sectors including for cholera response in South-West, North and Far North regions. Since March, all response has been COVID-19 risk informed including adoption of cluster/sector standards.

Total people in need

6.2 million⁸

Total children (<18) in need

3.2 million⁹

Total people to be reached

701,340¹⁰

Total children to be reached

596,950¹¹

2020 programme targets

Nutrition

- 75,950 children aged 6 to 59 months affected by SAM admitted for treatment

Health

- 223,300 children aged 6 months to 15 years vaccinated against measles
- 222,106 people provided with anti-malaria drugs

WASH

- 77,500 people accessing safe water for drinking, cooking and personal hygiene
- 90,000 people accessing appropriate sanitation facilities
- 180,000 people provided with WASH kits

Child protection

- 141,483 children and caregivers accessing mental health and psychosocial support¹²
- 126,256 children and women accessing gender-based-violence-in-emergencies risk mitigation, prevention or response interventions.
- 2,222 unaccompanied and separated children accessing family-based care or appropriate alternative services

Education¹³

- 57,400 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
- 521,100 boys and girls aged 3 to 17 years and affected by crisis receiving learning materials
- 722,000 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 2020 targets	Sector total results	UNICEF 2020 targets ⁱ	UNICEF total results
NUTRITION				
Children aged 6 to 59 months with SAM admitted for treatment	72,500	28,121	75,950	28,917 ⁱⁱ
% children discharged as cured from integrated programmes for SAM treatment ⁱⁱⁱ	> 75%	87.5%	> 75%	87.5%
Primary health care facilities that deliver integrated management of acute malnutrition services	809	839	702	839
HEALTH				
Children immunized against measles			223,300	23,710
WATER, SANITATION AND HYGIENE				
Affected people accessing adequate basic sanitation	559,882	23,723	90,000	5,800
Affected people provided with WASH kits	694,291	176,255	180,000	104,583
People provided with sustainable access to safe drinking water	453,973	70,051	77,500	22,102
CHILD PROTECTION				
Children reached with mental health and psycho social support	350,330	96,671	141,483	62,944
Unaccompanied and separated children identified and/or placed in alternative care arrangements and/or who benefited from individual follow up	2,502	2,686	2,222	3,748
EDUCATION^{iv}				
Children aged 3 to 17 years affected by crisis accessing education	460,100	10,186	57,400	2,044
Children aged 3 to 17 years affected by crisis receiving learning materials	720,000	3,722	521,100	338
COMMUNICATION FOR DEVELOPMENT^v				
People reached through mechanisms to voice their needs/concerns			110,000	120
People reached with key life-saving and behaviour change messages			230,000	496,528

* Results are as of 30 June 2020.

ⁱ UNICEF targets may exceed sector targets where UNICEF is targeting populations in refugee camps.

ⁱⁱ See Footnote 14.

ⁱⁱⁱ 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.

^{iv} 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.

^v There is no sector group working on communication for development in emergencies.

Funding requirements

UNICEF is requesting US\$45.4 million within this revised HAC to address the critical needs for the remainder of 2020. The downward adjustment from US\$48.9m is due primarily to curtailed access opportunities for education in South-West and North-West regions the became more evident in December 2019. Further assessment findings emerging from completion of the HNO in December obliged recalculations in budgets for Health and Child Protection sectors. The requirements are aligned with the GHRP/COVID-19 HAC (June 2020). The amount requested includes US\$1 million to support cluster coordination for the South-West/North-West response.

Appeal Sector	Original 2020 HAC Requirement (US\$)	Revised 2020 HAC Requirement (US\$)	Funds Available (US\$)	Funding Gap	
				US\$	%
Nutrition	7,745,000	7,500,000	152,787	7,347,213	98 ¹⁴
Health/HIV	8,993,000	8,698,000	533,348	8,164,652	61
Water, sanitation and hygiene	6,466,000	6,721,000	1,402,848	5,318,152	79
Child protection	11,353,000	11,058,000	2,841,561	8,216,439	74
Education	10,590,000	7,753,000	530,785	7,222,215	93
Communication for development	2,815,000	2,715,000	105,000	2,610,000	96
Emergency Preparedness and Response	975,000	1,000,000	926,003	73,397	7
Total	48,937,000	45,445,000	6,492,332	38,952,668	86

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

² Education sector assessment report, August 2019.

³ Rapid Response Mechanism field report, July 2019.

⁴ Government of Cameroon, Ministry of Health, 'Cholera Report No. 49', September 2019.

⁵ Office for the Coordination of Humanitarian Affairs Cameroon, Humanitarian Needs Analysis for East and Adamaoua regions, September 2019. Also see SMART survey preliminary results, UNICEF, KFW, German Cooperation, Gov of Cameroon, December, 2019.

⁶ 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.

⁷ Available funds include US\$ 3.8 million received against the 2020 appeal and US\$ 3.4 million carried forward from 2019.

⁸ Office for the Coordination of Humanitarian Affairs, 'Cameroon: Revised 2020 Humanitarian Response Plan, OCHA, June 2020.

⁹ This is calculated based on people under 18 years representing 52 per cent of the population. BUCREP report, 2019

¹⁰ This was calculated based on the total children to be reached plus the adult population to be targeted with anti-malaria drugs (47 percent of 222,106). Based on the BUCREP report, 50.6 percent of the population are women/girls leading to a disaggregated target of 354,878 women/girls and 346,662 men/boys.

¹¹ This calculation is based on the number of children aged 6 to 59 months targeted for SAM treatment (75,950) plus the maximum number of boys and girls (aged 5 to 17 years) targeted for learning materials (521,000). This includes a disaggregated target of 302,056 girls and 294,893 boys.

¹² This includes 128,630 children and 12,870 caregivers accessing mental health and psychosocial support.

¹³ Note, initial targets for quality formal or non-formal education proved unrealistic due to deepening access constraints in South-West and North-West. In late 2019, the strategy was to target children otherwise unable to go to school because of closure (mostly in insecure zones). However, hoped for openings for 'in situ' non-formal education remain opposed and the situation remains deeply politicized. It was decided to limit the activity of accessing quality formal or non-formal basic education to a more realistic target. On the other hand, greater investments have been made in teacher training (in secure areas, i.e. Douala and Bafoussam) in anticipation of eventual school re-opening.

¹⁴ Results achieved was in part thanks to other resources received through other types of funding, of which \$5 million was programmed for HAC activities

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