

**Republic of Cameroon**  
**Consolidated Emergency Report**



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## Table of Content

Abbreviations And Acronyms .....	3
Executive Summary .....	4
UNICEF Humanitarian strategy in 2018.....	4
Humanitarian Results for .....	5
Lake Chad Basin Crisis.....	5
NUTRITION .....	5
HEALTH.....	5
WATER, SANITATION AND HYGIENE (WASH) .....	5
CHILD PROTECTION.....	6
EDUCATION.....	6
C4D .....	7
Central African Refugee Situation.....	7
NUTRITION .....	7
EDUCATION .....	7
WATER, SANITATION AND HYGIENE (WASH) .....	7
CHILD PROTECTION.....	8
Summary of program results.....	8
Situation Overview in the NW and SW .....	14
NUTRITION .....	14
EDUCATION .....	14
WATER, SANITATION AND HYGIENE (WASH) .....	14
CHILD PROTECTION.....	14
HEALTH.....	14
C4D .....	15
Third Party Monitoring.....	15
NW/SW crisis Program results.....	16
Financial Analysis.....	16
Funding status against the Appeal by Sector.....	17
Funding by donor and funding type.....	18
Expression of Thanks.....	19
Future Work Plan.....	19
Annex; Human Interest Stories.....	20

## Abbreviations and Acronyms

CAR	Central African Republic
CDRR	Conflict and Disaster Risk Reduction
CLTS	Community-Led Total Sanitation
CPiE	Child Protection in Emergencies
DTM	Displacement Tracking Matrix
ECHO	European Civil Protection and Humanitarian Aid Operations
IDPs	Internally Displaced Persons
IOM	International Organization of Migration
HAC	Humanitarian Action for Children
LLIN	Long Lasting Insecticidal Nets
NGO	Non-Governmental Organization
ODF	Open Defection Free
PSS	Psychosocial Support
REP	Radio Education Programme
RUTF	Ready-to-Use Therapeutic Food
SAM	Severe acute malnutrition
SASNIM	National Maternal and Child Health & Nutrition Week
SIDA	Swedish International Development Cooperation Agency
TLPS	Temporary Learning and Protective Spaces
UASC	Unaccompanied and Separated Children
UAC	Unaccompanied Children
UNICEF	United Nations Children's Fund
WASH	Water, Sanitation & Hygiene
LCB	Lake Chad Basin
NW	North West
SW	South West
KAP	Knowledge, Attitude and Practice
C4D	Communication for Development

## Executive Summary

UNICEF Cameroon delivered humanitarian assistance against targets outlined in the HAC, which focused on identifying and assessing the needs of the most vulnerable crisis-affected populations, and providing a response based on the UNICEF Core Commitments for Children. As of 31 December 2018, UNICEF Cameroon had US\$7.2 million available against the US\$25.5 million appeal (28% funded). Unfortunately, funding gaps did not allow UNICEF Cameroon to reach all the HAC targets, while the humanitarian situation continued to increase. At the end of December 2018, the number of internally displaced people in the Far North region was 245,725 in the North West and South West was 437,515. While the numbers of returnees are increasing in the Far North region, taking the figure to 105,906 at the end of December 2018. Humanitarian access has remained a significant challenge in the North West and South West due to the complication of the crisis and difficult access in the hard to reach areas.

According to the DTM (IOM Displacement Tracking Matrix Round 16, November 2018), as of November, the total number of people displaced are 392,027 out of whom 245,725 IDPs, 40,396 out of camp refugees and 105,906 returnees. Logone and Chari remains the division which hosts the highest number of affected population followed by Mayo Sava division.

In 2018, the flexible funding was key to enabling the office to immediately respond to the cholera outbreak on the 14 of July 2018. As of December, a total of 991 cases and 58 deaths have been reported in Cameroon, out of which 633 cases with 40 deaths, and 279 cases and 17 deaths are recorded respectively in the North and Far North regions, according to the Ministry of Public Health (Situation Report 21 December 2018). Since the declaration of cholera outbreak in July, UNICEF has been collaborating with the regional health delegations of the North and Far North regions for cholera coordination and responses. UNICEF continues to implement sensitisation activities and provide WASH kits in the affected areas in these regions.

Since November, the Far North region is facing a **measles epidemic** in Kousseri health district in Logone and Chari division. As of December, 159 cases, including three deaths have been reported (Ministry of Public Health, Situation Report 29 December 2018). UNICEF has provided 59,690 measles vaccines to the Far North regional health delegation. In addition, UNICEF plans to conduct an immunisation campaign at the beginning of January.

In the **North West and South West regions**, UNICEF's implementation of programmes in health, WASH, child protection and communication for development continues with the distribution of WASH kits and mosquito nets as well as child protection and community sensitisation activities. Since August, UNICEF has successfully reached more than 47,000 people, including those who are in hard-to-reach areas, notwithstanding strong access constraints and limited acceptability in these regions remains a problem. Humanitarian assistance continues in the Lake Chad Basin and also amongst the Central African refugees in the East region of Cameroon.

## UNICEF Humanitarian Strategy in 2018

UNICEF's humanitarian strategy for 2018 is organised around 4 pillars, which is designed to strengthen humanitarian action and development programming:

- Building a protective environment and supporting community peacebuilding,
- Preventing and responding to violence against exploitation of children,
- Increasing access to basic services,
- Strengthening government systems in councils and build the capacities of communities.

The goal was to establish linkages between community-based mechanisms and government structures to reinforce local resilience. Where community structures are unable to absorb shocks, UNICEF supported community-based associations and sub-regional governments to deliver services and establish coordination mechanisms. This helped to strengthen social cohesion by ensuring that both affected populations and host communities have access to services. Third, UNICEF and partners provided an integrated, rights-based assistance package to the most conflict-affected populations. In all aspects of its

humanitarian response, UNICEF strengthened accountability to affected populations, by meeting with communities directly, where possible, and working through third-party monitors to ensure effective programme delivery. UNICEF served as a leader in the effort to prevent sexual exploitation and abuse and protect affected populations

#### **- Humanitarian Results**

In 2018, UNICEF continued to strengthen government and community response capacity by implementing integrated emergency response package to vulnerable people including refugees, IDPs and host communities. The flexible funding mechanism for emergencies helped in ensuring the continuity of the emergency response in the Far North, East and the new response in the North West and South West regions. UNICEF helped to strengthen coordination of the emergency response by co-leading, in partnership with the government, stakeholder groups in nutrition, Education, WASH and Child protection in the North, Far North and East region. UNICEF provided adequate life-saving interventions by building strong partnership and coordination mechanism through sector leads.

UNICEF humanitarian assistance primarily focuses on IDPs, out-of-camp Nigerian refugees and host communities affected by the violence caused by armed groups as well as the refugees who fled the armed conflict in Central African Republic (CAR).

#### ***Lake Chad Basin (LCB) Crisis***

##### **Nutrition**

In 2018, UNICEF provided support to 552 health centers (349 in the Far North and 203 in the North) for the treatment of severe acute malnutrition (SAM). Within this framework, a total of 62,626 children aged 6-59 months were admitted across these UNICEF-supported health centres 44,334 in the Far North, 18,292 in the North) for the treatment of SAM, with performance indicators in line with SPHERE standards.

In addition, a total of 9,421 people (2,556 men and 6,865 women) were sensitised on Infant and Young Child Feeding (IYCF) and improved sanitation practices in health districts most impacted by displacements (Kolofata, Koza, and Mora in the Far North region).

##### **Health**

In 2018, 8,877 children aged 0-11 years were vaccinated against measles in Mokolo, Koza, Mora and Kolofata health districts including 1,315 children for the month of December. By December, 3,460 pregnant women have received Long Lasting Insecticidal Nets (LLINs) in Mayo Sava and Mayo Tsanaga divisions (Far North region).

##### **WASH**

In 2018, the country has recorded 1,022 cases of cholera (with 46 deaths). Most affected regions are the North and Far North with 591 and 280 respectively. The gradual scaling up of the “shield and sword” strategy initiated by the Programme and its appropriation by the Government structures was instrumental in controlling the epidemic. The programme has supported the activation and coordination of the emergency response at all levels, the purchase, pre-positioning and distribution of WASH kits (including cholera related C4D tools) to all health districts of the country, local community radio broadcasting messages, advocacy, promotion of good practices, training of stakeholders of most vulnerable municipalities (including health/hygiene staffs and NGOs social workers) on cholera prevention and response. Agreements were also signed with the NGOs; AP2D, CRC, UNOADD and Solidarites International for awareness creation and sensitization, distribution of WASH kits in key hotspots, households and community surveillance by community health workers, reporting and monitoring of case management. As a result, 1,594 Community volunteers were trained and contributed to reach 691,173 persons in affected health districts with key messages.

As for the WASH response to IDPs, the construction of 72 latrines in the IDP site in Zamaï has started in partnership with a national NGO, Public Concern. In partnership with Solidarités Internationale, approximately 10,619 IDPs and host populations benefited from 1,500 buckets with lids, 1,500 plastic



kettles, 3,000 cups, 1,500 aqua tabs pack, 1,500 defecation pots and 1,0512 soaps distributed in Koza and Soulede Roua sub-divisions in Mayo Tsanaga Division. About 13,000 vulnerable peoples, including refugees and Kolofats's IDPs have access to safe drinking water through the construction/rehabilitation of 17 water points. To increase access to adequate sanitation facilities in target areas, the programme has supported the construction of 36 gender sensitive blocks of latrines equipped with hand-washing devices for the benefit of 7 schools (2,200 school children and teachers) and 16 health/nutrition centers (about 17,000 patients and health personnel) and 170 blocks of emergency latrines in Kolofata IDPs site.

Despite the low funding of the WASH component of the Humanitarian Response Plan and the onset of an unplanned cholera outbreak, the sector has been able to reach approximately 23% and 29% of its targets respectively in the water sector and hygiene promotion. The low progress was registered in sanitation (only 3% of target reached). For 2019, focus will be on improving WASH situation by providing assistance to IDPs.

## Education

In December 2018, UNICEF provided school materials to 30,149 children in Mora (Mayo Sava division), Kousseri (Logone and Chari division) and Mokolo (Mayo Tsanaga division) sub-divisions. These materials are composed of exercise books, pens, pencils, chalk, rulers, erasers, sharpeners and plastic bags.

In 2018, UNICEF responded to the humanitarian education needs of children in Logone and Chari, Mayo Sava and Mayo Tsanaga divisions in the Far North region through: trainings of teachers, construction of classrooms in Sabangari, Lafia, Terbou, provision of teaching and learning materials, Accelerated Learning Programmes (ALP) and the broadcasting of 72 literacy and 69 math lessons through Radio Education Programme (REP) for out of school children. A total of 980 children (450 girls and 530 boys) benefited from the REP.

As a result of UNICEF's interventions in 2018, 531 teachers (80 female, 451 male) gained or strengthened their knowledge and competencies of psychosocial support, mine risk as well as conflict and disaster risk reduction (C/DRR) education, resulting in 34,515 children receiving psychosocial support and C/DRR services. 1,458 children (715 girls and 743 boys) participated and graduated from accelerated curriculums to be integrated in the formal school system; approximately 900 children benefited from new classrooms constructed with financial and technical support from UNICEF. Thus, throughout 2018, a total of 145,648 IDPs, refugees and host communities' children (69,911 girls and 75,737 boys) were reached with education services through ALP, REP as well as community mobilisation and sensitisation.

## Child Protection

Over the course of 2018, 417,394 children benefited psychosocial support out of 321,073 targeted. This achievement can be linked to the numerous attacks and subsequent population movements observed in 2018. As a result, Child Friendly Spaces (CFS) and other community safe spaces received more children than expected. Furthermore, only two implementing partners had been initially targeted (CODAS and ALDEPA) at the time of the planning. However, in agreement with CERF funds, international NGO International Medical Corps (IMC) was later added as an implementing partner, which gave us larger coverage and access to other bordering villages (Limani, Amchide, Koza) to reach many more children through CFS/safe spaces.

In addition, a of total of 4,855 unaccompanied and separated children were identified and supported throughout 2018, against 3,508 planned (138 %). This result can be explained in the same way as for the previous indicators: with IMC as a new implementing partner and subsequent access to Limani, Amchide and Koza, more UASC have been identified than originally planned.

Regarding children suspected of association with armed groups, in 2018 a total of 316 were identified and supported out of 180 planned (178%). All of these children received psychosocial support and material assistance (hygienic kits, clothes and bathing slippers).

### **Communication for Development (C4D)**

Given the persistence of the cholera outbreak, sensitisation on cholera prevention was intensified and expanded in almost all of the health districts in the North region in 2018. December monthly results are not yet reported from the implementing partner, however, as of November 2018, more than 1.3 million people have been sensitised on cholera prevention in the North and Far North regions.

### ***CAR Refugee Situation***

#### **Nutrition**

In 2018, IMAM activities were conducted in 124 and 140 health facilities respectively in the East and Adamawa regions. Throughout 2018, a total of 12,835 children aged 6-59 months (including 2,723 refugees from CAR) have been admitted for SAM treatment across UNICEF-supported health centres in the two regions.

#### **WASH**

Agreement signed with the NGO ADRA led to the improvement of sanitation conditions at household level through integrated CLTS approach launched Mbang municipality hosting CAR refugees. CLTS scaling up has been strengthened through the training of NGOs social workers on CLTS approach, the sensitization of about 60,000 community members on ODF impacts, good hygiene practices, menstrual hygiene management. Also, a Knowledge, Attitude and Practice (KAP) survey was conducted. In its fight against cholera, WASH key with key messages on good hygiene practices were distributed to vulnerable communities, including those hosting CAR refugees

Low achievements of WASH activities in 2018 is mainly because of the limited funding as only 31% of the funding was allocated for WASH component in 2018 Humanitarian Response Plan. With utilisation of development funds, approximately 56% of target were reached in water sector but merely 2% was met in hygiene promotion. For 2019, humanitarian response plan on WASH sector will be focused on assistance to new refugees and 15,181 CAR refugees hosted in 43 villages where there is no access to safe drinking water point.

#### **Education**

About 32,601 children (16,011 girls and 16,590 boys) benefited from school kits distributed in Bertoua, Mandjou, Garoua-Boulai, Betare Oya, Ndelele, Batouri, Ndenmnan sub-divisions (East region) and Meiganga, Djohong sub-divisions (Adamawa region) all through the support of UNICEF.

During the year 2018, the Education humanitarian response for the CAR refugees in the East and Adamawa regions focused on six host communities of refugees: Borgop and Ngam (Adamawa region), Gado, Lolo, Mbile and Timangolo (East region). In these communities, UNICEF implemented an 'Exit Strategy' which permitted refugee children learning at Temporal Learning Spaces (TLS) to attend the regular schools of host communities, thus attaining a more sustained learning environment with guaranteed quality. Due to the implementation of the strategy, schools in these host communities increased from 11 to 22, and 50 new teachers were assigned to these schools. Furthermore, UNICEF also conducted community mobilisations and sensitisation activities on the importance of education especially that of the girl child in these six communities.

## Child Protection

During 2018, UNICEF and its partners provided technical support to the regional delegation of social affairs of the East region to engage both humanitarian and development actors working on the framework of child protection system, ensuring operational coordination of interventions and addressing humanitarian needs as well as strengthening conflict-affected children's resilience. Throughout 2018, 3,149 children (1,669 boys and 1,480 girls), benefitted from psychosocial support, which represent 21% of the targeted children affected by CAR crisis. 442 unaccompanied and separated children (32 UAC, including 17 girls and 15 boys, and 410 SC, including 175 girls and 235 boys) (221% of the annual target) were identified and followed up through alternative care, psychosocial support, home visits, referral for reunification.

In 2019, UNICEF's child protection programme in the East and Adamawa regions will continue to strengthen the child protection system to prepare for potential massive influxes of refugees. Emphasis will also be put on emerging issues of protection or issues exacerbated by the crisis in the Central African Republic such as sexual and economic exploitation of children, and child labour in mines.

### Summary of Program Results- Lake Chad Basin Crises and CAR refugee Situation

Summary of Program Results - Lake Chad Basin Crises and IDP/Refugee Situation							
National	Overall Needs	Sector Response			UNICEF		
		2018 Target	Total Results	Change since last report ▲ ▼	2018 Target	Total Results	Change since last report ▲ ▼
WATER, SANITATION & HYGIENE							
Number of people provided access to water for drinking, cooking and personal hygiene	826,000	306,000	86,107	34,407	40,000	8,107	2,107
Number of people provided with access to appropriate sanitation	696,000	528,000	30,852	6,715	75,000	15,296	4,542
Number of people provided with WASH kits*	592,000	440,000	102,397	26,034	200,000	74,792	17,409
EDUCATION							
Number of school-aged children 4-17, including adolescents, accessing education in a safe and protective learning environment.	610,000	411,000	164,647	0	280,000	162,705	0
Number of school aged children 4-17 year benefiting from teaching and learning materials	494,000	250,000	87,607	62,750	150,000	87,607	62,750
Number of children who benefited from the services of teachers who are trained in psychosocial support and conflict and disaster risk reduction.	494,000	336,000	39,582	0	280,000	39,582	0
HEALTH							
Number of children immunized against measles					61,487	8,877	4,942
Number of pregnant women that have received 2 Long Lasting Insecticidal Nets (LLINs )					23,457	3,460	1,231
NUTRITION							
Number of children aged 6 to 59 months with SAM admitted for treatment	44,728	38,646	74,483	15,624	40,482	78,679	16,396



Performance of integrated program for severe acute malnutrition treatment		>75%	86.3%	-1.7%	>75%	86.3%	-1.7%
<b>CHILD PROTECTION</b>							
Number of children reached with psychosocial support through child friendly/safe spaces (girls and boys)			322,718	33,191	85,000	159,255	16,856
Number of children suspected or verified associated with an armed group (including children released from detention) provided with temporary care or family / community reintegration support			238	37	70	142	12
Number of Unaccompanied and Separated Children (UASC) identified and/or placed in alternative care arrangements and/or who benefited from individual follow-up (SC/ UAC ; girls / boys)			4614	397	1,200	1,770	128
Number of Unaccompanied Children reunified with families (girls and boys)			98	24	150	68	19
Number of conflict affected children provided with Birth Certificate			6965	70	12,000	4558	67
<b>Communication for Development (C4D)</b>							
# of person (IDPs and host communities) reached with information about WASH / health / nutrition / education services (behavior/best practices) through community-based social mobilization and/or outreach activities					235,913	1,317,961	0
# of community leaders (traditional leaders, local political leaders, religious leaders, teachers/principals, etc) participating as agents of social mobilization at community level					500	756	0

## Lake Chad Basin Crisis (Far North)

Sector	Overall needs	Sector Response			UNICEF and IPs		
		2018 Target	Total Results	Change since last report ▲▼	2018 Target	Total Results	Change since last report ▲▼
WATER, SANITATION & HYGIENE							
Number of people provided access to water for drinking, cooking and personal hygiene	534,000	261,000	60,900	25,500	30,000	5,100	600
Number of people provided with access to appropriate sanitation	556,000	455,000	14,860	167	50,000	6,800	0
Number of people provided with WASH kits*	472,000	350,000	100,333	26,034	180,000	72,728	17,409
EDUCATION							
Number of school-aged children 4-17, including adolescents, accessing education in a safe and protective learning environment.	400,000	210,000	145,648	0	180,000	145,648	0
Number of school aged children 4-17 year benefiting from teaching and learning materials	342,000	130,000	54,046	30,149	85,000	54,046	30,149
Number of children who benefited from the services of teachers who are trained in psychosocial support and conflict and disaster risk reduction.	342,000	196,000	39,582	0	180,000	34,515	0
HEALTH							
Number of children immunized against measles					43,568	8,877	1,315
Number of pregnant women that have received 2 Long Lasting Insecticidal Nets (LLINs )					13,582	3,460	0
NUTRITION							
Number of children aged 6 to 59 months with SAM admitted for treatment in Far North	23,945	21,465	44,326	8,819	21,555	45,052	8,917
Number of children aged 6 to 59 months with SAM admitted for treatment in North	12,093	10,884	18,960	4,648	11,012	19,490	4,764
Performance of integrated program for severe acute malnutrition treatment in Far North: cured rate	>75%	>75%	90.3%	-3.0%	>75%	90.3%	-3.0%
Performance of integrated program for severe acute malnutrition treatment in North : cured rate	>75%	>75%	81.4%	-3.2%	>75%	81.4%	-3.2%
CHILD PROTECTION							
Number of children reached with psychosocial support through child friendly/safe spaces (girls and boys)		251,073	319,569	32,982	70,000	156,106	16,647
Number of children suspected or verified associated with an armed group (including children released from detention) provided with		110	238	37	70	142	12

temporary care or family / community reintegration support							
Number of Unaccompanied and Separated Children (UASC) identified and/or placed in alternative care arrangements and/or who benefited from individual follow-up (SC/ UAC; girls / boys)		2,508	4,172	397	1,000	1,328	128
Number of Unaccompanied Children reunified with families (girls and boys)		376	98	24	150	68	19
Number of conflict affected children provided with Birth Certificate		12,500	6,965	70	9,000	4,558	67
<b>Communication for Development (C4D)</b>							
# of person (IDPs and host communities) reached with information about WASH / health / nutrition / education services (behavior/best practices) through community-based social mobilization and/or outreach activities					235,913	1,317,961	0
# of community leaders (traditional leaders, local political leaders, religious leaders, teachers/principals, etc) participating as agents of social mobilization at community level					500	756	0

#### CAR Refugee Situation

CRK Refugee Situation

Sector	Overall needs	Sector Response			UNICEF and IPs		
		2018 Target	Total Results	Change since last report ▲▼	2018 Target	Total Results	Change since last report ▲▼
WATER, SANITATION & HYGIENE							
Number of people provided access to water for drinking, cooking and personal hygiene	292,000	45,000	25,207	8,907	10,000	3,007	1,507
Number of people provided with access to appropriate sanitation	140,000	73,000	15,992	6,548	25,000	8,496	4,542
Number of people provided with WASH kits	120,000	90,000	2,064	0	20,000	2,064	0
EDUCATION							

Number of school-aged children 4-17 years, including adolescents, accessing education in a safe and protective learning environment	210,000	201,000	18,999	0	100,000	17,057	0
Number of school aged children 4-17 years, benefiting from teaching and learning materials	152,000	120,000	33,561	32,601	65,000	33,561	32,601
Number of children who benefited from the services of teachers who are trained in psychosocial support and conflict and disaster risk reduction.	152,000	140,000	0	0	100,000	0	0
<b>HEALTH</b>							
Number of children immunized against measles					17,919	0	0
Number of pregnant women that have received 2 Long Lasting Insecticidal Nets (LLINs )					9,875	0	0
<b>NUTRITION</b>							
Number of children aged 6 to 59 months with SAM admitted for treatment in East and Adamawa regions	8,690	6,297	11,197	2,157	7,915	14,137	2,715
Performance of integrated program for severe acute malnutrition treatment in East and Adamawa : cured rate	>75%	>75%	87.4%	1.2%	>75%	87.4%	1.2%
<b>CHILD PROTECTION</b>							
Number of children reached with psychosocial support through child friendly/safe spaces (girls and boys)			3,149	209	15,000	3,149	209
Number of Unaccompanied and			442	0	200	442	0

Separated Children (UASC) identified and/or placed in alternative care arrangements and/or who benefited from individual follow-up (SC/ UAC; girls / boys)							
Number of conflict affected children provided with Birth Certificate			0	0	3,000	0	0



## **Situation Overview in the North West and South West**

In August 2018, UNICEF started its intervention in the NW and SW regions, however, implementation of its programmes has been considerably influenced by security situation and access constraints. Moreover, UNICEF's activities in these regions had to be upheld before and during the electoral period, corresponding from mid-September to the end of October. Notwithstanding these challenging circumstances, UNICEF has launched its programmes in health, WASH, child protection and communication for development to provide WASH kits and mosquito nets as well as child protection and sensitisation activities. From August to December, at least 47,000 people have benefited from these supports.

On 11 and 13 December, UNICEF held coordination meetings with its implementing partners respectively in Bamenda (NW region) and Buea (SW region). The meeting covered access and acceptance issues, reporting and information sharing, and coordination arrangements for the newly activated clusters. Partners reported that greater access and acceptance have been gained recently in the SW region compared with the NW region. In 2019, partner coordination meetings are to be held monthly to improve coordination among partners and UNICEF.

## **Analysis of Programme Response**

UNICEF humanitarian assistance primarily focuses on IDPs in the regions of NW and SW and is extending to the Littoral and West regions, affected by crisis as bordering regions of NW and SW.

### **Nutrition**

Discussions are underway with potential partners of the nutrition cluster for the implementation of a rapid nutrition assessment in the NW and SW regions. In December, UNICEF has provided Ready-to-Use Therapeutic Food (RUTF) and essential drugs to Action Contre la Faim (ACF) for nutrition response in the SW region.

### **Health**

In Meme division (Kumba, Mbongue and Konye sub-divisions) 603 families received Mosquito nets. Identification and capacity assessment of more potential Health partners is ongoing for the NW and SW regions.

### **WASH**

In hard to reach areas in the SW region, an additional 7,335 people (cumulative total of 30,000 people), received 2,880 WASH kit with key hygiene messages, and 2,870 women and girls received menstrual hygiene management kits (sanitary pad and soap), and 191 pregnant women and 659 families with children under 5 received LLIN. The Programme also facilitated/supported sector group workshops/meetings, the coordination of WASH response at all levels and the activation and coordination of the WASH Cluster in the North-West and South-West regions.

WASH assessments continued to be carried out by partners in the NW (Plan International) and SW (Reach Out and Caritas) regions to plan next distributions.

### **Education**

During 2018, UNICEF provided financial and technical support for Plan International and the regional delegations of Littoral and West regions to; (1) conduct a five-day training of trainers (ToT) and three-day teachers training on psychosocial support and conflict and disaster risk reduction; (2) carry out needs assessments in 21 primary and nine secondary schools. In addition, UNICEF Education team conducted a mission to the SW region in order to collect information on potential partners for education and to identify possible intervention areas for further action.

### **Child Protection**

In 2018, a total of 17,587 boys and girls benefitted from psychosocial support through child-friendly spaces, and adolescent clubs.

Identification and registration of unaccompanied and separated children (UASC) has been ongoing since the beginning of the interventions. A total of 527 UASC were identified and registered to benefit from basic needs and primary health support besides follow up with their host families and care givers by social workers.

#### Communication for Development (C4D):

Sensitisation activities are ongoing in the North West and South West on Essential Family Practices (EFP) and social cohesion. The sensitisation has reached 1,523 people in the NW (Ngo-Ketunjia, Mezam, Momo, Boyo and Menchum divisions) and 1,816 people in the SW (Fako, Meme, Manyu and Ndian divisions).

#### Third party monitoring (3PM)

In the NW region, Beruda conducted monitoring of both Child Protection programme (Plan International) and C4D programme (Shumas) in six communities; Mbingo (CP/C4D), Mentang (CP/C4D), Babungo (CP), Babessi village (C4D), Ngomgham/Mankon (CP) and Musang (CP).

In the SW region, insecurity in Mamfe made the entire monitoring very challenging as movements were often limited and thus enumerators had to discontinue carrying out the activities. Inadequate and no sensitisation in certain areas also delayed the monitoring process of enumerators as they had to take time to explain about their monitoring purposes to NSAGs and beneficiaries. Despite the security challenges, AMEF completed 550 questionnaires covering the CP, C4D and WASH activities in Manyu and Meme divisions.

#### North West and South West Crisis Programme Results

Sector	Overall needs	Sector Response			UNICEF and IPs		
		2018 Target	Total Results	Change since last report ▲▼	2018 Target	Total Results	Change since last report ▲▼
WATER, SANITATION & HYGIENE							
Number of people provided access to water for drinking, cooking and personal hygiene		10,000	0	0	2,000	0	0
Number of people provided with access to appropriate sanitation		27,500	0	0	2,000	0	0
Number of people provided with WASH kits		125,000	38,640	13,400	120,000	30,000	7,335
EDUCATION							
Number of school boys and girls affected by the crisis who reportedly listen to 50% of the Radio Education Programme (REP) in the child friendly spaces (CFS)		20,000	0	0	20,000	0	0
Number of children who have access to education in a safe and protected environment		20,000	0	0	20,000	0	0

Number of children affected by the conflict who benefit from learning materials		20,000	0	0	20,000	0	0
<b>HEALTH</b>							
Number of children immunized against measles					72,260	0	0
Number of pregnant women that have received 2 Long Lasting Insecticidal Nets (LLINs )					50,000	6,721	603
<b>CHILD PROTECTION</b>							
Number of children reached with psychosocial support through child friendly/safe spaces (girls and boys)			17,587	7,767	28,350	17,587	7,767
Number of Unaccompanied and Separated Children (UASC) identified and/or placed in alternative care arrangements and/or who benefited from individual follow-up (SC/ UAC ; girls / boys)			527	141	430	527	141
<b>Communication for Development (C4D)</b>							
# of person (IDPs and host communities) reached with information about WASH / health / nutrition / education services (behavior/best practices) through community-based social mobilization and/or outreach activities					45,000	34,146	3,339
# of community leaders (traditional leaders, local political leaders, religious leaders, teachers/principals, etc) participating as agents of social mobilization at community level					40	0	0

### Financial Analysis

In 2018, UNICEF Cameroon raised 28 per cent of the Humanitarian Action for Children appeal. UNICEF wishes to express its deep gratitude to donors for the contributions received in 2018, who have made the current response in Cameroon possible. With the spread of conflicts leading to more displaced children and families in new areas, continued donor support is critical. Child protection, health, WASH, and education needs are increasing while significant funding gaps are hampering effective response. Details are provided in the below sectoral table.

Table 1: Funding Status Against the Appeal by Sector in (USD)

Appeal Sector	Requirements	Funds available*		Funding gap	
		Funds Received Current Year	Carry-Over	\$	%
Nutrition**	5,055,000	30,356	4,665,728	358,916	8%
Health / HIV***	3,272,000	694,201	101,958	2,475,841	76%
WASH	7,191,000	2,189,844	58,010	4,943,146	69%
Child Protection	3,497,000	903,803	167,446	2,425,751	69%
Education	4,326,000	28,239	1,425,639	2,872,122	66%
Emergency Preparedness and Response	2,120,000	3,329,344	90,602	0	0%
<b>Total</b>	<b>25,461,000</b>	<b>7,175,787</b>	<b>6,509,383</b>	<b>13,075,776</b>	<b>69%</b>

**Table 2 - Funding Received and Available by 31 December 2018 by Donor and Funding type (in USD)**

Donor Name/Type of funding	Programme Budget Allotment reference	Overall Amount*
<b>I. Humanitarian funds received in 2018</b>		
<b>a) Thematic Humanitarian Funds</b> (Paste Programmable Amount from Table 3)		
	SM/18/9910	293,288
<b>b) Non-Thematic Humanitarian Funds</b> (List individually all non-Thematic emergency funding received in 2018 per donor in descending order)		
SIDA-SWEDEN	SM/18/0248	681,797
USA(USAID) OFDA	SM/18/0474	98,165
		<b>1,073,250</b>
<b>Total Non-Thematic Humanitarian Funds</b>		
<b>c) Pooled Funding</b>		
<b>(i) CERF Grants</b> (Put one figure representing total CERF contributions received in 2018 through OCHA and list the grants below)		
<b>(ii) Other Pooled funds</b> - including Common Humanitarian Fund (CHF), Humanitarian Response Funds, Emergency Response Funds, UN Trust Fund for Human Security etc. (Put the figure representing total contributions received in 2017 through these various pooled funding mechanisms.		
CERF	SM/18/0094	634,304
	SM/18/0095	631,677
	SM/18/0366	578,107
	SM/18/0365	276,663
<b>Total humanitarian funds received in 2018 (a+b+c)</b>		<b>3,487,289</b>
<b>II. Carry-over of humanitarian funds available in 2018</b>		
<b>e) Carry-over of other types of humanitarian fund</b>		
	KM/17/0031	356,276
	KM/17/0029	31,808
<b>Total carry- over of other types of Humanitarian fund</b>		<b>388,084</b>
<b>f) Carry-over of non-Thematic Humanitarian Funds</b> (List by donor, grant and programmable amount being carried forward from prior year(s) if applicable)		
Japan	SM/17/0026	142,711
	SM/17/0057	40,949
Norway	SM/17/0251	833,505
USA - USAID	SM/17/0150	319,238
United Kingdom	SM/17/0463	132,728
European Commission ECHO	SM/16/0421	40,146
USAID/FOOD FOR PEACE	SM/17/0488	210,909
UNDP-MDFT	SM/17/0662	346,391
<b>Total carry-over non-Thematic Humanitarian Funds</b>		<b>2,066,577</b>
<b>Total carry-over humanitarian funds (e + f)</b>		<b>2,454,661</b>
<b>III. Other sources</b> (Regular Resources set -aside, diversion of RR - if applicable)		
7% Set-Aside HIV Prevention, ECD and Lake Chad Crisis allocation	GS/17/0016	566,429



7% Set-Aside Prevent maternal & newborn deaths through ENAP	GS/17/0055	7,399
7%Set -Aside Funds/Global thematic fund	GS/16/0048	1,097,956
Starting humanitarian response to NW/SW	GE/18/0012	752,411
<b>Total other resources</b>		<b>2,424,195</b>

### Expression of Thanks

UNICEF expresses its gratitude to the Government of the United States, the United Kingdom, Norway and Sweden as well as CERF and UNDP-MDFT, for their contributions to the 2018 humanitarian response. UNICEF has also received earmarked funds through Global Humanitarian thematic funds.

### Future Work Plan

For 2019, further adequate, predictable and flexible resources are needed to allow UNICEF to reach the most disadvantaged children in Cameroon, including children affected in the newly emerging crisis in the NW/SW regions. Total funding gaps for the 2018 Humanitarian Action for children (HAC) was 67% for all the sectors, exposing children and their care-takers to threats to their well-being.

Capacity building of government structures and third monitoring structures in the NW and SW on monitoring and evaluation will continue to be reinforce in 2019, and the capacity of UNICEF field monitoring will be reinforced to meet the changing needs, including the use of innovative approaches to track interventions. In line with the country's Humanitarian Response Plan, UNICEF Cameroon is appealing for US\$ 39 million to respond to the needs of the women and children affected by the humanitarian crisis.

### 2019 Requirements Per Sector

Sector	2019 Requirements (USD)
Nutrition	6,739,200
Health	5,313,886
Water, Sanitation and hygiene	10,355,676
Child protection	9,291,240
Education	4,181,177
Communication for development	1,427,756
Cluster/Sector Coordination	2,021,760
<b>Total</b>	<b>39,330,695</b>

***Young Amadou finally gets access to Education thanks to the support of Education financial partners through UNICEF and a lot has changed in him and his family.***



Ahmadou is a young Muslim Central African refugee child of age 10, living in the Timangolo refugee site in the East Region of Cameroon. Ahmadou arrived in Cameroon with his parents in early 2014, his brothers and sisters at the age of 5. They were chased away from their country by the political instability that brought insecurity and untold hardship. They found themselves in Cameroon with the status of refugees.

Arriving in Cameroon, Ahmadou could not express himself in neither French nor English language. Ahmadou had never set his foot in a conventional classroom before. He and his brothers and sisters only attended Koranic lessons back in their village in CAR. With the construction of Temporal Learning and Protection Spaces (TLPSs) in the Refugee sites with the financial support of UNICEF, the recruitment of teachers and the constant distribution of school Kits to the children, Ahmadou wanted to join his Christian friends in attending classes there but the parents were very reticent. The parents never wanted to send their children there with the fear of religion (Christianity), that his

children will be converted to follow the white man religion (Christianity).

Through community mobilization and sensitizations from UNICEF and partners, Ahmadou's father was convinced upon the goal for education and its importance. He allowed Ahmadou to go for classes in the temporal learning spaces. Amadou started with classes in the child friendly spaces for children and later integrated Class one in the TLPSs. With ambition and seriousness that Ahmadou took his classes, he became very influential and popular in school and known by all the teachers for intelligence and confidence.

Ahmadou is in class three (CE1) at the moment. Finding out the performance of Ahmadou in school, Ahmadou came out 2<sup>nd</sup> out of a class of 90 during the first term. Ahmadou is one of the best pupils in the school. Ahmadou can now express himself well in French. He helps his parents in interpretation and in identifying useful documents for them. He helps his brothers, sisters and friends in their school work.

Asking about what he wants to become in future, Ahmadou said *"I want to be a humanitarian worker, because humanitarians have helped me and my family a lot since we have been here in Timangolo. I want to grow and help others too like I have been helped. I was given free school bags, books, pens, pencils, text books, etc."*

Ahmadou and parents are very grateful for all the help given to them and wish that their child Ahmadou should continue with education so that he can become a successful person in future. They say they would have been dead by now without humanitarian support especially in education of their children.



**Badjengo Health Centre:** Mme Dawaikeu Martha, 22 years old: mother of two children whose last child, Nestor, was malnourished. « I have never heard of child malnutrition before, I didn't know medical consultation was free ». It is finally thanks to the community health worker efforts who screened my child for malnutrition.

For almost 3 weeks now, Nestor is enrolled in the UNICEF programme supported by USAID. He has regained weight and is no longer suffering from diarrhoea. As such, Martha is sharing her experience in order to preserve other mothers and children from malnutrition. This is why she uses the opportunity to share her story amongst women to raise awareness. « she said: look at my boy, look how healthy he

looks now, how he has regained weight. It's thanks to UNICEF»

Today, Martha continues to assist in all activities carried out, from malnutrition sensitisation and micronutrient deficiencies to the promotion of Infant and Young Child Feeding practices. « I will continue following their advice Nestor is growing well”.



*Djaratou and her child Rakiatou, assisting to IYCF promotion session at the Tchonchi Health Centre. @UNICEF/Simon Minville*

**Tchonchi Health Centre:** Djaratou, mother of a beautiful 10-month-old girl, « I desperately wanted my precious little girl. I miscarried twice before I finally gave birth ». But her health deteriorated over the last few months. « My baby was not eating well with no weight gain. When the community health workers measured her upper arm to screen her for malnutrition, they told me, she was malnourished ». With the advice of other women already involved in the programme, Djaratou decided to take her child to the Tchonchi health centre where she received « biscuits » (RUTF) for one month. Now, Rakiatou is in fantastic shape. Djaratou continues to visit the health centre to assist in Infant and Young Child Feeding promotion sessions. “I listened to the sensitisation and the demonstration on how to cook a 5-star pap correctly. I’m preparing it from time to time for Rakiatou. She is well now and walks normally.” Djaratou thanked UNICEF and its partners for the benefit brought to the Tchonchi community. She also wants to promote the programme within her community “Seeing the result on my child, I want that every mother tries the programme for themselves to experience the awesome results.”

## Report Feedback Form

UNICEF is working to improve the quality of our reports and would highly appreciate your feedback. Kindly answer the questions below for the above-mentioned report. Thank you!

Please return the completed form back to UNICEF by email: [alemnwi@unicef.org](mailto:alemnwi@unicef.org)

With our warm regards,  
Atone Lemnwi UNICEF Team – Cameroon

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**SCORING: 5 indicates “highest level of satisfaction” while  
0 indicates “complete dissatisfaction”**

1. To what extent did the narrative content of the report conform to your reporting expectations?  
(For example, the overall analysis and identification of challenges and solutions)

5	4	3	2	1	0
<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>

If you have not been fully satisfied, could you please tell us what did we miss or what could we do better next time?

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2. To what extent did the fund utilization part of the report meet your reporting expectations?

5	4	3	2	1	0
<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>

If you have not been fully satisfied, could you please tell us what did we miss or what could we do better next time?

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3. To what extent does the report meet your expectations in regard to the analysis provided, including identification of difficulties and shortcomings as well as remedies to these?

5	4	3	2	1	0

If you have not been fully satisfied, could you please tell us what could we do better next time?

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4. To what extent does the report meet your expectations with regard to reporting on results?

5	4	3	2	1	0

If you have not been fully satisfied, could you please tell us what did we miss or what could we do better next time?

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5. Please provide us with your suggestions on how this report could be improved to meet your expectations.

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6. Are there any other comments that you would like to share with us?

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