



Cameroon

Humanitarian Situation Report

HIGHLIGHTS

- November saw a deterioration of the security context in the Far North, as the dry season brought an increase in improvised explosive devices (IED) and attacks along the main axes, rendering many areas hard to reach. UNICEF and partners are seeking alternate means to ensure their ability to reach vulnerable children safely.
- The Education, Child Protection and C4D programs launched the ECHO-funded Children of Peace integrated project with schools. The project aims at improving security, training teachers to provide psycho-social support and providing children who have experienced violence with have access to a range of services, from counselling to reintegration assistance.
- A nutrition survey conducted by the Ministry of Health and UNICEF showed that SAM rates are close to the emergency threshold of 2% in Logone, Chari and Adamawa, which underscores the need to extend the current coverage of the nutrition program to these areas.

SITUATION IN NUMBERS

30 November 2016

274,090 CAR REFUGEES

(Interagency report Oct 2016)

183,330 outside camps

86,324 NIGERIAN REFUGEES

59,581 in the Minawao refugee camp (UNHCR, Nov 2016)

26,743 unregistered refugees (IOM, DTM Oct 2016)

133,256 children out of

199,889 INTERNALLY DISPLACED PERSONS

(IOM, DTM Oct 2016)

92% of displacements caused by the conflict (IOM, DTM Oct 2016)

272,565 MALNOURISHED CHILDREN

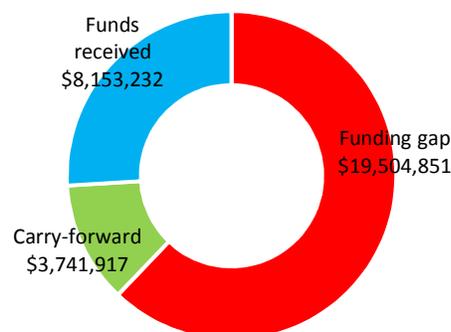
62,918 with Severe Acute Malnutrition

209,647 with Moderate Acute Malnutrition (UNICEF-MOH, SMART 2016)

UNICEF's Response with partners

	UNICEF		Sector/Cluster	
	2016 UNICEF Target	Cumulative results (#)	2016 Cluster Target	Cumulative results (#)
Number of CAR refugee children with access to education	39,000	23,790	56,000	35,535
Number of Cameroonian children <5 with SAM to therapeutic care	59,341	44,681	59,341	44,681
Number of CAR unaccompanied and separated children receiving interim care and follow-up	1,000	527	n/a	
Number of Nigerian refugee and IDP children with access to education	48,600	31,951	59,000	36,609
Number of Nigerian refugee, IDP and host children accessing psychosocial support	65,000	57,536	116,000	83,299
Number of people who have access to safe drinking water	25,000	19,900	123,000	43,500

2016 Funds Status



Situation Overview & Humanitarian Needs

Over the past year, the ongoing Boko Haram conflict in the Lake Chad Basin has caused the continuous flow of refugees from Nigeria to the Far North. While the population within the camp has grown since January 2016 to 59,581 Nigerian refugees in Minawao camp, what is of even greater concern is that 26,743 refugees are not registered and live within host communities (DTM 5, IOM, October 2016). Currently the number of IDPs in the Far North is around 198,889 (DTM 5, IOM October 2016) – 67% of whom are children.

Many of the refugees and IDPs are moving into areas with very limited resources, putting pressure on host communities that are already facing nutrition, WASH, health, and education challenges.

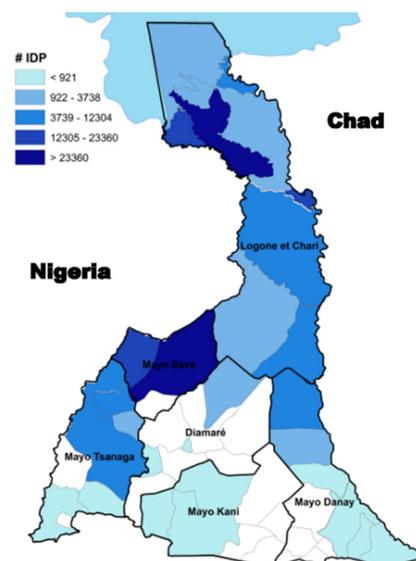
The regions of East and Adamawa continue to face the presence of CAR refugees who are further settling into the host communities. The flow of refugees remains relatively small, but continuous, with approximately one hundred new arrivals per month. A total of 274,090 CAR refugees are identified in Cameroon, with 75,815 refugees in the refugee sites and the majority, 183,330, in host communities in the East, Adamawa and North regions.

The situation is compounded by the continuing impoverishment of host communities and first refugees, resulting in increased food insecurity in households and a deterioration in the nutritional status of children, as corroborated by the recent nutritional surveys (SMART, SENS).

This has led to a movement of refugees from the host communities to UNHCR sites to escape food insecurity. However, this has not significantly reduced the socio-economic pressure on host communities, who continue to receive new refugees from CAR. This finding comes at a time when humanitarian actors face a low availability of financial resources to respond effectively to the crisis in both the East and Adamawa regions, to the point that some humanitarian actors are considering targeting their limited resources to the most vulnerable refugees.

Concern is growing in the fields of Protection, Nutrition, Education and Health in terms of sectoral needs. In terms of Child Protection, cases of sexual violence have been observed among girls in host families, indicating a need for a more comprehensive assessment of the phenomenon in order to ensure an appropriate response. The limited health care services, particularly for vaccination and reproductive health, are further stretched due to the additional demand from the refugee populations.

UNICEF and UNHCR are strengthening their operational capacities for improved assessments of the situation and to adapt the response on the ground. UNICEF has deployed new staff to the Bertoua Field Office to strengthen interventions and to improve the resilience of systems and communities, on the basis of a more thorough assessment of the situation of children in the affected communities. These efforts are hampered by the deterioration of security conditions along the border and the reduction in financial assistance, leading to a drastic reduction of humanitarian assistance by certain strategic partners or the withdrawal of others.



Source: IOM, DTM Oct. 2016

Affected Population according to the Humanitarian Needs Overview 2017	
Total Affected Population	2,900,000
Total Affected Children (<18)	1,500,000
Children <5 suffering from acute malnutrition	273,000
Persons in food insecurity	2,600,000
Affected Population as of November (DTM and UNHCR, Oct & Nov 2016)	
Internal Displaced Persons	198,889
Nigerian refugees	86,324
CAR refugees	274,090
Unregistered Nigerian refugees	26,743
Far North returnees	36,068

Humanitarian leadership and coordination

At the national level, emergency coordination is led by the Humanitarian/Resident Coordinator (HC/RC) and supported by OCHA. Under the leadership of OCHA, the humanitarian needs are quantified and humanitarian strategic response plans developed and coordinated. The HNO-HRP 2017 will be finalized by mid-November 2016. At the sectoral level, UNICEF and the Government are co-leading the nutrition, WASH and education sectors, as well as the sub-sectoral group for child protection. The sectoral groups meet on a regular basis both at the central and field levels. The WASH Sector group is reinforcing its information management capacities by recruiting new staff.

At the field level, UNHCR leads inter-sector coordination, which addresses particularly challenges and gaps both for refugees, IDPs and host communities in the Far North. This extends into the coordination of the humanitarian response to the Central African Republic refugee crisis in the regions of the East and Adamawa. UNHCR organizes bimonthly meetings with other humanitarian actors, to consolidate data and harmonize interventions in accordance with HRP. Thematic technical meetings are held once a month; in the month of October, thematic meetings on Nutrition and WASH took place under the joint leadership of UNICEF and relevant regional delegations.

Humanitarian Strategy

UNICEF implements an emergency response for refugees and IDPs focusing on child protection and education to ensure that displaced and host community children are protected and fulfil their rights in a safe environment. These activities are complemented by specific lifesaving interventions in the fields of WASH, health and HIV, and nutrition. In order to facilitate and support its emergency response, UNICEF has established a permanent presence in Bertoua in the East region and in Maroua in the Far North region.

In response to the ongoing nutrition crisis, UNICEF and partners are implementing an integrated strategy which aims to reduce suffering of children and women affected by Severe Acute Malnutrition (SAM), and to decrease the overall prevalence of acute malnutrition. The strategy focuses on the reinforcement of the screening and case management of SAM patients and on related interventions in other sectors such as WASH (to decrease childhood illnesses that are directly linked to the incidence of malnutrition), HIV (screening and referral of HIV positive children) and protection (emotional stimulation and psychosocial support).

UNICEF also responds to sudden onset emergencies such as epidemics, and supports the prevention and treatment of cholera. As a result of its mandate and expertise, UNICEF ensures synergy between emergency and development programs in order to respond to immediate life-saving needs and to ensure long terms impacts.

Summary Analysis of Programme Response

CAR Crisis

Education

In the East, 2,930 additional children have benefited from the continuation of the distribution of teaching and learning materials. They received exercise-books, chalk, pens, pencils, slate boards, school bags and drawing books.

WASH

Community Led Total Sanitation (CLTS) approaches with partner ADRA supported 100 communities that hosting refugees in East and Adamawa regions to build their own latrines. This month, 789 households completed the construction of their own latrines, resulting in a total of 4,935 latrines built. 13,465 persons have been sensitized on hygiene, water treatment, prevention and response to suspected cholera cases, and environmental hygiene in concerned communities. To date, 63 out of 104 village have built their own latrines.

The construction of latrines in 8 schools and 12 health centres was completed this month. Thirty thousand inhabitants, including 1,650 school children, will benefit from the improved access to basic sanitation.

The World Toilet Day was celebrated in the East region on November 19th, 2016 in Boulembe, municipality of Mandjou. This ceremony was jointly organized by the Ministry of Public Health and Ministry of Basic Education, with the technical support of UNICEF (C4D, HEALTH, WASH). It was preceded by the training of 38 teachers from seven schools in Mandjou on the prevention of Ebola. A total of 3,500 persons including refugees (2,000 of which were students) were sensitized on hygiene and the use of toilets.

Nutrition

Admissions for SAM: since January 2016, a total of 5,344 children under 5 with SAM, including 1,729 CAR refugee children and 3,615 children from host communities in the East region were admitted in therapeutic care. The performance indicators met the SPHERE Standards.

Nutrition survey: UNHCR has conducted a SENS survey for refugees outside of the camps both in Adamawa and in the East regions. The results of the survey are being validated and will give a better idea about the nutrition situation in the area.

Health

UNICEF continues its interventions to improve access and quality of care services in communities hosting accrued numbers of refugees. It is in this context that UNICEF continued the development of clinical and Community Integrated Management of Childhood Illnesses (IMCI) in health districts. Training on clinical IMCI with medical personal at the community level took place. The post-training follow-up of Essential Care for Newborns (ENC) was held in Bertoua and Batouri.

Nigeria Crisis

Child Protection

15 separated children (10 boys and 5 girls) were identified by ALDEPA in Minawao camp. As of October 2016, a total of 228 separated and unaccompanied children have been identified by UNICEF/ALDEPA in Minawao. **Family Tracing and Reunification for unaccompanied children is ongoing in Minawao camp.** Since January 2016, 27 unaccompanied children who are followed up by UNICEF/ALDEPA have been reunified with their families within the camp.

48 separated children (19 girls and 29 boys) and 10 unaccompanied children (4 girls and 6 boys) were identified amongst IDP communities. Since the beginning of 2016 a total of 988 separated and unaccompanied children have been identified by UNICEF/ALDEPA. All identified unaccompanied children are placed in foster families, including follow-up home visits by social workers. In November, 3 unaccompanied children have been reunified with their families in Mayo Sava (1 girl and 2 boys) bringing the total to 22 reunified since January.

Psychosocial support through family based children groups: 3,394 internally displaced children and host community children (1,493 girls and 1,901 boys) from Mayo Sava, Mayo Tsanaga, Logone & Chari, Mayo Danay and Diamare, benefited from psychosocial and recreational activities in family based children groups and 22 primary schools, bringing the total for 2016 to 42,651 children (20,329 girls and 22,322 boys).

New enrolments in Child Friendly Spaces (CFS). 297 new children (150 girls and 147 boys) enrolled in the 13 CFS in Minawao camp, bringing the total for 2016 to 14,885 children (8,030 girls and 6,855 boys) benefitting of psychosocial support.

WASH

UNICEF is undertaking the rehabilitation of 40 boreholes in Fotokol, Hile Alifa, Makary in Logone & Chari department – areas with high numbers of IDPs - in partnership with NGO CODAS CARITAS-Yagoua, and sanitation and hygiene activities in 50 communities of Makary in partnership with NGO ACEEN. In addition, the construction of 30 boreholes targeting communities, health centers and schools has been launched in Mokolo Municipality hosting IDP and Refugees, to benefit 15,000 people

Nutrition

Therapeutic care: From January to October 2016, UNICEF provided support for the treatment of 692 children with SAM (436 under-five refugee children in the Minawao camp supported by MSF-CH and 256 children in the Mokolo hospital supported by ALIM), with performance outcomes well within SPHERE Standards.

Nutrition survey: From 29 July to 8 August 2016, UNHCR conducted a Standardized Expanded Nutrition Survey (SENS) in Minawao camp. The reported GAM and SAM rates were 4.2% and 0.2% respectively, indicating that the situation is below the alert threshold. However, chronic malnutrition was found to be an issue of great concern in the camp. The reported prevalence was 44.7% (above the WHO emergency threshold of 40%). This underscores the need to focus on both treatment and prevention of malnutrition, with strong convergence with interventions from other sectors (health, WASH, protection, etc.) to improve the nutritional status of children in the camp.

Nutrition Crisis

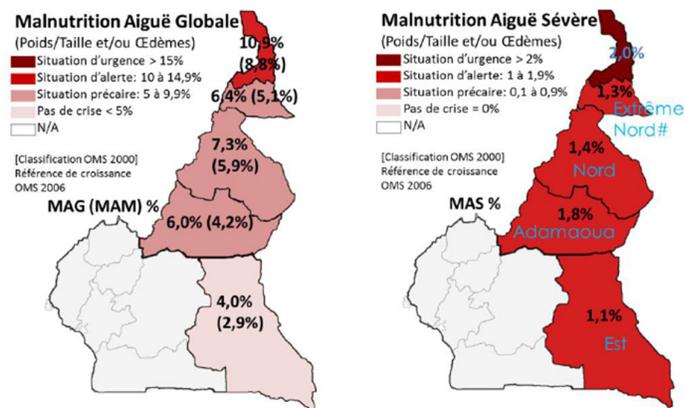
WASH

Through the Government, UNICEF provided WASH kits with key hygiene messages to 9,418 severely malnourished children.

Nutrition

Nutrition survey: UNICEF, in collaboration with the MOH, conducted a nutrition survey (using the SMART method) in the four most vulnerable regions of the country. The key results of the survey are depicted in the figures below:

Contrary to the Logone and Chari zone, GAM rates are below the alert threshold of 10% in all of the surveyed regions. On the other hand, SAM rates are close to the emergency threshold of 2% in Logone and Chari and Adamawa, which underscores the need to extend the current coverage of the program in these areas in order to respond to the immediate needs of children with SAM.



Admissions for SAM. Since the beginning of the year, 44,681 children under five (75% of the estimated caseload) have been admitted for severe acute malnutrition (27,893 children in the Far North region, 13,682 children in the North region and 3,106 children in Adamawa).

Coordination meeting: In collaboration with local health authorities, a nutrition coordination meeting was organized in Kousséri on 5th November 2016. The meeting was attended by 21 participants from government, UN agencies, and NGOs. There was a consensus on the need to improve data collection and nutrition information systems at regional level. The meeting also offered the opportunity to reinforce messages on quality programming, joint planning, capacity building and coordination to avoid duplication of efforts.

Capacity building: From 31st October to 4th November 2016, **UNICEF trained 49 health workers from the 4 health districts of the Logone & Chari** on Integrated Management of Acute Malnutrition (IMAM) according to the national protocol. This training workshop was organized in close collaboration with the Far North health delegation. UNICEF also provided support to ACF for the **training of 12 health workers of the Tokombere district hospital for the management of SAM cases with medical complications.**

Funding

Sector	Initial HAC 2016 requirements	Nigeria + requirements	Funds Available*	Funding Gap	
				\$	%
WASH	7,250,000	2,885,000	2,757,756	4,492,244	62%
Education	8,850,000	5,647,000	2,359,016	6,490,984	73%
Health & HIV/AIDS	2,950,000	1,566,000	502,737	2,447,263	83%
Nutrition	7,200,000	510,000	3,773,578	3,426,422	48%
Child Protection	4,900,000	2,831,000	2,284,449	2,615,551	53%
Sector Coordination	250,000	125,000	217,613	32,387	13%
Total 2016	31,400,000	13,564,000	11,895,149	19,504,851	62%

* 'Funds available' includes funding received against current appeal as well as carry-forward from the previous year.

Next SitRep: 6/1/2017

UNICEF Cameroon:

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UNICEF Cameroon Humanitarian Action for Children Appeal: <http://www.unicef.org/appeals/index.html>

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SUMMARY OF PROGRAMME RESULTS

HPM INDICATORS	Sector Response			UNICEF		
	2016 Target	Total Results	% Achieved	2016 Target	Total Results	% Achieved
NUTRITION CRISIS						
Number of Cameroonian children <5 with Severe Acute Malnutrition admitted to therapeutic care	59,300	44,681	75%	59,300	44,681	75%
Performance of integrated program for severe acute malnutrition treatment in far North : cured rate	≥75%	79%	NA	≥75%	79%	NA
Number of affected children (SAM) who received wash kits with key hygiene messages	45,000	9,418	23%	40,000	9,418	26%
CAR CRISIS						
Number of children <5 with Severe Acute Malnutrition admitted to therapeutic care	3,900	5,344	100%	3,900	5,344	100%
Number of refugee children with access to education	56,000	35,535	63%	39,000	23,790	61%
Number of children benefitting from teaching and learning supplies	73,300	63,847	87%	73,300	63,847	87%
Number of children accessing psychosocial support through ETAPes	120,000	26,004	21%	90,000	15,801	18%
Number of unaccompanied and separated children receiving interim care and follow-up	NA			1,000	527	53%
Number of people who have access to safe drinking water	123,000	43,500	35%	25,000	19,900	80%
NIGERIA + CRISIS						
Number of refugee children <5 with SAM admitted to therapeutic care in Minawao camp	1,000	692	69%	1,000	692	69%
Number of refugee and IDP children with access to education	59,000	36,609	62%	48,600	31,951	66%
Number of children (refugees and IDP) benefitting from teaching and learning supplies	107,000	48,860	46%	99,900	41,698	42%
Number of children accessing psychosocial support through child friendly spaces (IDP, refugees and host community)	116,000	83,299	72%	65,000	57,536	89%
Number of unaccompanied and separated children (IDP and refugees) receiving interim care and follow-up	4,683	3,462	74%	3,650	1,216	33%
Number of households receiving hygiene kits with key hygiene messages	30,000	6,465	22%	15,000	6,465	43%
Number of children aged 6 months – 15 years vaccinated for measles				TBD	2,477	n/a