

UNICEF/2026/Chungom Emmanuel

Ali Baba, 10 from Bamenda, North-West region, benefiting from the accelerated learning classes after being out of school through UNICEF supported program to provide access to school.

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Humanitarian Situation Report No. 3

Reporting Period
1 July to 30 September

Cameroon

HIGHLIGHTS

- Cameroon's overlapping crises left 2.9 million people, including 1.5 million children, in need of humanitarian assistance amid conflict, displacement, flooding and disease outbreaks.
- Over 3,000 cholera cases were reported during this period.[1] UNICEF supported two rounds of oral cholera vaccination in seven priority health districts, alongside WASH, case management and community engagement interventions.
- UNICEF and partners screened 764,134 children for wasting, with 48,315 children with severe wasting admitted for treatment; 36,223 children accessed education, 36,129 children and caregivers received psychosocial support, and 68,329 people accessed safe water.
- UNICEF's US$53.8 million appeal remained 86 per cent unfunded, with critical gaps in Child Protection and GBViE (95 per cent), Nutrition (94 per cent), Education (91 per cent) and WASH (76 per cent), constraining the scale and geographic coverage of assistance

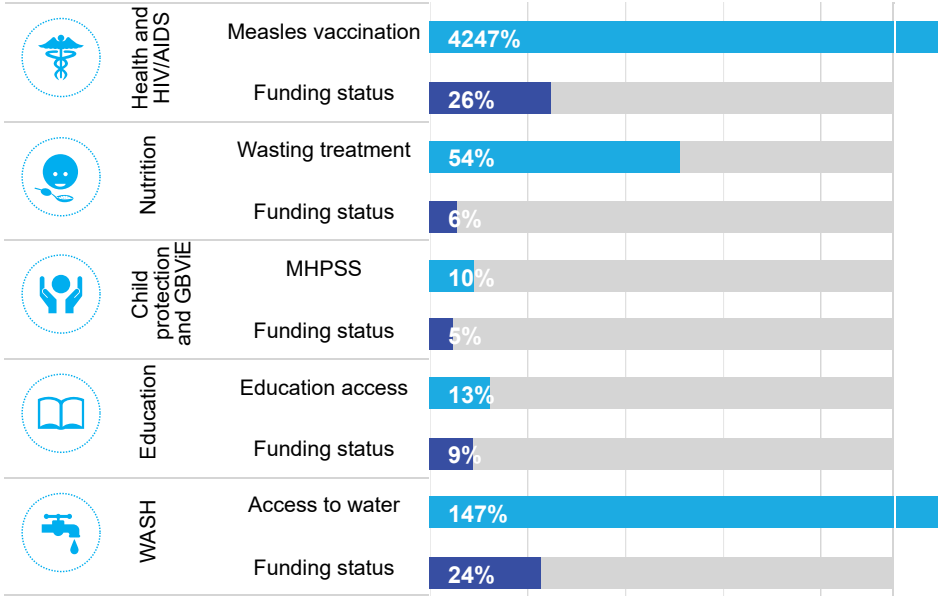
SITUATION IN NUMBERS

2,900,000
people in need of humanitarian assistance[2]

1,500,000
children in need of humanitarian assistance[3]

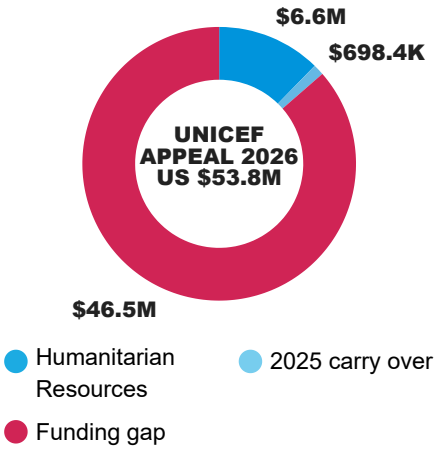
2,256,805
displaced persons[4]

UNICEF RESPONSE AND FUNDING STATUS*



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

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

FUNDING OVERVIEW AND PARTNERSHIPS

UNICEF is appealing for US$53.8 million to provide life-saving humanitarian assistance to children, women and vulnerable populations affected who lost belongings and livelihoods due to conflict, displacement, disease outbreaks and climate-related shocks across Cameroon in 2026. As of 30 September 2026, UNICEF had mobilized US$7.3 million, including humanitarian contributions and carry-over resources, leaving a funding gap of US$46.5 million, equivalent to 86 per cent of appeal requirements.

Although funding increased from US$4.9 million to US$7.3 million between 30 June and 30 September 2026, resources remained insufficient to match the scale and geographic spread of humanitarian needs. Available funding including the UNOCHA fund earmarked for cholera response supported cholera preparedness and response, treatment of children with severe acute malnutrition, education in emergencies, child protection services, safe water and sanitation, and community engagement and accountability mechanisms. In this third quarter, about 19,000 (21 per cent of the annual target) children received treatment for severe acute malnutrition, more than 17,000 (15 per cent) children and women accessed primary health care in UNICEF-supported facilities, 14,000 (36 per cent) people accessed appropriate sanitation services and over 97,000 people were reached with cholera prevention and response messages.

Critical funding gaps remain across nearly all sectors. Child Protection and GBViE (95 per cent) and Nutrition (94 per cent) are among the most underfunded, followed by Education (91 per cent), while Social Protection remains entirely unfunded, leaving planned humanitarian social-protection interventions without dedicated appeal funding. To maximize available resources, UNICEF prioritized life-saving interventions, including treatment of severe acute malnutrition, and delivered integrated services such as GBV support through nutrition, education, health and WASH platforms. These shortfalls continue to limit the scale and geographic coverage of life-saving assistance for vulnerable children and families. Unless these gaps are reduced, UNICEF and partners will have to continue prioritizing the most severely affected areas, potentially leaving children and families in other crisis-affected and hard-to-reach communities without timely assistance.

UNICEF sincerely thanks the Government of Japan, the European Union through ECHO, the Central Emergency Response Fund (CERF), the Government of Cyprus, UNOCHA-managed humanitarian funding mechanisms and the Government of Cameroon for supporting humanitarian action in Cameroon during 2026. These contributions enabled UNICEF and partners to provide life-saving assistance across health, nutrition, education, child protection, WASH and cross-sectoral humanitarian interventions.

SITUATION OVERVIEW AND HUMANITARIAN NEEDS

Cameroon continued to face overlapping humanitarian crises during the third quarter of 2026. Protracted conflict in the North-West and South-West regions, insecurity linked to non-state armed groups in the Lake Chad Basin, disease outbreaks and climate-related shocks disrupted livelihoods and strained essential services. According to the 2026 Humanitarian Needs and Response Plan, an estimated 2.9 million people, including 1.5 million children, require humanitarian assistance nationwide. Needs remained particularly acute among displaced populations, refugees, returnees and vulnerable host communities with limited access to health, nutrition, education, protection and WASH services.

Population displacement remained a major driver of humanitarian needs. As of September, reported population figures comprised 1,004,257 internally displaced persons, 790,842 returnees, 450,131 refugees and 11,575 asylum seekers. In the Far North, insecurity and population movements, particularly in Logone-et-Chari Division, disrupted livelihoods and increased pressure on services in displacement sites and host communities. Cross-border movements involving Nigeria and Chad added to the need for coordinated disease surveillance and access to essential services. In the North-West and South-West, prolonged insecurity continued to hinder voluntary returns and restrict access to agricultural land, markets and basic services. Seasonal flooding further compounded vulnerabilities in affected communities, increasing risks to livelihoods, health and continuity of services.

Cholera was a major public health concern during the reporting period. By 23 September, 2,790 cases and 83 deaths were reported across 21 affected health districts in the Far North and North regions. The reported median ages of cases 11 years in the Far North and 13 years in the North, highlighted the importance of addressing children's and adolescents' exposure. Population movements, overcrowding and inadequate access to safe water, sanitation and health care increased transmission risks. The start of the school year heightened concerns about prevention and safe learning conditions in schools lacking adequate WASH facilities. Mpox cases reported across multiple regions also underscored the need for sustained surveillance and outbreak preparedness nationwide.

Food insecurity and limited access to adequate diets compounded health and nutrition risks, particularly among displaced households and vulnerable host communities. Conflict, livelihood disruption and high food prices constrained households' ability to sustainably meet basic food needs, especially those of young children. FEWS NET projected that between 1.5 million and 1.99 million people would require food assistance during 2026, with needs peaking during the lean season. Its assessment identified Crisis (IPC Phase 3) outcomes in conflict-affected areas of the Far North and parts of the North-West and South-West, with some of the most vulnerable households facing Emergency (IPC Phase 4) conditions. These pressures increased the importance of timely nutrition screening, treatment and support for appropriate infants and young child feeding.

Children faced intersecting risks from insecurity, displacement, disease and disrupted services. Interruptions to learning, exposure to violence, psychosocial distress and barriers to health care required sustained, integrated assistance. Priority needs include safe drinking water and sanitation, essential health and nutrition services, protective environments and continuity of education, particularly in communities affected by both conflict and outbreaks. Humanitarian access constraints and severe funding shortages limited the scale of assistance: as of 30 September, UNICEF's appeal remained 86 per cent unfunded, undermining efforts to meet these needs and prevent further deterioration.

SUMMARY ANALYSIS OF PROGRAMME RESPONSE

Health (including public health emergencies)



UNICEF/2026/Marie Guy Bandolo

Health workers administering Mpox vaccines during the vaccination campaign in Cameroon

A cholera outbreak that began in Cameroon's Far North Region subsequently spread to the North Region, affecting over 3,000 people across 15 health districts in epidemic status and resulting in an overall case fatality rate of 2.93 per cent. Recurrent outbreaks, cross-border population movements and constrained access to essential services continued to expose vulnerable communities to significant public health risks. In response, two rounds of oral cholera vaccination were conducted in seven priority health districts between August and September 2026. The first round, implemented in Fotokol, Kousseri, Mada and Makary, achieved reported coverage of 100 per cent against district targets. Overall, 957,411 people (53 per cent women) were vaccinated: 86,756 in Fotokol, 499,471 in Kousseri, 207,658 in Mada and 163,526 in Makary. A second round was conducted in Mora, Kolofata and Mokolo. Coverage remained high, reaching 145,841 people in Kolofata (98 per cent of the target), 368,871 in Mokolo (91 per cent) and 332,724 in Mora (95 per cent). These campaigns reached most people at risk and strengthened population immunity in districts facing recurrent cholera threats. .

Together with WASH, case management and risk communication interventions, the vaccination campaigns coincided with a marked decline in cholera transmission in the Far North. Weekly cases fell from a peak of 450 in late August (epidemiological week 35) to 25 by mid-September (week 38), and no deaths were reported in weeks 37 and 38 (7–20 September). However, the cumulative case fatality rate remains at 2.9 per cent (79 deaths among 2,797 cases) by week 38,[5] well above the 1 per cent threshold, underscoring the need to sustain early case detection and access to treatment.

UNICEF supported the Government-led response with operational and technical assistance for both vaccination rounds and by strengthening readiness in targeted districts. This included logistics support and the prepositioning of 30 AWD Community Kit Drug units, five AWD Periphery Kit Logistics Part units, 10 AWD Periphery Kit Renewable units and 10 AWD Periphery Kit Drug units, which together served more than 3,000 people in Kousserie, fotocol, gazawa, makary, Maroua 1, Maroua 2, Maroua and Mora health districts. Combined, vaccination and essential treatment supplies strengthened preparedness and enabled timely case management in exposed and affected communities.

During the reporting period, approximately 540 people (53 per cent female), including more than 150 children under five, arrived from Nigeria in Yang/Nyang locality, Ntong Health Area, Nwa Health District, in the North-West Region. A rapid assessment conducted by the North-West Regional Delegation of Public Health on 19 September identified key health needs, including limited access to quality health services at the health facility, exposure to malaria, low immunization coverage (over 30 per cent of children were unvaccinated) and poor hygiene and sanitation in the settlement. In response, UNICEF provided 2,000 long-lasting insecticidal nets to affected households. This intervention helped reduce malaria exposure among newly arrived people and vulnerable host communities while supporting the broader humanitarian response coordinated by regional authorities and partners.

Mpox also remained a major public health concern. To date, Cameroon has recorded 147 confirmed cases and five deaths, with eight of the country's ten regions affected. The Littoral region accounts for over 60 per cent of confirmed cases (91), followed by the South (21), South-West (14) and Centre (13), and transmission remains active in the Littoral, South and South-West. Deaths were recorded in the Centre (two), Far North, Littoral and South-West (one each). This highlights sustained transmission and the need for continued surveillance, rapid case investigation, infection prevention and control, and community engagement. As part of the national response, 4,524 people were vaccinated across seven regions, mainly other at-risk persons (46 per cent), health workers (34 per cent) and contacts of confirmed cases (19 per cent), with the Littoral region accounting for 64 per cent of those vaccinated.

UNICEF supported Government-led preparedness and response through technical coordination, vaccine deployment, supply management, risk communication and capacity strengthening for frontline health workers and community actors. Across both outbreaks, UNICEF's integrated assistance combined vaccination, treatment preparedness, essential supplies and community-based action. Continued surveillance, monitoring of vaccination coverage and timely replenishment of supplies remain essential to close residual gaps and protect children, families and other vulnerable groups in affected and hard-to-reach areas

Nutrition



UNICEF/2026/Salomon Beguel

A young child undergoes anthropometric measurement as part of nutrition screening benefitting from UNICEF SAM response in the Far North region of Cameroon.

UNICEF and its partners in the North-West and South-West regions continued to deliver life-saving nutrition services despite the ongoing insecurity, reaching vulnerable populations in hard-to-reach

communities. The interventions primarily target children under five years of age, as well as mothers and other caregivers. Services include the early detection and screening of acute malnutrition, treatment of children diagnosed with Severe Acute Malnutrition (SAM), and the promotion of Infant and Young Child Feeding (IYCF) practices through individual counselling and community-based mother support groups that provide peer-led learning and support for women. Mothers were equipped with appropriate skills to detect and refer cases of child malnutrition.

These integrated nutrition services are delivered through both community- and facility-based platforms, leveraging trained community frontline workers, Outpatient Therapeutic Programmes (OTPs) for the management of uncomplicated SAM cases, and Stabilization Centres for the inpatient treatment of children with medical complications. Through this continuum of care, UNICEF and its partners strive to ensure that vulnerable children and caregivers have continued access to essential nutrition services despite the challenging operating environment.

Education



UNICEF/2026/Chungom Emmanuel

In Mulang village, Bamenda North-West region, Naomi, Madam Theresia & Princewill benefited from inclusive equipment distributed by UNICEF to improve their results in school.

Between July and September 2026, 18 Attacks on Education were reported in the NWSW regions of Cameroon. These included five (5) direct attacks on schools, twelve (12) were abductions, kidnappings or arbitrary arrests of students or educators at all school levels, and one (1) was child recruitment at, or on the way to or from, school. The targeted abductions affected 1 child and 17 teachers (6 female and 11 male). In addition, 2 teachers were reportedly killed, which included one male teacher and one female teacher.

The 2026/2027 school year officially resumed on 7 September across Cameroon. However, school reopening in the North-West and South-West regions remained marked by insecurity-related tensions and calls to disrupt school attendance in several localities, particularly Ndian, Manyu, Batibo and Donga Mantung. This situation seriously affected access to schools and education services, especially in hard-to-reach areas. Crisis-affected children, particularly internally displaced persons (IDPs), continue to face significant barriers to accessing safe, inclusive and continuous education. Needs remain acute among displaced populations, with persistent risks of school interruption, reduced attendance, and heightened protection concerns.

During the reporting period, Education partners delivered emergency education interventions across 13 divisions (including Bui, Donga Mantung, Manyu, Ndian, Lebialem). Efforts focused on maintaining access to safe and inclusive learning opportunities while strengthening protection and psychosocial support for crisis-affected children. A total of 8,567 crisis-affected children accessed education services, including 3,025 boys and 5,542 girls. Among those reached, 3,713 were internally displaced persons (IDPs), 1,298 returnees, 3,566 host community members, and 205 children with disability. Response activities intensified in August as part of the back-to-school preparations for the 2026/27 academic year. During the month, 3,706 children benefited from UNICEF-supported interventions (including psychosocial support, training teachers and education personnel on GBV risk mitigation and safeguarding). To ensure smooth re-insertion of out-of-school children in formal education and strengthen their retention, UNICEF equally supported the distribution of learning materials to 5,941 children in the North-West and South-West regions, including 4,044 girls and 1,897 boys. This support contributed to creating a more enabling learning environment and supported vulnerable children to continue their education despite persistent insecurity and access constraints.

In the Far North Region, access to education continued to be affected by the combined impact of displacement, insecurity, flooding, and cholera outbreaks, contributing to school dropout, absenteeism, and heightened child protection risks. Girls, children with disabilities, and displaced children remained particularly vulnerable. Education partners continued to support school access, participation and retention in the most affected divisions, particularly in Logone-et-Chari and Mayo-Tsanaga. A total of 21,853 people, including 10,435 women, 665 girls and 2,536 boys, as well as 1,631 persons living with disabilities were reached through key interventions such as “Back-to-School” awareness campaigns, provision of inclusive teaching and learning materials, teacher training on inclusive education, catch-up classes and psychosocial support.

The severe funding shortfall continues to constrain the education response in the North-West and South-West regions. Of the 190,119 people targeted by Education Sector partners in 2026, only 49,174 have been reached to date, leaving approximately 140,945 people not yet reached against the sector target, equivalent to a 74% coverage gap. Urgent and increased investment is therefore critical to expand access to safe, inclusive and quality learning opportunities, ensure the provision of essential teaching and learning materials, and sustain support for the most vulnerable crisis-affected children.

In the Far North region, access to inclusive and quality education in emergencies remains significantly constrained by insufficient educational supplies and learning resources relative to the scale of needs, widespread household poverty, and shrinking funding for Education in Emergencies. These challenges are compounded by the resurgence of insecurity, recurrent flooding, and cholera outbreaks, which further disrupt learning and undermine school retention and transition. Additional and sustained funding is essential to protect education continuity, address critical supply and access gaps, and prevent vulnerable children from dropping out of the education system.

Child protection and GBViE



UNICEF/2026/Chungong Emmanuel

Mental health and psychosocial support activities in Temporary learning spaces in the south-west Cameroon.

During the third quarter of 2026, insecurity in the North-West and South-West continued to expose children, especially girls to violence, family separation and association with armed groups, while restricting humanitarian access. At least 50 children were directly affected by reported protection incidents during the quarter. Growing caseloads increased demand for family-based alternative care, specialized services for survivors of sexual violence and sustained reintegration support. Flooding in Limbe and Kumba and the cholera outbreak in the Far North created additional needs for protection assessments and psychosocial support.

In the North-West and South-West, UNICEF-supported interventions included monitoring 352 unaccompanied and separated children (116 boys and 236 girls) in foster families, with tracing and reunification initiated where possible. Child protection partners identified and supported 60 children (including 13 girls) formerly associated with armed forces and armed groups in the South-West region, many receiving psychosocial support and case management follow-up. Partners also identified and referred 113 girl survivors of sexual violence for specialized services; 47 accessed medical care, including 30 who received clinical management of rape services. In addition, 4,980 children enrolled in Temporary Learning Spaces received birth certificates, supporting their legal identity and access to services.

3,947 children and caregivers (990 boys, 1,758 girls, 739 women and 460 men) received psychosocial support in the North-West and South-West. In the Far North, 10 psychological first aid focal points supported 63 cholera-affected families. Reported interventions included follow-up for 51 survivors, including 35 children; trauma-informed care for 25 bereaved families; and sensitization of 127 parents on child supervision and hygiene.

In the North-West and South-West, 24 trained adolescent peer educators (18 girls) delivered life skills sessions to 110 adolescents, while 24 representatives of community-based protection structures subsequently reached 70 parents and caregivers (50 women and 20 men) with positive parenting messages. 12 Child-Friendly Space managers received training in facilitation and psychosocial observation. At the Tiko Disarmament, Demobilization and Reintegration Centre, 20 staff were trained in psychosocial support and positive parenting, complemented by recreational materials for child-friendly activities. Installation of 30 goal posts across 15 soccer stadiums in 12 localities provided lasting infrastructure for sport-based psychosocial activities and community reintegration.

In the domain of birth registration, 4,980 (1972 boys and 3008 girls) birth certificates were issued to children enrolled in Temporary Learning Spaces in the North-West and South-West regions, contributing to improved legal identity and access to social services.

To strengthen case tracking and follow-up, UNICEF and partners expanded operational use of the Child Protection Information Management System (CPIMS+) across six targeted regions. By 30 September, 379 cases were recorded, compared to 80 reported in the previous quarter. In the Far North, 16 trained social workers entered 30 cases within 48 hours, demonstrating immediate application of the training. In the North-West and South-West, 47 child protection actors were trained, comprising 30 social workers and representatives of 17 civil society organizations, including two international NGOs. Technical support addressed case management, data entry, confidentiality and data quality. At national level, the finalized social work study informed development of the National Social Workforce Capacity Strengthening Plan, intended to institutionalize CPIMS+ and adapt workforce development to different intervention contexts.

Under the Safe Schools Declaration, a task force established by the Minister of Basic Education developed training modules on school protection, legal frameworks, safety planning in crisis contexts and pedagogical continuity, supported by a standardized implementation guide. These tools form the basis for planned training of 1,600 teachers in 300 conflict-prone schools across the North-West, South-West and Far North, where insecurity continues to disrupt learning and expose children to protection risks.

Insecurity and restricted access continued to constrain service delivery, particularly timely medical, psychosocial and protection support for survivors of sexual violence in hard-to-reach areas. Children in alternative care and those formerly associated with armed groups require sustained support encompassing family reunification, education, vocational training and socioeconomic reintegration. CPIMS+ implementation remained affected by limited IT equipment and connectivity, reported access rates as low as 44% in some areas, inconsistent case updates and closure, incomplete referral documentation and variations in regional reporting practices. Training, practical technical assistance and mentoring addressed some of these constraints; further priorities include regular supervision, stronger case management capacity and systematic data reviews within coordination structures. Sustaining community mechanisms and psychosocial services also requires continued government engagement, local ownership and investment in community capacities.

In the North-West and South-West, the Child Protection Area of Responsibility convened three coordination meetings under the transition plan to support information sharing, operational coordination and collective advocacy. It led to a Rapid Child Protection Needs Assessment following flooding in Limbe and Kumba and collaborated with UNHCR on a Joint Protection Needs Assessment in Menchum Valley to inform response planning. In the Far North, a joint EU/FPI monitoring mission from 5-7 August in Mayo-Tsanaga and Mayo-Sava brought together CNDDR, Social Affairs/EN, DDAS, CESOs and partners to monitor reintegration of children associated with armed forces and armed groups, provide technical support and document progress and challenges. UNICEF also maintained inter-agency CPIMS+ oversight and mentoring. Harmonizing reporting practices and embedding routine case-data reviews in coordination mechanisms remain priorities.

Water, sanitation and hygiene



UNICEF/2026/Véronique Doumagai

UNICEF-supported cholera response activities in Blangoua, Far North Region of Cameroon

Humanitarian needs remained critical across the Far North, North-West and South-West regions during the third quarter of 2026. In the Far North, persistent insecurity, population displacement and recurrent climate shocks continued to strain already fragile WASH services. The situation was further aggravated by a cholera outbreak affecting multiple health districts, highlighting significant gaps in access to safe water, sanitation and hygiene services. Vulnerable populations, including internally displaced persons (IDPs), returnees and host communities, remained exposed to heightened risks of waterborne diseases. In the North-West and South-West regions, protracted conflict, displacement, limited access to basic services and deteriorating infrastructure continued to affect thousands of households. Women and children remain disproportionately impacted by inadequate WASH facilities. UNICEF and partners maintained the delivery of lifesaving WASH interventions while strengthening coordination and preparedness mechanisms across affected regions.

In the Far North, UNICEF, through its partners and in collaboration with government, provided access to safe drinking water for 5,000 people (1,250 boys, 1,400 girls, 1,300 women, and 1,050 men), including 16 people with disabilities, 1,750 IDPs and 1,500 returnees, through the construction and rehabilitation of hand-pump boreholes and solar-powered water supply systems serving communities, schools and health facilities. Improved sanitation services reached 13,446 people (3,361 boys, 3,765 girls, 3,496 women, and 2,824 men), including 41 people with disabilities, 3,500 IDPs and 1,000 returnees, through the construction of emergency and institutional latrines and support to household sanitation initiatives. Hygiene promotion activities reached 121,101 people (30,275 boys, 33,908 girls, 31,486 women, and 25,432 men, including 359 people with disabilities) with key messages on disease prevention and healthy practices, while 12,000 vulnerable individuals (3,300 boys; 3,360 girls; 3,120 women; and 2,520 men) received essential WASH kits containing soap, jerrycans, buckets and water treatment products.

The cholera response remained a major operational priority. The Region recorded 3,061 cholera cases and 91 deaths, with a case fatality rate of about 3 per cent, across 73 health areas in 13 health districts as at epidemiological week 40. UNICEF supported enhanced coordination and surveillance efforts, while partners intensified community awareness activities and rapid response interventions in affected districts.

In the North-West and South-West regions, UNICEF-supported interventions on sanitation activities benefited 541 people (207 boys, 292 girls, 36 women, and 6 men), including 132 IDPs and 81 returnees and 328 host population, through the construction and rehabilitation of sanitation infrastructure, while hygiene promotion activities continued in targeted communities.

At the cluster level, 15 WASH partners collectively led various forms of assistance, including hygiene promotion, water supply improvements, sanitation facility construction and distribution of essential WASH supplies. Interventions prioritized vulnerable groups including displaced populations, returnees, women, children and persons with disabilities.

In the Far North, WASH coordination meetings were increased from monthly to weekly to support the cholera response, identify operational gaps and improve the effectiveness of interventions.

In the North-West and South-West, UNICEF supported a joint workshop involving government authorities, humanitarian partners and coordination structures to advance the transition from humanitarian cluster coordination to strengthened sector coordination. The exercise resulted in a shared vision and roadmap aimed at improving government ownership, strengthening local capacities and ensuring the sustainability of coordination mechanisms.

Despite these achievements, significant challenges persist. The scale of the cholera outbreak in the Far North, continued insecurity in the North-West and South-West, difficult access to vulnerable communities and insufficient funding continue to limit the reach of humanitarian interventions. Large numbers of affected people remain without adequate access to safe water and sanitation services. Additional resources are urgently needed to sustain lifesaving WASH services, strengthen outbreak prevention and response, rehabilitate critical infrastructure and support coordination systems. Continued donor investment will be essential to protect public health, reduce disease risks and improve the living conditions of vulnerable populations across Cameroon.

Cross-sectoral (AAP, SBC, and PSEA)



UNICEF/2026/Véronique Doumagai

Cross-border mobilization against cholera at the Chad-Cameroon border.

SOCIAL AND BEHAVIOUR CHANGE

During Q3 2026, Social and Behaviour Change (SBC) was fully capitalized in UNICEF's humanitarian response in Cameroon. Across outbreak response, immunization, education and accountability, SBC drove community engagement, informed programme adjustments and supported behavior change with adoption of protective practices

by people, families and communities.

Following confirmation of MPOX cases in Buea in May 2026, SBC stakeholders engaged risk communication and community engagement (RCCE) was scaled up. Trained community health workers (CHWs) and faith-based institutions led door-to-door outreach in 34 communities of Buea Health District. They reached 9,967 households and 67 church communities and reaching 19,912 people (11,700 women and 8,212 men). Women, as primary caregivers, made up nearly 60 per cent of those engaged. Acceptance remained high: of 44 cases of resistance, 36 (82 per cent) were resolved through constructive dialogue. The CSO Hellocare extended mobilization to Tiko and Yabassi Health Districts, reaching some 7,000 people. In these areas, contamination was significantly reduced following adoption of good practices by people in families and communities.

Mindful of the role played by human behavior as drivers of cholera contamination and circulation, teams were recruited, trained and deployed in communities. In their frontliners' role, 218 CHWs and District Management Team members (140 men, 78 women) were trained in interpersonal communication, RCCE, hygiene promotion and accountability to affected populations (AAP), then deployed in seven health districts. Cholera prevention committees were set up in seven high-risk localities, whose members identified behavioural and WASH-related barriers and challenges through focus group discussions. Community engagement reached 97,353 people (162 per cent of the 60,000 target), while 133 community members joined dialogue sessions to address misconceptions. Messages were amplified through 20 radio stations, podcasts in Maroua I, Maroua II, Maga and Kousseri, print and social media, with an estimated reach of over 900,000 people. A further 344 media professionals were briefed on countering misinformation. Mobilization produced measurable behaviour change as 664 households (4,143 people) built latrines and handwashing facilities in Q3.

Immunization demand and vaccine confidence

In the Far North, a baseline assessment was conducted in four health districts under the Japan-funded project, and focus group discussions with health workers identified barriers to vaccine uptake, including vaccine safety concerns, misinformation and rumours about vaccines, and limited awareness of vaccination schedules and services among caregivers. Multilingual multimedia content promoting the benefits and safety of routine immunization, addressing common misconceptions and rumours, and providing information on vaccination schedules and where to access services reached 44,910 people. In addition, 304 people enrolled on the Internet of Good Things platform.

Back to school and inclusive education

At the start of the school year, digital campaigns promoting back-to-school enrolment, regular attendance, prevention of school dropout, and the reintegration of out-of-school and vulnerable children reached some 7,000 people, while face-to-face mobilization engaged 1,875 parents and caregivers and 1,900 children and adolescents, addressing social and behavioural barriers to enrolment and supporting the reintegration and retention of vulnerable learners. The campaigns also addressed harmful social norms and misconceptions that discourage school attendance, particularly among girls and displaced children.

Community participation and social cohesion

In the crisis-affected North-West and South-West regions, marked by kidnappings and several other forms of violence, trust across communities has weakened. Suspicion grew amongst people and communities. To rebuild trust and strengthen social cohesion, four engagement platforms in Buea, Tiko, Muyuka and Limbe brought together 179 participants (104 men, 75 women), including leaders, youth, CSOs and public and private actors, to voice concerns, identify emerging risks and agree on collective action.

ACCOUNTABILITY TO AFFECTED POPULATIONS (AAP)

In the Far North, feedback and complaint mechanisms were revitalized, including channels through traditional leaders (Blama), community structures and suggestion boxes. 9,385 people (2,444 men, 4,354 women, 1,014 boys, 1,573 girls) were informed about how to give feedback, file complaints and report sexual exploitation and abuse; 2,701 people shared feedback, mainly on the distribution of family and dignity kits, which was addressed through established response mechanisms.

Nationwide, 3,849 feedback entries were collected through the AAP KoboCollect tool, 91 per cent of them from the Far North. The main concerns were transparency and fairness in aid distribution and limited information on available services. Communities also called for greater inclusion of vulnerable groups and more support for water, livelihoods, education and flood-affected populations. These findings are informing programme adjustments.

Q3 evidence shows that SBC helped resolve reported resistance during Mpox outreach and supported concrete household sanitation actions during the cholera response. Communication and feedback mechanisms also extended opportunities for communities to raise concerns. For example, community feedback collected during Mpox outreach revealed concerns and misconceptions about disease transmission, prompting targeted community dialogues and engagement with trusted local leaders, which contributed to increased acceptance of outreach activities. In cholera-affected areas, feedback highlighted limited access to handwashing facilities and sanitation materials, leading to strengthened promotion of household hygiene practices and distribution of hygiene supplies. These actions demonstrate how community participation directly informed programme decisions and closed the feedback loop

Q4 priorities are scaling up social listening and rumour management, sustaining engagement on outbreak response and immunization and documenting how feedback responses and mobilization translate into service uptake and protective practices.

PREVENTION OF SEXUAL EXPLOITATION AND ABUSE (PSEA)

Since risks of SEA can play a great role in the women's decision to either use or not humanitarian assistance provided. Henceforth, UNICEF Cameroon continued to prioritize and strengthen its Prevention of Sexual Exploitation and Abuse (PSEA) efforts through coordination, risk management, and partner capacity strengthening.

On 15 October 2026, UNICEF hosted the 10th Inter-Agency PSEA Network Meeting at its Country Office in Yaoundé. The meeting brought together 40 participants, including 8 participants in person (4 women and 4 men) and 32 participants online. The meeting provided a platform for information sharing, coordination, and strengthening inter-agency collaboration on PSEA.

From 4 to 10 October 2026, UNICEF conducted a safeguarding and PSEA risk assessment in project implementation areas within the East Region of Cameroon, including schools under construction and WASH infrastructure sites located in Mbomba, Ngoura, Gbiti 1A/1B/2A/2B, Sodenou, and Biboko. During the assessment, 40 individuals (28 male and 12 female), including teachers, carpenters, site supervisors, construction workers, masons, engineers, and government personnel, received briefings on child safeguarding and PSEA principles. A risk mitigation plan was developed and will be shared with programme teams to guide corrective and preventive actions.

Regarding the United Nations Implementing Partner PSEA Capacity Assessment, UNICEF successfully completed assessments for three partners. The Cameroon Red Cross (CRC) improved from Low Capacity to Medium Capacity. Petrichor Football Association advanced from Low Capacity to Full Capacity, while Good Neighbors International progressed from Medium Capacity to Full Capacity.

Several challenges affected the completion of partner assessments, including technical issues on the UN Partner Portal (UNPP), the need for continuous coaching, and limited partner availability. To address these challenges and sustain progress, UNICEF plans to launch a Community of Practice (CoP) for PSEA Focal Points and Alternate Focal Points of UNICEF Cameroon partners. The initiative will provide a collaborative platform for peer learning, experience sharing, capacity strengthening, and the harmonized implementation of PSEA standards across partner organizations.

SUPPLY

By September 2026, UNICEF delivered over 1.650 metric tons of life-saving supplies valued at USD 3.5 million across Cameroon. These included essential medicines and nutrition commodities, diagnostic and testing kits, therapeutic nutrition products, cold chain equipment, education materials and school furniture, WASH supplies, and child protection kits, supporting critical services for vulnerable children and communities.

UNICEF also supported the construction of 10 classrooms, 10 sanitation facilities and 6 water supply systems across the 2 regions including the Far North, improving access to quality education, safe water, sanitation, and other essential services for a total value of 620 000 USD.

As part of UNICEF's efforts to advance supply chain localization and strengthen national market capacity, a joint localization mission was conducted in Cameroon to assess local manufacturing capabilities and identify opportunities for increased participation of domestic suppliers in UNICEF procurement and humanitarian supply chains. The mission highlighted promising market potential while identifying gaps in manufacturing capacity and suppliers' readiness to meet institutional procurement requirements, underscoring the importance of strategic private sector engagement and targeted market development.

HUMANITARIAN LEADERSHIP, COORDINATION AND STRATEGY

During Q3 2026, UNICEF maintained leadership responsibilities in the Child Protection Area of Responsibility, Nutrition Sector, Education Cluster and WASH Cluster/Sector, while supporting OCHA- and government-led inter-sector coordination at national and sub-national levels. Coordination efforts focused on sustaining humanitarian operations, supporting outbreak preparedness and response, and advancing the transition towards nationally led sector coordination arrangements.

In the Far North, UNICEF supported government authorities and humanitarian partners to coordinate the cholera response through information-sharing, joint planning, partner mapping and identification of operational gaps in affected health districts. WASH coordination meetings increased from monthly to weekly, providing a more frequent platform for reviewing evolving needs, monitoring response coverage and aligning partner interventions.

In the North-West and South-West, UNICEF supported coordination in the context of continued insecurity and humanitarian access constraints, while advancing discussions on the transition from cluster to sector coordination and its links with Area-Based Coordination (ABC). Building on consultations undertaken during the first half of the year, the WASH Cluster and other UNICEF-led coordination structures jointly organized a two-day workshop on cluster transition. Participants agreed on the need for a harmonized transition roadmap, stronger sector–ABC collaboration, greater government engagement and investment in coordination and information management capacities. These agreements established shared priorities to guide the transition and preserve technical coordination functions within evolving arrangements.

UNICEF also supported accountability to affected populations and community engagement through feedback mechanisms that highlighted concerns about fairness in assistance, access to service information and inclusion of vulnerable groups. These findings provided a basis for cross-sector dialogue on community priorities and response gaps.

Insecurity and physical access constraints remained challenges to humanitarian coordination. Priorities for the coming period include translating workshop agreements into clear responsibilities and timelines, strengthening government participation, sustaining coordination and information management capacities, and systematically reviewing community feedback within coordination platforms. These measures are intended to maintain coordination continuity, strengthen joint planning and support a responsive transition towards nationally led systems.

HUMAN INTEREST STORIES AND EXTERNAL MEDIA



UNICEF/2026/AZUKA Menkiti

Inclusive Education in Crisis Cameroon: Adriel & Kimberly

In crisis-hit Cameroon, insecurity and displacement exclude children with disabilities from education not for lack of ability, but because needed support remains out of reach.

The prolonged crisis in Cameroon's North-West and South-West regions has intensified the challenges children living with disabilities already face in accessing education. Years of insecurity, repeated attacks on education, and displacement have left many children with disabilities excluded from learning, not because they lack the ability to succeed, but because the support they need has often been out of reach.

To ensure that no child is left behind, UNICEF, together with the Cameroon Baptist Convention Health Services (CBCHS) and

Presbyterian Community Rehabilitation Services (PCRS), is strengthening disability-inclusive education through the Education in Emergencies programme. Children are screened to identify functional difficulties, provided with appropriate assistive devices, and enrolled in accessible Temporary Learning Spaces (TLS) and schools where trained teachers support their learning alongside their peers.

When the disability inclusion programme reached their TLS in their communities, the lives of six-year-old Adriel Etoma and seven-year-old Kimberly Ndibongha began to change.

Seeing the board clearly

When Adriel Etoma first enrolled in the TLS in his community, learning was difficult; going to his TLS was something he looked forward to, but living with albinism meant that learning was often difficult. His visual impairment made it challenging to see what his facilitator wrote on the board, while bright sunlight limited his ability to play and interact with his classmates.

His father, Sylvester, remembers watching his son struggle every day.

"Before he received the lenses, he had difficulty seeing what the teacher wrote on the board, Even moving around was difficult for him." *Sylvester, Adriel's Father*

His teacher experienced these challenges firsthand.

"I always put him in the front row beside me because he couldn't see the board well, writing was very difficult for him, he was very slow in copying from the board and often he was copying the wrong things."

Although Adriel wanted to learn and like every other child, his visual impairment limited his participation both inside and outside the classroom.

Following a vision assessment conducted through the disability inclusion programme, Adriel received prescription lenses tailored to his needs.

The change was almost immediate.

"From the very first day he started using the lenses, everything changed, His movement improved, and he became much more confident." *S* ylvester, Adriel's Father

Today, Adriel follows lessons with confidence, moves around the school independently, and enjoys playing with his classmates.

His father has also noticed the difference at home.

"The lenses have helped him one hundred per cent. If I had to buy them myself, I don't think it would have been possible."

Finding Her Voice

Like Adriel, seven-year-old Kimberly Ndibongha also faced barriers to learning, but hers were different. From infancy, Kimberly lived with a hearing impairment that made communication difficult both at home and at school.

Her grandmother, Adama Esther, remembers the uncertainty the family experienced.

"When she was still very young, we realized she could not hear properly, when people talked to her, she would not respond because she couldn't hear them."

Without the ability to hear clearly, Kimberly struggled to understand class lessons and found it difficult to communicate with those around her. After being identified through the programme and receiving hearing aids, everything began to change.

"Now she can hear people when they speak to her; she talks much better now. Before, her speech was unclear, but now people can understand what she is saying."

Her progress is evident both at school and at home. Unable to afford hearing aids on her own, Kimberly's grandmother describes the support as life-changing.

"Without this support, I would never have been able to help her. I thank everyone who made this possible."

Today, she encourages other families not to hide children with disabilities but to seek support and ensure they attend school.

"These children can learn and have a better future if they receive the right support."

Inclusion Is More Than an Assistive Device

For Adriel's facilitator, inclusive education means creating a classroom where every child can participate and succeed.

The Temporary Learning Space supports children with different disabilities, including learners with hearing impairments and physical disabilities, through UNICEF's disability inclusion programme. Accessible pathways and disability-friendly sanitation facilities ensure that children using mobility aids can move safely and independently throughout the learning space.

"I am trying my best to support every child. If we receive more training, we will be able to support them even better."

Her philosophy is simple.

"All children can learn," she says.

"We should never keep children with disabilities away from school. When they learn together with other children, they build confidence, make friends, and we discover talents we never knew they had."

Beyond the Classroom

The stories of Adriel and Kimberly demonstrate that inclusive education is about much more than providing assistive devices. It is about removing barriers so that children with disabilities can learn, communicate, participate, and thrive alongside their peers.

This inclusion extends beyond the classroom walls. Through community engagement, radio broadcasts, and direct outreach, UNICEF, alongside implementing partners Cameroon Baptist Convention Health Services (CBCHS) and Presbyterian Community Rehabilitation Services (PCRS), is promoting positive attitudes toward disability and challenging the stigma that too often prevents children from accessing education. Families and communities are increasingly recognising that every child can learn and that disability should never be a reason for exclusion. Many children with disabilities in crisis-affected communities still lack access to the education, health, protection, and rehabilitation services they require. A sustained collaboration between the Government, local authorities, communities, and families is essential to ensure that children with disabilities are identified early, supported effectively, and fully included in education.

Every child has the right to learn, to be protected, and to thrive. Achieving this requires all of us to remove barriers, challenge stigma, and ensure that children with disabilities are no longer isolated or overlooked.

Because inclusion is not optional, it is a shared responsibility, and it begins by seeing the child, not the disability.

https://www.unicef.org/cameroon/stories/inclusive-education-crisis-cameroon-adriel-kimberly

- Psychological support helps crisis-hit children heal, learn in Muyuka
- Restoring Hope in Crisis: Inside UNICEF's Safe Learning Spaces
- How do you rebuild a path back to learning for children who have lost years of education?
- A Safe Place to Learn, Grow, and Dream: Protecting Education in Times of Emergency
- See the child, not the disability
- U-Girls at the Heart of the Cholera Response
- Ending period poverty in emergencies
- Back to learning
- From the radio education to their dreams - video
- What does menstruation mean to you? - video
- She came to school. She stayed

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: 4 FEBRUARY 2027

ANNEX A - PROGRAMME RESULTS

Consolidated Programme Results

Sector			UNICEF and IPs response			Cluster/Sector response		
Indicator	Disaggregation	Total needs	2026 targets	Total results	Progress*	2026 targets	Total results	Progress*
Health and HIV/AIDS								
Children and women accessing primary health care in UNICEF-supported facilities	Total	-	111,924	17,040	▲ 15%	-	-	-
Children vaccinated against measles, supplemental dose	Total	-	6,675	283,508	0%	-	-	-
People receiving insecticide treated nets	Total	-	5,500	2,250	▲ 32%	-	-	-
Pregnant and lactating women living with HIV receiving antiretroviral therapy	Total	-	1,012	17,040	▲ 1684%	-	-	-
Nutrition								
Children 6-59 months screened for wasting	Total	-	816,000	764,134	▲ 33%	462,966	807,939	▲ 2%
	Girls	-	-	419,538	-	-	428,799	-
	Boys	-	-	344,596	-	-	379,140	-
Children 0-59 months with severe wasting admitted for treatment	Total	-	89,643	48,315	▲ 21%	50,152	47,308	▲ 43%
	Girls	-	-	25,875	-	-	25,377	-
	Boys	-	-	22,440	-	-	21,931	-
Primary caregivers of children 0-23 months receiving infant and young child feeding counselling	Total	-	329,843	113,174	▲ 1%	170,471	144,674	▲ 5%
	Women	-	-	99,014	-	-	130,572	-
	Men	-	-	10,890	-	-	17,369	-
Children 6-59 months receiving micronutrient powder	Total	-	78,100	64,179	▲ 4%	78,100	64,179	▲ 4%
	Girls	-	-	33,895	-	-	33,895	-
	Boys	-	-	29,404	-	-	29,404	-
Pregnant women receiving preventative iron supplementation	Total	-	83,275	66,573	▲ 9%	59,776	84,036	▲ 33%
Child protection and GBViE								
Children, adolescents and caregivers accessing community-based mental health and psychosocial support	Total	-	374,900	36,129	▲ 1%	799,605	50,358	▲ 1%
	Girls	-	-	15,176	-	-	20,346	-
	Boys	-	-	11,754	-	-	16,464	-

Sector			UNICEF and IPs response			Cluster/Sector response		
Indicator	Disaggregation	Total needs	2026 targets	Total results	Progress*	2026 targets	Total results	Progress*
	Women	-	-	5,655	-	-	8,335	-
	Men	-	-	3,544	-	-	5,213	-
Women, girls and boys accessing gender-based violence risk mitigation, prevention and/or response interventions	Total	-	187,500	17,506	0%	399,803	25,733	0%
	Girls	-	-	6,041	-	-	9,697	-
	Boys	-	-	4,531	-	-	7,371	-
	Women	-	-	6,934	-	-	8,665	-
Children who have exited armed forces and groups provided with protection or reintegration support	Total	-	303	433	▲ 99%	21,514	443	▲ 1%
	Girls	-	-	243	-	-	247	-
	Boys	-	-	190	-	-	196	-
Unaccompanied and separated children provided with alternative care and/or reunified	Total	-	907	471	▲ 39%	907	606	▲ 47%
	Girls	-	-	308	-	-	381	-
	Boys	-	-	163	-	-	225	-
Children who have received individual case management	Total	-	16,000	770	▲ 3%	303	5,958	▲ 283%
	Girls	-	-	364	-	-	3,149	-
	Boys	-	-	406	-	-	2,809	-
Education								
Children accessing formal or non-formal education, including early learning	Total	-	281,068	36,223	▲ 2%	775,205	94,865	▲ 2%
	Girls	-	-	20,084	-	-	46,516	-
	Boys	-	-	16,139	-	-	48,131	-
Children receiving individual learning materials	Total	-	281,068	96	0%	773,225	3,974	0%
	Girls	-	-	61	-	-	2,215	-
	Boys	-	-	35	-	-	1,759	-
Children accessing mental health and psychosocial support programmes and services in their schools/learning programmes	Total	-	281,068	8,095	0%	773,225	13,595	0%
	Girls	-	-	4,937	-	-	6,812	-

Sector			UNICEF and IPs response			Cluster/Sector response		
Indicator	Disaggregation	Total needs	2026 targets	Total results	Progress*	2026 targets	Total results	Progress*
	Boys	-	-	3,158	-	-	6,783	-
Water, sanitation and hygiene								
People accessing a sufficient quantity and quality of water for drinking and domestic needs	Total	-	46,418	68,329	▲ 11%	1.3 million	127,165	▲ 2%
	Girls	-	-	21,028	-	-	38,893	-
	Boys	-	-	17,735	-	-	31,909	-
	Women	-	-	15,971	-	-	32,274	-
	Men	-	-	13,595	-	-	24,089	-
People accessing appropriate sanitation services	Total	-	38,822	22,677	▲ 36%	1.6 million	75,729	▲ 3%
	Girls	-	-	8,312	-	-	18,518	-
	Boys	-	-	6,584	-	-	15,020	-
	Women	-	-	4,384	-	-	25,012	-
	Men	-	-	3,397	-	-	17,179	-
Women and girls accessing menstrual hygiene management services	Total	-	2,146	3,646	▲ 30%	-	10,214	-
	Girls	-	-	2,509	-	-	5,456	-
	Women	-	-	1,137	-	-	4,758	-
People reached with handwashing behaviour-change programmes	Total	-	121,000	126,283	▲ 100%	955,992	171,196	▲ 15%
	Girls	-	-	36,278	-	-	50,476	-
	Boys	-	-	32,426	-	-	42,466	-
	Women	-	-	31,878	-	-	44,256	-
	Men	-	-	25,701	-	-	33,998	-
People reached with critical WASH supplies	Total	-	14,748	19,166	▲ 81%	955,992	57,502	▲ 2%
	Girls	-	-	6,063	-	-	17,031	-
	Boys	-	-	5,513	-	-	15,406	-
	Women	-	-	4,219	-	-	14,174	-
	Men	-	-	3,371	-	-	10,891	-
Social protection								

Sector			UNICEF and IPs response			Cluster/Sector response		
Indicator	Disaggregation	Total needs	2026 targets	Total results	Progress*	2026 targets	Total results	Progress*
Households benefitting from social protection assistance from government funded programmes with UNICEF technical assistance	Total	-	10,000	-	0%	-	-	-
Cross-sectoral (HCT, SBC, RCCE and AAP)								
Households reached with UNICEF-funded humanitarian cash transfers (including for social protection and other sectors)	Total	-	2,000	-	0%	-	-	-
People reached with timely and life-saving information on how and where to access available services	Total	-	2.5 million	99,467	0%	-	-	-
People engaged in reflective dialogue through community platforms	Total	-	46,560	125,690	0%	-	-	-
People sharing their concerns and asking questions through established feedback mechanisms	Total	-	35,262	44,079	0%	-	-	-
People with safe and accessible channels to report sexual exploitation and abuse by personnel who provide assistance to affected populations	Total	-	836,392	118,574	▲ 11%	-	-	-

**Progress in the reporting period 1 July to 30 September*

ANNEX B — FUNDING STATUS

Consolidated funding by sector

		Funding available		Funding gap	
Sector	Requirements[6,7]	Humanitarian resources received in 2026	Resources available from 2025 (carry over)	Funding gap (US$)	Funding gap (%)
Health and HIV/AIDS	1,214,230	308,938	3,272	902,019	74%
Nutrition	14,743,957	819,352	132,152	13,792,452	94%
Child protection and GBViE	12,118,047[8,9]	527,182	84,681	11,506,182	95%
Education	13,514,182	1,149,355	40,490	12,324,336	91%
WASH	8,377,411	1,781,180	264,613	6,331,617	76%
Social protection	228,960	-	-	228,960	100%
Cross-sectoral (PSEA, HCT, SBC, AAP, and ADAP)	3,641,366[10]	2,034,853	173,212	1,433,300	39%
Total	**53,838,153**	**6,620,861**	**698,422**	**46,518,869**	**86%**

Funding available - funding available in the current appeal year to respond in line with the current HAC appeal.
Humanitarian resources– humanitarian funding commitments received from donors in the current appeal year.
Resources available from 2025 (carry over)– funding received in the previous appeal year that is available to respond in line with the current HAC appeal

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ENDNOTES

1. Cameroon situation épidémiologique des mape et ap se 40, 2026
2. Cameroon Humanitarian Needs and Response Plan 2026 (HNRP 2026)
3. Ibid
4. Internally Displaced Persons; (IDPs): 1,004,257; Returnee IDPs 790,842. IDPs and Returnees : IOM, DTM August 2025, MSNA August 2025. Refugees 450,131 and asylum seekers 11,575 : UNHCR
5. Ministry of Public Health (MINSANTE), Bulletin SIMR, semaine épidémiologique 38, 2026
6. Despite the increase in people, including children, to be reached in this 2026 Humanitarian Action for Children appeal, compared with the 2025 appeal, the UNICEF funding requirement has decreased by 30 per cent. This is due to a transition in costing methodology from a project-based approach to an activity-based approach, in line with inter-agency planning guidance. This has improved cost precision by eliminating duplicated cost lines and overlapping activities, harmonizing unit costs and strengthening alignment with inter-agency planning guidance.
7. This includes 2.7 per cent for protection from sexual exploitation and abuse and 5.2 per cent for gender-based violence prevention and response.
8. This includes $9,305,547 for child protection and $2,812,500 for prevention and response to gender-based violence in emergencies.
9. UNICEF’s Child Protection response is fully aligned with the scope of child protection priorities under the Protection Cluster within the 2026 Humanitarian Needs and Response Plan (HNRP). UNICEF’s requirement captures the full cost of delivering comprehensive child protection interventions across the protection continuum, including specialized services and case management.
10. This includes $1,436,252 for interventions for protection from sexual exploitation and abuse, $286,200 for humanitarian cash transfers, $447,617 for adolescent participation and $1,471,297 for social and behaviour change interventions.