



# CAMEROON

## Humanitarian Situation Report

unicef 

### SITUATION IN NUMBERS

## Highlights

UNICEF continues to be engaged in providing humanitarian response in four regions of Cameroon – Far North, North, Adamaoua and East – which have been facing recurring emergencies such as increased food insecurity after the dry season, widespread epidemics such as cholera and meningitis, floods, and the continued influx of refugees from CAR and Nigeria.

- **CAR REFUGEES:** With the deteriorating security situation in CAR since March 2013 due to fighting between Seleka rebels and Anti Balaka militias, Cameroon is faced with many refugees and asylum seekers. As of 20 April 2014, over 73,000 people have been officially registered as refugees since January, of which 84% are women or children. It is anticipated that the number of refugees could reach up to 100,000 people in Cameroon in 2014. For more details visit an online map accessible at <http://carcrisis.unicef-gis.org>. UNICEF is focused on providing an integrated emergency response for CAR refugees as part of the coordinated humanitarian effort. Lack of sufficient funding is affecting the delivery of response to scale, impacting ability to build partners' capacities on the ground, and the timely delivery of response to affected populations
- **SAHEL NUTRITION CRISIS:** In 2014 the four affected regions anticipate a targeted caseload of 48,778 children under 5 with severe acute malnutrition (SAM) and 92,794 children under 5 with moderate acute malnutrition (MAM).
- **NIGERIAN REFUGEES:** 5,289 Nigerian refugees are verified and pre-registered in Far North region
- The office funding needs stand at USD 25.5 million for responding to these emergencies and the funding gap as of April 30 stands at 95%.

April 30, 2014

### CAR REFUGEES

**73,096** (as of April 20, 2014)

**100,000** (expected in 2014)

SAHEL NUTRITION CRISIS (targeted caseloads of children)

**48,778 SAM**

**92,794 MAM**

### NIGERIAN REFUGEES

**5,289**

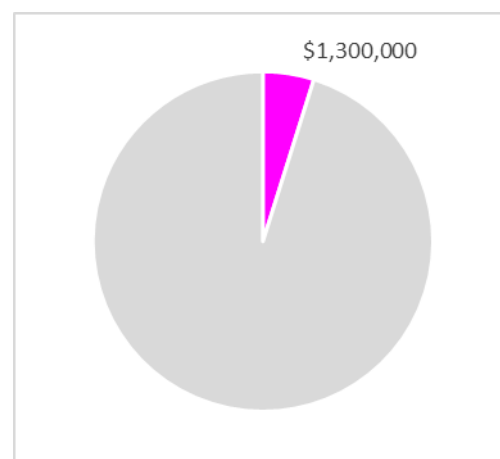
UNICEF Appeal 2014\*

**US\$ 25.5 million**

Funds received in 2014

**5%**

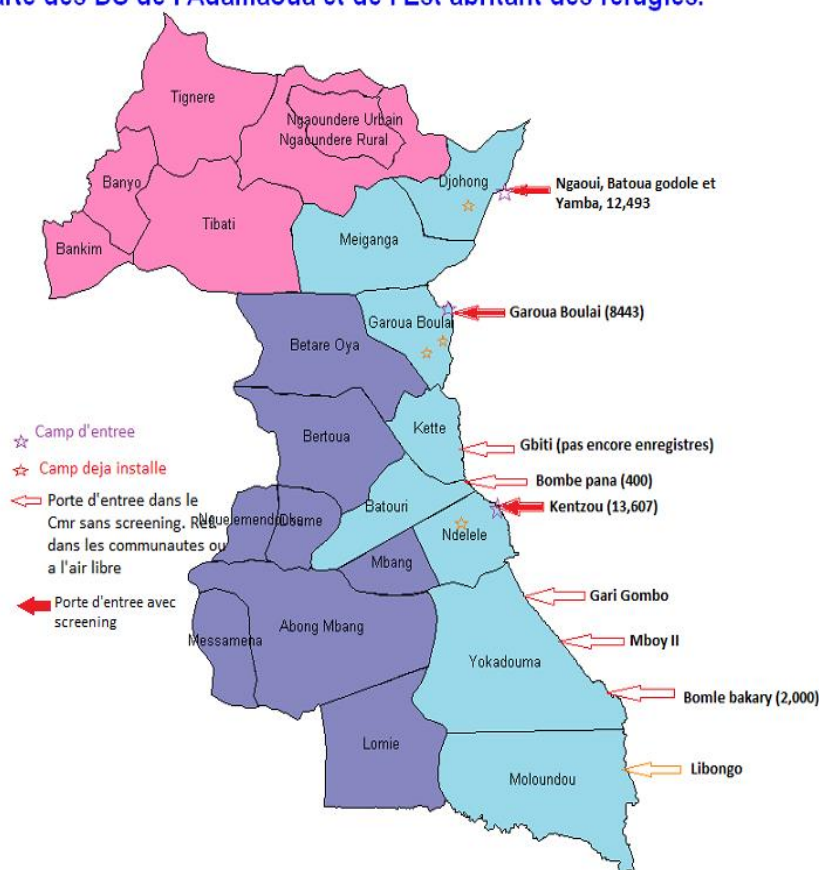
	UNICEF		Sector/Cluster	
	UNICEF Target	Cumulative results (#)	Cluster Target	Cumulative results (#)
WASH – # of affected families receiving wash kits	10,000	3,544	16,000	3,544
Education – # of school age children having school supplies	26,015	0	26,015	0
Health Indicator - # of children >1 immunized against measles (January -March 2014 )			75,694	13,123
Nutrition - # children <5 with SAM admitted to care	4,554	238	4,554	238
Child Protection - # of children accessing psycho-social support	20,000	963	30,000	963



## Situation Overview & Humanitarian Needs

**CAR Refugee Crisis:** The current political and humanitarian crisis in CAR started in December 2012 when armed attacks against the central government intensified, leading to the president to be deposed and replaced in March 2013. These developments are central to the latest crisis, which has resulted in the internal displacement of around 20 per cent of the country's population and the outflow since December 2013 of close to 200,000 refugees into neighbouring countries. Cameroon has been hosting over 92,000 CAR refugees before the recent hostilities and by early April 73,096 new refugees had been registered by UNHCR since December 2013. It is expected that almost 100,000 new refugee needs will have to be catered for till December 2014. The majority of the newly arrived refugees (ca. 57 per cent) are children of which about 20 per cent are below five years. About 53 per cent of refugees are female and 3 per cent elderly persons. See annex for CAR refugee data.

**Carte des DS de l'Adamaoua et de l'Est abritant des réfugiés.**



**Sahel Nutrition Crisis:** About 5.9 million people live in the North and Far North regions; up to 1.18 million are children under five years of age. In 2014, out of an estimated 55,198 SAM burden and 132,434 MAM burden in children, the targeted caseload that will be supported in Far North, North, Adamaoua and East regions is 48,778 children under-five for SAM and 92,794 children under-five for MAM. To date in 2014, 10 cases of cholera with 4 deaths have been reported in Touboro (North region) out of 19 cases reported at the national level. The situation is being constantly monitored as this is the beginning of rainy season in the affected zone.

**Nigerian Refugee Crisis:** Following the serious deterioration of the security situation in Borno State, Nigeria, in June 2013, 5,289 refugees came in as verified and registered by UNHCR. 2,454 persons have been transferred to the Minawao Camp. UN agencies have ensured access to health, nutrition, water, and to avoid a deterioration of the humanitarian situation.

**Front Page Photo caption** – A child receiving his polio drops during the National Immunization Day observed on April 11, 2014 in Gado village, East Region of Cameroon © UNICEF/ Moise Nkoumou 2014

### Estimated Affected Population

(Estimates calculated based on initial figures from UNICEF Humanitarian Action Update February 2014, Cameroon General Census revisions 2013)

### Start of humanitarian response:

	Total
Total Affected Population	5,891,785
Children Under Five	1,178,357
Children 6 to 23 months	350,089
Pregnant women	368,186
Children Under Five with Severe Acute Malnutrition (SAM)	48,778
Children Under Five with SAM and medical complications	4,878

## Humanitarian leadership and coordination

A joint UN Mission (UNICEF, WHO, UNHCR, UNFPA, IOM, WFP) was conducted from February 18 to 22 for a rapid assessment both at the entry point of refugee in East and Adamawa Regions and sites identified by UNHCR for refugee location. Based on the available information, the UNCT meeting held on 26 February 26 agreed on the priority sectors as Food, Nutrition, Health, WASH, Protection, Education and Non Food Items, and to support refugees in both communities and in the camps. Cluster lead agencies were requested to organize coordination meetings for prioritization of sector interventions for the response. All the clusters have been holding their meetings regularly every month (nutrition cluster meets every week) and the minutes of the meetings are available. UNICEF has activated Nutrition and WASH cluster groups as a lead and Education cluster as a co-lead. UNICEF has also activated Child Protection sub-group.

From March 11 to 14 a UNICEF mission headed by the Representative visited two refugee sites (Mbonguene and Gabo) and the transit camp (Garoua Boulaye), and held discussions with the governmental partners, NGOs and other UN agencies to fast track the response to the crisis.

## Humanitarian Strategy

UNHCR has taken a lead role in responding to the CAR refugee crisis with other UN agencies supporting specific interventions. Throughout the Sahel nutrition crisis, UNICEF has taken a lead role in mobilizing and involving key stakeholders in the response, specifically in Nutrition, WASH and Education. Such a role involved organizing and facilitating dialogue among stakeholders while making sure that the government meaningfully participates. For Nutrition, Education and WASH sectors, the technical lead role that UNICEF plays has helped to define critical interventions to be carried out, and to set up practical monitoring mechanisms for follow up and impact measurement. UNICEF has taken a lead role for the coordination of the implementation of the Child Protection response. Active support and coordination with UNCT teams have made possible a joint appeal for CAR as well as CERF donor appeal. Finally, UNICEF's leadership role also includes planning and organizing field visits to selected sites whenever necessary, making sure that critical stakeholders are part of it.

## Summary Analysis of Programme response

### CAR REFUGEE RESPONSE

**NUTRITION:** All refugees are vulnerable to malnutrition and to measles, malaria and diarrhoea. Lack of sufficient quality food, water and sanitation services, and preventive and curative health are the main causes. Refugees have travelled a great distance, often on foot. The coming rain and cold are considered as main threats. Nutrition screening is being done at entry points and in transit sites by NGO partners. The rates of severe acute malnutrition (SAM) are not consistent, as methods and thresholds vary from one partner to another (3.8%; 7.5% and even 12% of SAM cases have been reported). A nutrition screening was held during the measles immunization campaign between 20<sup>th</sup> and 22<sup>nd</sup> of March; the results presented below give an overview of the global situation and show a markedly deteriorated nutritional status among the refugee population. A nutrition survey with SMART methods undertaken in April in refugee camps in Cameroon is expected to give more precise prevalence figures.

	Green	Yellow	Red	Oedema	Total	Normal	MAM	SAM	GAM
<b>Host population</b>	5,709	286	56	2	6,053	94.3%	4.7%	1.0%	5.7%
<b>Refugees</b>	8,457	854	508	16	9,835	86.0%	8.7%	5.3%	14.0%

All SAM cases identified are transferred to outpatient treatment programmes (OTP) and inpatient facilities (InpF) that are located in health centres around the sites. An estimation of number of SAM cases for 2014 (Jan-Dec) is 5,060 SAM cases for new refugees (4,554 targeted – as per 90% coverage in refugees camps). UNICEF has already trained 220 health staff from 97 Outpatient Treatment Programmes (OTP) and 14 Therapeutic Feeding Centres (TFC) in East and Adamawa. UNICEF also trained 42 additional health staff working for national and international NGOs in the affected areas. Since January, 2,809 boxes of Ready to Use Therapeutic Food (RUTF), 167 boxes of F75 and 119 boxes of F100 therapeutic milk and drugs for InpF have been distributed, and contingency stocks of 150 boxes of RUTF and 30 boxes

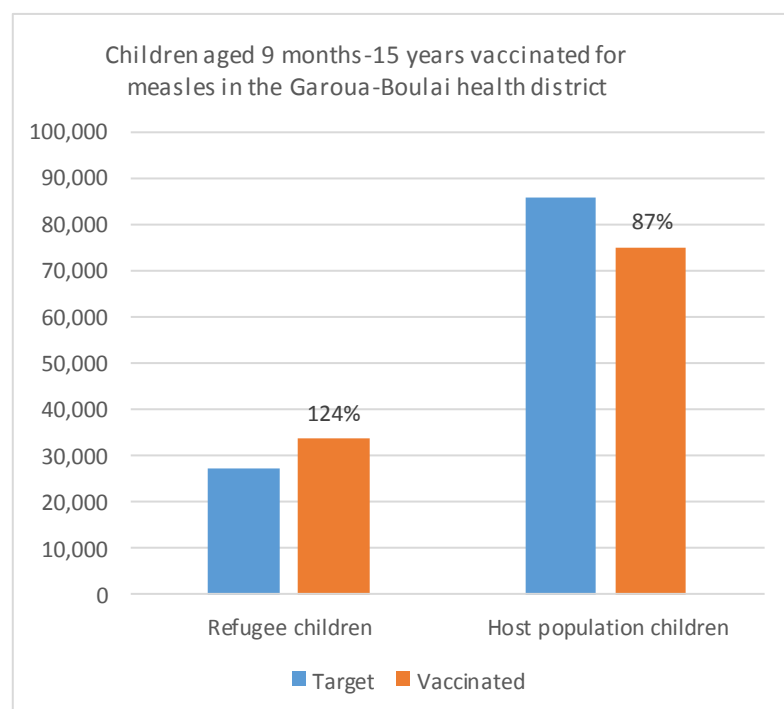
of Vitamin A were pre-positioned. As the leader of Nutrition coordination, continuous coordination with Nutrition focal points, NGOs and other UN agencies in Bertoua and in Adamawa is ensured. Since February, 400 children are reported to have been admitted for severe acute malnutrition treatment (this figure might rise up as data is under collection at field level).

**WASH:** The needs identified by UNHCR as of March 23rd for CAR refugees in the five camps are currently estimated at 78 boreholes 3,200 latrines and showers, 320 tanks and 50 dust bins. UNICEF's response will include ensuring water supply in some camps through construction of boreholes connected to bladders, pipes and taps, construction of sanitation facilities (latrines), promotion of hygiene in the camp, collection and management of waste, wastewater drainage and provision of 10,000 WASH kits and hygiene messages, and distribution of hygiene kits and aquatabs for household water treatment. UNICEF also plans to support hosted communities. The implementation is being planned through one international NGOs - PU-AMI in Adamawa Region and 2 national NGOs – ACEEN and AIDER in the East Region. So far, 3,544 WASH kits and have been distributed, and the coordination of WASH sectorial group is effective at the national and regional level.

In targeted refugee site for wash infrastructure construction, the figures are as below.

REFUGEE SITE	Population as of 20.04.2014	Latrines			Borehole		
		Needed	Planned	Ongoing	Needed	Planned	Ongoing
GADO	4361	218	200	28	3	-	To be done by other partner
BORGOP	4545	227	300	24	9	6	-
MBILE	791	40	200	32	2	8	-

New refugee are still expected in Mbile and Borgop refugee site



**HEALTH: Measles Response** - a measles outbreak response campaign was conducted from 16-19 April in the Garoua-Boulai health district. Eighteen (18) health areas were concerned, targeting 113,289 children aged 9 months to 15 years, out of which 85,912 in the host population and 27,377 refugee children. Final results showed that 33,809 (124%) of the refugee (The increase is because of daily entry of new refugees and secondly the age limit of 9 months and fifteen years is not strictly respected) children and 75,088 (87%) from the host population were immunized against measles. The Adamoua region is currently training vaccinators and social mobilizers to conduct a preventive measles campaign by end of April in three health districts hosting refugees (Ngaoundere rural, Meiganga, and Djohong). 25,000 long lasting insecticide treated nets (LLINs) (out of which 2,000 are from UNICEF) provided by different partners have been stored in the refugee camps of Lolo and Gado in

the East region pending distribution in the days ahead.

**Polio Response:** Cameroon is currently facing an epidemic of the wild Polio Virus. Since January, 3 cases have been confirmed in the Centre (2) and South (1) regions. The final results of the third round of vaccinations are as follows: East (218, 247/ 157 253) 138, 79 %, Adamawa (304 338/ 275 112) 110, 62 %, North (688 231/ 637 858) 107, 90 %, Far-north region (1 228 046/ 1 157 214) 106, 12 %. A fourth round of polio response campaign was organised nation-wide on 11-12 April. Results are still partial, and figures are being finalised with regards to the total number of vaccinated refugee children. An evaluation of the polio response campaign in the country was conducted by a multi-partner team from MoH, WHO, UNICEF, CDC, BMGF, USAID from 7-17 April. Findings and recommendations were shared with all partners for implementation in view of improving the quality of subsequent rounds.

**EDUCATION AND PROTECTION:** With the influx of new refugees in various sites, children currently represent approximately 60% of the entire registered CAR refugee population. Plan Cameroon was identified as a potential partner to support the educational response. This partnership will include the establishment of education and child



protection centres (*Espaces Temporaires d'Apprentissage et de Protection des Enfants* - ETAPes) in each refugee site and the provision of quality educational activities for preschool, primary school-age students and adolescents.

Child protection field activities are ongoing in GADO and LOLO with the NGO-ASSEJA to reduce trauma and violence, as well as support the resilience and well-being of affected children and their families. 12 social workers of ASSEJA have been identified and trained on child protection in emergency as well as Minimum Standards for Child Protection in Humanitarian Settings to improve their knowledge in child-centred psychosocial care in emergency. An intervention team composed of 3 social workers have been deployed in each site to provide psychosocial support to the most vulnerable children and their family. From April 14 to April 19 the following data was collected during 89 home visits (30 Lolo, 59 Gado, and the work is still ongoing:

- 963 vulnerable children identified (867 Lolo, 96 Gado, identification is ongoing)
- 8 children referred to MSF for psychological support
- 7 malnourished children referred to the Red Cross
- 3 unaccompanied children identified and referred to UNHCR
- 1 child in process to be trafficked identified.

8 child friendly spaces are being set up (4 in Gado and 4 in Lolo) and 24 local animators have been identified and trained on child friendly space animation and basic psychosocial support for children. They will be assigned to carry out daily activities of sites animation. Sensitization and Awareness meetings on the implementation of Child friendly spaces have been done with 91 community members, leaders and parents (48 Gado and 43 Lolo). Gradually these child friendly spaces will become ETAPes and will be used for the development of relevant activities of child protection, education and communities based interventions.

**HIV/AIDS:** Over the reporting period, the regional HIV task group performed field visits to the refugee sites to actively collect additional information in order to ensure more accurate programming. A regional advocacy meeting was organised gathering key stakeholders including regional authorities and chaired by the governor to raise awareness on HIV in emergencies and to ensure that all actors incorporate HIV in their sectorial responses. HIV drugs and supplies were provided to the regional office of ministry of health, and will be pre-positioned in health facilities surrounding the refugee camps. This will help ensure that HIV services are available and delivered to refugees. Additionally, as part of health and community system strengthening, about 30 service providers were trained in the district of Batouri and Betare Oya and 45 community volunteers trained to lead on HIV awareness-raising action in the camps targeting women and adolescents. HIV prevention message are now broadcast in Bertoua to reach refugees and surrounding communities with prevention messages and how to access services.

**INNOVATION LAB:** UNICEF has initiated the use of an innovative data collection method for need assessment and monitoring of emergency response through mobile phones, which had been pilot-tested and pre-positioned for such an emergency. Data collection includes GPS locations, and major points of interest are automatically referenced on an online map accessible at <http://carcrisis.unicef-gis.org>

## **SAHEL NUTRITION CRISIS RESPONSE**

**NUTRITION:** UNICEF support to the Sahel Nutrition response continues through its Maroua Field office. During the reporting period, a joint training course on the new IMAM protocol for 360 health workers was completed in Maroua, in collaboration with the central and regional health services and French Red Cross. Supervision and technical support to OPT and the InpF continues. The Maroua Field Office continues to provide support in the field and the emergency response plan for the region is activated as per the schedule. As part of the 'WASH in NUT' response strategy 3,074 WASH Kits have been distributed this year to families with SAM children.

**WASH:** As part of the rapid response to prevent cholera, supply is being made for household water treatment products (4 cartons of aquatabs, 2 cartons of chorine detector), 20 cartons of soap, 1 sprayer, 2 buckets of 45kg of chlorine, disinfection equipment (2 pairs of boots, 8 pairs of gloves, 5 masks) 2 boxes of Basic Family Water, 20 kettles, sensitization materials (150 posters and cholera protocols) and 50 hand washing stations.

## **NIGERIAN REFUGEE RESPONSE**

**HEALTH:** 1,508 children aged 0 to 59 months in Minawao camp were vaccinated during the April National Immunization Day rounds.

**PROTECTION:** The project with ALDEPA for Nigerian refugees in the MINAWAO camp (Far North) is still ongoing. Vulnerable children and their families are reached through interventions aiming to prevent violence, psychosocial

## Communications for Development (C4D)

## Supply and Logistics

- Education: 4,391.52 USD (Student & Classroom supplies)
- HIV-AIDS: 226,631.4 USD (ARV's)
- Nutrition: 102,406.59 USD (Therapeutic foods)

## Media and External Communication

As a support to the April round of National Immunization Days against Polio, 25 journalists from 15 press organisations and community Radios of the East Region were sensitized on the need for creating correct awareness about the problem and help remind parents of children less than one year to bring their children for routine immunization.

## Security

Security Level 3 requires a security escort for East and Adamoua regions. For the Far North Region, UN teams continue to require security escort to travel out of the capital to Maroua.

## Funding

UNICEF CAMEROON 2014 HAC and CAR refugee needs (April 9)						
Sector	2014 HAC/SRP Requirements*	CAR Regional Response Plan- Joint Appeal**	Total Requirement	Funds available	Funding gap	
					\$	%
<b>Nutrition</b>	3,000,000	1,533,600	4,533,600	340,000	4,193,600	93%
<b>Health/HIV</b>	2,000,000	2,948,400	4,948,400	330,000	4,618,400	93%
<b>WASH</b>	1,500,000	4,320,000	5,820,000	375,000	5,445,000	94%
<b>Education</b>	2,500,000	2,656,800	5,156,800	150,000	5,006,800	97%
<b>Child Protection</b>	1,000,000	1,944,000	2,944,000	80,000	2,864,000	97%
<b>Total**</b>	<b>10,000,000</b>	<b>13,402,800</b>	<b>23,402,800</b>	<b>1,300,000</b>	<b>22,102,800</b>	<b>94%</b>
* Currently under revision- revised SRP to be finalized by next week- Revised SRP will include the needs of the CAR Regional response Plan (joint appeal) into the over SRP for a harmonized ceiling.						
** PSC amounts in the SRP are included in the SRP project Sheets per sector and are part of total amounts of sectorial asks. Also PSC in the CAR Regional Response Plan is included in sector budget requirements						

## SUMMARY OF PROGRAMME RESULTS

		Cluster Response			UNICEF and IPs		
	Overall needs	2014 Target	Total Results	Change since last report ▲ ▼	2014 Target	Total Results	Change since last report ▲ ▼
<b>WATER, SANITATION &amp; HYGIENE</b>							
<b><u>SAHEL NUTRITION CRISIS</u></b>							
Number of affected families (SAM, IDP) who received a wash kits with key hygiene messages	50,000	50,000	-	-	44,000	4,426	
Number of people who have access to potable water in sufficient quantity	10,000	10,000	-	-	5,000	0	
Number of people who have access to appropriate basic sanitation facilities (latrines)	160,000	160,000	-	-	145,000	0	
<b><u>New CAR Refugees</u></b>							
Number of affected families who received a wash kits with key hygiene messages	16,000	16,000	3,544		10,000	3,544	
Number of people who have access to potable water in sufficient quantity	80,000	80,000	18,000	-	30,000	0	
Number of people who have access to appropriate basic sanitation facilities (latrines)	80,000	40,000	10,000	-	30,000	0	
<b>EDUCATION</b>							
<b><u>New CAR Refugees</u></b>							
Number of school age children and adolescents (3-17 years) provided with learning materials and school supplies (moving target as per Refugees inflow)	26015	26015	-	-	26015	-	-
Number of Temporary Learning Spaces established (working in double shift)	163	163	-	-	100	-	--
<b>HEALTH</b>							
<b>Far North, North – # of children under one immunized against measles for routine immunization (January -March 2014 )</b>		235,222	46,942		End of year target 206,995 (88%)		
<b>East + Adamawa – # of children under one immunized against measles for routine</b>		75,694	13,123		End of year target 66,611		

immunization (January - March 2014 )					(88%)		
<b>NUTRITION</b>							
<b><u>Far North, North, Adamawa and East</u></b> # of children <5 with Severe Acute Malnutrition admitted to Therapeutic care	55,198	48,778	13,808	3,035	48,778	13,808	3,035
<b><u>East + Adamawa – New CAR Refugees</u></b> # of children <5 with Severe Acute Malnutrition admitted to Therapeutic care	5,060	4,554	238		4,554	238	
<b>CHILD PROTECTION</b>							
<b><u>Far North, North, Adamawa and East</u></b> # of children <5 with Severe Acute Malnutrition receiving psychosocial support	55,198	4500	N/A	Last report was for 2013	4500		N/A
<b><u>East + Adamawa – New CAR Refugees</u></b> # of children with safe access to child friendly space	48,000	30,000	N/A	N/A	16000		
# of children accessing psycho-social support	48,000	30,000	N/A		20000	963	
# of UASC identified and receiving appropriate care	100%	100%	3			3	N/A

## Next SitRep: May 2014

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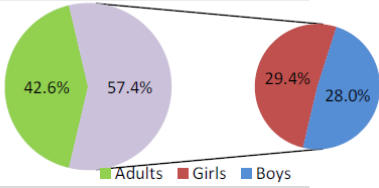


**TOTAL CAR REFUGEES in CMR since Jan. 2014 :** **73,096**      **Maximum capacity of refugee sites:** **36,500**      **Needs vs Capacity: 200%**

	0-4 years	5-11 years	12-17 years	18-59 years	≥ 60 years	Total
Men	7,353	9,091	4,014	13,043	1,423	34,924
Female	7,374	9,240	4,904	15,545	1,108	38,172
Total	14,728	18,331	8,919	28,588	2,531	73,096
%	20.15%	25.08%	12.20%	39.11%	3.46%	100.00%

%  
47.78%  
52.22%

Child. + women	< 18 years
58,630	20,459
	21,519
	41,977
80.2% of all ref.	57.4% of all ref.



**TOTAL REFUGEES IN REFUGEE SITES:** **20,139**      **Maximum capacity of refugee sites:** **36,500**      **Occupancy Rate: 55%**

	0-4 years	5-11 years	12-17 years	18-59 years	≥ 60 years	Total
Men	2,026	2,505	1,106	3,593	392	9,622
Female	2,032	2,546	1,351	4,283	305	10,517
Total	4,058	5,051	2,457	7,876	697	20,139
%	20.15%	25.08%	12.20%	39.11%	3.46%	100.00%

%  
47.78%  
52.22%

Child. + women	< 18 years
16,153	5,637
	5,929
	11,565
80.2% of all ref.	57.4% of all ref.

