

# UNICEF HUMANITARIAN ACTION UPDATE

## CAMEROON

27 March 2009

### SILENT EMERGENCY AFFECTING CHILDREN IN CAMEROON

- Cameroon is facing a silent emergency of malnutrition, lack of basic health services and a lack of access to basic education. Many partners cannot sustain their emergency response capacities in 2009 due to the lack of funding support.
- 283,000 people including 63,000 refugees from Central African Republic are currently in need of humanitarian assistance particularly in the North and the East of the country which have traditionally been neglected.
- There is a need to reinforce existing community-based interventions in almost all sectors and UNICEF will continue to respond to this silent emergency.



UNICEF Cameroon, 2008

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## 1. OVERVIEW

Cameroon is facing a silent emergency. In the North and the East of the country, some 283,000 people including refugees from Central African Republic (CAR) and Chad are currently in need of humanitarian assistance. UNICEF Cameroon, together with its partners, has responded in 2008 to emergency situations assisting 63,000 Central African Republic refugees, 30,000 Chadian refugees and host communities (approximately 600,000 people). Many positive results were recorded particularly in child survival, nutrition, water and sanitation and education. However there is no more humanitarian funding available. All benefits might be lost in 2009. Despite funding constraints, UNICEF has continued to respond in a timely and efficient manner to the current CAR refugee crisis and address the needs of the most vulnerable children and women. UNICEF is also ensuring preparedness measures to respond to a potential Chadian crisis and its humanitarian consequences in Cameroon.

### 1. Emergency interventions for CAR refugee children in Eastern Cameroon

Some 63,000 refugees from CAR (60 percent are children) are still in need of urgent assistance in Eastern Cameroon. 92 percent of the Central African Republic refugees are nomadic cattle breeders from the Mbororo community and the remaining 8 percent are farmers from the Gbaya community. Since 2005, they have fled conflicts and insecurity in CAR to seek refuge inside Cameroon. Over the past 12 months, the number of refugees has increased from 45,000 to 63,000 people. Host populations (about 200,000 people) also suffer from a lack of attention given their limited access to basic services. Resources available are now stretched far beyond local capacity. Growing competition for food and water between host families and refugees threatens thousands of young lives and those of their caretakers, especially mothers. Health care facilities and service providers, as well as schools and teachers are also overwhelmed. Concern is mounting among humanitarian actors and community leaders that conflict between the two populations may occur in the coming months. Without urgent action and funding support, this crisis may result in a humanitarian emergency of mass proportion. Across the board, humanitarian needs are not being adequately met for children. There is a need to reinforce existing community-



based interventions in almost all sectors, and UNICEF will continue to respond to this silent emergency. UNICEF will conduct needs assessments and review the strategy to address gaps in the current response (for Health, Nutrition, Water and Sanitation, Child Protection, Education and HIV/AIDS), identify and build capacity of more partners to deliver humanitarian and post emergency services on the ground, scale up activities including host communities to reach all affected children, and reinforce coordination mechanisms between the Government and humanitarian organizations.

### 2. Expansion of nutrition activities in the Northern and Eastern regions

The nutrition situation of children in Cameroon is worsening in absolute terms (number of children) and in relative terms (%). Poor nutritional status of children explains to a large extent why survival goals are not being met for the last 15 years and why new efforts for proactive policy and programme action need to be taken for the prevention and care of child malnutrition in Cameroon. 45,000 children die every year due to malnutrition (or over 50 percent of child deaths). The national prevalence for acute malnutrition is 6.1 percent among 6-59 months old children, with significant regional disparities. North and Far North regions represent almost 70 percent of children in Cameroon affected by acute malnutrition (a weight deficit for their height) and 40 percent of children in Cameroon affected by

chronic malnutrition (a height deficit for their age). 110,000 children suffer from acute malnutrition and 25,000 from severe acute malnutrition in these regions. The figures are higher than those of countries such as Liberia, Mauritania or Central African Republic. UNICEF will expand its nutrition programme interventions to identify, rehabilitate or treat more malnourished children and women. UNICEF's partners will deliver two essential packages of nutrition services which are community-based care for children with acute malnutrition and prevention of malnutrition in early childhood through the provision of Essential Nutrition Actions.

### 3. Emergency preparedness and response to a potential crisis from Chad

The potential conflict in Chad could result in a massive movement of tens of thousands of Chadian civilians (estimates range from 100,000 to 150,000 people) towards the northern regions of Cameroon. Specific emergency preparedness and response action plans (for Health, Nutrition, Water and Sanitation, Child Protection, Education and HIV/AIDS) will be developed to ensure that the necessary measures are taken to support an initial response. In collaboration with its partners including line ministries, regional and local authorities, UNICEF will conduct preparedness assessments and develop strategy to address gaps, procure and preposition contingency stocks for timely emergency interventions, prepare humanitarian activities, identify and train potential partners (i.e. additional NGOs, other national and regional authorities like the Civil Protection Department) and maintain a level of readiness to fulfill UNICEF's Core Commitments for Children in Emergencies.

## **2. ISSUES FOR CHILDREN**

Data collected from recent inter-agency assessment missions indicate that both groups (Cameroonian and Central African refugee children) share numerous threats to their survival and development. Health and nutrition remain a critical issue in Cameroon. One child in seven will die before the age of five. 45,000 children die every year due to malnutrition. The unacceptably high under-five mortality rate has increased from 139 deaths per 1,000 live births in 1990 to 149 deaths per 1,000 live births in 2006. This situation is largely due to poor neonatal and basic health care, persistent malnutrition (acute and chronic) and preventable diseases (including meningitis and malaria). Access to clean water and adequate sanitation is disparate, increasing vulnerability to deadly diarrhoeal disease and dehydration.

The national prevalence rate for acute malnutrition is at 6 percent among 6-59 months old children, with significant regional disparities. The Far North region has a critical rate between 10 and 15 percent. Recent surveys have highlighted prevalence rates for acute malnutrition over the emergency thresholds (above 15 percent) in several areas. 110,000 children suffer from acute malnutrition and 25,000 from severe acute malnutrition in these regions. Those figures are higher than those of countries such as Liberia or Mauritania or Central African Republic and have even increased. The prevalence of children under five years of age with a weight deficit for their age (i.e. underweight) was 13.6 percent (320,000 under-five children) in 1991 and 19.3 percent (560,000 under-five children) in 2006. The prevalence of children under five years of age with a height deficit for their age (i.e. stunting or chronic malnutrition) was 24.4 percent (550,000 under-five children) in 1998 and 30.4 percent (880,000 under-five children) in 2006. The prevalence of children under five years of age with a weight deficit for their height (i.e. wasted) was 3 percent (70,000 under-five children) in 1991 and 6 percent (170,000 under-five children) in 2006. In addition, exclusive breastfeeding rate for children under six months is unacceptably low. Only 21.2 percent of children under six months were exclusively breastfed in Cameroon in 2006. This absolute number has stagnated for many years. Protection, promotion and support of early and exclusive breastfeeding are recognized as the most important child survival intervention worldwide with evidence collected from Benin, Ghana, Mali and Madagascar.

Protection from violence, abuse, exploitation, hazardous labour, and separation from families for young children and adolescents are also serious concerns, especially in regards to young girls. Early marriage and domestic obligations exclude girls from realizing their rights. Risks related to HIV and AIDS are also extremely high due to the lack of protection and mobilization among communities to dangerous behaviours that increase exposure among children and women. Children's right to quality education is compromised by overcrowded (an average of 100-200 children per class) and insufficiently equipped classrooms, and lack of basic teaching and learning materials.

### 3. UNICEF RESPONSE: ACTIVITIES, ACHIEVEMENTS AND CONSTRAINTS

UNICEF's ability to respond to the growing needs of Cameroonian and Central African children is greatly limited due to severe funding constraints. In 2008, despite the lack of bilateral donors' support, UNICEF Cameroon received funding from the Central Emergency Response Fund and the Regional Office to implement its Core Commitments for Children in Emergencies.

#### Emergency programme achievements in 2008

Many positive results were recorded in 2008. In nutrition, some 12,000 malnourished children were identified and treated, and 2,960 acute malnourished children were also treated. In the Eastern regions, the malnutrition rates dropped drastically. Between 2007 and 2008, the moderate malnutrition rate decreased from 13.7 percent to 4.8 percent, the severe malnutrition rate from 3.5 percent to 1.2 percent and the acute rate from 17.2 percent to 6 percent. In health, the Government succeeded with UNICEF support to vaccinate over 35,000 children against measles (87 percent coverage for refugee children from Chad and 100 percent for host population) and over 40,000 children against polio (108 percent coverage). Routine measles immunization coverage among the Central African refugee children also increased from 36 percent in 2007 to 52 percent in 2008. Early referral mechanisms and public health centers' capacities to deal with obstetric and neo-natal complications were reinforced to reduce maternal and neo-natal mortality and prevent mother-to-child transmission of HIV and AIDS. In water and sanitation, the mortality and morbidity rates among children and women were under control. UNICEF and its partners reached a total of 60,000 refugees from CAR, 16,700 refugees from Chad and 600 host communities. 158 boreholes and wells were rehabilitated in the Northern and Eastern regions of Cameroon. Hygiene promotion campaigns including cholera prevention were conducted and 1,562 refugee families from Chad received family water kits. In education, UNICEF supported the Ministry of Education and international and national NGOs to secure ongoing basic education services for 8,700 refugee children from Chad and 20,000 children in the Eastern and Adamawa regions including Central African refugee children. Temporary learning spaces with educational and recreational activities were established. All this enabled refugee children and the host communities to have an opportunity to continue their education (for the very few) or attend school for the first time (for the majority). The Government and local NGOs established a child protection system to identify and monitor the most vulnerable children. As a result, over 886 children benefited from psycho-social support activities. 91 separated and 21 unaccompanied children from Chad were identified and supported to trace their family members. 8,000 refugee children were sensitized on child rights including sexual abuse and exploitation issues.

#### Humanitarian challenges in 2009

However, more needs to be done and many challenges remain in 2009. The number of refugees from CAR has increased over the past 12 months (from 45,000 to 63,000 people and 60 percent are children). Across the board, humanitarian needs are not being adequately met for children. Many children and women in the Northern and Eastern regions still have limited access to health. For example, only 52 percent of Central African refugee children are vaccinated against measles. Malnutrition is still a concern and figures are growing particularly in the North. Most of the refugee children do not attend schools. Many partners cannot sustain their response capacities due to lack of funding support and training in emergency preparedness and post emergency activities. The host populations (about 200,000 people) also suffer from a lack of attention given their limited access to basic services..

#### UNICEF humanitarian response strategy in 2009

UNICEF is seeking to scale-up programmatic activities from now until December 2009 in the three most affected regions (Adamawa, East and North regions) to cover the needs of about 283,000 people including 63,000 refugees from CAR. The goal is to sustain progress made in 2008 for all children, scale up interventions and take necessary preparedness and contingency measures for a potential influx of additional refugees. UNICEF will coordinate its activities with UN sister agencies (especially UNHCR and WFP) and support line ministries (Health, Education and Social Welfare), Eastern and Northern regional and local authorities as well as international and national NGOs in delivering humanitarian assistance and protection to the most vulnerable children. Networks will be

established and in particular with the NGOs for better outreach in rural areas. Local preparedness and response capacities will be built and/or sustained at health center, school and community levels to address food shortages, malnutrition, outbreaks of communicable and water-borne diseases, primary education and child protection issues. Social mobilization, participation and communication will be key elements for effective programme interventions. This will help foster and sustain community-based activities leading to comprehensive development programme.

## HEALTH AND NUTRITION

Last year, UNICEF and its health partners (UNHCR, Ministry of Health, international and local NGOs) have been working to reach vulnerable Cameroonian and Central African refugee children in some of the most isolated areas of the three targeted provinces. Yet, poor infrastructure, lack of trained health care workers on site and poor health care and feeding practices among families and communities have limited the impact of these interventions, still leaving hundreds of thousands vulnerable. Efforts will be made to support the knowledge and outreach capacity of rural health centres in order to better educate and engage caregivers and communities in basic child care and to recognize complications or illness and seek appropriate care.

UNICEF and its public health partners will address mortality and morbidity issues among children and women to control the situation and reduce it below the emergency thresholds.

### **Health** (child survival with a focus on supplementary immunization)

- Increase routine vaccination coverage against childhood diseases, including Hepatitis B, measles, meningitis, polio, and yellow fever as well as maternal and neonatal tetanus for women and girls;
- Support vitamin A supplementation and de-worming activities as part of routine programme and mop-up campaigns for children;
- Distribute essential emergency drugs and equipment, including obstetric and maternal kits to ensure safe deliveries, and train health staff in 9 district hospitals;
- Provide insecticide treated nets and promote effective use with a focus on under-five children through social mobilization participation and communication including awareness campaigns.

### **Nutrition** (emergency nutrition for child survival)

- Control acute malnutrition in children 6-59 months old particularly in the Northern regions and keep rates below critical values (<10 percent) throughout the year;
- Prevent malnutrition in early childhood (focus on 0-35 months old children) and promote improved child feeding, care giving, and care seeking practices at facility, family and community levels;
- Provide care for children with acute malnutrition (therapeutic food, ready to use therapeutic food, supplementary food in collaboration with WFP) and put in place Essential Nutrition Actions;
- Support 74 newly-established supplementary feeding centres (for moderately malnourished children) and seven therapeutic feeding centres (for severely malnourished children).

## WATER, SANITATION AND HYGIENE PROMOTION (WASH)

Access to safe water and sanitation facilities is extremely limited in Eastern and Northern Cameroon. Community water points are sparsely located. Few hospitals, health centres or schools have water points or sanitation systems and hand-washing facilities. Public health risks include diarrhoeal diseases, cholera outbreaks and dysentery. While many children and particularly girls go fetch water in far distances, their right to a quality education in a child-friendly and gender-sensitive environment is compromised. UNICEF is engaging partners and communities in the construction and repair of boreholes and hand pumps, as well as training local mechanics in maintenance and repair of equipment in schools, health centres, hospitals and communities.

### **Water Sanitation and Hygiene** (to address mortality and morbidity issues among children and women and increase access to education)

- Assess and repair existing water and sanitation facilities in all targeted health centers, feeding centers (including provision of latrines and waste disposal units);

- Assess water and sanitation needs in targeted schools (particularly in the Eastern regions) and provide clean water and sanitation facilities;
- Assess additional needs for hand pump and borehole rehabilitation at community level and train some 20 hand pump mechanics in maintenance and repair techniques;
- Promote hygiene education through social mobilisation participation and communication including awareness campaigns.

## HIV AND AIDS

Children and women in the three affected provinces are increasingly vulnerable to HIV and AIDS, largely due to cross-border trading and migration with Chad and CAR. The HIV prevalence in the Eastern region is estimated at 8.6 percent. This is one of the highest prevalence rates in Cameroon. The vast majority of refugees and the host population have demonstrated little knowledge about HIV and AIDS prevention or testing. Existing health structures in Cameroon are already overwhelmed by nutritional and health demands. As a result, there is little capacity to absorb additional needs stemming from HIV and AIDS. UNICEF will expand its HIV and AIDS awareness and prevention activities using a youth-friendly approach.

**HIV and AIDS** (to address public health issues and particularly morbidity and mortality among youths, prevent and limit spread of HIV and AIDS)

- Support HIV and AIDS risk and vulnerability mapping in 10 districts, with a focus on orphans and vulnerable children (OVC) and refugee children and women;
- Support outreach capacities of 12 existing youth-friendly centers and 34 health clubs for HIV and AIDS information, education and counseling;
- Support activities around the prevention of Mother-to-Child Transmission of HIV and AIDS (PTMCT), and provide life-skills training for adolescents and youth;
- Support voluntary counselling and testing (VCT), including the provision of 50,000 rapid HIV test kits for youth and young adults.

## EDUCATION

UNICEF and its education partners recently analyzed education needs especially for the Central African refugee children. Based on this analysis, UNICEF will support the Ministry of Education and other partners to improve access to education for refugee children. The education crisis in eastern and northern Cameroon is characterized by overcrowded schools and classrooms that are in shambles, students with few or no supplies and textbooks and a major shortage of qualified teachers. As a result, education rates are falling throughout the three affected provinces. In Adamawa Province, less than 60 per cent of all primary-school age children are enrolled and less than 11 per cent complete their primary school education. Girls' enrolment, attendance and completion rates are of particular concern mainly due to increased burdens at home and lack of girl-friendly environments in schools. There is also a lack of awareness among refugee communities on the importance of education and the rights of all children to go to school. UNICEF, in partnership with the Ministry of Education, will support procure essential supplies and furniture for students and teachers, train teachers and mobilize communities on the children's rights to education. Over 130 schools and about 50,000 students including CAR refugees will be targeted.

**Education** (host community and refugee children's rights to education are promoted and protected)

- Assess additional education needs in 130 schools (particularly in the Eastern regions) and procure learning and recreation materials, and early childhood development kits, as well as textbooks;
- Facilitate teacher training including innovative teaching techniques and methodologies; develop capacities at local level to monitor and evaluate education activities;
- Promote children's right to education through communication mobilisation, participation and communication including parent-teacher and student committees.

## CHILD PROTECTION

Children in Eastern and Northern Cameroon face many protection challenges. There are weak institutional systems and mechanisms in the field for the identification and protection of children and women. Many children and particularly girls are vulnerable to abuse, exploitation, violence and other risks. For the Central African refugee children and women, there is little or no protection capacity to address psychosocial issues due to armed conflicts, violence and other crimes, including abduction. UNICEF and partners, including HCR, the Ministry of Social Affairs and international and national NGOs will seek to increase protection response capacities and establish formal and informal child protection networks in the field.

**Child protection** (to protect and promote host community and refugee children's rights)

- Support child protection units to identify most vulnerable children, address and prevent issues of violence, abuse and exploitation and facilitate access to medical and legal referral systems;
- Assess psychosocial needs and scope of interventions appropriate to both communities, including support to psychosocial activities, information and advocacy development;
- Conduct child rights-based trainings for all child protection actors and facilitate training of trainers to increase outreach capacity;
- Support the establishment of community-based protection groups in areas of high refugee concentration, including schools and health centers.

## 4. FUNDING REQUIREMENTS AND RECEIPTS

The original requirements of UNICEF Cameroon are part of the regional West Africa appeal in the UNICEF Humanitarian Action Report 2009. The funding requirements of UNICEF Cameroon have been revised slightly downwards in March 2009 to reflect only critical humanitarian interventions in all sectors. Emergency preparedness actions, including emergency contingency stocks and related requirements, have been redistributed across the sectors. So far, UNICEF Cameroon did not receive any emergency funding to carry out humanitarian interventions planned in 2009.

**Table 1: Funds Received against 2009 Humanitarian Action Report (US\$) \***

Sector	Original HAR requirements	Revised Needs	Funds received
Health	680,000	550,000	0
Nutrition	1,200,000	650,000	0
HIV and AIDS	260,000	100,000	0
Water, Sanitation and Hygiene	500,000	570,000	0
Education	-	500,000	0
Child Protection	-	110,000	0
Emergency Preparedness and Response	200,000	-	0
<b>Total**</b>	<b>2,840,000</b>	<b>2,480,000</b>	<b>0</b>

\* Funds received against this appeal will be used to respond to both the immediate and medium-term needs of children and women as outlined above. If UNICEF should receive funds in excess of the medium-term funding requirements for this emergency, UNICEF will use those funds to support other, under-funded emergencies.

\*\* The total includes a maximum recovery rate of 7%. The actual recovery rate on contributions will be calculated in accordance with UNICEF's Executive Board Decision 2006/7 dated 9 June 2006.

**Details of the UNICEF Cameroon Programme can be obtained from:**

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