

# UNICEF HUMANITARIAN ACTION UPDATE

## CAMEROON

4 JUNE 2008

### UNICEF RESPONDS TO A CHILD SURVIVAL AND EDUCATION CRISIS IN EASTERN AND NORTHERN CAMEROON

- More than 173,500 children, including over 8,000 CAR refugee children, are below age 5.
- As a result of the influx of refugees, resources and communities in three provinces of Cameroon are stretched far beyond capacity.
- In some areas, rates of malnutrition are as high as 17% among children under age 5.
- Children's right to quality education is compromised by overcrowded and insufficiently equipped classrooms, and a lack of learning materials



## 1. OVERVIEW

For the last three years, a silent emergency has been creeping up on infants and children in eastern and northern Cameroon. It is an emergency that threatens the survival and development of more than 173,500 children under five and tens of thousands more youth and women.

A major contributing factor to this situation has been the influx of more than 48,500 refugees from the Central African Republic, located east of Cameroon. After a *coup d'état* in 2005 in the Central African Republic (CAR), political and civil instability drove hundreds of thousands out of the country in search of safety from persecution and violence. By 2006, over 20,000 refugees were registered in Adamawa and East Provinces in Cameroon, and in the following year, another 25,500 arrived. An unknown number of CAR refugees are also located in the southeast area of the North Province as well. To date, the estimated number of refugees from CAR, according to the United Nations High Commissioner for Refugees (UNHCR) is some 48,500 – including 3,000 arrivals in the first months of 2008. Infants and children make up more than half of the refugee population – more than 26,600 are children under 18 years of age. Across all ages, girls and women account for more than 50 per cent of refugees.<sup>1</sup>

Unlike more typical refugee situations where populations flee to refugee camps or other forms of temporary displacement facilities, this refugee population has crossed into Cameroon quietly and scattered themselves in some 62 sites throughout a vast area measuring 30,000 kilometres. This is largely due to the fact that 92 per cent of the CAR refugees are nomadic cattle breeders from the Mbororo tribe. The remaining eight per cent of CAR refugees are Gbaya farmers.

As a result of the refugee influx, resources and communities in Adamawa, East Province and North Provinces are now stretched far beyond 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 and concern is mounting among humanitarian actors and community leaders that conflict between the two populations may occur as another 12,000 refugees are expected to arrive in the coming months. Without urgent action and support, this crisis may result in a humanitarian emergency of mass proportion.

## 2. ISSUES FOR CHILDREN

Data indicate that both groups – Cameroonian and Central African Republic children – share numerous threats to their survival and development. Rates of infant and child mortality are high for both groups, largely due to poor neonatal and basic health care, persistent and growing states of malnutrition (acute and chronic) and preventable disease (including meningitis and malaria). Access to clean water and adequate sanitation is disparate, increasing vulnerability to deadly diarrhoeal disease and dehydration, as well as outbreaks of cholera and dysentery.

Children's right to quality education is compromised by overcrowded and insufficiently equipped classrooms, lack of learning materials and teachers who must manage as many as 100 -200 children per class and often without basic teaching materials or training.

<sup>1</sup> UNHCR, January 2008.

### Facts & Figures

The following provides a glimpse into the state of Cameroonian children living in Adamawa Province and refugee children from the Central African Republic living in throughout eastern Cameroon.

#### Adamawa Province, Cameroon

- Some 15,000 infants and children under 5 years of age suffer from acute malnutrition.
- Less than half of all children and infants under 2 years of age receive full vaccination coverage against deadly diseases.
- Only 57% of school-age children are in school.
- Some 41% of children 5-14 years of age work (inside and outside the home).

#### CAR children living in Cameroon

- Rates of acute malnutrition are as high as 17.2% among infants and children under 5 years of age.
- Vaccination coverage upon arrival: none. UNICEF interventions thus far have helped to provide protection against tuberculosis and measles.
- There is no practice of education for refugee children from CAR. Instead, children support income-generating activities (farming/cattle breeding) and domestic needs. UNICEF has helped to bring 10,000 children into school for the first time.

SOURCES: (i) Enquête de base sur le Développement de Jeune Enfant dans la Province de l'Adamawa: Rapport Principal ; Rapport de l'enquête de nutrition et de mortalité concernant les réfugiés centrafricains ayant fui dans les provinces de l'Adamawa et de l'Est (Cameroun) du 29 avril au 12 mai 2007 ; (ii) Multiple Indicator Cluster Survey (MICS), Cameroon, 2006 ; (iii) CERF submissions 2008.

Protection from violence, abuse, exploitation, hazardous labour, and separation from families for young children and adolescents is also of grave concern, especially with regard to young girls. Early marriage and domestic obligations exclude girls from realizing their rights to grow and achieve on the same level as boys, and these practices also place girls at higher risk for abuse and violence than boys. The risk of HIV and AIDS is also extremely high due to these factors and the lack of mobilisation among communities to dangerous change behaviours that increase exposure among children and women is equally distressing.

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

Due to funding and logistical constraints, UNICEF’s ability to respond to the growing needs of Cameroonian and CAR infants and children has been greatly limited. In early 2008, a small inflow of emergency funds totalling US\$ 500,000 provided maintenance support for therapeutic and supplementary feeding programmes, mass vaccination campaigns against measles and polio and provided educational supplies in some districts, including materials for schools and classrooms. However, many factors, including the continued influx of CAR refugees and the growing global food crisis require urgent action to fend off a humanitarian crisis.

UNICEF is seeking to scale-up programmatic activities from now until December 2008 in the three most affected provinces – Adamawa, East and North. A total of US\$ 2 million is needed for rapid and sustainable programmatic interventions in health, nutrition, education, water and sanitation and protection, ultimately targeting women and children from the Cameroonian host population and from the CAR refugee population.

In order to address the child survival and education crisis in eastern and northern Cameroon, UNICEF is seeking to provide an integrated emergency response that works in synergy with the regular UNICEF country programme plan. The goal is to support sustainable progress for all children while also scaling-up the crisis response and preparedness plans for the potential influx of more refugees. The keys to preventing a full-out emergency in eastern and northern Cameroon are: i) working in partnership and synergy with the Government, sister UN agencies, including the United Nations High Commissioner for Refugees (UNHCR) and the World Food Programme (WFP), as well as non-governmental organisations (NGOs) also in these areas, including Premier Urgence, Catholic Relief Services, Médecins Sans Frontières (MSF) and others to create a wide network of coverage and response; and directly, ii) increasing the resources and capacities of health centers, schools and communities so that children and families do not face food shortages, malnutrition, outbreaks of communicable and water-borne diseases and loss of their rights to receive a quality education and grow up in a protective environment.

UNICEF Response: Targeted areas and population figures		
<b>Adamawa Province</b>	Djohong & Meiganga Districts  <b>Host population: 208,039</b> <b>Children under 5 years : 37,447</b>	Total estimated population, including CAR refugees: 941,161  Estimated number of children under 5, including CAR refugee children: 173,500*  *Estimates include a total of 48,500 CAR refugees, including 8,110 children under 5 years of age – UNHCR 2008.
<b>East Province</b>	Batouri, Bertoua, Betare Oya, Garoua Boulai, Kette & Ndelele Districts  <b>Host population: 484,367</b> <b>Children under 5 years : 87,186</b>	
<b>North Province</b>	Pitoea & Touboro Districts  <b>Host population: 226,604</b> <b>Children under 5 years: 40,789</b>	

Finally, in an effort to increase awareness of the role of child survival needs and education among families and communities, each programme will integrate elements of social mobilisation and communication. Enabling partners, volunteers and beneficiaries especially – children, youth and caregivers – to participate is the best way in which to broaden the impact of all programmes and foster community-based, sustainable development. Cross-sectoral planning will include ensuring that programme communication materials for spreading messages about health, hygiene, education and protection are produced and disseminated. Furthermore, communication and mobilisation training for all actors that can be replicated (training of trainers methodology) will also be included.

These trainers will be charged with helping to create community groups based at therapeutic and supplementary feeding centres, schools and local water points which can serve as forums for mobilizing families and communities around child survival and education.

## HEALTH AND NUTRITION

In the last year, UNICEF and its partners, including UNHCR and the Ministry of Health have been working to reach vulnerable Cameroonian and CAR refugee children in some of the most isolated areas of the three targeted provinces. Yet, poor infrastructure, a 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, leaving hundreds of thousands vulnerable.

There is a high risk of epidemic disease due to the fact that the majority of the CAR refugee children and women come from nomadic families. There is little history of seeking basic health care for the prevention of childhood diseases, and, as a result, the potential of cross-border transmission of communicable diseases is alarming. Also alarming is the impact of the refugee influx upon food security. Rates of malnutrition among both Cameroonian and CAR refugee children in the affected provinces are climbing due to competition for scarce food supplies and a lack of awareness among mothers and caregivers to proper feeding practices for infants and young children. In areas with high concentrations of CAR refugees, malnutrition rates are well beyond emergency threshold levels, ranging from 11-17 per cent emergency among children under five.

In general, the lack of awareness to the basic needs of growing infants and young children underscores this impending child survival crisis. Efforts must 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.

*Health and nutrition activities will focus on children under 5 years of age and mothers/women of child-bearing age. An estimated 173,500 children under age five and more than 216,000 women (mothers and girls of child bearing age) from Cameroon host communities and CAR refugees will benefit from the following key activities:*

- 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. Vitamin A supplementation and de-worming for children will also be supported;
- Distribute essential emergency drugs and equipment, including obstetric and maternal kits to ensure safe deliveries, and train staff from the Ministry of Health in 9 district hospitals;
- Continue assessment, technical support and provision of nutritional supplies to 74 newly-established supplementary feeding centres (for moderately malnourished children) and 7 therapeutic feeding centres (for severely malnourished children);
- Support the establishment of supplementary and therapeutic feeding centers in two targeted districts in the North Province, where none currently exist, and provide training to health care workers in management of malnutrition in infants and children;
- Promotion of infant and young child feeding, including educating mothers about the benefits of the early initiation of exclusive breastfeeding for the first 6 months of life and age-appropriate complementary foods and feeding practices for children 6-24 months;
- Support provision and promote use of insecticide treated nets for all children under 5 years of age;
- Provide rapid response to diarrhoeal disease with provision of oral rehydration salts and zinc supplements, as well as support prevention activities, including health and hygiene education with an emphasis on hand-washing with soap;
- Training and transportation assistance for health workers and volunteers for social mobilisation and awareness campaigns, as well as learning techniques for the collection of health survey data and performing monitoring and evaluation duties and;
- Utilise radio stations and local media to spread health and nutrition messages.

## WATER, SANITATION AND HYGIENE

Water and sanitation facilities are extremely compromised in eastern and northern Cameroon. Community water points are sparsely located, a burden that forces many girls to spend more time fetching water than in school. Few hospitals, health centres or schools have water points or sanitation systems, much less latrines or hand-washing

facilities. In some cases where these facilities do exist equipment, such as hand pumps, require repair and maintenance.

The implications of inadequate clean water and sanitation upon the child survival crisis include risk of diarrheal disease and outbreaks of cholera and dysentery. The right of children to a quality education in a child-friendly and gender-sensitive environment is compromised as well. Hence, 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. Social mobilisation for water, sanitation and hygiene education and awareness is also essential and the points mentioned above can serve as entry points for these efforts. *Some 600,000 Cameroonian children and their families, as well as some 48,500 CAR refugees, will be reached through the following key activities:*

- Repair over 200 existing hand pumps and training some 20 hand pump mechanics in maintenance and repair techniques;
- Assess and repair existing water and sanitation facilities at 36 health centers and supplementary feeding centers (including provision of latrines and waste disposal units)
- Training of community mobilizers in the promotion of hygiene education and awareness amongst refugees and host populations, as well as in schools and health centres and;
- Assess schools in targeted districts for provision of clean water and sanitation facilities.

## HIV AND AIDS

Children and women in the three affected provinces are increasingly vulnerable to HIV and AIDS, largely due to the fact that these areas are bordered by Chad and CAR. In 2007, HIV prevalence in East Province was among the highest in the nation at 8.6 per cent. And while cross-border commerce and migration are a major factor in higher prevalence rates, the simple fact that the vast majority of Cameroonians have little demonstrated knowledge about prevention or testing compounds the problem.

Existing health structures in Cameroon are already overwhelmed by nutritional and health demands. As a result, there is little capacity to absorb the needs stemming from HIV and AIDS. Yet, with rising rates of infection and greater vulnerability to exposure, not to mention additional migration of displaced CAR families, the risk to young lives cannot be ignored. In response, UNICEF will expand HIV and AIDS awareness and prevention using a youth-friendly approach that has already shown some success in the affected provinces. *Key activities and beneficiaries include:*

- Support HIV and AIDS risk and vulnerability mapping in the 10 targeted districts, with priority on refugee sites with the highest concentrations of children and women;
- Boost capacity and outreach of 12 existing Youth-Friendly Centers for Information, Education and Counseling (YFCIEC) and 34 Health Clubs in order to work throughout the 10 targeted districts and CAR refugee populations;
- Train 3,000 service providers, volunteers and peer educators on community mobilization and sensitization for the prevention of Mother-to-Child Transmission of HIV and AIDS (PTMCT), orphans and vulnerable children (OVCs) and provision of life-skills training for adolescents and youth;
- Integrate the identification of OVCs and others highly vulnerable to HIV and AIDS with child protection actors and networks;
- Adapt and reproduce training and sensitization materials on HIV and AIDS for appropriate use with CAR refugee groups and utilise radio stations and local media for HIV and AIDS messages in local languages;
- Support voluntary counselling and testing (VCT), including provision of 50,000 rapid HIV test kits for youth and young adults and;
- Support monitoring and evaluation of HIV and AIDS interventions for children and women in the three provinces.

## EDUCATION

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, for example,

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 as well due to increased burdens in the home and lack of girl-friendly environments in schools. And, for CAR refugee children, there is the additional factor that education is not of high demand among the refugee populations, requiring sensitization among refugee families and communities to the importance of education and the rights of all children to go to school.

UNICEF, in partnership with the Ministry of Education, will support the rehabilitation of schools, procurement of essential supplies and furniture for students and teachers, recruitment and training for teachers in mobilisation and sensitization of families and communities. The targets include over 130 schools, about 50,000 students and hundreds of teachers in districts where resources are least and CAR refugees have settled in large numbers. *Key activities include:*

- Construction of 30 temporary learning spaces in remote areas;
- Refurbish infrastructure in 20 classrooms;
- Procure 5,000 benches and other essential furniture;
- Procure learning and recreation materials, including 200 School-in-a-Box (one SIB serves 80 children), 50 UNICEF recreation Kits, 20 Early Childhood Development Kits, as well as textbooks;
- Facilitate teacher training for 300 teachers including teaching techniques and methodologies.
- Sensitize and mobilize families and communities to the rights and needs of children to education;
- Support existing and create additional parent-teacher and student committees (including host and refugee populations) on health and nutrition, water, sanitation and hygiene and child protection/rights;
- Develop capacity of Ministry of Education actors (authorities and teachers) to monitor and evaluate education activities and identify issues and challenges.

## CHILD PROTECTION

Children in eastern and northern Cameroon face a variety of challenges in fulfilling their basic right to grow and develop in a protective environment. Above all is a lack of institutional systems and mechanisms for the identification and protection of children and women, which leaves thousands vulnerable to abuse, exploitation, violence and other risks. And, for CAR refugee children and women, there is little or no protection capacity to support their psychosocial needs. Many have witnessed or fallen victim to violence and other crimes, including abduction, by bandits and other perpetrators prior to their arrival in Cameroon. Additionally, concerns about unaccompanied and/or separated refugee children among CAR refugees raise the issue of special protection measures, including capacities for family tracing and reunification.

UNICEF and its partners, including UNICEF CAR, UNHCR, the Ministry of Social Affairs (MINAS), will seek to increase protective capacities within formal and informal networks; i.e. Cameroonian social service institutions, including schools and family welfare bureaus, as well as within communities and families. *Activities will include:*

- Support training for a team of formal actors (social workers and other protection workers) who can serve as data collectors to begin implementation of a comprehensive analysis of the CAR refugee population in both countries (focusing on groups along the shared border in collaboration with UNICEF CAR). A concurrent analysis will be performed by UNICEF Cameroon and partners to secure accurate and complete data on Cameroonian children and women in regards to protection. Development of criteria for analysis will include defining a set of vulnerability factors and socioeconomic characteristics.
- Conduct a structural analysis of current identification, reporting, referral and monitoring systems in targeted provinces and utilize this to identify strengths and weaknesses of systems, taking into account the information derived from the population analysis. According to the issues and gaps identified, the system will be strengthened and reinforced (including but not limited to potential needs for information technology tools and database systems, training for social workers, need for outreach and referral sites, recruitment of CAR human resources, including social workers from CAR and community leaders/ volunteers from within both communities). Assessment will include level of integration of protection mechanisms in schools and health centers.
- Based on assessments, evaluate scope of need for particular interventions appropriate to both communities, including psychosocial support, information and advocacy development, and needed resources for interventions (bicycles for transport of workers and volunteers, recreational kits for

psychosocial activities with children and appropriate materials for psychosocial support to women, and political will/advocates).

- Conduct child rights-based trainings for all actors and facilitate training of trainers to broaden outreach capacity.
- Identify entry points for creation of community-based protection groups, including schools and health centers in areas where high concentrations of refugees are found living among Cameroonian communities. Partners here will include the Ministry of Education and Ministry of Health, as well as potential NGOs, including Catholic Relief Services and CARITAS.
- Special attention will be paid to the needs of unaccompanied children and family reunification, in partnership with MINAS and UNICEF CAR. Based on assessments, identify potential interim care (foster families) component.
- Establish life-skills curricula in schools for youth and adolescents.

#### 4. FUNDING REQUIREMENTS AND RECEIPTS

<b>SUMMARY OF FINANCIAL NEEDS CHILD SURVIVAL AND EDUCATION CRISIS IN EASTERN AND NORTHERN CAMEROON 2008</b>			
<b>Sector</b>	<b>Funding requirements (US\$)</b>	<b>Funds received (US\$)</b>	<b>% Unfunded</b>
Health	550,000	130,000	73%
Nutrition	750,000	327,000	56%
HIV and AIDS	100,000	12,000	88%
Water, Sanitation and Hygiene	850,000	321,000	62%
Education	650,000	240,000	63%
Child Protection	100,000	0	100%
<b>Total*</b>	<b>3,000,000</b>	<b>1,030,000</b>	<b>66%</b>

\*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. Percentages are rounded to nearest whole number.

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

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