People living in Cameroon’s eastern and northern regions are struggling to share their limited access to basic services – potable water, health care and education – with a continuous and ever-shifting refugee population fleeing the Central African Republic. At the same time, 3,500 refugees who fled from Chad in 2008 remain at the Langui camp in Nord Province. Acute emergencies compound this stress. In 2010, flooding and cholera in northern Cameroon took their toll, and the already precarious existence of many women and children was made even more so. Eight out of ten regions are currently affected by cholera. High levels of undernutrition render the population vulnerable to disease and unprepared for natural disasters, and reflect the long-term nature of the uncertain conditions in these areas.

Home to more than 85,000 refugees, Adamaouwa, Est and Nord Provinces have a total host population of 3.9 million people. Some 820,000 residents of these regions are directly affected by the refugee flows and must accommodate the needs of these refugees despite their own lack of social services.

Chronic malnutrition (stunting) is widespread in Cameroon (35.8 per cent), and particularly pronounced in the north (45 per cent).\(^1\) In Adamaouwa and Est Provinces, the global acute malnutrition rate among refugees from the Central African Republic is about 12.1 per cent, which is considered critical, particularly in Est Province. In northern Cameroon, malnutrition is widespread: the global acute malnutrition rate of 14.5 per cent\(^2\) is close to the emergency threshold of 15 per cent. The pervasive condition is due primarily to a lack of access to age-appropriate foods and feeding practices, essential health services, and safe water and hygiene practices.

Extreme-Nord Province suffered extensive flooding in 2010, leaving many communities more vulnerable to disease. About 4,000 people, including more than 600 children, have been affected by the flooding,\(^3\) although no long-term displacement was caused because these individuals were eventually resettled. Since May 2010, the country’s worst cholera outbreak in more than 40 years has affected 74 health districts in the Adamaoua, Centre, Extreme-Nord, Littoral, Nord, Sud-Ouest and Ouest Provinces, leading to 10,965 reported cholera cases and 658 deaths – an extremely high fatality rate of almost 6.03 per cent.\(^4\)

To stabilize the welfare of women and children in Cameroon by achieving gains in nutritional status and access to health services, safe water and education opportunities, UNICEF is requesting US$ 3.35 million to carry out its planned activities in 2011. UNICEF will address the needs of nearly 1 million people, including 82,000 refugees from the Central African Republic in the Adamaoua and Est Provinces and 3,500 Chadian refugees in Nord Province. The organization will also continue to facilitate the education, WASH and nutrition clusters.

Households, particularly those led by women, will be provided with hygiene and family water kits, as well as potable water in cholera-affected areas. There is also a crucial need for donor and community mobilization for refugee enrolment in primary school, community-based management of acute malnutrition and prevention of undernutrition. The provision of a regular pipeline is also necessary for ready-to-use therapeutic foods, learning materials, potable water and soap in schools, construction of separate toilet facilities, and immunization against preventable diseases.

**CRITICAL ISSUES FOR CHILDREN AND WOMEN**

Children 5–11 years old compose the largest demographic group of the refugee population, yet 80 per cent of those children are not enrolled in primary school, despite the high enrolment rates of girls and boys among children in host communities. The children who do enrol are co-hosted in existing school structures and, like the host children, face dire shortages of supplies and equipment as well as overcrowded classes.

Emergency conditions in several regions – some with refugees and some without – are exacerbating the rates of acute and chronic malnutrition in children under 5, as...
well as in pregnant and lactating women. In Adamaoua, Est, Extreme-Nord and Nord Provinces, more than 170,000 children under age 5 are suffering from global acute malnutrition (a rate of 14.5 per cent), and 175,000 women of childbearing age are exposed to the risk of undernutrition. A nutrition and mortality survey using Standardized Monitoring and Assessment of Relief and Transitions (SMART) methods carried out in June 2010 in eastern Cameroon showed the prevalence of global acute malnutrition at 12.1 per cent and 0-5 death rate at 1.23 deaths/10,000 children per day, both close to threshold levels, indicating a serious situation.

Access to basic health services for children under 5 and pregnant women is also lacking. The health of children and women is endangered further by the lack of safe and sufficient water supplies and proper sanitation facilities, which is crucial to combating the ongoing cholera epidemic in the affected areas.

KEY ACHIEVEMENTS IN 2010

UNICEF was able to meet immediate humanitarian needs experienced by both refugee and host populations in 2010. As an immediate response to cholera outbreak and flooding, UNICEF joined the World Health Organization, the United Nations Population Fund, the World Food Programme (WFP) and the United Nations High Commissioner for Refugees (UNHCR) in sending urgently needed supplies to thousands of affected people. Within the context of continual population upheaval related to refugee movements and flooding, UNICEF was able to ensure that 75 per cent of refugees and host children 9–11 months old in the four target regions (Adamaoua, Est, Extreme-Nord and Nord) received measles and yellow-fever vaccinations between January and August 2010. More than 95 per cent of infants 6–59 months old in the same target area received one dose of vitamin A supplementation, and about 95 per cent of infants aged 12–59 months in the same target area received deworming tablets. UNICEF provided 8,171 cartons of ready-to-use therapeutic food to treat 16,906 malnourished children in Est and Nord Provinces. UNICEF also procured essential drugs and supplies for health facilities in the cholera-affected areas, providing urgent care for approximately 1,000 people.

The partnership between UNICEF, UNHCR, WFP, the International Federation of Red Cross and Red Crescent Societies, the Cameroonian Red Cross Society, International Medical Corps, Helen Keller International and national NGOs worked to combat malnutrition in the North and East.

Eight thousand families in 72 villages gained access to adequate sanitation when a new community-led total sanitation initiative resulted in the construction and use of new latrines, improving by 30 per cent the access to basic sanitation in those villages. 30 of these villages are already fully utilizing latrines. Approximately 50,000 families received water purification tablets and 4,500 received water family kits. Through partnership with Cameroon Red
Cross, 320,600 learned to prevent cholera during training held in public places. 13,369 households were visited for this purpose and 4,815 contaminated homes and water points were disinfected.

In collaboration with the Mandjou Youth Municipal Council helped promote voluntary HIV counselling and testing services during special events in Batouri, Bélabo, Bertoua, Garoua Bouai, Kete and Ndélélé, all areas with significant refugee populations.

Refugee children were able to experience the normalcy that school can offer when teaching and learning materials for 5,700 children, including 2,500 refugees, were provided to 38 schools. Following the outbreak of cholera, classrooms in Extreme-Nord Province were disinfected; and teachers were trained on cholera treatment and prevention. UNICEF worked with partners to move emergency education programming forward with a national education response plan and its successful appeal for refugee and education funding.

HUMANITARIAN ACTION: BUILDING RESILIENCE

Building resilience is a primary goal of UNICEF’s work in Cameroon for 2011–2012, particularly in Adamaoua, Nord, Est and Extreme-Nord Provinces. With the ministry of health and the ministry of water and energy resources, UNICEF will implement community-led total sanitation activities (CLTS) in 500 communities by 2012. The construction and use of latrines will build resilience and improve prevention of recurrent cholera epidemics in Extreme-Nord and Nord Provinces.

An effort to revitalize and scale up community-based management of diarrhoea will include new low-osmolarity oral rehydration salts and zinc supplementation. The goal is to make a significant impact on preparedness for treating diarrhoea cases in the northern regions, home to 63 per cent of all diarrhoeal cases among children under age 5.

Key WASH efforts to mitigate undernutrition in Cameroon include training community leaders, households and health service providers on the Essential Nutrition Actions package and the introduction of CLTS. This strategy promotes educating parents on appropriate young child feeding and hygiene practices, early detection of malnutrition in infants and community-based management of acute malnutrition.

UNICEF will scale up education programming to 17 primary schools located in refugee hotspots in the Adamaoua and Est Provinces, positioning these schools as safe havens, with a goal of attracting and retaining out-of-school primary school-age refugee children and providing them with a quality and relevant education.

PLANNED HUMANITARIAN ACTION FOR 2011

In 2011, UNICEF will continue to work with the Government, other UN agencies, NGOs and local communities to assist refugees and host communities. UNICEF will continue to provide support and essential services to the refugee population. Combating the high rates of undernutrition in Extreme-Nord and Nord Provinces will continue to be a focus through the scale up of community-based management of acute malnutrition in all districts of these regions, and UNICEF will also continue its preparedness to assist in preventing cholera outbreaks.

NUTRITION (US$1,000,000)

In response to the nutrition crisis in eastern and northern Cameroon, basic health services will be scaled up for children under 5 and pregnant women, including the community-based management of acute malnutrition and the Communication for Development-based Essential Nutrition Actions package for refugees and host populations. These interventions will serve approximately 316,200 people. In response to the increasing levels of undernutrition, more than 25,000 children with severe acute malnutrition will be admitted to community-based treatment programmes.

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• The essential nutrition package will be scaled up in emergency areas, where 1 million children under 5 and 1.3 million women of childbearing age are living.

• To improve child survival, community-based management of diarrhoea with low-osmolarity oral rehydration salts and zinc supplementation will be scaled up in northern regions, covering approximately 500 health centres.

HEALTH (US$600,000)

The overall goal is to increase immunization coverage of 300,000 children in communities hosting refugees.

• Ninety per cent of incoming and resident refugee children aged 6 months to 14 years will be immunized against measles.

• To strengthen community-based activities, 300 health facilities in Adamaoua, Extreme-Nord, Est, and Nord Provinces will be provided with essential drugs, supplies for deworming and immunization, medical emergency equipment, ready-to-use therapeutic food and vitamin A.
WATER, SANITATION AND HYGIENE (WASH) (US$600,000)
Sustainable potable water sources for approximately 200,000 people will be provided to prevent cholera and other waterborne diseases.

- 300 communities, representing 6 per cent of the population in the most disadvantaged regions and 2 per cent of the national population, will benefit from community-led total sanitation activities – improving access to sanitation by 30 per cent in those communities and 1 per cent throughout Cameroon. 200 community leaders (men and women) will be trained to construct water filters and promote household water treatment.

- 4,000 vulnerable households will benefit from water family kits and hygiene kits.

CHILD PROTECTION (US$100,000)
The overall 2011 goal is to strengthen sustained sensitization of 300,000 people in refugee and host communities to ensure peaceful cohabitation and child protection.

- 3,000 refugee children will receive birth certificates.

- Refugee and local communities will be sensitized on the rights of children.

- Psychosocial and health-care services for sexual and gender-based violence survivors will be improved.

EDUCATION (US$900,000)
Increased enrolment of refugees in primary school is the overall goal for 2011, with efforts expected to benefit 50,000 boys and girls.

- In order for young refugee children to access and stay in school, accelerated learning and other re-entry programmes will be strengthened in 17 primary schools in Adamaoua and Est Provinces.

- To attract and retain refugee children, education incentives and scholarships will be provided to the most vulnerable children (boys and girls).

- To improve access and quality of education, classrooms will be rehabilitated and/or reconstructed in existing schools, with latrines and hand-washing facilities for girls and boys added.

HIV AND AIDS (US$150,000)
The overall goal for 2011 is to scale up an integrated HIV and AIDS response to meet the basic needs of 50,000 orphans and vulnerable children affected and impacted by HIV and AIDS. In addition, some 500,000 adolescents and youth in the emergency and humanitarian zones will learn to reduce their risk and vulnerability to HIV.

- To decrease the spread of HIV and AIDS, health facilities in emergency zones in 30 high-prevalence districts will receive post-exposure prophylactic kits.

- 500,000 youth and adolescents will be reached with sensitization, counselling and testing, and life skills building in order to mitigate their vulnerability to HIV and AIDS and other sexual transmitted diseases.

- Antenatal care and prevention of mother-to-child transmission of HIV will be promoted and service offered in 30 high-prevalence districts in Est and Nord Regions. Outreach to pregnant women and their partners, as well as community leaders and families will be conducted.

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2. Epidemiological surveillance data from Ministry of Health, 18 January 2011.
3. Total number of beneficiaries may not equal the sum of beneficiaries per sector, due to overlap in services provided to individuals.
6. Figures according to UNICEF situation analysis based on the Multiple Indicator Cluster Survey 2006 and the 2010 national census.
7. Total number of beneficiaries may not equal the sum of beneficiaries per sector, due to overlap in services provided to individuals.

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UNICEF EMERGENCY FUNDING REQUIREMENTS FOR 2011

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<th>By sector</th>
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