



Plan International's Intervention – CHAF – 2014

July 4, 2014

The Humanitarian Coalition (HC) Canadian Humanitarian Assistance Fund (CHAF) is funded by the Government of Canada Department of Foreign Affairs, Trade and Development (DFATD). It was created in 2014 to ensure timely funding is available to fund lifesaving responses to smaller-scale disasters. The CHAF is a central feature of the Humanitarian Coalition disaster response system.

Summary: CAD \$327,209 has been allocated to Plan International Canada to respond to the Central African Republic refugee crisis in Cameroon. According to UNHCR, there are more than 100,000 new CAR refugees in Cameroon (and 211,023 in total). Currently there are 7 refugee sites spread across the country: Gado, Lolo, Mbile, Yokadouma and the recently created Timangolo site in the East; Borgop and Ngam in the Adamawa region in the northern part of Cameroon. A significant number of refugees are living with local host communities. As of June 15, 2014, out of all new arrivals registered so far, 57.6 % are children (UNHCR statistics as of June 15, 2014). The number of new CAR refugees anticipated to be in Cameroon at the end of 2014 is 180,000. To highlight the severity of the situation for CAR refugees arriving in Cameroon, the Deputy High Commissioner for Refugees, Janet Lim, visited Cameroon with a delegation from Geneva in early July. The objective was two-fold: to encourage aid agencies to deploy and/or upscale to address the growing needs in Cameroon; and to advocate for further funding. While there are sizable funding gaps at present, the Deputy High Commissioner assured all implementing partners that this would be addressed.

Plan International's response will focus on the East Region of Cameroon, which is vast and previously sparsely populated. The arrival of refugees has meant drastic changes in the make-up of local villages with resources being stretched far beyond capacity.

Background on Disaster

The current political and humanitarian crisis in Central African Republic started in December 2012 when armed attacks against the central government intensified leading to President Bozize to be deposed and replaced by the Seleka coalition in March 2013. These developments were central to the crisis and resulted in internal displacement of around 20 per cent of the country's population and an

influx of refugees in neighboring countries. In response to violations by Seleka elements, a traditional community based militia called the “anti-Balaka” launched attacks against ex-Saleka and Muslim civilians suspected of supporting the Seleka coalition.

Population displacement intensified following attacks by “anti-Balaka” with an outflow of close to 220,000 refugees. The complex disaster in Central African Republic has resulted in CAR refugees arriving in Cameroon since December 5, 2013 through 22 border points. UNHCR estimates that every month more than 4,500 refugees arrive in Cameroon bringing the total refugees hosted by the country to 208,972, most of them being children and teenage mothers under 18. Most refugees entering into Cameroon have spent weeks living in the bush without access to sufficient water and food and have walked great distances to reach safety in eastern Cameroon. Due to displacement, refugees have lacked access to sufficient quantity of food and basic dietary diversity, as well as suffered economic hardship preventing the purchase of food sources or medical treatment.

Consequently, nutrition is a key issue for refugees in Cameroon as well as existing Cameroon populations who now share already scarce resources with new arrivals. Poor nutritional status contributes, exacerbates and can result from key diseases that affect children under 5 years, specifically malaria, pneumonia and other respiratory illnesses, diarrheal diseases and tuberculosis, which have spread with displacement.

Outline of Needs

A rapid needs assessment was conducted on the 26th and 27th of June specifically focused on the areas of operation where Plan Cameroon will be operating. Plan Cameroon assessed 10 functional health clinics for the management of acute malnutrition (CMAM): Mokolo; CSI Tapare; CHCB; Batouri Catholic center; Belita II; CMA Batouri; Gadji; Dem II Kambele; Hospital Adventist; and CMA Bandongoue.

Batouri Health District covers approximately 2,100 sq kms across 223 communities with an estimated population of 84,000. Malaria, complicated acute severe malnutrition, acute respiratory infections (ARI) was identified as the major causes of mortality in children under 5 years. ARI is the main contributing factor for morbidity in malnourished children. The number of cases of re-admission for malnutrition is high and will have a lack of monitoring and awareness in the community. Batouri sites have only one inpatient therapeutic program for severe malnourished cases and do not have any nutrition center for outpatient therapeutic program (OTP/CNAM) nor any blanket supplementary feeding program (BSFP).

Health and nutrition programming in the hosting communities in east Cameroon is critically needed as several agencies have reported difficulties in covering the vast array of needs. In areas with high concentrations of CAR refugees, malnutrition rates are well beyond emergency threshold levels. This is a result of many refugees arriving in east Cameroon having often walked for days, weeks and even months having little to nothing to eat or clean water to drink. An estimated 80 per cent of refugees are suffering from serious ailments such as malaria, diarrhea, anemia and respiratory infections, while more than 20 per cent of children are severely malnourished. The alarming impact of the refugee influx in Cameroon on food security has also left hundreds of thousands of CAR refugees and Cameroonians vulnerable. In affected areas rates of malnutrition 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. Currently the Global Acute Malnutrition prevalence (GAM) rates in Lolo and Mbile are 11.7% and 21% respectively with Severe Acute Malnutrition (SAM) rates being 3.2% and 6% for both refugee sites.

The Batouri district hospital which hosts a nutrition centre for malnourished children has handled more than 260 cases of refugee children suffering from malnutrition with complications such as tuberculosis, pneumonia, anemia and dehydration since March 2014. Provision of therapeutic and supplementary feeding for the malnourished, general food distribution, and vaccination campaigns are needed in order to reduce malnutrition and death rates.

The Proposed Response

Result 1: Strengthened nutrition systems for children under 5 years, particularly malnourished refugee children (Number of Direct Beneficiaries: 54,130 (29,772 F; 24,358 M))

Activities:

- 1.1 *Nutrition screening and monitoring*: The three pillars of the national guidelines for community management of acute malnutrition will be implemented: (i) training of community health workers on screening of global acute malnutrition cases in communities, identification of clinical signs and symptoms of danger, referring them to appropriate nutrition units (outpatient therapeutic programs); (ii) monitoring the recovery rates and conducting weekly home visits for patients when absent after rendezvous including tracking of abandon and children loss to follow-up; (iii) carrying out interpersonal communication, sensitization and awareness raising on the nutrition program including essential family practices for child and maternal health.
- 1.2 *Treatment of SAM, through supplementary feeding including distribution of Ready to Use Therapeutic Feeding (RUTF)*: Children (under 5) plus pregnant and lactating women suffering from Severe Acute Malnutrition or Global Acute Malnutrition with complications are referred to in-patient therapeutic programs; these cases will be managed with RUTF including medical treatments with antibiotics and anti malaria drugs. This is done in line with treatment guidelines and protocols.
- 1.3 *Capacity building for health workers in Integrated Young Child Feeding (IYCF)*: There will be a training on how to improve the quality management of GAM cases with or without complications for all medical staff involved in the program. This will be done according to the new community management of GAM in Cameroon.
- 1.4 *Rollout of IYCF service delivery modules I in Plan Public Health Centres (PHCs)*: This will take place in Batouri Health District. Clinics will receive clinical SAM cases identified in UNHCR refugee sites and provide curative services according to IYCF guidelines.
- 1.5 *Rollout of CMAM in Batouri Health District*: The CMAM package will be rolled out according to the national guidelines by strengthening the 10 functional nutrition units, supporting the inpatient therapeutic unit, set up a reference, transference and system. The complete protocol for CMAM also includes community management of childhood illnesses, such as malaria and ARI, which have co-morbidity with malnutrition.
- 1.6 *Cooking demonstrations and support to local women's groups to improve dietary diversity and retention of nutrients in food preparation*: We will support and organize women into community based organizations (CBO). The nutritionist will train them on how to improve the nutritional status of malnourished or illness-affected children and how to improve the diet with local/available food through participatory approach. Each woman brings local food of her choice and the facilitator/nutritionist makes culinary demonstrations with the full participation of women.

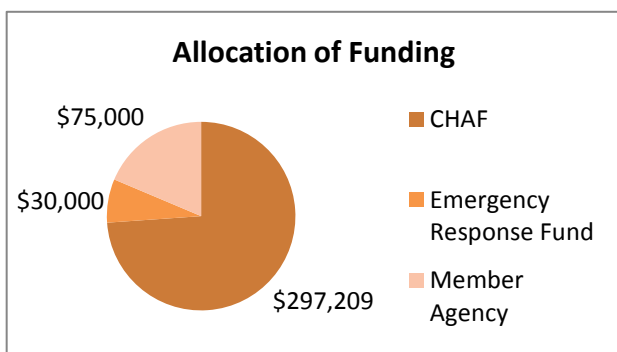
Result 2: Improved access to primary life-saving preventative and curative health services, specifically for children under 5 years (Number of Direct Beneficiaries: 40,000 (21,200 F; 18,800 M))

¹ IYCF Modules: <http://www.who.int/nutrition/publications/infantfeeding/9789241594745/en/>

Activities:

- 2.1 *Provision of diagnostic and curative health services, targeting children under 5 illnesses, communicable diseases, reproductive health and malnutrition:* This will be provided at clinical level, with case management conducted at village/refugee site level (using key principles of Integrated Community Case Management – ICCM). On-job refresher training will be provided on an on-going basis as needed, and materials will be provided for screening/diagnosis like middle upper arm circumference belt (MUAC), scales, height gauge, stethoscopes and medical materials needs highlighted in the rapid need assessment.
- 2.2 *Referral services for complicated MNCH cases to secondary care facilities:* Activities include setting up a system for the referral of patients from community to nutrition units. Vouchers will be used that will be filled by CHW and given to parent with children suffering from GAM after screening. Parents will be paid at their arrivals at the unit as incentive. This will encourage parents to bring their children to health facilities.
- 2.3 *Health education awareness, particularly targeting refugee sites:* Awareness-raising, education talk, group discussions will be conducted with families and through distribution of IEC materials in refugee sites and refuge hosting communities. Topics will include those on health promotion, as well as the global program for quality health care in camps.
- 2.4 *Distribution of 1,000 Hygiene Kits:* Hygiene kits will be distributed to families to help prevent the spread of illnesses that most affect children under 5. Kit items are aligned with the WASH coordination mechanism and include buckets, soap, brushes, cups, toilets items, bleach, aquatabs. Alongside distribution of items, families will receive training on how to use the materials including promotion of best practices like systematic hand washing.

Project Budget



Our interventions in response to localized disasters are supported by the CHAF (75%), the member agencies of Humanitarian Coalition (15%) and the Humanitarian Coalition Emergency Response Fund (10%). NB: For this response, Plan International opted to increase its share of the funding to cover 25% of the expenses.

Area Map

