HUMANITARIAN IMPLEMENTATION PLAN (HIP)
CAMEROON

The activities proposed hereafter are still subject to the adoption of the financing decision ECHO/WWD/BUD/2014/01000

AMOUNT: EUR 2 000 000

1. CONTEXT

Cameroon is a large, diversified and growing country with a population of 20 549 221 bordered by Nigeria, Chad, Central African Republic\(^1\), Republic of the Congo, Gabon and Equatorial Guinea. Cameroon's coastline lies on the Gulf of Guinea and the Atlantic Ocean. 60% of the territory is dominated by sub-tropical conditions while 40% falls in the semi-arid Sahel belt.

Despite political and social stability for the last 3 decades, large geographical disparities in economic status continue to exist with poverty rates significantly higher in rural areas and in the Northern regions of the country. The North and Extreme North did not benefit from infrastructure and productive investment, leaving the most populated part of the country particularly depleted. Whilst the European Commission Directorate-General for Humanitarian Aid and Civil Protection\(^2\) has classified the overall situation in Cameroon as a moderate humanitarian crisis with potential deterioration due to external shocks, DG ECHO's Integrated Analysis Framework for 2013-14 has identified high humanitarian needs in the North and Extreme North of the country. The vulnerability of the population living in this area is assessed to be high.

Mother and child health indicators have gradually deteriorated over the last decade. Pregnancy and childbirth remain a significant risk factor for mortality. Under-five mortality rate increased from 64.3 per 1 000 live births in 1990 to 74.1 in 2004. This trend is similar for the maternal mortality rate (from 430 deaths per 100 000 births in 1998 to 669 in 2004). According to the most recent estimate by the World Health Organization\(^3\) Global Health Observatory (2012), malaria is the most significant cause of morbidity in Cameroon, while 60% of children aged 6-59 months are anaemic; acute respiratory infections and pneumonia are also common causes of morbidity, albeit with a decrease in prevalence in recent years.

The mortality profile of Cameroon is also marked by infectious diseases such as cholera and yellow fever. Since 1996 and recently in 2010 and 2011, northern regions have experienced upsurges of cholera with high mortality rates. In 2010 there were 9 404 reported cases with 601 deaths while in 2011, 9 regions out of 10, including the Extreme North, reported 22 762 cases, leading to 786 deaths. Population movement from Nigeria is now an additional risk factor for disease spreading. Poor access to potable water (<25%) and sanitation facilities (<5%) exacerbate the occurrence of frequent outbreaks.

\(^1\) CAR
\(^2\) DG ECHO
\(^3\) WHO
The northern regions (North and Extreme North regions) are located in the Sahel belt and represent more than 25% of the global population. The North region has traditionally been neglected, in terms of low public investment, dismantling of local traditional authorities, poor infrastructure, etc. These 2 regions were furthermore deeply affected by the 2012 Sahel food crisis. In addition, while the 2011-2012 growing season was drastically reduced due to low levels of rains in 2011, the 2012 rainy season led to heavy floods, which destructed crops and created a favourable environment for the development of epidemics. Recurrent flooding remains a critical issue in these regions.

Households living in Northern regions of Cameroon rely essentially on market flows from Nigeria. Recent deterioration of the security situation has led to market disruption and soaring prices, limiting capacities of vulnerable populations to cope with their basic needs. This trend may have a negative impact on the nutritional status of children under five.

In fact, recent assessments confirm that a significant number of households in the Northern regions have become food insecure due to recurrent shocks (floods in 2010 and 2012, droughts in 2009 and 2011). In 2013, it is estimated that 400 000 people are food insecure in northern Cameroon and that the Severe Acute Malnutrition\(^4\) burden for 2013 will reach 83 000 children under five, in addition to a Moderate Acute Malnutrition\(^5\) burden of 133 000 children.

Cameroon has made no progress in reducing the prevalence of growth stunting, a clear sign of chronic malnutrition. In fact, growth stunting has increased by 10% over the past 20 years. Malnutrition is an underlying cause of 48% of deaths among children under the age of five years\(^6\).

At policy level, progress has been made to consider nutrition as a major component of development but concrete steps to address the root causes of malnutrition through a multi-sectorial approach are yet to be taken.

Since the State of Emergency was declared in May 2013 in three North-eastern States of Nigeria bordering Cameroon, following the launch of a military operation against Boko Haram, security conditions have clearly deteriorated along the Nigeria-Cameroon border. The kidnapping of French nationals in February 2013 near Waza National Park in the Extreme North of Cameroon was a turning point in terms of economic activity, concerning mainly the tourism industry of the country. Around 4 000 people fleeing the counter-insurgency operation in Nigeria have crossed into Cameroon. A camp has been created near Mokolo town, 180 km away from the border, where about 900 individuals have so far been registered. Movement of population remains uncertain. According to Nigerian authorities, 2 000 people have returned to their place of origin in July 2013.

Recent clashes between local population and Seleka rebels along the CAR-Cameroon border have forced about 4 200 people to cross the border and seek refuge in existing camps. Widespread violence due to the recent coup against CAR government is limiting potential returns in the short term.

\(^{4}\) SAM
\(^{5}\) MAM
\(^{6}\) World Bank 2012 Report on Health System
Since 2002, over 60,000 refugees from CAR have been integrated into host communities in Cameroon. Peaceful co-existence between Cameroonians and Central Africans has recently been called into question while regular influx of refugees occupying public facilities is reported. Resources are becoming increasingly strained in this region, and tensions between communities and deterioration of livelihoods have been identified as immediate.

2. **Humanitarian Needs**

1) **Affected people / potential beneficiaries**

It is estimated that 0.5 million people affected by different humanitarian crises in Cameroon will need multi-sectorial assistance in 2014, as follows:

- 216,741 acutely malnourished people in the Sahel belt, of which 83,233 children under 5 suffering from SAM, 133,508 suffering from MAM and at least 10,000 undernourished pregnant and lactating mothers.
- Victims of floods and epidemic outbreaks. 250,000 people are estimated to be regularly affected by natural disasters in the northern regions.
- Caseloads of refugees - over 10,000 individuals, notably from Nigeria (directly linked to the counter-insurgency operation against Boko Haram) and from CAR (people who have fled the recent coup).

2) **Description of most acute humanitarian needs**

**Malnourished children in northern regions**

The nutrition situation remains critical in Cameroon and the mortality rate for children under five years is still high, reaching 127 deaths per 1,000 live births - far from the MDG goal target of 48.

A June-July 2011 SMART\(^7\) nutrition survey, carried out during the lean season by the Ministry of Health, UNICEF\(^8\) and WFP in Northern regions of Cameroon revealed SAM prevalence above emergency threshold of 2% in both regions: North 3.1% (1.7-4.5) and Extreme North 2.9 (2.3-3.6).

Despite decreasing GAM\(^9\) rates in 2012 post harvest season in these regions, GAM prevalence trends confirm the deterioration of the nutrition situation in most regions of Cameroon from 2004 to 2011.

According to the Ministry of Health and UNICEF, 216,741 children under five suffering from acute malnutrition (83,233 SAM and 133,508 MAM) are expected in Northern Cameroon in 2013, while WFP aims to treat some additional 9,800 MAM pregnant/lactating women.

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\(^7\) Standardized Monitoring and Assessment of Relief and Transitions  
\(^8\) The United Nations Children's Fund  
\(^9\) Global Acute Malnutrition
Chronic malnutrition prevalence affecting cognitive development and putting children under 5 years at high risk of morbidity and mortality is also critical and remains > 30% in 7 of 12 Cameroon’s regions.

**Natural Disasters (Flood and Epidemics)**

Northern regions are regularly exposed to heavy rains and flooding. In late August and September 2012, flood emergencies were declared in the North and Extreme North regions of Cameroon. The number of flood-displaced people reached 88 640 (50 824 people in the North and 37 816 in the Extreme North region). Civil infrastructure, health facilities, homes, crops and livestock were severely affected. Floods also wiped out large parts of farmland. Recurrent external shocks have been hampering the local population's resilience, i.e. their capacities to protect and restore their livelihoods. The cumulative effects of high malnutrition rates and destruction of livelihoods are contributing to maintain high prevalence of food insecurity and malnutrition.

Cameroon is regularly affected by epidemics. After a cholera-free period at the end of 2010, new cases started appearing in early 2011, with Centre, Littoral, South-West and West, as well as North and Extreme North regions standing out as the most affected regions. The disease affected a total of 23 152 people and killed 843 (fatality rate 3.65%).

A total of eight health districts out of the 15 that make up the North region of Cameroon recorded at least one case of yellow fever since October 2011. The government and its development partners organised a campaign to respond to the disease in January 2012 and contributed to keeping it under control.

Capacities to respond to emergencies are extremely limited. Providing immediate relief and humanitarian assistance is contributing to drastically reduce the mortality of affected populations.

**Refugees**

Only 900 individuals out of 4 000 pre-registered Nigerian refugees arrived in Cameroon since May 2013 have been transferred to the camp near Mokolo. Although humanitarian agencies are delivering appropriate assistance inside the camp, access to refugees living with host families is very limited as no formal registration has been done. Considering the global food insecurity level, the arrival of additional population with limited coping mechanisms is bound to exacerbate the existing structural poverty, food insecurity and malnutrition across the region.

Insecurity in CAR has caused internal and cross-border population movement. Recent violence has forced 4 200 people to seek refuge in Cameroon. Widespread attacks among the civilian population are regularly reported in CAR. Transitional authorities are clearly not in position to restore state authority and ensure security of civilians. Deterioration of security conditions over CAR may lead to additional cross-border movements of population. Limited and basic assistance is provided to refugees settled in UNHCR camp.
3. Humanitarian Response

1) National / local response and involvement

Even though the “Document de Stratégie pour la Croissance et l’Emploi 2010-2020” is clearly focused on economic growth and structural reforms, the government's awareness of humanitarian needs is increasing in particular for malnutrition and for victims of natural disasters. However, competition on priorities and limited capacity of public services has so far hampered on-going development-oriented actions.

2) International Humanitarian Response

Presence of humanitarian donors is very limited. There is no consolidated appeal for funds for Cameroon. The main humanitarian donors in 2013 are Japan with a total assistance programme of USD 17.6 million, the United Nations’ Central Emergency Response Fund (USD 4.2 million), the European Union (EUR 2.1 million), Belgium (EUR 1 million), and Sweden (USD 0.6 million).

3) Constraints and DG ECHO response capacity

i) Insecurity and access: Security conditions have drastically deteriorated since the launch of the military counter-insurgency operation in North East Nigeria. French citizens have been kidnapped by undefined armed group and Nigerian population of Borno States has crossed the border to seek refuge in Cameroon. Risk for humanitarian operations in northern regions is considered to be high and will remain so for 2014. In the other part of the country, security is not considered a major threat to access. Presence of Boko Haram insurgents and/or any other groups will have the potential to limit humanitarian relief efforts, restricting access to beneficiaries and reducing the number of partners on the ground.

ii) Partners: In spite of a limited presence of humanitarian agencies in the northern regions, existing partners have developed a relevant comprehensive strategy in order to address immediate needs and to build long term capacities at both community and local authorities’ levels. Although the coverage remains insufficient (<50%), the implementation of initiatives linking Preparedness/Emergency Response and relief and development may represent real opportunities to increase assistance to the affected populations.

4) Envisaged DG ECHO response and expected results of humanitarian aid interventions

DG ECHO intends to focus its response on contributing to the provision of multi-sectorial assistance to 0.5 million beneficiaries affected by different humanitarian crises in Cameroon. The main emphasis will be placed on targeting vulnerable populations affected by nutrition crises and, where appropriate, assisting victims of natural disasters/epidemics. Depending on the evolution of the crises in the region, DG ECHO will consider supporting access to basic services for refugees/displaced populations.
Provision of urgently needed humanitarian assistance will be considered along the following axes:

*Sustainable reduction of malnutrition-related mortality among children under five and their mothers*

Priority in humanitarian action needs to be constantly given to improving access to the treatment of malnutrition and health care for vulnerable children under 5 years of age and for pregnant and nursing women through the national health system and local communities. Considering level of funds available and partners’ capacities, focus will be on the North and Extreme North Regions where GAM/SAM rate are above the alert threshold.

High GAM and SAM rates will persist in most Sahel regions, given the multiple and yet unaddressed root causes of malnutrition. Emergency interventions will continue to be relevant in 2014 while DG ECHO will continue to build capacities and awareness to ensure acute malnutrition does not remain the task of humanitarians alone. DG ECHO will steadily advocate for acute and chronic undernutrition to be addressed as a priority by Government and development actors. Special attention will thus be paid to innovative actions and those that aim to durably reinforce capacity (both individual and institutional).

The two-pillar strategic approach developed by DG ECHO for the Sahel countries of West Africa will also apply to the Sahel belt of Cameroon:

**Pillar 1** - Management of acute malnutrition and associated diseases in order to reduce mortality. Operations to be funded under Pillar 1 may include:

1. Detection and quality treatment of acutely malnourished children and pregnant and lactating women, and their integration within existing health systems.

2. Quality improvement of integrated acute malnutrition management (including measures to improve performance criteria, to improve pipelines of essential drugs and nutrition supplies, to improve involvement of communities, to improve integration of WASH\(^\text{13}\) in nutrition, etc.).

3. Improvement of coverage of malnourished children to be effectively treated.

4. Improvement of integrated surveillance, information and monitoring systems related to malnutrition.

**Pillar 2** - Contributing to strengthen resilience of the poorest populations in order to build nutrition and food security. Operations to be funded under Pillar 2 may include:

5. Measures to improve the preparedness and response to conjectural shocks (epidemics, natural Disaster, locust attacks)

\(^{13}\) Water Sanitation and Hygiene
6. Pilot projects related to the prevention of malnutrition and/or the increase of resilience will be considered in view of finding more efficient programming packages to reduce the burden of food insecurity and malnutrition.

7. Measures to support advocacy and reinforced link with development actors, in order to ascertain that eradicating malnutrition and increasing resilience of the most vulnerable become a priority focus of national policies and are supported by development actors.

8. Response to natural disasters and epidemics

9. Considering the limited response capacity, priority will be given to preparedness, early warning and emergency response to prevent high mortality rates in case of sudden floods and/or epidemics. The first weeks are decisive to limit the extent of outbreaks and avoid destructive coping mechanisms among affected population. Provision of basic emergency assistance will remain crucial.

**Provision of life-saving assistance, livelihood recovery support and protection to refugees, displaced and host populations**

The priority will be the provision of essential life-saving assistance to populations affected directly or indirectly by forced and precautious displacement, be it internally or cross-border. Emphasis will be put on Protection and Malnutrition especially in the northern regions considering the high rate of malnutrition in Nigerians States along the border.

Mainstreaming of disaster risk reduction, protection, gender remains an overarching guiding principle.

Effective coordination is essential. DG ECHO supports the Inter-Agency Standing Committee’s Transformative Agenda and encourages partners to demonstrate their engagement in implementing its objectives, to take part in coordination mechanisms (e.g. Humanitarian Country Team/Clusters) and to allocate resources to foster the ITA roll-out.

Partners will be expected to ensure full compliance with visibility requirements and to acknowledge the funding role of the EU/ECHO, as set out in the applicable contractual arrangements.

4. **LRRD, COORDINATION AND TRANSITION**

1. Other DG ECHO interventions

The present intervention strategy will be reinforced through regional actions supported under the 2014 Sahel HIP, wherever possible, and –where appropriate- through the utilisation of the Epidemics HIP.
2. Other services/donors availability

Close working relations with the EU Delegation have been developed over the past 3 years. Joint missions done in 2012 have marked the common interest of EC services to further engage in the northern regions and develop a coordinated approach. Potential progress on transition/LRRD issues has been discussed with development donors such as the World Bank (safety nets), GIZ\textsuperscript{15} (strengthening health system) and the UN\textsuperscript{16} System. It has now been recognised by donors that malnutrition restrains development, and a specific donors group has been created for the northern regions of Cameroon.

3. Exit scenarios

In 2014, efforts will be made to support the EU Delegation on the 11th EDF\textsuperscript{17} programming (sector 3 - Rural development, Food security & Nutrition) to ensure effective LRRD and pro-poor targeting. Key considerations such as access to essential services to avoid exclusion, growth economy in peri-urban and rural areas, etc. will require in-depth technical and strategic discussions. Programming of the 11th EDF is closely linked to the “Document de Stratégie pour la Croissance et l’Emploi 2010-2020” and the elaboration of sectorial action plans. In this context, a short- to medium-term exit scenario can be envisaged, subject to a successful LRRD process.

\textsuperscript{15} The Deutsche Gesellschaft für Internationale Zusammenarbeit
\textsuperscript{16} United Nations
\textsuperscript{17} European Development Fund