

Organization: Refugee Welfare Association Cameroon (REWAC)

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Information about the Project:

- 1) Project Title: COVID-19 Support for Displaced Teenage Mothers**
- 2) Project Objective:** To provide health and other emergency humanitarian aid items to 100 internally displaced teenage pregnant and expectant mothers.

Specific objectives:

- To provide ante-natal care (ANC) to 60 teenage IDPs pregnant women
- To provide safe delivery assistance to 100 teenage IDPs
- To provide post-natal care to 40 teenage IDPs mother and their children child
- To provide food and non-food items to 100 teenage IDPs teenage

3) Project background

The English-speaking regions of Cameroon – the South-West and North-West - make up approximately 20% of the country's population. Many of their grievances date back to the early 1960s, when these regions were included in the newly established, mostly French-speaking, Republic of Cameroon. Violence and unrest escalated in late 2016 after a series of strikes and protests against what teachers, lawyers and students viewed as further discrimination against Anglophones. Between 22nd September and 1st October 2017, large-scale protests were

organized across the Anglophone regions to symbolically proclaim the independence of a new state of “Ambazonia.” Armed separatists in Cameroon’s Anglophone regions have stabbed to death and shot military personnel, burnt down schools and attacked teachers, while security forces have tortured people, fired on crowds and destroyed villages including hospitals, which has led to the displacement of thousands of persons. According to the **Internal Displacement Monitoring Center (IDMC)**, there are a total of 969000 IDPs in Cameroon. The crisis in the South-West and North-West Regions of Cameroon has compounded pre-existing vulnerabilities. In recent months, the epicenter of the crisis moved from Bamenda (North-West) to Mamfe and Kumba (South-West). All divisions in the South-West region, host to more than 1.4 million inhabitants, are affected by the crisis. The number of households forced to flee their villages - or the country - in search of safer areas has rapidly and steadily increased since November 2017. Recent needs assessments report that at least 160,000 people have been internally displaced in the two affected regions and would need humanitarian and protection assistance over the next three months. In addition, more than 21,000 Cameroonians have been registered as refugees in Cross River, Benue and Akwa Ibom States in Nigeria. This crisis is taking place against a backdrop of several other humanitarian emergencies affecting 3.3 million people across Cameroon.

4) Problem Statement:

Since 2016, political and social instability, exacerbated by sporadic violence, has had a negative impact on the civilian population of Cameroon’s South-West and North-West Regions, hosting four million inhabitants (16% of the total population) and have triggered humanitarian needs across the two regions, linked to significant internal displacement. Clashes between non-state armed groups and defense and security forces have displaced the civilian population into the surrounding forests and villages – 80% of the displaced population has found refuge in the forest. The two regions have experienced a deterioration of living conditions - primarily affecting school-age children, women and the elderly - and a collapse of livelihoods as well as heightened abuses. The crisis and subsequent displacement have prevented people from accessing their basic needs. For most of the affected population who relied on agriculture or livestock as their main sources of livelihoods before the crisis, dependency on external assistance will be inevitable in the short-term. Recent multi-sectoral rapid assessments conducted

by the United Nations in the South-West (March 2018) and by Plan International in the North-West (April 2018) have identified health needs as one of the priorities areas for intervention. The nature and severity of needs vary significantly across the two affected regions and across rural and urban areas. Health needs are high as the displaced population - especially children under 5, and pregnant or lactating women - have no access to basic health services and is at significant risk of water-borne diseases. Girls who cannot attend schools are prone to early pregnancy, difficult deliveries and the risk of obstetric fistula. Some health centers have been burned down and health workers have fled their duty stations leading to no health services provided in some villages. Even the operating health facilities are increasingly under pressure due to the influx of injured people and people suffering from severe trauma. This causes poor health services to be provided to pregnant women, especially teenage girls experiencing their first delivery. Some women give birth unattended to in the bushes; this in the long run might exacerbate the maternal mortality rate in Cameroon which for the time being it is already at 24 deaths per 1,000 live births.

. 5) Project Rationale & Outcome:

The rationale is to provide maternal care where by targeted pregnant teenage IDP Women are given health care for free of charge. They are provided with ANC care which will prepare them for safer deliveries and any complications due to the delivery will be taken care of. By so doing we are reducing maternal mortality in Cameroon. In the course of follow up, other non-communicable diseases identified will be taken care too. It is also important because the IDP women are relieved of the financial burdens accompanying child birth. They can save their money for other necessities like nutrition, small businesses or paying of other children school needs (SDG 4 on Education). By so doing we are economically empowering them (SDG for women empowerment and SDG for development).

Also, it is important as infant care is tackled by providing post-natal counseling to the mother, she will raise a healthy child and give him a better childhood. Most mental illnesses are due to poor childhood, so if the mother is counseled appropriately, children will have a better childhood and as such better mental health when he grows up implying good outcome in school which will contribute healthy minds for the development of the society

6) Project Implementation:

Dr. Duke Elome, MD, REWAC Health and WASH programs Lead will head the Project Implementation Team made up of 5 members.

The project has to do with the distribution and access to “birth kits”, and food as well as non-food items to 100 teenage pregnant women, **aged 13-20** in the project area, Bamenda.

Kits are issued to teenage women who did at least three antenatal visits during their pregnancy.

The kit contains items that a mother needs both in and out of the hospital to help facilitate a clean and safe delivery.

The kit initiative strikes a balance between the ideal requirements for a clean and safe childbirth, and the practical realities and gaps on the ground, especially in the rural low-resourced settings.

The kit can, among other benefits, improve on the quality and utilization of reproductive health services.

In particular the kit contains:

- 1 Cotton wool 500mg
- 1 Gauze sheets:
- 4 pairs of surgical gloves
- 1 Pair maternity pads
- 1 cord tie
- 1 surgical blade
- 2 polythene (One for hospital use and other to lay on the bed to protect from staining)
- 1 saline water for umbilical cord care in and out of hospital
- 1 Immunization card (This tracks the whole infant journey of receiving vaccines and immunizations up to the age of five in one place)

- 4 small size starter baby pampers
- 1 soap
- 1 baby bag: two sets of receiving blankets, baby hats, socks, and gloves, onesies and warm clothing, baby soap and oil

7) Project Sustainability:

By providing such simple, affordable supplies, we can make sure mothers and babies survive what should be a joyous time. We will also lecture mothers and families on the importance of a clean birth to ensure the best outcome. As we intercept them during pregnancy and provide them with the kit, whether they give birth at home or in the hospital, we can establish contact with them and ensure that they have a safe birth. Furthermore, by providing the vaccination card for newborns, there will be the possibility that they will be registered and will have access to the social services they are entitled to.

8) Project Time-line:

- ✓ Target Group Concertation meeting
- ✓ Selection of beneficiaries
- ✓ Distribution of Food & Non-food items
- ✓ Provision of Ante-natal & Birth kits
- ✓ Reporting on the grant;
- ✓ Monitoring & Evaluation

9) Total Project Budget: CHF 29,000

Amount requested: CHF 27,200

10) Project Duration: One month

Bamenda, Cameroon, 5th March 2021

For and on behalf of REWAC in Cameroon

Mukete Tahle Itoe,

President & Co-Founder

