

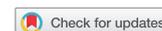
Migration related malnutrition among war-instigated refugee children in the northern part of Cameroon

Samuel Nambile Cumber^a, Geraldine Sinyuy^b and Joyce Mahlako Tsoka-Gwegweni^{a*}

^aDiscipline of Public Health Medicine, Department of Nursing & Public Health, College of Health Sciences, University of Kwazulu-Natal, Durban, South Africa

^bEnglish Modern Letters Department, University of Yaoundé 1, Yaoundé, Cameroon

*Corresponding author, email: Tsokagwegweni@ukzn.ac.za



Migration is interwoven with the problems of health and nutrition. When people migrate, they are still in need of the most basic human needs including nutrition and health care. These two again are inter-related since they affect one another. The quality of nutrition which an individual receives has a lot to play on his/her health. This paper seeks to discuss the malnourished situation of the children of refugees and internally displaced persons in the northern part of Cameroon resulting from Boko Haram insurgencies in boarder countries (Nigeria in particular) and within Cameroon itself. The study also shows that the number of refugees in the Northern part of Cameroon has been on a progressive increase since 2013. The most alarming aspect of the presence of these refugees driven out of their homes by Boko Haram attacks is the large number of children who suffer from severe acute malnutrition.

Keywords: Boko Haram, children, malnutrition, migration, refugees

Migration, especially forced migration due to wars and other environmental hazards, entails many dangers in the lives of the migrants.¹ One of the immediately affected migrant populations is children from 0–14 years old. Migrants or refugees face the problem of shortage or complete lack of food in the areas that they have migrated to in order to seek refuge. Because of this lack of food, children are often malnourished due to the impoverished situation of the parents who can only beg or depend on the goodness of others for their daily bread. Breastfeeding and nursing mothers do not have enough food to eat and so their milk-production is rendered poor.

According to an article entitled 'Refugees in Cameroon' Wikipedia, the online encyclopaedia, states that: 'In 2014, Cameroon had an estimated 44 000 refugees from Nigeria' while 'internal Cameroonian refugees also began to leave areas bordering Nigeria to escape Boko Haram violence, especially following the December 2014 Cameroonian clashes' (https://en.wikipedia.org/wiki/Refugees_in_Cameroon). The same source reports that more than 8 000 Nigerians from Adamawa, Borno States and Yobe fled to Cameroon between May and July 2014. This source also reports that food and shelter for those in need have been provided by local communities. However, their food stocks are running low. Malnutrition was estimated at 25 percent, and the UN World Food Programme (WFP) has begun distributing food, despite a 'volatile' security situation near the Nigerian border.

In the face of the crisis experienced by refugees in Cameroon and elsewhere in the world, malnutrition, especially in children, becomes a cause for concern. Early in February 2015, Cameroonians internally displaced by the Boko Haram insurgency complained that they were living in desperate conditions, going without food, water and medicine for days at a time.⁴ Furthermore, asymmetric attacks from the Boko Haram (or Islamic State in West Africa) have increased since July 2015 and have caused the internal displacement of around 139 000 Cameroonians who have fled the unsafe areas at the border with Nigeria. Besides, floods are reported to have displaced an

additional 30 600 people. The humanitarian response is hampered by the deteriorating security conditions in the Far North, which is reducing access for humanitarian organisations. Moreover, in the Far North Region, the number of people in need of immediate food assistance has tripled since June 2015 and is now 200 000 people, according to United Nation's Office for the Coordination of Humanitarian Affairs (UN OCHA). Severe acute malnutrition levels exceed the 2% emergency threshold.^{2,3}

It is reported that 61 262 children from 0–5 years suffer from severe acute malnutrition, while 133 255 others suffer from moderate acute malnutrition.⁵ In order to alleviate this alarming situation, the European Commission has enabled better care for severely malnourished children under five years old, as well as victims of floods, malaria and cholera outbreaks. It is also reported that since the beginning of 2016, 23 150 children under five (including 2 669 refugee children) have been admitted for therapeutic care for severe acute malnutrition.⁵ It is clear that a malnourished child risks dying if care is not taken. Apart from the fact that malnutrition is a threat to the lives of these malnourished children, the growth rate is also tempered with as they lack the necessary nutrients for both physical and mental development.

In an overview of the refugee situation in Northern Cameroon, UNICEF (ibid) states that the problem of nutrition is one of the major crises which the country faces. Based on their arguments, this crisis is aggravated by the continual influx of refugees to the North of Cameroon from Nigeria following the long-lasting insurgencies of the Extremist Islamic Group—Boko Haram. UNICEF (ibid) holds that in the Far North region, 190 591 people, 61% of whom are children, have been internally displaced, 83% of whom have been displaced by the ongoing conflict with Boko Haram. Nearly 65 000 refugees from Nigeria have come across the border as a result of the conflict; with 3 829 new arrivals so far in 2016 and that 56 830 of the refugees live in Minawao camp. Consequently, an estimated 61 262 children under five in Cameroon are expected to suffer from life-threatening severe acute malnutrition (SAM) in 2016 as a result of this on-going crisis.⁵

Based on their data on the affected population according to the humanitarian needs overview, UNICEF posits that the total number of children under eighteen years that are malnourished is 1 600 000. To imagine that this number of malnourished children is found in Cameroon is alarming. This number of severely malnourished children will certainly increase as long as the attacks from the Boko Haram continue to make both people migrate from neighbouring Nigeria into Cameroon to join the already internally displaced Cameroonians owing to attacks from the same sect.

Given that when people are forced out of their countries, towns and villages due to violence such as that orchestrated in Nigeria, Chad and Cameroon by Boko Haram violence, they have no time to carry food with them (and even if they do, this will not last for a long time). There is bound to always be a problem of shortage of food or balanced diet which causes malnutrition and other health-related problems in refugee camps, as well as host communities and families. Besides, the refugee camps are often limited in space such that the migrants have very little or no space on which to cultivate the necessary food stuffs. It is evident that food supplied to these refugees is not always enough to keep the family going.

Besides, even when there is equal distribution of food to the refugees in each camp, some families still always need more especially when they contain children, breastfeeding and pregnant women. Moreover, even the internally displaced persons who might want to go back to their farms cannot do so due to fear of being killed in the attacks by Boko Haram; and, as a result, they prefer to embrace the hunger and other health problems faced by the migrants in refugee camps. This situation therefore calls for more sustainable humanitarian support from people of good will both within and out of Cameroon without which thousands of children and other vulnerable migrant population, such as the aged, breastfeeding and pregnant women, will lose their lives.

The alarming situation of malnutrition amongst the refugees and internally displaced people in Cameroon can be supported by the WHO Department for Emergency Risk Management and Humanitarian Response (ERM) Summary of health priorities and WHO projects in interagency humanitarian response plans. Cameroon faces three crises which have left 2.7 million people in need. The intensification of violence in Nigeria and in the far north of Cameroon has displaced thousands of people. There are nearly 2.4 million people who are food insecure, including 250 000 acutely malnourished children and 68 000 children with severe acute malnutrition. The conflict in Central African Republic has displaced thousands of refugees in the eastern regions of Cameroon. The majority of the internally displaced people and approximately 15 000 refugees are residing in host communities (which total 336 000 people) who share their limited resources with the new arrivals. Civilians, especially women and children, affected by the increase in attacks and military operations are vulnerable to serious violations of their rights, their safety and psychosocial well-being. Many who fled the violence have witnessed brutal crimes and the trauma is deep and widespread.^{6,7,8,9}

Finally, this paper has given a panoramic view of the situation of the migrants in the northern part of Cameroon as a consequence of Boko Haram insurgencies in neighbouring Nigeria and the northern part of Cameroon. The paper showed that thousands of children in the refugee camps suffer from severe acute

malnutrition and this is a big threat to existence. The conclusion drawn on this paper is that regardless of the assistance that is already granted to these refugees in the area of nutrition by national, international bodies as well as individuals of goodwill, there still remains more to be done in order to rescue this situation as long as Boko Haram continues to launch its attacks on the inhabitants of northern Nigeria and Cameroon causing them to flee their homes.

Humanitarian Response: achievements and drawbacks

The government of Cameroon and its partners have been working towards the treatment and eradication of malnutrition in refugee children in Northern Cameroon; however, due to inadequate funding, these efforts are largely limited. According to Humanitarian Action for Children (HAC) 2017, UNICEF and partners plan for 58000 children aged 6 to 59 months affected by severe acute malnutrition admitted for treatment. As of October 2016, UNICEF had received US\$10million against the US\$31.4million appeal. The most funded areas were nutrition, child protection and WASH (Water, Sanitation and Hygiene).

UNICEF supports malnourished children via the combined management of acute severe malnutrition and the delivery of therapeutic products and drugs for treating complications among children with SAM and other childhood illnesses that are directly related to the incidence of malnutrition (Cameroon Humanitarian Situation Report, 30 October 2015). Also, in 2015 UNICEF supported the treatment of '410 refugee children with severe acute malnutrition in four operational inpatient facilities and ten outpatient therapeutic programmes (OPT) in Adamawa and in the East Region since the beginning of 2015' (Cameroon Humanitarian Situation Report, 30 October 2015).

Also, in 2016, World Health Organisation (WHO) allocated €13 million to the initial humanitarian response in Cameroon, which was used to maintain the humanitarian response to refugees from Central African Republic and Nigeria, internally displaced persons and vulnerable host communities. The European Commission has also provided humanitarian aid funding in response to the various refugee crises in Cameroon.

For better effectiveness in the response and an increased regional overview and strategy, the European Commission's Humanitarian Aid and Civil Protection department (ECHO) had set up a regional office in Yaoundé in September 2015 covering operations in CAR, Cameroon, Chad and Nigeria (ECHO Factsheet)

Furthermore, in October 2016, 70 children suffering from malnutrition were received at the Minawao refugee camp; however, the hospital here had limited resources to treat them.⁴ As such, the staff can only provide first aid. Besides, local health clinics are not set up to handle malnutrition and other indigents depend on the refugee camp hospital for malnutrition treatment. According to Kindzeka, the rate of simple malnutrition increased from seven percent in 2015 to nearly 12 per cent in 2016. According to Cameroon's Ministry of Public Health and the United Nations, more than 100 000 children in northern Cameroon presently suffer from acute malnutrition.⁴

Recommendations

National and international humanitarian organisations need to step in with more financial/material support towards the equipment of hospitals in the refugee camp so that children

suffering from simple to severe acute malnutrition can be treated there. The Cameroon Government, UNICEF, the United Nations High Commissioner for Refugees (UNHCR), the World Food Programme (WFP), WHO, Medicine Without Borders, non-governmental organisations (NGOs) as well as individuals of goodwill need to work hand in glove in order to solve this problem of malnutrition.

Care givers/mothers of the malnourished children need some basic training and counselling on how to care for their patients.

There is a need for increased food aid to help families in the refugee camp eat well.

Given the number of malnourished children in this area, there is need for more health personnel and experts to be deployed to the refugee camp so that the number of patients per health personnel can be reduced. However, security for these health personnel needs to be ensured so that they can work without fear of any kind of danger.

The couples within this group should be counselled, and educated on the importance of family planning as this will curb the number of unwanted pregnancies, which leads to an increase in the number of children who need to be fed.

References

1. Dawber, A. Cameroon: Inside Minawao, the UN camp where refugees from Boko Haram atrocities are still waiting for food, water and medicines. 2015 Jun 17 [cited 2017 Aug 28]. Available from: <http://www.independent.co.uk/news/world/africa/cameroon-inside-minawao-the-un-camp-where-refugees-from-boko-haram-atrocities-are-still-waiting-for-10303621.html>
2. ECHO. ECHO Factsheet—Cameroon—August 2016. 2016 [cited 2017 Aug 28].
3. HAC. "WEST and Central Africa". 2017 [cited 2017 Aug 28]. Available from <https://www.unicef.org/appeals/Cameroon.html>
4. Kindzeka Moki Edwin. "Fight for Resources in Cameroon Refugee Camp." *VOANEWS*. 2015 Apr 24 [cited 2017 Aug 28]. Available from: <http://www.voanews.com/a/battles-over-resources-begin-in-Camerouns-refugee-camp/2732777.html>
5. UNICEF. "Malnutrition Spikes in North Cameroon amid Boko Haram Conflicts". 2016 Oct 18.
6. UN. "Cameroon: Despite Insecurity, UN Agency Scales up Assistance for Thousands Fleeing Northern Nigeria." *UN News Service - allAfrica.com*. 2014-07-11. 2014 [cited 2017 Aug 28].
7. WHO/PEC/ERM/ERX/. "World Health Organization Humanitarian Response Plans in 2016." 2016 [cited 2017 Aug 28]. Available from: http://www.who.int/hac/hrp_2016_6_april.pdf
8. UNICEF. "Cameroon Humanitarian Situation Report (UNICEF)." January–February 2015 [cited 2016 Nov 25]. Available from https://www.unicef.org/appeals/files/UNICEF_Cameroon_SitRep_January_February_2015.pdf
9. Wikipedia. "Refugees in Cameroon" [cited 2017 Aug 28]. Available from https://en.wikipedia.org/wiki/Refugees_in_Cameroon

Received: 27-01-2017 Accepted: 30-09-2017