

# **Empowering Vulnerable and Displaced Populations in Cameroon through Dr John N. Nkengasong's 2022 Virchow Prize Donation of 500,000 Euros**

## **Project Report**

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## **Preamble**

Dr John N Nkengasong was named the 2022 Virchow Laureate for his unparalleled commitment to addressing complex global health challenges and making healthcare accessible to the world's most vulnerable. The €500,000 prize endowment money was donated to the African Field Epidemiology Network (AFENET) to support efforts in addressing health inequities among the vulnerable communities. AFENET worked with Global Health Systems Solutions, a public health organization well-established in the Central Africa region to execute the project aimed at uplifting the lives, health and wellbeing of the communities in crisis-affected regions of Cameroon.

## **Executive Summary**

The "Empowering Vulnerable and Displaced Populations in Cameroon through the Virchow Prize Donation of 500,000 Euros (EVDP)" project, was implemented in collaboration with the Ministry of Public Health, and the Ministry of Youth Affairs and Civic Education, Cameroon. The project empowered vulnerable and displaced adolescent girls and young women (AGYW) and adolescent boys and young men (ABYM) in the conflict-stricken Northwest (NW) and Southwest (SW) regions of Cameroon. The project, covering the period from April to November 2023, focused on three main objectives: strengthening educational and economic empowerment, strengthening the community healthcare workforce, and enhancing sexual and reproductive health.

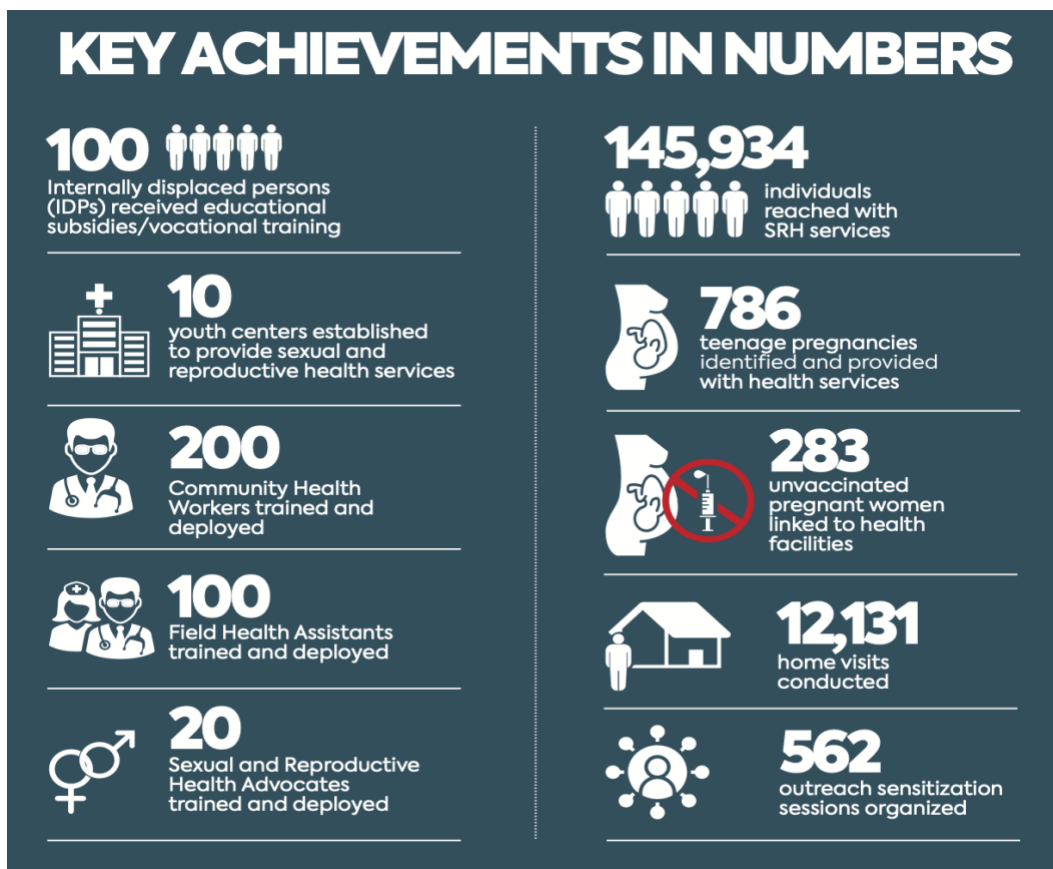
Key accomplishments include the successful identification and support of 100 internally displaced persons (IDPs) with educational subsidies / vocational training, the establishment of 10 youth centers to provide sexual and reproductive health (SRH) services, and the training of 200 community health workers, 100 field health assistants and 20 sexual and reproductive health advocates. mobilization and sensitization of 145,934 individuals in the project area on SRH services, 786 teenage pregnancies identified and provided with services, 283 unvaccinated pregnant women linked to health facilities and 212 gender-based violence cases referred for further care through 12,131 home visits, and 562 outreach sensitization sessions.

Despite challenges, effective collaboration with government ministries and community engagement facilitated the achievement of project objectives. Challenges such as insecurity in the regions and limited national stock of contraceptives were addressed by exploring alternative supply sources and intensifying sensitization efforts. The project emphasized the importance of education and economic

empowerment in enabling the young population to attain decent work and careers while contributing to a healthy and sustainable community.

The project also included the development of a scholarship program, job placement assistance, and networking and professional development to support the educational and economic empowerment of vulnerable individuals. There were tangible improvements in access to education and vocational skills contributing to the overall well-being and prospects of the beneficiaries.

The Virchow Prize endowment through the project has made a significant contribution to empowering vulnerable and displaced populations in Cameroon, with a focus on education, economic empowerment, and sexual and reproductive health. AFENET is grateful to Dr Nkengasong and the Virchow Foundation for trusting us with the responsibility of managing the endowment fund. We look forward to such impactful collaborations and networking opportunities.



## Background

Cameroon hosts one of the largest internally displaced populations (IDP) in Africa, with numbers rising consistently to more than 2 million IDPs in May 2023. Conflict and violence alone triggered more than 130,000 displacements in 2021, a 7% increase from the previous year. This has been primarily driven by violence between non-state armed groups and the Cameroonian military, as well as attacks by Boko Haram in the far north and additional refugees from the Central African Republic. This disruption has exacerbated inequalities across Cameroon, especially for adolescent girls and young women (AGYW) and adolescent boys and young men (ABYM). Cameroon ranks 141<sup>st</sup> (of 162 countries) in the 2019 gender inequality index.

The internally displaced persons (IDPs) fleeing from the crisis in the Southwest and Northwest regions of Cameroon, including refugees from neighbouring countries, live in extremely poor conditions. They are forced to reside in informal settlements, with their economic and health needs exacerbated due to limited access to humanitarian aid and economic empowerment opportunities. Over 2 million persons have been displaced, with young women being most affected, lacking suitable shelter, food, and other means of livelihood, and becoming more exposed to gender-based exploitation, marginalization, and preventable infections. This disruption has further widened inequalities across the country, driven by a high adolescent birth rate (110 per 1,000 births per woman with ages 15-19), a nearly 20%-point difference in secondary school participation (37% of females vs. 55% of males), and a more than 10%-point difference in labor force participation, one of the highest in Sub-Saharan Africa.

Vulnerable and displaced AGYW would substantially benefit from the expansion of health, education, and economic empowerment services, giving them hope for the future. Other vulnerable youths, such as disabled, low-educated, and rural youths, are often marginalized and face challenges in obtaining dignified employment opportunities. There are existing humanitarian partners on the ground already supporting the crisis, like the International Rescue Committee, but they do not have the mandate or resources to go significantly beyond support for basic needs.

To address these challenges, education and economic capacitation will go a long way to empower the young population and prepare them for decent work and careers. It will also directly contribute to a healthy and sustainable family and the immediate community. Economically empowered young people tend to take direct control of their lives and families, leading to an enhanced ability to meet their

economic and health needs. The Virchow Prize awarded to Dr. Nkengasong expanded access by enabling AGYW/ABYM to rebuild their livelihoods supporting themselves and their families.

Over 8 months, AFENET and Global Health Systems Solutions (GHSS) have been working closely with the Ministry of Public Health (MOH) and the Ministry of Youth Affairs and Civic Education to ensure the empowerment of vulnerable and displaced AGYW/ABYM in the Northwest (NW) and Southwest (SW) conflict-affected regions of Cameroon. We leveraged existing resources like Extension for Community Health Outcomes (ECHO) to support ongoing interventions and alternative approaches involving the use of community health workers (CHWs), Field health assistants (FHAs), and Sexual and reproductive health advocates.

The overall objective of this project was to improve the life and well-being of the vulnerable and displaced AGYW/ABYM through the expansion of health, education, and economic empowerment services.

## **Major Accomplishments**

### **Objective 1: Educational and Economic Empowerment**

#### **100 IDPs (AGYW and AYBM) supported with funds for educational subsidies / vocational training**

- A scholarship program entitled the Mami Ntongho Scholarship Award has been developed to support identified IDPs. The IDPs benefiting from this scholarship include individuals in their final year of primary and secondary levels with excellent academic results in selected schools, who are facing financial constraints that prevent them from continuing their education. The scholarship program provided access to quality education to identified 50 IDPs (25 individuals enrolled in primary education and 25 in secondary education). The fund covered the payment of tuition for participants, as well as providing support for additional needs such as books, writing material, and uniforms for one academic year. The selection was done in collaboration with local places of worship, village chiefs, Civil Society organizations (CSOs), and schools. The beneficiaries were enrolled in St. Therese Primary and Secondary School, Buea (Southwest Region) and Anale Ndem Bilingual Nursery and Primary School, Melong (Littoral Region)

- Three vocational training centers namely the Advanced Vocational Training Centre (Southwest region), Anale Ndem Vocational Training Centre (Littoral region) and Women Empowerment and the Family Centre Bamenda 11 (Northwest region) were identified to provide training for identified IDPs in a particular skill that could enhance their employability and contribute to their economic empowerment. A total of 50 IDPs were identified and enrolled in these institutions. The trainings were on tailoring and fashion design, carpentry and joinery, agriculture, catering and hospitality and computer & IT skills. In addition to the vocational training, the participants were provided with parallel mentorship programs focused on the skills needed to secure sustainable employment following the acquisition of vocational training. This mentorship included:
  - **Business Skills Training:** Equipping participants with business management skills, financial literacy, and entrepreneurship training to enable them to start and manage their businesses in their respective skill areas.
  - **Job Placement Assistance:** Providing support to help participants identify job opportunities and successfully apply for positions in relevant industries or sectors.
  - **Networking and Professional Development:** Offering guidance on building professional networks, creating resumes, and preparing for job interviews to enhance their employment prospects.

This comprehensive approach ensured that in addition to the vocational skills acquired, the participants received tailored support to facilitate their successful entry into the job market or entrepreneurship ventures. By providing this holistic support, the vocational training initiative not only aimed to equip the beneficiaries with practical skills but also to foster a sustainable path towards economic independence and long-term resilience. This approach contributes to the overall well-being and social integration of the beneficiaries, potentially leading to a positive impact on their future prospects.

## **Objective 2: Strengthening the Community Healthcare Workforce to Empower IDPs**

### **Identify community members (AGYW/ABYM) to be trained as Community Health Workers, Field Health Assistants, and Sexual and Reproductive health advocates**

- A total of 320 IDPs were selected in collaboration with the district health management committee, Civil Society Organizations (CSOs), and community leaders and trained as Community Health Workers (CHWs), Field Health Assistants (FHAs), and Sexual and Reproductive Health (SRH) advocates. The primary goal was to capacitate them with specific skills and opportunities, providing them with sustainable livelihoods through their new roles as community health workers, particularly focusing on improving sexual and reproductive health indicators in destabilized communities.
- The training included topics on reproductive health and its relationship to family planning, reproductive growth during adolescence, gender and its implications on reproductive health, adolescent pregnancy and childbirth care, prevention of teenage pregnancy, unsafe abortion in adolescent girls, adolescent-friendly health services, and teenage mental health among others. The training was conducted in 10 sessions, with 6 conducted in the Southwest (SW) region and 4 in the Northwest (NW) region resulting in the training of 200 CHWs, 100 FHAs, and 20 SRH advocates (Table 1). Ten supervisors were also trained and deployed in the two regions to coordinate and oversee the activities of the deployed field workers.
- Each field staff member was equipped with an Android tablet and internet modems to aid the work, communication and linkages/referral in the field. Their modems were refilled with internet data. Additional strategies were implemented, to ensure continuous quality improvement and capacity building. These included weekly ECHO sessions, onsite training by supervisors, and quarterly supportive site supervision. These measures were designed to provide ongoing support, guidance, and skill enhancement for the field staff, enabling them to continually improve their service delivery and stay updated on best practices in the field.



**Table 1: Distribution of trained CHWs, FHAs, Supervisors, and SRH advocates in both regions**

Region	Role	Male	Female	Total Trained and Deployed
Southwest (SW)	CHWs	52	68	120
Southwest (SW)	FHAs	28	32	60
Southwest (SW)	SRH Advocates	8	4	12
Southwest (SW)	Supervisors	2	5	7
Northwest (NW)	CHWs	42	38	80
Northwest (NW)	FHAs	19	21	40
Northwest (NW)	SRH Advocates	4	4	8
Northwest (NW)	Supervisors	1	2	3

**Objective 3: Field Staff Empowerment and Sexual Reproductive Health Enhancements**

- Youth Centre Establishment:** 10 youth centre / reproductive clinics were established. The centres provided a safe space for the provision of youth friendly SRH services. These centres were strategically located to serve the identified districts in the Southwest and Northwest regions. They were equipped with essential SRH commodities such as family planning sets, galipots, kidney dishes, trays, ovens, forceps boxes, scales, thermometers, and tourniquets, ensuring the provision of effective services. The field staff facilitated the provision of family planning services and treatment of sexually transmitted infections following the syndromic approach, significantly impacting the community's health.
- Community Engagement and Education Sessions**

Regular sensitization meetings and education sessions were conducted to engage the population and increase demand for SRH services. Over 104 education sessions were organized across the various centres, resulting in comprehensive mobilization and sensitization on SRH services.

- **Uptake of SRH Services:** A total of 145,934 individuals were mobilized and sensitized with SRH services, achieved through home visits, outreach sessions, and direct sensitization within the community. Additionally, 12,131 home visits and 562 outreach sensitization sessions were conducted, leading to a substantial uptake of sexual and reproductive health services. The CHWs and FHAs played an essential role in strengthening the community referral system, leading to the identification and referral of 212 gender-based violence cases, orientation of 786 teenage pregnancies, and referral of 283 unvaccinated pregnant individuals to health facilities.
- The comprehensive efforts in establishing youth centres, community engagement, and education sessions, alongside the significant uptake of SRH services, have led to a substantial improvement in the overall sexual and reproductive health outcomes within the covered regions.

## Challenges

- Inability to meet the demand for certain sexual and reproductive health services, such as contraceptives, due to limited national stock.
- Resistance from parents to the uptake of family planning services necessitates continuous sensitization efforts.
- Insecurity in the regions led to delays in project implementation, including renovations of youth centres, distribution of purchased tablets, and supportive supervision.

## Recommendations

- Addressing the limited national stock of contraceptives by exploring alternative supply sources and advocating for increased availability.
- Stakeholders in SRH need to intensify sensitization efforts to address parental resistance to family planning services and to counter threats to the uptake of SRH services.
- Developing contingency plans to mitigate the impact of insecurity on project implementation, such as alternative methods for data collection and flexible scheduling of activities.

## Conclusion

The project have made significant strides in addressing the multifaceted challenges faced by internally displaced populations, particularly vulnerable AGYW and ABYM in conflict-affected regions of

Cameroon. The implementation of educational and economic empowerment initiatives, such as the Mami Ntongho Scholarship Award and vocational training programs, has improved access to education and skill development for the identified IDPs. Additionally, the establishment of youth centers and community engagement has led to improved uptake of sexual and reproductive health services. We encourage other partners and stakeholders to sustain these efforts of empowering vulnerable and displaced AGYW/ABYM in conflict-stricken regions, not only in Cameroon but everywhere they exist hence ensuring expanded access to health, education, and economic empowerment and wellbeing of those affected.

**Photo Gallery: Engagement of formal and vocational training institutions**



A



B



C

Fig. 1; (A, B, C) Provision of educational tools to IDPs enrolled at the Anale Ndem Nursery, primary and vocational training centre, Melong



A



B



C

Fig. 2; (A, B & C) Training of field staff (Community health workers and field health assistants) for Limbe health district



A



B



C



D

Fig. 3; (A, B, C & D) Empowered IDPs as community health workers and field health assistants conducting community sensitization on sexual and reproductive health