

# Emergency appeal

## Cameroon: Population Movement

**Revised Emergency appeal n° MDRCM015**  
**GLIDE n° [OT-2013-000102-CMR](#)**  
**17 December 2013**

This revised Emergency Appeal seeks CHF 642,579 in cash, kind, or services to support the Cameroon Red Cross to assist a total of some 8,200 beneficiaries – some 3,200 Central African Republic (CAR) refugees and some 1,000 host Cameroonian families (5,000 people) for nine months. The operation will be completed by the end of May 2014. A Final Report will be made available by end of August 2014 (three months after the end of the operation).

**Appeal target (revised):** CHF 642,579;  
[<click here for the Revised Emergency Appeal Budget>](#)

**Appeal coverage:** some 19% [<click here for the updated donor response report or here for contact details or here for map of affected area >](#)

#### Appeal history:

- The [Emergency Appeal](#) was initially launched on 3 September 2013 to assist some 6,500 beneficiaries (1,500 families) for six months: some 5,000 Nigerian refugees (1,000 families) in the Far North Region of Cameroon, and 1,500 refugees (500 families) from the Central African Republic (CAR) in the East Region of Cameroon.
- **Disaster Relief Emergency Fund (DREF):** CHF 65,479 was allocated as a start-up loan for initial activities.
- [Operations update 1](#) was published on 30 September 2013.
- [Operations update 2](#) was published on 31 October 2013 and revised the objectives of the operation to focus only on CAR refugees in the East Region of Cameroon.
- **Revised Emergency Appeal** issued 16 December 2013 reflects the latest discussions with partners and the resulting activities to be implemented. Given the current situation in the CAR and the anticipation of further arrivals, this revised appeal will provide assistance to a total of some 3,200 CAR refugees and some 1,000 Cameroonian host families. The Appeal will focus on providing semi-permanent shelter, resulting in an increase in the budget from CHF 456,541 to CHF 642,579. The timeframe has been extended for three months and the operation is expected to end on 31 May 2014.

**Summary:** The overall situation has changed significantly since the launch of the Emergency Appeal. The very limited funding received to date has delayed implementation of most of the planned activities. Only a limited number of refugees were transported to the refugee camp in the North of Cameroon.

Following discussions and coordination meetings with UNHCR, WFP, WHO, UNICEF and other partners, UNHCR indicated that it has capacity to cover the needs of the Nigerian refugees in Northern Cameroon. Consequently, the Cameroon Red Cross, supported by the IFRC, will focus on assistance to CAR refugees in the East region of Cameroon.



A joint IFRC-Cameroon Red Cross team discussed urgent needs with two representatives of CAR refugees in Bertoua (East Region of Cameroon). Photo by Cameroon Red Cross

IFRC's Regional Operations Coordinator assessed the situation in the East Region of Cameroon from 23 to 25 October and finalized discussions with UNHCR and the refugees. Based on assessments, the primary focus will be on the construction of semi-permanent shelters for refugees who have now been transferred to Guiwa-yangamo and Bétaré-Oya villages of the East region.

Based on these recent developments, this revised emergency appeal anticipates the potential for additional arrivals of CAR refugees in Cameroon, increasing the target number to 3,200 beneficiaries (1,000 families) -- an increase from 1,600 beneficiaries (500 families) in the initial appeal.

Due to changes in the very fluid situation, only some of the planned activities have commenced, including construction of 78 emergency shelters, preparation for the procurement and distribution of hygiene items, restoring family links, and provision of psychosocial support services. With some 15% of the revised budget covered, additional funding is vital to continue activities and meet urgent humanitarian gaps.

The IFRC and the Cameroon Red Cross Society would like to thank the Japanese Red Cross and the Swedish Red Cross for contributions made to this Emergency Appeal.

## The situation

With the deteriorating security situation in the CAR since the beginning of November concerns have increased that the situation could spin out of control, further destabilizing the country and leading to a humanitarian crisis. Recent violent clashes occurred in the capital city, Bangui, with more than 100 persons reportedly killed or injured on one single day. As of 10 December, 103 injured persons had been rescued by CAR Red Cross providing first aid at the National Society headquarters and transport to local hospitals. First aid kits were provided by ICRC. Overall, 115 volunteers were involved in this operation. Volunteers also took care of dead bodies with the support of ICRC. The CAR Red Cross has recorded 459 dead persons, and as of 10 December buried 104 persons.

Currently, Bétaré-Oya and Guiwa-Yangamo camps host a total of 1,260 registered CAR refugees (as per UNHCR figures) and it is estimated that an additional 400 still need to be registered. It is anticipated that these figures will at least double due to the continuous instability in the CAR. The situation, therefore, is evolving and plans will need to be adjusted accordingly. The influx of refugees and the increased movement of people have increased the risk of sexual transmitted diseases and water-borne diseases both in the camp and in the host community.

## Coordination and partnerships

As a result of discussions and agreement with UNHCR, the Nigerian refugees in the Far North Region of Cameroon will be assisted entirely by UNHCR. The Cameroon Red Cross, supported by the IFRC, will focus entirely on CAR refugees in the East Region of Cameroon.

UNHCR has provided essential drugs, medical equipment and material to the camp infirmary. This has improved working conditions in the health centre and the health conditions of the refugees in the camp. The Cameroon police and military forces have also been facilitating refugee identification.

The Institut de Recherche pour le Développement (IRD) has distributed basic non-food items in the form of sleeping mats, blankets, jerry cans, buckets, soap, underwear, hygiene kits to women of childbearing age, clothes, and kitchen sets.

UNHCR will begin to implement income-generating activities for beneficiaries by the end of 2013. IRD has already started small-scale cultivation aimed at providing vegetables to beneficiaries. These vegetables will improve the diets of beneficiaries and revenue could also accrue from the sales of these vegetables.

UNHCR provided funds to IRD for the construction of 125 family latrines. IRD has also dug three water wells and installed manual water pumps. Facilities are also being constructed for CAR refugees by *Première Urgence*.

The AZOL, an NGO, conducted a gender-based violence prevention program in Noundoungue.

The World Food Program (WFP), through the Cameroon Red Cross is providing food (rice, oil, yellow peas, salt and corn) to 1,260 beneficiaries on a monthly basis. The CRC will continue other activities (distribution of non-food items, hygiene promotion, health education and care, community services, etc.). These activities are being undertaken on a bilateral basis under agreement with UNHCR, and therefore are captured as part of this Emergency Appeal.

## Red Cross and Red Crescent action

The CRC, working with UNHCR, has been receiving, pre-registering and identifying the refugees. The IFRC and CRC ambulance has also brought in a health team to provide first aid to the refugees and refer the critically sick to hospitals. When the refugees were being moved to Nandoungué, this team accompanied them in order to continue assisting them, despite its limited means. The CRC has also provided a tent that serves as an infirmary.

Since a measles epidemic was recently reported in the CAR, staff of the Nandoungué integrated health centre in collaboration with the CRC, and supported by the IFRC, organized a measles immunization campaign. The campaign targets children aged between 0 to 15 years in a bid to avoid an epidemic in the camp. The team also conducts immunization sessions in the camp once per month, following the advanced strategy, for children aged between 0 to 5 years, according to the Expanded Program on Immunization (EPI) protocol of the Cameroon Ministry of Public Health. Awareness-raising on good health practices is also carried out each week on several themes by the same team.

Discussions took place with the ICRC Regional Office in Cameroon as these refugees come from a country where ICRC is implementing, together with the CAR Red Cross, activities aimed at populations affected by conflict. It will be important, through the implementation of this Emergency Appeal, to work closely with ICRC in Bétaré-Oya and Guiwa-Yangamo in order to create a synergy by using the same volunteers to conduct psychological support and restoring family links activities. In collaboration with the UNHCR, support will also be provided to unaccompanied children. The merging of these activities will strengthen collaboration and be a logical link between IFRC, ICRC Regional Representation, ICRC Country Office in CAR, UNHCR and National Societies in both countries. Finally, this approach will be cost effective.

The Cameroon Red Cross is involved from the beginning in the support of refugees in Bétaré-Oya and in Guiwa Yangamo. Seven volunteers trained in November are involved in the psychosocial support (PSP)/ restoring family links (RFL)/unaccompanied children activity. Twenty volunteers also attended training in distribution.

### The needs

**Beneficiary selection:** Most of the CAR refugees arrived in Cameroon in March 2013. Initially, they were accommodated in schools, and then transferred to dedicated camps. The number of refugees fluctuated from month after month. Some 1,260 beneficiaries are officially registered by UNHCR though an additional 400 beneficiaries remain unregistered near the border in Nandoungue City.

**Immediate needs:** With the increasing number of refugees, living conditions in the camp have deteriorated and related basic amenities are insufficient. UNHCR has decided to relocate these refugees to Bétaré-Oya and Guiwa-Yangamo where living conditions are considered better, since Nandoungue site currently lacks appropriate infrastructure.

A field visit was organized on 23 October in Guiwa village in order to meet and discuss with beneficiaries and their leaders. From these discussions, IFRC and CRC staff were able to improve their understanding of beneficiary needs.

Some 1,000 CAR refugee families (3,200 beneficiaries) need semi-permanent shelters as it is obvious that the refugees will be displaced for a longer period. These shelters will be built in the two relocation sites (Bétaré-Oya and Guiwa-Yangamo). There will be two types of shelter, depending on family size (based on SPHERE standards):

- 4x5m (20 m<sup>2</sup>) semi-permanent shelter for families with up to five people.
- 4x8m (32 m<sup>2</sup>) semi-permanent shelter for families from six people and above.

As some beneficiaries (figure to be determined after on-going assessments) crossed the border unaccompanied, it was decided together with UNHCR, CRC and beneficiaries that these unaccompanied persons will be grouped in three or four in a shelter for five persons. The idea is to anticipate the future arrival of other unaccompanied beneficiaries and to facilitate their integration by placing them in these existing shelters with those that arrived earlier.

There is no source of light either in Guiwa-Yangamo or in Bétaré-Oya. Beneficiaries are asking for light for various purposes, particularly for security. Providing solar lamps will respond to an important need and improve living conditions of beneficiaries. These lamps will also provide a way to charge cell phones and an FM radio. Therefore, in the longer term it will be an efficient way for beneficiaries to stay informed about weather threats and the evolution of the situation in the CAR.

Another urgent need is hygiene kits. Refugees received hygiene kits when they arrived in Cameroon, but most of these kits are now empty. The distribution of hygiene kits will improve the living and health conditions of beneficiaries, and help solve the problem of beneficiaries selling food received from WFP in order to buy hygiene products.

It is also important to support beneficiaries who have fled armed conflicts in the form of psychological support. Working together with ICRC and UNHCR, restoring family links activities will be implemented with ICRC offer additional support and protection to unaccompanied children in Guiwa-Yangamo and BétaréOya.

Regarding Watsan, after discussions with UNHCR on 23 October 2013 it appears that there is an uncovered need of 50 family latrines for beneficiaries. Based on anticipated needs this figure was doubled to reach 100 family latrines for refugees. Thirty additional family latrines will be provided to host communities.

The operation will be supported by an RDRT member specialized in semi-permanent shelter construction and watsan activities for a duration of two months.

## The proposed operation

**Revised objectives:** the initial objectives targeted 1,000 Nigerian and 500 CAR refugee families. As UNHCR received enough funds to cover all the needs of Nigerians, it was decided to reorient this Emergency Appeal to include on CAR refugees. Given the most of the basic non-food item needs for CAR refugees have been covered by UNHCR, the following activities will be implemented:

- Provide semi-permanent shelters (20m<sup>2</sup> and 32m<sup>2</sup>).
- Distribute solar lamps and hygiene kits.
- Provide psychological support and family links restoring (RFL) activities. These activities will be jointly done with ICRC and UNHCR and a component will be added to support unaccompanied children.
- Construct 130 family latrines (one for two families). Remaining latrines will be constructed by IRD and financed by UNHCR.
- Build one water well and install water pumps in Guiwa Health Center. Three other water wells and pumps were installed in Guiwa refugee camps by IRD.
- Provide basic health and hygiene promotion services in the camp and host community.

The operation is based on a reduced family size of three persons rather than the usual five because many CAR refugees are crossing the border alone, the majority are young men who used to be students in CAR.

The revised activities are reflected in the following sectoral tables:

<b>Emergency shelter and non-food items</b>	
<b>Outcome 1: Meet emergency shelter needs of initial 145 refugee families in Bétaré-Oya and Guiwa-Yangamo villages.</b>	
<b>Outputs (expected results)</b>	<b>Activities planned</b>
Provide emergency shelter materials and support to 145 families.	<ul style="list-style-type: none"> <li>• Train 40 CRC volunteers in distribution and construction of emergency shelters.</li> <li>• Distribute materials for construction of 145 emergency shelters according to camp standards.</li> <li>• Monitor distribution and progress on construction of emergency shelters.</li> </ul>

<b>Outcome 2: Improved living conditions of 3,200 CAR refugees in Bétaré-Oya and Guiwa-Yangamo villages through the provision of semi-temporary shelters.</b>	
<b>Outputs (expected results)</b>	<b>Activities planned</b>
Living, hygiene and security conditions are improved through the distribution of NFIs to 1,000 families.	<ul style="list-style-type: none"> <li>• Train 40 CRC volunteers in the construction of semi-temporary shelter to ensure knowledge transfer to beneficiaries.</li> <li>• Train/retrain 15 volunteers in NFI distribution techniques.</li> <li>• Train refugees in the construction of temporary-shelter.</li> <li>• Prepare a list of beneficiaries.</li> <li>• Recruit builders. Recruit supervisors (1 supervisor for 4 teams).</li> <li>• Set up construction teams made of 5 persons (2 refugees, 2 CRC volunteers, 1 Mason).</li> <li>• Provide 10 first aid kit to construction teams.</li> <li>• Progressively increase the construction speed by increasing the number of construction teams to a maximum of 20.</li> <li>• Procurement and transport of material for semi-temporary shelters</li> <li>• Build 400 20m<sup>2</sup> sand 300 32m<sup>2</sup> semi-temporary shelters.</li> <li>• Procure and distribute 1,000 solar lamps (1 per 20m<sup>2</sup> shelter and 2 per 32m<sup>2</sup> shelter).</li> <li>• Monitor and supervise the construction of semi-temporary shelters.</li> <li>• Report on progress of activities, problems encountered and lessons learnt.</li> </ul>

**Progress:** 78 emergency shelters were built according to the camp emergency shelter standards and handed over to beneficiary families whose existing emergency shelters were considered uninhabitable. Additional 67 emergency shelters are required before semi-permanent shelters will be available. The materials used for the emergency shelters will be used for improvement of the semi-permanent shelters and latrine construction once the semi-permanent shelters have been constructed.

<b>Water, Sanitation and Hygiene Promotion</b>	
<b>Outcome: Improved access to safe water, adequate sanitation and improved hygiene for 3,200 refugees and some 1,000 host families in Bétaré-Oya and in Guiwa-Yangamo.</b>	
<b>Outputs (expected results)</b>	<b>Activities planned</b>
Community managed water sources giving access to safe water is provided refugees and host in Guiwa-Yangamo health centre.	<ul style="list-style-type: none"> <li>• Dig one well in Guiwa-Yangamo Health Center.</li> <li>• Install manual water pumps and taps and provide necessary user training.</li> <li>• Provide required material for repair of manual pumps in the future.</li> <li>• Monitor, evaluate and report on progress of this activity.</li> </ul>
100 refugee families (500 beneficiaries) and 30 host community families (150 persons) have access to family latrines and the risk of hygiene-related illnesses is reduced.	<ul style="list-style-type: none"> <li>• Train 15 volunteers in construction of family latrines and sensitize beneficiaries on their use.</li> <li>• Dig 100 family latrines in Guiwa-Yangamo and Bétaré-Oya.</li> <li>• Dig 30 family latrines for host communities</li> <li>• Sensitize beneficiaries and host communities on the use of latrines.</li> <li>• Monitor, evaluate and report on progress of activities.</li> </ul>
Access to basic hygiene items for 3,200 refugees.	<ul style="list-style-type: none"> <li>• Design hygiene kit based on needs assessment and discussions with beneficiaries.</li> <li>• Procure and distribute 3,200 hygiene kits consisting of soap, toothbrush, towels, razors and other items (accompanied by the hygiene promotion activities delivered by CRC outside this appeal).</li> <li>• Monitor, evaluate and report on distribution activities and usage of relief items.</li> </ul>
Improved hygiene practices of 3,200 refugees and 5,000 host community beneficiaries.	<ul style="list-style-type: none"> <li>• Train 20 volunteers and 20 community members in hygiene promotion.</li> <li>• Arrange visits to the camp and host community twice a week.</li> <li>• Establish camp hygiene promotion committee / focal points.</li> <li>• Monitor and report on activities.</li> </ul>

**Progress:** the design of hygiene kits has been done based on beneficiary involvement. The procurement process has been initiated. Hygiene promotion is being covered through partner agreements with activities expected to commence by the end of 2013. All other water, sanitation and hygiene promotion activities have been delayed due to the changed plan of action and funding constraints.

<b>Emergency health and care</b>	
<b>Outcome: Ensure that immediate health risks on the refugee population are reduced for 3,200 refugees and 5,000 host community beneficiaries in Zembe Borongo, Bétaré-Oya, Guiwa Yangamo and Mandjou.</b>	
Ensure that beneficiary population is reached with health promotion activities, community disease prevention activities.	<ul style="list-style-type: none"> <li>• Train/Refresh 12 RC volunteers on CBHFA and ECV (3 per camp).</li> <li>• Undertake health promotion and disease prevention activities among refugee population in Zembe Borongo, Bétaré-Oya, Guiwa Yangamo and Mandjou.</li> <li>• Participate in the exchange of health data and surveillance information with other stakeholders in the field.</li> <li>• Work in close collaboration with other health technicians in the field.</li> </ul>

**Progress:** Health promotion is being covered through partner agreements with activities expected to commence by the end of 2013.

<b>Restoring Family Links (RFL)</b>	
<b>Outcome: Ensure provision of psychological support, RFL, and support to unaccompanied children for 1,000 CAR refugee families (3,200 persons) in Bétaré-Oya and Guiwa-Yangamo villages.</b>	
<b>Outputs (expected results)</b>	<b>Activities planned</b>
1,000 refugee families receive psychological support for 6 months.	<ul style="list-style-type: none"> <li>• Train/retrain seven volunteers on psychological support, RLF and on unaccompanied children.</li> <li>• A psychologist supervises the work of seven volunteers.</li> <li>• Ensure that psychosocial support is provided to CAR refugees in Bétaré-Oya and Guiwa-Yangamo villages.</li> <li>• Refer refugees to health centres when required.</li> <li>• Restore family links in collaboration with ICRC</li> <li>• In collaboration with ICRC, support unaccompanied children identified in both sites.</li> <li>• Monitor, evaluate and report on progress of the activities.</li> <li>• Make recommendations and establish a strategy in order to provide psychological support to beneficiaries in need in the long term.</li> </ul>

**Progress:** Seven volunteers were trained for two days on 20 - 21 November on the following topics: psychosocial support, RFL and unaccompanied children. This activity is jointly implemented with ICRC. After the training, volunteers worked two days per week in Guiwa-Yangamo. Due to security issues, this activity was suspended on 3 December but after discussions with beneficiaries to resolve issues volunteers returned to the field the week of 9 December to resume the psychological support/RLF and support for unaccompanied children.

<b>Disaster Preparedness and Risk Reduction</b>	
<b>Outcome: Communities at risk will benefit from an improved early warning early action mechanism managed by CRC at all levels.</b>	
<b>Outputs (expected results)</b>	<b>Activities planned</b>
Enhanced preparedness for population movement through increased awareness and analysis of hazard risks and increased volunteer engagement.	<ul style="list-style-type: none"> <li>• Development of population movement contingency plan for border-area CRC branches.</li> <li>• Raise awareness of staff and volunteers of mainstreaming of DRR in emergency relief activities.</li> <li>• Strengthen early warning communication mechanisms from field to headquarter level.</li> </ul>

**Progress:** This objective was added during the revision process and has therefore not yet started.

## Logistics

Logistics will support the operations, sourcing and delivering relief items in line with operational priorities. Regional stocks will be used immediately (most items required are already in stock in Yaoundé according to the latest stock report) and the items will be replaced from Dubai. Other items (particularly construction materials) will be purchased locally in line with the IFRC procurement procedures.

In close coordination with GLS Dubai Office, the Zone Logistics Unit (ZLU) in Nairobi will provide logistical support and coordinate procurement and mobilization of items and material included in this Emergency Appeal. All logistics activities will follow IFRC procedures and will be conducted in a transparent and cost-efficient manner.

## Communications – Advocacy and Public information

A regular flow of reliable information will be maintained between the field and other stakeholders. This will be vital for fundraising, awareness of the work of the Red Cross and to maintain a strong profile of emergency operations. During an operation, communication between affected population and structures of the Red Cross, media and donors is an essential mechanism to ensure a quality operation, feedback, accountability and transparency. Communications activities described here are intended to support the National Society to improve their communication skills and develop appropriate communication tools.

These activities are conducted in close coordination with the IFRC's Communication Unit in Cameroon. Activities include:

- Design of a two-minute radio spot in local languages.
- Broadcast of radio spots on a weekly basis.
- Visits Bétaré-Oya and Guiwa-Yangamo with journalists.
- Publish, twice a month, a one-page press release in a national newspaper.
- Regular photographs to illustrate the continuing work of the Red Cross – sent to the IFRC communications team.
- Written updates to the IFRC communications team, for further dissemination to media and through IFRC channels such as the website.
- Regular liaison with local and national media in Cameroon to maintain communications about the work of the Red Cross.

## Capacity of the National Society

The Cameroon Red Cross is present throughout the territory with its 58 divisional committees, and a volunteer base estimated at 40,000, of which up to 10,000 are trained first aiders.

At the national headquarters there is an operational management structure with five technical departments. The CRC recently formed a competent National Disaster Response Team (NDRT).

Currently, CRC has a pool of trained shelter volunteers that can be deployed to any region of the country. With support from the Swiss Red Cross, a workshop was also held with 20 volunteers to train them in shelter construction.

The operations plans to deploy an RDRT to assist in managing the operation and will be supported by the Regional Operations Coordinator.

## Capacity of the IFRC

IFRC's regional representation for Central Africa (CARREP), in coordination with the Africa Zone office provides technical and material support to the National Society with the supply of relief materials, development of action plans, logistics and human resources as needed. The regional representation staffing includes a regional programme coordinator, a regional health coordinator and regional disaster management coordinator, a regional officer for HIV, and a team providing support services. Additional technical support is available from the Africa zone office in disaster management, health and care, organizational development, planning, monitoring, evaluation and reporting (PMER), finance and administration, and mobilization of human resources as needed.

## Security

The general security situation in Cameroon is stable. However the security situation along the border is not encouraging for now. It is reported that Boko Haram insurgents are present in the area, thus posing a security

threat to any humanitarian endeavour. UNHCR staff are obliged to work under tight protection provided by Cameroon armed forces that have been positioned along the border. Thus, if the CRC and the IFRC are to operate along the border special measures will need to be taken.

### **Budget summary**

See attached budget (Annex 1) for details.

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## Contact information

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## How we work

All IFRC assistance seeks to adhere to the Code of Conduct for the International Red Cross and Red Crescent Movement and Non-Governmental Organizations (NGOs) in Disaster Relief and the Humanitarian Charter and Minimum Standards in Disaster Response (Sphere) in delivering assistance to the most vulnerable.

The IFRC's vision is to inspire, encourage, facilitate and promote at all times all forms of humanitarian activities by National Societies, with a view to preventing and alleviating human suffering, and thereby contributing to the maintenance and promotion of human dignity and peace in the world.

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**Saving lives, changing minds.**



The IFRC's work is guided by Strategy 2020 which puts forward three strategic aims:

1. Save lives, protect livelihoods, and strengthen recovery from disaster and crises.
2. Enable healthy and safe living.
3. Promote social inclusion and a culture of non-violence and peace.

# EMERGENCY APPEAL

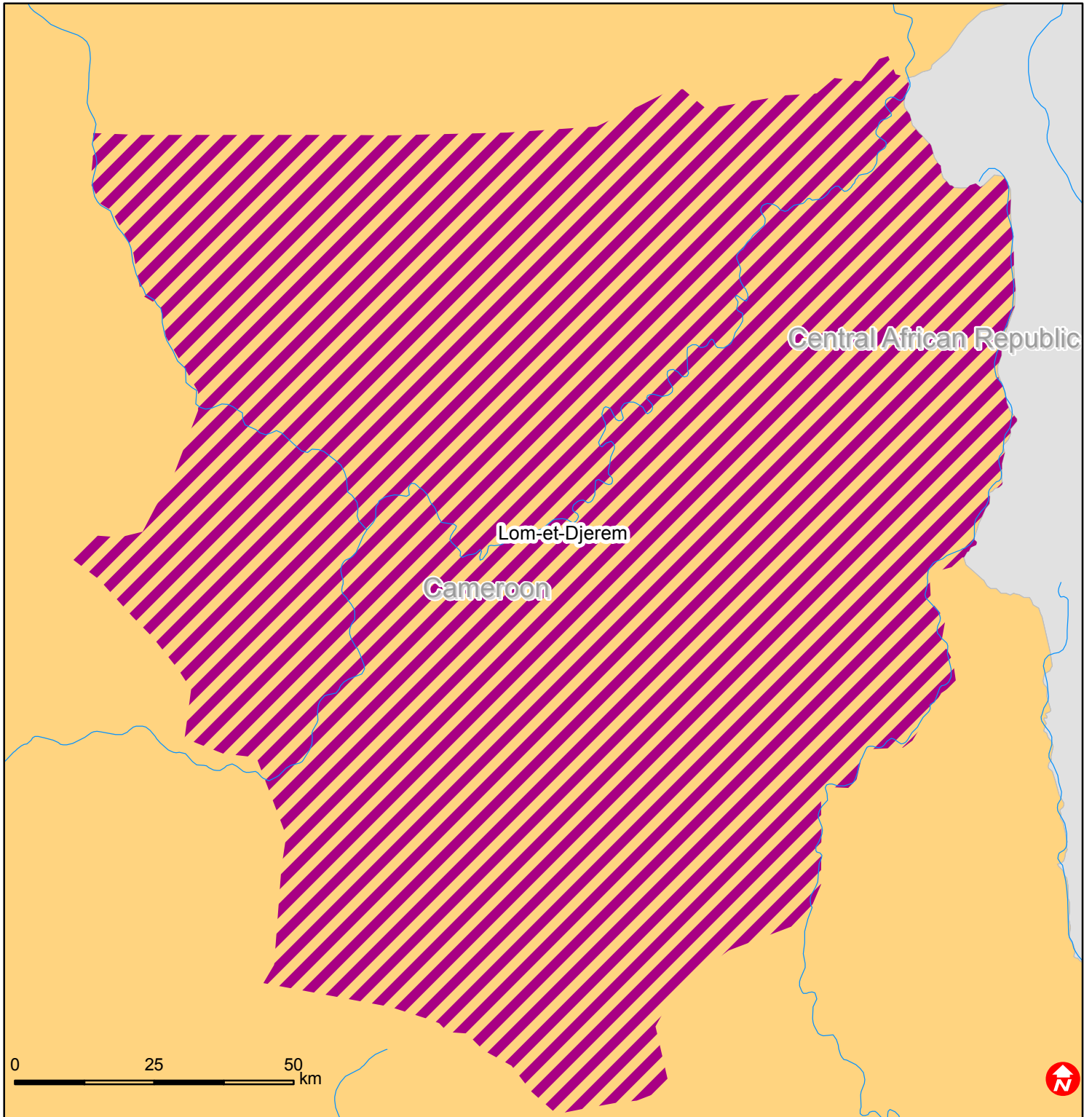
Cameroon Population Movement (MDRCM015)

17/12/2013

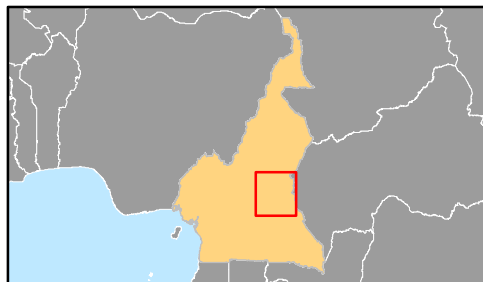
Budget Group	Multilateral Response	Inter-Agency Shelter Coord.	Bilateral Response	Total budget (CHF)
Shelter - Relief	18,850			18,850
Shelter - Transitional	297,554			297,554
Construction - Housing	0			0
Construction - Facilities	0			0
Construction - Materials	0			0
Clothing & Textiles	0			0
Food	0			0
Seeds & Plants	0			0
Water, Sanitation & Hygiene	76,587			76,587
Medical & First Aid	385			385
Teaching Materials	2,692			2,692
Ustensils & Tools	35,294			35,294
Other Supplies & Services	0			0
Emergency Response Units	0			0
Cash Disbursements	0			0
<b>Total RELIEF ITEMS, CONSTRUCTION AND SUPPLIES</b>	<b>431,362</b>	<b>0</b>	<b>0</b>	<b>431,362</b>
Land & Buildings	0			0
Vehicles Purchase	0			0
Computer & Telecom Equipment	0			0
Office/Household Furniture & Equipment	0			0
Medical Equipment	0			0
Other Machinery & Equipment	0			0
<b>Total LAND, VEHICLES AND EQUIPMENT</b>	<b>0</b>	<b>0</b>	<b>0</b>	<b>0</b>
Storage, Warehousing	2,845			2,845
Distribution & Monitoring	0			0
Transport & Vehicle Costs	26,870			26,870
Logistics Services	0			0
<b>Total LOGISTICS, TRANSPORT AND STORAGE</b>	<b>29,715</b>	<b>0</b>	<b>0</b>	<b>29,715</b>
International and Regional Staff	54,000			54,000
National Staff	2,100			2,100
National Society Staff	13,462			13,462
Volunteers	20,496			20,496
<b>Total PERSONNEL</b>	<b>90,057</b>	<b>0</b>	<b>0</b>	<b>90,057</b>
Consultants	10,000			10,000
Professional Fees	0			0
<b>Total CONSULTANTS &amp; PROFESSIONAL FEES</b>	<b>10,000</b>	<b>0</b>	<b>0</b>	<b>10,000</b>
Workshops & Training	8,284			8,284
<b>Total WORKSHOP &amp; TRAINING</b>	<b>8,284</b>	<b>0</b>	<b>0</b>	<b>8,284</b>
Travel	6,000			6,000
Information & Public Relations	0			0
Office Costs	8,731			8,731
Communications	9,392			9,392
Financial Charges	1,000			1,000
Other General Expenses	0			0
Shared Support Services	8,820			8,820
<b>Total GENERAL EXPENDITURES</b>	<b>33,943</b>	<b>0</b>	<b>0</b>	<b>33,943</b>
Partner National Societies	0			0
Other Partners (NGOs, UN, other)	0			0
<b>Total TRANSFER TO PARTNERS</b>	<b>0</b>	<b>0</b>	<b>0</b>	<b>0</b>
<b>Programme and Supplementary Services Recovery</b>	<b>39,218</b>	<b>0</b>	<b>0</b>	<b>39,218</b>
<b>Total INDIRECT COSTS</b>	<b>39,218</b>	<b>0</b>	<b>0</b>	<b>39,218</b>
<b>TOTAL BUDGET</b>	<b>642,579</b>	<b>0</b>	<b>0</b>	<b>642,579</b>
<b>Available Resources</b>				
Multilateral Contributions				
Bilateral Contributions				
<b>TOTAL AVAILABLE RESOURCES</b>	<b>0</b>	<b>0</b>	<b>0</b>	<b>0</b>
<b>NET EMERGENCY APPEAL NEEDS</b>	<b>642,579</b>	<b>0</b>	<b>0</b>	<b>642,579</b>



# Cameroon: Population Movement



The maps used do not imply the expression of any opinion on the part of the International Federation of Red Cross and Red Crescent Societies or National Societies concerning the legal status of a territory or of its authorities. Map data sources: ESRI, DEVINFO, International Federation - MDRCM015 revised.mxd. Map produced by DMU/NBO



 Affected Areas