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Emergency appeal operation update

Cameroon: Population Movement

 International Federation
of Red Cross and Red Crescent Societies

Emergency appeal n° MDRCM015
GLIDE n° [OT-2013-000102-CMR](#)
Operation update n°1
30 September 2013

Period covered by this Ops Update: 3 September – 24 September 2013. (initial three weeks of the operation).

Appeal target (current): CHF 456,541;

Appeal coverage: 0% [<click here to go directly to the updated donor response report, or here to link to contact details >](#)

Appeal history:

- This [Emergency Appeal](#) was initially launched on 03 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 initially allocated from the Federation's DREF to support the national society to respond.



Additional assessments in East Cameroon. Photo: IFRC

Summary: This Appeal was launched on September 3, 2013, but changes in the situation and partner intensions have made it necessary to reassess the two areas and plan the implementations accordingly to avoid duplication and ensure effective implementation. The IFRC Regional Programme Coordinator has therefore deployed to both target areas and based on outcomes of coordination meetings, a revised plan of action will be presented through an operations update shortly.

To date, soft pledges of CHF 15,100 from the Japanese Red Cross and SEK 500,000 (Approx. CHF 70,000) from the Swedish Red Cross (from Swedish government) has been received and the Finnish Red Cross has indicated that an application for EUR 170,000 (approx. CHF 210,000) from the Finnish government is being processed.

The situation

The current situation in the field has changed since the publication of the Emergency Appeal. Initially, our partners had limited funds to implement activities for refugees. Also, because of this situation, beneficiaries were pre-registered with delays and only a limited number of them were transported to refugee camp in the North of Cameroon.

Discussions and coordination meetings are taking place with UNHCR, WFP, WHO and UNICEF and other partners in order to readjust activities and responsibilities based on new updated information. From there, this Emergency Appeal will be realigned in order to fully meet beneficiary needs.

In the meantime, a Regional Disaster Response Team (RDRT) member from the Guinea NS was recruited and is ready to be deployed in the field as soon as possible to support Cameroon NS in the implementation of this Operation.

The updated plan of action and related budget will be published as soon as possible. We would like to thank the donors for their understanding and patience during this process.

Coordination and partnerships

Given the new information that came up since the publication of this Emergency Appeal, coordination with partners is crucial in order to respond to beneficiary needs in the most efficient and appropriate way. Cameroon RC and IFRC maintained regular communication with local and international partners in the field until now and will continue to do so throughout the operation.

Latest coordination meetings took place with UNHCR and other partners on 23-26 September in Far North and East Regions.

Red Cross and Red Crescent action

The CRC has been actively involved in the registration of refugees and psychosocial support. Currently, the situation is somehow stable and four volunteers are still on standby to assist the refugees.

The CRC has also handed over four first aid kits to volunteers in charge of transferring refugees from various sites to the camp. These kits are also being used at the health post that has been set up in the camp. CRC volunteers have also carried out sensitization on hygiene and sanitation and on the need to go to the health post or health centre for treatment. Screening for cases of malnutrition is also being carried out in collaboration with the French Red Cross (FRC).

The FRC on its part is caring for malnourished children with or without medical complications and providing equipment and supplements (full peanuts, F75 and F100 therapeutic milk) at the Mokolo CNTI (Centre de Nutrition Thérapeutique Interne). It has deployed two volunteers and a nursing aide to the Mokolo CNTI to supervise, monitor, sensitize, and collect data on the number of malnourished children. They also run the CNA (Centre de Nutrition Ambulatoire) that cares for malnourished children without complications. The FRC is also ready to fuel an ambulance for the transfer of malnourished cases to hospital.

CRC volunteers will be involved in awareness raising on health message and hygiene promotion, health care and the construction of infrastructure will be done by other partners such as UNICEF and Public Concern, while UNHCR will be in charge of overall coordination.

Progress towards outcomes

Because of the current situation detailed in the first section, no activity has started so far in the field. Latest discussions that took place with UNHCR and other partners on September 23-26th should reorient our strategy and activities as follow:

- More efforts should be put on Central African Republic families than expected (500 instead of 150) in East Region. NFI, shelter and hygiene promotion should remain a priority.
- Less families should be supported by RC In Far North Region (650 instead of 1000). The support should also be focused on NFI, shelter and hygiene promotion.
- Host communities welcoming refugees should be supported in the Far North and East Region in WatSan, hygiene promotion and health education.

Emergency shelter and non-food items	
Outcome 1: Contribute to meeting the immediate shelter and essential non-food item needs of 1,000 Nigerian refugee families (5,000 persons) in the Minawao refugee camp.	
Outputs (expected results)	Activities planned

1,000 families provided with materials and training required to construct emergency shelters.	<ul style="list-style-type: none"> • Mobilise/train 60 CRC volunteers in the construction of emergency shelter to ensure knowledge transfer to beneficiaries, as well as on relief distributions and logistics practices; • Purchase, transport and deliver (or make available for pick-up) shelter materials to camp; • Train refugees in the construction of emergency shelters, based on the construction of model shelters and in line with SPHERE standards; • Distribute basic tools required for the construction of emergency shelters; • Distribute two tarpaulins per household, 20 m of rope per household for fixing and other necessary materials (Planks, nails, measuring tapes, lines, hammers, ladders, pickaxes, spades) • Monitor and supervise the construction of emergency shelter and ensure their upkeep as the rainy season has already started. • Construct family shelters
1,000 families are provided with essential household items (NFIs).	<ul style="list-style-type: none"> • 60 volunteers (mentioned in the activities above will distribute relief supplies and control supply movements from point of dispatch to end user. Each family will receive: <ul style="list-style-type: none"> - 2 blankets - 2 sleeping mats or mattresses - 1 kitchen kit - 1 plastic kettle - 1 solar lamp - 1 bucket with lid - 1 collapsible jerry can • Monitor and evaluate the relief activities and provide reporting on relief distributions; • Develop an exit strategy.
Outcome 2: The immediate sheltering needs of the 150 most vulnerable CAR refugee families (750 people) in the East Region of Cameroon are met.	
Outputs (expected results)	Activities planned
The 750 most vulnerable refugees who still sleep in the open have access to emergency shelter, and their living conditions are improved.	<ul style="list-style-type: none"> • Identification of the 150 most vulnerable refugee families who still sleep in the open; • Procure shelter kits and transporting them to the refugees' settlement places in East region of Cameroon; • Train 15 volunteers on distribution; • Distribution of the shelter kits by the 15 trained volunteers; • Support in the erection of shelter by beneficiaries; • Monitoring, evaluation and reporting on emergency shelter activities
Water, Sanitation and Hygiene promotion	
Outcome: Contribute to facilitating access to proper sanitation facilities and hygiene promotion for 1,000 Nigerian refugee families (5,000 persons) in the Minawao refugee camp.	
Outputs (expected results):	Activities planned:
Adequate sanitation in line with minimal Sphere standards in terms of quantity and quality is provided in camp.	<ul style="list-style-type: none"> • Conduct refresher training for 15 CRC volunteers on emergency sanitation. • Using the community mobilisation approach, regionally procured sanitation equipment (wheelbarrows, rakes, nose masks, brooms, spades, garbage cans, boots, hand gloves, raincoats, first kits, aprons and pickaxes) will be distributed to refugees to ensure hygiene in camp.
Hygiene promotion activities which meet Sphere standards in terms of the identification and use of hygiene items provided to target population.	<ul style="list-style-type: none"> • Conduct needs assessment: define hygiene issues and assess capacity to address the problem. • Select target groups, key messages, and methods of communicating with beneficiaries (mass media and interpersonal communication). • Develop a hygiene communication plan.

	<ul style="list-style-type: none"> • Train 15 volunteers to implement activities from communication plan. • Assess progress and evaluate results. • Engage community on design and acceptability of water and sanitation facilities. • Construct or encourage construction and maintenance of hand washing facilities in targeted communities. • Monitor and evaluate the WASH activities and provide reports.
Emergency health and care	
Outcome: Ensure that immediate health risks on the refugee population are reduced for 1,000 Nigerian refugee families (5,000 persons) in Minawoa refugee camp.	
Outputs (expected results)	Activities planned
Evaluation of immediate health and sanitary risks using prescribed IFRC directives among refugee population.	<ul style="list-style-type: none"> • Train 20 community health volunteers how to evaluate the health environment outlining the immediate health risks the refugee population could be faced with. • Continuous monitoring and surveillance of the health situation.
Ensuring that beneficiary population is reached with health promotion activities, community disease prevention activities	<ul style="list-style-type: none"> • Train/Refresh 15 RC volunteers on CBHFA and ECV. • Undertake health promotion and disease prevention activities among refugee population in camp; • Distribute mosquito nets (2 per family) and sensitise communities on their use. • Put in place a platform for the exchange of health data and surveillance information with other stakeholders in the field. • Work in close collaboration with other health technicians in the field. • Distribute feminine hygiene - sanitary pads to the Nigerian refugees
Ensure that beneficiary population is provided with assistance and has access to immediate health care and rapid provision of drugs for illnesses.	<ul style="list-style-type: none"> • Provision of first aid to incoming refugees at the border services by 15 volunteers. • Undertake regular visits to the refugee camp and provide necessary medical assistance and advice to refugees directing them to nearby health facilities for immediate and appropriate care. • Undertake first aid and refer refugees to health facilities where they can have emergency assistance. • Facilitate urgent emergency transportation of refugees to health facilities where they can have appropriate care.
Ensure the psychosocial support to refugees	<ul style="list-style-type: none"> • Train 10 volunteers on PSP support. • Ensure the psychosocial support.
Outcome: Ensure that immediate health risks on the refugee population are reduced for 500 CAR refugee families (1,500 persons) in Zembe Borongo, Bétaré-Oya, Guiwa Yangamo and Mandjou.	
Ensuring that beneficiary population is reached with health promotion activities, community disease prevention activities.	<ul style="list-style-type: none"> • Train/Refresh 12 RC volunteers on CBHFA and ECV (3 per camp). • Undertake health promotion and disease prevention activities among refugee population in Zembe Borongo, Bétaré-Oya, Guiwa Yangamo and Mandjou. • Distribute mosquito nets (2 per family) and sensitise communities on their use. • Participate in the exchange of health data and surveillance information with other stakeholders in the field. • Work in close collaboration with other health technicians in the field.
Ensure the psychosocial support to refugees.	<ul style="list-style-type: none"> • Train 8 volunteers on PSP support (2 per camp). • Ensure the psychosocial support to CAR refugees in Zembe Borongo, Bétaré-Oya, Guiwa Yangamo and Mandjou.

Communications – Advocacy and Public Information

Communication strategy hasn't started yet as no activity has been implemented so far. Nevertheless, even if some activities will be changed, communication strategy will remain the same.

The aim will be to maintain a regular flow of reliable information, between the field and other stakeholders. This will be vital for fundraising, creating 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 greater quality operation, 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:

- Written updates to the IFRC communications team, for further dissemination to media and through IFRC channels such as the website
- Regular photographs to illustrate the continuing work of the Red Cross – sent to the IFRC communications team
- Regular liaison with local and national media in Cameroon to maintain communications about the work of the Red Cross

Contact information

For further information specifically related to this operation please contact:

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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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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.