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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 No 2**  
**31 October 2013**

**Period covered by this Ops Update:**  
**3 September – 28 October 2013**

**Appeal target (current):** CHF 456,541;

**Appeal coverage:** 19%; [<click here for updated donor response report or here for 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.
- **Operations update No. 1** was published on 30 September 2013 to highlight the achievements during the first 3 weeks of the operation.



A joint IFRC and Cameroon Red Cross team discussing urgent needs with two representatives of CAR refugees in Bertoua (East region of Cameroon).  
Photo: Cameroon Red Cross

**Summary:** Following an influx of refugees from Nigeria into the northern part of Cameroon and from Central African Republic into the eastern part of Cameroon, the IFRC launched this Emergency Appeal to respond to the immediate humanitarian needs.

After discussions with the UNHCR in the field, it was established that the UNHCR will support all Nigerian refugees in Far North Region of Cameroon and the IFRC operation will therefore focus only on CAR refugees in East Region of Cameroon. The Cameroon Red Cross Society and IFRC are presently conducting an assessment to revise the operation budget. These changes in plans have caused serious delays and it has not been possible for IFRC to start implementation of activities. As a result of this, an interim financial report cannot be provided.

The decision to focus on the eastern Cameroon refugees based on the field meeting 23-25 October has finally allowed the implementation process to be re-initiated and preparation for implementation is being done while the revised emergency appeal is being prepared. Activities will start the first week of November under the supervision of Regional Specialist (RDRT) dedicated to this operation.

## The situation

Responding to escalating hostilities in northern Nigeria between the Government and the Islamist militant group Boko Haram thousands of people fled the country and sought refuge in the Far North Region of neighbouring Cameroon. By end of August 2013 3,323 refugees, mostly women and children, had been pre-registered at the border between Cameroon and Nigeria. At the same time, an influx of refugees fleeing the civil unrest from

Central African Republic was reported in Garoua-Boulaï in the eastern part of Cameroon. A rapid assessment was conducted in both areas, and this Emergency Appeal was launched to support the most vulnerable displaced population in both areas.

The current situation in the field has changed since the publication of the Emergency Appeal. Initially, humanitarian 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.

Following discussions and coordination meetings with UNHCR, WFP, WHO and UNICEF and other partners, it is established that the UNHCR now have sufficient means to cover the needs of all the Nigerian refugees in Northern Cameroon. Consequently, IFRC and Cameroon Red Cross have decided that they will now focus on the assistance to CAR refugees in East region of Cameroon.

IFRC's Central Africa Regional Operations Coordinator travelled to East Region of Cameroon to assess the situation and finalize discussions with the UNHCR and the refugees themselves. The information available at this time is not enough to finalize a more appropriate plan of action. However, it is becoming clearer that primary focus will be on the construction of semi-permanent shelters for the refugees who have now been transferred to Guiwangamo and Bétaré-Oya villages of East region. This activity is expected to begin in the coming days. In addition, solar lamp and hygiene kits will be provided to beneficiaries in order to improve their living conditions. The IFRC would like to thank the donors for their understanding and patience during this process.

## Coordination and partnerships

IFRC's Central Africa Regional Operations Coordinator has been in contact with partners, including the UNHCR. As a result of the discussions with them, it is now clear that Nigerian refugees in Far North region of Cameroon will be assisted by the UNHCR while IFRC and Cameroon Red Cross are now focussing on CAR refugees in East region of Cameroon.

UNHCR has provided essential drugs and medical equipment and material to the camp infirmary. This has greatly 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, while the Divisional Officer is on hand for to oversee the process.

The Cameroon IRD (Institute for Development Research) has distributed NFIs (including sleeping mats, blankets, jerry cans, buckets, soap, underwear, hygiene kits to women of childbearing age, clothes, and kitchen sets). This was calculated at the rate of one mat, one blanket, one bar of soap, two buckets, five articles of clothing (including underwear), one hygiene kit per woman of childbearing age, one kitchen set, and two jerry cans per tent.

UNHCR will implement, by the end of 2013, activities generating revenues for beneficiaries. IRD already started an agriculture activity aimed at providing vegetables to beneficiaries. These vegetables will improve the meals of beneficiaries and revenues could also come from the selling of these vegetables. UNHCR also financed IRD for the construction of 125 family Latrines. Also, IRD dug 3 water pits and installed manual water pumps. Amenities were constructed by Première Urgence for CAR refugees. AZOL NGO conducted a violence prevention program based on gender in Nandoungue.

Coordination meetings took place with UNHCR and UN Organizations in September. The last one took place in Bertoua on 24 October with IFRC staff and the Regional Operations Coordinator. It was agreed that CRC/IFRC, through this Emergency Appeal, will take the following actions for 500 families (1,600 beneficiaries) in Guiwa-Yangamo and Bétaré-Oya:

- To provide semi-permanent Shelters.
- To distribute NFI (solar lamps and hygiene kits).
- To offer psychological support and family links restoring activities. These activities will be jointly done with ICRC and UNHCR and a component will be added to support lonely children.
- To construct for and together with beneficiaries, 50 family latrines (1 for 3 families). Remaining latrines will be constructed by IRD and financed by UNHCR.
- To build 2 water pits and install water pumps: 1 in Guiwa Health Centre and 1 in Guiwa refugee camp. Three other water pits and pumps were installed in Guiwa refugee camps by IRD.

World Food Program (WFP), through Cameroon Red Cross (CRC), is providing food (rice, oil, yellow peas, salt and corn) to beneficiaries on a monthly basis. The CRC will continue other activities (distribution of non-food items, hygiene promotion, education for health, care, community services, etc.) through bilateral agreement with UNHCR. In order to avoid confusion, these activities conducted by RC volunteers will not be reported in this Emergency Appeal.

## Red Cross and Red Crescent action

The CRC has been receiving, pre-registering and identifying the refugees. The IFRC/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 their 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 targeted children aged between 0 to 15 years in a bid to avoid an epidemic in the camp. The team also conducted immunization sessions in the camp once per month, following the advanced strategy, for children aged between zero to five 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 ICRC Regional Office in Cameroon as these refugees come from a country where ICRC is implementing together with CAR RC activities aimed at populations affected by conflicts. 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 same volunteers to conduct Psychological Support and Family Links Restoring activities. Furthermore, support will be provided to unaccompanied children together with UNHCR. The merging of these activities will reinforce the collaboration and be a logical link between IFRC, ICRC Regional Representation, ICRC Country Office in CAR, UNHCR and NS in both countries. Finally, this approach will be cost efficient.

## Progress towards outcomes

Direct implementation of activities has been delayed due to changed partner plans and humanitarian needs. Unfortunately, it took time to clarify with our partners who was doing what. The last visit held in the field on 23-25 October 2013 was helpful in clarifying with UNHCR remaining needs and gaps. Currently, a revised emergency appeal is being prepared with these changes in mind with activities expected to start in the first week of November under the supervision of Regional Specialist (RDRT) dedicated to this operation. Planned activities, in accordance with UNHCR, are as follow:

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"> <li>• 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;</li> <li>• Purchase, transport and deliver (or make available for pick-up) shelter materials to camp;</li> <li>• Train refugees in the construction of emergency shelters, based on the construction of model shelters and in line with SPHERE standards;</li> <li>• Distribute basic tools required for the construction of emergency shelters;</li> <li>• 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)</li> <li>• Monitor and supervise the construction of emergency shelter and ensure their upkeep as the rainy season has already started.</li> <li>• Construct family shelters</li> </ul>

1,000 families are provided with essential household items (NFIs).	<ul style="list-style-type: none"> <li>• 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"> <li>- 2 blankets</li> <li>- 2 sleeping mats or mattresses</li> <li>- 1 kitchen kit</li> <li>- 1 plastic kettle</li> <li>- 1 solar lamp</li> <li>- 1 bucket with lid</li> <li>- 1 collapsible jerry can</li> </ul> </li> <li>• Monitor and evaluate the relief activities and provide reporting on relief distributions;</li> <li>• Develop an exit strategy.</li> </ul>
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**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"> <li>• Identification of the 150 most vulnerable refugee families who still sleep in the open;</li> <li>• Procure shelter kits and transporting them to the refugees' settlement places in East region of Cameroon;</li> <li>• Train 15 volunteers on distribution;</li> <li>• Distribution of the shelter kits by the 15 trained volunteers;</li> <li>• Support in the erection of shelter by beneficiaries;</li> <li>• Monitoring, evaluation and reporting on emergency shelter activities</li> </ul>

**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"> <li>• Conduct refresher training for 15 CRC volunteers on emergency sanitation.</li> <li>• 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.</li> </ul>
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"> <li>• Conduct needs assessment: define hygiene issues and assess capacity to address the problem.</li> <li>• Select target groups, key messages, and methods of communicating with beneficiaries (mass media and interpersonal communication).</li> <li>• Develop a hygiene communication plan.</li> <li>• Train 15 volunteers to implement activities from communication plan.</li> <li>• Assess progress and evaluate results.</li> <li>• Engage community on design and acceptability of water and sanitation facilities.</li> <li>• Construct or encourage construction and maintenance of hand washing facilities in targeted communities.</li> <li>• Monitor and evaluate the WASH activities and provide reports.</li> </ul>

**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	<ul style="list-style-type: none"> <li>• Train 20 community health volunteers how to evaluate the health environment outlining the immediate health risks the refugee population could be faced with.</li> </ul>

among refugee population.	<ul style="list-style-type: none"> <li>• Continuous monitoring and surveillance of the health situation.</li> </ul>
Ensuring that beneficiary population is reached with health promotion activities, community disease prevention activities	<ul style="list-style-type: none"> <li>• Train/Refresh 15 RC volunteers on CBHFA and ECV.</li> <li>• Undertake health promotion and disease prevention activities among refugee population in camp;</li> <li>• Distribute mosquito nets (2 per family) and sensitise communities on their use.</li> <li>• Put in place a platform for 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> <li>• Distribute feminine hygiene - sanitary pads to the Nigerian refugees</li> </ul>
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"> <li>• Provision of first aid to incoming refugees at the border services by 15 volunteers.</li> <li>• 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.</li> <li>• Undertake first aid and refer refugees to health facilities where they can have emergency assistance.</li> <li>• Facilitate urgent emergency transportation of refugees to health facilities where they can have appropriate care.</li> </ul>
Ensure the psychosocial support to refugees	<ul style="list-style-type: none"> <li>• Train 10 volunteers on PSP support.</li> <li>• Ensure the psychosocial support.</li> </ul>
<b>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.</b>	
Ensuring 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>• Distribute mosquito nets (2 per family) and sensitise communities on their use.</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>
Ensure the psychosocial support to refugees.	<ul style="list-style-type: none"> <li>• Train 8 volunteers on PSP support (2 per camp).</li> <li>• Ensure the psychosocial support to CAR refugees in Zembe Borongo, Bétaré-Oya, Guiwa Yangamo and Mandjou.</li> </ul>

## Contact information

### For further information specifically related to this operation please contact:

- **IFRC Regional Representation:** Denis Duffaut, Regional Representative for Central Africa; Yaoundé; phone: (office) +237 22 21 74 37; (mobile) +237 77 11 77 97; fax: +237 22 21 74 39; email: [denis.duffaut@ifrc.org](mailto:denis.duffaut@ifrc.org)
- **IFRC Africa Zone:** Daniel Bolaños, Disaster Management Coordinator for Africa; Nairobi; phone: +254 (0)731 067 489; email: [daniel.bolanos@ifrc.org](mailto:daniel.bolanos@ifrc.org)
- **IFRC Geneva:** Christine South, Operations Quality Assurance Senior Officer; phone: +41.22.730.45 29; email: [christine.south@ifrc.org](mailto:christine.south@ifrc.org)
- **IFRC Zone Logistics Unit (ZLU):** Rishi Ramrakha, Head of zone logistics unit; Tel: +254 733 888 022/ Fax +254 20 271 2777; email: [rishi.ramrakha@ifrc.org](mailto:rishi.ramrakha@ifrc.org)

### For Resource Mobilization and Pledges:

- **IFRC West and Central Africa hub:** Elisabeth Seck, Resource Mobilization Officer, Dakar; phone:+221 33 869 36 60; mobile: +221 77 450 59 49; email: [elisabeth.seck@ifrc.org](mailto:elisabeth.seck@ifrc.org)

### For Performance and Accountability (planning, monitoring, evaluation and reporting):

- **IFRC Africa Zone:** Robert Ondrusek, PMER/QA Delegate for Africa; Nairobi; phone: +254 731 067277; email: [robert.ondrusek@ifrc.org](mailto:robert.ondrusek@ifrc.org)

## 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.