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| Emergency Appeal Operations n° MDRCM021 | GLIDE n° OT-2014-000172-CMR |
| Date of issue: 27/05/2016 | Period covered by this report: 9 February 2015 to 29 February 2016 |
| Emergency appeal operation start date: 9 February 2015 | Emergency appeal operation end date: 29 February 2016 |
| Appeal budget: CHF 958,660 | Appeal coverage: 85% |
| Disaster relief Fund allocated: CHF 186,000 | Total estimated Red Cross and Red Crescent response to date: CHF 499,384 |
| N° of people being assisted: 12,500 people | |
| Host National Society presence (n° of volunteers, staff, branches): Cameroon Red Cross (CRC) with nationwide coverage of 40,000 volunteers amongst whom 18,000 are active across 58 branches and 339 local committees - Garoua Branch, there are 280 volunteers | |
| Red Cross Red Crescent Movement partners actively involved in the operation: French Red Cross and ICRC | |
| Other partner organizations actively involved in the operation: UNHCR, UNICEF, WFP, Ministry of Health, Ministry of Territorial Administration and Decentralisation – Civil Protection, Japanese Government | |

Appeal History:

- This [Emergency Appeal](#) was launched on 9 February, 2015 for 1,671,593 Swiss franc for 5 months to support Cameroon Red Cross provide assistance to 25,000 persons in emergency health, water, sanitation and hygiene promotion, emergency shelter, food security, nutrition and livelihoods, National Society capacity building and disaster risk reduction.
- [Operations update n°1](#) was issued on 5 March 2015 to an update on the operation since its launch.
- [Operations update n°2](#) was issued on 14 April 2015 highlighting an additional request allocation of 20,754 Swiss franc, to help set up a computer room at the Cameroon Red Cross headquarters, train NS staff in the use of radio frequency ,radio equipment ,in security and E-learning.
- A [Revised Emergency Appeal](#) was issued on 3 July 2015 for 958,660 Swiss franc to assist 12,500 most vulnerable people (2500 families), and extended the implementation timeframe to 31 January 2016
- A [Six Month Summary update](#) was issued in on 30 September 2015, to report on progress and achievements during the first 6 months of the operation.
- In January 2016, an [Operation update](#) was issued, requesting for a timeframe extension, until 28 February 2016, to enable completion of monitoring activities/closure of the operation.
- A [12 month operation update](#) was published on 4 April 2016, reporting on activities carried out and achievements during the last 12 month of the operation.



Construction workers installing a tube after drilling in Warba, under CRC and IFRC supervision © IFRC

A. Situation analysis

Description of the disaster

Since July 2014, a large number of Nigerian refugees have been registered by the United Nations High Commission for Refugees (UNHCR) in Cameroon, specifically in the Mayo Tsanaga Division of the Far North Region, where the Minawao camp is located. By July 2015, UNHCR reported about 57,376 refugees in the region: 44,889 are hosted in the Minawao camp, while the remaining 12,487 are within the host communities.

This population movement of Nigerians is a result of armed insurgency in the North-East of Nigeria. Similar attacks have been perpetrated in Cameroon in the Mayo Sava and Mayo Tsanaga Divisions, leading to more than 30,000 internally displaced people. These figures are constantly increasing following the continuous arrival of more refugees and IDPs at the Minawao camp and various localities of the region.

Substantial assistance has been provided to refugees and IDPs during the last few years and this situation has increased the operational capacities of various local and international NGOs, United Nations (UN) agencies and the Cameroon Red Cross (CRC) in this region.

It should be noted that initially designed to host a maximum of 20,000 people, the Minawao camp now hosts 44,889 people. This increased number of people in the camp has resulted in, WASH facilities (water supply facilities, latrines and showers) being overstretched. Access to water is below minimum standards with a gap of 386 m³, while the rate of construction of WASH facilities is far below the rate of increase of the population in the camp. There is also a shortage of wood for the construction of latrines and showers. The construction of the planned facilities in the camp will go a long way in improving hygiene and health conditions in the camp.

Summary of response

In January 2015, the IFRC called for action to assist with the population movement, resulting in an Emergency Appeal launched to assist the displaced and refugees. A Regional Disaster Response Team (RDRT) member was deployed by the IFRC to support the National Society in implementing activities under the Emergency Appeal. Based in Maroua, the RDRT member worked in all the Divisions of the Far North Region and in close collaboration with the Coordinator in charge of population movements in the Region. The deployed RDRT coordinated implementation of planned activities with the IFRC Regional Disaster Management Coordinator for the Central Africa Region and the Disaster Management Director of the CRC.

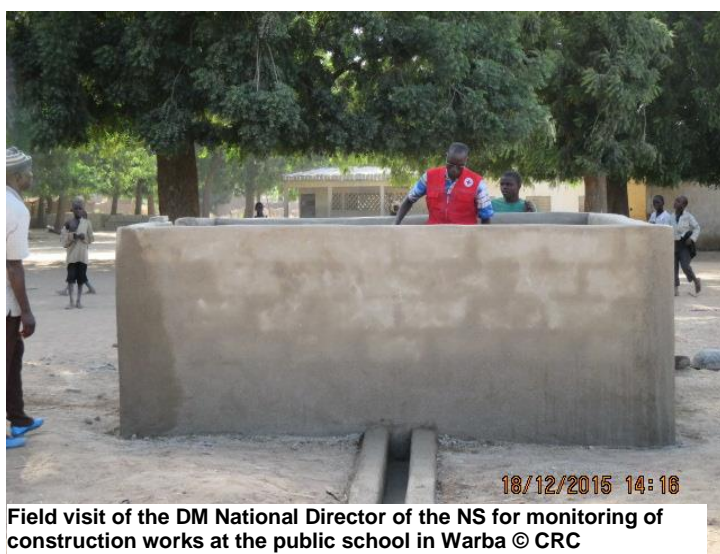
Between July and September 2015, an increase in incidences of violence were recorded, with 7n suicide bombings having been recorded in Fotokol, Maroua and Kerawa. It should be noted that these were the first ever suicide bombing incidents to be recorded on Cameroonian soil, thus resulting in the security situation worsening and negatively affecting the implementation of the planned activities.

By the end of 2015, the situation in the Far North Region of Cameroon remained static with the arrival of refugees, although the number of arrivals reduced, compared to what it was at the beginning of the operation. Indeed, the town of Mora (Mayo Sava Division) hosted the highest number (835 families or 7,830 persons as of November 2014) of IDPs from Amchide, Limani and Kolofata.

According to the Interagency report published by UNHCR for the period 1 - 29 February 2016, the number of Nigerian refugees in the Far North of Cameroon, was estimated at 72,062, among whom

56,210 settled at the Minawao camp (with 3,829 new arrivals registered by UNHCR since January 2016), while another 15,852 live outside the camp.

As for IDPs, there has been a considerable increase in the Mayo-Sava Division (21%) , while in the Mayo-Tsanaga Division, it is rather a decrease which is noticed (38%). According to the UNHCR Interagency report for February 2016, their numbers is estimated at 158,000 people. Most displaced persons are residents of communities in



Field visit of the DM National Director of the NS for monitoring of construction works at the public school in Warba © CRC

the region because of family and ethnic ties. These communities share food, water, land and non-food items with the displaced.

In addition to this, the security situation by January 2016, further delayed the implementation of the planned activities, the security situation increasingly worsened with about 370 attacks recorded in the region in 2015; that is, about 1 attack per day. One of the deadliest, a quadruple suicide attack, occurred in the first hours of 25 January 2016, in the town of Bodo, Far North Region, claiming more than 30 lives and seriously injuring about 85.

Consequently, it became necessary, for security reasons, to change the initially identified communities set to receive the latrine construction works. This happened severally, while the call to tender had been launched, causing the tenders to often be changed and logistics procedure repeated severally. These changes were not easy to operate by the National Society, which was facing reluctance from divisional committees. All of this took a long time to settle, thus, greatly delaying the timeliness of the execution of works. Despite these several difficulties and changes in the location of works, activities were carried out to support the affected communities while they went through these hard times.

Coordination and Partnerships

Activities to assist refugees, IDPs and host communities in the Far North region of Cameroon are implemented under the responsibility of the Ministry of Territorial Administration and Decentralisation (MINATD), represented by the Governor of the Region. This assistance is coordinated through instituted coordination meetings. The UNHCR is leading the interagency coordination and meetings between humanitarian actors including UNICEF, WFP, WHO, UN Women, UNFPA, International Emergency and Development Aid (IEDA Relief), Public Concern and IMC (UNHCR partners), Association for Environmental Education in Cameroon (ACEEN.Action21-CAMEROON) - a Cameroonian-based environmental NGO with National and International scope. In addition to these meetings, sectorial groups have been set up and consult regularly to avoid duplication and overlapping on the field.

A bi-weekly meeting of the WASH sector is held with other humanitarian actors; the Cameroon Red Cross and the IFRC regularly take part in these meetings. During the meeting held in Maroua under the chairmanship of the Regional Delegate for the Ministry of Water Resources and Energy with the participation of the Regional Delegate of MINEPAT, UNICEF, UNHCR, OCHA, MSF-Switzerland, CARE, PLAN, IEDA Relief, IMC, ASOL, AHA, and FBM, the issue of the needs of displaced people and host populations and the planning of a response by partners was discussed.

National Society capacity building

The Cameroon Red Cross, through its volunteers, is the main implementing actor in the field of Red Cross Movement activities. CRC works closely with the IFRC, the French Red Cross, and the ICRC in several areas.

In addition to organized meetings, field visits by the National Coordination Team are conducted to assess the security situation in the communities where activities are being implemented, as well as monitoring the progress of activities and provide technical support and guidance. A joint mission of the IFRC Yaounde office DM, PMER and Logistics units, as well as the DM of the CRC, the Regional Coordinator of the Far North population movement and RDRT were able to meet other components of the RC Movement, humanitarian partners and the Regional Delegate for the Ministry of Water Resources and Energy. A field trip was also conducted to the Minawao camp to assess the real needs of refugees living in the camp, especially in the WASH sector.

Within the Red Cross Movement and in support of the Cameroon Red Cross, the IFRC, the French Red Cross and the ICRC regularly hold monthly meetings. Security issues are addressed by the ICRC, which also provides guidelines to be followed on the ground, in order to ensure a more secure access to targeted areas.

Overview of Red Cross Red Crescent Action

The IFRC through this Emergency Appeal, was able to assist 821 IDP and host families, that is 600 families in Mayo Sava, and Mayo Tsanaga Divisions, as well as a second distribution of 221 non food items (NFI) kits to 221 households in Mayo Sava and Mayo Tsanaga and Diamare. Distribution activities were planned for 1,000 families, but due to security issues, this was not possible. As such, remaining items for distribution were made available to the Diamare divisional committee for distribution as soon as possible. The Federation provided support to the training of 73 volunteers and community workers in hygiene promotion. In addition, IFRC carried out its action in the WASH sector by building latrines and boreholes, promoting hygiene

A training for 30 volunteers in disaster management at community level was held in Maroua, from 25 - 29 February for the benefit of all six (06) Divisions of the Far North Region. The participants attending this training session had to fulfil several criteria of selections including: to be an active first aider with at least 2 years of experience, able to read and write French or English; be able to draft an activities report; be team spirited; be able to work under pressure and be available for the duration of the training and possible deployment. Female candidacies were encouraged to apply.

Participants were 30 in total, dispatched according to their division of origin:

| Divisional committees and administrative headquarters | Number of participants | Observations |
|---|------------------------|--|
| Diamare (Maroua) | 06 | Maroua 1 : 2 : Maroua 2 :3 and Maroua 3 : 2 |
| Mayo Sava (Mora) | 04 | |
| Mayo Danay (Yagoua) | 07 | Yagoua urbain 4 and Maga 3 |
| Mayo Kani (Kaélé) | 02 | |
| Mayo Tsanaga (Mokolo) | 08 | Mokolo urbain 02 , Bourha 02 ; Mogodé 02 and Tourou : 02 |
| Logone and Chari (Kousséri) | 04 | |
| Total | | 31 |

The training workshop benefited from the support of 2 NDRT members of the Cameroonian Red Cross, who facilitated the workshop in collaboration with the local coordinator of the operation. The latter informed that this was the first time that the Far North Region was receiving such training, fulfilling the disaster management expectations of divisional committees in this risk area.

The ICRC is present in Cameroon with a Regional Delegation in Yaounde and a Sub-delegation in the Far North (Maroua). In early June 2015, through first round of distribution, 12,000 host families and host population in the Far North Region benefited from the assistance of the ICRC with 75 tons of seeds and 250 tons of fertilizer in order to give boost to agriculture. The seeds distributed per family comprised of millet, maize, cowpeas, rice, and okra. The ICRC also continues to carry out its RFL activities especially in the Minawao Refugee Camp. In addition, the ICRC has enhanced its dialogue with the authorities and provided training on International Humanitarian Law (IHL) in order to consolidate their knowledge. In order to ensure the effective and efficient coordination of support provided to the National Society, a Movement Cooperation Agreement has been signed between the Cameroon Red Cross, the ICRC and the IFRC.

Overview of non-RCRC actors in country

In addition to the joint activities carried out with institutional partners, the Cameroon Red Cross has trained 100 volunteers and community workers in distribution techniques, 73 volunteers and community workers in hygiene promotion, and 30 volunteers from associations across the Diamare Division. Moreover, Cameroon Red Cross provided support to 250 IDPs in the Diamare, through the distribution of food and non-food items. Restoration of family links (RFL) activities are on-going at the Minawao camp under the coordination of the ICRC. It is also important to note that the Cameroon Red Cross signed a partnership



Visibility plate at borehole construction site in Djamakia © CRC

agreement with GUINNESS Cameroon S.A. to provide assistance within this Emergency Appeal.

Needs analysis and scenario planning

An analysis conducted by operational partners in May 2015, indicated that in the 8 vital sectors, needs ranged from food security to protection as seen below:

| Sectors | Percentage (%) |
|-------------------------------|----------------|
| Food security | 31 |
| Water and sanitation | 20 |
| Health | 18 |
| Livelihood | 12 |
| Shelter | 7 |
| Education | 5 |
| NFI | 4 |
| Protection/safety and dignity | 3 |
| TOTAL | 100 |

Informed by the assessment results and recommendations, the operational strategy of the National Society focused on these priority sectors such as food security, water and sanitation, health, non-food item distributions, and livelihoods interventions targeting 12,500 people. The 12,500 targeted people (2,500 families) were refugees originating from Nigeria (1000 families), Cameroon-based IDPs (1000 families), and host communities (500 families) in the Far North Region of Cameroon.

Risk Assessment

Ongoing political instability in Nigeria resulted in huge population movement into Cameroon, with about 70,000 Nigeria refugees currently in country (23% of refugees in Cameroon). Although the current security situation in the Far North Region remains relatively calm, most Nigerian refugees arrived in poor health, with low immunization coverage and this is a risk factor. Also, some refugees, who chose to remain at the border to await the possibility of return, later moved to the Minawao camp increasing the numbers in the camp.

B. Operational strategy

Overall objective

Improving the living conditions of 2,500 families (1,000 refugee families, 1,000 IDP families and 500 host population families) in the Far North Region of Cameroon, through health care, water, sanitation and hygiene promotion, food security, nutrition and livelihoods support, shelter and non-food items, disaster preparedness and risk reduction, and national society capacity development.

Implemented Strategy

Health activities for beneficiaries specifically focused on the chronically ill, pregnant women, persons with disabilities and the elderly. WASH facilities, generally communal, were strategically located in the under-served areas or camps where there is no other actor involved or the response provided is insufficient to address the needs of beneficiaries. Priority was given to areas where the service coverage is below SPHERE standards and those with increasing water-borne and water-related disease prevalence. Hygiene promotion



Volunteer training session ©CRC

and outreach campaigns were carried out in the communities and camps (Minawao and other displaced persons and refugees grouping sites) to benefit the refugees and host communities as well. The host communities also benefited from some of the planned services. Food security, nutrition and livelihoods support targeted all beneficiaries. Various training sessions covering various intervention topics were equally organized to develop the capacity of volunteers.

Operational support services

Human Resources

The IFRC has a Regional Health Coordinator, a Regional Disaster Management Coordinator, a Programme Planning, and Monitoring, Evaluation and Reporting (PMER) Assistant and a team providing support services. Additional technical support was 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. The National Society is present throughout the National territory with 58 Divisional committees and an estimated 40,000 volunteers presently, out of whom up to 10,000 are, trained First Aiders. A total of 200 volunteers were deployed to implement operation activities and the training of CDRTs will be organised in every locality.

Communications - Advocacy and public information

The National Society used the Internet network for communications, to keep in touch with teams and communities. The Far North regional branch office had no Internet but measures were put in place to ensure the branch maintains regular communication with the headquarters and other humanitarian actors e.g. through the use of mobile phones.

Logistics

Supported the operations, sourcing and delivering of relief items in line with operational priorities. Regional stock were used immediately (most items required are already in stock in Yaounde) and the items replaced from Dubai. Other items (particularly construction materials) were purchased locally in line with the IFRC procurement procedures. In close coordination with GLS Dubai Office, the Zone Logistics Unit (ZLU) in Nairobi provided logistical support and coordinate procurement and mobilization of items and material included in this Emergency Appeal. All logistics activities followed IFRC procedures and were conducted in a transparent and cost-efficient manner

Information and communication technologies (IT)

Supported the regular flow of reliable information, between the field and other stakeholders, to reinforce fundraising, awareness of the work of the Red Cross, and to maintain a strong profile of emergency operations. Communications activities will support the National Society to improve their communication skills and develop appropriate communication tools.

Security

The security situation in the Far North Region is critical. Since the Kolofata (Mayo Sava Division) suicide bombing on 20 June, security measures have been tightened, and Kourgui and Tourou, which are neighbouring localities to Kolofata, have been declared red zones and thus taken off the list of localities which would benefit from this Emergency Appeal. Implementation of planned activities continued uninterrupted in the other selected localities until 22 July, when there was a double suicide bombing in Maroua, followed by more attacks on 25 July. Since this date, more suicide attacks have been perpetrated. Thus, activities of this Emergency Appeal have been at a standstill as, the Cameroon Red Cross had to focus on providing assistance to the victims of the bomb blasts, referring the survivors to health centres and helping to transport the deceased to mortuaries. Moreover, following these attacks, the Cameroon government banned large groupings. As such, the planned distribution sessions have been postponed. Overall, the continuation of some of most activities highly depend on the eventual improvement of security conditions in the Far North Region.

C. Detailed operational plan

| Health and Care | |
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| Outcome 1: Health risks on IDPs, refugees and the local population are reduced for 2,500 families (12,500 persons) in four Divisions (Mayo Sava, Mayo Tsanaga, Mayo Danay and Diamare) of the Far North Region. | |
| Output 1.1: Updating Evaluation of health and sanitary risks using prescribed IFRC directives among refugee population. | |
| Output 1.2: Beneficiary population is reached with health promotion and community disease prevention activities. | |
| Output 1.3: Ensure that beneficiary population is provided with assistance and has access to immediate health care for illnesses. | |
| Output 1.4: Ensure psychosocial support for beneficiaries. | |
| Activities planned | |
| 1.1.1 | Train 100 community health volunteers/ and seven CDRTs on how to evaluate the health environment outlining the immediate health risks the refugee population could be faced with. |
| 1.1.2 | Continuous monitoring and surveillance of the health situation. |
| 1.1.3 | Active search for missing Expanded Program on Immunization (EPI) cases and referral to health structures |
| 1.2.1 | Train/refresh 100 Red Cross volunteers and 7 CDRTs in CBHFA and ECV. |
| 1.2.2 | Undertake health promotion and disease prevention activities among beneficiary population; |
| 1.2.3 | Distribute mosquito nets (2 per family) and sensitise communities on their use. |
| 1.2.4 | Put in place a platform for the exchange of health data and surveillance information with other stakeholders in the field. |
| 1.2.5 | Work in close collaboration with other health technicians in the field. |
| 1.3.1 | Provision of first aid to beneficiaries and eventually to volunteers by volunteers. |
| 1.3.2 | Facilitate urgent emergency transportation of beneficiaries to health facilities where they can have appropriate care |
| 1.4.1 | Training of 100 Red Cross volunteers in good hygiene practices and diseases related to dirty hands |
| 1.4.2 | Train 100 volunteers and 100 community members in hygiene promotion. |
| 1.4.3 | Arrange visits to targeted localities twice a week. |
| 1.4.4 | Establish hygiene promotion committee / focal points. Production of posters and leaflets with hygiene promotion messages |
| 1.4.5 | Sensitization of beneficiaries on good hygiene practices and diseases related to dirty hands (mass and door-to-door sensitization) |
| 1.4.6 | Regular monitoring |
| Achievements | |
| 1.1.1 | An overall number of 60 volunteers and 13 community members were trained on 29 February for the communities of Maroua 1, 2 and 3 in the Diamaré Division, on 02 July for communities of Mokolo urban and Tourou in the Mayo Tsanaga Division and on 04 July for communities of Kourgui and Mora in the Mayo-Sava Division. In total, three (03) training sessions were held in the capitals of the concerned Divisions. During these trainings, focus was on animation techniques, the scale for behaviour change communication (BCC), knowledge of waterborne diseases and those related to poor hygiene and finally the implementation of theory through practical case simulations. In addition, seven volunteers were trained as CDRTs and served as supervisors during the operation. |
| 1.1.2 | Field visits were organized in each department to track and monitor the health situation. Monitoring was done simultaneously with sensitization on hygiene and sanitation. |

- 1.1.3 The few reported health cases were referred to the health centre or COSA in each locality.
- 1.2.1 75 volunteers (25 per Division) and 13 supervisors were refreshed on CBHFA and technical distribution of Non Food Items (NFI) in the Diamaré, Mayo-Sava and Mayo Tsanaga divisions.
- 1.2.2 Undertake health promotion and disease prevention activities among beneficiary population;
- 1.2.3 A total of 507 mosquito nets were distributed to 181 IDP families and 40 host families; that is a total of 1,575 people in the localities of Jamakiya, Maroua 1 2 and 3.
- 1.2.4 In addition to sharing information with health centres, health data exchange and monitoring information was shared during coordination meetings and sectoral meetings, which were considered as exchange platforms in this area.
- 1.2.5 No institutional partners worked on the operation. However, the Red Cross team on the field worked with health partners who were already operating on the ground. This was the case with the Emergency Committee meetings chaired by the regional delegate for the MoH, who was responsible for coordinating activities of humanitarian and government agencies, as well as the security aspects in the Region.
- 1.3.1 First aid care was provided to beneficiaries on the ground, more specifically at the start of the operation. Also, the first aid kits made available were useful even to volunteers, who could use them among themselves whenever needed during the implementation of activities.
- 1.3.2 This was carried out as part of referrals of cases to health facilities.
- 1.4.1 Seventy three (73) Red Cross volunteers were trained in good hygiene practices and diseases related to dirty hands in all three divisions where the operation was implemented.
- 1.4.2 Training helped to provide affected localities with 60 volunteers and 13 community members with very good knowledge of good hygiene practices, instead of the 100 planned. These volunteers and community members, depending on their geographical location, were organized in groups of promoters constituting health committees. These committees were headed by focal points to coordinate the activities of hygienists. Each group, made up of eight (08) people had 1 month for hygiene promotion activities during the operation, the overall idea being to have the same community volunteers after the project to consolidate achievements.
- 1.4.3 The population movement Coordinator and the RDRT conducted field trips to talk with the presidents of the Divisional committees and camp managers on the ongoing operation activities. These field trips enabled the identification of sites for latrines in Diamaré (Maroua 1, 2 and 3), Mokolo urban, Mora, Mémé and Djamakia.
- 1.4.4 The training of volunteers and CDRTs enabled the establishment of seven (07) hygiene promotion committees in communities where boreholes and latrines were built. Moreover, for a harmonized message intended at the beneficiaries and to strengthen the communication strategy, posters and leaflets containing hygiene promotion messages and pictures were produced. For now, the logistics unit is working on the acquisition and deployment of these material on the ground. Said supports delivery is expected by the end of August, and contains 14 image boxes, 500 posters and 1,000 flyers.
- 1.4.5 The health committees set up in the areas of intervention have a mission to inform, educate and communicate with beneficiaries for behavioural change. Thus, 2 chat sessions with beneficiaries were programmed to hold each week, for three (03) months. This activity was launched on 11 July 2015, was later on suspended for 2 main reasons: The lack of image boxes, posters and leaflets on the one hand and the growing insecurity in the area, with the double suicide bombing which occurred in July 2015 in Maroua, capital of the Far North region. The activities resumed after the situation quelled down, but very slowly because, there were often accessibility issues in implementation areas.
- 1.4.6 Constant monitoring of the situation was conducted on the field as well as a reassessment of the situation, based on the events in Nigeria and in the Far North region with support from the Regional Representation. Several assessment missions were conducted in the field, which allowed to update the list of beneficiaries and areas of intervention in relation to field realities and vulnerability. This also allowed us to identify four very vulnerable localities in two localities namely Kourgui and Adjamakia in the Mayo-Sava division, and Mokolo urban and Tourou in the Mayo-Tsanaga Division.

Outcome 2: Improved access to safe water, adequate sanitation and improved hygiene for 2,500

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| beneficiary families in targeted localities (100 latrines in the Minawao camp, 400 latrines and 7 boreholes in other localities). | |
| Output 2.1: Community managed water sources giving access to safe water are provided to target population. | |
| Output 2.2: 500 families (2500 beneficiaries) have access to family latrines and the risk of hygiene related illnesses is reduced. | |
| Output 2.3: Access to basic hygiene items for 2,500 women of childbearing age. | |
| Activities planned | |
| 2.1.1 | Conduct geotechnical studies. |
| 2.1.2 | Drill 7 boreholes in targeted localities. |
| 2.1.3 | Install 7 manual water pumps and taps and provide necessary user training. |
| 2.1.4 | Provide required material for repair of manual pumps in the future. |
| 2.1.5 | Set up and train water management committees. |
| 2.1.6 | Monitor, evaluate and report on progress of activity. |
| 2.2.1 | Train 100 volunteers in the construction of family latrines and sensitize beneficiaries on their use. |
| 2.2.2 | Dig 500 family latrines in targeted localities |
| 2.2.3 | Sensitize beneficiaries and host communities on the use of latrines |
| 2.2.4 | Monitor, evaluate and report on progress of activities |
| 2.3.1 | Design hygiene kit based on needs assessment and discussions with beneficiaries and state institutions |
| 2.3.2 | Procure and distribute 2,500 hygiene kits consisting of soap, toothbrush, towels, razors and other items |
| 2.3.3 | Procure and distribute 2,500 hand washing kits to 2500 families |
| 2.3.4 | Monitor, evaluate and report on distribution activities and usage of relief items. |
| Achievements | |
| 2.1.1 | Exchange and work meetings were conducted with the Regional Delegation of Water and Energy Resources [DREE], for their involvement in the construction of boreholes. Indeed, the DREE was involved as for its technical expertise in carrying out the geotechnical study but also to know the types of drilling recommended by the Ministry of Water and Energy Resources [MINEE]. A favourable opinion was obtained from the DREE, for its accompaniment in the implementation of the works. |
| 2.1.2 | The Mayo Sava and Mayo Tsanaga divisions were identified to benefit from seven (07) boreholes, the construction sites at the beginning of the operation being Tourou (04 boreholes) and Kourgui (03 boreholes). With the participation of the local committee presidents, these sites were changed for security reasons. Discussions with the MINEE regional delegate resulted in field trip for a geotechnical study, leading to new sites to be identified (Mémé and Warba in the Mayo Sava in replacement of Kourgui and Rafa and Vambay, Kosehone and Mayo Sangaré in the Mayo Tsanaga in replacement of Tourou). Regarding the construction works, there was a lot of delay, due primarily to the security situation. However, as concerns the borehole construction, the normal process was respected: Publication of tender call and selection of the contractor. It should be highlighted that of the seven (07) boreholes planned, three (03) were funded by Guinness Cameroon S.A., under the partnership signed with the National Society. IFRC procedures were respected both for these boreholes, as they were for the four (04) others funded by the Emergency Appeal funds. Despite delays and thanks to the timeframe extension, all boreholes have been duly constructed. |
| 2.1.3 | Seven (7) manual pumps (human-operated pumps) were installed on the boreholes built. Also, after establishing a management committee for the said boreholes, the Red Cross educated them on how to use and maintain a borehole and the pumps. Fortunately, it was found out that before discussing with them on this, beneficiaries had already started applying some rules of hygiene such as their taking off shoes before fetching water. Through this. it was obvious to the implementing team that the village chiefs had taken charge of the matter and discussed with their people for an improved use of these pumps. |

- 2.1.4 Unfortunately, there was not enough funding on this appeal and as such, required material for future repairs on manual pump could not be provided. It was however recommended that divisional committees contact the services of the mayor / municipality in the event of any problem, given that a staff of the municipality is part of the water point management committee.
- 2.1.5 Volunteer and community members training helped to provide affected communities with Red Cross and community volunteers with very good knowledge of good hygiene practices. These volunteers and community volunteers, depending on their geographical location, were organized in groups of health promoters, constituting health committees. These committees are headed by focal points in charge of coordinating the activities of hygienists. Each group includes eight (08) people, who ensured that hygiene promotion activities were duly conducted during the project, the overall aim being the recruitment of community volunteers to sustain achievements, even after the end of the operation.
- 2.1.6 Several field visits were conducted by the population movement coordinator and the RDRT to monitor activities and assess their progress. This allowed them to interact with the presidents of the divisional committees, beneficiaries, other partners (case of the Minawao Camp) and entrepreneurs on activities.
- 2.2.1 Sixty (60) Red Cross volunteers out of planned 100 and 13 community volunteers out of the planned 15 were trained on hygiene promotion and the use and maintenance of latrines in targeted communities. Unfortunately, two (02) community volunteers, candidates to the trainings, could not attend due to growing insecurity in their localities at the time of trainings.
Given the low level of funding of the Emergency Appeal, the number of latrines to be constructed was first reduced to 320 (260 with Appeal funds and 60 with GUINNESS funding). Construction sites were identified in Maroua (1, 2.3), Mokolo, Mora and the Minawao refugee camp. The field team conducted the recognition of these sites with the heads of district committees and technicians of the municipality. Moreover, latrine construction costs increased because the operation switched from emergency latrines as originally planned, to semi durable latrines as required by the UNHCR and WASH partners in charge of this component. As such and in order to keep costs within available funds, the number of latrines to be built was reduced. Thus, 16 latrines rather than 60 were built with Guinness funds. As concerns those built with funding from the Emergency Appeal, it was decided to build them at the Minawao camps, taking into account local needs. Here too, the number of latrines was reduced to 30 blocks of 2 latrines each, built at the Minawao camp, that is a total of 60 semi durable latrines, instead of 260 as initially planned. It should be noted that the superstructure was made with tarpaulins. Provisional acceptance of these latrines was made by the IFRC, the CRC, and the President of the Minawao camp refugees.
- 2.2.2 Outreach activities were conducted for beneficiary IDPs and host populations, emphasizing on the use of latrines. As such, 75 volunteers (25 per Division) were involved in this activity for 03 months. 11 image boxes were used during these sensitization sessions.
- 2.2.3 See 2.1.6 above.
- 2.3.1 Design hygiene kit based on needs assessment and discussions with beneficiaries and state institutions
- 2.3.2 Of the 2,500 hygiene kits planned for distribution, only 200, made available by the Spanish RC, were distributed.
- 2.3.3 Of the 2,500 handwashing kits planned, only 1,000 were provided. Some 100 kits out of the thousand were funded by GUINNESS Cameroon. The need and description of the model desired were provided to the logistics unit, which ensured procurement and delivery to implementation areas.
- Distribution reports with related documents (registration and distribution records, signed by each beneficiary; stock card, images (photos) etc.) and the general operation reports (Updates and Narrative reports) was ensured in a timely manner. As such, an implementation report of activities was duly developed and transmitted.

Challenges

- Activities carried out, in the early phase of the operation did not face many hindrances, although the security situation was already on alert. Unfortunately, the situation completely deteriorated later on, delaying other

activities

- Another challenge was the internal organisation of the NS, as the local coordinator, in addition to his functions as Divisional secretary of his local committee, was also in charge of some divisional committees that are not usually part of his portfolio. These other committees found it difficult to work under the leadership of a person from another committee.

Lessons Learned

In this section like in the others, the main lesson learned was to focus on the involvement and ownership of the process by all local committees of the divisions concerned by the operation.

Water, Hygiene and Sanitation

Outcome 1: The risk of water-borne and water-related diseases is reduced through the provision of adequate sanitation as well as hygiene promotion for 5,000 beneficiaries

Output 1: Improve sanitation and hygiene knowledge and behaviour of 2,500 beneficiary families in targeted localities

Activities planned

- 1.1.1 Training of 100 Red Cross volunteers in good hygiene practices and diseases related to dirty hands
- 1.1.2 Train 100 volunteers and 100 community members in hygiene promotion.
- 1.1.3 Arrange visits to targeted localities twice a week.
- 1.1.4 Establish hygiene promotion committee / focal points. Production of posters and leaflets with hygiene promotion messages
- 1.1.5 Sensitization of beneficiaries on good hygiene practices and diseases related to dirty hands (mass and door-to-door sensitization)
- 1.1.6 Regular monitoring

Achievements

- 1.1.1 Sixty (60) Volunteers and 13 community members were trained on 29 February for the communities of Maroua 1, 2 and 3 in the Diamaré Division, on 02 July for communities of Mokolo urban and Tourou in the Mayo Tsanaga Division and on 04 July for communities of Kourgui and Mora in the Mayo-Sava Division. In total, three (03) training sessions were held in the capitals of the concerned Divisions. During these trainings, focus was on animation techniques, the scale for behaviour change communication (BCC), knowledge of waterborne diseases and those related to poor hygiene and finally the implementation of theory through practical case simulations. In addition, seven volunteers were trained as CDRTs and served as supervisors during the operation. Unfortunately, two (02) community volunteers, candidates to the trainings, could not attend due to growing insecurity in their localities at the time of trainings.
- 1.1.2 Sixty (60) volunteers and 13 community members were trained and now have a very good knowledge of good hygiene practices. These volunteers and community members, depending on their geographical location, were organized in groups of promoters constituting health committees. These committees were headed by focal points to coordinate the activities of hygienists. Each group, made up of eight (08) people had one month for hygiene promotion activities during the operation, the overall idea being to have the same community volunteers after the project to consolidate achievements.
- 1.1.3 The population movement Coordinator and the RDRT conducted field trips to talk with the presidents of the Divisional committees and camp managers on ongoing activities of the population movement operation. These field trips enabled the identification of sites for latrines in Diamaré (Maroua 1, 2 and 3), Mokolo urban, Mora, Mémé and Djamakia.
- 1.1.4 Hygiene committees were set up in the areas of intervention and are in charge of informing, educating and communicating with beneficiaries for behavioural change. As such, two chat sessions with beneficiaries were programmed to hold each week, for three (03) months. Moreover, for a harmonized message intended at the beneficiaries and to strengthen the communication strategy, posters and leaflets containing hygiene promotion messages and pictures were produced.

- 1.1.5 Sensitization of beneficiaries was carried out through hygiene promotion messages disseminated by volunteers and community hygiene promotion committee members through door-to-door activities carried out twice a week for three months. Also, this was aided by hygiene promotion messages disseminated through IEC materials produced.
- 1.1.6 Regular monitoring of the situation was conducted on the field as well as a reassessment of the situation, based on the events in Nigeria and in the Far North region with support from the Regional Representation. Several assessment missions were conducted in the field, which allowed to update the list of beneficiaries and areas of intervention in relation to field realities and vulnerability. This also allowed us to identify four very vulnerable localities in two localities namely Kourgui and Adjamakia in the Mayo-Sava division, and Mokolo urban and Tourou in the Mayo-Tsanaga Division.

Outcome 2: Improved access to safe water, adequate sanitation and improved hygiene for 2,500 beneficiary families in targeted localities (100 latrines in the Minawao camp, 400 latrines and 7 boreholes in other localities).

Output 2.1: Community managed water sources giving access to safe water are provided to target population.

Output 2.2: 500 families (2500 beneficiaries) have access to family latrines and risk of hygiene related illness is reduced

Output 2.3: Access to basic hygiene items for 2,500 women of childbearing age.

Activities planned

- 2.1.1 Conduct geotechnical studies
- 2.1.2 Drill 7 boreholes in targeted localities.
- 2.1.3 Install 7 manual water pumps and taps and provide necessary user training.
- 2.1.4 Provide required material for repair of manual pumps in the future.
- 2.1.5 Set up and train water management committees.
- 2.1.6 Monitor, evaluate and report on progress of activity.
- 2.2.1 Train 100 volunteers in the construction of family latrines and sensitize beneficiaries on their use.
- 2.2.2 Dig 500 family latrines in targeted localities
- 2.2.3 Sensitize beneficiaries and host communities on the use of latrines
- 2.2.4 Monitor, evaluate and report on progress of activities
- 2.3.1 Design hygiene kit based on needs assessment and discussions with beneficiaries and state institutions
- 2.3.2 Procure and distribute 2,500 hygiene kits consisting of soap, toothbrush, towels, razors and other items
- 2.3.4 Procure and distribute 2500 hand washing kits to 2500 families
- 2.3.4 Monitor, evaluate and report on distribution activities and usage of relief items.

Achievements

- 2.1.1 Exchange and work meetings were conducted with the Regional Delegation of Water and Energy Resources [DREE], for their involvement in the construction of boreholes. Indeed, the DREE was involved as for its technical expertise in carrying out the geotechnical study but also to know the types of drilling recommended by the Ministry of Water and Energy Resources [MINEE]. A favourable opinion was obtained from the DREE, for its accompaniment in the implementation of the works.
- 2.1.2 The Mayo Sava and Mayo Tsanaga divisions were identified to benefit from seven (07) boreholes, the construction sites at the beginning of the operation being Tourou (04 boreholes) and Kourgui (03 boreholes). With the participation of the local committee presidents, these sites were changed for security reasons. Discussions with the MINEE regional delegate resulted in field trip for a geotechnical study, leading to new sites to be identified (Mémé and Warba in the Mayo Sava in replacement of Kourgui and

- Rafa and Vambay, Kosehone and Mayo Sangaré in the Mayo Tsanaga in replacement of Tourou). Regarding the construction works, there was a lot of delay, due primarily to the security situation. However, as concerns the borehole construction, the normal process was respected: Publication of tender call and selection of the contractor. It should be highlighted that of the seven (07) boreholes planned, three (03) were funded by Guinness Cameroon S.A., under the partnership signed with the National Society. IFRC procedures were respected both for these boreholes, as they were for the four (04) others funded by the Emergency Appeal funds. Despite delays and thanks to the timeframe extension, all boreholes have been duly constructed.
- 2.1.3 Seven(7)manual pumps (human-operated pumps) were installed on the boreholes built. Also, after establishing a management committee for the said boreholes, the Red Cross educated them on how to use and maintain a borehole and the pumps. Fortunately, it was found out that before discussing with them on this, beneficiaries had already started applying some rules of hygiene such as their taking off shoes before fetching water. Through this. it was obvious to the implementing team that the village chiefs had taken charge of the matter and discussed with their people for an improved use of these pumps.
- 2.1.4 Unfortunately, there was not enough funding on this appeal and as such, required material for future repairs on manual pump could not be provided. It was however recommended that divisional committees contact the services of the mayor / municipality in the event of any problem, given that a staff of the municipality is part of the water point management committee.
- 2.1.5 Volunteer and community members training helped to provide affected communities with Red Cross and community volunteers with very good knowledge of good hygiene practices. These volunteers and community volunteers, depending on their geographical location, were organized in groups of health promoters, constituting health committees. These committees are headed by focal points in charge of coordinating the activities of hygienists. Each group includes eight (08) people, who ensured that hygiene promotion activities were duly conducted during the project, the overall aim being the recruitment of community volunteers to sustain achievements, even after the end of the operation.
- 2.1.6 Several field visits were conducted by the population movement coordinator and the RDRT to monitor activities and assess their progress. This allowed them to interact with the presidents of the divisional committees, beneficiaries, other partners (case of the Minawao Camp) and entrepreneurs on activities.
- 2.2.1 60 Red Cross volunteers out of planned 100 and 13 community volunteers out of the planned 15 were trained on hygiene promotion and the use and maintenance of latrines in targeted communities. Unfortunately, two (02) community volunteers, candidates to the trainings, could not attend due to growing insecurity in their localities at the time of trainings.
- 2.2.2 Given the low level of funding of the Emergency Appeal, the number of latrines to be constructed was first reduced to 320 (260 with Appeal funds and 60 with GUINNESS funding). Construction sites were identified in Maroua (1, 2.3), Mokolo, Mora and the Minawao refugee camp. The field team conducted the recognition of these sites with the heads of district committees and technicians of the municipality. Moreover, latrine construction costs increased because the operation switched from emergency latrines as originally planned, to semi durable latrines as required by the UNHCR and WASH partners in charge of this component. As such and in order to keep costs within available funds, the number of latrines to be built was reduced. Thus, 16 latrines rather than 60 were built with Guinness funds. As concerns those built with funding from the Emergency Appeal, it was decided to build them at the Minawao camps, taking into account local needs. Here too, the number of latrines was reduced to 30 blocks of two latrines each, built at the Minawao camp, that is a total of 60 semi durable latrines, instead of 260 as initially planned. It should be noted that the superstructure was made with tarpaulins. Provisional acceptance of these latrines was made by the IFRC, the CRC, and the President of the Minawao camp refugees.
- 2.2.3 Outreach activities were conducted for beneficiary IDPs and host populations, emphasizing on the use of latrines. As such, 75 volunteers (25 per Division) were involved in this activity for 03 months. 11 image boxes were used during these sensitization sessions.
- 2.2.4 See 2.1.6 above.
- 2.3.1 Design hygiene kit based on needs assessment and discussions with beneficiaries and state institutions

- 2.3.2 Of the 2,500 hygiene kits planned for distribution, only 200, made available by the Spanish RC, were distributed.
- 2.3.3 Of the 2,500 handwashing kits planned, only 1,000 were provided. Some 100 kits out of the thousand were funded by GUINNESS Cameroon. The need and description of the model desired were provided to the logistics unit, which ensured procurement and delivery to implementation areas.
- 2.3.4 Distribution reports with related documents (registration and distribution records, signed by each beneficiary; stock card, images (photos) etc.) and the general operation reports (Updates and Narrative reports) was ensured in a timely manner. As such, an implementation report of activities was duly developed and transmitted.

Challenges

- One of the challenges in this section was the security situation which hindered the progress of the construction works because of the prohibition of access to initially identified localities. Some of the sites previously selected for the latrine construction works and boreholes, notably Kourgui in the Mayo-Sava division and in Tourou in the Mayo Tsanaga division, were suddenly in red zones, according to administrative and military authorities, thus seeing access to these areas being forbidden to humanitarian actors. This situation prevented the Cameroon Red Cross from respecting completion dates for these works and required the identification of new sites. Unfortunately, the security situation worsened with the advent of Kamikazes in the Region, making access difficult, even in the Diamaré division, where hygiene promotion, education and outreach activities were being carried out for displaced and host families.
- In addition, other threats attacks plunged the people into psychosis, leading the administrative authorities to ban any groupings whatsoever across the Region.
- Another challenge was the switch from the construction of emergency latrines to semi durable ones, which impacted on construction costs and therefore the quantity being reduced.
- It also should be highlighted that the low level of funding for this Emergency appeal highly contributed in the reduced number of construction works being realised.
- Finally, the beginning of the rainy season was another obstacle to the timely achievement of latrines and boreholes.

Lessons Learned

The main lesson learned from this section is that it is important to budget the costs of construction works as per ground realities and take into consideration risks which could change after the beginning of the implementation phase.

Basic Household Items

Outcome 1: NFI needs of 1,000 beneficiary families are met

Output 1.1: Provide non-food items to support 1,000 families

Activities planned

- 1.1.1 Train 100 Cameroon Red Cross volunteers in distribution techniques.
- 1.1.2 Develop criteria selection within the target community to identify the 1,000 families.
- 1.1.3 Procure and distribute NFI (solar lamps, blankets, mats, buckets, jerry cans and kitchen sets) to 1,000 families.
- 1.1.4 Monitor of distribution and progress on distribution.

Achievements

- 1.1.1 Some 75 volunteers and 13 supervisors were trained in the Diamaré, Mayo-Sava and Mayo Tsanaga Divisions on NFI distribution techniques.

1.1.2 It should be noted that the community selection criteria depended on several aspects,. The operation provided assistance to IDPs and host populations. Regarding the criteria for host populations, beneficiaries were precisely those who had accommodated displaced persons or refugees. For the IDPs, beneficiaries were those who had lost everything, especially female heads of households. As concerns the identification methodology, volunteers were sent to the field to record them and lists were compiled. It was from the lists, verified with the heads of districts, that the local Red Cross committee identified beneficiaries, according to the vulnerability criteria, assistance was provided to them.

1.1.3 Non-food items, consisting of mosquito nets, hygiene kits, family kits (one kitchen kit, a solar lamp with portable charger, a bucket of 16 litres with its lid and 10 bars of 200g of soap) were procured and distribution started right after kick-off of the operation, for 600 IDP and host families in the Mayo Sava (Mora) and Mayo Tsanaga (Mokolo) divisions. This distribution could not reach all the IDP and host families targeted.

Thus, a second distribution was carried out, mainly targeting selected beneficiaries who had not yet received assistance, notably in Maroua and Yagoua. Given the security situation in Maroua, the Mayo Danay division was selected for the distribution, but a registration of beneficiaries had to be done beforehand. Items procured for this distribution included hygiene kits, household kits and mosquito nets. These items were transported to Garoua, capital of the North Region, located at about 200 km from Maroua and stored in the warehouse of the divisional committee of the Red Cross.

Following the shoot up of insecurity in the region, the second phase of distributions faced many obstacles, amongst which, the distribution equipment being transported to the North Region for storage, while waiting for the situation to quell down in the Far North Region. Finally, this second phase allowed 221 IDP families in the towns of Djamakia (Mayo Sava Division), Maroua 1, 2 and 3 (Diamare Division) to be served in NFIs. Distributions in these areas can be summarized as follows:

- Total number of displaced families: 181, or 1239 people
- Total number of host families: 40 or 336 people
- Total number of kits distributed: household kits 222; 183 hygiene kits and 507 LLINs

After these distributions, some 27 family kits, 14 hygiene kits and 217 mosquito nets, remained in stock and were made available to the Maroua RC Divisional Committee. They could be used for later distributions.

1.1.4 Moreover, a lot of equipment including 200 bibs, 100 first aid kits and seven bikes were delivered to local Red Cross committees for the identification of volunteers and to facilitate the implementation of activities. This helped ensure proper monitoring and evaluation of activities. Various distribution reports with related documents (identification and distribution records signed by each beneficiary, images (photos) and of the operation in general operation (Appeal Updates and Narrative Reports) were provided on time.

Challenges

Distributions of NFIs were initially planned for 1,000 families, but the security situation did not allow for the smooth running of the activity. The remaining NFIs were made available to the Diamaré Divisional committee and will be distributed as soon as possible. It is noteworthy to state that timeliness of transportation of material from Yaounde to Maroua was not ideal as concerns security, so the NFIs first had to go through Garoua in the North Region. This resulting in additional handling, storage and guarding costs.

Lessons Learned

During operations in areas facing security challenges, the IFRC should plan to have a secured residence and warehouse, to ensure safety of personnel away from hotels and allow proper storage of items to be distributed. This would have helped avoid distribution delays and additional storage costs in Garoua - North region, before transfer to the Far North region.

Food, Nutrition and Livelihoods

Outcome 1: The nutritional situation of 5,000 beneficiary families in targeted localities is improved through the strengthening of their agricultural capacity

Output 1.1: Essential household items which support the production of food, and training are provided

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| to, 500 host families |
| Activities planned |
| 1.1.1 Identification of arable land in collaboration with beneficiaries, local administrative and traditional authorities |
| 1.1.2 Training of volunteers in the supervision of beneficiaries |
| 1.1.3 Training of 100 volunteers and 100 beneficiaries representatives in agricultural techniques |
| 1.1.4 Procurement and provision of farm tools and inputs to beneficiaries |
| 1.1.5 Monitoring of activities |
| 1.1.6 Reporting on activities |
| Achievements : |
| No activity was conducted under this section because of the low level of funding of the Emergency Appeal. To address this, a proposal was prepared and submitted to the Japanese Government, to no avail. <i>Furthermore, the French Red Cross was reported to be conducting community activities to curb malnutrition and provide maternal and child care in the Diamare and Mayo Tsanaga Divisions.</i> |
| Challenges : |
| The low level of funding did not allow for any activity to be conducted under this section. |
| Lessons Learned : |
| This activity of the French Red Cross in the field of nutrition could be a workaround to the lack of activities of this operation under this component. |

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| Disaster preparedness and Risk reduction |
| Outcome 1: Communities at risk will benefit from an improved early warning early action mechanism managed by Cameroon RC at all levels. |
| Output 1.1: Enhanced preparedness for population movement through increased awareness and analysis of hazard risks and increased volunteer engagement and camp management. |
| Activities planned |
| 1.1.1 Development of population movement contingency plan for border-area CRC branches |
| 1.1.2 Raise awareness of staff and volunteers on mainstreaming of DRR in emergency relief activities |
| 1.1.3 Strengthen early warning communication mechanisms from field to headquarter level |
| 1.1.4 Raise awareness of communities on risks of disasters common in the targeted area |
| Achievements |
| 1.1.1 Insufficiency of funds and insecurity did not allow enough meetings with local committees of border-area communities |
| 1.1.2 The training of volunteers in the various sectors enabled to strengthen their capacities for risk analysis and early warning system. This was further strengthened by the training of community disaster response team (CDRT) with emphasis on population movements. |
| 1.1.3 See 1.1.2 |
| 1.1.4 Volunteers of local committees were trained and their capacities strengthened to analyse potential security risks and even population movements, while a system was set up to communicate on the situation from the local committees to the national headquarters. This would be done through community relays and designated focal points on the field, allowing a timely and fluid sharing information. |
| Outcome 2: Preparedness stocks are in place to assist up to 5,000 beneficiaries in future emergencies, particularly with a view to responding during the upcoming rainy season. |
| Output 2.1: Cameroon RC has contingency plans and preparedness items in place for immediate response |

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| Activities planned | |
| 2.1.1 | Deployment of an operations manager/RDRT |
| 2.1.2 | Procure, transport and store NFIs (blankets, sleeping mats, household water treatment items, solar lamps, shelter kit and fixings, hygiene kits and kitchen items) for 1,000 families |
| Achievements | |
| 2.1.1 | <p>Three (3) RDRTs were deployed to support the Cameroon RC in implementing this operation. The first, came in with a DM profile, knowledge of WATSAN Watsan and experience in population movements. His mission lasted 2 months, from 19 March to 17 May 2015 with the task of providing proximity support to the operation through capacity building activities, advocacy, coordination on the ground and to share experience and transfer competence to the team of volunteers from the local Red Cross committees concerned by this operation. This was done in close collaboration with counterparts designated by the National Society for the implementation of the operation. The latter assured among others, the first training (health, distributions techniques, awareness), outreach activities and the first distribution phase.</p> <p>The second RDRT had a similar profile and equally took over for three months; from 03 June to 18 August 2015. He had the same role as the first with emphasis on the second phase of distributions, the continuation of training and activities leading to the construction works. He was able to conduct some trainings and led the activities leading to the construction of superstructures (contact with the Regional Directorate of the Ministry of Water and Energy Resources, the identification of construction sites). He also ensured coordinated through participation in various meetings. However, the security situation deteriorated significantly during his mission, so he could not carry out all planned activities.</p> <p>The third RDRT had an essentially Watsan profile and also had a major role as the first two, but with emphasis on the construction of the works, the completion of trainings and distributions. The latter finalized trainings, ensures the second phase of distributions and carried out monitoring of construction works (latrines and boreholes). Moreover, he also supported the IFRC in developing a proposal that was submitted to ECHO as part of the search for funding for this Emergency Appeal. The security situation was the major issue during this mission, hampering the implementation of activities. This led to the extension of the last RDRT mission which even went beyond the normal period for RDRT deployments. This was from 25 September 2015 to 28 January 2016. This mission was the most difficult as activities were regularly halted for safety reasons and change implementation areas for construction works, when they were already due to be installed. It took a little long for this RDRTs work to significantly progress to the water testing stage.</p> <p>Finally, by the end of the operation, a IFRC national staff had to be on site after the end of the RDRT mission, to monitor the construction process and ensure the provisional acceptance of works.</p> |
| 2.1.2 | <p>Non-food items, consisting of mosquito nets, hygiene kits, family kits (one kitchen kit, a solar lamp with portable charger, a bucket of 16 litres with its lid and 10 bars of 200g of soap) were procured and transported to the Far North Region. At the peak of the security crisis in the area, after some 600 600 IDP and host families in the Mayo Sava (Mora) and Mayo Tsanaga (Mokolo) divisions had been served, the remaining NFIs (400) procured for the second distribution phase, were first transported to the North region, where they were stored in safety, before being transported to Maroua in the Far North, when the situation quelled down.</p> |
| Challenges | |
| <p>Security concerns remained the greatest challenge throughout this operation. The limited access to implementation areas, especially localities at the border with North-East Nigeria and the low coverage of mobile telephone and Internet networks in these areas was also an obstacle.</p> | |
| Lessons Learned | |
| Nothing to report | |

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| National society capacity building |
| Outcome 1: The National Society's capacity to ensure delivery and accountability of quality services is aligned with international standards |
| Output 1.1: The National Society's communication department and strategy is strengthened. |

Activities planned

- 1.1.1 CDRT Training for 30 volunteers
- 1.1.2 Training of NS volunteers in communications skills
- 1.1.3 Development of communications and advocacy/ peace building programme
- 1.1.4 Deployment of a beneficiary communications expert to support development of advocacy messaging
- 1.1.5 Procure and install IT and computer protection equipment
- 1.1.6 Procure, transport and store NFIs (blankets, sleeping mats, household water treatment items, solar lamps, shelter kit and fixings, hygiene kits and kitchen items) for 1,000 families

Achievements

- 1.1.1 A CDRT training for 30 volunteers was held in Maroua from 25 to 29 February. This training benefitted volunteers from all six Divisions of the Far North region. The choice of participants to this training was made as per several selections criteria including: being an active first aid volunteer with an experience of at least two years; knowing how to read and write French or English; be able to draft an activities report; be team-spirited; be able to work under pressure; be available for the duration of the training and ready for possible deployments. Female candidacies to the training was encouraged, with seven (07) women present at the training. In addition, the training workshop was facilitated by two NDRT members of the Cameroon RC, in collaboration with the local coordinator of the operation. The latter told us that this is the first time that the Far North Region benefitted from such training, which actually fills the disaster management expectations of divisional committees of this region prone to various risks. Participants These participants were distributed as follows by division of origin:

| Divisional Committees and Headquarters | Number | Observations |
|--|--------|--|
| Diamaré (Maroua) | 06 | <ul style="list-style-type: none"> • Maroua 1 : 2 participants ; • Maroua 2 : 3 participants • Maroua 3 : 2 participants |
| Mayo Sava (Mora) | 04 | |
| Mayo Danay (Yagoua) | 07 | Yagoua urban 4 and Maga 3 |
| Mayo Kani (Kaélé) | 02 | |
| Mayo Tsanaga (Mokolo) | 08 | <ul style="list-style-type: none"> • Mokolo urbain : 02 participants ; • Bourha : 02 participants ; • Mogodé : 02 participants ; • Toutrou : 02 participants |
| Logone and Chari (Kousséri) | 04 | |
| Total | | 31 |

- 1.1.2 Insufficiency of funds did not allow for a NS volunteers training in communications skills to be conducted.
- 1.1.3 Insufficiency of funds did not allow for a communications and advocacy/ peace building programme to be developed.

- 1.1.4 A beneficiary communications expert could not be deployed to support development of advocacy messaging during this operation, due to insufficiency of funds.
- 1.1.5 The Cameroon Red Cross benefited from the purchase and installation of IT equipment at its national headquarters.
- 1.1.6 Non-food items, consisting of mosquito nets, hygiene kits, family kits (one kitchen kit, a solar lamp with portable charger, a bucket of 16 litres with its lid and 10 bars of 200g of soap) were procured and transported to the Far North Region. At the peak of the security crisis in the area, after some 600 600 IDP and host families in the Mayo Sava (Mora) and Mayo Tsanaga (Mokolo) divisions had been served, the remaining NFIs (400) procured for the second distribution phase, were first transported to the North Region, where they were stored in safety, before being transported to Maroua in the Far North, when the situation quelled down.

Challenges

- The capacity building component was faced with 2 major constraints. Firstly and like all through this operation, the security situation did not allow for the training to be conducted as planned. At one point, the NS even suggested that it be held in the North Region, but it was difficult to move volunteers from one region to another with no impact. Moreover, insufficient funding and various delays impacted on the operation. Fortunately, a timeframe extension was approved, which finally allowed the training workshop to take place.
- Also, it was planned to involve colleagues from the Communications Department of both the Yaounde IFRC office and the NS, but the financial limit and the unavailability of officials did not allow this training to be organized.

Lessons Learned

It would have been an added value to the Emergency Appeal for this training to be conducted at the beginning of the operation, as it would have developed the capacities of first aid volunteers for the implementation of activities.

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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 (NGO's) in Disaster Relief and the Humanitarian Charter and Minimum Standards in Disaster Response (Sphere) in delivering assistance to the most vulnerable.

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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.