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# Emergency appeal final report

## Cameroon: Population Movement

 International Federation  
of Red Cross and Red Crescent Societies

<b>Emergency Appeal</b>	<b>Operation n° MDRCM015; Glide number: OT-2013-000102-CMR</b>
<b>Date of Issue:</b> 27 August, 2015	<b>Date of disaster:</b> May 2013
<b>Operation start date:</b> 3 September, 2013	<b>Operation end date:</b> 31 December, 2014.
<b>Host National Society:</b> Cameroon Red Cross Society	<b>Operation budget:</b> CHF 642,579
<b>Number of people affected:</b> 250,000	<b>Number of people assisted:</b> 39, 557
<b>National Societies involved in the operation:</b> 0	
<b>N° of other partner organizations involved in the operation:</b> Ministry of Public Health, UNHCR	

### Appeal history:

- The [Emergency Appeal](#) was launched on 3 September 2013 to assist some 6,500 beneficiaries (1,500 families) for six months: some 5,000 Nigerian refugees (1,000 families) in the Far North Region of Cameroon, and 1,500 refugees (500 families) from the Central African Republic (CAR) in the East Region of Cameroon.
- Disaster Relief Emergency Fund (DREF): CHF 65,479 was allocated as a start-up loan for initial activities.
- [Operations update 1](#) was published on 30 September 2013 while the [Operations update 2](#) was published on 31 October 2013 and revising the objectives of the operation to focus solely on CAR refugees in the East Region of Cameroon.
- A [Revised Emergency Appeal](#) issued on 17 December 2013 reflected discussions with partners and the resulting activities to be implemented. It intended to provide assistance to 3,200 CAR refugees (anticipating new arrivals) and some 1,000 Cameroonian host families. It focused on providing semi-permanent shelter, resulting in an increase in the budget from CHF 456,541 to CHF 642,579. The timeframe was extended for three months and the operation was expected to end on 31 May 2014.
- A [6 month operation update](#) report was issued on 2 June 2014 to report on progress of the operation and was issued based on massive CAR refugee arrivals in the eastern part of Cameroon, since the beginning of February 2014. Coordination meetings with UNHCR led to a revision of the Emergency Appeal Plan of Action in order to assist up to 26,600 refugees on 4 refugee sites (Guiwa-Yangamo, Mbile, Lolo and Gado) by providing semi-permanent shelters, emergency shelters, solar lamps, hygiene kits, latrines, hygiene promotion, Community-based health and first-aid (CBHFA) program, psychological support, restoration of family links (RFL) and support to unaccompanied children. The timeframe was further extended by 6 months until 30 November 2014.
- A [12-month summary update](#) was issued on 5 December 2014 to provide a progress update of the operation and highlighted the continuing increase in the number of refugees as well as extended the operation timeframe by 1 month to 31 December, 2014 to allow for the finalisation of pending activities as well as closure of the operation.



Senior IFRC and Cameroon Red Cross staff tasting water from a borehole constructed by the Cameroon Red Cross, at the Guiwa refugee site (East Region of Cameroon). Photo/IFRC

[<click here to view the final financial report or here to link to contact details >](#)

## A. Situation analysis

### Description of the disaster

Following the overthrow of President François Bozizé, a major humanitarian crisis began in May 2013 that led to the displacement of thousands of CAR nationals. Many fled to neighbouring countries like the DRC, Congo, Chad and Cameroon. They arrived in very miserable conditions; some with wounds, and others malnourished. The appeal was revised several times to take into account the influx of more refugees, persistent armed clashes in CAR, and the needs of the host population. Various IFRC, Cameroon Red Cross staff and volunteers were briefed, trained and deployed to provide assistance to those in need. Services in emergency shelter, food and non-food items distribution, water, sanitation and hygiene promotion, emergency health and care, restoration of family links (RFL) and disaster preparedness and risk reduction were provided. This was done in collaboration with partners such as the Cameroon government, ICRC, the French Red Cross, UNHCR, UNFPA, World Food Program (WFP), ECHO, African Humanitarian Association (AHA), International Relief and Development (IRD), MSF (Médecins sans Frontières) and Première Urgence.

These actions of the EPoA have significantly improved the living conditions of the refugees and host populations, and guaranteed them some measure of dignity. The capacities of Cameroon Red Cross volunteers and staff were also significantly enhanced through this operation. However, insufficient funding, violence perpetrated by some of these refugees on humanitarian workers, harsh climatic conditions and lack of sufficient volunteer time hampered the smooth running of the operation. Other issues such as the riot caused by some refugees at the Guiwa refugee site which resulted in the abduction of the UNHCR Head of Sub office, and caused serious security concerns. This led to the UNHCR leaving the site and the full responsibility of these refugees to the Cameroon Red Cross, under the supervision of IFRC.

The violence in CAR has abated, but the situation is still volatile and uncertain. Similarly the security situation in Cameroon was severely affected by incursions into the country orchestrated by armed groups from CAR; and several cases of harassment and kidnapping were reported in border localities. Some refugees mostly men, mustered courage to return home, leaving their families behind. Cameroonian security forces continue to work tirelessly to protect people and their property. To date, the UNHCR reports that there are still more than 224,000 CAR refugees in Cameroon, who still need assistance in various sectors. Most of them are still based in the East Region of Cameroon.

### Summary of response

#### Overview of Host NS

The Cameroon Red Cross has presence across the country with 58 divisional committees and a volunteer base estimated at 40,000 of which at least 10,000 are trained first aiders. The National Society has a strong operational management structure with 5 technical departments and competent National Disaster Response Teams (NDRT). With support from the ICRC, 43 volunteers completed first aid refresher training whilst 26 First Aid Trainers received refresher training on new techniques. CRC capacity was further increased from 7 volunteers working in psychosocial support/Restoration of Family Links (RFL)/unaccompanied children activities through training of an additional 5 volunteers with ICRC support. CRC has 36 volunteers trained in RFL in the region of East and Adamawa who were supported with visibility materials from the ICRC.

During the operation, new entry points were detected in border areas that were not adequately covered by the CRC, it was imperative not only to support the national society in the creation of local committees in these different localities, but also to train newly recruited volunteers. This was particularly the case with committees in the town of Yokadouma and its surroundings. This also helped put in place community disaster management teams who were then provided with tools for an effective response to these recurrent situations.

The Cameroon Red Cross has been involved from the beginning of the crisis, supporting refugees in Bétaré-Oya and in Guiwa-Yangamo, on the CAR border. Approximately 20 Cameroon Red Cross volunteers worked at all entry points from CAR throughout the operation. This activity took place in the camps of Gado-Badzere/Mborguene, Guiwa, Borgop, Timangolo, Lolo and Mbilé and Ngam.

#### Overview of RCRC Movement Action in country

Since 2013, the Central Africa Regional Representation of the IFRC (CARREP), in collaboration with UNHCR, has been providing assistance to refugees fleeing inter-communal violence in the CAR and host populations in the East and Adamawa regions of Cameroon. Assistance has been in the areas of health care, nutrition,

community services, and education support. Construction of semi-permanent shelters, family latrines and boreholes has had significant impact on the lives of refugees both in and out of camps and host populations. Safe water has also been provided to both refugee and host populations. Those at the Guiwa site now live in improved shelters and open defecation has reduced significantly.

The IFRC and CRC ambulances also brought in a health team to provide first-aid to refugees and refer the critically sick to hospitals. Additionally IFRC supported CRC through the deployment of RDRT members to work with CRC disaster management staff in Bertoua for 4 months.

The ICRC had been working with CAR Red Cross supporting populations affected by the conflict. This presented an opportunity for ICRC to create a linkage between their CAR operations and CRC's population movement operation.

The project that had been previously assisting Central African refugees in the Eastern Region of Cameroon, funded by UNHCR and implemented by IFRC/CRC, also responded to the new refugee needs. Planned activities included the screening of new arrivals and their referral, if needed, to appropriate health structures with ambulances. The 2100 refugees were transferred from the Mborguene site to Gado Badzere refugee camp, following the shelter constructions.

The Federation supported CRC in coordination and participation in meetings between the various Government Ministries (including External Relations, Territorial Administration) as well as the Department of Civil Protection and the United Nations agencies on the operations. The IFRC also participated in an inter-ministerial ad-hoc committee for the management of refugees.

A meeting organized by the Coordinator of the United Nations system in Cameroon saw the participation of other members of the movement such as the ICRC and the French Red Cross

### **Overview of non-RCRC actors in Country**

UNHCR supported distributions that were implemented by CRC volunteers through a bilateral agreement between UNHCR and IFRC for the new refugees. However, it should be noted that food distributions by UNHCR were suspended after the refugee riot in December 2014. As such, distributions in Guiwa were halted but resumed in March 2015 and are continuing to date. During this period, the responsibility for distributions to the 812 beneficiaries residing in Guiwa was left under the sole responsibility of the CRC, supervised by IFRC. In the Lolo refugee site, UNHCR supported distributions which were implemented by CRC volunteers from June to September 2014. As such, 5 distributions of foods and 4 NFIs distributions were held, to benefit the 10,747 refugees in Lolo.

UNHCR also provided essential drugs, medical equipment and material. This improved working conditions in the health centre and the health conditions of the refugees in the camp. Income-generating activities for beneficiaries was also done by UNHCR but ended in 2013. UNHCR also provided funds to *Institut de Recherché pour le Développement* (IRD) for the construction of 125 family latrines. IRD also dug three water wells and installed manual water pumps. Facilities were also constructed for CAR refugees by *Première Urgence*. AZOL, an NGO, conducted a gender-based violence prevention programme in Nandougue.

The *Institut de Recherché pour le Développement* (IRD) also distributed basic non-food items such as sleeping mats, blankets, jerry cans, buckets, soap, under garments, hygiene kits to women of childbearing age, clothes, and kitchen sets. IRD in addition to the distributions also conducted small-scale cultivation aimed at providing vegetables to beneficiaries which has helped improve the diets of beneficiaries as well as income from the sale of vegetables

The World Food Program (WFP), through the Cameroon Red Cross, provided food items (rice, oil, yellow peas, salt and corn) to 1,600 beneficiaries on a monthly basis. A distribution session took place in December 2013, providing food rations for 2 months. Another distribution took place in mid-February 2014.

For health related interventions AHA (Africa Humanitarian Action) was designated by UNHCR to cover the needs on Lolo site whilst MSF managed a health centre in Mborguene for 6 months. The two organisations adequately covered the health needs.

The IFRC has worked very closely with UNHCR. As part of this collaboration, the IFRC Regional Program Coordinator held meetings with UNHCR Head of Office while in Bertoua between 15 and 23 January 2014. In September and October 2014, IFRC Regional Operations Coordinator visited Bertoua to assess progress of the operation and hold a meeting with UNHCR Head of Office and Head of Programs to revise planned activities to respond to the needs of new refugees to be relocated to Lolo and Gado /Mborguene sites as well

as continued assistance to other refugees living in Guiwa-Yangamo and Bétaré-Oya sites.

Other services provided included the Cameroon police and military forces facilitating refugee identification. UNFPA provided hygiene kits for women of childbearing age. UNICEF supported in latrine construction and supply of water.

### **Needs analysis and scenario planning**

The initial appeal aimed to target 1,000 families, half of the expected refugee population in Sept 2013. This was later increased to 3,200 families, in December 2013. By February 2014 the refugee population targeted had increased to 26,600 families. A monitoring mission led by the IFRC Central Africa Regional Programmes Coordinator assessed the situation in the Eastern Region of Cameroon between 28 and 31 July 2014 to better understand the changing and ever-increasing needs of the refugees. Informed by a mapping of humanitarian needs as well as activities and coverage of other humanitarian actors, an appeal revision was made in which CRC and CARREP would distribute food and non-food items from 1 April to 31 December 2014. Coordination with other agencies resulted in partners focusing on specific interventions on hygiene promotion, WASH, etc.

By December 2014 the refugee population had further increased to 39,557. Estimates as of March 2015, indicated that there were 407,000 displaced people in Cameroon, including 311,000 refugees from CAR and Nigeria and an estimated 96,000 IDPs in northern regions due to the spill over of the Nigerian conflict (OCHA, 14/01/2015). According to the 2015 Humanitarian Response Plan for CAR (page 11), some of these refugees are expected to return to CAR in 2015. Thus, actions in view of their departure will be necessary to assist returnees. The host populations continue to witness some negative changes such as the shortage of sanitation and health facilities, and the rise in food prices that should be taken into account in future programmes.

### **Risk Analysis**

Security risks stalled the construction activities during the time when conditions were optimum. The climatic conditions also made construction difficult as brick moulding activities were affected. As a result, these activities could not be completed in time due to low security and bad climatic conditions. .

## **B. Operational Strategy and Plan**

### **Overall Objective**

The overall objective of the operation was to assist Central African Republic (CAR) refugees and host Cameroonian families for twelve months, through the provision of emergency shelter needs of an initial 145 refugee families (425 beneficiaries), and improve living conditions of 3,200 CAR refugees in Bétaré-Oya and Guiwa-Yangamo villages. The response was to provide improved access to safe water, adequate sanitation and improved hygiene and reduced immediate health risks of the refugee population for the refugees and host community beneficiaries in Zembe Borongo, Bétaré-Oya, Guiwa Yangamo and Mandjou. Provision of psychological support, RFL (with ICRC support), and support to unaccompanied children for 1,000 CAR refugee families in Bétaré-Oya and Guiwa-Yangamo villages was prioritized, as well as the provision of semi-temporary shelters.

### **Proposed strategy**

The operation was kept relevant through frequent monitoring and assessments. CRC and the IFRC met and discussed with CAR refugee representatives to identify priority needs. Coordination mechanisms were also used to improve integrated programming and interagency cooperation, such as meetings with the Government and the United Nations system. Coordination with the two Department of Civil Protection and the Ministry of Territorial Administration occurred following a decree of the President to set up an inter-ministerial ad hoc committee for the management of these refugees. Other members of the movement such as the ICRC and the French Red Cross joined meetings organized by the Coordinator of the United Nations.

### **Operational Support Services**

#### **Human resources (HR)**

Two RDRT members were deployed on the field for 4 months from June to September, to oversee the implementation of activities. In addition, an experienced staff member from the CRC (NDRT member) was identified early February 2015 and deployed to Bertoua to continue the implementation of activities at the two sites: Lolo and Gado, especially in the areas of shelter and camp management. The deployed personnel worked with a disaster management staff of the CRC. Moreover, a National Operations Manager was

deployed to the field to manage the two operations (regular and emergency operations).

In the field, the RDRTs organized capacity building training for volunteers in camp management tools. They also ensured the coordination of all Red Cross activities at the sites (health / nutrition, social and community services) and the coordination of activities of all the other partners (coordination meeting facilitation). They also managed activities for refugees outside of the sites, specifically the distributions of food and non-food items provided by WFP and UNHCR. The RDRTs monitored standards and ensured they were applied in the construction of shelters, latrines, and boreholes in Guiwa, Lolo and Mbile. The RDRTs also provided technical support through the development of a cross-border contingency plan with the national societies sharing borders with CAR, and also through project design such as the food security project for refugees, though not part of the operation. They also contributed to the preparation of various operation reports.

### **Logistics and supply chain**

The CARREP Logistics unit supported this operation, sourcing and delivering relief items in line with operational priorities. Regional stocks were used (most items required were stored in Yaoundé) and items were replaced with those from Dubai. Other items (particularly construction material) were purchased locally, in line with IFRC procurement procedures.

In close coordination with GLS Dubai Office, the Zone Logistics Unit (ZLU) in Nairobi provided logistical support and coordinated procurement and mobilization of items and material for the operation. All logistics activities followed IFRC procedures and were conducted in a transparent and cost-efficient manner.

### **Communications – Advocacy and Public Information**

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

A media contact was mandated by IFRC regional office to visit the field from 26 to 29 January 2014, in order to produce video material for IFRC website and other platforms. IFRC regional communications unit published a series of articles on IFRC website and the Africa Zone newsletter *Afrique Reportage* on CAR refugee needs and specific themes in surrounding countries and Red Cross response. Specific information bulletins and reports on humanitarian challenges in Cameroon were produced for internal communication and led to the implementation of field missions to better assess the needs of refugees and local vulnerable populations. Video material was produced and shared with British Red Cross, the Wall Street Journal, the Canadian Broadcasting Corporation, Reuters, European Broadcast Union (EBU) and Cameroon Radio and Television (CRTV). Photographs to illustrate the work of the Red Cross were also shared with partners and media contacts.

The following additional communications actions were planned, but not implemented due to lack of funds:

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

### **Security**

The security situation along the border delayed activities, including the construction of shelters. It was reported that security threats were still a problem to any humanitarian endeavour. UNHCR staff were obliged to work under tight protection provided by Cameroon armed forces that have been positioned along the border. Thus, if the CRC and the IFRC were to operate along the border, special measures needed to be taken, which included an in depth security risk analysis as well as security guidelines for Movement Partners, which was included as the security framework in an annex to the Movement Coordination Agreement.

### Planning, monitoring, evaluation, & reporting (PMER)

Monitoring missions were conducted by various CARREP staff in a bid to measure the level of implementation of planned actions and propose corrective measures. Various updates and weekly reports were also prepared and shared.

### C. DETAILED OPERATIONAL PLAN

Emergency shelter and non-food items	
<b>Outcome1 : Meet emergency shelter needs of initial 145 refugee families in Betare-Oya and Guiwa-Yangamo villages</b>	
Output	Activities planned
<ul style="list-style-type: none"> <li>Provide emergency shelter materials and support to 145 families.</li> </ul>	<ul style="list-style-type: none"> <li>Train 40 CRC volunteers in distribution and construction of emergency shelters.</li> <li>Distribute materials for construction of 145 emergency shelters according to camp standards</li> <li>Monitor distribution and progress on construction of emergency shelters.</li> </ul>
<p><b>Impacts:</b> A total of 40 volunteers were trained in distribution and emergency shelter construction and 78 emergency shelters built according to the camp emergency shelter standards for beneficiary families whose existing emergency shelters were considered not habitable. The operation reached 54% of the target beneficiaries.</p>	
<b>Outcome 2: Improved living conditions of 3,200 CAR refugees in Bétaré-Oya and Guiwa-Yangamo villages through the provision of semi-permanent shelters.</b>	
Output	Activities planned
<ul style="list-style-type: none"> <li>Provide emergency shelter materials and support to 145 families.</li> </ul>	<ul style="list-style-type: none"> <li>Train 40 CRC volunteers in the construction of semi-temporary shelter to ensure knowledge transfer to beneficiaries.</li> <li>Train/retrain 15 volunteers in NFI distribution techniques.</li> <li>Train refugees in the construction of temporary-shelter.</li> <li>Prepare a list of beneficiaries.</li> <li>Recruit builders.</li> <li>Recruit supervisors (1 supervisor for 4 teams).</li> <li>Set up construction teams made of 5 persons (2 refugees, 2 CRC volunteers, 1 Mason).</li> <li>Provide 10 first aid kits to construction teams.</li> <li>Progressively increase the construction speed by increasing the number of construction teams to a maximum of 20.</li> <li>Procurement and transport of material for semi-permanent shelters</li> <li>Build 400 20m<sup>2</sup> sand 300 32m<sup>2</sup> semi-temporary shelters.</li> <li>Procure and distribute 1,000 solar lamps (1 per 20m<sup>2</sup> shelter and 2 per 32m<sup>2</sup> shelter).</li> <li>Monitor and supervise the construction of semi-permanent shelters.</li> <li>Report on progress of activities, problems encountered and lessons learnt.</li> </ul>

**Impacts:** A total of 40 persons, amongst whom, 30 volunteers and 10 host population members gained more skills in the areas of shelter construction while some 20 people, including 14 refugees and 6 volunteers were trained in NFI distribution techniques. These skills will be utilised in future operations. With knowledge and skills in brick moulding acquired by the refugees during the construction of these shelters, they have become expert brick makers and are making profits out of the lucrative activity as they now fabricate bricks and sell to the host population. Others have become masons and carpenters. Small scale socio-economic activities such as trading and farming have also been set up at the sites.

Builders were identified after the training within the host population, refugee population and RC volunteers. As such, there were 20 teams of builders (5 per team). Thus, a total of 100 builders worked in Guiwa 2, 3 and the host community. These teams were under the supervision of the NDRT. A total of 184 semi-permanent shelters were constructed: at Guiwa refugee hosting sites (2 and 3) of the 400 originally planned. The shelters had a dimensions of 20m<sup>2</sup> (161 shelters) and 32m<sup>2</sup> (23 shelters). These shelters are serving 184 families (an average of 5 persons per family), summing up to about 920 people. The operation reached 46% of the targeted beneficiaries. More funds were needed to extend semi-permanent shelter construction to all sites hosting refugees.

Up to 100 solar lamps were provided to refugees at Guiwa, for lighting. This represents 10% of the targeted 1000 lamps that were planned to be distributed.

#### **Challenges:**

The plan to build shelters at the Guiwa site was delayed due to insecurity, harsh climatic conditions that did not allow mud bricks to dry on time, the unavailability of building materials in the localities, and the brick fabrication site allotted by the local authority that was far from the construction site. However, mud brick fabrication sites were increased in order to accelerate shelter construction. The unfortunate insecurity situation at the Guiwa site delayed construction works during the most appropriate period for shelter construction.

The solar lamp provision was scaled down because the solar lamps were of poor quality and transporting them from Nandoungue to Guiwa proved to be difficult. As such, only 100 out of the planned 1000 lamps were distributed in the Guiwa refugee sites.

#### **Lessons learned:**

There is need for quality assurance in procurements and where locally available materials do not meet the desired standards importing should be considered well in time to ensure that there are no delay. Use of cement blocks for shelter construction where possible should be considered.


## **Water, Sanitation and Hygiene Promotion**

**Outcome 1:** Improved access to safe water, adequate sanitation and improved hygiene for 3,200 refugees and some 1,000 host families in Bétaré-Oya and in Guiwa-Yangamo.

<b>Output</b>	<b>Activities planned</b>
<ul style="list-style-type: none"> <li>Community managed water sources giving access to safe water is provided refugees and host in Guiwa-Yangamo health centre.</li> </ul>	<ul style="list-style-type: none"> <li>Dig one well in Guiwa-Yangamo Health Centre.</li> <li>Install manual water pumps and taps and provide necessary user training.</li> <li>Provide required material for repair of manual pumps in the future.</li> <li>Monitor, evaluate and report on progress of this activity.</li> </ul>

**Impacts:** Four boreholes dug, two for the host community of Mbile, one for the host community of Guiwa, and one at the Guiwa refugee site have improved access to safe water for refugees and the host community in Guiwa-Yangamo. These boreholes service approximately 1000 persons per day since November 2014. No potable water points in the community existed before. Local volunteers have been trained in the use and maintenance of these facilities.

<b>Output</b>	<b>Activities planned</b>
<ul style="list-style-type: none"> <li>100 refugee families (500 beneficiaries) and 30 host community families (150 persons) have access to family latrines and the risk of hygiene-related illnesses is reduced</li> </ul>	<ul style="list-style-type: none"> <li>Train 15 volunteers in construction of family latrines and sensitize beneficiaries on their use.</li> <li>Dig 100 family latrines in Guiwa-Yangamo and Bétaré-Oya.</li> <li>Dig 30 family latrines for host communities</li> </ul>

	<ul style="list-style-type: none"> <li>• Sensitize beneficiaries and host communities on the use of latrines.</li> <li>• Monitor, evaluate and report on progress of activities.</li> </ul>
<p><b>Impacts:</b> Volunteer training in hygiene promotion was carried out in December 2013. 20 volunteers and 20 community members were trained in hygiene promotion to sensitize beneficiaries on the use of latrines. Some 20 volunteers were trained in Guiwa 2, 30 in Guiwa 3 and 4 people within the community, to construct 100 family latrines. A total of 59 of the planned 100 latrines were constructed for refugee families at the Guiwa 2 and 3 sites, 14 were constructed in the community and 14 in Mbile, summing up to a total of 87 latrines built of the planned 100.</p> <p>Up to 28 of the targeted 30 host families of Guiwa, Lolo and Mbile localities have received reducing the risk of hygiene-related illnesses. 93% of the targeted beneficiaries were reached. Sensitization activities with the community have resulted in the targeted beneficiaries now using sanitary facilities, significant reduction in open defecation and refugees are now more accepted by the host communities.</p>	 <p>Latrines constructed by CRC at the Guiwa refu Photo/IFRC</p>
<p><b>Output</b></p> <ul style="list-style-type: none"> <li>• Access to basic hygiene items for 3,200 refugees.</li> </ul>	<p><b>Activities planned</b></p> <ul style="list-style-type: none"> <li>• Design hygiene kit based on needs assessment and discussions with beneficiaries.</li> <li>• Procure and distribute 3,200 hygiene kits consisting of soap, toothbrush, towels, razors and other items (accompanied by the hygiene promotion activities delivered by CRC outside this appeal).</li> <li>• Monitor, evaluate and report on distribution activities and usage of relief items.</li> </ul>
<p><b>Impacts:</b> After discussions with beneficiaries, hygiene kits with the following items were distributed to 3,200 refugees-2 soaps of 200g each, 5 toothbrushes, 2 towels and 2 razors. Hygiene kits distributions were complemented by mass hygiene promotion sessions by trained volunteers with all refugee families and host families.</p>	
<p><b>Output</b></p> <ul style="list-style-type: none"> <li>• Improved hygiene practices of 3,200 refugees and 5,000 host community beneficiaries.</li> </ul>	<p><b>Activities planned</b></p> <ul style="list-style-type: none"> <li>• Train 20 volunteers and 20 community members in hygiene promotion.</li> <li>• Arrange visits to the camp and host community twice a week.</li> <li>• Establish camp hygiene promotion committee focal points.</li> <li>• Monitor and report on activities.</li> </ul>
<p><b>Impacts:</b> Up to 20 volunteers and 20 community members trained in hygiene promotion and hygiene promotion activities carried out over a period of 6 months reached approximately 1200 refugees and about 800 members of the community. A total of 3 hygiene promotion committees (one in Guiwa 2, one in Guiwa 3 and one within the community) were established with focal points to ensure regular cleanliness. Regular (twice a week) monitoring visits to the camp and host community to observe the levels of hygiene.</p> <p>Contribution to weekly operations update throughout the duration of the Appeal, with various weekly reports issued. In addition, a monthly activities report was shared from the field with regional office for coordination.</p>	
<p><b>Challenges:</b></p> <p>Construction of latrines was delayed due to instability, but considering the challenges, a 67% implementation rate of intended construction is considered a significant achievement.</p> <p>Sanitation facility coverage remains a challenge as up to 50 community latrines are needed in Ndokayo. A borehole at the Ndokayo Integrated Health Centre and an additional 2 in the community are also still required.</p>	

**Lessons learned:**

Future operations need to consider weather forecasts and plan accordingly for construction of sanitation facilities in refugee sites. In addition, to avoid delays due to bad weather during the construction phase in areas prone to abrupt changing weather, it would be better to add the implementation timeframe when planning (i.e. if construction phase should normally be 3 months, plan on 4-5 months to prevent extensions and delays).

## Emergency health and care

**Outcome:** Ensure that immediate health risks on the refugee population are reduced for 3,200 refugees and 5,000 host community beneficiaries in Zembe Borongo, Bétaré-Oya, Guiwa Yangamo and Mandjou.

**Output**

- Ensure that beneficiary population is reached with health promotion activities, community disease prevention activities.

**Activities planned**

- Train/Refresh 12 RC volunteers on CBHFA and ECV (3 per camp).
- Undertake new refugees screening and orientation if needed in Garoua-Boulai.
- Undertake health promotion and disease prevention activities among refugee population in Bétaré-Oya and Guiwa Yangamo.
- 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.

**Impacts:** Sixteen volunteers from Guiwa 2, Guiwa 3, Lolo and host communities were trained in CBHFA, with trained volunteers conducting information, education and communication (IEC) and behaviour change communication (BCC) in Bertoua. Attributed to this communication, the following results were obtained:

- Reduction in rate of abandonment during national immunization days, and the strategy for the search for cases improved. Indeed, from a 0% rate of immunization at the beginning of the operation, sensitization and immunization activities increased the number of immunized children to more than 100%:
  - Measles: From 0% to 74 %;
  - BCG: From 0% to more than 100% increase due to the immediate immunization of new-borns after birth;
  - DT-Polio Diphtheria: From 0% to 84 %
- An increase in the rate of attendance of health facilities from 10 consultations per day to about 50 per day after sensitization activities.
- Health information was regularly exchanged with other stakeholders.

There has also been exemplary collaboration between refugee community leaders and health workers.

**Challenges:**

Limited capacity by the health department in the management of patients at the Mandjou, Guiwa and Ndokayo integrated health centres (IHC) due to lack of drugs and laboratory consumables as well as in monitoring of flow charts.

Low capacity and poor state of the technical platform and equipment of the health centre, and limited capacity by auxiliary staff to support community monitoring of patients continued to be challenges. Ndokayo (Bétaré-Oya district) and Ndokayo IHC are still in need of a health unit and two nursing aides.

**Lessons learned:**

In future operations need to improve community support especially outside of sites by promoting activities such as the building of community facilities including water points and latrines in favour of refugees living out of these sites. In addition, consider mapping out interventions by site in order to identify gaps and seek additional funding to improve the living conditions of these populations. Also strengthen infrastructural, material / equipment and human resource capacities, of refugees, community workers, and volunteers by facilitating more training sessions.

## Restoring Family Links (RFL)

**Outcome:** Ensure provision of psychological support, RFL and support to unaccompanied children for 1,000 CAR refugee families (3,200 persons) in Bétaré-Oya and Guiwa-Yangamo villages.

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

**Impacts:** Some 13 volunteers including 03 in Lolo, 02 in Mbile, 02 in Timangolo, 05 in Gado and 01 in Kentzou were trained in psychosocial support, RFL and unaccompanied children. This activity was jointly implemented with ICRC, who developed a long term strategy for psychosocial support. In addition, the ICRC is strengthening the psychosocial team with recruitment and training process of more volunteers for this activity. After the training, volunteers worked two days per week at the Guiwa-Yangamo, Lolo and Gado refugee sites.

RFL activities have helped to reunite previously separated families and have also enhanced the image of the Red Cross; 5 unaccompanied children were identified and 5 RFL messages sent by CRC volunteers. This activity is still going on to date.

More than 15,000 refugees were referred to the flowing health facilities, depending on the gravity of their ailment: Gado Integrated Health Centre; MSF health centre; Garoua-Boulai and Betare-Oya District Hospitals and Bertoua regional Hospital. For more complex cases, the Yaoundé Central Hospital and the Chantal Biya Foundation (for paediatric cases) received the refugee patients.

### Challenges:

Due to security concerns, this activity was suspended the week of 3-9 December 2013, and again stopped in December 2014 because of serious security concerns and threats against volunteers. However, everything returned to normal and despite the constant mobility of the refugees, RFL activities are carrying on to date in all the sites.

### Lessons learnt:

RFL activities also have to be promoted so more people are aware of the service.

## Disaster Preparedness and Risk Reduction

**Outcome:** Communities at risk will benefit from an improved early warning early action mechanism managed by CRC at all levels.

Output	Activities planned
<ul style="list-style-type: none"> <li>Enhanced preparedness for population movement through increased awareness and analysis of hazard risks and increased volunteer engagement.</li> </ul>	<ul style="list-style-type: none"> <li>Development of population movement contingency plan for border-area CRC branches.</li> <li>Raise awareness of staff and volunteers on mainstreaming of DRR in emergency relief activities.</li> <li>Strengthen early warning communication mechanisms from field to headquarter level.</li> </ul>

**Impacts:** This operation has enabled volunteers involved in its implementation to strengthen their capacities in

several areas including vulnerability and capacity assessment. RDRTs deployed for the operation transferred skills and knowledge through the learning-by-doing approach.

The participation of the NS's national operations coordinator in the development of a cross-border contingency plan for countries sharing common borders with the CAR was an achievement for the national society. The Central Africa population movement contingency plan was developed at the regional office of the Federation in Yaoundé, from 17 to 20 June 2014, and brought together disaster management coordinators from various national societies of the region that share borders with the CAR. However, this contingency plan has yet to be activated and tested.

A computer was provided to the Cameroon Red Cross local branch to help enhance communication and raise awareness of staff and volunteers on mainstreaming of DRR in emergency relief activities.

Various situations and continuing hazards have allowed the NS to build its capacity in the area of early warning through the use of telephones, Emails and HF radios to disseminate weather forecasts or inform about emergency situations.

#### **Challenges:**

The situation in east Cameroon remains unstable with incursions of armed groups from the CAR. Thus, the strengthening of the capacity of the national society remains a constant concern.

There are capacity gaps that need strengthening for volunteers in all sectors (health, nutrition, social and community interventions and relief distribution) as well as developing their knowledge in Safer Access and Security Management covered by the operation in order to make them multi-skilled. CRC staff turnover affecting the operation as employees move to other organisations.

#### **Lessons learned:**

Many Red Cross staff involved in the operation have picked up jobs with other organizations, thus, newly recruited staff need to be trained for more efficient outcomes. Retention of quality trained staff is a constant challenge. Therefore, more efficient management of volunteers and staff, as well as retention mechanisms should be put in place to prevent the loss of Red Cross staff to other organizations.

There is a need for volunteer training and capacity building in health, nutrition, relief distributions, social and community interventions.

#### **Financial summary:**

In order to provide semi-permanent shelters, the budget was increased from CHF 456,541 to CHF 642,579. At close of the operation the small balance of CHF 711 will be returned to DREF.

Below is an explanation of budget variances at the close of the operation.

- Under the 'Relief Items, Construction, Supplies' budget line, "Construction materials" was overrun by 58,971 CHF and "Clothing and textile" by 16,793 CHF because these charges were budgeted under "Shelter – Transitional".
- After the refugee riot at the Guiwa refugee site, which ended with the refugees' abduction a UNHCR official, UNHCR left the Guiwa site under the full responsibility of the Cameroon Red Cross and IFRC. This led to the revision of activities of the Emergency appeal to be able to respond to the basic needs of the refugees and as such, all other overspending including "Food" (9,621 CHF), "Medical First Aid" (6,392 CHF), "Teaching Materials" (1,923 CHF), "Other supplies" (7,836 CHF), "Transport and vehicle costs" (5,164 CHF), "National Staff" (50,967 CHF), "National Society Staff" (8,531 CHF), "Volunteers" (16,342 CHF), "professional fees" (4,868 CHF), "Workshop and Training" (2,450 CHF), "Travel" (1,607 CHF), "Information and Public relations" (6,363 CHF), and "Shared office & Services costs" (22,452 CHF).
- "Computer & Telecom" was overspent by 1,772 CHF as there was a need for IT material at the Bertoua local Red Cross office, which was addressed with these funds.
- With regards to the underspending under "Shelter –Transitional" (287,500 CHF), this expenditure was done under "Construction materials" and "Clothing and textile" budget lines. Also, some items under this budget line were provided by UNHCR.
- As for the underspending including "Shelter-relief" (6,899 CHF), "Water, Sanitation and Hygiene", (41,341 CHF), "Utensils and Tools" (35,227 CHF) and "Consultants" (10,000 CHF) budget lines; these were all due to lack of funding. This Emergency Appeal was only funded at 75 percent.

## Contact information

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

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

- **IFRC Zone:** Robert Ondrusek, PMER Coordinator; phone: +254 731 067 277; email: [Robert.ondrusek@ifrc.org](mailto:Robert.ondrusek@ifrc.org)

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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.

[www.ifrc.org](http://www.ifrc.org)

**Saving lives, changing minds.**



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

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

## Disaster Response Financial Report

### MDRCM015 - Cameroon - Population Movement

Timeframe: 03 Sep 13 to 30 Nov 14

Appeal Launch Date: 03 Sep 13

Final Report

#### Selected Parameters

Reporting Timeframe	2013/9-2015/7	Programme	MDRCM015
Budget Timeframe	2013/1-2014/11	Budget	APPROVED
Split by funding source	Y	Project	*
Subsector:	*		

All figures are in Swiss Francs (CHF)

## I. Funding

	Raise humanitarian standards	Grow RC/RC services for vulnerable people	Strengthen RC/RC contribution to development	Heighten influence and support for RC/RC work	Joint working and accountability	TOTAL	Deferred Income
<b>A. Budget</b>		<b>642,579</b>				<b>642,579</b>	
<b>B. Opening Balance</b>							
<b>Income</b>							
<b>Cash contributions</b>							
<i>Canadian Red Cross (from Canadian Government*)</i>		28,120				28,120	
<i>French Government</i>		303,259				303,259	
<i>Japanese Red Cross Society</i>		15,100				15,100	
<i>Red Cross of Monaco</i>		6,109				6,109	
<i>Swedish Red Cross</i>		69,465				69,465	
<b>C1. Cash contributions</b>		<b>422,052</b>				<b>422,052</b>	
<b>Other Income</b>							
<i>DREF Allocations</i>		65,479				65,479	
<b>C4. Other Income</b>		<b>65,479</b>				<b>65,479</b>	
<b>C. Total Income = SUM(C1..C4)</b>		<b>487,531</b>				<b>487,531</b>	
<b>D. Total Funding = B + C</b>		<b>487,531</b>				<b>487,531</b>	

\* Funding source data based on information provided by the donor

## II. Movement of Funds

	Raise humanitarian standards	Grow RC/RC services for vulnerable people	Strengthen RC/RC contribution to development	Heighten influence and support for RC/RC work	Joint working and accountability	TOTAL	Deferred Income
<b>B. Opening Balance</b>							
<b>C. Income</b>		487,531				487,531	
<b>E. Expenditure</b>		-486,821				-486,821	
<b>F. Closing Balance = (B + C + E)</b>		711				711	

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## III. Expenditure

Account Groups	Budget	Expenditure					TOTAL	Variance
		Raise humanitarian standards	Grow RC/RC services for vulnerable people	Strengthen RC/RC contribution to development	Heighten influence and support for RC/RC work	Joint working and accountability		
	A					B	A - B	
<b>BUDGET (C)</b>			<b>642,579</b>			<b>642,579</b>		
<b>Relief items, Construction, Supplies</b>								
Shelter - Relief	18,850		11,951			11,951	6,899	
Shelter - Transitional	297,554		10,055			10,055	287,500	
Construction Materials			58,971			58,971	-58,971	
Clothing & Textiles			16,793			16,793	-16,793	
Food			9,621			9,621	-9,621	
Water, Sanitation & Hygiene	76,587		35,246			35,246	41,341	
Medical & First Aid	385		6,777			6,777	-6,392	
Teaching Materials	2,692		4,615			4,615	-1,923	
Utensils & Tools	35,294		67			67	35,227	
Other Supplies & Services			7,836			7,836	-7,836	
<b>Total Relief items, Construction, Sup</b>	<b>431,362</b>		<b>161,932</b>			<b>161,932</b>	<b>269,430</b>	
<b>Land, vehicles &amp; equipment</b>								
Computers & Telecom			1,772			1,772	-1,772	
<b>Total Land, vehicles &amp; equipment</b>			<b>1,772</b>			<b>1,772</b>	<b>-1,772</b>	
<b>Logistics, Transport &amp; Storage</b>								
Storage	2,845		3,246			3,246	-401	
Distribution & Monitoring			56			56	-56	
Transport & Vehicles Costs	26,870		32,034			32,034	-5,164	
<b>Total Logistics, Transport &amp; Storage</b>	<b>29,715</b>		<b>35,336</b>			<b>35,336</b>	<b>-5,621</b>	
<b>Personnel</b>								
International Staff	54,000		54,129			54,129	-129	
National Staff	2,100		53,067			53,067	-50,967	
National Society Staff	13,462		21,993			21,993	-8,531	
Volunteers	20,496		36,838			36,838	-16,342	
<b>Total Personnel</b>	<b>90,057</b>		<b>166,026</b>			<b>166,026</b>	<b>-75,968</b>	
<b>Consultants &amp; Professional Fees</b>								
Consultants	10,000						10,000	
Professional Fees			4,868			4,868	-4,868	
<b>Total Consultants &amp; Professional Fees</b>	<b>10,000</b>		<b>4,868</b>			<b>4,868</b>	<b>5,132</b>	
<b>Workshops &amp; Training</b>								
Workshops & Training	8,284		10,733			10,733	-2,450	
<b>Total Workshops &amp; Training</b>	<b>8,284</b>		<b>10,733</b>			<b>10,733</b>	<b>-2,450</b>	
<b>General Expenditure</b>								
Travel	6,000		7,607			7,607	-1,607	
Information & Public Relations			6,363			6,363	-6,363	
Office Costs	8,731		17,613			17,613	-8,882	
Communications	9,392		7,444			7,444	1,949	
Financial Charges	1,000		659			659	341	
Other General Expenses			126			126	-126	
Shared Office and Services Costs	8,820		31,272			31,272	-22,452	
<b>Total General Expenditure</b>	<b>33,943</b>		<b>71,083</b>			<b>71,083</b>	<b>-37,140</b>	
<b>Indirect Costs</b>								
Programme & Services Support Recover	39,218		29,364			29,364	9,855	
<b>Total Indirect Costs</b>	<b>39,218</b>		<b>29,364</b>			<b>29,364</b>	<b>9,855</b>	
<b>Pledge Specific Costs</b>								
Pledge Earmarking Fee			3,407			3,407	-3,407	

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Split by funding source	Y	Project	*
Subsector:	*		

All figures are in Swiss Francs (CHF)

**III. Expenditure**

Account Groups	Budget	Expenditure					TOTAL	Variance
		Raise humanitarian standards	Grow RC/RC services for vulnerable people	Strengthen RC/RC contribution to development	Heighten influence and support for RC/RC work	Joint working and accountability		
	A					B	A - B	
<b>BUDGET (C)</b>			<b>642,579</b>			<b>642,579</b>		
Pledge Reporting Fees			2,300			2,300	-2,300	
<b>Total Pledge Specific Costs</b>			<b>5,707</b>			<b>5,707</b>	<b>-5,707</b>	
<b>TOTAL EXPENDITURE (D)</b>	<b>642,579</b>		<b>486,821</b>			<b>486,821</b>	<b>155,759</b>	
<b>VARIANCE (C - D)</b>			<b>155,759</b>			<b>155,759</b>		

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Budget Timeframe	2013/1-2014/11	Budget	APPROVED
Split by funding source	Y	Project	*
Subsector:	*		

All figures are in Swiss Francs (CHF)

**IV. Breakdown by subsector**

Business Line / Sub-sector	Budget	Opening Balance	Income	Funding	Expenditure	Closing Balance	Deferred Income
<b>BL2 - Grow RC/RC services for vulnerable people</b>							
Disaster response	642,579		487,531	487,531	486,821	711	
Subtotal BL2	642,579		487,531	487,531	486,821	711	
<b>GRAND TOTAL</b>	<b>642,579</b>		<b>487,531</b>	<b>487,531</b>	<b>486,821</b>	<b>711</b>	