

**ANNUAL REPORT OF
THE HUMANITARIAN/RESIDENT COORDINATOR
ON THE USE OF CERF GRANTS**

Country	Cameroon
Humanitarian / Resident Coordinator	Thierry Mertens
Reporting Period	1 January 2008 – 31 December 2008¹

I. Executive Summary

In a region shaken by serious socio-political tensions and unstable security environments, Cameroon faced two major humanitarian crises in 2008: the continuous arrival and deteriorating living conditions of CAR refugees in its eastern and Adamawa regions and the influx of Chadian refugees in the northern part of the country following the attack on N'Djamena in February 2008. These situations led the Government of Cameroon and concerned United Nations Agencies to launch emergency humanitarian interventions to provide assistance to some 63,000 Central African refugees and 20,000 Chadian refugees (incl. 10,000 relocated to Maltam campsite).

The rapidly deteriorating living conditions of CAR refugees, combined with the significant increase of their numbers and the general lack of funding committed to this emergency, triggered the allocation of a US\$2,000,000 grant from the underfunded window of CERF. This contribution enabled addressing crucial life-saving needs including nutrition, food aid, health, water and education.

At the beginning of 2008, while the UN Country Team was in the process of submitting its request for the CERF underfunded grant, there was massive influx of Chadian refugees in the far north region of Cameroon and the urgent humanitarian needs accompanying this crisis occurred. The Emergency Relief Coordinator (ERC) granted an additional allocation of USD 4,754,956 from the rapid response window.

Throughout the year, UN agencies in Cameroon (UNHCR, WFP, UNICEF, WHO and UNFPA) have been coordinating closely to support the Government of Cameroon in ensuring protection to both these refugee communities and in providing food, drinking water, health care and education. The 2008 \$6,754,956 CERF allocations to Cameroon undoubtedly enhanced the overall humanitarian response capacity. CERF-funded programmes not only enabled the UN agencies to ensure emergency assistance to 10,000 Chadian refugees but also enabled humanitarian actors to ensure an improvement in the nutritional status of CAR refugee children and in the general well-being of CAR refugees.

Total amount of humanitarian funding required and received during the reporting year	REQUIRED: RECEIVED:	\$27,709,176 NOT AVAILABLE
Total amount requested from CERF	FUNDS (IN TOTAL REQUESTED):	\$ 8,452 280
Total amount of CERF funding received by funding window	RAPID RESPONSE: UNDERFUNDED:	\$ 4,754,956 \$ 2,000,000

¹ The Report will be updated pending further reporting information.

	GRAND TOTAL:		\$ 6,754,956	
Total amount of CERF funding for direct UN agency / IOM implementation and total amount forwarded to implementing partners	UN AGENCIES/IOM: NGOS: GOVERNMENT: OTHER:		NOT AVAILABLE	
	TOTAL		\$ 6,754,956	
Approximate total number of beneficiaries reached with CERF funding (disaggregated by sex/age if possible)	TOTAL	under 5 years of age	Female (If available)	Male (If available)
	82,919	15,961	42,683	40,236
Geographic areas of implementation targeted with CERF funding	Eastern and Adamawa region (underfunded) Far North region (rapid response)			

II. Background

Since 2005, Cameroon has been facing a progressive influx of Central African refugees in its Eastern and Adamawa regions (bordering CAR) fleeing their villages because of insecurity and relentless targeting in CAR. Currently there are some 63,000 refugees registered (three times more than in 2007), who are spontaneously settled in more than 72 villages over a 30,000 square kilometers wide area in East and Adamawa regions.

Having lost their cattle and traditional way of life and gone through multiple traumatic events (kidnapping of women and children for ransom), the refugees have been facing a dramatic deterioration of their living conditions with global acute malnutrition prevalence as high as 17.2 percent among children under five, vaccination coverage of children under five below 50 percent and mortality rates reaching 1.49/10,000 person/day in 2007. Other problems in need of urgent attention, highlighted by joint assessments, included access and quality of health care, limited access to drinking water (47 percent households consume surface water) and the low enrolment rate of refugee children (>35 percent). In 2007, the lack of sufficient funding prevented humanitarian agencies from addressing in full the identified life-saving needs, explaining the decision of the UN country team to address a \$2,000,000 request to the Central Emergency Response Fund (CERF) from the underfunded window.

In addition to this forgotten and underfunded emergency situation, in February 2008, fighting between the Chadian National Army and armed elements of the rebellion in the Chadian capital generated an immediate and massive influx of refugees in the bordering Cameroonian town of Kousseri. Out of the estimated 20,000 Chadian refugees settled in open air sites of Kousseri during the first weeks after the onset of the crisis and given the return movements reported in early February, 8,620 refugees stayed longer in Cameroon and were transferred to a refugee camp set up in Maltam, a site 33km inland, identified with the Cameroonian authorities. The \$4,754,956 CERF grant allocated to Cameroon from the rapid response window enabled humanitarian partners to implement life-saving activities of protection and assistance to Chadian refugees during three months, from the onset of the crisis to the second relocation operation to the Langui campsite in May 2009 (due to the proximity of the Maltam campsite to the Chadian border and the risk of flooding during the rainy season).

Decisions on identifying priority sectors were made through a consultative process involving UN agencies and partners, through several interagency coordination meetings. The United Nations Country Team (UNCT) reviewed joint assessments, held close consultations with non-governmental organizations (NGOs) at the capital and field levels and worked in close collaboration to prepare project proposals. Discussions were also initiated with the CAP (Consolidated Appeal Process) section and the CERF Secretariat in New York on the Cameroon's CERF submission for the Chadian and CAR crises. Two final meetings were

convened in February 2008, one concerning the underfunded grant and one concerning the rapid response grant, to reach a consensus on priority allocation of the resources.

III. Implementation and results

1. Coordination and implementation arrangements

(UNDP)

The RC together with UNHCR conducted an assessment visit to Kousseri to have a better understanding of the magnitude and impact of the crisis. The visit was also useful to build a common understanding with the local authorities in Kousseri of the challenges and the support that is needed for effective delivery of emergency response by UN agencies and other humanitarian organizations.

The UNDP Cameroon/ BPCR SURGE conducted a needs assessment. This need assessment helps to take stock of the situation and to mobilize the needed human resource to help the coordination. The UN coordination mobilized specialists from BCPR and OCHA to support the CERF proposal process and consequently a CERF proposal was submitted and approved. An international UN Volunteer (UNV) was also mobilized as result to assist in crisis management. These resource persons supported not only in UN coordination but also in capacity building.

In order to facilitate timely life-saving response to the refugee crisis, the UN coordination efforts worked to set up a joint UN office in Kousseri using BCPR funding. This was also possible because CERF funding was received for security matters regarding the area. The joint office was set up in Kousseri with all logistic and security resources (desktops, printers, chairs, etc.). This office was instrumental to speeding up the process of service delivery and for strengthening coordination.

In terms of capacity building, UNDP, through the BCRP specialist, provided advisory services during the crisis coordination meetings led by UNHCR. They help with needs assessment and monitoring reports which were reviewed and used by the UNCT;

The UN RC mobilized support of OCHA to improve communication during the crisis. As a result, OCHA prepared information notes on the crisis, thereby facilitating information and coordination of key actors.

The RC and UNHCR in charge of refugee crisis coordination followed up on camp establishment, refugees and other specific needs according to sector areas. The RC submitted an immediate crisis response report to the government, UN agencies and other donors and stakeholders on 12 March. The UN Coordinator Specialist and other UNCT colleagues drafted the action plan and took the necessary measures for drafting and disseminating the report.

In terms of support to local population, 30 members of a mixed committee of Kousseri in charge of crisis management capacities were reinforced in conflict prevention. UNDP CO staff capacities were also reinforced through a training on CDA by a specialist from BCPR and the recruitment of a UNV in charge of crisis prevention and recovery.

The UNDP CO undertook an in-depth needs assessment and thereafter drafted a project proposal focusing on an early recovery project with conflict prevention/social cohesion through capacity building, restoring of social services and livelihoods components. The focus was in the Kousseri district, which was directly impacted by the refugee crisis. Unfortunately, the proposal

was not funded. However, all the work done helped to have better understanding of the situation on the ground and to be better prepared to handle the crisis in this local area prone to refugee influxes.

Allocation from the under-funded window:

Multi: Protection and assistance to CAR refugees in Cameroon (UNHCR)

As the lead agency on refugee programmes, UNHCR ensured the overall coordination of the humanitarian operation in favor of CAR refugees, which involved the World Food Programme (WFP), the United Nations Children's Fund (UNICEF), Médecins Sans Frontières Switzerland (MSF CH), BASC Caritas, Première Urgence France (PU), International Medical Corps (IMC), International Relief and Development (IRD), Plan International and the Government of Cameroon.

UNHCR, in line with its core mandate and in collaboration with the Government of Cameroon, ensured all protection activities in favour of refugees. For the implementation of the humanitarian assistance component of its programme, UNHCR signed three partnership agreements in 2008:

- With BASC Caritas for the distribution of food and non-food items and the support to health centres in the refugee area;
- With Première Urgence for the rehabilitation of health centres and the support to agricultural initiatives;
- With Plan International for the construction of water wells and latrines.

Food: Emergency food assistance in favor of CAR refugees (WFP)

Based on the global memorandum of understanding between UNHCR and WFP, the two UN agencies signed a tripartite agreement with the Cameroonian NGO BASC Caritas for the distribution of food and non-food assistance for Central African Republic refugees.

Health and Nutrition: Child Survival (UNICEF)

UNICEF partnered with line ministries and regional authorities (for Health, Social Affairs) and NGOs involved in the Health and Nutrition sector (MSF, BASC Caritas, IMC) to deliver humanitarian aid. In close collaboration with partners, UNICEF procured and distributed emergency supplies such as therapeutic food, water and sanitation equipment, essential drugs and vaccines.

Education: Education in support of CAR refugee children in East and Adamaoua Provinces of Cameroon (UNICEF)

UNICEF partnered with line ministries and regional authorities for the education sector. A close collaboration was established between UNICEF, UNHCR and its implementing partner BASC Caritas for the distribution of educational materials in schools of the Eastern and Adamawa regions hosting refugee children. At the central level, UNICEF ensured the coordination of the education sector, which included the Ministry of Education, UNHCR, WFP and partner NGOS (CRS, ActionAid, BASC Caritas) through the organisation of monthly meetings.

Allocation from the rapid response window:

Multi: Protection and assistance to Chadian refugees in Cameroon (UNHCR)

In line with its core mandate, UNHCR, in collaboration with the Government of Cameroon, coordinated the inter-agency operation in favor of Chadian refugees to ensure protection and assistance to Chadian refugees in Maltam. Partners included: UN agencies (WFP, UNICEF, WHO, UNFPA and UNDSS), international NGOs (MSF, IFRC, CRS) and the Movement of the Red Cross and the Red Crescent (the International Federation of the Red Cross and Red Crescent Societies - IFRC, the French and the Cameroonian Red Cross).

For the implementation of the assistance programme in favor of Chadian refugees, UNHCR signed a partnership agreement with IFRC to ensure camp management and core activities in the camp (food and non-food item distribution, water and sanitation, health and community services).

Food: Emergency food assistance in favor of Chadian refugees (WFP)

Based on the global memorandum of understanding between UNHCR and WFP, the two UN agencies signed a tripartite agreement with IFRC for the provision of humanitarian assistance to Chadian refugees in the Far North (Kousseri transit sites) and in Maltam camp.

Logistics: Logistic augmentation in support of WFP emergency operation (WFP)

This project provided air transport capacity to all humanitarian workers involved in the emergency response in favor of Chadian refugees and ensured ground handling facilities to support the operation in Northern Cameroon.

Multi: Child Protection (UNICEF)

UNICEF managed to implement its Core Commitments for Children in Emergencies (CCCs). Key emergency interventions were scaled up to cover the humanitarian needs of children and women from Chad (in Health, Nutrition, Water and Sanitation, Education, Child Protection and HIV/AIDS).

UNICEF deployed emergency specialists to facilitate the humanitarian response, in particular in the WASH sector. The Office also enhanced its sub-office emergency response capacity in Ngaoundere with a focus on sectoral coordination management and response, information-sharing and communication.

For the running of schools in the Maltam campsite, UNICEF signed a partnership agreement with ActionAid and worked in close collaboration with the local representation of the Ministry of Education.

Overall, UNICEF partnered with line ministries and regional authorities (for Health, Social Affairs, Water and Education), the Red Cross Movement (IFRC, Cameroonian Red Cross) and NGOs (MSF, ActionAid) to deliver humanitarian aid.

Health: Emergency reproductive health services/response and prevention of gender-based violence (GBV) for Chadian refugees (UNFPA)

UNFPA contributed to the settlement MISP through the provision of reproductive health equipments to the IFRC health post in the Maltam camp and to the Kousseri District Hospital. The activities were implemented in close collaboration and coordination with the Ministry of Health personnel in the field and UNHCR, UNICEF, WHO, WFP, the Ministry of Women's Empowerment and Family, MSF, the IFRC and the CRC.

Health: Reducing excess morbidity and mortality due to communicable and epidemic prone diseases (WHO)

WHO established and coordinated a "Health Sectoral Team" (HST) under supervision of the Kousseri District Medical Health Officer, and the WHO coordination. Members of the HST were : the Cameroonian Red Cross (CRC), UNHCR (health branch), IFRC, Médecins du Monde, MSF France, MSF Suisse, Organisation de Coordination pour la lutte contre le Endémies en Afrique Centrale (OCEAC), UNFPA, UNICEF, Secours Catholique, Secours Islamique, WHO and World Vision. The team organized itself to meet every two days to plan, coordinate, implement, monitor and evaluate field interventions. During the post critical phase, the team was reduced to six members (CRC, HCR, IFRC, UNFPA, UNICEF, WHO), but continued to coordinate field activities.

Support services: Security of emergency refugee operations (UNDSS)

The UNDSS Security Support Team assisted in establishing the safest environment for the humanitarian relief operations by coordinating the law enforcement authorities, advising UN agencies and NGOs on all safety and security related issues and establishing information sharing mechanisms with agencies and NGOs.

2. Project activities and results

Allocation from the under-funded window:

Multi: Protection and assistance to CAR refugees in Cameroon (UNHCR)

Protection:

- 62,919 refugees registered and embedded in a ProGres database (02 registration operations in 2008)
- 17,742 adult refugees provided with UNHCR identification documents
- 140 relevant local officials trained on refugee law to raise awareness on refugee issues
- Physical security of refugees in the settlement area ensured by national security forces

Logistics and distributions (in collaboration with WFP):

- 08 general monthly distribution of full WFP food basket organized
- International and national transport of NFIs, medicines, and hygiene supplies conducted

Domestic needs:

- Essential relief items (6,000 plastic sheeting, 31,500 blankets, 15,000 jerrycans, 12,000 mosquito nets) and hygiene supplies procured and distributed (40,000 sanitary kits and soaps)

Water supply:

- 29 wells in high density refugee sites and 15 school latrines constructed

Health and Nutrition

- 07 immunization campaigns organized concomitantly with food distributions and in collaboration with UNICEF
- Preventive and curative primary health care provided to all refugees through 36 partner health facilities and 07 referral hospitals within vicinity of the refugee settlements
- 36 partner national health centres provided with essential medicines, medical equipment. All refugees access primary health care through 36 partner health facilities and 07 referral hospitals within vicinity of the refugee settlements
- 36 partner national health centres provided with essential medicines, medical equipment

Food: Emergency food assistance in favour of CAR refugees (WFP)

- 100 percent of CAR refugees received food assistance in 72 distribution points
- 14,000 children under five as well as pregnant and lactating women benefited from the operation through the supplementary feeding programme.

The CERF contribution has allowed the purchase of more than 2,000 metric tons of commodities (cereals and pulses). As a multilateral donation, it has generated resources which have improved the implementation of the project, including logistics, capacity storage and staff capacity building in the management of emergency operations. Thus, the CERF input provides significant improvement in the Eastern and Adamaoua regions by allowing WFP to augment its warehousing system in Meiganga and Batouri.

In addition to general food distribution, 14,000 children under five as well as pregnant and lactating women benefited from the operation through the supplementary feeding programme.

Health and Nutrition: Child Survival (UNICEF)

- Routine measles immunization coverage among CAR refugee children increased from 36 percent in 2007 to 52 percent in 2008
- Approximately 4,000 people had access to essential drugs and anti-malaria drugs in public health centres in the Eastern regions (to complement HCR emergency drug distribution)
- Between 2007 and 2008 in the Eastern regions, the moderate malnutrition rate dropped from 13.7 percent to 4.8 percent, the severe malnutrition rate from 3.5 percent to 1.2 percent and the acute malnutrition rate from 17.2 percent to 6 percent
- 7 therapeutic and 75 supplementary feeding centres established in the Eastern and Adamawa regions
- Nutrition training provided for health workers, community volunteers etc. were conducted on the promotion of appropriate infant and young child feeding practices

Education: Education in support of CAR refugee children in East and Adamaoua Provinces of Cameroon (UNICEF)

- Awareness campaigns on the right to education conducted in the Eastern regions for both CAR refugee and host community children
- Education survey conducted in 130 schools in the Eastern regions to assess the situation of refugee children in schools
- 76,427 essential textbooks distributed for 20,000 students in total

Allocation from the rapid response window:

Multi: Protection and assistance to Chadian refugees in Cameroon (UNHCR)

Protection:

- 8,620 refugees transferred in the Maltam camp, registered and provided with ration cards in February 2008
- All refugees presenting special protection or security needs, benefited from UNHCR intervention
- Physical security of refugees in Kousseri, Maltam, Salak and Langui as well as during transfers ensured by national security forces.

Logistics and distributions (in collaboration with WFP):

- 01 emergency food and non-food distribution organized in Kousseri transit centres
- 03 general distributions of full WFP food basket (2,100 Kcal per person per day) conducted in Maltam (during the three first months)

Domestic needs:

- 6,400 NFIs kits (blankets, jerrycans, buckets, kitchen sets, mosquito nets, sleeping mats and lamps) procured and distributed

Water supply and sanitation:

- Emergency water supply ensured in Kousseri transit centres through connection to national supplies
- 02 boreholes drilled in Maltam campsite
- 30 water bladders procured

- 72 latrines constructed in Kousseri and 412 in Maltam
- 36 constructed in Kousseri and 150 in Maltam
- Sensitization campaigns on hygiene and water handling conducted

Health and Nutrition:

- Primary health care ensured at all times to all refugees through the establishment of a health post
- A referral system set up with the Kousseri hospital for the provision of specific health care
- All refugees living with HIV/AIDS identified and supported medically and psychologically.

Food: Emergency food assistance in favour of Chadian refugees (WFP)

- Any interruption of supply chain for food assistance not recorded
- Food, non-food and humanitarian workers are regularly escorted during food distribution
- Logistics capacity assessment carried out and communication facilities reinforced

Health: Supplementary immunization activities in support of Chadian refugees in Far North Province of Cameroon (UNICEF)

- 35,000 children from Chad and host communities were vaccinated against measles (87 percent coverage for refugee children, 100 percent for host population) and polio (108 percent coverage)
- 22,000 children and adults (excluding pregnant women) were vaccinated against meningitis (80 percent coverage)

Health: Maternal and neo-natal care for refugee populations in Far North Province of Cameroon (UNICEF)

- Approximately 30,000 people had access to essential drugs and anti-malaria drugs in public health centres in the Northern regions
- 48 health staff in the Far North and Eastern regions were trained on prevention and management of obstetric and neo-natal care, in addition to prevention of mother to child transmission of HIV/AIDS.
- 40,300 under-5 children received vitamin A supplementation (117 percent coverage) and de-worming treatment.
- 4 therapeutic feeding centres and 34 supplementary feeding centres were established in the Far North region.
- Nutrition training for health workers, community volunteers, etc. was conducted on the promotion of appropriate infant and young child feeding practices.

Water and Sanitation: Water, hygiene and sanitation for Chadian refugees in Far North Province of Cameroon (UNICEF)

- Emergency water trucking was delivered, 158 boreholes and wells were rehabilitated in the Northern and Eastern regions of Cameroon.
- 1,562 refugee families (15,000 people) from Chad received family water kits
- Hygiene promotion campaigns including cholera prevention and soap distribution at the household level were conducted

Nutrition: Emergency Nutrition for Child Survival in Kousseri, Far North Province of Cameroon (UNICEF)

- Malnourished children were identified and rehabilitated; 2,960 acute malnourished children were treated

Education: Recreation and learning support of Chadian refugee children in Far North Province of Cameroon (UNICEF)

- 18 temporary learning spaces were established; education materials, furniture and equipment such as “school-in-a-box”, recreational kits, teaching and learning materials and mats were distributed. As a result 8,700 refugee children from Chad received basic education services and participated in recreational activities.

Protection: Protecting the rights of Chadian refugee children in Far North Provinces of Cameroon (UNICEF)

- 91 separated and 21 unaccompanied children from Chad were identified and supported to trace their family members
- 100 social workers were trained on psychosocial activities and as a result, 886 refugee children and adolescents were identified and received psychosocial support.
- 50 Red Cross volunteers, 25 staff from the Cameroonian security forces and 25 NGO staff were trained on child rights and as a result, 8,000 refugee children were sensitized on prevention of abuse and exploitation issues.
- A child protection system was established for identification and monitoring of vulnerable groups including child headed households, pregnant girls and women, people with HIV and AIDS.
- Birth registration policies and processes were enhanced and staff from the Ministry of Social Affairs were trained

Health: Emergency reproductive health services/ response and prevention of GBV for Chadian refugees (UNFPA)

UNFPA provided 02 kits 3A to the IFRC Health Centre and 01 to the Kousseri District Hospital. Other materials distributed were:

- 659 hygiene kits for women including 47 under 18 yrs;
- 4,200 pieces of soap were distributed to 2,395 refugees and 477 families;
- 34,560 male condoms and 510 female were given to IFRC Health Centre for free distribution within the Maltam Camp, including IST algorithm for treatment
- Kousseri Health District received 15 litres of antiseptic solution, 17,280 male condoms, IST diagrams, 65 kits N°2A, 01 kit N°3A, 01 kit N°6, 01 kit N°8, 01 kit N°9, 01 kit N°11A, 01 kit N°11B and 01 kit N°12.

Health: Reducing excess morbidity and mortality due to communicable and epidemic prone diseases (WHO)

During the early critical phase, activities planned and implemented by WHO and the HST team on a minimum estimated 58,000 refugees (of which 30,000 vulnerable populations) were:

- Reinforcing the surveillance system for potential epidemic diseases and other affections including malnutrition in all Kousseri health units. This permitted to detect two measles and five meningitis cases that were later confirmed and treated. No epidemic outbreak was observed.
- Conducting a combined vaccination campaign against polio and measles, including vitamin A supplementation for children under five years old of Chadian refugees in temporary camps, as well as of the local population of the Kousseri Health District. Children in camps benefited from 87 percent coverage from measles vaccination, 110 percent coverage from polio vaccination and 111 percent coverage from vitamin A supplementation. Coverage was nearly the same for local children (98 percent for measles, 111 percent for polio and 120 percent for vitamin A). It is to be noted that in and out movement of refugees could not

permit mastering the exact number of the population at this stage, which explains excess coverage observed.

- Conducting preparation against possible cholera outbreak by improving sanitation conditions in camps and providing drinkable water to refugees. No cholera case occurred.
- Reinforcing curative care in health units including traumatic surgery, drug supply and human resource mobilisation. No death occurred from traumatic injury, and all cases were successfully cured.

During the early post-critical phase and with the relocation of 8,865 refugees in the Maltam health area (with 10,416 local inhabitants), located in the Goulfey Health district (Far North Region), WHO and partners implemented the following interventions following a field analysis of the situation:

- Basic health care in the camp for refugees and surrounding local populations in the Goulfey Health District. This included: basic care with provision of basic treatment kits and drugs for malaria treatment; nearly 17,568 cases were received in the Maltam camp health unit in three months; prevention of malaria with sensitization, provision of treated bed nets (750 for refugees and 1,000 for local populations) and sulfadoxin-pyrimethamin for Intermittent Preventive Treatment for pregnant women; prevention and treatment of HIV/AIDS with training of peer educators among refugees, sensitization, counselling and testing of a total 2,230 people (of which 1,286 refugees) with 69 HIV positive cases (46 refugees), laboratory exams for 56 HIV positive cases and antiretroviral treatment for 43 patients (including 12 refugees who were already under treatment in their country), and treatment for opportunistic diseases (see table below for more results).
- Extension of surveillance and prevention for epidemic-prone diseases, including sensitization of the refugees and population, training of personnel for surveillance and response including provision of surveillance tools, vaccination campaign against meningitis for the camp and surrounding population, routine vaccinations for children under five years in the camp, provision of laboratory materials for sample collection in case of suspicion of an epidemic prone disease in the health district, supervision of activities (see table below for more results).
- Four cases of meningitis were detected and treated in the Goulfey Health District.
- Prevention measures for cholera outbreaks which included chlorination of wells and latrine sanitation.

Support services: Security of emergency refugee operations (UNDSS)

- 01 local field security officer recruited
- Information network with law enforcement authorities for constant information sharing established by the UNDSS team in Kousséri
- All security incidents reported and dealt with
- Local radio network established
- Information shared in a timely manner and reports transmitted on a daily basis and as needed

3. Partnerships

In the course of 2008, UNHCR, as the lead agency on refugee relief operations, organized monthly coordination meetings at the national level, gathering all stakeholders involved in humanitarian assistance for refugees in Cameroon. At field level, coordination meetings were conveyed in Kousseri and Bertoua. In addition, WFP and UNHCR established a common office in Bertoua, which facilitates the coordination and the implementation of operations. Joint assessments including UN agencies, NGOs and Government representatives were organized in both operations: refugee needs and gaps in the provision of humanitarian assistance were therefore identified jointly.

Collaboration among NGOs, UN agencies and the Government of Cameroon was strengthened. All CERF projects included partnerships between the UN agencies, NGOs or Government ministries. As a result of the coordination mechanisms put in place, synergy was created amongst humanitarian actors, the best use of resources was ensured and overlaps were avoided.

4. Gender-mainstreaming

During the project's implementation, women were encouraged to participate and assume key roles, particularly in distribution activities. Implementing partners were trained on gender policy.

Particular attention had to be given to gender mainstreaming in the CAR refugee operation. Indeed, marginalization of women and girls exists in the traditional structure of community. Considering that ration cards (entitling to food rations) were initially issued to heads of households who are often men, the ration card distribution principles had to be reviewed in the course of the year to enable a greater women participation and to reach a greater gender equality. At the end of the year, the involvement of women in food distribution and in activities in general increased significantly. In order to increase participation of women, food was distributed first to women then to men. The following indicators are used for enhanced commitments to women refugees:

- 47 percent of food management committees are headed by women
- 57 percent of households receiving food during the general food distribution are women

WFP also conducted cooking demonstrations through cooperating partners and the Mbororo Cultural Association, using CSB combined with local food at all distribution sites. Culinary demonstrations that improved food utilization were highly appreciated by women refugees in particular among the Mbororo population.

All interventions were directed to the population as a whole with no gender discrimination. Children of both sexes and pregnant women were specifically concerned as the most vulnerable subjects.

5. Monitoring and evaluation

UNHCR:

UNHCR, through the establishment of a Field Office in Kousseri, had teams present on site permanently to monitor and evaluate whether protection and assistance activities had the desired impact. Visits to transit centres and to the camp were made on a daily basis and monitoring and evaluation measures took several forms:

- reviewing and analyzing reports to compare stated aims with actual results
- organizing daily field coordination meetings with all partners to ensure no gaps were left behind and to avoid any overlap of activities
- conveying monthly general coordination meetings at the capital level to ensure maximum efficiency of refugee operations
- undertaking field missions to observe implementation and check on operational developments in situ
- conducting joint assessment missions with operational and implementing partners

UNHCR applied results-based management and monitored the activities by establishing monitoring and reporting mechanisms with its partners in order to ensure that emergency indicators were reached (i.e. 20 litres of water per person per day). Reporting requirements included morbidity and mortality reports, daily water production reports, protection reports, distribution reports, etc.

WFP:

WFP has different tools for monitoring and evaluation, including:

- Food basket monitoring provides an end-of-line check on food stocks and distribution. The objective of Food Basket Monitoring (FBM) is to monitor the items and quantities effectively received by the beneficiaries during the distribution, in comparison with what they are supposed to receive. Specific items are requested to beneficiaries like the registered food recipient, the food basket, the food size, the perceptions of beneficiaries regarding distribution and targeting. This tool is used to adjust the ration and the distribution system as necessary.
- Post-distribution monitoring (PDM) is an assessment tool with the objective to review the food security situation of refugees and the impact of the food distribution on households among the various socio-economic groups. PDM is normally undertaken every three or four months in order to identify the changes in coping mechanisms adopted by the refugees as a result of food distribution. This management tool is used by WFP in order to adjust the intervention modality.

UNICEF:

- Emergency coordination mechanisms were established in Yaounde (overall coordination), Bertoua (for the Eastern regions) and Kousseri (for the Northern regions) to prioritize actions, monitor activities, share information and avoid duplication. UNICEF focused on Health and Nutrition, Education, Water and Sanitation, and Child Protection sectors.
- UNICEF used emergency programme standards indicators and benchmarks for each sector (in Health, Nutrition, Water and Sanitation, Education, Child Protection and HIV and AIDS), based on UNICEF's Core Commitments for Children in Emergencies (CCCs) and the Sphere project.
- UNICEF emergency staff participated in many assessment, monitoring and evaluation missions in the Northern and Eastern regions together with the implementing partners to assess progress made and measure achievements in relation to the expected or planned outputs.

WHO:

- Monitoring of health interventions was made during the Health Sector Team meetings (every other day) during the crisis and post-critical periods. Each partner had to present its field work during the two previous days, including general and specific recommendations. A final evaluation was made at the end of the CERF period by the WHO temporary team in Kousseri, based on results achieved during the rapid response period.

Sector/ Cluster	CERF projects per sector	Amount disbursed (US\$)	Number of Beneficiaries (by sex/age)	Implementing Partners and funds disbursed	Baseline indicators	Expected Results/Outcomes	Actual results and improvements for the target beneficiaries
Multi	08-HCR-002 “Protection and Assistance to Chadian refugees”	500,000	20,000 Chadian refugees	<ul style="list-style-type: none"> International Federation of the Red Cross (\$598,818) 	<ul style="list-style-type: none"> 100 percent refugee relocation candidates accommodated in Maltam campsite 100 percent refugees registered and provided with documents 100 percent refugees provided with food and non-food items 100 percent refugees access 20 liters per person per day available 1 latrine available per 20 persons maximum 1 shower available per 50 persons maximum 100 percent refugee access to adequate water, 	<ul style="list-style-type: none"> 10,000 refugees relocated to the new site in safety and dignity, including vulnerable groups A camp is established and shelters are built, together with latrines, clinics and schools 20,000 refugees provided with essential items to meet their basic needs 03 borehole constructed to provide adequate services, including clean water 01 health post settled and operational Activities of partners implemented and well coordinated Women, children and other vulnerable groups receive special attention Camp situation monitored on a daily basis and interventions made with the authorities when necessary 	<ul style="list-style-type: none"> 8,620 refugees transferred in the Maltam camp, registered and provided with ration cards in Feb.2008. All refugees presenting special protection or security needs, benefited from UNHCR intervention. Physical security of refugees in Kousseri, Maltam, Salak and Langui as well as during transfers ensured by national security forces. 01 emergency food and non food distribution organized in Kousseri transit centers 03 general distributions of full WFP food baskets (2,100 Kcal per person per day) conducted in Maltam (during the first three months) 6,400 NFIs kits (blankets, jerrycans, buckets, kitchen sets, mosquito nets, sleeping mats and lamps) procured and distributed in Kousseri and Maltam. 2,046 tents distributed and set up in the Maltam campsite to accommodate 10,000 refugees. Emergency water supply ensured in Kousseri transit centres through connection to national supply. 02 boreholes drilled in Maltam campsite and 30 water bladders erected improving the quantity of water available per person per day to 22 litres for 10,000 Chadian refugees. 72 latrines constructed in Kousseri and 412 in Maltam. 36 constructed in Kousseri and 150 in Maltam. Sensitization campaigns on hygiene and water handling conducted. 02 interagency emergency health kits procured and dispatched to ensure health service delivery at all times to all refugees through the IFRC health post. A referral system set up with the Kousseri hospital for the provision of specific health care. All refugees living with HIV/AIDS identified and supported medically and psychologically

					sanitation and health services		<ul style="list-style-type: none"> One five-person emergency team deployed for the implementation and monitoring of all protection and assistance activities
Multi	08-HCR-008 "Protection and Assistance to Central African refugees"	660,000	62,919 Central African refugees	<ul style="list-style-type: none"> Bureau des Activités Socio Caritatives/ BASC Caritas (USD 556,509) Première Urgence (USD 481,366) Plan International (USD 437,822) 	<ul style="list-style-type: none"> 100 percent refugees registered and provided with protection documents; Over 90 percent refugees benefit from food and non-food distributions (including 50 percent of women); Over 90 percent of refugees have access to safe and effective preventive and curative health care services; Access to water improved 	<ul style="list-style-type: none"> 12 food and non-food distributions organised in favour of 45,000 refugees Partnership agreements signed with 36 local health centre for the provision of health care to refugees Regular provision of medicines ensured to partner health centres 20 water wells equipped with hand pumps constructed All planned activities implemented and well coordinated. 	<ul style="list-style-type: none"> 62,919 refugee registered and embedded in a ProGres database (02 registration operations in 2008) 17,742 adult refugees provided with UNHCR identification documents 140 relevant local officials trained on refugee law to raise awareness on refugee issues Physical security of refugees in the settlement area ensured by national security forces 08 general monthly distribution of full WFP food basket organized and given to an average of 89 percent of refugees International and national transport of NFIs, medicines, and hygiene supplies conducted Essential relief items (6,000 plastic sheeting, 31,500 blankets, 15,000 jerrycans, 12,000 mosquito nets) and hygiene supplies (40,000 sanitary kits and soaps) procured and distributed 29 wells in high density refugee sites and 15 school latrines constructed 07 immunization campaigns organized concomitantly with food distributions and in collaboration with UNICEF Preventive and curative primary health care provided to all refugees through 36 partner health facilities and 07 referral hospitals within vicinity of the refugee settlements 36 partner national health centres provided with essential medicines, medical equipment. All refugees access primary health care through 36 partner health facilities and 07 referral hospitals within vicinity of the refugee settlements 36 partner national health centres provided with essential medicines, medical equipment
Food	08-WFP-024 "Emergency Operation in favour of"	840,000	63,000 (Male: 31,475 (Female: 31,543)	<ul style="list-style-type: none"> Bureau des Activités Socio Caritatives/ BASC Caritas 		<ul style="list-style-type: none"> Actual beneficiaries received WFP food assistance through general food distribution activity as a percentage of planned beneficiaries; 	<ul style="list-style-type: none"> 100 percent of Chadian refugees in Kousseri and Langui camp of planned beneficiaries received food assistance About 840 mt were distributed to Chadian refugees in Langui camp Monthly food assistance delivered on planned date

	Cameroon”						
Food	08-WFP-011 “Emergency Operation in Favor of Chadian refugees in Cameroon”	1,097,547	20,000	<ul style="list-style-type: none"> International Federation of the Red Cross (IFRC) 		<ul style="list-style-type: none"> Actual MT of food distributed through general distribution activity as a percentage of planned distributions, by commodity Percentage of general food distributions occurring more than seven days after the planned distribution date. 	
Logistics	08-WFP-013 “Logistics Augmentation in support of WFP emergency operation Assistance to Chadian and Central African refugees in Cameroon”	556,935				<ul style="list-style-type: none"> The implementation of an uninterrupted supply chain for the humanitarian response to the refugee influx is ensured. Logistics and operational capacity in northern Cameroon are insured and secure facilities and communications assets are procured Humanitarian workers are safely transported to affected areas for the effective implementation of key relief projects 	<ul style="list-style-type: none"> Any interruption of supply chain for food assistance not recorded Logistics capacity assessment carried out and communication facilities reinforced Food, non-food and humanitarian workers are regularly escorted during food distribution
Health	08-CEF-007-A “Child survival” 08-CEF-017-A “Supplementary immunization activities for refugee children”	467,269	30,000 Chadian refugees (19,000 children & women) 63,000 Central African refugees (20,000 women and children)	<ul style="list-style-type: none"> Ministry of Health HCR, WHO, UNFPA IFRC, Cameroon Red Cross, ICRC INGOs (IMC, IRD, Caritas, MSF) 		<ul style="list-style-type: none"> Mortality and morbidity rates among children and women are controlled and reduced below emergency thresholds. At least 90 percent of the refugee target population from Chad are vaccinated mainly against measles and polio At least 85 percent of the refugee targeted population from CAR 	<ul style="list-style-type: none"> 35,000 children from Chad and host communities were vaccinated against measles (87 percent coverage for refugee children, 100 percent for host population) and polio (108 percent coverage) 22,000 children and adults (excluding pregnant women) were vaccinated against meningitis (80 percent coverage) Routine measles immunization coverage among CAR refugee children increased from 36 percent in 2007 to 52 percent in 2008. Approximately 30,000 people had access to essential drugs and anti-malaria drugs in public health centres in the Northern regions and 4,000 people in the Eastern regions (to complement HCR emergency drug
Health	08-CEF-007-B Maternal and neonatal care	81,855	Host population				

						<ul style="list-style-type: none"> are vaccinated mainly against measles and polio Quality maternal and neo-natal care is affordable and available in the refugee areas. Refugee and host communities have the knowledge, attitude and skills to prevent/manage maternal and neo-natal health issues 	<ul style="list-style-type: none"> distribution). 48 health staff in the Far North and Eastern regions were trained on prevention and management of obstetric and neo-natal care, in addition to prevention of mother to child transmission of HIV/AIDS.
Nutrition	08-CEF-007-D Emergency nutrition for child survival	92,600	<p>30,000 Chadian refugees (19,000 are children and women)</p> <p>63,000 Central African refugees (20,000 are women and children)</p> <p>Host population</p>	<ul style="list-style-type: none"> Ministry of Health UNHCR, WHO, WFP IFRC, Cameroon Red Cross INGOs (IMC, IRD, Caritas) 		<ul style="list-style-type: none"> Mortality and morbidity rates among children and women are controlled and reduced below emergency thresholds Malnourished children and pregnant and lactating women from Chad are identified and rehabilitated At least 3,000 malnourished children in the Eastern regions and from CAR are rehabilitated 	<ul style="list-style-type: none"> Some 12,000 malnourished children were identified and rehabilitated; 2,960 acute malnourished children were treated. Between 2007 and 2008 in the Eastern regions, the moderate malnutrition rate dropped from 13.7 percent to 4.8 percent, the severe malnutrition rate from 3.5 percent to 1.2 percent and the acute malnutrition rate from 17.2 percent to 6 percent. 40,300 under-5 children received vitamin A supplementation (117 percent coverage) and de-worming treatment. Four therapeutic feeding centres and 34 supplementary feeding centres were established in the Far North region. Seven therapeutic and 75 supplementary feeding centres were established in the Eastern and Adamawa regions. Nutrition training for health workers, community volunteers etc. was conducted on the promotion of appropriate infant and young child feeding practices.
Water and Sanitation	08-CEF-007-C “WASH interventions for refugee crisis”	216,140	<p>30,000 Chadian refugees (19,000 are children and women)</p> <p>63,000 Central African refugees (20,000 are women and children)</p> <p>Host population</p>	<ul style="list-style-type: none"> Ministry of Water and Energy, Ministry of Health UNHCR, WHO, WFP IFRC, Cameroon Red Cross INGOs (Premiere Urgence, IRD, Plan) 		<ul style="list-style-type: none"> Mortality and morbidity rates among children and women are controlled and reduced below emergency thresholds. Some 30,000 refugee and host population have increased access to clean water and appropriate sanitation 	<ul style="list-style-type: none"> 60,000 refugees from CAR, 16,700 refugees from Chad and 600 in host communities were reached. Emergency water trucking was delivered, 158 boreholes and wells were rehabilitated in the Northern and Eastern regions of Cameroon. Sanitation and water points facilities were provided for 36 public health centres. 1,562 refugee families (15,000 people) from Chad received family water kits. Hygiene promotion campaigns including cholera prevention and soap distribution at

						<ul style="list-style-type: none"> ▪ Health and therapeutic feeding centres have access to clean water and appropriate sanitation ▪ Hygiene is promoted among refugee and host populations 	<ul style="list-style-type: none"> ▪ household level were conducted.
Child Protection	<p>08-CEF-007-F</p> <p>“Protecting the rights of refugee children”</p>	85,600	<p>30,000 Chadian refugees (19,000 are children and women)</p> <p>63,000 Central African refugees (20,000 are women and children)</p> <p>Host population</p>	<ul style="list-style-type: none"> ▪ Ministry of Social Affairs ▪ HCR ▪ IFRC, Cameroon Red Cross ▪ INGOs (Caritas, Action Aid) 		<ul style="list-style-type: none"> ▪ Refugee children's rights are protected and promoted ▪ All unaccompanied refugee children are reunited with their family ▪ Violence, abuse and exploitation of children and women are prevented ▪ Psychosocial support activities are provided ▪ Refugee and host communities are aware of unexploded ordnances ▪ Birth certificates are delivered to at least 2,500 CAR refugee children born in Cameroon 	<ul style="list-style-type: none"> ▪ 91 seperated and 21 unaccompanied children from Chad were identified and supported to trace their family members. ▪ 100 social workers were trained on psychosocial activities and as a result, 886 refugee children and adolescents were identified and received psychosocial support. ▪ 50 Red Cross volunteers, 25 staff from the Cameroonian security forces and 25 NGO staff were trained on child rights and as a result, 8,000 refugee children were sensitized on the prevention, abuse and exploitation issues. ▪ A child protection system was established for identification and monitoring of vulnerable groups including child headed households, pregnant girls and women, people with HIV and AIDS. ▪ Birth registration policies and processes were enhanced and staff from the Ministry of Social Affairs were trained
Education	<p>08-CEF-007-E</p> <p>“Recreational and learning support for refugee children”</p> <p>08-CEF-017-B</p> <p>“Education in support of CAR refugee children”</p>	299,595	<p>30,000 Chadian refugees (19,000 are children and women)</p> <p>63,000 Central African refugees (20,000 are women and children)</p> <p>Host population</p>	<ul style="list-style-type: none"> ▪ Ministry of Education ▪ HCR ▪ Cameroon Red Cross ▪ INGOs (Caritas, Basc, Action Aid, Plan) 		<ul style="list-style-type: none"> ▪ Refugee children's rights to primary education are implemented and promoted ▪ 9,000 school age refugee children from Chad have access to quality education ▪ 30,000 school age children from CAR and host community children have access to quality education ▪ Hygiene is improved in targeted schools, camps and surrounding communities 	<ul style="list-style-type: none"> ▪ 18 temporary learning spaces were established; education materials, furniture and equipment such as school in a boxes, recreational kits, teaching and learning materials and mats were distributed. As a result 8,700 refugee children from Chad received basic education services and participated in recreational activities. ▪ Awareness campaigns on the right to education were conducted in the Eastern regions for both CAR refugee and host community children. ▪ An education survey was conducted in 130 schools in the Eastern regions to assess the situation of refugee children in schools and 76,427 essential textbooks were distributed for 20,000 students in total.
Health	08-WHO-007	330 630	20,000 people	<ul style="list-style-type: none"> ▪ Ministry of Health 		<ul style="list-style-type: none"> ▪ Access to basic 	<ul style="list-style-type: none"> ▪ In the early, most critical phase of the Chad

	<p>“Reduce avoidable mortality and morbidity due to potential epidemic diseases among 10 000 refugee and 10 000 host populations in Kousseri district and rapidly reinforce health surveillance to avoid outbreak and spread to other parts of country”</p>		<p>including 10,000 refugees and 10,000 host population within Kousseri town, in the extreme north of Cameroon</p>	<ul style="list-style-type: none"> ▪ Organisation de Coordination des Endémies en Afrique Centrale (OCEAC) ▪ UNICEF ▪ Médecins Sans Frontières (MSF) France and Switzerland ▪ IFRC ▪ Croix Rouge Camerounaise (CRC) ▪ Médecins du Monde ▪ UNHCR ▪ UNFPA 		<p>quality health care improved for 100 percent of refugees and 10 percent of the host population</p>	<p>conflict, a rapid assessment of health needs was conducted by a Cameroon WHO team, for refugees that fled away from Ndjamenas to the town of Kousseri in the Far North Province of Cameroon. This analysis yielded emergency interventions to be implemented of which vaccinations against measles and polio, including vitamin A supplementation for children under five years and curative case management for all other diseases.</p> <ul style="list-style-type: none"> ▪ A vaccination campaign was conducted for measles and polio with vitamin A supplementation (see results below in expected result 3) ▪ Treatment was made available for all the refugees with the donation by WHO of two emergency kits for basic health care that were distributed in all health units taking care of refugees and local populations. Other partners such as MSF Suisse and Médecins du Monde were involved in the field for case management. ▪ Surgery was made available for wounded patients at the Kousseri district hospital. 130 patients of which 13 for major surgery were treated, with the collaboration of the Ministry of Health Cameroon and MSF France, and no death was recorded. ▪ After this critical phase, 8,865 refugees were transferred as from mid February 2008 to the HCR camp located in Maltam in the Goulfey Health district, 30 Kms away from Kousseri. The Maltam health area has a local population of 10,416 inhabitants. Further health needs assessment at this level yielded the necessity to prevent malaria outbreaks in the camp and local populations, and to ensure comprehensive care for HIV/AIDS for them, including sensitization, testing and ARV treatment if necessary. A WHO sub-office was created in Kousseri and a permanent WHO team comprising an epidemiologist, a logistician and a communication officer was recruited to conduct these interventions. ▪ For malaria prevention and treatment, the WHO team conducted a sensitization campaign against malaria in the Maltam camp attended by 1,000 refugees, and for 500 women in the Kousseri Health District.
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						<p>1,750 bed nets were donated by WHO to be distributed to refugee families that did not receive those provided by UNHCR and to some local families. 200 bed nets were given to the Kousseri referral hospital to protect hospitalized patients. Sulfadoxin-pyrimethamin tablets were made available to the camp health unit for prevention of malaria for pregnant women, with the support of the Kousseri District Medical Officer. Artemisinin Combinations Treatment regimens were donated by WHO to the camp health unit and the Goulfey and Kousseri Health districts for correct management of malaria cases. During the three month stay in Maltam, 17,568 new cases benefited from basic care, of which only 742 cases of malaria were recorded including 140 under-fives. No death was recorded in the camp. During the same period, 2,397 cases of malaria were taken care of in the entire Kousseri health district (190,469 total population).</p> <ul style="list-style-type: none"> ▪ For HIV/AIDS, WHO provided funding for sensitization and voluntary testing in the camp and the Goulfey and Kousseri Health Districts, for refugees and local populations. Two sensitization and testing campaigns were conducted by the MOH provincial team for the fight against HIV/AIDS. 2,230 people including 1,286 refugees underwent HIV testing and 69 (of which 46 refugees) were found positive. Funding was also made available by WHO for pre-therapeutic lab exams and procurement of three months treatment on ARVs for the positive cases that would need it. All the 56 positive cases underwent pretherapeutic exams and 31 of them proved to be in need of ARVs drugs, that were provided to them, and also to 12 other cases previously tested in Ndjamena who left Chad with no treatment. 160 peer educators were trained in the camp to ensure permanent sensitization on HIV/AIDS. ▪ Another transfer of refugees 500 Kms further away from Kousseri and the Chad-Cameroon border was decided mid May 2008. 4,254 refugees were brought to Langui in the Pitoa Health District, North Province of Cameroon. WHO team followed
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						<p>this new transfer of refugees to Langui, and made a new assessment of health needs.</p> <ul style="list-style-type: none"> ▪ For basic health care, WHO and IFRC set a new health unit in the Langui camp. Malaria drugs were donated by WHO for treatment of malaria that has benefited a minimum of 600 cases for the first month. 1500 bed nets donated by WHO were also distributed to refugees and 550 to local populations through the District Medical Officer. ▪ HIV/AIDS comprehensive care is continuing in the camp and WHO has transferred unused funding from the Far North to the North province to continue sensitization and testing among refugees and local populations in Langui, as well as pre therapeutic testing. Negotiations between WHO and the Cameroon Government now permit refugees to get ARV treatment free of charge in the North province if they need it. ▪ Security problems linked with a riot led by refugees in the Langui camp did not allow the WHO team (or any other humanitarian team) to continue working in the camp for the final 2 weeks of the project (ending 30th June 2008).
			20,000 people including 10,000 refugees and 10,000 host population within Kousseri town , in the extreme North of Cameroon		<ul style="list-style-type: none"> ▪ District epidemiological surveillance system strengthened with capacity to response to epidemic outbreaks (cholera, measles, meningitis, yellow fever) 	<ul style="list-style-type: none"> ▪ The rapid assessment made in the early most critical phase of the Chad conflict also yielded the necessity to strengthen epidemic surveillance and response, preparation for cholera and other epidemic diseases outbreaks to reduce morbidity and mortality among refugees and local populations. ▪ Surveillance was therefore strengthened in all Kousseri health units to detect and treat any potential epidemic disease. The system detected a case of Acute Flacid Paralysis among refugees, that proved later to be due to a wild polio virus, a case of measles and 4 cases of meningitis that were rapidly treated. ▪ After the transfer of refugees to the Maltam Camp, 33 health personnel of the Kousseri and Goulfey health districts and three others working in the Maltam camp underwent an update session for integrated disease surveillance and response (IDSR). Seven heads of health units located around the Maltam camp were followed up for practical sessions on disease surveillance.

						<ul style="list-style-type: none"> ▪ All Goulfey health units were supervised at least once to ensure their correct understanding of the IDSR. ▪ Audiovisual equipment (TV, DVD) including a small engine for energy supply was purchased, and soft materials on different health topics were provided for sensitization of the refugees on how to avoid epidemic diseases. ▪ Materials for collection and transport of specimens were positioned in sentinel health units of Goulfey and Kousseri Health Districts and in the camp health unit to be used in case of detection of a suspected potential epidemic disease. ▪ A case of measles was suspected in a health unit of the Goulfey Health District and confirmed later. ▪ Cholera kits were positioned in all health districts to prepare for a possible outbreak during the forthcoming rainy season. ▪ Epidemiological reports were made available from health units to the district medical officers. ▪ Surveillance of potential epidemic diseases continued in the Langui refugee camp after transfer of refugees to the North Province. An acute Flacid Paralysis was detected in the camp but is not yet confirmed as due to polio virus.
			Near to 9,000 refugees and 10,416 local population including 3,495 children 0 to 5 yrs) and 970 pregnant women		<ul style="list-style-type: none"> ▪ Immunization campaign organized to complement routine immunization activities for children under five, young girls and women 	<ul style="list-style-type: none"> ▪ During the early most critical phase, vaccination against measles and polio was one of the first interventions to be offered to children under five years old of Chadian refugees in temporary camps, as well as of the local population of the Kousseri Health District. Children in camps benefited from 87 percent coverage from measles vaccination, 110 percent coverage from polio vaccination and 111 percent coverage from vitamin A supplementation offered during the campaign. Coverage was nearly same for local children (98 percent for measles, 111 percent for polio and 120 percent for vitamin A). It is to be noted that in and out movement of refugees could not permit to master the exact number of the population at this stage, which explains excess coverage observed. This campaign was made possible due to collaboration between

							<p>MOH, OCEAC, UNICEF, MSF Suisse, IFRC and CRC.</p> <ul style="list-style-type: none"> ▪ After transfer of refugees to Maltam camp, another polio vaccination campaign for under-fives was organized by the Government of Cameroon for the whole of the Far North province, which covered 109 percent under-fives in Kousseri and 102 percent in Goulfey and 98 percent in the Maltam camp. ▪ A meningitis vaccination campaign was also conducted for all refugees and local populations of the Maltam health area aged more than 2 years with a coverage of 107 percent in the camp and 68 percent in the health area. ▪ Routine immunizations were organized for children 0 to 11 years old in the camp. In April 2008, 53 received BCG and Polio 0, another 53 received DTC/HEP B/Polio 1, and 9 received measles and yellow fever vaccines. These routine vaccinations continue to be conducted in the Langui camp by personnel from the Langui health unit. ▪ Execution of all activities has been made possible through the constant support of the local and provincial health authorities, and the coordination by WHO of health interventions conducted by all humanitarian agencies.
Health	<p>08-FPA-004</p> <p>“Emergency reproductive health service/response and prevention of gender based violence for Chadian refugees in Kousseri-Cameroon”</p>	83,714	<p>10,000 Chadian refugees in Maltam camp and 10,000 host population (11,650 women of child bearing age, 2,500 pregnant women and 2,000 new born babies)</p>	<ul style="list-style-type: none"> ▪ Ministry of Health ▪ UNHCR ▪ UNICEF ▪ WHO ▪ WFP ▪ Ministry of Women's Empowerment and family ▪ MSF ▪ IFRC ▪ Cameroonian Red Cross (CRC) 		<ul style="list-style-type: none"> ▪ Neonatal and maternal morbidity and mortality stabilized to their levels before crisis by providing clean delivering services to some 2500 pregnant women; ▪ Appropriate response to all obstetrical complications provided upon request; ▪ Universal precautions against HIV/AIDS respected; ▪ Free condoms available and 	<ul style="list-style-type: none"> ▪ Settlement of MISP through the provision of 02 kits 3A at the IFRC Health Centre and 01 at Kousseri Health District Hospital. ▪ 659 hygiene kits for women including 47 under 18 yrs procured and distributed ▪ 4,200 pieces of soap distributed to 2,395 refugees and 477 families; ▪ 34,560 male condoms and 510 female given to FISCRA Health Centre for free distribution within the Maltam Camp, including IST algorithm for treatment ▪ 15 litres of antiseptic solution, 17 280 male condoms, IST diagrams, 65 kits N°2A, 01 kit N°3A, 01 kit N°6, 01 kit N°8, 01 kit N°9, 01 kit N°11A, 01 kit N°11B and 01 kit N°12 donated to Kousseri Health District

						<ul style="list-style-type: none"> ▪ distributed; ▪ GBV survivors receive appropriate clinical and psychological care upon request; ▪ Gender mainstreaming in all interventions is ensured 	
Support Services	08-UDP-003 “Security of Emergency Refugee Operations”	122,212	UN agencies and Humanitarian Agencies	NA		<ul style="list-style-type: none"> ▪ UN and INGOs receive Safety and Security Training ▪ UN and INGOs receive safety and security briefing ▪ Security Risk Assessment conducted ▪ Security Plan updated ▪ Security SITREP shared on a regular basis 	<ul style="list-style-type: none"> ▪ UN and INGO staff receive Safety and Security Training and Briefings ▪ Daily briefing organized on safety and security ▪ Security Risk Assessment conducted ▪ Security plan established ▪ Weekly SITREP submitted ▪ 01 Local Field Security Officer recruited ▪ Information network established with law enforcement authorities for a constant information sharing ▪ All security incidents reported and dealt with

IV. CERF IN ACTION:

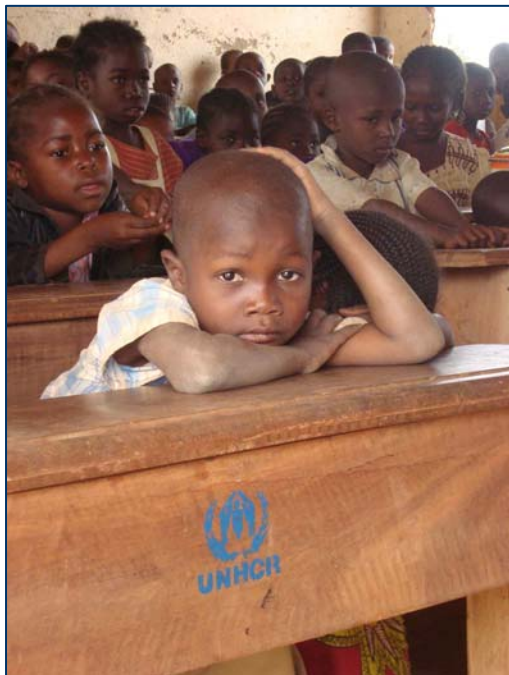
Protection and assistance in favour of CAR refugees: Refugee views (UNHCR)

I've been in Cameroon for a year. I suffered a lot in my country. The "coupeurs de route" came in our houses, hit us and took our things. Two of my children were kidnapped. I had three herds of 250 cattle that I had to sell to set my children free. The first time I gave 5,700,000 CFA (about \$12,200) and the second time 3,050,000 CFA (\$6,545). I hadn't come across the "coupeurs de route" before, but I had heard about them. One day, on the way back from the migration, I was blocked in a water hole. The "coupeurs" saw how many cattle I had and I think that's why they asked me for so much money when they came to take away my children.



Ali Boulka, CAR refugee in Gbiti, Cameroon

The "coupeurs" came to my house in the village. I was with all of my family. They took two of my children and went away. They arrived one morning and told me that they were taking my children. To set them free, I would have to give them a lot of money otherwise they would kill my children. I was sure that if I didn't give them money my children would die. Their methods are known in the village... I made my mind up to sell my cows and went to the market in Bossemtele, I sold my cows and then went to find them to give them the money myself. I got 5,700,000 CFA (\$12,200) for my cows. They gave me back my two children.



Ousmanou Oumarou, CAR refugee in Kentzou, Cameroon

I took my family in the hope of fleeing and came across another rebel group en route. This second group found that I didn't have many cows and demanded 3,050,000 CFA (USD 6,545) after kidnapping two of my children – the girl that was kidnapped the first time and another child. As I didn't have much money, I had to spend four months struggling to get this sum together. Once I gave them the money, they gave me my children. I saw with my own eyes how they killed many people and I knew and that if I stayed, they would end up killing me. Before leaving my country for good, I met a third group of bandits who wanted to steal the cows I had left. I surprised them and they came fiercely at me. They beat me for a long time and I came out with a fractured knee and a cut ear. I had to spend four months in the hospital. When my family left CAR, I was still in the hospital and it was only later that I joined them in Gbiti in Cameroon. I was witness to a lot of barbarity in my country. My children were kidnapped twice, I was myself tortured. I cannot go home to this country. The only thing I know how to do is to be a cattle herder.

Now I don't have anything, I cannot go back to this country.

* * *

Before when all was going well, I had 150 cattle, but now I only have 15 left. I was a teacher at a Koranic school. The "coupeurs de route" came right up to my quarters and took my son for about a month until I could put together 1.5 million CFA (\$3,200). I had to sell many cows. Some weeks after I got my son back, they kidnapped the son of my brother and this time I had to pay 1 million CFA (\$2,145). The bandits beat me many times and I have scars on my arms and legs. They also took my money twice. I couldn't stay in this country any longer so I left hoping to find peace in Cameroon.

Education (UNICEF)

First Phase of Emergency Education Begins for Chadian Children in Refugee Camp in Northern Cameroon

Geneva/Yaounde/Maltam 7 March 2008 - Children lined up in anticipation recently in Maltam refugee camp, north Cameroon, ready to be the first to receive T-shirts and benefit from several recreation kits provided by the United Nations Children's Fund. The kits represent the start of the first phase in emergency education for the over 1,200 primary-school children currently residing in Maltam camp.

"It is a top priority for UNICEF and educational partner Action Aid to help ensure the rapid resumption of classes for these children. In the rush to flee the violence last month, children not only lost their homes and communities, but their schools as well," explained Lillian Njock, UNICEF Cameroon Education Officer.

According to the United Nations High Commission for Refugees (UNHCR), tens of thousands of people fled Ndjamen, Chad on February 2, as a result of fighting between military and rebel forces. While many have returned since a declared ceasefire, more than 8,000 people – including nearly 2,800 children – remain in northern Cameroon where a formal refugee camp has been set up. Fear of political persecution and the destruction of homes and businesses leave many Chadians with nothing to return to and no means of generating income.

Since the onset of the emergency, UNICEF and its partners have been working to ensure basic health care, clean water and sanitation, psychosocial support and recovery – and now, the resumption of educational activities. After the distribution of T-shirts to children and youth, three recreational kits were handed over to "team leaders," camp residents recruited and trained by Action Aid to assist in the launch of recreation and education programmes. A football match between two teams ensued as well, a respite from the memories of violence and tragedy for children and families alike.

Yesterday, UNICEF also began distribution of School-in-a-Box kits, which for many families means relief from the worry that their children will miss out on continuing their education.

"Every child has the right to receive an education. It is the responsibility of adults and communities to protect this right, even in times of emergency," says James Watts Munang, UNICEF Team Leader for Emergency Operations in northern Cameroon.

Thus far, UNICEF has helped to identify five sites for the construction of temporary primary schools, as well as numerous recreational areas for children of all ages. Plans for the creation of

youth centres where adolescents and teenagers can receive vocational education and life-skills training to help them learn to protect themselves from HIV and AIDS, violence and other risks are also underway.

“It is everyone’s hope that children and families can return to their communities in Chad as soon as possible; but until then, UNICEF will continue to work towards building the most protective and rights-based environment here in Maltam,” Munang added.

Health (WHO)

Rapid reaction and partners’ collaboration and coordination appear to be the most important factor for reducing morbidity and mortality in a situation concerning refugees. Within 2 to 3 days after the onset of the crisis, WHO and other humanitarian were in the field in Kousseri for a rapid assessment of the situation. This assessment was conducted by WHO in collaboration with the MOH and shared with other partners. It appeared there was an on-going epidemic of measles in Kousseri district, and wild polio viruses were circulating in Ndjamena, with a case found in a hospital among refugees. A rapid budgeted plan for an integrated measles and polio vaccination campaign, including vitamin A supplementation, was made by the WHO and MOH team for the entire Kousseri health districts. This plan was also shared with all other partners during the health sector coordination meetings. A mapping was made for all activities to be financed or implemented by each of the partners. This gave a good collaboration opportunity and within seven days, human resources, vaccines, vaccinating materials, transportation and others were ready for the campaign to start all over the Kousseri district. The vaccination campaign also gave a unique opportunity for UNHCR to distribute non-food items, an activity that was difficult to handle otherwise.



Good Coordination of humanitarian partners certainly led to...



Good organisation of field activities...



And also to good results



Drug donation to Kousseri Health District by WHO Team

Annex: Acronyms and Abbreviations

AIDS	Acquired Immunodeficiency Syndrome
BASC	Bureau des Activités Socio Caritatives
CAP	Consolidated Appeal Process
CAR	Central African Republic
CCC	Core Commitments for Children
CERF	Central Emergency Response Fund
CRS	Catholic Relief Services
ERC	Emergency Relief Coordinator
FBM	Food Basket Monitoring
GBV	Gender Based Violence
HC	Humanitarian Coordinator
HIV	Human Immunodeficiency Virus
HST	Health Sectorial Team
IFRC	International Federation of the Red Cross and the Red Crescent Societies
IMC	International Medical Corps
INGO	International Non Governmental Organisation
IRD	International Relief and Development
MOH	Ministry of Health
MSF	Médecins Sans Frontières
NFI	Non Food Items
NGO	Non Governmental Organisation
OCEAC	Organisation de Coordination des Endémies en Afrique Centrale
PDM	Post Distribution Monitoring
PU	Première Urgence
RC	Resident Coordinator
RH	Reproductive Health
SFC	Supplementary Feeding Centre
SGBV	Sexual and Gender Based Violence
TFC	Therapeutic Feeding Centre
UN	United Nations
UNCT	United Nations Country Team
UNDSS	United Nations Department for Security and Safety
UNFPA	United Nations Population Fund
UNHAS	United Nations Humanitarian Air Service
UNHCR	United Nations High Commissioner for Refugees
UNICEF	United Nations Children's Fund
WFP	World Food Programme
WHO	World Health Organisation