

Joint Multi-Sector Rapid Needs Assessment

Obanliku, Etung, Ikom, Boki, Akamkpa LGAs
Cross River State, Nigeria

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Final Assessment Report



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Acronyms

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BEOC - Basic Emergency Obstetric Care

CHC – Comprehensive Health Centre

CHEW - Community Health Extension Worker

CHIP – Community Health Influencers, Promoters and Services

CHO - Community Health Officer

CP – Child Protection

FAO - Food and Agricultural Organisation

HIV - Human Immune deficiency virus

IASC - Inter-Agency Standing Committee

ICRC - International Committee of the Red Cross

IDSR - Integrated Diseases Surveillance Response

JCHEW - Junior Community Health Extension Worker

LGA - Local Government Area

MSF - Medicines Sans Frontières / Doctors Without Borders

NCFRMI - National Commission for Refugees, Migrants and Internally Displaced Persons

NFI – Non-Food Item

NGOs – Non-Governmental Organisations

PHC – Primary Health Centre

POC- Population of Concern

SCNC - Southern Cameroon National Council

SEMA- State Emergency Management Agency

SGBV – Sexual Gender-Based Violence

TB - Tuberculosis

UN - United Nations

UNFPA - United Nations Population Fund

UNHCR - United Nations High Commissioner for Refugee

UNICEF -United Nations Children’s Fund

UNOWAS - United Nations Office for West Africa and the Sahel

WFP - World Food Programme

WHO - World Health Organisation

Background & Context:

As the crisis in Cameroon's South-West and North-West Anglophone Regions continues, with the government in Yaoundé intensifying its actions against the pro-independent movement, the number of people crossing the border into neighbouring Nigeria is increasing. Critics have accused government forces of killing dozens of civilians, while the administration is also alleging that suspected separatists have killed more than 10 security personnel since the crisis intensified following the unilateral declaration of independence on October 1, 2017. Prior to this, there were protests in 2016 with English-speaking Cameroon calling for more autonomy from the majority French speaking regions. The protesters had accused the government of imposing the French language in schools and courts; and subjecting them to economic marginalisation including in allocation of resources.

More Cameroonians are arriving through Cross River, Akwa Ikom, Benue and Taraba States. Asylum seekers crossing over continue to use informal entry points because official borders between Cameroon and Nigeria remain closed in the above-mentioned states. The receiving communities are mostly located in Calabar, Obanliku, Ikom, Etung, Boki and Akampka Local Government Areas (LGAs) in Cross River State and in the Abande and Imande Agabtse communities in Benue State. The asylum seekers are mainly coming from Akwaya, Otu, Eyumojock, Nsan, Dadi & Bodam in Cameroon's South-West Anglophone region. The situation remains generally disturbing, as the crisis in Cameroon continues, and the government adopts extra security measures, more asylum seekers are expected to arrive. Emergency preparedness and response capacity needs to be strengthened in anticipation of a larger population influx.

Purpose & Objectives:

Thus, to be able to properly respond to the different needs, various actors involved in and concerned about the situation decided, during a coordination meeting on 19 January 2018 in Calabar, to undertake a Joint Multi-Sector Rapid Needs Assessment.

The objective of the assessment mission was to allow for UN agencies led by UNHCR, international and national NGOs as well as national and state institutions to have a clear picture of the situation on the ground to better inform proper planning, budgeting, resource mobilization and, of course, intervention.

Methodology:

The team jointly drafted and adapted an assessment tool, based on the Inter-Agency Standing Committee's (IASC) Initial Rapid Assessment (IRA): Field Assessment Form, to which sections on Protection, SGBV, CP and Education were added. Thus, all the above-mentioned sectors were covered. Data was gathered through a combination of Key Informant Interview (KII), Focus Group Discussions

(FGDs) using the age and sex and through the observation of sites and facilities, as appropriate. The assessment covered 4 LGAs which border Cameroon of which 3 to 5 host communities were randomly selected in each LGA covered.

- Akamkpa LGA (wards - Ekang, Mfaniyen and Akor)
- Obanliku LGA (wards – Up Ranch, Amana and Utanga I and II)
- Etung LGA (wards – Agbokim, Ajassor, Danare I and II and Bajua)
- Ikom LGA (Council Secretariat)

Information gathering Mechanism/Key informants:

Tool-specific and further information were gathered through briefing provided by host community members, government and civil service officials on the ground, focus group discussions with asylum seekers, bearing in mind their age, gender and diversity (AGD), and observation by team members and interviews with individuals. Key informants included mainly asylum seekers (men, women, children and youths), host family heads, community leaders, community health workers, local authorities and other partners.

General Observations:

The humanitarian situation is severe with lack of access to appropriate health services and limited access to food and means of livelihood, which renders asylum seekers largely dependent on the support provided by host communities and humanitarian agencies. However, a few asylum seekers enjoy community support, even though these are more restricted to individuals with more direct relationship with their hosts. Other asylum seekers pay rental fees ranging from ~~N500-N~~1000/month for a space in the room.

Certainly, community resources are clearly over-stretched both from observations and direct discussions with community leaders, community members and asylum seekers. The host communities appeared to be overburdened with the responsibility of sheltering and assisting the asylum seekers. There are minimal water sources/access, sanitation and hygiene facilities (with an average of 30-50 persons to a toilet facility), along with a high practice of open defecation especially in flowing streams where the water source is also used for, among other things, cooking, washing and bathing. Food is grossly inadequate with most asylum seeker families surviving on one meal per day. An estimated 75% of children from displaced families are out of school and able-bodied men and women are getting increasingly frustrated in their struggle to make ends meet daily. This may increase the potential for SGBV, criminality and disease.

As the daily influx of new arrivals remains, it is obvious the crisis in Cameroon may not be resolved soon and the conflict will directly impact on community resilience to maintain support for the arrivals. Apart from

the absence of mobile network and other communication coverage in most of the communities assessed, the rainy season which normally commences in March and the unfortified shelter, relief/humanitarian assistance could be hampered in the coming weeks, further complicating an already complex situation.

Pressing Key Issues and Concerns

- Provision of food commodities to improve nutrition and wellbeing of asylum seekers;
- Provision of Non-Food Items and toiletry supplies to asylum seekers;
- Rehabilitation of existing water, sanitation and hygiene facilities and as required, provision of new/additional ones;
- Rehabilitating and strengthening of existing health and educational facilities;
- Immediate consideration for relocation of the refugees to designated settlements commencing with core border refugee communities, especially those in Ekang, Danare, Agbokim waterfalls and Ajassor, considering allegation of adoptions of refugees from communities in Nigeria bordering Cameroon by Cameroonian security operatives.
- Distribution of cloths and dignity kits for women.
- Promotion of hygiene and sanitation;
- Screening of under-fives and treatment for MAM/SAM cases.
- Creation of safe environment for survivors of emotional and physical violence.

Sector Specific Findings

Protection

The only reports of some level of restriction placed on the freedom of movement was from asylum seekers in Ajassor community which is related to security reasons, according to the Police and Immigration Service. Generally, relationships between asylum seekers and their hosts are cordial and good. This is because most of the asylum seekers speak the same language as the host communities and share historical and cultural ties with them as well. Nevertheless, pockets of discrimination towards the Cameroonians exist in Utanga and Amana, where violence against new arrivals by host community members as well as stigmatisation was reported, an instance being in Utanga where the asylum seekers recounted being called mockingly ‘Ambazonian’ when they go to fetch water. Local community chiefs and youth vigilante groups constitute the main and immediate law enforcement structures in the host communities, and the asylum seekers fall within these structures. Most of the host communities assessed make use of self-protection as coping mechanisms, relying on these community-based local vigilante groups, coordinated by the local youths and chiefs.

- 40-50% of asylum seekers in Mfaniyen and Ikom have no form of identification, as they had to flee into Nigeria with no time to get their means of identification. The token is the only means of

identification, asylum attestation letter and for some their various Cameroonian identification documents

- Some new arrivals indicated that they had not been registered yet, with single males in Ajassor reporting that their names were taken by registering teams, but that no registration card had been provided.
- Economic exploitation was widely reported in all the communities, as well as cases of transactional sex.
- About 20-30% of the asylum seeker population have a specific vulnerability, such as physical disability, being a single or elderly head of household, not being in school or being persons traumatised by events of the emergency etc. In Ikom specifically, the asylum seekers noted that there are some cases of HIV, but not under treatment. According to them, there are several cases of aged women-heads of household taking care of children in all communities visited and considerable number of child-headed households. Survivors of sexual exploitation/survival sex (SGBV) were considerable in most communities. Many persons of concern (PoCs) were visibly traumatized psychologically and over 75-80% of the children were out of school in all communities assessed. Specific problems faced include:
 - a. Lack of food, as most asylum seekers indicated eating once per day, and rarely a full meal.
 - b. Insufficient money to pay for rent or upkeep; thereby leaving them at the mercy of host community members who sometimes use them for menial jobs in the farm.
 - c. Inability to afford school fees, uniforms and books for their wards/children.
 - d. No access to mental health services/psychosocial counselling.

Several households reported missing family members during flight to Nigeria, notably in Akor, Danare II, Biajua, and Mfaniyen specifically where Cameroonian security operatives were alleged to have broken into houses at night to adopt some young men taking refuge in Nigeria. Two pregnant asylum seeker women in Akor reported that their husbands were arrested during flight and their whereabouts unknown to date.

Rhema Care, UNHCR's implementing partner has reached approximately 60% of the registered population with food and non-food items (NFIs). Some refugees reported to have received some humanitarian assistance from various sources such as, ICRC who provided food support in some locations in Boki and Akamkpa LGAs. It was also reported that MSF conducted WASH interventions by constructing latrines, bathrooms and boreholes and health through provision of drugs at Up ranch and Amana in Obanliku LGA, including some faith-based NGOs that provided clothing and medical supplies to asylum seekers in Up Ranch. Asylum seekers in Akor and Ikom confirmed that they received

assistance from a Cameroonian diaspora group. UNHCR and Rhema Care have also distributed food and non-food items in Obanliku, Etung, Ikom and Boki LGAs.

Most of the communities reported some presence of security structures, like the Police, vigilante, and the border villages like Mfaniyen, Danare I, Agbokim Waterfalls reported the presence of immigration and military in addition to Police and vigilante, though some villages reported that the security presence is not visible enough for them to feel safe.

Coping mechanisms reported by asylum seekers in some communities, especially Mfaniyen, Danare I & II include, returning to their villages in Cameroon intermittently to scavenge for food in their farms. Asylum seekers in Ajassor practice collective pooling of resources (food and money) and many of them in all locations reported doing menial jobs for survival. On delivery of assistance, according to asylum seekers in locations where distributions have taken place, those without UNHCR registration tokens and a few others registered could not receive food and NFIs, some reported inadequate information about distribution date and time which prevented them from receiving assistance. Asylum seekers in Amana reported that locals disrupted the distribution exercise, they also reported that the community is exploitative and hostile toward them. It was observed during the exercise, that one of the key internal dynamics driving hostility in Amana, is the leadership tussle over community headship. Peaceful coexistence between asylum seekers and host community was reported in Mfaniyen, Akor, Utanga, Ajassor and many other locations. A reason attributed to this peaceful coexistence according to the asylum seekers stems from prior family and trading ties between the arrivals and host community.

Recommendations

- Initiate protection monitoring through community-based protection mechanisms, such as Protection Action Groups, and establish Protection Desks to provide refugees with an alternative source of protection.
- Increase the number of protection assessments in the field, in collaboration with partners to allow for a more in-depth analysis of the issue involved for more specialised interventions, where necessary.
- Move refugees to a safe distance from the border to ensure that Cameroonian troops do not threaten their safety as well as to make sure that armed elements are not hiding amongst the asylum seekers which would also put them at risk.
- Provide psychosocial support to the population for those traumatised by events, such as the loss of close family members and neighbours and the loss of property.
- Group support activities including Women and Girls Safe Spaces to support psychosocial, peer to peer and life skills building and Child Friendly Spaces are highly required.

- Provision of civil documentation or ID cards and an attestation letter to all registered individuals to ensure their legal protection in Nigeria as well as to ensure access to services (education, livelihood, health, etc.)
- Streamline registration process as soon as possible, to ensure all asylum seekers have timely access to essential services;
- Provide urgent and adequate assistance as a protection from physical and emotional exploitation.

Child Protection

There are so many cases of unaccompanied and separated children (UASC), including orphan children in all locations assessed, between 10-15 in locations of Amana, Utanga, Danare I & II, Ajassor, Agbokim Waterfalls and Upranch.

Main causes of family separation are accidental separation during the conflict/crisis during and after flight. About 75% of children in all locations are out of school, which create great potentials for exploitation, physical violence and sexual violence, but the refugees individually or via FGDs claimed do not exist. The striking coping strategies used by families generally include taking children out rightly out of school and sending them to live with relatives. Families/children lost birth registration and other identities as some were unable to return home to collect their documents before displacement and others reported their IDs were reportedly destroyed when their homes were burnt allegedly by Cameroonian gendarmes.

Key concerns and issues raised by parents/caregivers about their children are as follows:

- Education - asylum seekers want their children to go back to school
- Food - They have insufficient food to feed the children
- Clothing - Inadequate.
- Health - paying for Medicare is very challenging
- Boys and girls have raised 2 key issues of employment opportunities and platforms to practice their craft. While girls seek avenues to practice their trades- hairdressing, tailoring, petty trading, farming.

Recommendations

- Rehabilitation of dilapidated and non-functional educational infrastructure, especially in Akamkpa and Boki LGA communities;
- Need for waiver of fees and other instructional materials including school clothing in all the refugee locations;
- Need for nutritional food supplementation for asylum seeker children;
- Consideration of free medical care for all asylum seeker children.

Sexual Gender-Based Violence

Most of the locations visited, there were reports of sexual abuse of women and girls during the course of flight perpetrated by Cameroonian soldiers. Some allegations of rape were also reported in some host communities, particularly in Ekang, Agbokim waterfalls and Amana allegedly perpetrated by host community members. In Agbokim, a 13-year old was specifically reported to have been raped by a community member, the perpetrator was caught in the act by the girl's mother. There were few cases of transactional sex reported in communities assessed, especially Akor, Amana, Ajassor, and Ikom.

Risk of SGBV was reported high for women and girls especially at night and during the process of fetching water and firewood in the surrounding bushes. Almost all the locations assessed do not have formal toilets or bathrooms, women and girls go out in the bush to defecate, except in a few urban locations like Ikom where formal toilets and bathrooms do exist, even though female and male toilets are in very close proximity and lack proper lighting, thereby exposing women and girls to risk of SGBV at night.

Recommendations

- SGBV (with special emphasis on sexual violence) prevention, mitigation and response services should commence as soon as possible in view of the possibility that it could be silently going on and could erupt soon with more complications and diseases;
- Increase the number of female staff among partners and more access to the asylum seeker populations via sensitisations and IEC;
- Raise awareness amongst refugees and host populations in partnership with government line ministries on GBV, and establish referral mechanisms for support to reported incidence of GBV;
- Provision of solar lanterns, and/or solar lamps around communal facilities;
- Distribution of dignity kits, health/referral services;
- Reproductive health issues including maternity facilities to be set up as soon as possible;
- Mainstream GBV mitigation in sectors of WASH, NFI & Shelter;
- Advocate for coordination, funding, protection and GBV prevention and response partners to support programme needs in locations hosting refugees;
- Establish women and girls friendly spaces for further psychosocial, case management and skills building to women and girls.

Education

There are a total of six primary schools and 3 secondary schools in the 6 locations (Akor, Utanga I & II, Danare I & II and Biajua). In these locations, there are between 30 to 85 pupils who are asylum seekers, at the Danare I Primary School in Boki LGA, there are 82 asylum seeker pupils in the school. The school has only 5 regular teachers with three volunteers; only 3 class rooms are available. As a result, classes

are combined - Primary 1 & 2 are combined in one class, and so it is for 3 & 4, 5 & 6. The methodology managing these two sets of pupils in one class is to ask one group to listen and not make any contribution as the lecture is for the other group within the same class. Schools are available, though with a shortage of teachers, over 70% of the pupils are not able to attend school because of their guardian's inability to afford the fees, uniform and text books. School fees range from ₦2,000 - ₦2,500 for pupils in Primary 1 – 3 and primary 4-6, while those in junior secondary school pay ₦4,600 and those in senior secondary ₦6,600.

In more than 80% of the schools, there was notable lack of toilet facilities (latrines in the schools are uncompleted and unused, this means that there is open defecation around the bushes in the school environment) and in all the schools there are no water points/boreholes.

In other locations, it was reported that children are not attending school due to lack of finances to pay school fees, school books and school uniforms. No shortage of trained teachers as result of the emergency in any of the locations, quality of learning has not changed, there is urgent need for hygiene education in all locations. Asylum seeker children can access education irrespective of status, ethnicity and gender.

The priority expressed by the population concerning educational needs is for their children to return to school. There is a need to organise information and education activities on hygiene for the pupils and students bearing in the mind the near lack/lack of toilet facilities and water (water points/boreholes) in the schools.

The teachers are not informed on recognizing symptoms of abuse or exploitation; hence there is a need to do such presentation or training, as this will help them identify, counsel and support pupils and students who have been abused to avoid a reoccurrence.

There are inadequate basic and learning supplies in the schools, particularly at Danare 1, where the mere lack of chalks prevented children from going to school.

They reported asylum seeker children not easily adapting to the education system in Nigeria as the subjects are different, and some children were demoted due to the differences. Concerning the adults, a large fraction of the asylum seekers admitted not being able to read and write in English or any other language and advised that they were more comfortable communicating in "pidgin English".

Recommendations

- The priorities expressed concerning education by the asylum seekers include – money to pay school fees, buy uniform and books as well as meals for their wards to feed on before and after school;
- From the school leadership, their priorities are more teachers to be posted to the schools or recruitment of the volunteers to meet the influx of asylum seekers as the days goes by. Additionally they require toilet facilities and water, alongside a library and laboratory;
- Further assessments/follow-up on the abducted children and orphaned or separated children;
- Engagement with stakeholders to discuss, respond and reduce child labour activities;
- More engagement and planned children focussed interviews and observations could be conducted to establish if children are affected by their knowledge of militia or radical elements.

Shelter and Essential Non-Food Items

Shelter in most of the locations visited, did not have sufficient protection against cold, heat, wind and rain. They lacked proper cover space for essential household activities. In Ajassor specifically, lots of the asylum seekers numbering over 500 occupy a small uncompleted building donated to them by a member of the community. The shelter has just roof and no fitted windows. In all communities assessed, the asylum seekers noted that they enjoy little or no privacy mainly because they squat on average of 10 – 15 refugees per room with host community members, except for those who are able to afford to rent their private accommodation paying monthly rent of between ~~N500-N~~1000. In Utanga and Akor, host families insist on annual rent payments or a 6 months regime.

Shelters at Amana, where the highest number of asylum seekers are, was observed to be densely packed, same for the transit shelter at Ikom LGA Headquarters. Access to essential NFIs, like clothing, blankets, cooking utensils and plastic sheets are only available to less than 25% of the asylum seekers. Those in Baijua, Akor and Danare I have no access to any form of humanitarian support since they arrived Nigeria since October/November 2017.

Most of the asylum seekers ranked food above shelter even though both are equally important.

- 95% of the population are without proper or independent shelter.
- 50% of the new arrivals in Ekang reported that they do not have sleeping materials.
- 100% of house assessed reported that there has been no support for them to build their own shelter.
- 99% of the houses rely on firewood as main cooking fuel.

Recommendations

- Assistance with materials to make their shelters side-by-side the host community

- Provision of tents for emergency shelters side-by-side the communities;
- Construction of a camp in the host community was strongly noted especially for asylum seekers and host community in Akor;
- Sleeping mattresses/mats and blankets, cooking utensils and personal hygiene kits, clothing for adult and children and solar lamps;
- Need to relocate refugees to the formal settlement camps should be activated as soon as possible so that the refugees can access to an integrated lifesaving assistance.

Water Supply, Sanitation and Hygiene

In all communities assessed, there is currently no agency implementing 'WASH' activities, very few pipe borne water, no functional borehole available. There is the existence of surface water in all communities visited which serves as major source of drinking water.

- Most asylum seekers reported that they were drinking water from streams, ponds and other unsafe sources around the host communities due to inadequate and dysfunctional borehole facilities.
- There is a complete absence of public sanitation facilities with significant presence of Open Defecation sites and absence of Hand washing facilities near any existing toilets;
- The waiting time to get water in the communities is 0 – 15 minutes in Ajassor due to presence of rivers at nearby locations, while at Amana it is greater than 60 minutes, at Mfaniyen it is 0 -15 minutes;
- 99% of refugees in all locations reported defecating in the open, while the remaining 1% defecate in defined and managed place, which are inadequate considering that about 30 – 50 persons share a single toilet;
- 0% of the household in all locations possesses hand washing facilities, mosquito nets and narrow neck water container, except Ikom where less than ¼ had mosquito nets in good condition;
- Average number of users per functioning toilet in Ikom is 21 – 50 but unknown for other locations;
- There are 4 functional toilets in Ikom;

There are separate facilities for defecating for girls and women at the transit shelter in Ikom LGA Council. However, the facilities are in very close proximity to each other hence there is increased risk of SGBV. There is inadequate lighting around the toilet areas. The few toilet facilities shared between refugees and host communities in locations visited, especially in Ikom and Amana, reveals the unhygienic condition of the facilities.

Recommendations

- There is a need to urgently provide additional hand pump/ boreholes to the host communities in Akamkpa, Boki, and Obanliku and Etung LGAs;
- Rehabilitate dysfunctional hand pump and boreholes in Utanga I, II, Amana I, II (Obanliku); Akor, Enang, Mfaniyen (Akamkpa LGA); Danare I, II and Biajua (Boki LGA);
- Provide 3-compartment latrines (separated into male and female) in PHCs and primary schools of host communities;
- Engage WASH department of affected LGAs to conduct routine sensitization of asylum seekers and host communities on good hygiene practices.

Food Security and Nutrition

The need for access to food and nutrition assistance to asylum seekers and especially children under-five is of utmost immediate need and tops the priorities as expressed by most respondents interviewed. Essentially, the food insecurity and visibly presence of malnutrition situation seems to be critical among the visited communities in the four LGAs located respectively Obanliku, Boki, Akamkpa and Ikom LGAs.

100% of asylum seekers in most refugee locations have access to a functional market, except Danare I & II communities where there are no markets.

95% of the asylum seekers do not have food stocks that would last beyond **3** days.

20% of asylum seekers in Danare I and II communities report often going to bed hungry

70% of households reveal that they consume only one meal a day.

50% of asylum seekers in Utanga I and Utanga II communities consume on average 2 meals a day, while 70% of asylum seekers in Akor, Bajua and Ikom admitted to consuming an average of 2 meals per day.

100% of the asylum seeker communities have not received distribution of infant milk product (although less than **1%** have been given infant formula) for infants who have been weaned off breast milk. The women reported that weaned infants are being fed with Custard or maize porridge (commonly called 'Pap') as a substitute for infant formula.

Nutrition

Apart from reports of sharp decline from the 3 meals a day while in Cameroon to only one meal a day upon fleeing to Nigeria, the quantity, quality and nutritional content of foods consumed in a household, it was observed, do not have capacity to prevent malnutrition. The existing health facilities or CHIP (Community Health Influencers, Promoters and Services) available do not provide services for the management of any form of malnutrition in the locations visited. Spot check revealed two cases of malnutrition in Amana.

List of organizations involved in management of malnutrition in some of the communities include, Holy Family Hospital Ikom and General Hospital Sankwala have some capacity to manage some degrees of malnutrition. Vitamin A supplementation is provided through EPI services for all sites visited (note: the Mfaniyen health post was not assessed).

Access to Food and Markets

Listed in order preference; Rice, Plantain, Cassava (Garri and Fufu), Cocoyam and Yam are the most common food commodities consumed in the communities in Cameroon which is fortunately available in Nigeria. The asylum seekers rely heavily on food assistance donated randomly by humanitarian organizations, host community members, support by Nigerian relatives, food in exchange for menial works and occasional open market purchase.

Livelihoods

The major source of the host community members livelihood in all communities visited is majorly agriculture and small-scale businesses. Although source of livelihood has been disrupted for asylum seekers who had to flee to Nigeria with no belongings because of the ongoing conflict in Cameroon. Most of the refugees reported that their occupation before the crisis was farming and are willing to engage in farming as one of the sources of livelihood if allocated land and related resources.

Remarkably, village heads of Mfaniyen and Ajassor are willing to loan farm lands to asylum seekers while Amana village head, according to the asylum seekers completely opposed the idea of loan of lands for farming to the new arrivals. However, some asylum seekers are engaged in various forms of casual labour including weeding, clearing farmlands, harvesting cassava and yam, frying garri, fetching water, selling firewood and molding blocks where they are paid averagely ₦300 per day or get food in exchange for work.

The asylum seekers showed willingness to work and learn skills if presented with the opportunity. Few of the women interviewed had the skills to make among others, soap, tailoring and hairdressing. Very few women were either skilled or in the process of completing a higher institution or technical school.

Coping Strategies to Address Lack of Food

In all the LGAs assessed, the households admitted to employing various coping strategies such as loaning money to buy food, limiting portion sizes of food, reducing the number of meals consumed a day, restricting consumption by adults (mostly women) so children could eat food and a few women and girls resorted to transactional sex to have a meal.

Recommendations

- An in-depth assessment should be conducted to have a better understanding of the food security situation of the asylum seekers;
- The outcome of the assessment should consider:
 - a. Suitable nutrition and health interventions targeted towards improving the nutritional status of under-fives and under-twos;
 - b. Appropriate programmes to improve the pregnancy outcomes and wellbeing of lactating women and infant development such as blanket supplementary feeding programmes;
 - c. The possibility of introducing possible household/pot gardening programmes to help complement possible food assistance distributed to asylum seekers;
- Coordinated efforts of key government stakeholders and International Organizations in ensuring that asylum seekers are relocated to sites for easy access and integrated life-saving assistance;
- With the planting season¹ drawing nearer, food assistance should be targeted towards the Cameroonian asylum seekers who are most in need;
- While waiting to be relocated to designated areas, there is need for farm lands to be negotiated with government authorities and community leaders for asylum seekers willing to farm;
- Poor hygiene, sanitation and little or non-availability of potable water will be detrimental to any food assistance or nutrition programmes and should be tackled and addressed by key sectorial agencies alongside food needs;
- Plan interventions putting in perspective the rainy season where hard-to-reach locations will be completely inaccessible;
- Incentives/stipends program for asylum seekers who engage in some sort of income generating activities or livelihoods programme to support food assistance.

Health Risk and Health Status

The priority need expressed by the population concerning health includes but is not limited to free access to essential medical services. There is evidence that the health facilities especially at the primary care level are at risk of being overwhelmed by the significant health needs. For instance at Amana I PHC, there was a significant increase in ANC attendance from 18 patients (in October) to 108 patients (in November). Prior to the influx of asylum seekers there used to be an average of 6-10 births per week in Amana, 3 – 5 of these births were in the health facility. The number of deliveries in the health facility has now increased to 7-29 every month since the 4th quarter of 2017. During the assessment, it was noteworthy that 18 visibly pregnant asylum seekers were observed in Amana, but figures were less in other locations.

¹ Food shortages is higher during the crop planting season in Cross River state.

Malaria, diarrhea, skin diseases, peptic ulcer are some of the major health concerns in the locations visited. The common chronic diseases reported in the locations are hypertension and diabetes, in Ikom 17 cases of diabetes were identified and ¼ of hypertension in adults in Ikom.

Malaria cases were reported to be on the increase due to lack of mosquito nets on beds and windows and poor shelter conditions associated with frequent exposure to mosquitoes in all locations. Children were commonly reported to have cough and fast breathing. This was attributed to exposure to wind and cold due to overcrowding, lack of clothing, blankets and sleeping on cold dusty uncovered cement floors. Many respondents reported the occurrence of fear and anxiety, poor sleep and recurrent flashes of conflicts scenes. High reported cases of vaginal discharge and itchy (candidiasis). There was however no report of outbreaks or non-infectious risk at the locations visited.

There were a few reports of sexual violence in Ikom, Ajassor and Amana, although no new case was reported in the last 7 days preceding the assessment. There are cases of psychosocial trauma amongst the populations in all locations, with some asylum seekers complaining of symptoms suggestive of Post-Traumatic Stress Disorder (PTSD), depression and anxiety disorder. There is a functional early warning system Integrated Diseases Surveillance Response (IDSR) in Ajassor, Ikom and Amana. The data is reported monthly. Local measles vaccination coverage was reported to be 100% in many locations. There is neglected tropical diseases control programme existing in all locations.

The EPI programme has been completely impacted by increased demand in all locations, except Amana and few locations. Malaria control programmed has also been greatly overstretched in Amana and Ikom, others have been significantly impacted. However, TB and HIV programmes have been unimpacted by the influx.

UNHCR through Rhema Care has been providing health intervention for the asylum seekers since 15 October 2017, with main activities being settlement of health bills and cash assistance. In December 2017, Doctors without Borders (MSF) also intervened in Amana I Primary Healthcare Centre (PHC) with activities ranging from drilling of boreholes, building of incinerators, provision of toilet facilities, medical supplies for the hospitals in Amana I PHC, and medical supplies to General Hospital, Sankwala.

Save the Children trained health workers on management of child abuse in some selected communities. Health and Social Services (HSS) is also supporting with settlement of drug purchases for asylum seekers at the CHC in Ikom.

Recommendations

- There is urgent need for health system strengthening in all the areas hosting asylum seekers. Efforts should be geared towards rehabilitating and strengthening of existing health facilities, provision of medication and medical supplies.

- There is also an urgent need for recruitment of new health staff and/or posting of existing staff (nurses and midwives to the centres with a roster created for weekly visits by a medical doctor) while programs for recruitment and training of community volunteers to work in clinic should be encouraged; including potential skilled nurses from the asylum seekers community;
- There is urgent need for supply and sustenance of appropriate essential drugs, life-saving commodities, emergency kits, medical supplies and consumables in all the health centers and clinics;
- Capacity building for the health staff on Emergency Obstetric Neonatal Care (EmONC), malnutrition management, Standard Precautions & Clinical Management of Rape while encouraging them to carry out regular family planning awareness creation, nutritional status monitoring and follow up of children in the community;
- Need for sensitization on home-based treatment for dehydration, diarrhoea, malaria/fever, pneumonia;
- Need for information, education and communication (IEC) materials and sensitization on hygiene promotion to be strengthened in all refugee hosting communities;
- Commencement of hypertension, diabetes and HIV treatment services should be activated immediately using local health workers;
- Proper disposal/incineration of waste (needles/syringes/pricks) should be put in place in the different health centres;
- Integrate *WASH* activities in the health centres.
- Refurbish, stock up and reopen the general hospital to be used for secondary and possibly tertiary care services;
- Relevant actors should provide an ambulance for referral of urgent cases;
- Need to urgently setup centres for screening of acute malnutrition.

Health Facilities/Outreach Site Assessment

Essential drugs are not available in all the facilities visited. Only CHC Ikom has a functional cold chain. All the primary health facilities offer immunization services. In terms of community care services, all the primary health care facilities visited provide these services apart from Amana I PHC due to its overwhelming work load. Primary Care Services are provided by all the primary health care facilities visited including Basic Emergency Obstetric Care (BEOC). CHC Ikom and Holy Family provide Clinical Management of Rape Services.

The secondary health facilities provide Comprehensive Emergency Obstetric Care (CEmOC). All health facilities offer TB and PMTCT services except CHC Ikom and Amana I PHC.

Point of delivery in most locations include

Primary Health Care Services

- Mfaniyen an Ekang health posts
- Amana I PHC
- Ajassor PHC
- CHC Ikom
- PHC Obudu

Secondary Health Care Services

- Sacred Heart Catholic Hospital
- General Hospital, Sankwala
- Holy Family Hospital, Ikom
- The primary health care is managed by SPHCDA
- General Hospital, Sankwala is managed by SMOH, while Sacred Heart Catholic Hospital and Holy Family are managed by the Catholic Mission.
- All the facilities visited are permanent sites and none has been damaged.
- Physical access to the facilities in all locations is easy, except the Mfaniyen Health Post because there is no access road.
- There are financial barriers to access health services in all locations; for instance, out-patient management of adult malaria was reported to cost between ₦3,500 – ₦7,000
- The primary health centers refer cases to the secondary centers listed above. There are means of transportation at all locations. However, road maintenance remains a challenge, hence poses a threat to health facility access in some areas, especially when the rainy season starts.

Community based health services are being delivered in the catchment areas at the PHC, except that of Amana which has been overwhelmed due to limited human resources for health now.

The Human Resources for Health in some of the locations visited are as follows

Primary

- Feminine health post 1 JCHEW
- Amana I PHC (1 CHO, 1 JCHEW, 1 VHW, 1 cleaner and 1 security)
- Ajassor PHC (1 CCHEW, 1 JCHEW, 2 CHEWS, 2 Volunteers)
- CHC Ikom (1 Doctor, 4 Staff Midwives, 3 CHOs, 1 RN, 1 Lab technician, 1 pharmacist, 2 JCHEW, 5 recorders, 6 CHEWS)

Secondary

- General Hospital, Sankwala (2 Doctors, 6 Nurse Midwives)
- Holy Family Hospital, Ikom (to be confirmed)
- Sacred Heart Catholic Hospital Obudu (to be confirmed)

Recommendations

- Urgent need for improvement in the recruitment of more health staffs to improve the human resource for health service delivery available in the health facilities;
- Need for regular and free medical outreach services to all the locations to address financial barriers to accessing healthcare and also bridge gaps in human resources for health;
- Need to rehabilitate and strengthen existing health facilities in communities hosting asylum seekers;
- Need to ensure a reliable supply of medical supplies and consumables at all levels of care

Operational Challenges

- Poor road access especially in Akamkpa and Boki LGAs.
- Earlier scheduled December 2017 period for the joint assessment was unsuccessful and could have possibly affected the quality of engagement with the PoCs on the originality of issues affecting them.
- Individual assessments by some groups and agencies possibly created some fatigue as the asylum seekers felt their needs were being assessed over and over and repeatedly.
- Teams were very large and time management in a few instances was challenging and could have created some bureaucracy in operational terms.
- Though 90% of the assessment teams had expertise in their various specialties, the expertise were not entirely reflected in the team spreads at all the locations.

List of Participating Agencies

1. Community Humanitarian Emergency Backing (COHEB)
2. Cross River State Emergency Management Agency (SEMA)
3. Cross Rivers State Primary Health Care Development Agency (CRSPHCDA)
4. Food and Agriculture Organisation (FAO)
5. National Commission for Refugees, Migrants and Internally Displaced Persons (NCFRMI)
6. Norwegian Church Aid (NCA)
7. Plan International (PI)
8. Rhema Care
9. Save the Children
10. United Nations Children's Fund (UNICEF)
11. United Nations High Commissioner for Refugees (UNHCR)
12. United Nations Office for West Africa (UNOWAS)
13. United Nations Population Funds (UNFPA)
14. World Food Programme (WFP)
15. World Health Organisation (WHO)