Cameroon Situation

April 2020

57,809 Cameroonian refugees are registered in Akwa-Ibom, Benue, Cross River and Taraba States in Nigeria.

17,449 refugees received cash for food assistance during the month of April to help reduce the negative impact of the COVID-19 outbreak.

UNHCR has launched a Coronavirus Emergency Appeal of $2 Million to protect the most vulnerable persons of concern from the COVID-19 pandemic in Nigeria.

KEY INDICATORS

25,782 | Cameroonian refugees are registered in Adagom and Ukende settlements in Cross River State and in Ikyogen settlement in Benue State.

55% | Of Cameroonian refugees in Nigeria live among host communities.

Contributing to the fight against the COVID-19 pandemic, Africa Now Foundation donated 4,000 face masks, 50 plastic buckets with tap, 50/50cl bottles of liquid hand soap, 5/20kg bags of rice, 5/50kg bags of garri, 5/50kg bags of beans, 400/250g sachets of salt, 400/70ml sachets of cooking oil, 400/70g sachets of tomato seasoning, 800/120g packs of noodles and 20/1kg bags of semovita to Cameroonian refugees in the Ukende refugee settlement, Ogoja LGA, Cross River State, Nigeria. 28 April 2020. ©UNHCR/Tony Aseh
**Highlight**

- In response to the COVID-19 pandemic, health facilities in Ogoja Cross River State (CRS) have been enhanced. A six-bed isolation centre has been completed at the General Hospital Ogoja and rehabilitation of a ward to serve as COVID-19 treatment centre is ongoing. Hygiene awareness campaigns on COVID-19 prevention have reached more than 20,000 refugees in Benue, CRS and Taraba through the distribution of information, education and communication (IEC) material and door to door sensitization. Meanwhile, 996 refugee households received soap in Ikyogen settlement, Benue, to promote handwashing.

**Achievements**

**Protection:**

- UNHCR is working with the Nigeria Immigration Services and State Emergency Management Agencies (SEMA) to ensure access to the territory for Cameroonian refugees. Refugees continue to arrive in Nigeria, sometimes through informal entry points, due to closure of inter-State and international borders.

- In CRS, over 300 face masks produced by a refugee-led Community-Based Organization, Great Step Initiative, were distributed to refugees during cash for food distributions in Adagom and Ukende settlements. UNCHR worked closely with the Community Based structures established by refugees for continued awareness-raising on Sexual and Gender-Based Violence prevention, mental health and psychosocial support, and safety measures to mitigate the risk of COVID-19 infection through door to door awareness in Adagom and Ukende settlements in Ogoja, CRS.

- As part of the exceptional measures for COVID-19 prevention, the Protection Desks in Ikyogen, Benue State, Adagom and Ukende, CRS, were initially closed, and refugees were directed to report their concerns through email or via mobile phone to UNHCR.

- In Benue, the State level COVID-19 committee held several meetings with UNHCR, development partners and civil society organizations to scale up sensitization and response to the COVID-19 pandemic in the refugee settlement and host communities, through production of IEC materials, support to communities with handwashing/hygiene items, inclusion of refugees in technical and material support provided by the government, establishing measures to mitigate risks of COVID-19 infection and access to territory for new arrivals.

- During cash for food distributions, some 562 vulnerable individuals and persons with specific needs including (179 aged, 53 sick persons, 52 disabled, 137 nursing mothers and 141 pregnant women) received cash for food in Adagom and Ukende, Ogoja, CRS.

**DETENTION**

- UNHCR and its partners undertook 20 monitoring visits to detention centres in CRS and Taraba to advocate against the arbitrary arrest and detention of refugees. One refugee detained on allegations of arm possession in Ikom (CRS) was reported. Appropriate officials are dressing this case.

**Border monitoring**

- In Benue, CRS and Taraba, at least 100 border monitoring exercises were conducted to over 20 entry points. A total of 26 spontaneous new refugee arrivals were recorded in Benue, CRS and Taraba.
Sexual and Gender-Based Violence (SGBV):

- In CRS and Benue, 42 SGBV incidents (37 females, 5 males) were reported and managed in the refugee settlements and host communities. Medical and psychosocial support were provided to survivors. In addition, two survivors received material assistance including wrapper, towel, toilet tissue, soap, detergent, liquid antiseptic, disinfectant, hand sanitizer, underwears, toothpaste/brush, comb, body lotion, sponge, powder, flip wear and torchlight in Ikyogen.

- Awareness sessions on Prevention of Sexual Exploitation and Abuse, intimate partner violence, reporting and referral pathways of SGBV/child protection cases reached 279 refugees in Akamkpa, CRS.

- An SGBV committee comprised of 30 members from the refugee and host communities was established (22W, 8M) in Taraba State to promote identification, reporting and referral of SGBV cases in the communities. Refugee leaders stated that SGBV cases are not reported by refugees due to fear of security officials, stigmatization and language barrier.

Child protection (CP):

- In CRS, a total of 49 (23F, 26M) child protection cases were reported including child neglect, child labour, physical abuse, emotional abuse and defilement in Adagom and Ukende settlements. Psychosocial support was provided to the affected children.

- Birth certificates were issued to 67 refugee children (37F, 30M) by the National Population Commission in Taraba State.

Education:

- UNHCR has completed construction of a classroom block in St. Peter’s Primary School Adagom (Ogoja, CRS) and 350 two-seater desks/chairs, to increase learning space and improve learning environment for refugee and host community pupils. Additionally, 70 two-seater desks/chairs were provided for the extramural classes in the three settlements (Adagom, Ukende and Adagom 3), while construction of playgrounds are underway in St. Peter primary school 1 & 2 and St. Eugene’s Primary School.

Challenges

- Insufficient classrooms, chairs/desk, teaching aid and WASH facilities remains a major challenge in schools hosting refugee students, thereby leading to over-crowding especially in St. Peter’s I & II.

Health:

- In Benue, CRS and Taraba States, community volunteers sensitized refugees and host communities on COVID-19 prevention measures including hand and respiratory hygiene, social distancing and infection prevention/control measures in line with WHO guidelines. Information Education and Communication (IEC) materials including 2,850 IEC handbills and 8 billboards were distributed and posted at strategic locations within the refugee settlements and host communities.

- Medical supplies including drugs, disinfectants, cotton wool and sanitary pads were delivered to Primary Health Centre (PHC) Osomba (Akampa, CRS), to improve medical care for refugees and host communities. About 200 refugees and members of the host communities were sensitized on COVID-19 prevention. Some 1,799 (1,179F; 620M) refugees received primary healthcare services at the various health care facilities in Benue and Cross River States.

- Demonstration sessions on handwashing and the use of Personal Protective Equipment were conducted at the refugee settlements and health facilities in CRS and Benue. Meanwhile, a monitoring/tracking system was established at the health facilities, to prevent the spread of COVID-19 through back and forth cross-border movement of refugees from Cameroon to Nigeria.
To ensure that refugees in remote and hard to reach areas have access to quality primary healthcare services, five PHC’s in Benue and CRS (Abande, Amana, Comprehensive Health Centre Ikom, Osomba and Up ranch) were activated following an assessment. Also, UNHCR, partners and local officials met with the health committee members to assess the Abande PHC’s, Benue, capacity to respond to COVID-19 cases. With the activation of these facilities, access to healthcare services by refugees has been enhanced.

Food and Non-Food Items:

- In response to the COVID-19 pandemic, one-time payments for March, April, May, and June 2020 cash for food distributions began in Adagom and Ukende settlements (CRS) reaching some 17,449 individuals (4,815 households), to enable refugees make necessary purchases of food and other basic needs, and thus mitigate some of the negative socio-economic impacts of COVID-19. During CBI distributions, five handwashing stations (with soap and running water) were strategically placed around distribution points, CBI beneficiaries were spaced two meters apart on the queues and wearing of masks was mandatory.

- The CRS Governor’s wife donated 328 bottles of hand sanitizers and 627 pieces of sanitary pads to refugees. The sanitizers were supplied to the Ogoja Genera Hospital COVID-19 isolation centre and at the health facilities in the refugee settlements, while vulnerable refugee women and girls in reproductive received the sanitary pads. Furthermore, the Kwande Local Government COVID-19 committee, Benue, donated one carton of 20 hand sanitizers to refugees.

- UNHCR through its partners NCFRMI and SEMA distributed 234 bags of beans and 250 bags of cassava flour to refugees in Agbokim, Etung local Government Area, CRS and the surrounding communities. At least 280 vulnerable refugees benefitted from the assistance.

Challenges

- The number of refugees living in host communities who turned up for the first time to seek cash assistance increased significantly during CBI distributions. This could be attributed to the advance payment covering a four-month period in the context of COVID-19 outbreak. CBI for food is received by only 60% of the refugees who live mainly in the three refugee settlements and the nearby host communities. The remaining 40% of refugees who live within the host communities in Cross River, Benue and Taraba and urban areas are not receiving cash assistance due to insufficient funds.

Water, Sanitation and Hygiene (WASH):

- In Benue State, menstrual hygiene kits containing sanitary pads, soap, pegs, rope and underwears were distributed to 454 women in reproductive age at the Ikyogen settlement, to promote their dignity and personal hygiene. Furthermore, installation of a water treatment plant and one hand-dug well was completed in the settlement. Relevant quality tests will be conducted to determine its suitability.

- In CRS, UNHCR commenced installation of a borehole with four water collection points for host community members in Ndok, Ogoja, to improve water supply to members of the host community. The water project is an appreciation to the community for donating 100 hectares of land towards the refugee livelihoods in Ogoja. Also, water pipelines were rehabilitated and two additional water fetching points were completed in Adagom settlement. In Ukende settlement, installation of a shallow hand-dug well was completed, with the aim to improve water quality and address the challenge of persistent saline water obtained from deep borehole water supply in the settlement.

Challenges

- The WASH situation at the refugee settlements in Benue and CRS is sub-standard. Water supply is inadequate, and more latrines are getting filled up within six months of construction. The settlements
presently have an estimated 50 persons per latrine drop hole against the planned 25 persons per latrine drop hole. The Adagom-1 settlement is densely populated with over 12,000 Cameroonian refugees as against the 4,000 planned capacity.

Community empowerment/Self Reliance:
- In CRS, UNHCR and its partner the Food and Agricultural Organization (FAO) distributed livelihood kits to 283 refugee and host community households, to promote their livelihood through scale-up of micro-gardening, backyard farming and other agricultural activities in Boki, Etung and Obanliku LGAs. The kit composition included cutlass (2), hoe (2), shovel (1), wheelbarrow (1), 2 kilograms of seeds (okra, pepper, fluted pumpkin), plastic watering can (1), energy-saving stove (1) and knapsack sprayer. In addition, 16 water pumps were distributed to refugee groups.

Challenges
- Most refugees have various skills including tailoring, shoemaking, knitting, farming and carpentry, but lack funds to start a business.

Shelter:
- In Ikyogen settlement, 14 persons with specific needs (disabled, pregnant women and elderly persons (12F, 2M) were provided with new shelters, following destruction of their shelters by heavy rains and strong winds.

Settlement coordination and management
- The CRS and Benue Emergency Management Agency (SEMAS) continued to carry out settlement coordination activities and resolved over 20 conflict cases among refugees and host communities to foster peaceful coexistence.

Working in partnership
In collaboration with the Nigeria Government, UNHCR ensures international protection and delivery of multi-sectoral assistance to Cameroonian refugees. The Office holds regular coordination meetings in Ogoja, CRS, to foster collaboration with UN agencies and humanitarian actors. The following partners implement specific sector activities in the response to the Cameroon refugee situation: Family Health International (FHI 360), Save the Children International, CUSO International, Catholic Caritas Foundation Nigeria (CCFN); Catholic Diocese of Makurdi Foundation for Justice Development and Peace (FJDIP); MEDATRIX Development Foundation, Rhema Care Integrated Development Centre, Jesuit Refugee service (JRS), Nigerian Red Cross Society (NRCS) and the Food and Agricultural Organization (FAO). Operational partners include ICRC, UNFPA and WHO.
Financial Information

In March, UNHCR launched a global Coronavirus Emergency Appeal including **USD2 Million** to protect the most vulnerable persons of concern in Nigeria from the negative impact of the COVID-19 pandemic. Regular requirements for the response to the Cameroon situation stands at USD52.5 million for 2020. **As of 29 April 2020**, funding of the requirements for the Cameroon refugee situation stood at 8% of USD 52.5 million

UNHCR is grateful for the critical support provided by donors that have contributed to this operation as well as those who have contributed to UNHCR programmes with un-earmarked and broadly earmarked funds including:

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