



Humanitarian crisis in Logone et Chari: A rapid and decisive response is necessary in Cameroon's Far North

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Logone et Chari *département*, located within Cameroon's Far North region, is one of the poorest areas in the world. Bordering Nigeria, Chad, and Niger, Logone et Chari currently hosts 143,505 displaced persons, accounting for 57% of all internally displaced persons, returnees, and unregistered refugees in Cameroon's Far North, according to the latest IOM data (January 2017).

Humanitarian workers on the ground confirm that the humanitarian situation continues to worsen as displaced persons flee Nigeria and local communities are pushed to the limits of their capacity to host them. There are major needs related to water, food security, health, and protection. The international community's response to date has involved a relatively limited number of humanitarian actors because of (1) insecurity, (2) limited available funding, and (3) challenges in launching a decisive emergency response.

OVERVIEW

Over the past three years, Cameroon's Far North has been the scene of armed conflict between Boko Haram and the armed forces of several nations. This regional crisis, commonly known as the Lake Chad Basin Crisis, has caused major population displacement within a region already weakened by numerous structural vulnerabilities.

For many families, displacement starts when armed men attack their village, targeting men and boys (including young children) for forced recruitment. Those who refuse to join are often killed. Unmarried women and girls are systematically kidnapped and forced into sexual slavery.

Those who flee can often walk for days or weeks, often with small children in tow and with little more than the clothes on their backs, searching for safety. Among them are wives who have lost husbands, children who have lost parents, and mothers who have seen their children killed or carried off.

Many of the displaced seek out family members or friends in other villages, hoping to benefit from their hospitality. These host families often reduce their own food consumption and other expenses in order to share their limited resources, and their homes, with the displaced. However, the Far North's chronic poverty and food insecurity limit how much they are able to share.

Measures put in place by local authorities in response to the ongoing conflict have limited opportunities for civilians to engage in farming, fishing, or commerce. A perception that fishermen on Lake Chad support Boko Haram has led authorities to ban the exportation of fish to Kousséri or other parts of the country. Motorized transport has been banned in response to Boko Haram fighters' use of cars and motorcycles. In many areas, it is now illegal to operate a car, truck or motorcycle without a written authorization from the préfet or sub-préfet in Kousséri—an authorization that most merchants are unable to easily obtain. However, the re-opening of the bridge between Fotokol and Nigeria after a year-long closure has caused a modest increase in commercial activity.

FOOD SECURITY

Hosting large numbers of displaced people has put great stress on host households' food security, which was already precarious before the crisis. During the lean season, 30% of households have poor or limited food consumption, with little difference between host and displaced households' food consumption status. Their diet is characterized by very low consumption of protein and oil. Meals generally consist of vegetables and cereals such as millet, sorghum, and corn.

A joint evaluation conducted by the International Rescue Committee (IRC) and Première Urgence Internationale (PUI) in November 2016 found that food represents the most urgent need for 60% of households, with a food deficit of 37.5%. Loss of livelihoods can be seen in a particularly high Coping Strategy Index (CSI) of 41.03, a score symptomatic of a crisis. As a result of lack of money and low agricultural production, 100% of IDP households surveyed eat only one or two meals a day, with 20% eating a single meal. For over 60% of households, agricultural production was the primary source of income before the crisis; today, 50% of host community households and only 9% of IDP households are still able to practice agriculture.

A survey conducted by Solidarités International shows that households' ability to access a sufficient quantity of basic foodstuffs varies between displaced and host populations. Refugees and IDPs have much greater difficulty accessing sufficient food to cover their households' needs.

Before the conflict, 73% of now-displaced households surveyed subsisted primarily on agriculture or herding. Today, 83% of displaced households subsist primarily on occasional work, small-scale commerce, or other minor activities such as gathering and selling firewood. This is due to the fact that many farmers, herders, and fishermen were forced to abandon the areas where they practiced their trade due to insecurity.

An analysis of household socio-economic activities conducted by Plan International found that insecurity has had a severe negative impact on household livelihoods, as shown by the low proportion (3.51%) of households who currently practice fishing, handicrafts, and transport (drivers and motorbike taxi). This is but one consequence of insecurity and restrictions on circulation between towns.

PROTECTION

The most vulnerable people—specifically, members of displaced households and households living in severe poverty, and especially women and girls—face obstacles and delays when they attempt to access

healthcare and humanitarian aid. When traveling between towns, they are subjected to numerous forms of harassment, including arrest.

An evaluation of internally displaced persons and host communities in Dabanga, Hile Alifa, Zimando, Goulfey Gana, and Biama, carried out by International Medical Corps in September 2016, documented the terror that defines daily life for women and girls in these areas. Focus group findings show the various forms of violence that affect women and girls: rape, sexual exploitation, and physical assault. This worrying situation is compounded by the fact that women are often deprived of all possibility of practicing their customary income-generating activities, such as small-scale commerce, artisanry, and farming.

The evaluation carried out by PUI and the IRC in Fotokol, Afadé, Blagoua, Makary, and Kousséri found that the majority of displaced persons come from areas bordering Nigeria, where insecurity is most acute. Many of them had travelled less than 50 km during their displacement. Seventy percent of households interviewed wish to return to their villages, but cited insecurity as the primary obstacle to return. The second-most-cited obstacle was lack of livelihoods (52% of respondents), including lack of means to rebuild homes that have been destroyed in the conflict (30% of respondents). The majority of households interviewed fled their homes on short notice and were unable to take any of their possessions with them.

The majority of displaced households—58% of refugee households and 52% of internally displaced households—are led by a woman or girl, as compared to 32% of host community households. This is due to the male head of household having been killed or forcibly recruited by Boko Haram, or having left the area in search of work. Nearly a third (31%) of refugee and internally displaced households interviewed had lost a family member during their displacement. Of these, 70% had lost their head of household.

Children face an equally worrying situation. A needs evaluation in Makary, Goulfey, and Kousséri, carried out by Plan International in January 2017, found that 70% of children enrolled in preschool and primary school do not have a birth certificate. Only 83% of children from host community households and 61% of children from displaced households have access to school. The situation is markedly worse for girls: only 40.3% of households interviewed include a girl who attends school. Schools also have a shortage of teaching personnel.

WATER, SANITATION, AND HYGIENE

Access to water, sanitation, and hygiene has been severely impacted by population displacement in this already-fragile area. Although the water coverage ratio seems acceptable when measured by *arrondissement*, significant disparities in areas of high population concentration reveal more worrying numbers, going as low as 5 liters per person per day in certain villages. In addition, a significant proportion of water pumps in Logone et Chari are in disrepair or produce unsafe water. Consumption of unsafe water thus poses a real threat to local populations. The prevalence of broken-down water pumps poses serious protection issues, forcing women to travel long distances to reach the nearest functional pump, thus exposing them to the threats of violence and kidnapping that are endemic in the area.

The evaluation carried out by PUI and the IRC assessed access to water in five of the ten *arrondissements* in Logone et Chari (Fotokol, Blangoua, Makary, Goulfey, and Kousséri). It found that one-third of pumps (139 out of 389) are not functional, and that, as a result, both displaced and host community households often live in unhygienic conditions and lack access to potable water. Those pumps that are functional are being overused, a situation compounded by the influx of large numbers of displaced persons. The

evaluation found that an additional 237 water pumps would be necessary to meet standards for the number of pumps per population. Two-thirds of households interviewed have to wait more than 30 minutes to pump water at the nearest pump, and 60% must walk over 500 meters to access the nearest pump.

Nearly a half (46%) of households surveyed lack access to a latrine, and 59% do not have soap at home. Their drinking water often comes from hand-dug wells or from a pump that is likely contaminated by sewage. Water receptacles observed at water pumps and in homes were mostly uncovered and unsanitary, further compounding hygiene and water quality concerns.

According to a survey carried out by Solidarités International, basic principles of hygiene are largely unknown and unimplemented in Logone et Chari. Even when households surveyed reported storing water in covered receptacles at home, direct observation often found the opposite. Of the five critical handwashing times, only two (before and after meals) are known by a large proportion (84%) of households surveyed. The means of transmission of waterborne diseases are little-known among households surveyed, an alarming finding given that Logone et Chari is prone to cholera outbreaks.

An analysis done by International Medical Corps (IMC) found that an additional 471 water pumps would be necessary for water supply in Logone et Chari to meet SPHERE standards of one pump per 500 people. An evaluation of sanitation infrastructure, including interviews with the relevant authorities, found inadequate disposal of medical waste, sewage sludge, household waste, and runoff water, suggesting that urgent action is needed to limit risks to communities.

In addition to the above findings, an evaluation carried out by Action Contre la Faim (ACF) highlighted major deficiencies in access to water, sanitation, and hygiene in over 80% of health centers visited, a situation which significantly harms the quality of patient care and increases the risk of infection for patients whose health is already weakened. Sanitary disposal of medical waste is practically nonexistent in nearly all of the health centers evaluated, presenting a major risk for the environment surrounding health centers and for patients.

HEALTH

Given the growing number of displaced persons registered over the past 18 months, health actors including ACF, ALIMA, and IMC can attest that the health system is experiencing difficulties preventing it from meet the health needs of the population. This already-complex situation has been further compounded by the deterioration of the security situation, massive population movement, and limited availability of equipment, medicine, and competent personnel.

An evaluation carried out by ALIMA in December 2016 in Makary Health District revealed an extremely concerning situation. There were a total of 64,719 internally displaced persons, returnees, and unregistered refugees in Makary and Fotokol (IOM, October 2016). In order to evaluate the prevalence of severe acute malnutrition (SAM) and moderate acute malnutrition (MAM) in the health district, ALIMA staff conducted screenings in all nine health zones within Makary Health District. A total of 48,040 children under the age of five were screened through measurements of arm circumference (MUAC). These screenings found that MAM prevalence was 11.3% and SAM prevalence was 1.2%. However, there were major disparities between the health zones: in Woulky health zone, SAM prevalence was 2.6%, while MAM prevalence in Sagme health zone was 21%—well above the emergency threshold. (Disaggregated

data are available upon request.) In addition, it was observed that the health centers within Makary Health District require significant assistance in human resources, medical supplies, medicine, infrastructure rehabilitation, and nutritional supplements for the treatment of acute malnutrition.

An evaluation conducted by IMC in ten health districts in Logone et Chari highlighted the barriers that communities face in accessing healthcare. Through key informant interviews and interviews with host community members and internally displaced persons in locations including Darak, Mbardi, Hilele, and Sagmes, evaluators found that both host and displaced populations are so poor that they wish to receive healthcare free of charge. Severe poverty, already widespread, has been compounded by the crisis, and poses a question of survival for people who must choose between food and healthcare. The average fee charged for a curative consultation in all health districts evaluated is 475 francs CFA (about \$1). At the Medical Center of Hile Alifa Arrondissement, a prenatal consultation costs 1,000 francs CFA (about \$2), which can prevent pregnant women from accessing prenatal care. This situation exposes people to a risk of dying due to financial inability to access healthcare.

RECOMMENDATIONS

We request:

- 1) **Vigorous support for the respect of humanitarian principles.** We call for national and local authorities to be sensitized and trained on humanitarian principles, on the importance of protecting refugees, internally displaced persons, and local populations affected by violence, and on the importance of unfettered access to affected populations for humanitarian actors carrying out evaluations, providing assistance, and preventing further harm.
- 2) **Strengthened United Nations presence in Logone et Chari.** We wish to see a simplified UN coordination mechanism with more human resources. The current arrangement—and the resources dedicated to it—do not correspond to what is necessary to decisively respond to this crisis. Dedicated staff with expertise in coordination and information management must be urgently deployed on the ground, as close as possible to the affected populations.
- 3) **Emphasis on assisting all vulnerable groups.** We call on all humanitarian actors to dedicate more attention and support to internally displaced persons and host communities. If we make a distinction between the various groups of people who are fleeing their homes, not only do we fail to shine a light on half of the humanitarian emergency, but we risk creating resentment and tension between refugees, internally displaced persons and the host communities who have already sacrificed so much. An intervention targeting all people in need and at risk will allow us to strengthen local populations' resilience—a vital consideration in an area as prone to conflict, natural catastrophe, and chronic socio-economic vulnerability as Logone et Chari.
- 4) **More support from donors to make an adequate response possible.** The amount of funding currently dedicated to the humanitarian response in Logone et Chari, and particularly to NGOs working on the ground, is far below what is necessary to respond to the basic needs of peoples affected by the conflict.
- 5) **Integration of sustainability into the response to urgent needs** through rehabilitation, development, and integration of realistic exit strategies into humanitarian interventions.

