Needs Assessment Report South West Cameroon

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Sectors: Health, WASH, and Food Security
Data collection: September 2-7 2018, in Meme and Fako.
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EXECUTIVE SUMMARY

In response to internal displacement, primarily in the South West region of Cameroon, the International Rescue Committee collaborated with two organizations, Authentique Memorial Empowerment Foundation (AMEF) and Reach Out to conduct a multisector needs assessment from September 2-7, 2018. The IRC prioritized the assessment in the administrative divisions of Meme and Fako, in the South West region, based on the number of displaced people, access restrictions, and the low presence of active humanitarian actors at the time of the assessment. Due to the insecurity along the roads and some villages, only some parts of Meme and Fako divisions were accessible. The key findings from this assessment include:

→ In a ranking exercise with 22 focus groups, the top priorities are food and nutrition; shelter, and primary health. Community leaders also noted that food, shelter, health, and NFIs are among the most pressing needs among the displaced.

→ Health care providers and community leaders noted that malaria is the top health concern among the displaced population. Health facilities noted an increase in the average number of daily patients. The health facilities are not well equipped to deal with disease outbreaks e.g. cholera.

→ Vendors have noticed a decrease in the average number of customers, and while prices of staple goods have remained relatively stable over the past month, restocking goods can be an issue due to insecurity and transportation.

→ Water is available in most locations, though considered unsafe by some communities. There is a lack of appropriate and adequate sanitation facilities in host communities.
→ Members of the displaced population who participated in the assessment noted that they prefer to receive information via telephone, the radio, or through churches.

INTRODUCTION AND JUSTIFICATION

Since 2016, Cameroon's North West and South West regions have experienced social instability and violence, negatively affecting the area's socio-economic situation. The socio-political crisis gradually turned into insecurity and armed violence as early as October 2017. Escalated tensions and multiple conflict outbreaks between the area's Separatist Militias (SM) and the country's defense and Security Forces (SF) have affected civilians; contributing to the internal displacement of many within the two regions.[1] The number of households forced to leave their villages or even the country in search of safer areas has grown rapidly and steadily. The South West Region is the focus of crisis, with approximately 246,000 people displaced within region as of August 2018, of which 68% are estimated to be women.[2]

As Reach Out and AMEF are local organizations with access to and relationships with the affected population, they collaborated with the IRC to carry out this assessment in Meme and Fako.

Core questions

The assessment aimed to answer the following questions:

- What are the top needs according to the affected population?
- What are the most feasible and appropriate service delivery modalities to provide assistance?
- What are the main barriers to accessing drinking water?
- What is the current state of the markets? Can the IRC leverage markets to provide food and water?

METHODOLOGY

While this assessment focused on health, WASH, and food, respondents were asked about priority needs outside of the primary sectors selected for the assessment.

At the time of the assessment, there was no list of households of the displaced population. Local organizations - AMEF and Reach Out - provided estimates of the number of displaced in each sub-division. During the assessment, population or household information about the number of displaced with in each quarter and village were not available.

Household surveys were not possible due to: security and resource constraints; and accessibility to a population that was, at the time of the assessment, both dispersed in the forest and embedded in the host population. As a result, the assessment data is derived from key informant interviews with vendors, community leaders, health center medical professionals, and water committee members.

[1] http://camer.be/68405/6:1/cameroun-nord-ouest-sud-ouest-160-0000-personnes-en-situation-daurgence-humanitaire-cameroon.html
[2] International Organization for Migration, UN Office for the Coordination of Humanitarian Affairs. August 16, 2018. https://reliefweb.int/sites/reliefweb.int/files/resources/cmr-sw_displacement_20180816_v05.pdf

The team went to nine communities - six in Meme and three in Fako. Completed assessment tools included 27 FGDs with the displaced community, 9 KIIs with community leaders, 24 vendors, 9 water committees, and 8 health facilities. A total of 308 people were included in the assessment, including 139 men and 169 women.

The table below illustrates which methods were used in which sub-division, the number of participants interviewed, disaggregated by sex. All participants were adults (18+), and all provided informed consent.

Location	FGDs	KII Community Leaders	Health Facility KII + Observation	Water Committee KII	Vendor KII
Meme	18 (42 Male, 94 Female)	6	6	6	12 (7 Female, 5 Male)
Fako	9 (61 Female, 61 Male)	3	2 (1 Female, 1 Male)	3	12 (6 Male, 6 Female)

Not all districts and villages were selected to participate in the assessment. The locations were chosen based on population size of the sub-divisions, using a cluster sampling method. Then the districts and villages within each selected sub-division were selected randomly, as population data for at the quarter and village level did not exist at the time of the assessment. Additionally, the team was informed that there are tendencies for communities to be wary of organizations affiliated with the government, so while care and effort went into explaining the purpose and aim of the assessment, some villages were not able to be assessed. Three of the locations initially selected had to be changed.

KEY FINDINGS

Priorities among FGD participants

There were a total of 27 FGDs interviewed. Of these, 22 completed the ranking exercise of the greatest needs in the community (18 in Meme and 4 in Fako). Total participants below.

	Total # of FGDs	Total Participants	Total # of Males	Total # of Females Ages 18-30	Total # of Females Ages 30+
Meme	18	136	42	48	46
Fako	9	122	61	30	31

Each participant was given ten tokens to assign to categories of needs (i.e. health, food, shelter), and were asked to place his or her tokens across ten categories. They could place all tokens in one category to indicate higher need in that category, one in each, or spread out the tokens as they liked based on the urgency and important of the need. The following results, in order of priority are in the following table.

As seen in the table below, nutrition and food, shelter, and primary health care are the top three priorities among the displaced population that participated in the ranking exercise. The categories are ranked in order of priority based on the overall total number of tokens assigned to each. The numbers in each FGD column indicate the priority for each category.

Priority	Category	# of Tokens	Male FGD	FGD Women < 30	FGD Women > 30
1	Nutrition + Food	415	1	1	1
2	Shelter	273	3	2	2
3	Primary Health	225	2	2	3
4	Education	165	8	3	4
5	Replacing Lost Items	163	5	4	5
6	Agriculture	139	4	9	6
7	WASH	112	6	7	7
8	Reproductive Health	111	9	5	10
9	Child Protection	106	7	8	8
10	Protecting Women + Girls	91	10	6	9

To get a sense of priorities, 20 of the 27 FGDs, did a ranking exercise that also included ‘if you were given cash, how would you spend it?’. Results were similar with nutrition and food, education, and shelter as the top three needs.

Priority	Categories (10 tokens/participant)	Total # of Tokens	Men FGD	Women <30	Women > 30
1	Nutrition + Food	202	3	1	1
2	Education	187	1	2	3
3	Shelter	165	2	4	1
4	Replacing lost items	85	5	3	2
5	Child Protection	47	4	9	5
6	Primary Health	44	6	8	4
7	WASH	37	7	5	6
8	Protecting Women + Girls	26	8	7	8
9	Reproductive Health	25	9	6	7
10	Agriculture	18	10	9	5

Safe access to humanitarian assistance

The IDPs were asked about locations within their community where they would feel safe to receive humanitarian assistance. The following preferred locations include: in the bush where they are hiding, church compounds/centers, health centers, community halls, NGO Offices, residences of quarter heads and in the unofficial camps where they reside.

Needs – free list

In the FGDs, before participating in the ranking exercise, participants free-listed their specific needs within each category. The table below is a summary, and not disaggregated.

Nutrition and food	Rice, spaghetti, flour, sardine, Maggi, fish, sugar, salt, milk, beans, garri, fufu, yams, oil
Health	Medicines, facilities, first aid, pain killers, vaccines, medical personnel, protecting medical professionals from the military.
Reproductive health	Emergency bags, baby clothing, midwives, sanitary napkins, mosquito nets
WASH	Clean water, toilet paper, garbage bins, water purification, digging wells.
Cash and non-food items (replacement of items lost)	Clothes, soap, shoes, drinking containers, sweaters, mosquito nets, solar lights, torch lights, mattresses, blankets, plates, tents, tarp, kitchen utensils, blankets, bedsheets
Shelter	Homes, tents, tarps, mattresses
Special services for girls and women	Jobs, underwear, medical services, pads/sanitary napkins, dresses, financial support, protection
Caring for children who are alone or at risk	Food, toys, protection, child friendly spaces, clothing, medication, care takers
Education	School fees, books, children's safe spaces in the bush, teachers, school supplies (pencils, paper), and safety for children who go to school
Other	Solar lamps, regular visits from humanitarian actors, follow up on promises from humanitarian actors

Key Findings from Community Leaders

Results from KIIs with community leaders in Fako (n=3) and in Meme (n=6) supported the priorities noted above in the ranking exercises. Eight (n=8) community leaders noted that an insufficient amount of food is a key issue among the displaced population, as well as the need for shelter (n=6), and non-food items, such as clothing and mattresses (n=6), as well as access to health services (n=5). In addition, community leaders (n=5) noted that the displaced population depends heavily on the host population for shelter and food, stating that some are getting by from explicit support from relatives or others in the host population or surviving by begging.

PRIMARY HEALTH

Access to health services

Primary healthcare services were ranked among the top three priorities by the affected population during the FGD discussions, and when asked about top needs in the community, 11 out of 27 FGDs discussed the need for better access to healthcare services and medication. Community leaders noted that people in the community will go to health centers if they can afford to pay for medication. If they cannot afford to go, they will either depend on traditional medicine or forgo medical attention.

A total of eight health facilities were assessed – six in Fako, and two in Meme. All eight respondents from each facility noted that there has been an increase in the average daily number of patients since the start of the crisis. The catchment population of each health center ranges from 1,000 people to over 66,000.

All facilities noted that malaria is the key concern - this was echoed by community leaders (n=7). Three health facility respondents noted that malnutrition is a concern, and another three stated that diarrhea, worms, and gastrointestinal issues (each n=1) may be related to malnutrition. Seven community leaders noted that typhoid is a major issue among the affected population, along with diarrhea (n=3), and skin diseases (n=2).

Two health facilities and two community leaders expressed concern about health services available for pregnant women, including care during deliveries and antenatal care. All eight facilities offer family planning services and five offer emergency obstetric care. Only two stated that they can conduct caesarian sections. In addition, five health centers noted that key personnel are not currently working in the centers, including midwives (n=3), gynecologists (n=2), lab technicians (n=2), a doctor (n=1), and an ophthalmologist (n=1).

Three of the eight facilities noted a stock out of medicines, including malaria drugs and antibiotics.

WASH in health facilities

Seven of the eight health facilities do not have isolation set up in case of disease outbreaks. Of the eight, four have reliable drinking water, seven have water storage of 250-1000 liters, and six have hand washing stations with soap in all treatment rooms/wards and toilets/latrines. All have latrines/toilets for staff only but only four have sex-segregated latrines/toilets. All have latrines/toilets for patients and only one is not segregated by sex.

Six facilities have clearly marked, segregated waste collection bins with tight-fitting lids in each treatment room/ward. Only one does not have Personal Protective Equipment for staff, including cleaning and laboratory staff and with documented infection prevention and control measures.

Five facilities have functional incinerators and ash pits, seven have sharps pits and autoclaves, six have mosquito nets for patients' beds and all facilities have electricity or generator/solar panels with dry batteries.

Only one facility had all staff trained on cholera; four have gaps in supplies required for managing a cholera outbreak; and five have gaps in managing cholera outbreaks. Only three facilities visited had cholera case management facilities.

WASH IN COMMUNITIES

In nine locations, the assessment team asked FGD participants, community leaders and water committees about water issues. Six out of nine locations had water committees and four were functional (two each in Fako and Meme)

Access, safe water and functionality of water sources

In the nine locations assessed, four had functional water points, and the remaining five had broken water points. In all nine sites, there were 639 existing protected water sources with 70% functional (n=445). In addition to water points, communities use unprotected water sources. Of the total 150 existing unprotected water points, 90% (n=135) were functional. The team observed nine water points (both points and unprotected sources). In these sites, the team observed orderly behavior at three of the nine water points (e.g. jerry cans lined up and people waiting in line). Four water points had animals nearby, increasing chances of water contamination.

The six water management committees noted the following concerns: lack of water reliability (n=4); lack of water storage containers (n=3); and each noted overcrowding, long queuing time and lack of water collection containers.

Conflicts/tensions/access problems at water points were reported by four committees. Five committees noted that the water issues have not worsened since the start of the crisis. This comment aligns with all nine community leaders who noted that water issues were already a concern before the crisis, including a sufficient amount of water for the community and the wait time to receive water. However, with the influx of IDPs in Meme and Fako, four water committees observed increased tensions between the host community and the displaced population at water sources - over availability and access, citing arguments and fights at water sources. The water committees stated that the communities need bigger tanks, more standing taps, and water tanks to be repaired to alleviate long queues for water. Two committees reported queues of more than 30 min.

All six community leaders interviewed in Meme reported unreliable access to water for days to months. A water source is considered unreliable if it cannot produce water for more than 24 hours.

Water quantity

All nine community leaders reported that people pay for water. The current cost of water from the government (Camwater) ranges from CFA 300-365/cubic meter hence an equivalent of CFA 6-7.3/20 liters. However, if purchasing water from private water taps, the cost is CFA 100-200 (or $0.35 USD) for 20L. The average household size is seven people, and the SPHERE minimum standard for water is 15L/person/day. With an average of 105L/HH/day, for Camwater payment per household would be CFA 31.5-38.33/day (up to $0.69/day) and for water from private taps, it is CFA 525-1050/day (up to $1.88).

Water quality

The IRC did not conduct water quality tests in this assessment. In Meme, all community leaders indicated that the water available is not safe to drink (n=6), but in Fako, the three leaders interviewed stated the water was potable.

State of water collection and storage containers

Based on the containers found at each of the nine water points, on average 26% of the water collection containers were dirty, 19% broken and 33% were not covered or had lids. These findings indicate chances of water contamination during collection, transportation and storage when affecting water safety at the entire safe water chain.

Water source management

During the assessment, six water committees were interviewed, and only four were functional. In Fako and Meme Divisions, the committees stopped working after the local government council took over the management of the water sources.

Access to environmental sanitation

Of the nine community leaders interviewed, six leaders indicated that access to latrines/toilets in their communities is inadequate. Open defecation was observed in six of the nine villages assessed, indicating the lack of adequate and appropriate latrines in the communities. Seven villages used household latrines and two use communal latrines. The communal latrines were observed not be lit in the night, lack doors and

locks, are not segregated by sex, do not have functional hand washing facilities, the area around them is dirty, they don't have menstrual hygiene disposal containers and the slabs/pedestals were observed to be dirty. In Meme, all community leaders felt that the cleanliness and access to latrines or toilets as inadequate, but in Fako, all leaders stated it was adequate.

In terms of toilets and latrines, five of six water committees stated that they have access to toilets or latrines. Four noted that certain groups, including the displaced, those who live far from government toilets, some adults, and children do not have access to toilets. One committee stated that there are safety concerns for women and girls not having sex-specific toilets and one noted not having sanitary napkins.

All nine locations visited didn't have menstrual hygiene management infrastructure for disposal. Of the 17 FGDs that asked women about access to menstrual hygiene materials, 13 stated they do not have access, primarily due to not having money to pay for them (n=11) or due to lack of mobility due to fear of military (n=5) or lack of availability (n=4). Nine FGDs, all in Meme, stated they are using plant leaves in lieu of hygiene products.

Access to bathing facilities

Seven of the nine community leaders interviewed reported that people in the community mostly bathe in the open, indicating a lack of bathing facilities. People are bathing in the dark since they do not have privacy during the day.

Solid waste management

Four of the nine locations were observed to have a designated place for solid waste disposal and the remaining five were indiscriminately littered with solid waste. As for communal waste or solid waste disposal bins, these were present in five villages. Garbage buildup was reported by six community leaders. This confirms poor solid management several locations, providing an environment for breeding of vectors such as flies, mosquitoes, cockroaches and rodents.

Drainage

Six of nine villages assessed had stagnant water; this was also observed around shelters. Stagnant water was also observed in five villages at bathing shelters and around water points seven villages. Stagnant water in these facilities could provide a medium for mosquitoes and could lead to a rise in malaria, during the current rainy season.

Vector control

Swarms of flies were observed around disposal pits and latrines in six villages. In all but one village (n=8), latrine pits did not have covers. The Ventilated Improved Pit latrines[3] found in three villages did not have the requisite external vent pipes with height of at least 50cm above the highest point of the latrine, nor were they and covered with fly traps/screens for fly breeding control. Three villages were observed to be using mosquito nets, though percentage use by households was not assessed.

[3] https://www.unicef.org/ghana/latrine_options_flyers.pdf

Hygiene promotion

Eight villages do not have household items that enable good hygiene behavior (e.g. soap, new water containers, beddings etc.) based on observations. In seven villages, hand washing facilities did not have water filled in containers and soap. Five community leaders reported that people do not have soap and other cleaning materials for the homes.

FOOD SECURITY AND MARKET BASED APPROACHES

Vendor and market assessment

The assessment included KIIs with 24 vendors (13 male and 11 female), including 12 vendors in Fako and 12 in Meme. The vendors interviewed sell food items or boxed food, vegetables and fruit, and some household goods, such as soaps and cleaning supplies.

Out of 24 vendors, 20 stated that the majority of their customers in the past month were from the host community. As to why IDPs were not the majority, this could be due to the diminishing buying power of IDPs since they have exhausted their savings. Most vendors (n=19) stated that they have seen a decrease in the average number of daily customers since the past month, three have seen an increase, one noted no change and one did not respond to the question.

Vendors noted that their clients most frequently bought the following items from their shops: maggi, rice, beans, garri, groundnut and palm oil, soap, toothpaste, Omo cleaner, detergent, sponge and buckets.

The cost of staple goods such as rice, beans and soap has remained constant over the past month. The price of rice did not fluctuate more than 1,000 CFA over the past month according to any vendor (range between 16,000-17,000 CFA). Over half of surveyed vendors in both locations stated that they are out of stock of certain goods, including soap, oil, beans, omo, spices, rice, garri, buckets, milk, and sugar.

Out of 24 vendors, 17 noted that they have less overall stock compared to the previous month; six have not noticed a change, and one stated that there is more stock. With an average decrease in the number of daily customers, the lower levels of stock do not appear to be associated with demand for goods. Instead, security concerns and transportation of goods appear to be significant factors in stocking items in the market. Seven vendors cited security concerns (n=6 in Meme and n=1 in Fako). Three vendors in Fako noted that people buy items on credit, and an additional four vendors in Fako noted a low number of customers. Others noted transportation issues (n=5 in Meme and n=11 in Fako). When asked how much time they would need to respond to an increase in demand for goods, responses were one week (n=9); less than a week (n=12), and three stated more than one week.

In Fako, eight vendors said that their clients used mobile money or a mobile cash transfer mechanisms, and in Meme, half (n=6) of all vendors interviewed stated that customers use some form of mobile money. The vendor key informants explained that customers prefer not to have cash on them and to instead use mobile money to purchase items.

Engaging Communities

Almost all FGDs (n=25) said that they prefer to receive information by telephone or via the radio (each n=6) or through churches (n=6).

RECOMMENDATIONS

Based on the assessment in Meme and Fako, recommendations for humanitarian assistance include:

- → Consider the overall needs of food and nutrition; shelter, and health, per the ranking exercise.
- → Health: With congestion in host communities and inadequate access to water and sanitation, pre-position cholera treatment supplies. Reinforce capacity of health facility staff on infection prevention and control.
- → Water: Develop measures to address inconsistent water supply and cleanliness at sources.
- → Water: Work with local companies such as Camwater to improve access to water.
- → Sanitation: To support households hosting IDPs, build latrines for households with more than 20 people so there is adequate latrine coverage.
- → Sanitation: Work with host communities to create drainage channels, cover open pits and create solid waste disposal points.
- → Hygiene: Train hygiene promoters in communities (1/500 people) for hygiene promotion.
- → Modalities of response: Explore market-based approaches for the provision of humanitarian assistance.
- → Engage Communities: Communicate the findings of the needs assessment and any plans to provide assistance through telephone and via churches. This channel of communication could also be used for establishing a feedback and complaints mechanism.
- → If proceeding with a response, consider risks and opportunities of providing assistance to IDPs at their preferred locations, such as church, health centers, community halls, in the bush where they are hiding, at the homes of district heads, and in the unofficial camps.