

The Impact of Red Cross Aid on the Health and Well-Being of Refugees in the Gado-Badzere Camp, East Region of Cameroon (2014-2021)

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Abstract

Review Article

This paper examines the contribution of the Red Cross in the promotion and improvement of the health and well-being of refugees in the Gado-Badzéré site in the East Region of Cameroon. Between 2013 and 2014, Cameroon faced a massive influx of Central Africans fleeing from rising violence, insecurity and political unrest in the country. For reasons of geographical and socio-cultural proximity, they settled mainly along the eastern part of Cameroon. This influx led to the establishment of reception sites such as the Gado-Badzéré refugee camp. Assistance to these people was provided by numerous actors, including the Red Cross, whose main mission is to ensure respect for life, human dignity, rights of refugees, notwithstanding the dignity of all peoples, affected by armed conflict or other emergency situations. After exploring the qualitative, chronological and thematic approaches, specific to the historical discipline, it can be argued that the intervention of the Red Cross, helped to improve access to healthcare, reduce the prevalence of disease and promote the mental health and well-being of refugees. This was despite the difficulties it encountered in meeting its objectives on the site.

Keywords: Central African Refugees, Humanitarian Aid, Health, Well-Being, Gado-Badzéré.

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INTRODUCTION

The repeated crises that shaken the Central African Republic for several decades, forced thousands of its citizens to seek refuge in Cameroon. Since 2013, most of them fleeing violence, insecurity and precariousness settled in the Gado-Badzéré camp in the East Region of the country. This massive influx generated considerable humanitarian needs, prompting many actors, among them the Red Cross, to intervene, particularly in the areas of health and well-being. Larousse describes a refugee as "a person who has left his or her country for political, religious or racial reasons and who does not enjoy the same status as nationals." [1]. This term only acquired a precise meaning when the refugee issue became an international problem requiring a collective response. Akoka points out that the word

'refugee' appeared late in the English language: first as a past participle in the 15th century, it only became a noun in the 18th century, initially associated with the Huguenots after 1685 [2]. In the 19th century, it referred to foreigners fleeing political events and receiving state aid. It was incorporated into international law in 1920 [3], but the modern definition comes from the Geneva Convention of 28 July 1951 (Article 1A-2), which protects anyone persecuted for their race, religion, nationality, social affiliation or political opinions and who cannot or does not wish to claim the protection of their country of origin [4]. Regional instruments have broadened this definition, notably the Organisation of African Unity (OAU) Convention of 1969, which includes persons fleeing aggression, foreign occupation

¹ Larousse, Dictionnaire Français, Retrieved from <https://www.larousse.fr/dictionnaires/français/r%C3%A9fugi%C3%A9/67560>, 22 January 2024.

² K. Akoka, "Crise des réfugiés ou des politiques d'asile ?", La Vie des idées, Mai 2016, <https://laviedesidees.fr/Crise-des-refugies-ou-des-politiques-d-asile.html>

³ *Ibid.*

⁴ ONU, "Conférence Plénipotentiaires des Nations Unies sur le statut des réfugiés et apatrides tenue à Genève, Suisse, du 2 au 25 juillet 1951 : acte final et convention relative au statut des réfugiés", janvier 1982, p.14

or serious disturbances of public order in Africa [5]. By incorporating these texts into its legislation, Cameroon considers as a refugee any person forced by persecution, conflict, widespread violence or other serious crises to leave their country to seek protection elsewhere [6].

This prolonged exposure of the refugee to precariousness and vulnerability, requires continuous and appropriate assistance in order to prevent further deterioration in their state of health and living conditions. It was in this backdrop that the Red Cross, a humanitarian movement, was established in 1863 to protect the wounded in war, gradually expanded to include civilian victims and, since the 1960s, to all United Nations (UN) populations affected by conflict. In Africa, the Red Cross established itself after independence, in response to wars such as those ravaging the CAR, forcing many of its citizens to seek asylum in Cameroon, particularly in the Gado-Badzéré camp. In this camp, the Red Cross, extended its humanitarian activities, assisting displaced populations, working closely with other international partners, such as the United Nations High Commission for Refugees (UNHCR) and national actors, to meet the urgent health needs of refugees, thereby improving their overall well-being.

The paper intends to analyse how Red Cross interventions improved the health and well-being of refugees living in the Gado-Badzéré camp. To address this issue, the study made use of primary and secondary sources, analysed qualitatively and presented following the chronological and topical approaches. This approach made it possible to examine the impact of the Red Cross on the health and wellbeing of refugees in the Gado-Badzéré camp. The paper shall first present the Gado-Badzéré refugee camp, detail the actions of the Red Cross for displaced persons residing there and finally analyse the impact of these interventions on the health and wellbeing of refugees, highlighting the challenges and prospects for improvement.

1. Context of the Gado-Badzéré Refugee Camp

The CAR has been in persistent violent crises since 2013, with armed conflict, and the collapse of basic services have forced thousands of people to flee to Cameroon. It is in this context that the Gado-Badzéré refugee camp was created to welcome Central African refugees. The Red Cross embarked on providing

emergency assistance to these refugees. This section aims to present the context under which the refugees arrived in the Gado-Badzéré camp, the Gado-Badzéré camp site and a brief historical overview of the Red Cross.

1.1. Crises in the Central African Republic (CAR)

Political life in the Central African Republic began in 1946 with the election of Abbé Barthélemy Boganda, founder of the Movement for the Social Evolution of Black Africa (MESAN). After his death in 1959, Abdel Goumba served as interim president until independence on 13 August 1960, under the presidency of David Dacko. On 31 December 1965, the Chief of Staff Jean-Bedel Bokassa overthrew the government, ushering in a series of coups that continue to this day [7]. In 1993, Ange-Félix Patassé was elected, but his power quickly crumbled, leading to the intervention of the Inter-African Mission for the Monitoring of the Bangui Agreements (MISBA) to secure the Bangui peace agreement [8]. Re-elected in 1999, he faced an attempted coup by General François Bozizé in 2001, followed by the deployment of FOMUC in 2002 and Bozizé's successful coup in 2003 [9]. Bozizé's term was marked by several civil wars (2004-2007, 2012-2013) between the government and various rebel groups such as the Union of Rallying Democratic Forces (URDF), the Convention of Patriots for Justice and Peace (CPJP), the Central African People's Democratic Front (CADF) and the Séléka [10]. In 2013, Séléka seized Bangui, pushing Michel Djotodia into power, but triggering a new communal war between the Muslim militias of the Séléka and the Christian and animist militias of the Anti-balaka. Faced with escalating violence, the UN adopted Resolution 2127, deployed Operation Sangaris (1,200 soldiers) and created MISCA in an attempt to stabilise the country [11].

Faced with this difficult situation, people were forced to settle in areas they considered safer. Cameroon emerged as a major destination for these refugees due to the geographical and socio-cultural proximity between the two countries, the relative socio-political stability prevailing in it and the hospitality of its people. The socio-cultural environment conducive to this immigration, marked by diplomatic commitments and Cameroon's pro-refugee policy, were also reasons why refugees chose Cameroon. However, as the border

⁵ Convention de l'OUA régissant les aspects propres aux problèmes des réfugiés en Afrique, p.4.

⁶ Loi n°2005/006 du 27 juillet 2005 Portant statut des réfugiés au Cameroun.

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⁸ I. S. Kapande Ndengue, "Les problèmes des réfugiés au Cameroun : le cas des réfugiés centrafricains dans la ville de Bertoua (1965-2013)", mémoire de DIPES II en Histoire, École Normale Supérieure de Yaoundé, 2014-2015, pp.29-30.

⁹ E. Ngodi, " L'Afrique centrale face aux enjeux sécuritaires au XXe siècle", in *Codesria, Les perspectives de l'Afrique au XXIe siècle*, 2015, pp.86-87.

¹⁰ H. D. Mevoula, "L'aide humanitaire des organisations intergouvernementales et non gouvernementales au Cameroun : impact, contraintes et défis (1968-2018)", thèse de Doctorat/Ph.D en Histoire, Université de Dschang, 2022, pp.45-46.

¹¹ *Ibid.*, pp.46-47.

between the CAR and Cameroon is 797 kilometres long, 142 kilometres of which are in forest areas, the main points of contact between these countries are: Garoua-Boulai in the Lom and Djerem Division, Ndélélé, Kentzou, Ouli, Gbiti and Toctoyo in the Kadeï department, and Garigombo in Boumba and Ngoko [12]. The presence of Central African refugees is therefore very noticeable in the Eastern Region of Cameroon. It should be noted that these refugees arrived in Cameroon in several waves, the largest of which occurred between 2013 and 2014. The massive influx of Central African refugees into Cameroon during this period led to the creation of several camps in the East Region, the largest of which is Gado-Badzéré [13], the focus of our study.

1.2. Presentation of the Gado-Badzéré Refugee Camp

Located in the East Region, Lom and Djerem Division, Garoua-Boulai District, Gado-Badzéré is close to the Central African border, which has facilitated the entry of Central Africans into the locality since the 2000s. Their arrival in the area intensified in 2014, leading to the creation of a refugee camp. The Gado-Badzéré camp was opened on 1 March 2014 on an area of 55 hectares. It is located 35 kilometres from the border with the Central African Republic [14]. The site was allocated by the government of Cameroon with the agreement of the village chief, but it is managed by the UNHCR. The dominant religion there is Islam, although there are also Christians. The different tribes present on the site are: the Fulani (majority), Gbaya, Hausa, and Arabs of all ages [15]. The camp consists of the refugees' own facilities (huts, toilets, water points, open spaces) arranged haphazardly in the form of grouped dwellings, divided into eleven sectors [16].

When they arrived at the Gado-Badzéré site, the refugees were living in very precarious conditions: they were housed under temporary tarpaulins, access to drinking water and sanitation was limited, and they were highly exposed to infectious diseases such as malaria, diarrhoea and acute respiratory infections [17]. Overcrowding, combined with war-related trauma, created significant mental health needs that local facilities were unable to meet. It is in this context that the Red Cross embarked on implementing a multisectoral

programme aimed at improving access to healthcare, improving nutrition, ensuring water distribution and sanitation, and providing psychosocial support to camp residents.

1.3. Brief Overview of the Red Cross

Founded on 17 February 1863 in Geneva by five Swiss citizens, the Red Cross was created at the international conference convened on 26 October 1863 to address human suffering in times of conflict, under the symbol of the red cross on a white background [18]. Initially known as the 'International Committee for Relief to the Wounded,' it became the 'International Committee of the Red Cross (ICRC)' in 1876, after the Geneva Convention of 1864. With the accession of Islamic countries, the movement adopted the term 'Red Crescent,' thus affirming its universality [19]. The movement comprises three pillars: the ICRC, the International Federation of Red Cross and Red Crescent Societies (IFRC), and National societies such as the French Red Cross, the Chadian Red Cross, and the Cameroon Red Cross (CRC), among others. These organisations work with their governments to provide humanitarian aid, particularly to refugees.

Initially reluctant to intervene on behalf of refugees, the Red Cross changed its attitude after the Russian refugee crisis in Europe. In 1920, it asked the League of Nations and national societies to take charge of them, expanding its activities to include humanitarian assistance [20], visits to refugee camps, family reunification and provision of travel documents [21]. Today, its mandate to protect refugees, internally displaced persons, asylum seekers and returnees is based on the 1949 Geneva Conventions and their 1977 Additional Protocols, and on the statutes of the movement as well as numerous resolutions from international Red Cross conferences (Manila in 1981, Geneva in 1986, Budapest in 1991, etc.), which define the responsibilities of the movement, governments and the UNHCR. The right of initiative, both conventional and statutory, allows it to act where protection is lacking. Present in Cameroon since colonial times, the Red Cross was introduced into the country by France in East Cameroon and by Great Britain in Southern Cameroons.

¹² Kapende Ndengue, "Les problèmes des réfugiés ...", p.22.

¹³ Les réfugiés centrafricains arrivés au Cameroun entre 2002 et 2010 furent contraints en l'absence de structure d'accueil de s'installer dans les communautés hôtes.

¹⁴ HCR, profil du site de Gado, juin 2022, p.1.

¹⁵ Entretien avec Badawé Gédéon, Responsable volet WASH de l'ONG ADES, camp de réfugiés Gado-Badzéré, 21 décembre 2023.

¹⁶ R. O. Tiomo et M. Simeu Kamdem, "Gestion des réfugiés centrafricains du camp de Gado-Badzéré dans la région de l'Est (Cameroun) : à la recherche de solutions durables", *European Scientific Journal*, p.244.

¹⁷ *Ibid.*

¹⁸ S. Bounda, "Le comité international de la Croix-Rouge en Afrique centrale à la fin du XXe siècle : cas du Cameroun, du Congo Brazzaville, du Congo Kinshasa et du Gabon de 1960 à 1999", Thèse de Doctorat en Histoire Contemporaine, Université Michel de Montaigne, Bordeaux III, 2015, p.17.

¹⁹ *Ibid.*, p.16.

²⁰ D. Palmieri, "Le Comité international de la Croix-Rouge et les organisations pour les réfugiés", in *Revue internationales*, Éditions Presses universitaires de France, N°152, 2012, p.17.

²¹ *Ibid.*, pp.18-19.

It was not until the 1960s that its presence became effective in Cameroon. The Cameroon Red Cross (CRC) was recognised as a public utility association by Presidential Decree No. 63/D/D-F/6 of 9 January 1963. The ICRC also recognised the national society in July 1963, by Circular No. 444 of 4 July 1963 [22]. Thus, with this history and legal background, the Red Cross actively participates in relief and protection activities, particularly for Central African refugees in the Gado-Badzéré camp.

2. Red Cross Activities in Support of Refugees in the Gado-Badzéré Camp

In Cameroon, the Red Cross works on behalf of refugees both as an auxiliary to national authorities and as an operational partner of the UNHCR, ensuring the implementation of aid. All its components are mobilised to provide multisectoral assistance to displaced persons, whether in camps set up or outside them. This section is aimed, to describe the Red Cross activities in the Gado-Badzéré camp and to present, through a few concrete examples, its actions, in this camp.

2.1. Description of Red Cross Activities in the Gado-Badzéré Camp

In the Gado-Badzéré refugee camp, the various components of the Red Cross were deployed to offer a range of assistance, including: first aid, nutrition and food security, distribution of food and non-food items, protection, health, education, Water, Sanitation and Hygiene (WASH), community services, construction of shelters and latrines, small trades, and environmental protection. The movement was also involved in site management and the reception and registration of refugees.

In the field of protection, the Red Cross offered specific services to ensure the well-being of vulnerable people. These services included: activities in the field of detention, child protection, combating sexual and gender-based violence and promoting gender equality, restoring family links (RLF), and protecting victims of

human trafficking [23]. Food and material assistance to refugees aimed to save lives and reduce the suffering of vulnerable people who fled the CAR and found themselves without essential resources. This assistance included: direct provision of food and water, inputs or raw materials, shelter and bedding, distribution of kitchen and household kits, distribution of clothing, shoes and hygiene kits, and transfer of cash or vouchers. The aim was to protect and strengthen the livelihoods of populations affected by the crisis; by providing them with the resources they needed to survive and rebuild their lives [24].

Refugees who had suffered atrocities, experienced profound effects on their mental, physical and educational well-being. Emergency psychosocial support is essential for people who have experienced violence. The Red Cross Movement, in accordance with the resolutions adopted in Budapest in 1991, addresses the specific psychological problems encountered by refugees, asylum seekers, displaced persons and returnees [25]. It is estimated that about 80 per cent of the refugees arriving in Cameroon and the area of study in particular suffered from serious diseases such as malaria, diarrhea, anaemia and respiratory tract infections, while more than 20 per cent of children are severely malnourished [26]. Measles was also very endemic in Gado-Badzere refugee camp [27]. National Red Cross societies offered a range of mental health and support services and programmes, from psychological first aid to mental health care. Health services aimed to save lives and alleviate suffering [28]. These services for refugees focused mainly on first aid, primary health care and reproductive health [29]. To illustrate the impact of these interventions in concrete terms, it is worth detailing some of the major achievements in the field.

2.2. Concrete examples of Actions Carried out by the Red Cross in the Gado-Badzéré Refugee Camp

The Central African Republic crisis led to a massive influx of refugees into Cameroon, requiring a rapid and effective humanitarian response. Diagne *et al.*,

²² Cette reconnaissance permis à la CRC de devenir membre à part du mouvement occupant ainsi le 14^e rang des sociétés africaines et le 92^e dans le monde. Source : CRC, " Plan stratégique de développement à long terme 2005-2009, documents d'actualisation des orientations stratégiques pour 2008-2009 ", Yaoundé, décembre 2007, p.15.

²³ CICR, *La protection communautaire, guide à l'intention des sociétés nationales de la Croix-Rouge et du Croissant-Rouge*, Genève, CICR, 2022, p.11.

²⁴ Commission européenne, "Assistance humanitaire : De l'aide humanitaire à l'assistance alimentaire", in *DG ECHO politique*, N°1, janvier 2014, p.4.

²⁵ CICR, Résolutions du conseil des délégués (adaptées à sa session du 28 au 30 novembre 1991, à Budapest), in *Revue internationale de la Croix-Rouge*, 1992, p.13.

²⁶ A. Chiabi *et al.*, "Health campaign for children in catastrophic situations: the case of a Central African refugee camp at Gado-Badzéré in the East Region of Cameroon", *Médecine d'Afrique Noire*, 2016, Vol. 63, No. 3, 192-200.

²⁷ Justine G. Nzweundji and Gabriel A. Agbor, "Refugee Health Problems in the Central African Sub-Region: The Role of Traditional Medicine", *Journal of the Cameroon Academy of Sciences* Vol. 14 No. 3 (January 2019), p.189. .

²⁸ CICR, *Assistance aux personnes touchées par un conflit armé ou d'autres situations de violences*, CICR, Genève, 2012, p.6.

²⁹ Entretien avec Teckombi Fifi, 31 ans, agent communautaire, camp de réfugiés de Gado-Badzéré, le 26 décembre 2023.

opine those neighbouring countries such as Chad, Cameroon, the Democratic Republic of the Congo (DRC) and the Republic of the Congo registered over 441,000 CAR refugees in 2015 [30]. The Red Cross and its partners worked together to provide vital assistance to the affected populations, particularly in the areas of food and NFI distribution, health, education and RLF.

2.2.1. Restoring Family Links (RLF)

RLF is a Red Cross activity that aims to help family members reconnect after being separated by conflict, disaster or humanitarian emergency. This service involves collecting information and intelligence on missing persons; transmitting news to family members; and reuniting separated families [31]. The ICRC and CRC work together to implement this service [32]. In the Gado-Badzéré refugee camp, volunteers travelled from sector to sector to disseminate information

and identify people who needed the RLF service [33]. Several refugees, such as Haroun Aïcha, used the RLF service to find her loved ones. She says: "I asked for help from the Red Cross RLF service to find my eldest daughter and sister. My daughter arrived in Cameroon in 2015 thanks to the RLF service, but my sister arrived on her own [34]. In July 2014, ten children, unaccompanied minors (ENA) were monitored in their host families and 40 separated children (ES) were referred to the FICR for monitoring at the Gado-Badzéré site [35]. In November 2014, 35 households and 98 individuals were reunited at the Gado-Badzéré and Borgop sites, as well as in the town of Garoua-Boulai [36]. In December 2014, four children from Congo and three others from Chad were reunited with their parents at the Gado-Badzéré site [37]. The following photo is a partial view of the CRC office at the Gado-Badzéré refugee camp.

Photo: CRC office at the Gado-Badzéré Refugee Camp



Source : Cliché Séraphine Marielle Aye Nyanga, camp de réfugiés de Gado-Badzéré, le 22 décembre 2023.

³⁰ K., Diagne, J., Zech, P. Dan, and K. K. Alumiya, Central African Republic, regional refugee response plan at a glance, 2016, Retrieved from file:///C:/Users/USER/Downloads/Refugee_health_problems_in_the_central_A.pdf; on the 25th November 2025.

³¹ Entretien avec Donsi Victor Roméo, assistant terrain protection au CICR, Yaoundé, 5 novembre 2024.

³² Entretien avec Kela Benoit, 47 ans, Responsable du comité local de la CRC de Gado-Badzéré, Gado-Badzéré, 29 décembre 2023.

³³ Entretien avec Ndoti-Djo Ismeala, environ 60 ans service RLF, distributeur des vivres et premiers secours,

camp de réfugiés de Gado-Badzéré, le 22 décembre 2023.

³⁴ Entretien avec Haroun Aïchatou, 62 ans, relais communautaire, camp des réfugiés de Gado-Badzéré, le 24 décembre 2023.

³⁵ Entretien avec Haroun Aïchatou, 62 ans, relais communautaire, camp des réfugiés de Gado-Badzéré, le 24 décembre 2023.

³⁶ HCR, Rapport inter agences sur la situation des réfugiés centrafricains du 17 novembre au 23 novembre 2014, p.2.

³⁷ HCR, Rapport inter agences sur la situation des réfugiés centrafricains du 22 au 28 décembre 2014, p.1.

In the photo, next to the CRC logo, we see the words 'REUNITING FAMILIES'. This shows that family reunification is currently the only activity that the CRC continues to carry out for refugees in this camp.

2.2.2. Nutrition Activities

The Red Cross carries out activities to combat malnutrition, focusing on the treatment of acute malnutrition and the prevention of malnutrition. Specific activities include: nutritional screening and assessment; cooking demonstrations and presentation of food rations; distribution of food products to children under 5 years, pregnant and breastfeeding women; distribution of nutritional supplements to people living with HIV and undergoing antiretroviral treatment. In September 2014, the IFRC referred 125 cases of malnutrition to *Médecins Sans Frontières* (MSF) thanks to a systematic screening, carried out at the Gado site. These cases had been overlooked and were then able to receive appropriate care. In addition, home visits enabled the CRC to identify 80 cases of malnutrition, including 74 children, one pregnant woman and five breastfeeding mothers. These individuals were referred to MSF.³⁸ In October 2014, the IFRC screened 211 cases of malnutrition at the Gado site and referred them to the MSF health post for further treatment [39]. In November 2014, the IFRC conducted malnutrition screening, targeting children and pregnant women at the Garoua-Boulāi transit centre. The results showed that: out of the 1,577 refugee children checked, the IFRC detected 160 suspected cases of moderate acute malnutrition (MAM) and 27 cases of severe acute malnutrition (SAM); and out of the four breastfeeding mothers checked, two cases of MAM were identified. The identified cases were referred to the health centre at the Gado site run by the French Red Cross (CRF) [40].

2.2.3. Distribution of Food and Non-Food Items (NFIs) [41]

At the Gado-Badzéré site, the Red Cross was responsible for ensuring the food security of refugees by providing them with meals and food supplies. Specifically, this involved providing newly arrived refugees with hot meals and food supplies such as maize, beans, oil, salt, super cereals, sorghum and flour.

According to Ali Mansour, a refugee at the Gado-Badzéré refugee camp: 'The Red Cross distributed hot meals to us, namely porridge in the morning and peanut sauce with rice in the evening.' [42]. In addition to food, the Red Cross distributed Non-Food Items (NFIs) such as: materials for building and repairing shelters (tents, plastic sheeting, ropes, saws, nails, hammers); bedding (mosquito nets, blankets, mats, sheets or mattresses); kitchen equipment (jerry cans, cutlery, pots, plastic basins); hygiene kits (toilet soap, toothbrushes, towels, laundry soap, sanitary towels and baby nappies) [43]. In July 2014, the IFRC distributed 44 tonnes of food to 2,670 refugees at the Gado-Badzéré camp [44]. Similarly, in November 2014, the IFRC provided two hot meals a day for four days to people at the Gado site and to 600 people [45]. In 2021, the project to assist Central African refugees in the east, Adamaoua and the north (PARCEAN) took care of 107 new refugees at the Gado-Badzéré site by distributing NFIs to them [46].

2.2.4. Psychological and Health Assistance

Health is the state of wellbeing of an individual and the fundamental objective of socio-economic development [47]. The Red Cross carried out various health activities at the Gado-Badzéré refugee site as one of its primary objectives. As soon as CAR refugees arrived at the site, it set up several health facilities in order to meet the growing needs of the population. These included the site's health centre run by the French Red Cross (CRF) [48]. The Red Cross worked closely with several organisations, including the UNHCR, *Médecins Sans Frontières* (MSF), the World Health Organisation (WHO), International Medical Corps (IMC), African Humanitarian Action (AHA), and local health facilities such as the integrated health centre in Gado-Badzéré, in order to ensure that actions were complementary, to optimise health coverage in the camp. The services provided covered both curative and preventive care. General medical consultations, treatment of infectious and chronic diseases, child vaccination, maternal and child health monitoring, and the fight against epidemics (malaria, measles, cholera) were the main areas of intervention of the Red Cross.

³⁸ HCR, Rapport inter agences sur la situation des réfugiés centrafricains du 22 au 28 septembre 2014, p.4.

³⁹ HCR, Rapport inter agences sur la situation des réfugiés centrafricains du 29 septembre au 05 octobre 2014, p.3.

⁴⁰ HCR, Rapport inter agences sur la situation des réfugiés centrafricains du 24 au 30 novembre 2014, p.4.

⁴¹ NFIs are non-food items that enable beneficiaries to meet their minimum needs.

⁴² Entretien avec Haroun Ali Mansour, 28 ans, agent communautaire CCCM, camp de réfugiés de Gado-Badzéré, le 28 décembre 2023.

⁴³ Entretien avec Kela Benoit, 47 ans, Responsable du comité local de la CRC de Gado-Badzéré, Gado-Badzéré, 29 décembre 2023.

⁴⁴ HCR, Rapport inter agences sur la situation des réfugiés centrafricains du 21 au 27 juillet 2014, p.4.

⁴⁵ HCR, Rapport inter agences sur la situation des réfugiés centrafricains du 24 au 30 novembre 2014, p.5.

⁴⁶ CRC, Rapport d'activité de la Croix-Rouge Camerounaise, 2021, p.63.

⁴⁷ N.R., Grosse and O., Harkavy, "The role of health in the development. Social Science and Medicine". Part C, *Medical economics* 14(2), 1980, pp.165-169.

⁴⁸ HCR, Rapport inter agences sur la situation des réfugiés centrafricains du 24 au 30 novembre 2014, p.6.

In October 2014, the IFRC referred 387 children aged between 1 and 5 years old, to the MSF health post and Integrated Health Centre (IHC) in Gado-Badzéré [49]. In addition, in November 2014, the IFRC referred 1,073 patients to the CRF, which ran the health post at the Gado-Badzéré site [50]. Curative consultations were also organised at the Gado-Badzéré IHC, where 40 patients, including 16 refugees, were treated. In addition to patient referrals and consultations, the Red Cross focused on childbirth and neonatal care [51]. Eight deliveries were assisted by Federation staff at the Gado-Badzéré CSI, and all newborns received baby kits [52]. In addition to direct care, the Red Cross carries out health promotion activities among refugee communities. This includes regular awareness-raising sessions on hygiene, nutrition, prevention and the adoption of behaviours that promote public health. To this end, hygiene kits were distributed to refugees in the Gado-Badzéré camp and educational talks were also organised on hygiene for pregnant women and hygiene during menstruation and pregnancy. In October 2014, the IFRC distributed 148 hygiene kits provided by UNICEF and 1,230 cubes of soap provided by UNHCR [53]. Having presented the concrete actions taken by the Red Cross in the Gado-Badzéré refugee camp, we will now examine their impact on the health and well-being of the refugees.

3. Impact of Red Cross Actions on the Health and Well-being of Refugees in the Gado-Badzéré Camp, Challenges and Prospects

The situation of Central African Refugees in the Gado-Badzéré camp illustrates contemporary humanitarian challenges. Through its actions, the Red Cross played a vital role in improving the health and well-being of these vulnerable populations in the Gado Badzere. This section focuses on the impact of Red Cross initiatives, examining the issues related to access to essential care and services. It also presents the challenges encountered and the prospects for the future in continuing to meet the needs of refugees in a context marked by multiple constraints.

3.1. Psychosocial Contributions of Red Cross Actions

One of the major contributions of the Red Cross in the Gado-Badzéré refugee camp was the implementation of psychosocial support programmes for Central African Refugees. These actions included organising listening sessions, creating safe spaces for women and children, and recreational activities, aimed at restoring a sense of normality and strengthening

individual and community resilience. To this end, several refugee children received advice on how to live in society and adapt to their new environment and, above all, to the new realities with which they were called upon to live [54]. Girls in particular received instruction on protecting their rights and dignity [55]. Educational talks organised by the Red Cross on hygiene and environmental protection raised refugees' awareness of good environmental practices, helping to reduce the risk of disease and improve health [56]. The Red Cross' actions promoted harmonious coexistence between refugees and local populations, and also fostered a safe and stable environment, which was essential for their well-being. The Red Cross paid particular attention to vulnerable people such as unaccompanied children, separated children, EAFAs, the elderly and disabled, offering them personalised support and easy access to social and medical services.

3.2. Improved Community Public Health

Through its interventions, the Red Cross significantly contributed to improving community health in the Gado-Badzéré refugee camp. Vaccination campaigns, the distribution of hygiene kits, and awareness-raising sessions on communicable diseases, enabled the reduction of the incidence of certain diseases and improved health practices within the camp [57]. Epidemiological surveillance and rapid responses to cases of disease also limited the spread of epidemics. In addition, increased access to maternal and child healthcare and nutrition had a tremendous impact on the health of women, a group that is particularly at risk in the context of forced displacements [58]. Nutrition activities made it possible to detect and treat malnutrition early, improve nutritional status, prevent complications, related to malnutrition and access appropriate healthcare. All of this contributed to dropping morbidity and mortality related to malnutrition, particularly among children, pregnant and breastfeeding mothers.

Beyond the physical health aspect, the Red Cross' intervention led to a tangible improvement in the quality of life of refugees. Social initiatives such as the organisation of activities, training and community engagement strengthened a sense of belonging and autonomy among them, despite the precarious context. Since 2014, for example, community engagement became mandatory, leading to high participation among refugees, who were called upon to work closely with

⁴⁹ HCR, Rapport inter agences sur la situation des réfugiés centrafricains du 06 au 12 octobre 2014, p.3.

⁵⁰ HCR, Rapport inter agences sur la situation des réfugiés centrafricains du 17 au 23 novembre 2014, p.3.

⁵¹ Ibid.

⁵² Ibid.

⁵³ Entretien avec Kela Benoit.

⁵⁴ Entretien avec Badawé Gédéon

⁵⁵ Entretien avec Teckombi Fifi, 31 ans, agent communautaire, camp de réfugiés de Gado-Badzéré, le 26 décembre 2023.

⁵⁶ Idem.

⁵⁷ Entretien avec Badawé Gédéon

⁵⁸ Idem

partners [59]. The Red Cross equally worked with refugees in this way because recruitment required a quota of 30 percent Cameroonian volunteers and 70 percent refugee volunteers [60]. This was scrupulously respected by the Red Cross in the Gado-Badzéré refugee camp through Eugénie, commonly known by the refugees as Mama Djamila [61]. She worked for a year alone with government volunteers with a team of 30 relays, including 10 Cameroonians and 20 refugees [62]. To facilitate the integration of refugees into its teams, the Red Cross provided them with training in first aid, distribution, primary health care and RLF. In 2014, a number of Central African refugees living in Lom and Djerem received 10 days of first aid training in the town of Garoua Boulai [63]. Several refugees from the Gado-Badzéré camp benefited from this training, including Mamat Salissou, who said: "*j'ai pu devenir volontaire grâce à madame Eugénie. Je faisais la distribution des vivres. Par la suite j'ai suivi une formation comme volontaire exerçant dans le RLF.*" [64]. This collaboration between the Red Cross and refugees was a valuable opportunity for the latter. Indeed, it not only allows them to develop their skills and experience, but also to benefit from financial remuneration in the form of salaries and allowances.

3.3. Challenges and Prospects for Improvement

Despite the commitment and efforts made, the Red Cross's work in the Gado-Badzéré camp faced many constraints. Although it managed to raise funds for displaced persons, these resources were generally limited to emergency or short-term interventions. This lack of funding, meant that not all planned activities could be covered, which was a major obstacle to achieving objectives. The Red Cross's lack of financial resources also resulted in a shortage of essential equipment (stretchers, first aid kits, tabards, raincoats, bibs), [65], hindering the effective distribution of aid and visibility of its work, and thus compromising the quality of assistance to vulnerable people [66]. To make up for this shortfall, the Red Cross received government grants, donations and bequests, and also collaborated with other institutions to mobilise additional resources and optimise its impact. Security risks in refugee areas severely

hampered the provision of basic needs. Insecurity caused protests during distributions, and the Red Cross's impartial approach, which was misunderstood, exposed volunteers to violence [67]. Despite the Red Cross's capacity to intervene in conflict situations, fear of reporting gender-based violence and the involvement of some individuals in acts of banditry limited access to and effectiveness of aid [68].

As a way forward to overcome and maximise its impact, the Red Cross must base its actions on the real needs of refugees, while preserving its fundamental principles, which requires sustainable and diversified funding. This should involve strengthening logistics, developing strategic partnerships and diversifying its sources of funding. In addition, in order to reduce risks, the movement must establish transparent communication (information sessions, radio messages, posters) on aid criteria and the principle of impartiality, while regularly assessing the needs of refugees. It must involve refugees more in the planning and distributions, secure sites with trained personnel, train volunteers in conflict management, intercultural communication and GBV and strengthen collaboration with local authorities.

CONCLUSION

This analysis of the Red Cross's work in the Gado-Badzéré camp has highlighted its significant contribution to improving the health and well-being of Central African refugees. Through the establishment of health infrastructure, organisation of vaccination campaigns, provision of psychosocial support and promotion of hygiene, the Red Cross helped to reduce the vulnerability of displaced populations and improve their living conditions in the long term. However, the study also reveals persistent challenges: overburdened services, unequal access, lack of resources and prolonged dependence on humanitarian aid. These limitations highlight the need for continuous adaptation of strategies, strengthened coordination between actors and greater involvement of refugees in the management of interventions. Ultimately, while the Red Cross' actions have significantly improved the health and social situation in the Gado-Badzéré camp, the sustainability of

⁵⁹ *Idem.*

⁶⁰ Entretien avec Njikam Ousman, 60 ans environ, Responsable comité départemental de la CRC de Garoua, Garoua, le 08 avril 2024

⁶¹ La première personne a représenté la Croix-Rouge ici c'est la Madame Eugénie communément appelée par les réfugiés, maman Djamila. En 2014 lorsque les réfugiés arrivaient, vu leur état et leurs besoins, elle prenait des notes pour pouvoir venir en aide aux réfugiés. Grâce à son action, CARE est envoyé pour la santé des réfugiés. Elle était en charge de la distribution des vivres et des kits, du RLF pour les familles dispersées et donnait des conseils sur l'hygiène, salubrité, santé (femmes enceintes, enfants etc.) Elle a travaillé pendant une année

seule avec les volontaires. Entretien avec Ndoti-Ndjo Ismaela, camp de réfugié de Gado

⁶² Entretien avec Kolssoumi Bertin, 38 ans, réfugié centrafricain, volontaire CRC, Garoua-Boulai, le 28 décembre 2023.

⁶³ *Idem.*

⁶⁴ Entretien avec Mahamat Salissou, 34 ans, réfugié centrafricain, relais communautaire, volontaire CRC, camp de réfugié de Gado, le 26 décembre 2023.

⁶⁵ CRC, Rapport d'activité de la Croix-Rouge Camerounaise, 2021, p.173.

⁶⁶ *Ibid.*

⁶⁷ Entretien avec Kela Benoit.

⁶⁸ *Idem.*

these contributions will depend on their ability to address these challenges, diversify approaches and promote the empowerment of refugees.

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