

HUMANITARIAN RESPONSE PLAN CAMEROON

HUMANITARIAN
PROGRAMME CYCLE
2022

ISSUED APRIL 2022



About

This document is consolidated by OCHA on behalf of the Humanitarian Country Team and partners. The Humanitarian Response Plan is a presentation of the coordinated, strategic response devised by humanitarian agencies in order to meet the acute needs of people affected by the crisis. It is based on, and responds to, evidence of needs described in the Humanitarian Needs Overview.

PHOTO ON COVER

Bogo IDP site, Far North region
Photo: OCHA/Ariane Maixandeau

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Caveat on displacement figures used for Littoral, Centre and West regions

The Humanitarian Needs Overview (HNO) and the Humanitarian Response Plan (HRP) 2022 have been developed in a collective and collaborative manner with relevant stakeholders. The figures of internally displaced persons (IDPs) in the Littoral, West and Centre regions have been collected by humanitarian partners through a multi-sectoral needs assessments tool (MSNAs) in consultation with local authorities in August and September 2021. They are as follows: 81,298 IDPs in the Littoral, 84,927 in the West, 60,084 IDPs in the Centre. Movements of populations linked to the crisis in the North-West and South-West continue to be dynamic, wherefore the IDP figures used refer to a certain moment in time. The Cameroonian Ministry of Territorial Administration (MINAT) estimates that there are between 8,000 and 10,000 IDPs in each of these three regions. In 2022, the humanitarian community will continue to work with MINAT to follow up on the evolution of the humanitarian situation and related issues in service of the most vulnerable people.

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OCHA coordinates humanitarian action to ensure crisis-affected people receive the assistance and protection they need. It works to overcome obstacles that impede humanitarian assistance from reaching people affected by crises, and provides leadership in mobilizing assistance and resources on behalf of the humanitarian system

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www.humanitarianresponse.info/cameroon



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The Financial Tracking Service (FTS) is the primary provider of continuously updated data on global humanitarian funding, and is a major contributor to strategic decision making by highlighting gaps and priorities, thus contributing to effective, efficient and principled humanitarian assistance.

<https://fts.unocha.org>

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Foreword

by the Humanitarian Coordinator

In 2021, the humanitarian community continued to support those in need, placing protection at the centre of its response. Learning from and building on past efforts, humanitarian actors will continue to respond and adapt their response to the various shocks impacting populations in Cameroon, such as violence against civilians, natural disasters, and epidemics, including the COVID-19 pandemic.

In 2022, 3.9 million women, men, girls, and boys will need humanitarian assistance in Cameroon. The humanitarian response will target 2.6 million people living in crisis areas with multisectoral humanitarian assistance. The aim is to reduce their mortality, morbidity, protection needs, and vulnerabilities while improving their resilience. The response will particularly consider internally displaced persons, returnees, refugees, and host communities.

People living in crisis-affected regions faced numerous humanitarian challenges. In the Far North region, continued attacks by non-State armed groups and the escalation of intercommunal clashes in Logone Birni led to further displacement. Violence is compounded by chronic climate challenges, such as the 2021 drought, affects households' livelihoods. In the North-West and South-West regions, civilians and basic services, education, and healthcare are repeatedly targeted. These attacks constitute grave human rights violations and abuses. In the eastern regions, the number of refugees from the Central African Republic is rising, increasing pressure on already limited resources and services.

To respond to the most acute needs of affected populations, the humanitarian community will be guided by the following strategic priorities. First, we will continue to support the Government of Cameroon in assuming its primary responsibility and ensuring all affected people are protected and reached with assistance.

Moreover, the humanitarian community will continue to reinforce its response's quality, timeliness, and efficiency in an operational context that remains complex and challenging.

We will also continue exploiting and maximizing synergies with development and peacebuilding actors to respond to the populations' vulnerabilities, address the underlying root causes and decrease humanitarian needs.

Finally, our planned response will pursue efforts to ensure accountability to affected people by taking account of, giving account to, and being held to account by the people we seek to assist.

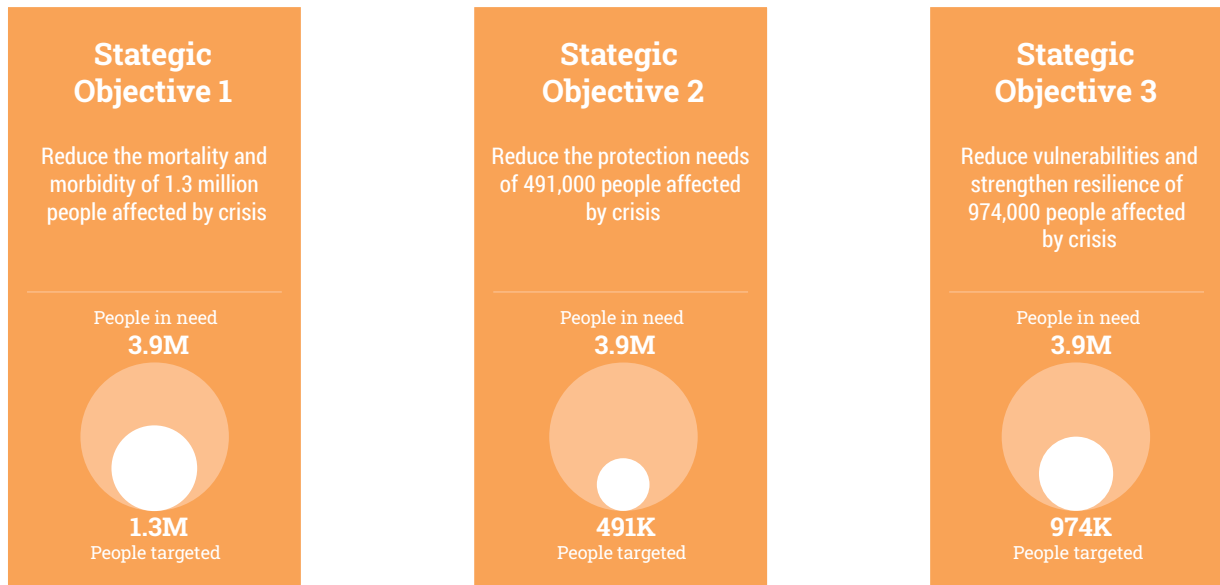
However, to succeed, the humanitarian community needs a conducive environment for humanitarian actors to safely carry out principled and effective humanitarian actions and to reach and assist all those in need. Therefore, I call on all armed actors to ensure the protection of aid workers, to fully uphold international human rights and humanitarian law, and to respect the humanitarian principles of humanity, neutrality, independence, and impartiality.

We also need resources. To assist the most vulnerable populations and provide a lifeline to millions, we will need US\$ 376 million. Therefore, I am thankful to our donors for their generous support in mitigating the impact of the various crises in Cameroon. Their renewed commitment in 2022 is required more than ever.

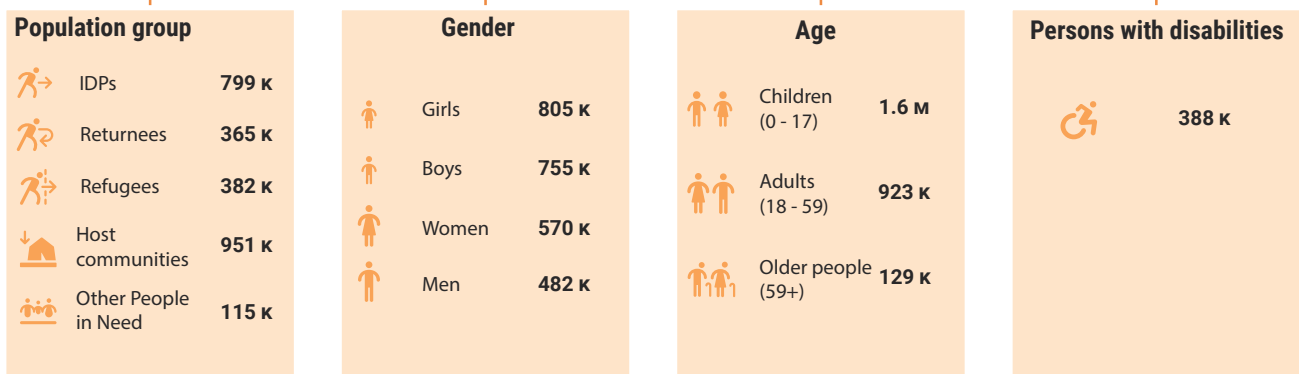
I am grateful for the commitment of the Government and all humanitarian partners. Let's continue to respond and coordinate together, advocate together, and move forward together for the benefit of the people we serve.

Matthias Z. NAAB
Humanitarian Coordinator

Response by Strategic Objective



Key figures of the HRP of Cameroon



Requirements per sector

Requirements (US\$)	Early Recovery	Education	Food Security	Health	Nutrition
376M	\$9.2 M	\$21.2 M	\$94.9 M	\$21.1 M	\$23.8 M
	Protection	Shelter and NFI	WASH	Coordination	Refugee Response
	\$33.2 M	\$13.0 M	\$22.1 M	\$17.3 M	\$120.2 M

Response Plan Overview

PEOPLE IN NEED	PEOPLE TARGETED	REQUIREMENTS (US\$)	OPERATIONAL PARTNERS
3.9M	2.6M	\$376M	224

In 2022, 3.9 million people need humanitarian assistance, out of which 2.6 million people are targeted by the humanitarian response plan (HRP) with projects aiming to support internally displaced persons (IDPs), returnees, refugees, host communities and those left behind. The humanitarian community prioritises live-saving assistance (strategic objective 1), including protection interventions (strategic objective 2), while livelihood support and resilience building (strategic objective 3) are important pillars of this HRP, to ensure people affected by crises can meet their basic needs. The resilience capacities to

withhold future stresses and shocks on the short and longer term and their associated causes are analysed notably as part of the Humanitarian-Development-Peace (HDP) Nexus and to inform joined-up planning between humanitarian, development, and peace actors as appropriate. The objectives contribute to meeting the collective outcome and consider complementary action by State and development actors. The humanitarian stakeholders will ensure that gender is part and parcel of humanitarian assessments and that they have the capacity to provide a response that is inclusive and adequate.

SOUTH-WEST REGION, CAMEROON

MSF South West region Community health volunteer providing free consultation to IDPs.
Photo: MSF



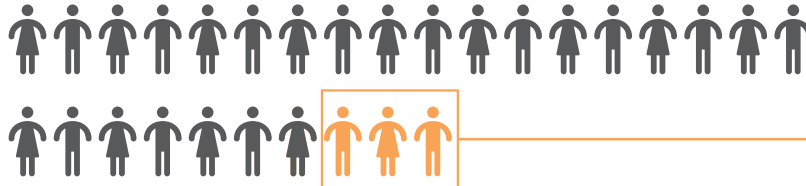
TOTAL POPULATION

27.6M

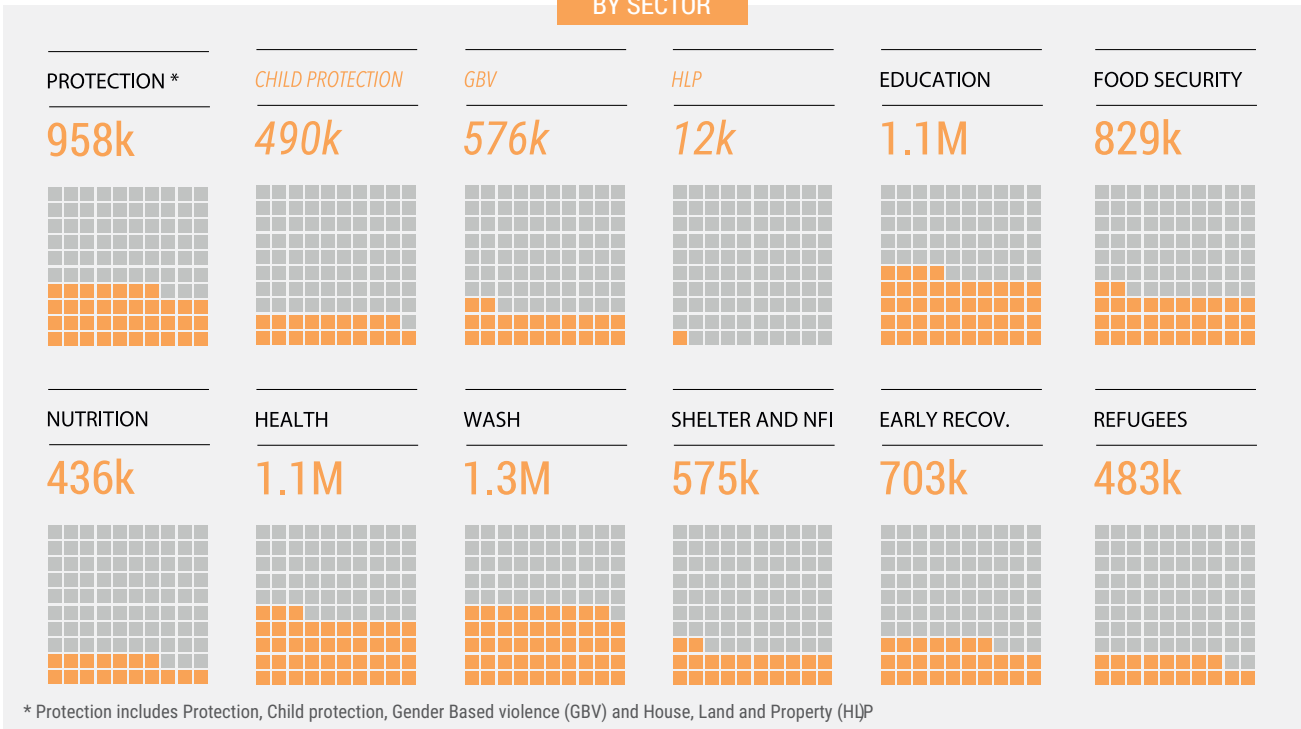


PEOPLE TARGETED

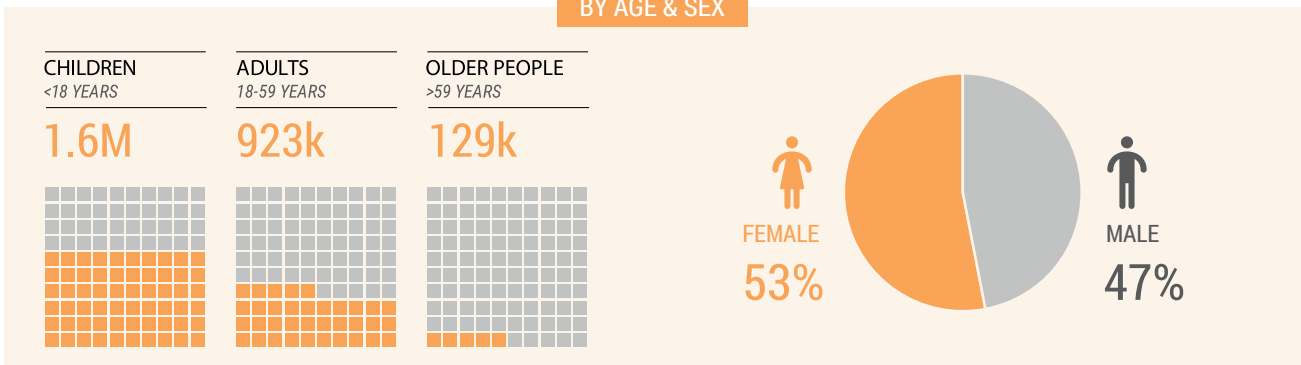
2.6M



BY SECTOR



BY AGE & SEX



HRP Key Figures

Humanitarian Response by Targeted Groups

POPULATION GROUP	PEOPLE IN NEED	PEOPLE TARGETED	PERCENTAGE TARGETED
Internally displaced persons	868 K	799 K	92%
Returnees	531 K	365 K	69%
Refugees	486 K	382 K	79%
Host communities	1.6 M	951 K	59%
Others	444 K	115 K	26%

Humanitarian Response by Gender

GENDER	IN NEED	TARGETED	% TARGETED
Boys	1.0 M	755 K	73%
Girls	1.1 M	805 K	73%
Men	834 K	482 K	58%
Women	969 K	570 K	59%

Humanitarian Response for Persons with Disabilities

	IN NEED	TARGETED	% TARGETED
Persons with disabilities	587 K	388 K	66%

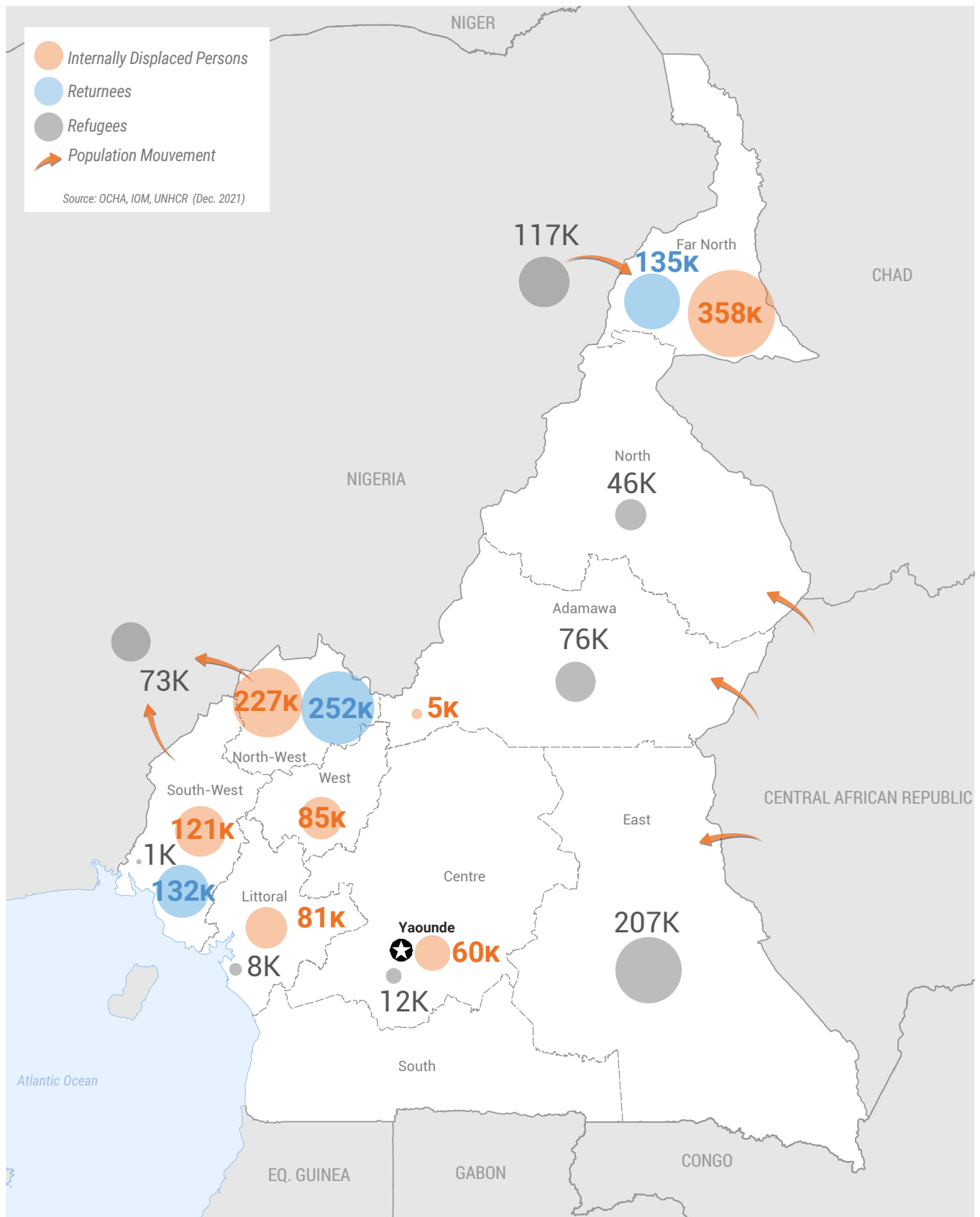
Humanitarian Response by Age

AGE	IN NEED	TARGETED	% TARGETED
Children (0 - 17)	2.1 M	1.6 M	76%
Adults (18 - 59)	1.6 M	923 K	58%
Older people (59+)	208 K	129 K	62%

Financial Requirements by Sector

SECTOR RESPONSE	REQUIREMENTS (US\$)
Early Recovery	\$9.2 M
Education	\$21.2 M
Food Security	\$94.9 M
Health	\$21.1 M
Nutrition	\$23.8 M
Protection	\$33.2 M
Shelter and NFIs	\$13.0 M
WASH	\$22.1 M
Coordination	\$17.3 M
MultiSector Refugee Response	\$120.2 M

Crisis Context and Impact¹



Nine out of ten regions of Cameroon continue to be impacted by three complex, protracted, humanitarian crises caused by continuous violence in the Lake Chad basin and in the North-West and South-West regions, as well as the presence of over 325,000 refugees from the Central African Republic (CAR) in the eastern regions (East, Adamawa, and North).²

The main shocks of the different crises in Cameroon relate to violence, natural disasters, and health outbreaks. These shocks lead to forced displacement, human rights violations, family separations, stigmatisation, and exploitation of those displaced and the disruption of the social cohesion and support structures of vulnerable people. Furthermore, they negatively impact access to basic services, to land and economic opportunities.

Humanitarian needs are compounded by structural development deficits and chronic vulnerabilities that further challenge the long-term recovery of affected people.

Increasing displacement

The number of displaced people in Cameroon continues to increase. Violence in the Far North region has led to a steady rise of displacement since 2014. As of November 2021, violence has uprooted a total of 608,000 people (358,000 IDPs, 115,000 Nigerian refugees, and 135,000 returnees),³ an increase of 48,000 people since November 2020.⁴ 90 per cent of internal displacements in the Far North since 2015, and as of July 2021, are related to armed conflict, 10 per cent to natural disasters and flooding, and 1 per cent to intercommunal violence.⁵ Displacements in the Far North are characterised by their short distances: 97 per cent of the IDPs find refuge in a locality within their division of origin, often even in the same district. Pendular displacement is frequent in the Far North, with 40 per cent of IDP households indicating to move back and forth between their village of origin and their location of displacement regularly, mainly because of family visits and agricultural activities.

In the North-West and South-West, the socio-political crisis, entering its sixth year, has led to massive population displacements. As of August 2021, the

crisis has displaced over one million people, including to other regions of Cameroon and to Nigeria.⁶ Short-term, pendular movement continues within the two regions. Often people move back and forth between their home and their place of refuge. Meanwhile, a certain increase in return movements to the North-West and South-West was observed in 2021, inter alia because of a lack of service and assistance in areas of displacement.⁷

In the eastern regions of Cameroon, an increase in the number of refugees from CAR has been observed. 325,000 refugees were reported as of 31 December 2021 in the East, Adamawa, and North regions,⁸ in comparison to 293,000 refugees reported in November 2020:⁹ an increase of almost 32,000 refugees.

Forced displacement has contributed to the weakening of family and community safety nets, the overuse of limited basic resources and services, and an increase in social tension. People with specific needs, mainly older people, people living with disabilities, with chronic illness, and pregnant and lactating women, are often left behind when families flee violence, increasing their vulnerabilities and depriving them of the social safety net on which their survival and wellbeing depend. Those left behind often remain in areas with no access to basic social services and are unsafe for humanitarian workers to reach.

Limited access to basic social services

In the Far North, North-West, and South-West regions, access to basic social services is largely disrupted by insecurity. The disruption of services also concerns the delivery of civil and legal documentation. The lack of civil and legal documentation puts particularly boys and men at risk of arbitrary arrest, and makes access to basic social services, such as health care and education, challenging, especially for women and girls. Disruption of social services in many localities in the North-West, South-West, and Far North regions forces people to walk long distances to access them, creating additional risks related to arbitrary arrest and to physical and sexual violence.

Violence remains one of the main drivers of food insecurity. Displacement has meant a loss of resources for food self-reliance. It primarily affects

the access to land to cultivate, the loss of livestock, and of the families' productive assets. The disruption of markets and food and nutrition services due to violence and the COVID-19 epidemic negatively impacted the quality of diets and nutrition practices. The North-West, South-West, and Far North are the regions with the highest portions of food insecure people. Repeated climatic shocks in the northern regions also undermine the resilience of communities and place a strain on their livelihoods. In the Far North, Adamawa, and North regions, climate shocks (floods and prolonged dry periods) and market disruptions are important factors for food insecurity. In the Adamawa, East, and North regions, food and nutrition insecurity are mainly driven by the influx of CAR refugees. Most CAR refugees in the eastern regions have insufficient access to basic services, including food, shelter, water, sanitation, health, and education, mostly due to long distances and financial barriers. Simultaneously, the basic services in host communities are not capable of accommodating the large number of refugees.

Limited access to education

Almost 1.5 million school aged children need some form of education assistance in Cameroon due to violence, attacks and threats against education, population displacement, and limited capacity of the school system and of communities to absorb extra students.

The crisis in the North-West and South-West has had a major impact on the Education Sector. Non-State armed groups (NSAGs) are banning Government administered education since September 2017. In 2021, two schools in three have been non-operational, affecting over 700,000 students. Meanwhile, the Government opposes non-formal education initiatives.

Going to school remains dangerous for children and for teachers, as evidenced by the continuous chain of violent attacks on education since 2017. Certain areas have also become more prone to kidnapping for ransom, with school children particularly at risk of being abducted.

In the Far North, because of protracted displacement, education services are suffering from the additional burden that students from displaced families

represent for the host communities. The prolonged displacement and refugee influx have further weakened schools in the Mayo-Tsanaga, Logone et Chari, and Mayo-Sava divisions. According to the Education Sector the student per teacher ratio in the three crisis-affected divisions in the Far North region is 178 students per teacher.

The East and Adamawa regions, which are, as of December 2021, home to almost 282,000 refugees, the school coverage is relatively poor in comparison with other regions. The major challenge to access secondary education in these areas is the long distance between refugee sites and secondary schools. Measures taken by parents to still make school attendance possible often only apply for boys; rarely refugee parents send their daughters to study tens of kilometres away from where they live. In 2020, 85 per cent of out of school refugee children in the eastern regions were girls.

Limited access to water, sanitation, and hygiene services

The need for safe drinking water remains critical in the whole country, even though the severity of needs varies by region. Access to safe drinking water was identified as a priority need by the crises affected population in the Far North, the North-West, South-West, Littoral, and West regions. Shortage of safe drinking water leads people to rely on water from streams, rivers, and unprotected wells for drinking and domestic use. Safe drinking water is difficult to access because of water scarcity, mainly in the Far North, or because of long waiting times or long distances to access the water points, because water points are not functional, and/or because of a lack of water containers. With regards to basic sanitation in these regions, latrines are often unhygienic and insufficient in number, resulting in poor personal and community hygiene practices. Displaced populations often share shelters, water points, latrines, and showers with the host population. The increased proximity increases the risks of COVID-19 transmission and does not give girls and women privacy, exposing them to the risk of gender-based violence (GBV). Regardless of the region, fetching water remains a specific activity for girls, boys, and women, exposing them to various protection

risks and limiting their time to engage in schooling and income-generating activities.

Limited access to health services

Insecurity in the Far North, South-West, and North-West regions continues to exacerbate already limited access to health services. The widespread insecurity and the attacks led to destruction of basic health infrastructure and the fleeing of health personnel, causing a lack of availability of health services to deal with war injuries and psychosocial trauma related to violence, including sexual violence and rape. In the Far North, most of the displaced populations face challenges accessing health services mostly because the health centres are too far away and services are too costly, but also because of a lack of health personnel and insecurity.¹⁰ Only 50 per cent of women give birth in a health centre or hospital.

The lack of health facilities also contributes to the spread of epidemics such as cholera, polio, and measles, which are recurrent, and of COVID-19, particularly affecting children, and older people.

In the North-West and South-West regions, health care facilities and workers continue to be targeted, while civilians in need of medical services continue to be affected by attacks and movement restrictions. Reports of ambulances caught in crossfire, hospitals and health posts occupied by security forces, armed incursions by security forces into hospitals, abductions of health workers by NSAGs, and threats and attacks on health personnel continue to be registered on a regular basis.

In the eastern regions, since the arrival of the refugees from CAR, the limited existing health centres have been overcrowded and have faced insufficient human and material resources. Extreme poverty prevents

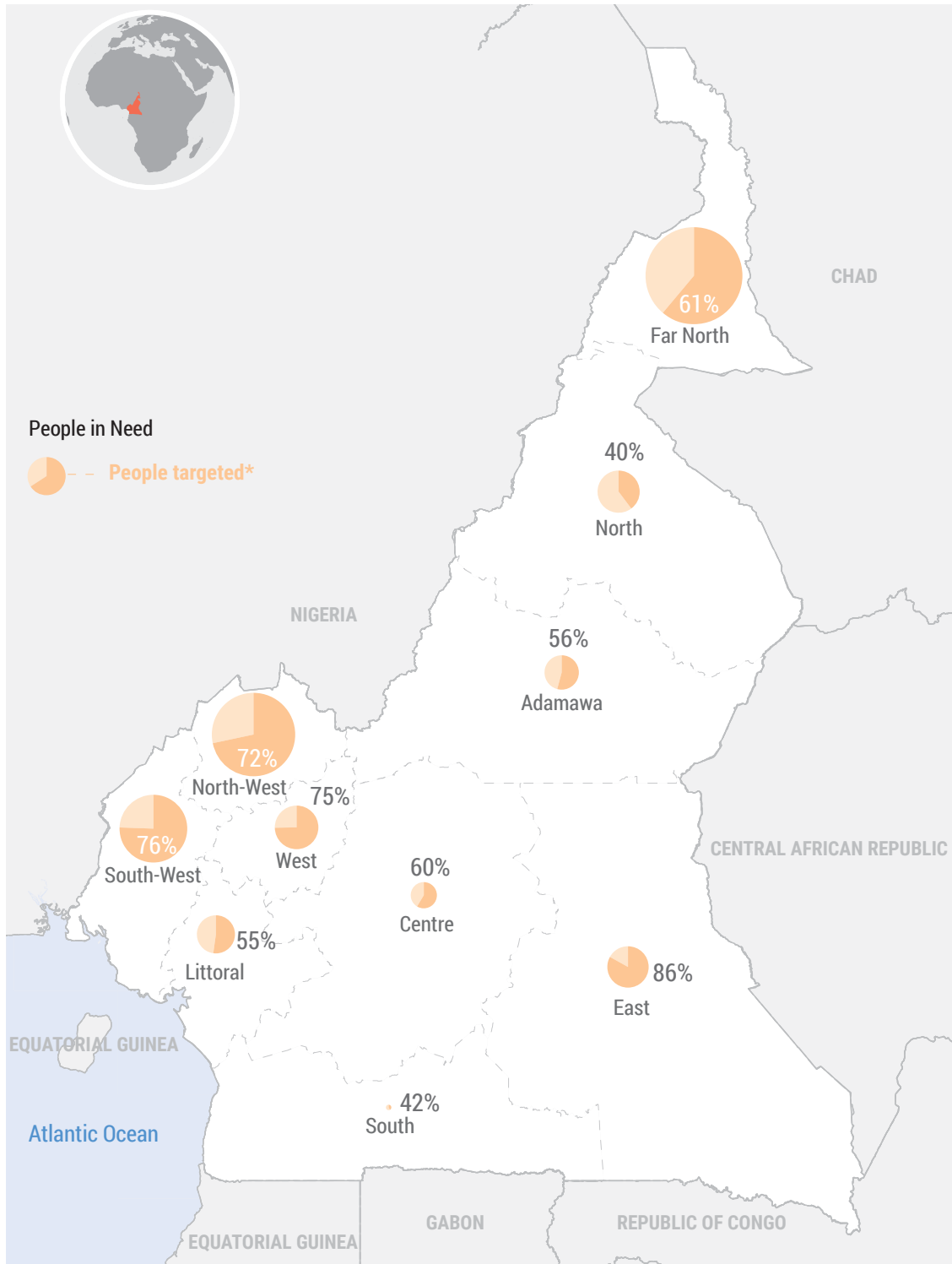
vulnerable people from paying the costs necessary for health care. 70 per cent of health facilities do not have the necessary medical equipment and enough staff to ensure quality health care. Especially children under 5, pregnant and lactating women, people living with disabilities, older people, and those with chronic diseases face difficulties in accessing health care.

Impact on access






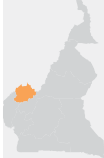





























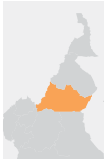














The main constraints to the access of affected people to services and assistance and of humanitarians to affected populations, are insecurity, poor road conditions, natural hazards, such as floods, and restrictions by the authorities or the NSAGs on the freedom of movement of people, goods, and services.

Planned Response

PEOPLE IN NEED	PEOPLE TARGETED	WOMEN	CHILDREN	WITH DISABILITIES
3.9M	2.6M	53%	60%	15%

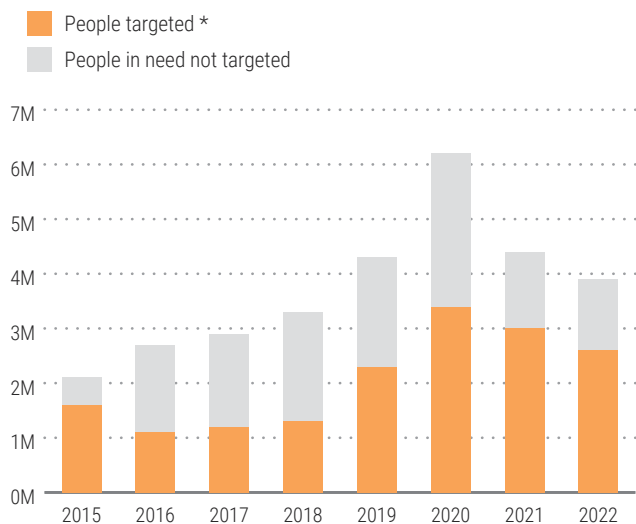


* People targeted in relation to the number of people in need

REGIONS		CAR Crisis	LCB CRISIS	NWSW Crisis	OTHER	PEOPLE IN NEED	TARGET POPULATION
	Far North	 1,2 M				 1.2 M	
		 764 K				 764 K	
	North-West	 918 K				 918 K	
		 659 K				 659 K	
	South-West	 591 K		14 K		 605 K	
		 456 K		4 K		 460 K	
	West	 250 K				 250 K	
		 187 K				 187 K	
	North	 75 K			159 K	 234 K	
		 48 K			46 K	 94 K	
	East	 225 K				 225 K	
		 193 K				 193 K	
	Littoral	 15 K		177 K		 191 K	
		 21 K		83 K		 104 K	
	Adamawa	 149 K		21 K		 170 K	
		 89 K		7 K		 96 K	
	Centre	 12 K		77 K	2 K	 90 K	
		 10 K		43 K	2 K	 55 K	
	South	 4 K			4 K	 4 K	
		 2 K			2 K	 2 K	

Historic Trends

NUMBER OF PEOPLE IN NEED

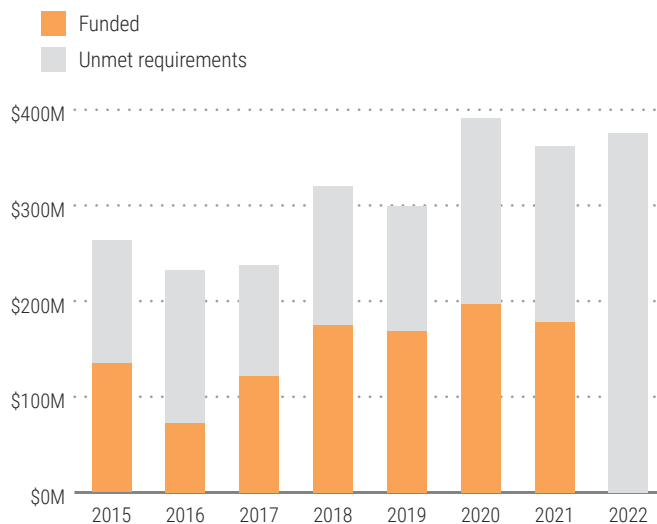


* People targeted in relation to the number of people in need

Between 2015 and 2019, the number of people in need continuously increased mostly due to an upsurge in violence and insecurity. Armed conflict in the Far North has led to a steady rise in displacement since 2014. The number of people affected by the crisis in the North-West and South-West dramatically increased in the second half of 2018, due to increasing acts of violence. It was one of the fastest growing displacement crises in Africa in 2018 and around one million people remain displaced since mid-2020. Meanwhile, since 2003, the East, Adamawa, and North regions continue to be confronted with a steadily increasing number of refugees from CAR.

The number of people in need in the Far North decreased from 1.9 million in 2019 to 1 million in 2020 and slightly increased with 1.2 million people needing humanitarian assistance in 2021, remaining the same in 2022. The number of people in need due to the crisis in the North-West and South-West significantly increased from 1.3 million in 2019 to 2.3 million people in 2020, but slightly decreased 2.2 million in 2021 and to 2 million in 2022. Meanwhile, the number of people in need due to the CAR refugee crisis has

FINANCIAL REQUIREMENTS (US\$)



decreased drastically since 2019, from 1.1 million in 2019 to 477,000 in 2022. This decrease is mostly due to a change in UNHCR's calculation methodology of the PIN 2022, focusing purely on humanitarian needs.

The COVID-19 pandemic which reached Cameroon in March 2020 led to a spike of people in need. 6.2 million people were estimated to need humanitarian assistance in 2020, an increase of over 2.3 million people due to the pandemic, compared to the initial figure of people in need of 3.9 million for 2020.

For 2022, 3.9 million people are estimated to need assistance. This is a decrease of 500,000 in comparison to the 4.4 million people that needed humanitarian assistance in 2021. This is mostly due to a considerable decrease of people estimated to need humanitarian assistance related to the CAR refugee crisis. Furthermore, there was a slight decrease in the number of people in need of food and health assistance, as people are recovering from the health and livelihoods impact of the COVID-19 pandemic. The positive impact of humanitarian and development activities is also being felt, especially in the Far North, where early recovery and stabilisation programmes

are providing services and opportunities for longer term and sustainable solutions to affected population.

In the **Far North**, thousands of people have been displaced since 2013 due to armed conflict in a region that is experiencing recurrent droughts (2009, 2011 and 2021), floods (2010, 2012, 2014, 2019 and 2020), and epidemics (cholera in 2014, 2018, 2019 and 2020). The number of IDPs rose from 60,000 in December 2014 to almost 360,000 in July 2021.¹¹ In total, hostilities have uprooted almost 610,000 people as of July 2021.¹² The overall number of people in need remains at 1.2 million for 2022, however, it is possible that this number needs to be revised in 2022, as calculations were done before the Logone Birni crisis in December 2021, which displaced thousands of people.

Conflict over natural resources in the Far North has intensified in 2021 and is likely to continue in 2022.¹³ The Far North region experienced exceptional flooding in 2020 and drought in 2021, severely reducing crop yields and triggering acute food shortages. The effects of natural disasters, compounded by armed conflict and the socioeconomic impact of COVID-19, have led to a significant increase in projected food insecurity from 2021 to 2022. Over 900,000 people are estimated to be food insecure from June to August 2022, compared to 820,000 people for the same period in 2021.¹⁴

What started as a socio-political crisis in the **North-West and South-West** regions became a complex humanitarian emergency leading to 2 million people estimated to be in need in 2022, including in the Littoral, West, and Centre regions. This is a slight decrease from 2.2 million in need of assistance in 2021, which can be explained by the significant decrease of people in need of assistance in the West region.¹⁵ This is in line with a significant decrease of IDPs in the West regions,¹⁶ as people return to the North-West and South-West regions or move on to other regions. One main reason for return is access to land, to be able to provide for themselves, either as they perceive that the safety in their village of origin improved or because of a lack of assistance in displacement.

In the **Adamawa, East, and North regions**, Cameroon hosts over 325,000 refugees from CAR.¹⁷ The vast majority fled to Cameroon in 2003/2004 and in 2013/2014, but the refugee population has continued to grow since then.¹⁸ The situation in CAR is still volatile and requires continued attention. The influx of refugees exerts significant pressure on already limited natural resources and basic social services in host areas, exacerbating pre-existing vulnerabilities. The low return intentions expressed by the refugees confirm the trend towards socio-economic integration. While new arrivals and refugees living in sites require urgent humanitarian aid, in particular protection assistance, refugees and affected host population now need support to strengthen their resilience through development interventions. The number of refugees and host community members in need of humanitarian assistance has thus decreased significantly over the years.

Part 1: Strategic Response Priorities

FAR-NORTH REGION, CAMEROON

Amina, 40 years old, 7 children. Internally displaced person in Zamaï camp. In order to feed her children, she helps the host populations in their fields to harvest peanuts and shell them.

Photo: OCHA/Bibiane Mouangue





FAR-NORTH REGION, CAMEROON

Post Distribution Monitoring à Ngouma, Logone et Chari

Photo: PU

The Inter-Sector and Inter-Cluster groups reviewed the severity and magnitude of the needs of the affected population groups by geographical areas, as identified in the Humanitarian Needs Overview (HNO).

While structural problems lay outside the scope of a humanitarian response and should be addressed by development actors, collaboration towards meeting the collective outcome to reduce needs, risks, and vulnerabilities over the long-term was identified as an underlying response priority.

Based on this analysis it was agreed to target people affected by crisis, including IDPs, returnees, refugees, and host communities.

While data remains limited on those left behind, too vulnerable to flee violence and disaster, it was agreed that assisting this population group, identified as one of the most vulnerable in the HNO, would continue to be a priority in 2022 across all sectors. With regards to different gender and age groups, the analysis in the HNO illustrated that different population groups are most vulnerable to different humanitarian consequences in the different crises' contexts, leading to the prioritisation of different sub-groups for different sectors in the different regions.

1.1

Humanitarian Conditions and Underlying Factors Targeted for Response

Violence, insecurity, displacement, natural disasters, and the COVID-19 pandemic have affected the physical and mental well-being, living standards, resilience, and recovery capacity of people living in Cameroon. As a result, 3.9 million people will need humanitarian assistance in Cameroon in 2022.

The number of displaced people continues to be high due to insecurity. Civilians are fleeing to protect themselves and their relatives from serious threats to life and physical integrity and because of the loss of access to livelihoods and basic services related to insecurity. Displacement leads to a further loss of resources and thus a lack of access to basic services, making displaced people especially vulnerable. For children it means a severing of community based protective networks and a loss of education. IDPs have, for example, on average a lower food consumption score than the rest of the population. While displaced people account for 48 per cent of the 3.9 million people in need, they make up 59 per cent of the 2.6 million people targeted by the humanitarian response plan.

Cameroon continues to be confronted with serious protection crises, marked by violations of human rights and international law. The insecurity and violence experienced by millions of people in Cameroon, especially in the Far North, North-West, and South-West regions, has led to death and injuries, physical and mental disabilities, and are hampering people's ability to move, communicate, and learn. Thousands of people continue to suffer from human rights violations and abuses such as arbitrary detention, targeted violence, killing, and GBV. Men and boys are most at risk of arbitrary arrest and unlawful detention, forced recruitment, and physical violence. Meanwhile, most survivors who report GBV are women and girls. Intimate partner violence, rape, child

marriage, and sexual exploitation are rampant and are the result of insecurity, pre-existing cultural and traditional discriminatory norms and practices, gender discrimination and socio-economic vulnerability caused by the crisis. While the vast majority of reported GBV survivors are women and girls, men and boys are not exempt, but reported numbers are much lower due to shame and taboo. Children are separated from their family or are unaccompanied as a direct consequence of attacks on villages forcing family members to scatter and seek safety, but also to pursue economic opportunities in other areas or as the result of children being sent away to continue their education.

Thousands of people in Cameroon are affected by increased mortality and morbidity due to communicable diseases and other public health threats and a lack of access to minimum food, nutrition, water, sanitation, and hygiene (WASH), shelter, and lifesaving health services. A lack of adequate food and nutrition services negatively impacts the quality of diets and nutritional practices, which translate into an increase in mortality, morbidity, and malnutrition among the population groups with the highest nutrition needs. According to the Cadre Harmonisé analysis from October 2021, over 2.4 million people are in food insecurity phase 3 and 4, using crisis or emergency coping strategies to secure household level food security between October and December 2021. A lack of adequate shelter and the lack of access to basic safe water and sanitation and health services exposes thousands of people to harsh weather, increasing the chances of sickness. Limited access to basic resources and services lead to the use of negative coping mechanisms, including child marriage.

In crisis situations where food is in short supply, women and girls are more likely to reduce their food intake as a coping strategy in favour of other household members. This can contribute to under-nutrition among women and girls. The Food Security and Nutrition partners thus particularly target pregnant and breastfeeding women, and women-headed households for response interventions.

Low living standards and reduced resilience of people affected by crisis lead to different types of deficits and the use of various, mostly negative, coping mechanisms to meet basic needs.

Millions of people in Cameroon cannot attain minimum living standards. Violence and insecurity in the Far North, North-West and South-West regions have led to limited access to land and livelihoods. In the eastern regions, most Central African refugees do not have access to land while other economic opportunities remain also limited due to their refugee status and the lack of proper documentation. Furthermore, the regions affected by the different crises are chronically and structurally underdeveloped: symptoms of this situation are illustrated by the poor infrastructure and the lack of basic services.

Different sectors thus include income generating activities and vocational trainings in their response priorities, to decrease negative coping mechanisms and strengthen the resilience of the affected population.

The need for safe drinking water remains critical in the whole country, even though the severity of needs varies by region. Access to safe drinking water sources, hygiene and sanitation services continues to strongly depend on the level of income and varies starkly between urban and rural areas. Access to drinking water is a priority for people affected by the different crises.¹⁹ The first objective of the WASH Sector is thus to improve sustainable access to basic sanitation and safe drinking water for vulnerable people.

3.2 million people in Cameroon need early recovery support. Humanitarian challenges are aggravated by structural factors and chronic vulnerabilities that hinder the long-term recovery of affected people. Discrimination between girls and boys, women and men remain a major obstacle to human development in Cameroon. These gender inequalities are an important factor influencing adaptation strategies and affecting the recovery capacities of women and girls. While 39 per cent of the population lives below the poverty line, this rate rises to 51.5 per cent for women. Of these, 79.2 per cent are underemployed.²⁰ The fact that they are socially and economically disadvantaged and that they are largely excluded from public decision spheres, including conflict resolution processes and peacebuilding in general,²¹ greatly hamper their resilience and their recovery.

The resilience capacities to withhold future stresses and shocks on the short and longer term and their associated causes are analysed notably as part of the HDP Nexus and to inform joined-up planning between humanitarian, development, and peace actors as appropriate.

1.2 Response by Strategic and Specific Objectives



FAR NORTH REGION, CAMEROON

WFP conducting mid-upper arm circumference measurements during screening.

Photo: WFP/Glory Ndaka

The HRP targets 2.6 million people or 66 per cent of the 3.9 million people in need of humanitarian assistance. This targeting reflects a prioritisation exercise of the most acute needs and is in line with the results of the severity comparison tool of the HNO per sector and geographic area (divisional level). Targeting also considers complementary response efforts by the Red-Cross and Red-Crescent Movement, MSF, the Government, and development partners. On the other hand, the targeting also illustrates realistic planning by considering operational and access challenges.

As explained in detail further below, different population sub-groups are, based on their specific vulnerabilities and needs, prioritised for different

response activities in different locations, wherefore it is not possible to limit the scope of the strategic objectives to specific population groups or locations.

In 2021, the Humanitarian Country Team (HCT) endorsed the proposal of the Inter-Sector Working Group (ISWG) to conduct a light review of the HNO and HRP, considering the protracted nature of the three humanitarian crises. The strategic objectives from the 2021 HRP were thus maintained for the 2022 HRP. Meanwhile, certain specific objectives were slightly updated to be more reader friendly and measurable.

Strategic Objective 1

Reduce the mortality and morbidity of 1.3 million people affected by crisis

This objective aims to respond to the humanitarian consequences which have a direct effect on people's mortality and dignity in the short term, while investing in longer term effects. These consequences include death and injuries, as well as physical and mental disabilities caused by violence and disaster, morbidity because of infectious and chronic diseases, acute and chronic malnutrition, health issues related to severe food insecurity and the lack of adequate access to health services. The Health, Nutrition, Food Security, WASH, Shelter/Non-Food Items (NFI), and Early Recovery Sectors will contribute with different and complementary response activities to the achievement of this objective.

Interventions planned to reduce the mortality and morbidity of people in Cameroon include early detection and effective response to epidemics, the provision of access to essential healthcare and medicine, food support, live-saving shelter and NFI support, treatment of malnutrition, and the improved access to basic sanitation and safe drinking water.

The target population comprises the most vulnerable of the affected population in the HNO 2022, which includes IDPs, vulnerable host communities, returnees, refugees, and those left behind; especially those who are living in areas that are hard to reach, either because of insecurity or road conditions, with little or no access to basic services. Geographically, the most severely affected populations are in the Far North, North-West, and South-West regions. These areas will be prioritised by the humanitarian community.

Specific Objective 1.1: 1.3 million vulnerable people affected by crisis benefit from lifesaving food, nutrition, WASH, shelter, NFI, and health services by the end of 2022.

Affected populations in nine regions affected by crisis will benefit from multisectoral life-saving response activities for them to have access to and benefit from minimum basic services.²²

Interventions that will contribute to the accomplishment of this objective include the following: 58,000 people who suffer from trauma due to violence will benefit from mental and psychological care and 523,000 people will have access to health care and essential medication via mobile clinics in the North-West and South-West. 588,000 vulnerable people are targeted to receive unconditional food support through food and cash transfers in 2022. 198,000 girls and boys between 6 and 23 months will receive micronutrient powders for home-based food fortification. 1.1 million people affected by crisis are targeted to benefit from sustainable access to safe drinking water and 573,000 people are targeted to benefit from sustainable access to basic sanitation services. 54,700 households will be assisted with shelter assistance, including emergency shelter material and rental subsidies.

Strategic Objective 2

Reduce the protection needs of 491,000 people affected by crisis

Considering that the three humanitarian crises in Cameroon are protection crises, a dedicated objective was incorporated to highlight the centrality of protection, while it is mainstreamed into all activities. The humanitarian consequences targeted under this objective include human rights violations and abuses and impediments to people's ability to move, to communicate and learn. Response activities contributing to achieving this objective

focus on improving the protection environment and the respect of fundamental rights of persons affected by crisis, with a focus on the most vulnerable, including persons living with disabilities, older people, women, and children. All sectors expressed their commitment to contribute to the improvement of the protection environment of people affected by crisis and developed specific indicators to measure their contribution.

FAR NORTH REGION CAMEROON

IDP girls learning how to sew

Photo: IRC



Specific Objective 2.1: By the end of 2022, 491,000 people are reached with inclusive prevention and response activities on protection risks.

In 2022, Protection partners will aim to support 18,000 conflict-affected persons in (re)acquiring civil and legal documentation, which will protect men and boys from arbitrary detention and facilitate school enrolment of girls and boys. Considering the lack of civil documentation is a structural problem in Cameroon with which development and government actors are more adapted to address, the Protection Sector is accompanying the selective civil documentation with engagement of local partners and government actors to advocate for legal reforms of the civil documentation system and entry points to facilitate birth registration, for example in health care centres. 18,000 conflict-affected persons will benefit from civil or identity documentation support and 50,000 people will be sensitised on the importance of birth registration. Over 5,000 crisis-affected children will receive birth certificates.

In addition, over 13,200 vulnerable persons will be supported with protection assistance. 1,200 protection partners from civil society organizations will be trained on protection standards and policies. 444,000 people will be covered by protection monitoring activities.²³

The Child Protection Sector will focus on providing psychosocial support to displaced children, including unaccompanied and separated children (UASC), and on preventing family separation during conflict through community-based approaches. 490,000 children will access mental health or psycho-social support, 1,350 UASC will be reunified or in contact with their family, and over 10,000 UASC will access alternative care arrangements.

Considering the high number of GBV survivors, the challenges of access to GBV services, and the roots of GBV in pre-existing social and cultural discriminatory norms, GBV partners will concentrate efforts on improving the availability of multisectoral quality services, increasing the provision of mental health and psychosocial support, safe spaces for women and girls, reducing risks through the distribution of dignity kits, raising awareness, and providing

prevention activities at community level. 10,000 GBV survivors will receive at least one form of assistance. Over 120,000 children will access GBV risk mitigation, prevention, or response interventions and almost 35,000 children at risk of violence, abuse and exploitation will receive appropriate case management services. Collaboration between the Health Cluster and the GBV Area of Responsibility (AoR) will continue to address the medical needs of GBV survivors. Food Security, Livelihood, and Education partners will also provide dedicated livelihood support to women and girls.

Lastly, 560 persons will be trained on matters relating to housing, land, and property (HLP), over 10,000 people will be sensitised on HLP rights and obligations, including through community sensitisation, radio messaging, and the distribution of leaflets, and 800 people will receive counselling services on HLP related matters.

Strategic Objective 3

Reduce vulnerabilities and strengthen resilience of 974,000 people affected by crisis

Strategic Objective 3 aims to respond to the humanitarian consequences that have a direct effect on people's ability to pursue their normal productive and social activities and meet their basic needs in an autonomous manner and to withstand future stresses and shocks. These consequences manifest in the lack of resources (income and productive assets) to address basic needs such as food, access to basic services, access to formal and informal social assistance, access to markets, and the use of detrimental coping mechanisms to meet these basic needs. The Education, Food Security, Health, Nutrition, WASH, Shelter/NFI, and Early Recovery Sectors will all contribute to achieve this objective through a mix of activities spanning from improving access to basic services to the strengthening of capacities of first responders and self-reliance of the affected population.

Specific Objective 3.1: By the end of 2022, 958,000 vulnerable people affected by crisis have indiscriminatory, regular, and safe access to quality basic services.

Activities that will contribute to the accomplishment of this objective include the following: Over 250,000 people will receive assistance through agricultural, livestock and fishery support. 11,400 pregnant and lactating women (PLW) and 99,000 boys and girls aged 6 to 23 months will be enrolled in the Blanket Supplementary Feeding Programme (BSFP). 13,500 crisis-affected households will be provided with shelter support, including rental assistance.

Health partners aim to have 95 per cent of births attended by skilled health personnel.

Over 800,000 girls, boys and adolescents affected by crisis will have access to formal and non-formal education, while 240,000 girls, boys and adolescents

will have access to alternative education platforms. Also, 80,000 crisis affected children and adolescents living with disabilities will have access to inclusive education and 280,000 children affected by crisis will benefit from school feeding.

Specific Objective 3.2: In 2022, 173,400 vulnerable people are supported with inputs, services, and skills for livelihood activities, to reduce vulnerabilities and contribute to sustainable solutions.

Activities that will contribute to the accomplishment of this objective include the following: 1,500 IDPs and host community members will be provided with capital to start their own business and 1,600 will be trained on small business management skills. 2,400 households will have increased capacity of shelter construction skills, and over 120,000 crisis affected children will receive financial support or learning materials.

WASH and Shelter/NFI Sectors will all contribute to achieve this objective through a range of activities spanning from improving access to basic services to the strengthening of capacities of first responders and self-reliance of the affected population.

1.3

Response Approach

**FAR-NORTH, CAMEROON**

Kolofata town

Photo: OCHA/Bibiane Mouangue

In 2022, humanitarian actors will prioritise people with inter-sectoral needs at severity 3 (severe) and 4 (extreme) levels,²⁴ including in hard-to-reach areas, for response. The multisectoral, inclusive, protective, and dignified response will help to improve the physical and mental well-being (strategic objective 1), the protection (strategic objective 2), and the living conditions and resilience of the affected population (strategic objective 3). The response will be developed as closely as possible with the affected people, listening to their concerns and priorities, and implemented in respect of the humanitarian principles. Interventions will be adapted to the distinct protection and assistance needs of women, girls, men, boys, including older people and people with disabilities.

Enhanced coordination

To implement the 2022 HRP in a coordinated manner, the humanitarian community will continue to engage with all relevant stakeholders, including the Government of Cameroon, members of civil society and donors, recognising that the primary responsibility for the protection of its populations is with the Government. Effective coordination mechanisms and accountability will be strengthened, while respecting humanitarian principles, and ensuring full transparency of humanitarian activities.

Increased funding advocacy

Cameroon's humanitarian response has been underfunded for several years,²⁵ leaving humanitarian

organizations lacking the human and financial resources which would be necessary to respond adequately to all the needs identified in the HNO. The limited funding also reduces the capacity to plan interventions with a medium to longer term approach aiming at sustainable solutions, since there is no guarantee that funding for these interventions will continue. Advocacy to increase donor commitment to enable the humanitarian community to respond to the needs in Cameroon remains a key priority in 2022.

A multisectoral approach

The multisectoral dimension will be reinforced in 2022 through a robust intersectoral coordination to improve the efficiency of the response by responding to the needs of the population holistically. Many sectors have already developed joint response strategies: The Education Sector works with the WASH Sector to ensure WASH services in schools and with the Food Security Sector on school feeding projects and shares relevant information of school children with the Health Sector. The Nutrition and WASH sectors engage communities jointly in sensitisation campaigns and carry out joint distributions. The Nutrition and Health sectors also carry out joint activities when the same target groups are concerned, and nutrition is integrated in food distributions. The WASH, Health, and Education Sectors are working together on the cholera response. Furthermore, the Food Security, Livelihood and Early Recovery sectors join forces on livelihood projects. COVID-19 sensitisation and response activities will continue to be integrated into humanitarian activities. These activities will consider that men, especially older men, are more affected because of comorbidities such as heart problems, high blood pressure, or liver diseases and that men tend to observe COVID-19 preventive measures less than women, including distancing measures, and have a more diverse social life than their female counterparts.²⁶

Meanwhile, all sectors are committed to contribute to the protection of the affected population. Increasing access to formal and non-formal education, as well as vocational trainings, will provide a protective environment for children and adolescents, exposed

to various risks of abuse, including child labour and sexual exploitation. Structured learning programmes also offer opportunities to normalise environments and offer psychosocial support. The construction of latrines respecting the dignity and safety of affected people will reduce GBV risks for women and girls. Exposure to GBV will also be reduced through the construction and rehabilitation of water points to reduce overcrowding and the distance to collect water, as well as through the provision of shelter and rental subsidies to diminish the overcrowding and lack of privacy in accommodations. Nutrition will build the capacity of its partners on gender, protection, and disability mainstreaming. The Education, Health, Protection, Child Protection, and GBV Sectors are working together to provide psychosocial support to improve the mental health and wellbeing of people traumatised by violence, as well as to build resilience among affected populations.

Multisectoral needs assessments (MSNA) will continue to provide a holistic view of the crises' impacts and needs in the affected regions, improving response programming, while multisectoral initiatives, such as the Rapid Response Mechanism (RRM), are operational in the Far North using a multi-sector assessment tool, which facilitates a standardised analysis of community needs. The Area Rapid Response Mechanism (ARRM), established in 2020, in the North-West and South-West regions was suspended in 2021, but OCHA continues to facilitate inter-sectoral missions to maximise the impact of multisectoral response activities in a challenging access environment.

In 2022, the humanitarian community will aim to operationalise the multisectoral approach in a more effective and efficient way through (1) a commitment of the sectors to develop joint strategic and operational frameworks; (2) the promotion of the multisectoral approach at the various stages of humanitarian action, with a special focus on multisectoral assessments and responses; and (3) joint advocacy for strengthening donor commitment to support a multisectoral response.

Annual planning embedded in a multi-year vision

After the multi-year humanitarian response strategy 2017-2020, Cameroon returned to an annual humanitarian response planning in 2020, with annual strategic objectives embedded within a multi-year vision. Concretely, the humanitarian community is committed to align the humanitarian response strategy with the UN Sustainable Development Cooperation Framework and to contribute to the achievement of the identified HDP collective outcome by the end of 2026. The strategic objectives of the 2021 and 2022 HRPs were formulated to align with the collective outcome. These contributions in turn, contribute to the achievement of the Government's National Development Strategy 2020 - 2030.

Humanitarian-Development-Peace Nexus

Most stakeholders, including UN agencies, donors, NGOs, and crisis-affected states identified strengthening the HDP Nexus approach as a top priority at the 2016 World Humanitarian Summit.

The Government of Cameroon was the first country to volunteer at the World Humanitarian Summit to implement the Nexus approach and became one of the seven priority countries of the UN Joint Steering Committee to Advance Humanitarian-Development Collaboration established by the Secretary-General in 2017. A group composed of members of the HCT, and United Nations Country Team (UNCT) started working on the HDP Nexus (previously called the New Way of Working) in 2017. Their work led to the decision of the HCT to create a national Nexus Taskforce in May 2019 mandated with the development of the HDP Nexus approach in Cameroon and its operationalisation at the community level. The HDP Nexus Taskforce is composed of representatives from the Government, UN agencies, international and national NGOs, and technical and financial partners.

The goal of the HDP Nexus is captured in the HDP collective outcome.

Humanitarian-Development Peace collective outcome

By the end of 2025, the populations living in areas of convergence in the Far North, East, North-West and South-West regions (returned internally displaced persons, repatriated or locally integrated refugees and their host and/or communities of origin) recover indiscriminately their fundamental rights and improve their physical well-being and social welfare.

HDP secondary collective outcomes (Pillars)

Pillar 1: Basic social services

By the end of 2025, the populations living in areas of convergence have an equitable and sustainable access to basic social services.

Pillar 2: Sustainable livelihoods and economic opportunities

By the end of 2025, the vulnerable people living in areas of convergence have equitable and sustainable access to livelihoods and economic opportunities.

Pillar 3: Protection, social cohesion and local governance

By the end of 2025, good local governance and the consolidation of peace, protect the fundamental rights of the populations living in areas of convergence.

The collective outcome formulated by the Taskforce intends to reduce needs, risks, and vulnerabilities and to provide durable solutions to communities affected by forced displacement in selected municipalities by 2026, to help achieve the Sustainable Development Goals in crisis-affected areas.

In 2021, the HDP Nexus Taskforce developed a note to clarify the “peace” and third pillar. The inclusion of the peace pillar results from the recognition that violent conflicts drive a significant share of humanitarian needs, displacement, and migration, and represent both an obstacle to sustainable development and a symptom of development failures. The note states that responses involving the use of force, or directly and explicitly linked to the use of force, are excluded from the triple Nexus to preserve the humanitarian space, and protect humanitarian principles.

“Peace” in the triple Nexus of Cameroon refers to the inclusion of activities promoting social cohesion and peace building. In the convergence areas, the actions of the peace component contribute to developing a shared vision of peace in the municipality and supporting the implementation of that vision. Its inclusion also serves as a reminder that all interventions must be conflict-sensitive, (i.e.,

they must not aggravate pre-existing divisions by reinforcing a rift or undermining peace initiatives).

The HDP Nexus in Cameroon is based on a bottom-up approach. It seeks to create synergies between humanitarian, development, and peacebuilding interventions in municipalities where conditions allow for the three types of interventions. These municipalities are called Nexus convergence areas. The selection of convergence areas is based on criteria that the Nexus Taskforce has defined and on an approach which considers the ability and potential to achieve collective results. Eleven convergence areas have been selected so far: five in the Far-North (Mokolo, Koza, Mora, Makary and Fotokol), one in the North (Touboro), two in the Adamawa (Meiganga and Djohong) and three in the East (Kette, Kentzou and Garoua-Boulai). Joint action plans are to be developed for each of the selected areas in 2022 to ensure the coherence and synergies between all humanitarian,

SOUTH WEST REGION, CAMEROON

A banana seller walks through the now abandoned plantation town of Ekona located a few miles from Buea.

Photo: OCHA/Giles Clarke



development, and peacebuilding actions implemented in these areas. The joint situation analysis will lay the foundation for harmonised programming addressing the causes and the effects of the multiple humanitarian crises in Cameroon. In its progresses towards operationalising the HDP Nexus approach, the Taskforce emphasises the need for a people-centred approach making a difference in the lives of targeted populations.

Recognising the commitment to ‘leave no one behind’, the roll out of the HDP Nexus in the convergence areas in crisis-affected regions will achieve greater impact by responding to immediate needs whilst building resilience of the most vulnerable people, enhancing food security, preventing conflict and disasters, reducing poverty, promoting shared prosperity, and sustaining peace in crisis affected regions.

Emergency assistance that complements development actions

Humanitarian needs in Cameroon are intrinsically linked to the persistent insecurity and subsequent forced displacement, compounded by structural and chronic deficits affecting livelihoods, basic infrastructure, and the socio-cultural environment. To respond effectively to those complex issues and their repercussions, there is a need for simultaneous and coordinated interventions to respond to the structural and profound causes of vulnerabilities, while ensuring the necessary emergency response.

The humanitarian response prioritises emergency actions for which humanitarian actors have a comparative advantage, complementing activities undertaken by early recovery and development actors. This logic was exemplified by the response to the Logone Birni crisis. While there was agreement at the HCT that the root causes of the recurrent inter-communal violence needed to be addressed and that to this effect humanitarian, development, and peacebuilding actors, including the Government, would need to discuss a more sustainable response to the crisis, there was also broad agreement that humanitarian actors should first and foremost focus on emergency response activities.

As indicated above, the humanitarian targeting in Cameroon is based on considering response efforts by other stakeholders. At national level and in the Far North, sectors are led by the Governmental line ministries and co-led by UN agencies and NGOs wherefore information exchange is ensured within the sectors and the ISWGs. In the Far North, the North-West, South-West, Littoral, and West regions, information exchange between different stakeholders, including the authorities, development partners, members of the Red Cross movement, is assured by regular bilateral consultations with OCHA, in the different coordination forums between humanitarian actors and local authorities, and meetings of the Inter-Sector/Cluster with the representatives of Government line ministries, when requested. In the eastern regions, refugee response efforts are carried out in complementarity to and in coordination with the Government. At national level, the HC also meets regularly with relevant ministers to address issues raised by the HCT.

Strengthening the engagement of local actors as true strategic partners

In 2021, the humanitarian community made great strides towards advancing the localization agenda. In February 2021, the ISWG developed a multi-year national localization action plan. As a first step, a consultant assessed and reported about the localization in Cameroon. The report’s recommendations, as validated by the ISWG, were integrated into the action plan. The commitment to accelerate localization was also included in the HCT compact in November 2021. In 2022, a formal working group will be created to strengthen localization in Cameroon, including through the implementation of the action plan.

Geographic coordination: Three distinct crises, three response strategies

In 2022, nine out of ten regions of Cameroon are affected by the three concurrent humanitarian crises in the country: Far North, Adamawa, East, North, North-West, South-West, Littoral, West, and Centre.

Considering the diversity of intervention areas, needs and vulnerabilities, humanitarian actors have agreed to implement different strategies to respond to the needs of people affected by the three different crises.

The humanitarian community has set two priorities for the **Far North** region. The first one is to protect and provide basic assistance to people who have been forcibly displaced due to violence. They will benefit from protection, health, WASH, food, nutrition, shelter, education, and early recovery activities. To this effect, it is critical to ensure adequate resources for rapid and flexible interventions to provide protection and emergency supplies that are accessible by the targeted populations. The second priority is to create conditions conducive to durable solutions to displacement, through collaboration with local authorities, communities, and peacebuilding and development partners, and by enhancing the participation of the displaced people and the host communities in decision-making and programming. Those localized partnerships will aim to improve access to quality and integrated basic social services for the whole population, including in return areas, following comprehensive analysis of return intention and stability index surveys.

In the **North-West and South-West regions**, the priority will be to protect victims from violence and improve humanitarian access to ensure appropriate emergency assistance in protection, food, nutrition, health, WASH, shelter, and education. To reach this objective in the evolving operational environment, two critical cross-cutting activities will be considered: (i) improve effective prevention and access to protection assistance, including psychosocial, medical, and legal support; and (ii) reinforce coordination and communication systems to strengthen awareness and respect of applicable international law and humanitarian action with communities, armed groups, and security forces. This will also speak to the critical right of children to education.

Considering the considerable number of IDPs from the North-West and South-West regions in the **Littoral and West regions**, humanitarian stakeholders are committed to substantially increase response activities in these regions through capacity building

of local actors, strengthening of the humanitarian coordination mechanisms, and substantial increase in the provision of humanitarian response activities.

In the **East, Adamawa and North regions**, the main objective will be to reduce the dependence of refugees on humanitarian aid and encourage the development of areas hosting refugees. Humanitarian actors will continue to collaborate with local authorities and development actors to increase the capacities of authorities at regional and local levels to secure access to social and basic services for the whole population, refugee, or non-refugee. Meanwhile, assistance will continue for the most vulnerable refugees and host communities.

The Centrality of Protection

Protection remains a priority in the humanitarian response in Cameroon.

The humanitarian community benefited from the support of two inter-agency Protection advisors from June to December 2020 and January to May 2021, respectively. This support by the ProCap project resulted in the elaboration of a Protection roadmap, which articulates priorities and agreed objectives for the HCT towards the centrality of protection

In 2022, the humanitarian community will prioritise the protection of people most at risk, including:

- People left behind: those too vulnerable to flee from natural and man-made disasters, including people with disabilities, older people, and pregnant and breastfeeding women.
- Internally displaced people and those in areas that are hard to access.
- Girls, boys, and adolescents, affected by violence in the Far North, North-West, and South-West.
- People returned to their villages of origin in the Far North, North-West, and South-West, especially women-headed households.
- Refugees.

and implementation of the Inter-Agency Standing Committee (IASC) protection policy.

In 2022, the HCT aims to ensure inter-agency protection efforts are prioritised across all three crises and strengthen its advocacy on the protection of civilians to promote respect for and compliance with international humanitarian and human rights laws. The humanitarian community in Cameroon will again be supported by an inter-agency Protection advisor in 2022.

Addressing gender inequalities

Crises in Cameroon affect girls, boys, women, and men differently. Gender greatly determines the role that everyone plays in the family and the community, but also their experience, their priorities in terms of humanitarian assistance and protection services and their abilities to cope with the situation. Humanitarian actors consider it their responsibility to understand these differences and to provide support that assists all segments of the population, while not putting anyone at risk.

To enhance the quality and efficiency of its humanitarian response, the HCT in Cameroon will continue to be supported by a GenCap advisor, who has helped strengthen the understanding and implementation of a response that considers the distinct effects of the crises on women, girls, boys, and men.

The sectors will continue ensuring that gender is part and parcel of humanitarian assessments and that they have the capacity to provide a response that is inclusive and adequate, by focusing on capacity development of sector members. The different crisis-affected regions of Cameroon have seen in recent years a sudden scaling up of the humanitarian response, without concomitant reinforcing of the capacities of the first line responders. To address this situation capacity building efforts to equip humanitarian actors, particularly civil society organizations, on how to conduct a rapid gender analysis and how to conceive and monitor a response that addresses distinct needs, were undertaken in 2021.

In September and October 2021, the first gender in emergencies training was organised for humanitarian actors in the North-West and South-West regions. 40 members of different clusters, including 42 per cent from local organizations, were certified. Participants reported a significant increase in their confidence and capacity to analyse and address gender in emergency programming. Also, an in-depth gender analysis was conducted on the distinct situation of adolescent boys and men in the North-West and South-West, to address information gaps on how the crisis affects them. Training of trainers on gender in humanitarian action will be held in the Far North and the East in 2022. It is expected that this pool of partners with reinforced expertise on gender will substantially contribute to strengthening the collection of data on the impacts of the crises on girls, boys, women, and men, its analysis, and its use to inform gender sensitive humanitarian programming.

Thanks to the availability of a pool of humanitarian actors with enhanced capacities on gender, two coordination groups on gender in humanitarian action were created, one in the South-West and one in the North-West. The function of the regional groups is to support the clusters, enabling better analysis and informed targeting. It is also to collect and share local analysis on the most pressing gender issues.

In 2020, the lack of collection and use of data on the needs of people living with disabilities, and an often-missing disaggregation of data by sex and age was identified as a key challenge in the need analysis and response planning. While the humanitarian community reviewed the questionnaires in 2021 to include information on disabilities, it remains challenging to gather distinct needs of the different population groups as assessments are not at household or individual levels but are carried out using key informants.

Gender roadmap

In 2020 the humanitarian community in Cameroon, with the support of the GenCap advisor, developed a roadmap on Gender in humanitarian action for 2021 to 2022. The roadmap was endorsed by the HCT in November 2020 and several HCT members had

volunteered to take the lead in the implementation of different activities. In March 2021, the HCT agreed to amend the HCT compact to include three minimum commitments on gender. This is meant to reinforce its accountability on gender in emergencies, with a monitoring mechanism in place allowing to generate evidence on its performance in implementing the commitments. Based on an analysis of progress made and challenges encountered in the implementation of the gender roadmap in 2021, the Inter-Sector and the HCT, with the support of the GenCap advisor will review the priorities for 2022 to further advance gender sensitive humanitarian action in Cameroon.

Protection from Sexual Exploitation and Abuse

In 2019, the HCT committed to strengthen the Protection from Sexual Exploitation and Abuse (PSEA) and created a PSEA Taskforce. Details on the work of the PSEA Taskforce are included in chapter 1.4 on Accountability to Affected Populations.

COVID-19 response coordination and response

Following the first officially recognised case of COVID-19 in Cameroon on 5 March 2020, the Government implemented various measures to control the outbreak. However, the epidemic continues with confirmed community transmissions. As of 31 December 2021, 26,848 COVID-19 cases were confirmed in all ten regions of Cameroon, with 448 deaths (Case Fatality Rate 1.7 per cent).

The COVID-19 response strategy in 2021 focused on increasing the vaccination rate. The vaccination campaign was launched in April 2021. However, as of 29 December, only 1,021,148 doses of the COVID-19 vaccine were administered, representing 7.3 per cent of the target population who received at least one dose. Overall, 4.7 per cent of the target population is fully vaccinated. The United Nations supported the vaccination campaign through the COVID-19 COVAX Global Access Vaccine Facility co-led by the Coalition for Epidemic Preparedness Innovations

(CEPI), the Gavi Alliance, and the World Health Organization (WHO).

The authorities explain low vaccination rates due to the low number of health personnel in the Ministry of Public Health to administer the vaccinations and the reluctance of the population to get vaccinated due to misinformation spreading on social media. A Knowledge, Attitude, and Practice (KAP) survey, conducted by the UN COVID-19 Taskforce in April 2021 among UN agencies and NGO staff and their dependents, revealed that staff members and dependents are well informed about the vaccines, but hesitate to get vaccinated because of misinformation and rumours.

UN Agencies continue to support the Government's efforts, as outlined in the UN Country Preparedness and Response Plan for Cameroon (CPRP). UNICEF continues to lead the work of the Risk Communication and Community Engagement (RCCE) Working Group. The RCCE Working Group developed tools on COVID-19 vaccination, including audio-visual spots, micro-programmes, and print materials to support the Government's vaccination campaign and supported the COVID-19 seroprevalence survey that was conducted in the 10 regional capitals in August 2021.

In 2022, the humanitarian community will continue to integrate COVID-19 prevention and response measures in its operations, but COVID-19 will not be considered as a separate crisis.

The Resident Coordinator/Humanitarian Coordinator (RC/HC), as the chair of the UNCT and the HCT remains in the lead for the international COVID-19 preparedness and response efforts. OCHA continues to lead the COVID-19 Taskforce, which is an operational mechanism comprising focal points from UN agencies and national and international NGOs, with the aim to coordinate and monitor COVID-19 preparedness and response activities. In 2022, the Taskforce will continue to meet and produce situational reports on a regular basis.

1.4

Planning Assumptions, Operational Capacity and Access



FAR-NORTH REGION, CAMEROON

IDP beneficiary of UNICEF children space.

Photo: OCHA/Bibiane Mouangue

As of 31 December 2021, 224 humanitarian actors, including 12 UN agencies, 36 international NGOs, 150 national NGOs, 4 members of the Red Cross / Red Crescent Movement, 20 Government actors and 2 other actors are involved in the humanitarian response in coordination with the State's technical line ministries.

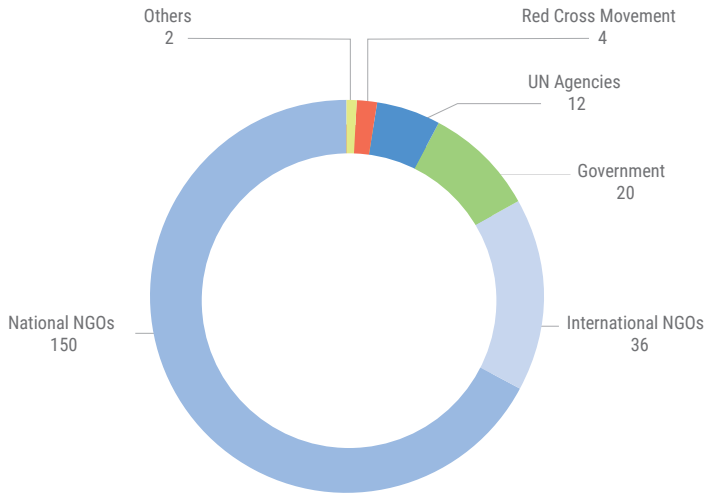
The number of humanitarian actors increased in 2021. However, to be able to respond to the needs and challenges in terms of access and acceptance related to the complex emergencies affecting Cameroon, it would be necessary to further enhance the operational capacity in 2022.

While there was a significant increase in the number of partners from 2019 to 2020, following a near

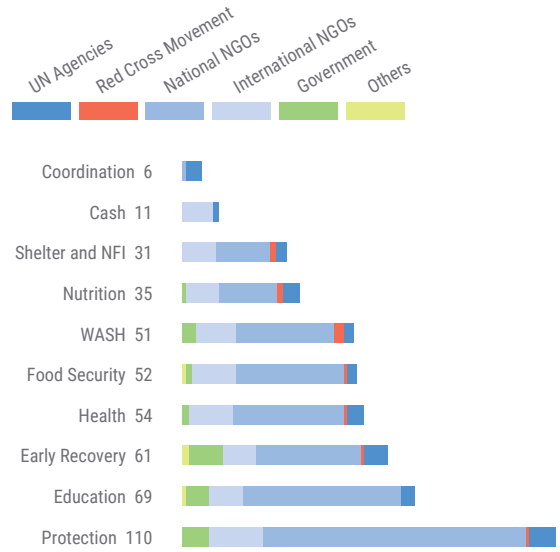
doubling of the number of national NGOs, the number of partners continued to increase in 2021. Eight new international NGOs have reported presence and activities in comparison to November 2020, however, the main reason for the increase is another surge in the number of national NGOs, from 113 in November 2020 to 150 in December 2021. This considerable increase in the number of national partners since 2019 is partially explained by the increase in humanitarian actors in the Littoral, West, and Centre regions,²⁷ and partly by the strengthened capacity of the national and local partners enabling them to participate in the humanitarian coordination system and report on their activities through the sectoral and inter-sectoral information management tools.

Operational Capacity

Actors by organization type



Organization type by Sector



Despite the 2021 HRP commitment to focus on hard-to-reach areas, assistance reached mainly beneficiaries in urban centres and more easily accessible areas. In 2022, several actors, especially UN agencies, plan to increase the collaboration with local partners. This is a positive development towards increased localization. Many of the national organizations provide relief to people at great risk in locations where others do not reach. The humanitarian community remains committed to increase the capacity of these organizations, especially with regards to principled humanitarian access negotiations, humanitarian principles, international law and standards, protection mainstreaming, and grant management. While several capacity-building workshops had been cancelled in 2020 out of COVID-19 prevention concerns, humanitarians have adapted workshop modalities in conformity with social distancing measures and many capacity building trainings were held in 2021, respecting COVID-19 prevention measures, including on humanitarian principles, access, protection, and on operational and managerial capacities.²⁸

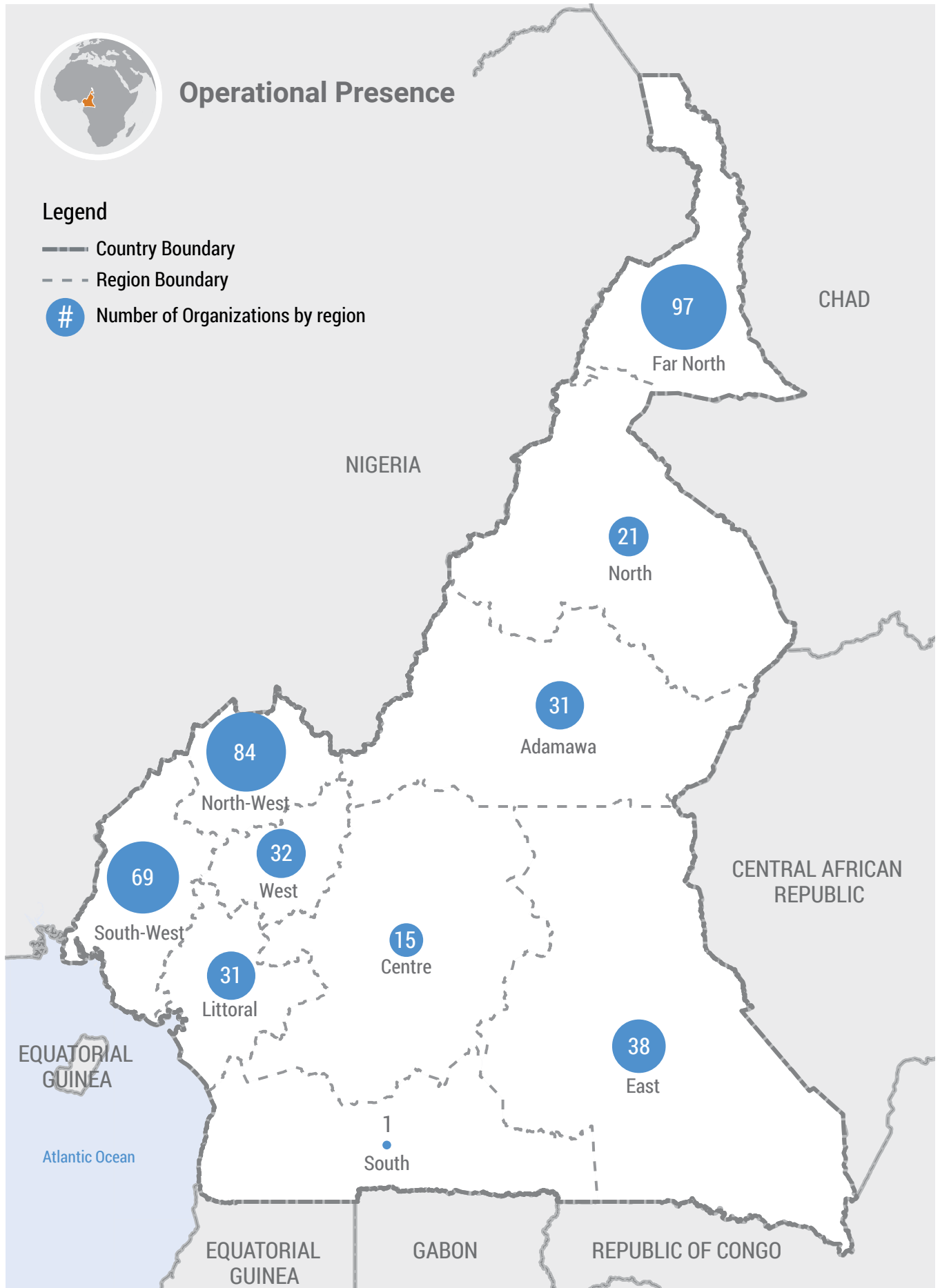
Despite the commitment in the 2021 HRP to mount a robust multisectoral response in regions hosting IDPs from the North-West and South-West, this was

not achieved in 2021 due to a lack of operational humanitarian presence in the Littoral and West regions. While OCHA continued to facilitate the coordination forums with local NGOs, the very limited funding allocated to a response in these regions left most of the affected population without assistance. The limited financial resources coupled with the lack of operational presence of most UN agencies and international NGOs, led some sectors to exclude a response in these regions in 2022, while others are increasing their presence to reinforce the response in these regions.

Access challenges

The main constraints to humanitarian access in Cameroon are underfunding, insecurity, poor road conditions, natural hazards such as floods and restrictions by authorities or NSAGs on the freedom of movement of people, goods and services and other bureaucratic access impediments. Access constraints often translate into delays, partial response to humanitarian needs and increased operational costs for humanitarian partners.²⁹

Access to the population in need in the **North-West and South-West regions** remains difficult and volatile, largely due to underfunding, insecurity, physical



access challenges, and administrative impediments. However, access in the North-West and South-West is possible if resources are available. The need for additional resources for access negotiations increases the operational costs in a humanitarian crisis which is already hugely underfunded, further limiting the reach of humanitarian organizations to assist people in need.

Lockdown days, with associated movement restrictions for humanitarian actors, have caused substantial interruptions to humanitarian operations. Roadblocks and demands for payment by both NSAGs and Government forces cause needless delays and insecurity for the transport of aid goods, despite having all required authorisations. Occasionally, these roadblocks result in attempts to kidnap aid workers, including demands for ransom. OCHA and UNDSS support the humanitarian community on humanitarian access and security issues, but many incidents remain underreported. The International NGO Safety Organisation (INSO) plays an important role providing security information and advice to humanitarian NGOs, wherefore the establishment of an office in the North-West and South-West regions at the end of 2021 is a welcome development.

WEST REGION, CAMEROON

Nkourap IDP site .

Photo: OCHA/ Bibiane Mouangue

Humanitarian organizations, and vehicles transporting humanitarian supplies, are regularly and illegally requested to pay money or hand over humanitarian supplies at checkpoints, during distributions or when illegally/arbitrarily detained. These demands include those from criminal groups, NSAGs and State security forces (SSF). The Access Working Group, which is chaired by OCHA, and includes UN agencies, international and national NGOs, developed a Compact to End Demands for Illegal Payments from Humanitarian Organizations in the North-West and South-West, which was endorsed by the HCT in October 2020. The Compact is based on the understanding that all humanitarian organizations must work together in a spirit of transparency to advocate with all those concerned to end illegal demands for money or material from humanitarians. Thanks to this charter, humanitarian partners and both State and non-State interlocutors are constantly kept aware and alert on the principles guiding humanitarian action, including a strict no-payment policy with respect to illegal demands.

In the **Far North**, the main obstacle to humanitarian access remains the insecurity generated by NSAG



activities and bureaucratic access constraints. In 2021, no armed conflict-related incidents directly targeting humanitarian actors were recorded. Most attacks by NSAGs target civilian populations and armed forces. NGOs continue to promote acceptance as a security management strategy, rely on the strict implementation of their security protocols and mitigation measures to guarantee the security of their movements and maintain permanent dialogue with local authorities and communities. UN agencies rely, however, on armed escorts as a last resort to access particularly insecure areas. In 2021, the use of armed escorts was reviewed, roads reassessed, and alternatives explored, leading to a reduction of roads requiring escorts. In 2022, further assessments will be carried out, including to identify alternative roads.

The **East, Adamawa, and North regions** are relatively secure. However, security incidents, including urban crime, kidnapping, roadblocks by bandits, and inter-communal conflicts continue to affect these regions, but are not likely to have a significant impact on humanitarian access. Security risks are mitigated by humanitarian actors by movement restrictions during evening and night hours. Meanwhile, the road network is in poor condition in certain areas, making humanitarian access challenging, especially during the rainy season.

UNHAS flights to and from Buea and Mamfe remain suspended since the beginning of 2020. While flights to Bamenda which were suspended in January 2020, resumed in July 2020, they were again suspended in December 2021 due to security concerns raised by the Cameroon Civil Aviation Authority (CCAA). The CCAA proposed Bafoussam as an alternative access point to the North-West and assured to revisit the decision by the end of February 2022. A limit of 20 passengers for UNHAS flights to Maroua and Ndjamena for a 50-seat aircraft was enforced in November 2021. These restrictions seriously affect the efficient movement of humanitarian personnel. Different stakeholders, including the representatives of WFP and UNHAS, the Humanitarian Coordinator, and the donor community, have engaged with Government authorities at different levels to find solutions to these issues and will continue to do so in 2022.

Non-discriminatory access by people to essential services and access by humanitarian actors to people in need will remain a priority in 2022

Humanitarian actors will strengthen their engagement and coordination efforts with local and national authorities to improve access, ensure security of humanitarian workers, premises, and operations, and lift bureaucratic impediments, while maintaining operational independence. However, while the HCT agrees on the importance of investing in access, dedicated resources remain limited.

In the Far North, humanitarian coordination platforms, chaired by the prefects of Mayo-Sava and Logone et Chari, respectively, continue to be held monthly. The establishment of such a platform for the Mayo-Tsanaga division is planned for 2022. For the first time, a humanitarian coordination forum for the whole region, with the participation of over 100 people, including the Senior Divisional Officers from the three conflict affected divisions, the regional councillor, representatives of the decentralised state services, national and international NGOs, and UN agencies, chaired by the Governor of the Far North, took place in November 2021, with the agreement to hold such meetings on a quarterly basis.

These coordination mechanisms are important forums in which access challenges can be discussed and common solutions can be found in coordination with the Government of Cameroon.

The Humanitarian Coordination Centres in the North-West and South-West were established in 2019 for humanitarian organizations and local authorities to interact with the aim to facilitate humanitarian operations. However, the Centre has not been operational in 2021 in the North-West, and procedures to obtain authorisations for the implementation of activities were also under revision in the South-West, complicating humanitarian operations and leading to significant delays. OCHA engaged in 2021 with different local authorities and will continue to do so in 2022 to clarify procedures.

Negotiating humanitarian access with all parties, while preserving humanitarian principles, is essential to enable humanitarian assistance to reach communities

in a timely manner and in the safest possible environment. In this regard, civil-military coordination (CMCoord) remains essential to create and sustain a conducive operational environment. Following this access approach, the humanitarian community in the North-West and South-West regions apply a strict no-armed escort policy. Proximity to armed actors poses a major security risk during humanitarian operations. Humanitarian partners, agencies or NGOs continue to refrain from being escorted by armed actors, will not accept armed presence during humanitarian activities, and will halt such activities whenever armed actors show up. This no-armed escort policy covers both SSF and NSAGs.

In the North-West and South-West, meetings of the Access Working Group allow for discussion and analysis of humanitarian access constraints. Access is also a standing agenda item at meetings of the Inter-Cluster and the Protection Cluster. The access coordination has been reviewed in September 2021 and the Access Working Group meets now at two levels. Once a month, NGO country directors and UN heads of (sub-)offices meet online to discuss key advocacy messages. Meanwhile, the security and access officers based in the North-West and South-West regions meet in person twice a month, once in Buea, once in Bamenda, to discuss local access dynamics. The Access Working Group will present an updated Access Strategy for HCT endorsement, including an operational monitoring and response framework as an annex to monitor access challenges and identify operational response modalities for the pre-identified access challenges.

On 31 December 2020, the Government accepted the establishment of CMCoord working groups in the North-West and the South-West regions following a request by OCHA and the Humanitarian Coordinator. This dialogue between humanitarian and military actors was operationalised in early 2021, with CMCoord Working Groups convening in the North-West and the South-West regions monthly, bringing together representatives from SSF and from the humanitarian community to exchange relevant information in a climate of mutual trust and to raise questions of concern for more in-depth discussions.

When in November 2021, SSF imposed a lengthy road closure between Kumba and Mamfe in the South-West region, blocking all commercial and humanitarian movements, engagement with SSF allowed for a humanitarian exemption for medical emergencies.

CMCoord also facilitated the establishment of an information-sharing protocol with SSF on medical emergency transport in the South-West. The provision of life-saving medical assistance to injured persons is a core humanitarian activity, in line with the healthcare international normative framework and established humanitarian principles.

In the Far North, access is a standing agenda item on the ISWG meetings. The CMCoord platform in the Far North provides further opportunities to engage on access directly with the military bodies.

In parallel, **communication with the affected people and in the North-West and South-West with non-State armed groups**, combined with efforts to ensure acceptance of humanitarian workers and operations will remain a priority. Several trainings on access negotiations were held for partners in the North-West and South-West in 2021. In 2022, the platform of international NGOs (CHINGO), in partnership with NRC and INSO, is planning four trainings on humanitarian access negotiations in Buea (South-West) and Bamenda (North-West), in February and March 2022, for about 80 persons including 30 from national NGOs. These trainings are intended for humanitarian frontline workers to enhance their skills in designing, planning, and implementing humanitarian negotiations aiming at improving humanitarian access and the protection of civilians.

The HCT discussed that safe access needed more investment by the humanitarian community and OCHA will continue its engagement with donors to ensure adequate resources are made available for organizations to invest the necessary time to promote acceptance among communities and local authorities and to negotiate access in the Far North, North-West, and South-West regions.

1.5

Accountability to Affected Populations



FAR NORTH REGION, CAMEROON

Beneficiary and member of a complaint management committee in Kourgui (Mora).

Photo: PU

Women, men, girls, and boys affected by the crises in Cameroon must be part of the response for it to be adequate and effective. They have the right to participate in decision-making processes, to tailor an assistance and protection response suitable to their needs. Accountability to Affected People (AAP) remains a key approach for humanitarian assistance in Cameroon. In 2022, this accountability will be strengthened in several ways.

As in previous years, humanitarian actors will continue to consult affected people in multisectoral needs assessments (MSNA). It is planned to carry out some of these assessments at household level in 2022, to better capture needs of the different population groups. In 2021, the humanitarian community reviewed the MSNA questionnaires to ensure specific questions on accountability to affected people were included, as well as on the needs of people living with

disabilities. Questions related to AAP included in the North-West, South-West, West, Littoral, and Centre MSNA questionnaires in 2021, revealed that 42 per cent of key informants in the Centre region, 64 per cent in the Littoral and 80 per cent in the West regions did not know that complaint mechanisms existed. In the North-West and South-West regions key informants were aware of feedback mechanisms only in 23 per cent and 22 per cent of the villages assessed, respectively.

The MSNA further highlighted that 89 per cent in the North-West and 96 per cent in the South-West regions preferred Pidgin English as language of communication. Humanitarian audio communication material are available in Pidgin. These audio spots are broadcasted in community radios. Posters are used to complement the audio spots at distribution sites and are displayed in strategic places in communities such

as churches and hospitals. Humanitarian workers use Pidgin English, and other local languages, as needed, when talking to affected persons to ensure the message is well understood. In 2022, humanitarian actors working in the North-West, South-West, Littoral, and West regions committed to further increase communication in Pidgin and to strengthen collaboration with religious leaders and traditional authorities, as they were identified as the most trusted sources of information in these regions.³⁰

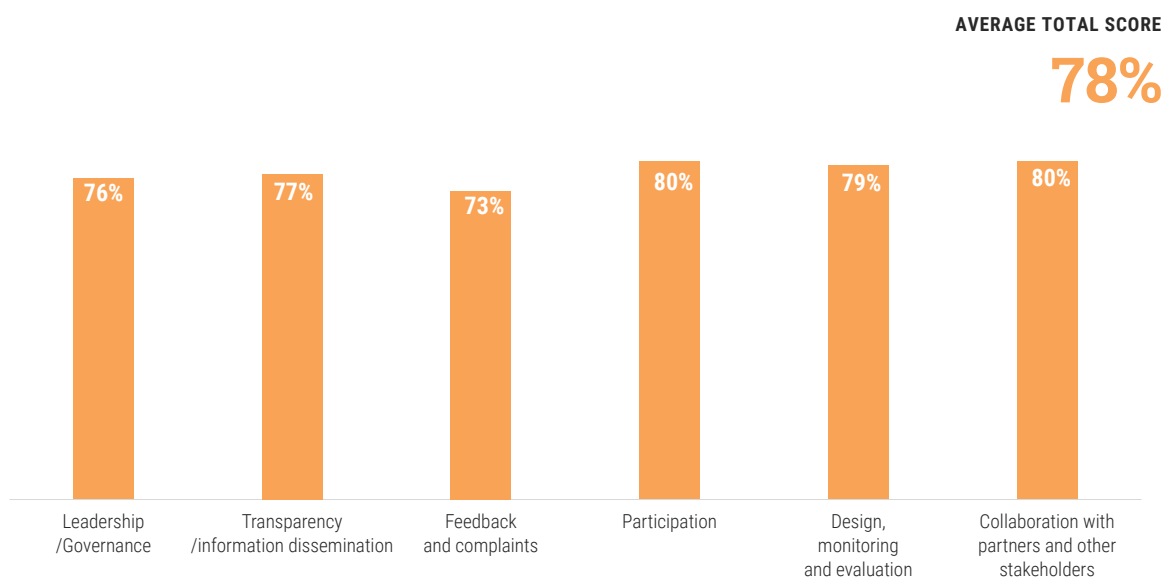
While interesting information on access of people with disabilities to assistance and services was gained thanks to the MSNA conducted in the Far North,³¹ the integration and analysis of needs of people with disabilities will be further strengthened in the 2022 Centre, Littoral, West, North-West, and South-West MSNAs.

The exclusion of women and girls from main decision-making forums deprives humanitarian actors of critical information on distinct assistance and protection concerns and comes at the risk of leaving women's needs largely unmet. The humanitarian community will thus continue to pay attention to girls and women's effective involvement in humanitarian decisions, including through separate consultations during assessments and surveys. Thanks to the implementation of certain activities of the gender in humanitarian response roadmap in 2021, capacity on AAP and on gender was increased. In particular, the humanitarian actors who were trained on gender in emergencies in 2021 in the North-West and South-

West regions, have gained increased capacity on how to conduct gender sensitive assessments and how to use participatory tools in their interactions with affected communities. This reinforcement will continue in 2022, with a special focus on partners in the regions, leading to a better analysis and response to priority gender issues and the implementation of participatory and accountable practices.

Beneficiaries will continue to participate in the different phases of the Humanitarian Programme Cycle (HPC) also through complaint and feedback mechanisms and satisfaction surveys. Satisfaction surveys allow beneficiaries to express their opinion on humanitarian response activities and reveal discrepancies between needs and response efforts. Fact-finding and assessment missions to remote and insecure areas, in full compliance with COVID-19 prevention measures, will continue in 2022. These missions are critical to receive direct feedback from the affected communities and collect evidence-based information.

A specific AAP Working Group was established in 2021 to promote the consideration of the beneficiaries' needs in all phases of the HPC. Specifically, the group aims to ensure the development of a joint accountability framework and an AAP strategy for the Humanitarian Country Team. Close collaboration will be established with the Risk Communication and Community Engagement group to maximise the use of available resources and participation mechanisms.



In the absence of a joint complaint and feedback mechanism, the use of the WFP mechanism available in all regions affected by one of the three crises, was promoted for beneficiaries to give feedback. The WFP mechanism received approximately 10,430 complaints in 2021 and addressed 8,969 of them. Women provided 68 per cent of the feedback. In 2021, a survey carried out with humanitarian partners in Cameroon on the implementation of the six IASC commitments on AAP³² revealed an overall implementation of these commitments at 78 per cent.

Efforts need to be reinforced in 2022 to improve AAP and to reach at least the 80 per cent minimum mark. The AAP survey will be carried out on an annual basis with humanitarian organizations.

Protection from Sexual Exploitation and Abuse

The PSEA Taskforce, created by the HCT in May 2019, reviewed its Terms of Reference in 2021, to open the group to all relevant humanitarian actors and include development partners. The Taskforce consequently changed its name to PSEA Network. Local branches of the Network continued to include Maroua and Kousseri in the Far North, Buea in the South-West, Bamenda in the North-West and Bertoua in the East, with meetings held in all these locations in 2021.

In 2021, the PSEA Network developed an action plan which focuses on the strengthening of the regional branches, the training and dissemination of existing guidance and policies on PSEA, and the development of an Inter-Agency Community Based Complaints Mechanism (CBCM).

While the Network made great strides towards the establishment of a joint CBCM to receive SEA complaints from the beneficiaries of all humanitarian actors in Cameroon since 2019, it was not yet functional by the end of 2021. WFP had agreed in November 2019 to extend the use of its green line to the wider humanitarian community for SEA complaints and trained its hotline operators on PSEA in 2019 and 2020. With the establishment of the AAP Working Group, it was decided in 2021 to make the WFP green line the joint mechanism for all feedback on humanitarian and development activities. Trainings for operators continued in 2021,

to ensure the confidential handling of SEA related complaints, and the appropriate management of other sensitive complaints, such as those related to fraud and corruption.

The standard operating procedures (SOPs) for the joint CBCM were thus further revised by the PSEA Network Cameroon in 2021 and will be submitted for review by the head of agencies in 2022. The signing of the SOP will be followed by the introduction of the CBCM green line. In parallel, a communication campaign will be launched, aiming to disseminate knowledge about PSEA among the affected population and to promote the use of the CBCM green line for the submission of SEA related complaints, complementing existing organizational and interorganizational reporting mechanisms and structures, and related communication initiatives. In addition, a protocol will be set up to develop a common set of norms and standards based on existing frameworks (e.g., GBV victim care, referral pathways). It aims to strengthen a coordinated and systemic approach to the provision of assistance and support that prioritises the rights and dignity of survivors, regardless of the alleged perpetrator's affiliation.

In line with the second objective of the PSEA network action plan, PSEA will be strengthened within humanitarian, development, and peace consolidation agencies, organizations, partners, and suppliers of goods and services by developing a PSEA strategy and by providing, upon request, expert advice, and technical support to network members to strengthen their internal PSEA programmes in accordance with the PSEA Training, PSEA Assessment, and PSEA Work Plan.

Dedicated capacity has proven critical in Cameroon to advance PSEA. The PSEA Inter-agency adviser's temporary assignment ended in October 2021 due to lack of funding. Without this position, it is challenging to implement the CBCM, follow up on and fund the common PSEA Strategy and the PSEA network action plan. For the year 2022 WFP is funding a national position based at the office of the Resident Coordinator/Humanitarian Coordinator.

1.6

Cash and Voucher Assistance

Cash and Voucher Assistance (CVA) programmes have been widely adopted in most humanitarian response operations worldwide, currently delivering USD 4.7 billion each year in cash and vouchers to crisis-affected people. CVA can cover a wide range of sectoral and multisectoral needs in crisis, emergency, and protracted situations to affected populations. It also provides flexibility to donors and humanitarian actors to assist beneficiaries in a dignified and autonomous way.

Since the adoption of the cash approach by the HCT in Cameroon in 2016, the volume of assistance has increased. Multi-purpose cash (MPC) transfers were piloted in the Far North and the East in 2016 to provide humanitarian assistance to IDPs and refugees households. This was the first time that humanitarian actors in Cameroon had used MPC to cover both food and non-food needs in an emergency response. In 2018 UNHCR introduced MPC to assist CAR refugees through their partners in the Adamawa, East, and North regions, and the use of cash transfers was subsequently fully integrated in the multisectoral CAR refugee response. Since then, humanitarian actors in Cameroon have scaled up the use of MPC to other regions, in collaboration with and support from the national and regional Cash Working Groups (CWG). CWGs in the South-West and North-West have been reinforced in 2020 with regular coordination meetings. As a result, since 2020, WFP rolled out MPC assistance for nutrition and protection to food insecure IDPs households in Mezam and Momo divisions in the North-West region.

In Cameroon, different assessments have informed the scale up of cash-based transfers. Most specifically, unrestricted cash transfers have been identified as the most appropriate and feasible modality in urban and peri-urban areas in Cameroon where security conditions are better, markets are functional and financial and ICT infrastructure are available and

developed. Vouchers on the other hand appear most appropriate for rural areas. For example, WFP has increasingly provided cash-based food assistance to food insecure households, economically affected by the pandemic in the North-West, South-West, Far North, North, Adamawa, and East regions of Cameroon.

In 2021, the CWGs continued to coordinate the scaling-up of MPC activities, through the harmonisation of assessment and targeting methodologies and tools, joint market monitoring, transfer value harmonisation, etc. The CWGs also supported the establishment of the Minimum Expenditure Basket (MEB) for the Lake Chad basin crisis response, for the CAR crisis, and for the North-West and South-West crisis. The use of the MEB reinforces the multisectoral nature of humanitarian assistance, as encouraged by the enhanced HPC approach. It enables partners to provide regular, one-off and/or seasonal humanitarian monetary assistance based on households' basic needs.

The Government of Cameroon and partners have also initiated CVA through social protection programmes in all the ten regions of the country (emergency, ordinary and labour-intensive works cash transfers). Humanitarian CVA are still new in Cameroon and their implementation has not been seamless. Despite the commitment of policymakers in Cameroon to increasingly use safety nets as core instruments for reducing poverty, addressing inequality, and helping poor and vulnerable households to manage risk more effectively, many challenges remain for the acceptance of cash as an assistance modality in the humanitarian response.

Challenges include a lack of understanding of the principles governing humanitarian action, very limited knowledge on programmatic aspects worsened by the complexity due to insecurity and access issues in the regions with crises. Key concerns raised by

representatives of the Government of Cameroon with regards to CVA include the lack of information shared by humanitarian actors on this type of programme (amount of assistance, people targeted, beneficiary data, etc.), the risks of abuse in connection with the issue of targeting, and the security risks associated with these programmes, particularly with the distribution of certain equipment, namely mobile phones. As a result, the CWG organised a workshop on humanitarian assistance and CVA in the Far North in July 2021, attended by regional authorities and delegations from relevant ministries. Recommendations and next steps agreed upon during the national workshop in Yaoundé in December 2021 include: reinforce communication and information sharing with governmental counterparts both at national and regional levels; consolidate risks assessments and develop mitigation measures; link humanitarian response to social protection (as per Grand Bargain & Nexus approach) to support the autonomy of beneficiaries; continue to work on the composition of the MEB; calculate transfer values and harmonise agreed values across CVA actors; and continue to engage Government representatives and humanitarian actors to enhance knowledge and understanding of CVA through trainings, workshops, and information sessions. These recommendations will be followed up through the CWG 2022 workplan.

In 2022, in collaboration with OCHA, the ISWG, and the HCT, the CWG will continue to provide evidence-based advocacy and pursue a widespread acceptance of CVA programming and use by all actors, including national and local authorities, by showcasing its cost-efficiency, effectiveness, and impact in alleviating the affected populations' suffering. A special emphasis will be put on the Far North, South-West, North-West, Littoral, and West regions for acceptance of CVA whenever it would be the most appropriate modality for humanitarian assistance. Regional CWGs will set up MEB committees, regularly updating market prices, based on the local economic and security context and seasonal changes in prices. In 2021, the CWG began a study initiative to assess the impact of transitioning to cash transfers for refugees and the host communities, including preventing the multiplier effects on the local economy.

Capacity building initiatives will be implemented to strengthen the technical capacities of the regional CWGs in the coordination and scale up CVA in the humanitarian response. To avoid overlaps and duplications, and to improve on humanitarian efficiency, accountability, and visibility of CVA, actors will be encouraged to continue reporting on the 5Ws at national and regional levels. The CWG will integrate CVA-specific reporting in the 5Ws tools at sectors and clusters' levels. The use of the cash modality being a sensitive issue, the CWG will ensure existing complaint and feedback mechanisms are strengthened and new ones developed. The complaint mechanism established by WFP and adopted by the humanitarian community as a joint feedback and complaint mechanism will be used to record not only programmatic complaints but also sensitives ones on sexual exploitation and abuse and other types of misconduct.

The CWG will also continue to promote best practices among members and share lessons learned to improve CVA programming and mitigate operational risks. The CWG will seek technical support with regional partners, such as the Cash Learning Partnership (CaLP), to strengthen national and local capacities and mainstream CVA across sectors.

Finally, through the HCT and OCHA, the CWG will continue its collaboration and coordination with the Government to align with national policies, plans and strategies by exploring opportunities and linkages between humanitarian cash transfers and national social safety net systems. Within the COVID-19 context, the CWG will involve relevant Government structures and development actors in discussions on the resilience, livelihoods, and self-reliance of affected beneficiaries in protracted crisis, including access to productive assets and inclusion of refugees in national social assistance cash-based transfers programs.

1.7 Costing Methodology

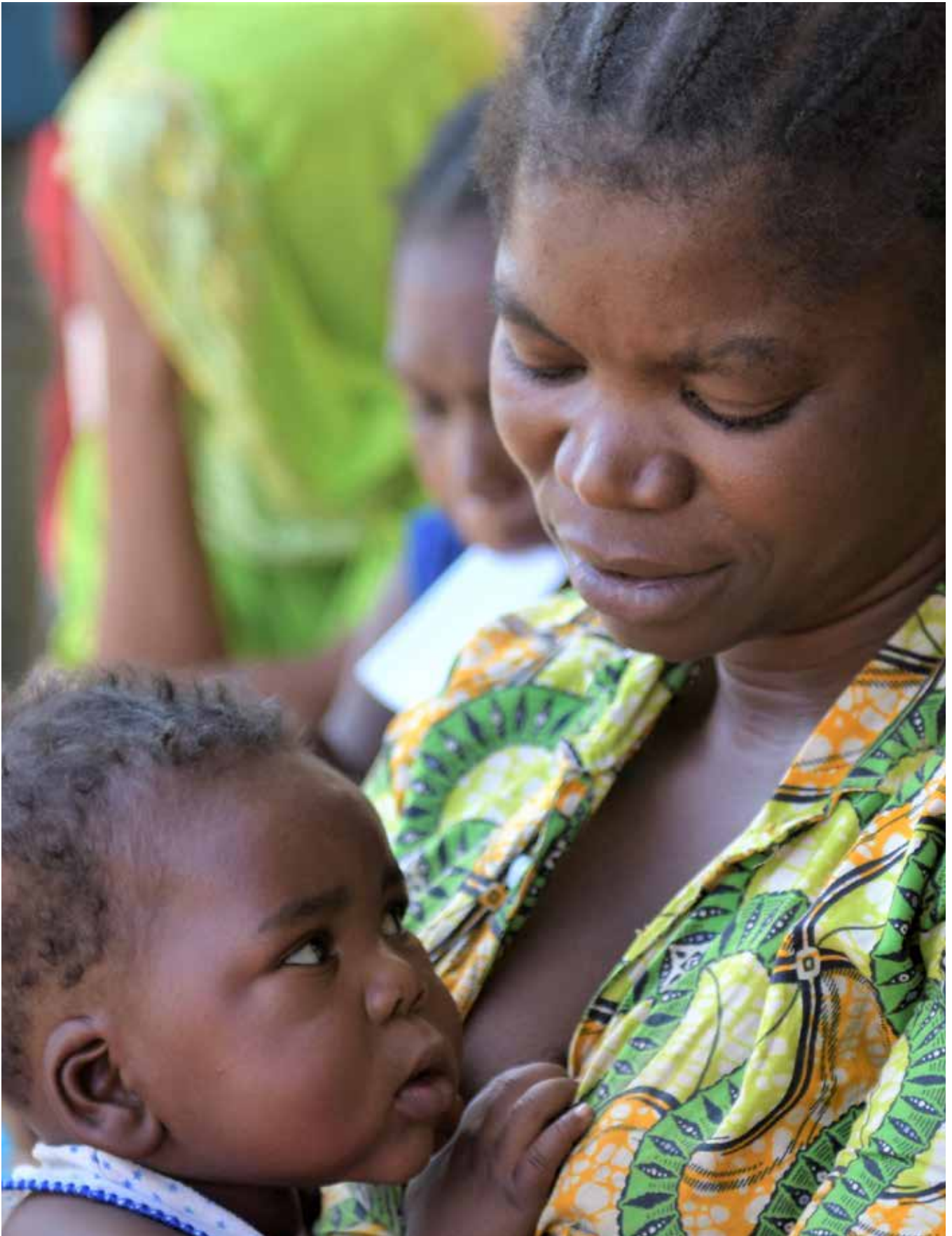
The ISWG Yaoundé and the HCT had held extensive discussions on HRP costing methodology. Several briefings and discussions were held in these forums 2020 and 2021 around this topic and some reflected on unit costs within the sectors. While the HCT decided for Cameroon to continue to apply project-based costing, the review of the projects according to set criteria has become more diligent and transparent over the last couple of years.

US\$ 376 million are required to reach 2.6 million people. This is the sum of all the projects validated by the sector coordinators. Projects included in the 2022 HRP were elaborated based on needs and sector coordinators validated them considering alignment with their respective sectoral strategies, targets, and frameworks.

The 2022 HRP budget, in comparison with the 2021 HRP, represents an increase of over US\$ 15 million despite a decrease in target from 3 million people. Reasons for an increase in budget relate to response modalities, the operating environment, and an improvement in costing methodologies by different sectors.

Overall, the provision of humanitarian assistance became more expensive since 2019, due to COVID-19 prevention measures and the need to invest more resources into humanitarian access negotiations. The Nutrition Sector, for example, estimates that the implementation of activities in the COVID-19 context led to a 10 per cent budget increase, related to the adaptation of implementation strategies and the procurement of protective equipment at both health centre and at community level. Due to the increased insecurity in the North-West and South-West regions, the transportation costs for humanitarian commodities also increased.

Meanwhile, the Food Security Sector carried out a cost per beneficiary review of the activities in 2021, which led to an increase from US\$ 100 to 105 per beneficiary. The budget of the Protection Sector saw a decrease as a harmonised costing approach was used among the Sector and its AoRs, but also as not enough projects which met the Sector's requirements were submitted, indicating a certain lack of capacity among Protection partners. The increase in the budget for the multi-sector refugee response are linked to COVID-19 costs for protective equipment, an increase for coordination costs, and the focus on more sustainable response activities, including self-reliance activities and service integration. The re-prioritisation of response activities also led to a budget increase in the Health Sector: COVID-19 sensitisation activities, with which high targets with low cost can be achieved, will be handed over to government and development actors while the humanitarian activities will focus more on the training and deployment of qualified health personnel, increase in surgical care and the repositioning of trauma kits. The WASH Sector will also focus on the provision of safe drinking water and sanitation facilities in 2022 in comparison to the 2021 response which was focused on soft interventions and hygiene promotion activities.



EAST REGION, CAMEROON
Photo: UNHCR/Helen Nghoh

Part 2: **Response Monitoring**

SOUTH-WEST REGION, CAMEROON

Internally displaced woman washing clothes in a stream in the hills above Buea.

Photo: OCHA/Giles Clarke



2.1 Monitoring and Accountability



FAR-NORTH REGION, CAMEROON

Kolofata IDP site

Photo: OCHA/Bibiane Mouangue

The humanitarian community in Cameroon is committed to strengthen the monitoring of the humanitarian response to increase the level of accountability of the humanitarian community towards the affected populations, donors, and local partners. The response monitoring strategy aims to provide more evidence on the humanitarian situation and activities carried out by the humanitarian community through factual documents which can inform decision making. The indicators which are directly linked to the specific objectives will allow to have a multisectoral approach of the response monitoring.

Thanks to the Response and Planning Module (RPM), the sector coordinators will be able to provide, monthly, the results achieved within the framework of the humanitarian response. The RPM online reporting tool, which sectors have been familiar with since 2019, will support the collection of data on the

results achieved while minimising the duplication of monitoring tasks. A periodic monitoring report, based on a limited number of indicators, will continue to be produced on a quarterly basis. It will provide data on progress and gaps which will allow corrective actions to be implemented.

Financial resources will continue to be tracked on the online platform of the Financial Tracking Service (FTS). The quarterly monitoring report will consider the monitoring of funding made through FTS, as will the regional monthly situation report for the Far North, North-West, and South-West regions.

The periodic monitoring of the response is available on-line³³ and publicly accessible.

2.2 Indicators and Targets

Strategic Objective SO1		TARGET
Reduce the mortality and morbidity of 1.3 million people affected by crisis		1,301,447
Specific Objective SP1.1		TARGET
1.3 million vulnerable people affected by crisis benefit from lifesaving food, nutrition, WASH, shelter, NFI and health services by the end of 2022		1,301,447
INDICATORS		
	# of households trained on basic waste management and on septic pits construction	190
	# of social basic services including schools and health centers rehabilitated	115
	# of targeted food insecure people (female and male) that received unconditional food support through food and cash transfers	587,646
	# of cases or incidence rates for selected diseases relevant to the local context (malaria, COVID, others outbreak prone diseases)	1,198,878
	% of population that can access primary healthcare within one hour's walk from dwellings	90
	% of births attended by skilled health personnel	92
	% of PoC using at least basic drinking water services	70
	% of PoCs living in habitable and affordable housing	62
	# of core and essential NFIs, e.g. mattress, plastic sheeting, blankets, jerry cans, kitchen sets, solar lamps; including market-based interventions for these items	72,916
	# of emergency shelter, e.g. tents, emergency shelter materials and kits; including market-based interventions for these items.	20,606
	# of affected population with sustainable access to safe drinking water.	1,151,991
	# of affected population gaining access to sustainable basic sanitation services.	571,310
	# of people beneficiaries of a minimum WASH package based on their vulnerability	1,296,872

Strategic Objective S02

TARGET

Reduce the protection needs of 491,000 people affected by crisis

490,937

Specific Objective SP2.1

TARGET

By the end of 2022, 491,000 people are reached with inclusive prevention and response activities on protection risks

490,937

INDICATORS		
# of persons participated in trauma healing sessions		1,085
# of persons sensitized on social cohesion, GBV and Human Rights		1,600
Average # of persons covered by protection monitoring activities on monthly basis		252,691
# of GBV survivors (women, men, girls, boys) who have received at least one form of (life-saving) assistance		9,061
# of children and care-givers accessing mental health or psycho-social support		489,770
# of conflict-affected persons having benefited from civil or identity documentation support (including birth certificate for crisis-affected children)		23,037
# of persons receiving legal assistance in relation to housing, land and property disputes		851
# of people reached out during sensitization campaign and other interventions (i.e. sport activities) on social cohesion and peaceful coexistence		27,200
# of individuals from local and national authorities trained on protection standards and policies (sector/cluster and AORs)		2,636
# of individuals from civil society trained on protection standards and policies (sector/cluster and AORs)		1,645
# of training sessions organized on centrality of protection and mainstreaming of protection organized		16
% of survivors who are satisfied with SGBV case management services		60

FAR-NORTH REGION, CAMEROON

Domay IDP site. Photo: OCHA/ Ariane Maixandeau



Strategic Objective SO3**TARGET**

Reduce vulnerabilities and strengthen resilience of 974,000 people affected by crisis

974,006**Specific Objective SP3.1****TARGET**

By the end of 2022, 958,000 vulnerable people affected by crisis have indiscriminatory, regular, and safe access to quality basic services

958,065

INDICATORS		
# of girls, boys and adolescents affected by crisis who have access to formal and non formal Education		800,137
# of students, parents, teachers, supervisors & other Education staff sensitized on COVID-19 prevention		920,159
# of girls, boys & adolescents affected by crisis who have access to alternative Education platforms		240,040
# of girls, boys and adolescents affected by crisis who have access to formal and non formal Education		800,137
# of girls, boys & adolescents living with disabilities & affected by crisis who have access to Inclusive Education		80,014
# of girls, boys and adolescents affected by crisis who report feeling safer in schools, learning & training spaces		800,137
# of girls, boys & adolescents affected by crisis who benefit from the school feeding program		280,046
# of teachers, supervisors & other Education staff trained in life skills, psychosocial support & other topics related to education in emergencies		4,001
# of teachers, supervisors & other Education staff trained in the mission of School Management Committees & other topics related to school governance		11,200
# of teachers, supervisors & other Education staff trained in the minimal standards for Protection & Education in Emergencies, Coordination & Information Management		4,401
% of households with acceptable Food Consumption Scores (FCS) out of the total targeted severely food insecure households from refugee, idp and the local population		66
% of targeted households with Reduced Coping Strategies Index (CSI) (0-3 coping strategies)		64
% of targeted households meeting minimum requirements for Household Dietary Diversity Scores (HDDS)		35
% of targeted households meeting minimum requirements for Household Hunger Scale (HHS)		85
# of targeted people (female and male) that received assistance through agricultural, livestock and fishery support (small ruminant, local poultry, table birds, piggery, fishery and agriculture)		251,847
# of GBV cases in people taking care by actors of the health sector		620
% of births attended by skilled personnel (doctors, nurses, certified midwives) per 10,000 people		95
# of pregnant and lactating women enrolled in the Blanket Supplementary Feeding Programme (BSFP)		11,400
% of person of concern (PoC) enrolled in the national education system		57
# of targeted crisis-affected households are provided with safe and sustained shelter support, including those in protracted displacement, returnees, and host communities.		12,498

Specific Objective SP3.2**TARGET**

In 2022, 173,400 vulnerable people are supported with inputs, services, and skills for livelihood activities, to reduce vulnerabilities and contribute to sustainable solutions

173,399**INDICATORS**

# of areas of convergence selected to roll-out the humanitarian-development-peace NEXUS	8
# of girls, boys & adolescents affected by crisis who received financial support or learning materials	120,020
# of IDPs and host communities trained on small business management skills	1,600
# of IDPs and host communities provided with capital seed to start their own business	1,500
# of high-intensity emergency jobs (HIMO) created	600
# of food security assessment conducted to support and reinforce humanitarian planning, the Humanitarian development and peace nexus	2
# of identified SSA incidents verified	1,000
# of boys and girls aged 6-23 months enrolled in the Blanket Supplementary Feeding Programme (BSFP)	99,504
# of severely acutely malnourished boys and girls, 6-59 months, with access to SAM treatment in South West and North West Regions	3,874
# of new admissions of boys and girls, 6-59 months in the integrated management of severe acute malnutrition programme	55,830
% of men participating in awareness sessions in nutrition programs	50
% of Nutrition sector's organizations with an existing PSEA policy, stating standards of conduct, including a work plan, and that have been conveyed to current staff on repeated occasions (such as inductions and refresher trainings).	75
% of PoC who self-report positive changes in their income compared to previous year	7
# of targeted households and communities with adequate housing stock available	840
# of targeted households and communities with increased capacity of construction skills	2,376

Part 3:

Sectoral Objectives and Response

FAR-NORTH REGION, CAMEROON

Client of Agricultural Income-generating activity in her farm. Photo: IRC



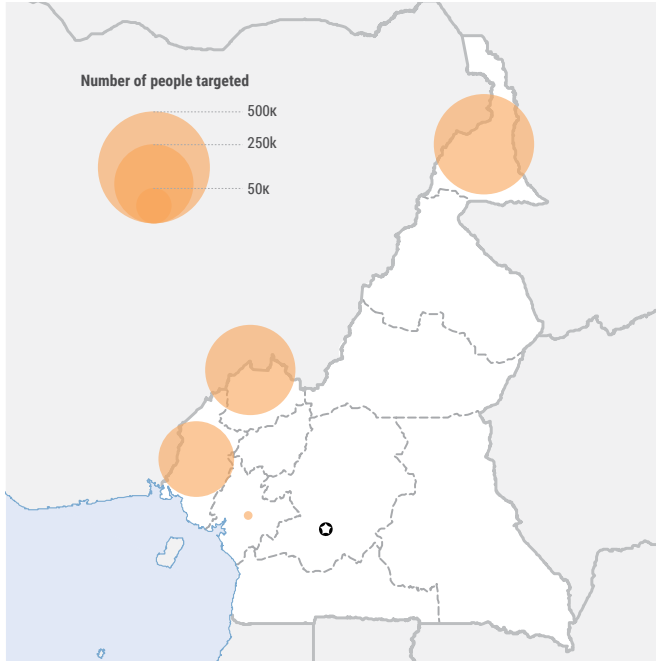
Overview of Sectoral Response

SECTOR /MULTI-SECTOR	FINANCIAL REQUIREMENTS (US\$)	OPERATIONAL PARTNERS	NUMBER OF PROJECTS	PEOPLE IN NEED	PEOPLE TARGETED	IN NEED TARGETED
 Early Recovery	9.2M 	24	35	3.3M	799K	
 Education	21.2M 	42	50	1.5M	1.1M	
 Food Security	94.9M 	24	34	2.6M	829K	
 Health	21.1M 	17	25	1.7M	1.1M	
 Nutrition	23.8M 	15	24	611K	436K	
 Protection*	33.2M 	29	53	1.6M	958K	
Protection	7.9M 	10	19	1.1M	724K	
Child Protection	13.3M 	18	25	977K	490K	
Gender-based Violence	10.2M 	15	27	979K	576K	
Housing, Land and Property	1.7M 	3	4	750K	12K	
 Shelter and NFI	13.0M 	10	15	1.2M	575K	
 WASH	22.1M 	21	34	1.7M	1.3M	
 Coordination	17.3M 	7	11			
 Refugee Response	120.2M 	12	18	613K	483K	

* Protection includes Protection, Child protection, Gender Based violence (GBV) and House, Land and Property (HLP)

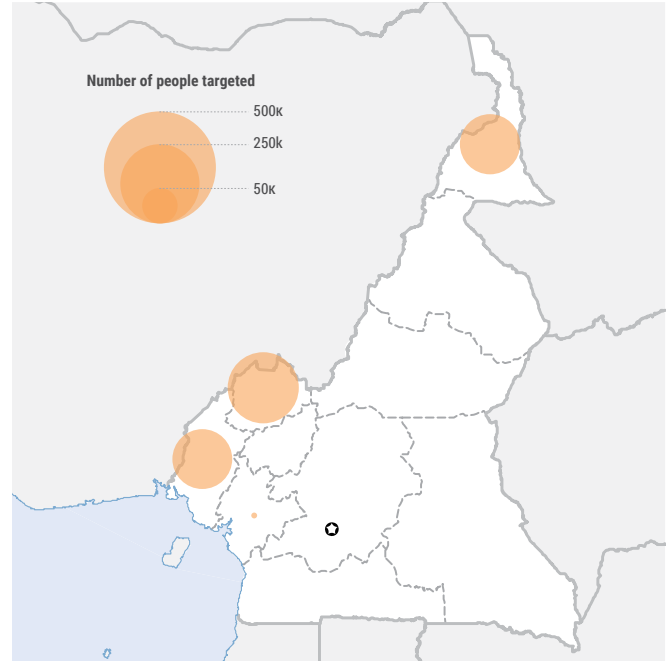
3.1 Protection

PEOPLE IN NEED	PEOPLE TARGETED	REQUIREMENTS (US\$)
1.1M	724K	7.9M



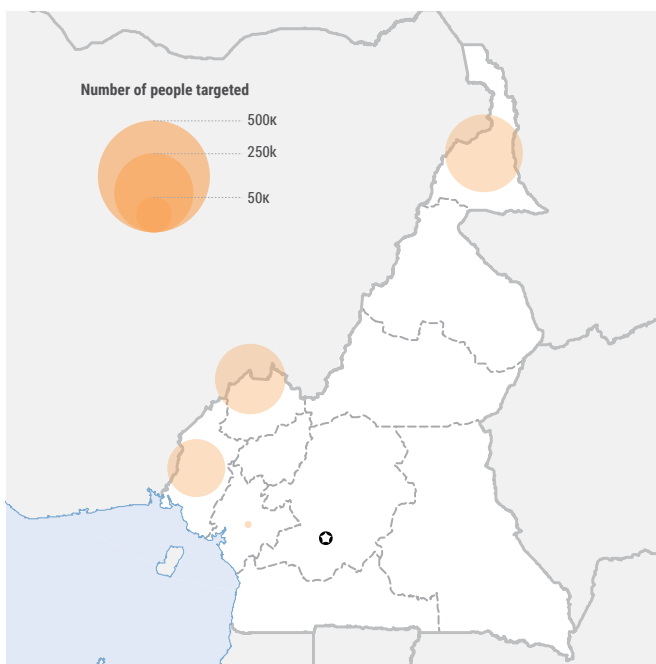
3.1.1 Child Protection

PEOPLE IN NEED	PEOPLE TARGETED	REQUIREMENTS (US\$)
977K	490K	13.3M



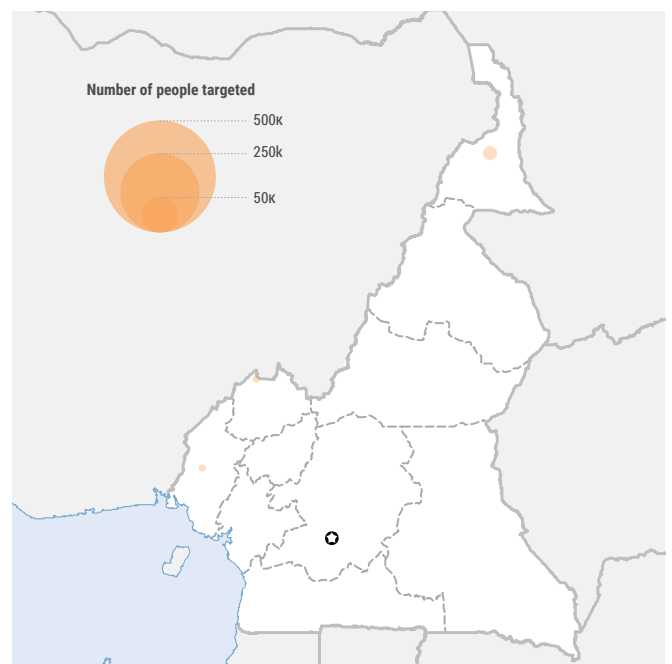
3.1.2 Gender-based Violence

PEOPLE IN NEED	PEOPLE TARGETED	REQUIREMENTS (US\$)
979K	576K	10.2M



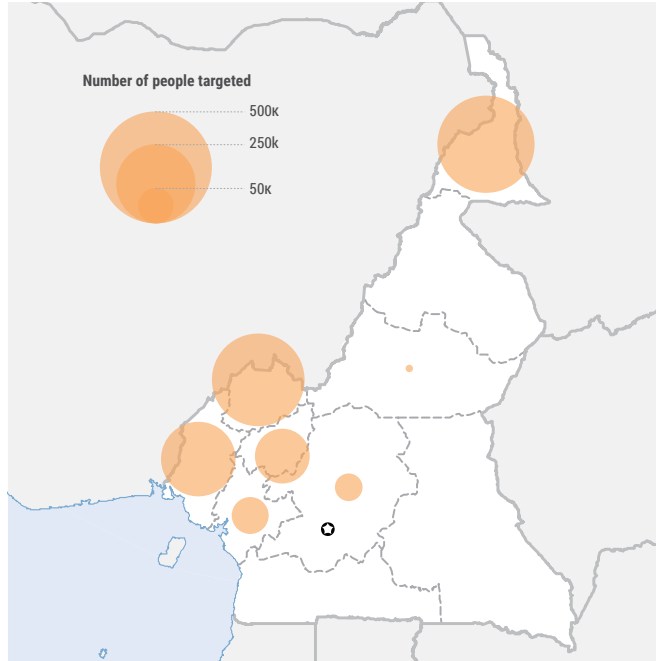
3.1.3 Housing, Land and Property

PEOPLE IN NEED	PEOPLE TARGETED	REQUIREMENTS (US\$)
750K	12K	1.7M



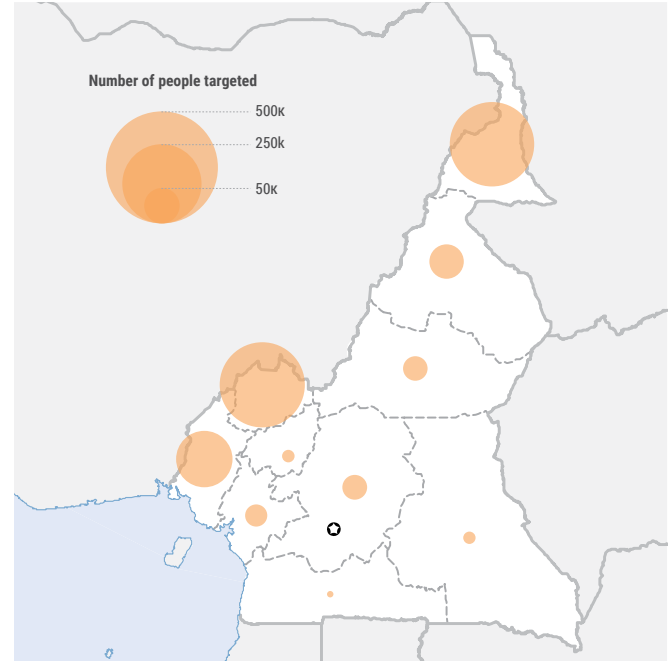
3.2 Education

PEOPLE IN NEED	PEOPLE TARGETED	REQUIREMENTS (US\$)
1.5M	1.1M	21.2M



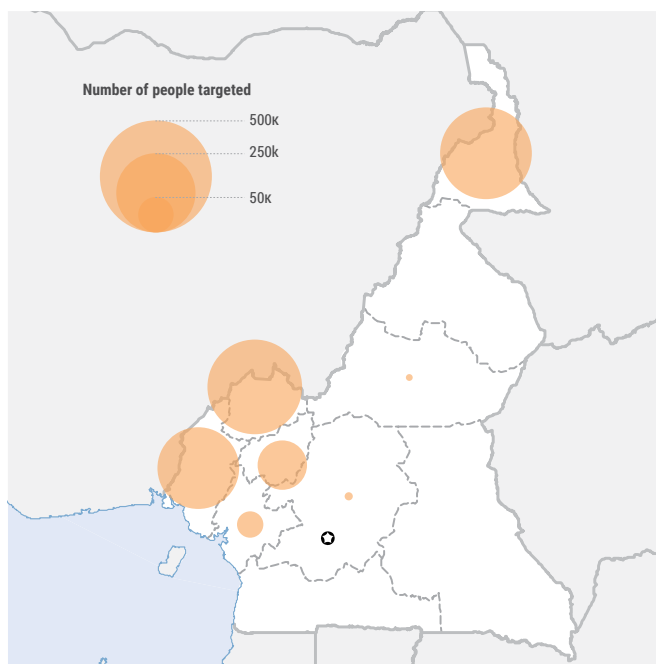
3.3 Food Security

PEOPLE IN NEED	PEOPLE TARGETED	REQUIREMENTS (US\$)
2.6M	829K	94.9M



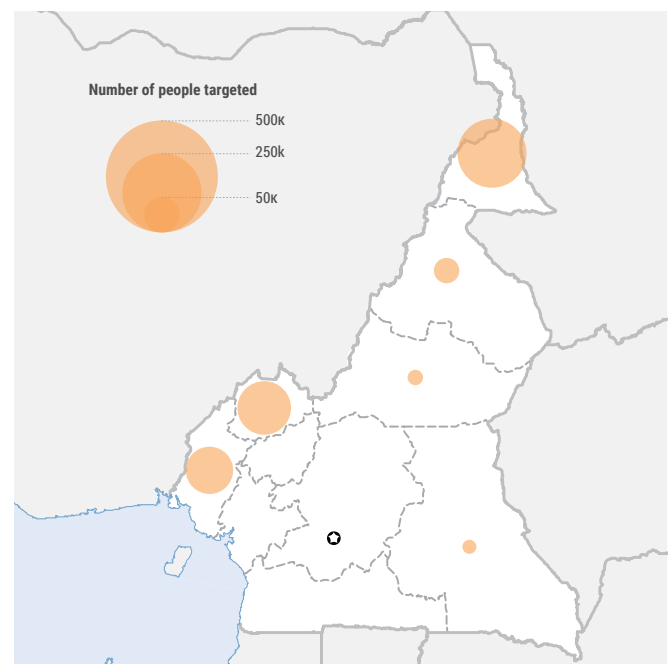
3.4 Health

PEOPLE IN NEED	PEOPLE TARGETED	REQUIREMENTS (US\$)
1.7M	1.1M	21.1M



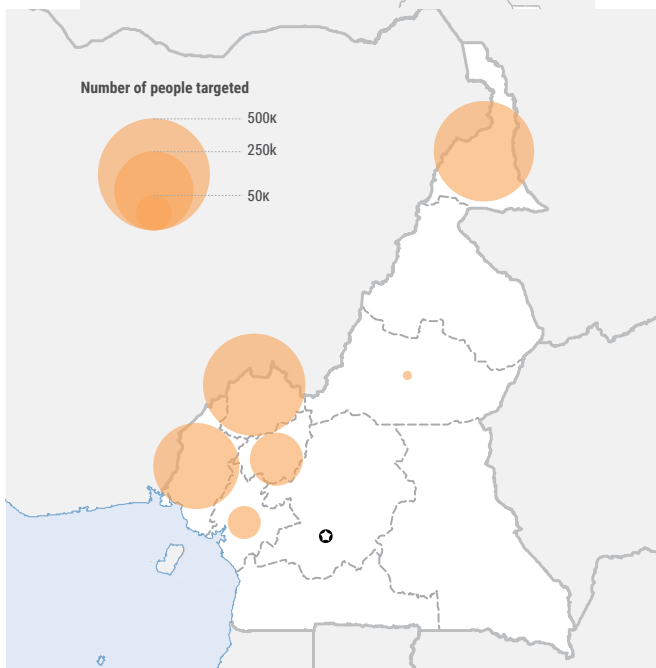
3.5 Nutrition

PEOPLE IN NEED	PEOPLE TARGETED	REQUIREMENTS (US\$)
611K	436K	23.8M



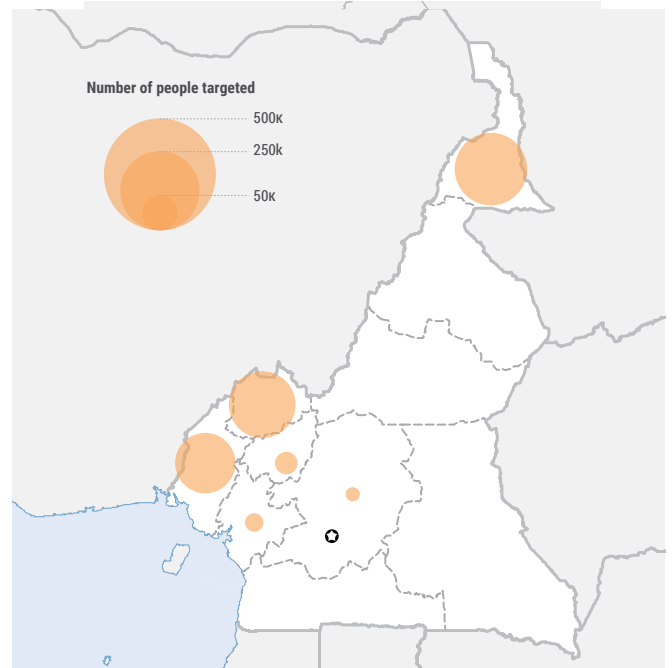
3.6 Water, Sanitation & Hygiene

PEOPLE IN NEED	PEOPLE TARGETED	REQUIREMENTS (US\$)
1.7M	1.3M	22.1M



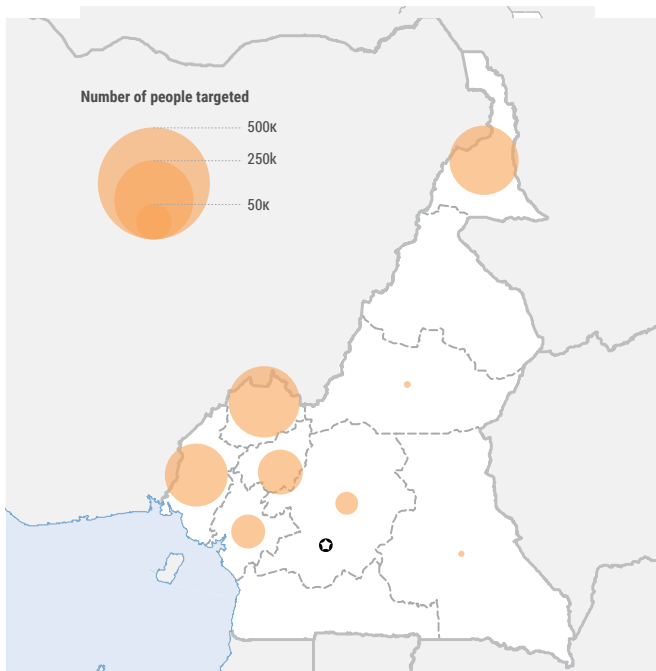
3.7 Shelter and Non-Food Items

PEOPLE IN NEED	PEOPLE TARGETED	REQUIREMENTS (US\$)
1.2M	575K	13M



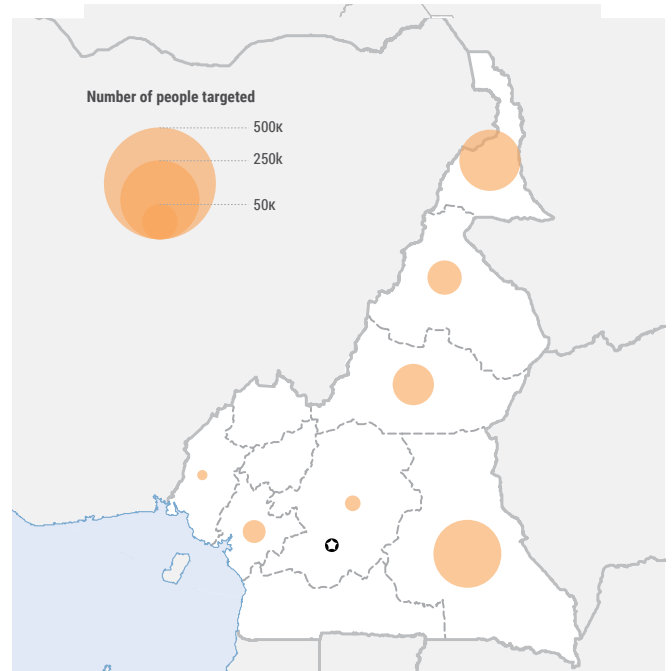
3.8 Early Recovery

PEOPLE IN NEED	PEOPLE TARGETED	REQUIREMENTS (US\$)
2.6M	703K	9.2M



3.9 Multi-Sector Refugee Response

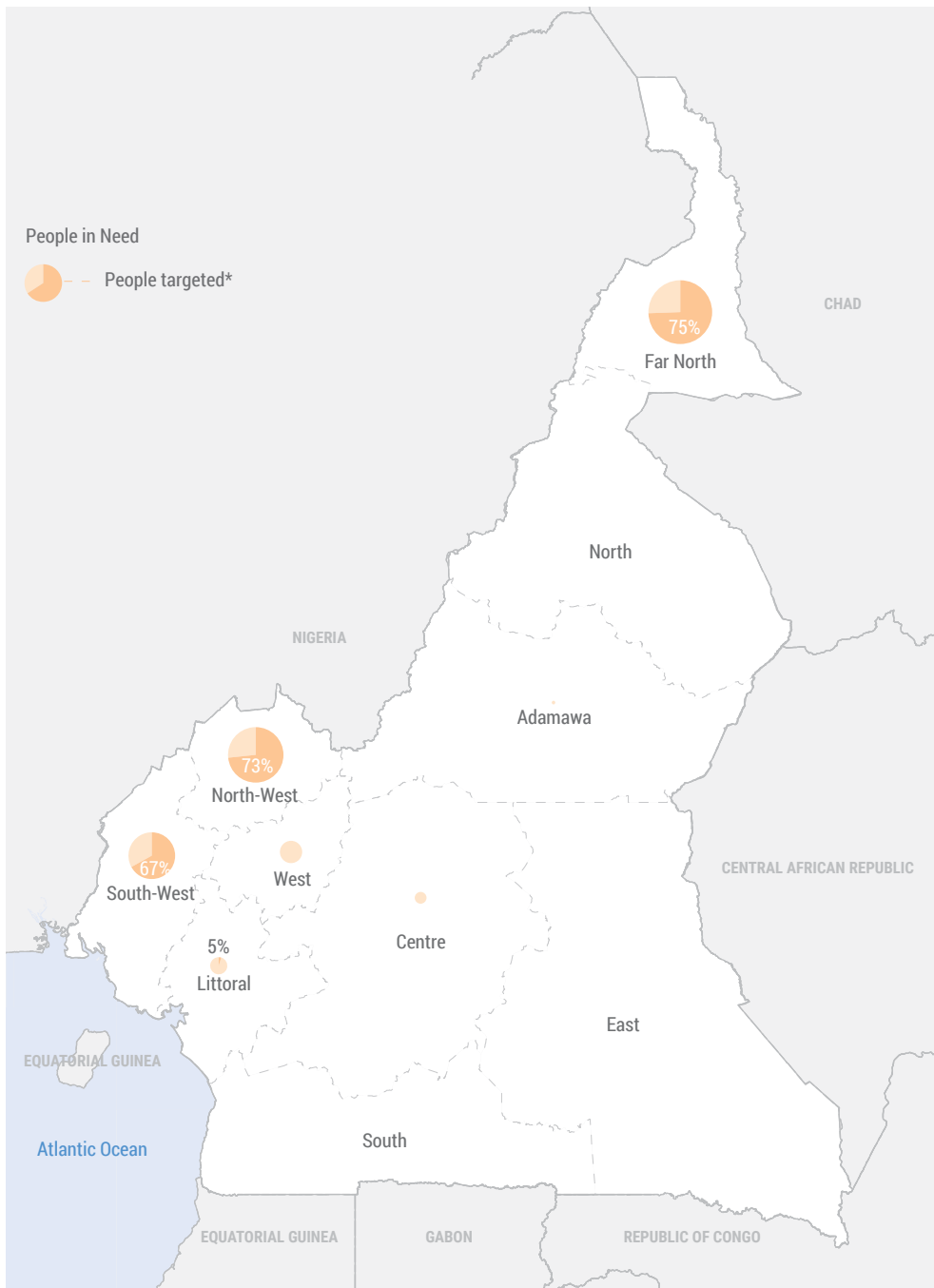
PEOPLE IN NEED	PEOPLE TARGETED	REQUIREMENTS (US\$)
613K	483K	120.2M



3.1 Protection



PEOPLE IN NEED	PEOPLE TARGETED	REQUIREMENTS (US\$)	PARTNERS	PROJECTS
1.1M	724K	7.9M	10	19



* People targeted in relation to the number of people in need



FAR NORTH REGION, CAMEROON

Bogo IDP site.

Photo: OCHA/Ariane Maixandeau

Objectives

1. Improve the protection and respect of fundamental rights for persons affected by crises.
2. Build the capacity of Cameroonian authorities and civil society on the protection of affected populations to ensure respect for human-rights.
3. Promote the centrality of protection and engage first respondent actors to mainstream protection principles in response to the needs of affected population.

Lake Chad basin crisis (Far North)

According to protection actors and as per the dynamics of the protracted crisis in the region, the protection threats for 2022 are likely to remain identical to those identified in 2021, even though the intercommunal conflicts around the use of limited natural resources are likely to increase, including the conflict between farmers and breeders. In 2022, around 25,000 people will be targeted by peaceful coexistence messaging during mass awareness campaigns.

The identified protection threats can be divided into five large categories of rights violations: (1) family separation due to the forced displacement, (2) arbitrary arrests and illegal detentions causing a strain on population freedom of movement, (3) killing of civilians and physical injuries taking place, among others, during incursions of NSAGs in the villages, (4) extortion and destruction of goods and personal property by all parties to the crisis and criminal gangs, and (5) abduction of adults and children mainly to forcibly join the NSAGs. Protection monitoring showed that extortion and destructions of goods and properties count for most of the incidents recorded in the zones of intervention, followed by incidents of physical assault. While men are the primary targets as traditional owners of goods and houses, women and children are exposed to violence and abuse aggravated by the lack of effective access to social services.

Among the 435,000 persons in need of physical and legal protection interventions in the three conflict affected divisions, 74 per cent are targeted by protection partners in 2022, including 61,000 women and 200,000 children. Protection interventions are

planned and implemented in line with the sectorial approach under the leadership of line-ministries.

In the Far North, the humanitarian response is led by the Government but relies heavily on the capacity of humanitarian actors on the ground. The protection analysis shows that some key protection risks are determined or aggravated by pre-existing vulnerabilities and social practices. In 2022 it will be key to promote the HDP Nexus approach in the designated convergence zones. This includes a revision of the legal framework, strengthening of basic social services, and behavioural change programmes by development and peace actors.

In 2022, the protection response will take place in the three most affected divisions Mayo-Sava, Mayo-Tsanaga, and Logone et Chari where most protection humanitarian programmes are ongoing. To respond to the identified protection risks, actors will focus on two main pillars of interventions: advocacy to reinforce security of civilians and the strengthening of 150 community-based structures, including through activities promoting social cohesion. To prevent, mitigate and respond to the immediate protection risks of arbitrary arrests, killings, injury, destruction and/or extortion of goods, protection partners will sensitise beneficiaries on legal rights and obligations, and provide individual legal assistance to 440 adults and psychosocial support at community and individual level.

The weaknesses related to the civil documentation system are pre-existing the crisis but aggravated by the forced displacement and inadequacy of the legal framework and its implementation. In 2022, protection actors will assist close to 8,000 individuals in recovering civil documentations they lost in the displacement and sensitise thousands on the importance of civil registration.

The protection response and advocacy will be guided by the trends of the protection monitoring that will continue to target some 200,000 people each month to collect data on incidents and refer them to relevant actors according to existing referral pathways.

Local NGOs will have a key role to play, and the Protection Sector in the Far North will continue

to support the efforts undertaken at national level under the localization agenda, including through capacity-building activities targeting 160 staff of local organizations.

North-West South-West crisis

The protection environment in the North-West and South-West regions remains characterised by regular armed clashes between SSF and NSAGs, with the civilian population sometimes caught in the crossfire. Civilians are targeted by both parties to the crisis, resulting in physical violence, killings, extortion and destruction of property and overall restricted freedom of movement. The volatile security environment has caused massive displacement, family separations, and affected access to basic services, including civil documentation services. In 2022, protection partners will target 337,200 IDPs, returnees and affected host community members, or 60 per cent of the 562,000 identified people in need of protection assistance in both regions. The decrease in the overall target compared to 2021 is due to changes in severity of needs in some of the divisions of interventions, rather than a decrease in partners' capacity.

Lockdowns and insecurity continued to hinder humanitarian assistance in some hard-to-reach areas in 2021. As indicated in the HNO, the main protection threats include arbitrary arrests and illegal detention, torture, and inhuman treatment, killing of civilians, (attempt of) abductions, and extortion and destruction of personal property and goods.

The protection response will focus on identification, analysis and report on critical protection risks, violations of human rights and international humanitarian law through maintaining protection monitoring activities and build the capacity of local actors.

Key response activities to respond to legal and physical protection risks, including arbitrary arrest and illegal detention, include assistance accessing civil documentation, provision of legal assistance, detention monitoring, sensitisation with judicial authorities on access to justice, as well as sensitisation and awareness raising on human rights and humanitarian law with parties to the crisis and

affected civilian population. Cases of physical violence and torture will be referred for medical assistance and psychosocial support. Humanitarian protection response shall be accompanied by a strong advocacy for the domestication of the Kampala Convention and legal reforms of the civil documentation system and legislation on lands and properties.

To respond to cases of exploitation and abuse of IDPs, protection actors will provide legal assistance and psycho-social support, as well as seek linkages with ongoing livelihood programmes and vocational trainings, including those provided by other sectors. Dedicated referral mechanisms for victims of exploitation and trafficking are not in place yet, due to a lack of dedicated expertise on these two rising phenomena in the North-West and South-West regions. Protection actors will raise awareness on these risks through community-based structures.

Protection analyses show that community can effectively contribute to the protection response. Community structures such as committees, village councils, community representatives and traditional leadership bodies, community-based organizations, and faith-based organizations were identified by actors as platforms with the capacity to help inform and implement the protection response. As in 2021, the Protection actors will cultivate a community-based protection approach to implement the 2022 response plan.

To keep in line with maintaining a participative process that is localized and benefiting from existing capacities in the community, Protection partners will harness local knowledge and capacities of the crisis-affected populations and communities. For example, one of the largest vulnerabilities, is lack of or limited access to civil documentation. Whilst some communities fear accessing such documents for fear of reprisal, others do not have the needed information or awareness to access these structures meaningfully. Engaging local partners and State structures, such as the National Office of Civil State (BUNEC), is key in ensuring sustainability of projects and can offer unique opportunities to join forces in the creation of important literature and ensure they are as far reaching as possible.

Priority zones of intervention for protection actors will exclude hard-to-reach areas and focus on accessible divisions. The Sector, however, shall expand the service map to ensure that previously uncovered areas might receive much needed services further facilitating timely responses to identified protection cases. Due to lack of funding and capacity, mental health response within the Protection Sector is currently limited to case-management for child protection and GBV but does not include the much-needed community mental health awareness and support, nor assistance to individual cases. Psycho-social and mental health support would be required to respond to the stress and trauma of the affected population, for instance following attacks on villages and schools, kidnapping, raids, etc.

Littoral

In 2022, the Protection Sector will only target 1,568 individuals of the 30,000 people in need in the Littoral region, considering partners' limited resources and capacities.

Protection actors aim to improve IDPs access to civil documentation. Close to 1,500 individuals across the Littoral region, especially in the Wouri division, will be assisted acquiring birth certificates, in parallel to sensitisation campaigns on the importance of civil documentation and prevention of document forgery and corruption practices. In addition, protection partners will continue to support advocacy for the adoption of administrative measures by the Government to facilitate access to documentation to forcibly displaced individuals.

Protection partners in close collaboration with the National Commission for the Promotion of Bilingualism and Multiculturalism and the IDPs and host communities' representation structures, including traditional leaders, will aim to work on identifying opportunities to strengthen social cohesion between host communities and IDPs (e.g., cultural and sports events).

Advocacy for the respect of national criminal procedure by the law enforcement authorities and awareness raising activities will be conducted to enable IDPs to protect their rights. The system of

identification, referral, and reporting of cases of arbitrary arrest and illegal detention of IDPs will be strengthened with the support of the National Commission of Human Rights and Freedoms. In addition, 250 individuals will receive individual legal assistance by protection partners in 2022.

Protection partners will sensitise IDPs and employers on economic exploitation and abuse through continuous and increased community education on labour laws. IDPs will also benefit from legal assistance as survivors of violation of their rights in the workplace. Advocacy will be made to ensure the inclusion of extremely vulnerable IDPs in the social safety nets programme implemented by the Cameroonian Government with the financial support of the World Bank.

CONTACT

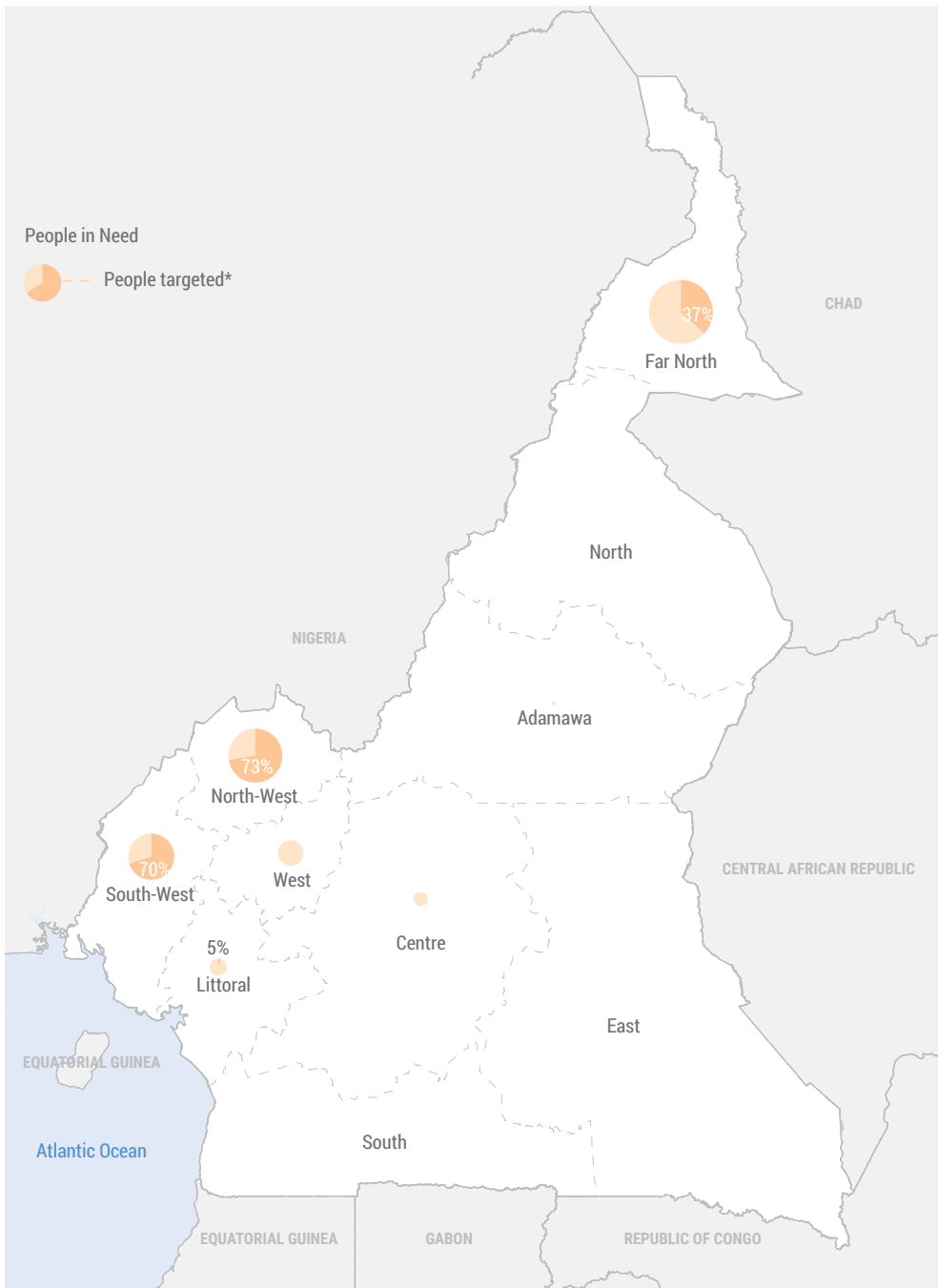
Elodie Lemal
 Protection Sector Coordinator
 UNHCR Cameroon
 lemal@unhcr.org

Objectives, Indicators and Targets

Sector Objective Se01		TARGET
Improving the protection and respect of fundamental rights for persons affected by crises		
Indicators	Average # of persons covered by protection monitoring activities on monthly basis	252,691
	# of GBV survivors (women, men, girls, boys) who have received at least one form of (life-saving) assistance	9,061
	# of children and care-givers accessing mental health or psycho-social support	489,770
	# of conflict-affected persons having benefited from civil or identity documentation support (including birth certificate for crisis-affected children)	23,037
	# of persons receiving legal assistance in relation to housing, land and property disputes	851
	# of people reached out during sensitization campaign and other interventions (i.e. sport activities) on social cohesion and peaceful coexistence	27,200
Sector Objective Se02		TARGET
Building the capacity of Cameroonian authorities and civil society on the protection of affected populations to ensure respect for human-rights.		
Indicators	# of individuals from local and national authorities trained on protection standards and policies (sector/cluster and AORs)	2,636
	# of individuals from civil society trained on protection standards and policies (sector/cluster and AORs)	1,645
Sector Objective Se03		TARGET
# of training sessions organized on centrality of protection and mainstreaming of protection organized		
Indicators	# of training sessions organized on centrality of protection and mainstreaming of protection organized	16

3.1.1 Child Protection

PEOPLE IN NEED	PEOPLE TARGETED	REQUIREMENTS (US\$)	PARTNERS	PROJECTS
977K	490K	13.3M	18	25



* People targeted in relation to the number of people in need

Lake Chad basin crisis (Far North)

In the Far North, the main threats against children and their caregivers are family separation caused by forced population movements, and the abduction of children often related to the forced recruitment by NSAGs with heightened risk of sexual exploitation for girls. Most of the children and adolescents formerly associated with NSAGs struggle to reintegrate into the community, causing further physical and psychological harm to those already vulnerable. The presence of unexploded ordnances of war creates safety risks for children. Girls are exposed to various forms of sexual violence, child marriage, and early pregnancy, often as negative coping mechanisms and because of traditional social and cultural practices. Unwanted pregnancies resulting from sexual assault by members of NSAGs or community members, incidents of GBV, physical violence, negligence, and abuse also define the child protection risks that humanitarian actors need to respond to.

In 2022, Child Protection partners will assist 144,000 children and caregivers with mental health and psychosocial support, including through the identification, referral, and individual case-management of 800 children. All children and caregivers will be sensitised on key child protection messages, including on positive parenting, and prevention of violence and abuse. 500 unaccompanied and separated children will be identified and assisted, including through alternative care-arrangements, while 350 children will be targeted for family reunification.

Humanitarian actors will build upon existing governmental structures, such as social services, as well as community-based mechanisms, such as social groups, complaint mechanisms, and traditional authorities, to conduct awareness activities and identification of children at risk. In addition, Child Protection partners will focus on the establishment and strengthening of child and adolescents' clubs to provide life skills activities.

In 2022, key child protection activities will include the provision of psychosocial support to children, adolescents, and caregivers to prevent violence, negligence, abuse against children in all three divisions. This will include a dedicated and specialised

support to children formerly associated with NSAGs to support their return to the community. Furthermore, partners will build capacity on positive parenting and on child rights, prevention of violence and abuse, and child protection minimum standards for religious and traditional leaders, as well as awareness raising to prevent family separation.

Child Protection partners will work closely with GBV partners to ensure identification and support to children surviving GBV, including sexual violence, child marriage, and early pregnancy.

As development actors continue to support the Government in strengthening its civil registration and vital statistics system, Child Protection partners will support the birth registration process with the creation of civil status services in health facilities in Logone et Chari, Mayo-Sava, and Mayo-Tsanaga, as well as in the convergence zone of Mokolo.

The strengthening of the child protection system will also aim at reinforcing peaceful cohabitation and social cohesion within the zones of humanitarian interventions.

North-West South-West crisis

Children bear the brunt of the ongoing humanitarian crisis in the North-West region. Family separation continues to be the main child protection concern, as many children have been separated from their family because of death of parents, voluntary separation to attend school, insecurity, destruction of homes, poverty, etc. Children, especially boys, are reportedly being recruited and used by armed groups. This in turn exposes other children to the danger of arbitrary arrest on suspicion of being members or potential members of armed groups.

With most schools closed or under attack due to the crisis, many children lack access to education and are instead engaged in work for food and supplement their families' incomes. Those who have managed to secure places in the few schools that remain operational, work on the streets to pay their school fees. As this conflict continues, many cases of sexual violence, harassment, and child marriage accompanied by unwanted early pregnancies, are

being reported. Reports by field staff confirm that girls and young women are resorting to transactional survival sex.

The lack or loss of birth certificates continues to result in other child protection risks as it hinders young boys' and girls' access to basic services, when available, and exposes them to further risks of exploitation and arbitrary arrest and detention.

In 2022, Child Protection partners plan to assist 344,000 children and caregivers with prevention, sensitisation, and awareness activities, as well as to provide individual assistance to children victims of violence and abuse. This is a target of 72 per cent of the total number of children and caregivers in need. The decrease of the target in comparison with 2021 is due to the change of severity in some divisions, but also a decreased presence of experienced child protection partners.

In 2022, Child Protection partners will conduct participatory community mappings to identify existing structures, including cultural and development associations, traditional councils, church groups, and youth groups. The mapping will help identify their location, what they do and what capacities they must protect children. Even where they do not have a direct link to child protection, they can be identified and strengthened to provide a sustainable protective environment for children and to mainstream child protection in their activities. This in turn ensures sustainability as these structures will continue to function even after projects have come to an end. In rural areas under the control of NSAGs, where the legitimacy of decentralised State structures might be challenged, influential community members, such as teachers and other influencers, can be identified and trained to respond to the needs of children.

The following threats have been identified to be prioritised for response activities: child labour, child exploitation and abuse, family separation, sexual exploitation and abuse by humanitarian actors, physical violence, forced marriages, early pregnancies, absence of birth registration services in the context of forced displacement, arbitrary arrests of older children and youths and children associated with armed forces and armed groups.

To respond to the most pressing child protection risks and needs, the actors will first and foremost prevent future risks of violence, exploitation, and abuse through continuous and increased community-based child protection mechanisms, GBV prevention, family separation prevention, by strengthening positive parenting, community engagement and empowerment as well as children's self-resilience. Child Protection actors will strengthen local and community-based capacities to provide a protective environment and promote accountability to affected populations. This will be achieved mainly by mainstreaming child protection, training child protection workers, and improving their technical capacities to monitor and report child rights' violations and respond to it, sensitizing communities and raising their awareness to monitor and identify child rights violations.

Provision of psycho-social support to all targeted children and caregivers will be a key prevention, mitigation, and response activity in 2022 in continuation with the approach of previous years. Child Protection partners will respond to cases of violence and abuse identified by Child Protection partners through the provision of psycho-social support to children, and their caregivers when needed, identification, tracing, and reunification of separated or unaccompanied children, temporary alternative care and comprehensive child protection case management services and referral.

Littoral

As Child Protection coordination begins in the Littoral region in 2022, partners' capacity is largely unknown and the one of lead agencies remains limited. 1,400 children and caregivers will benefit from child protection interventions in the Wouri division. The main protection risks of IDP girls and boys in the Littoral include GBV, survival sex, early and forced marriages (especially for girls), child labour, and lack of civil documentation. Girls are more exposed than boys to these identified risks and therefore, priority response activities will follow a tailored gender approach.

Due to the high concentration of IDPs and the presence of partners and lead agencies, child

protection activities will only target the Wouri and Mounjo divisions in 2022. Child protection interventions will primarily concern girls and boys who are victims of sexual violence and exposed to work and economic exploitation, as well as on children at risk of being recruited into armed groups and those without civil documentation. Also, UASC, children living with disabilities, orphan children, children without known family background, and children from single-parent families, will receive special attention, as well as their host families out of the 1,000 children and caregivers who will receive individual protection assistance in 2022.

In the Littoral region, State services are well implemented, including social protection services on which the humanitarian intervention should be built. The Child Protection response will be participatory within the framework of Children's Clubs or within the framework of Child Committees to support the existing capacities of the affected population. However, these capacities of the affected populations, coupled with the community and institutional capacities of the State in the Littoral region, require strengthening in terms of the technical capacity of the actors and response coordination. The limited human, material, and financial capacities of the decentralised structures of the Ministry of Social Affairs (MINAS) and the Ministry of Women's Empowerment and the Family (MINPROFF) do not allow them to address the new challenges of child protection among IDPs from the North-West and South-West.

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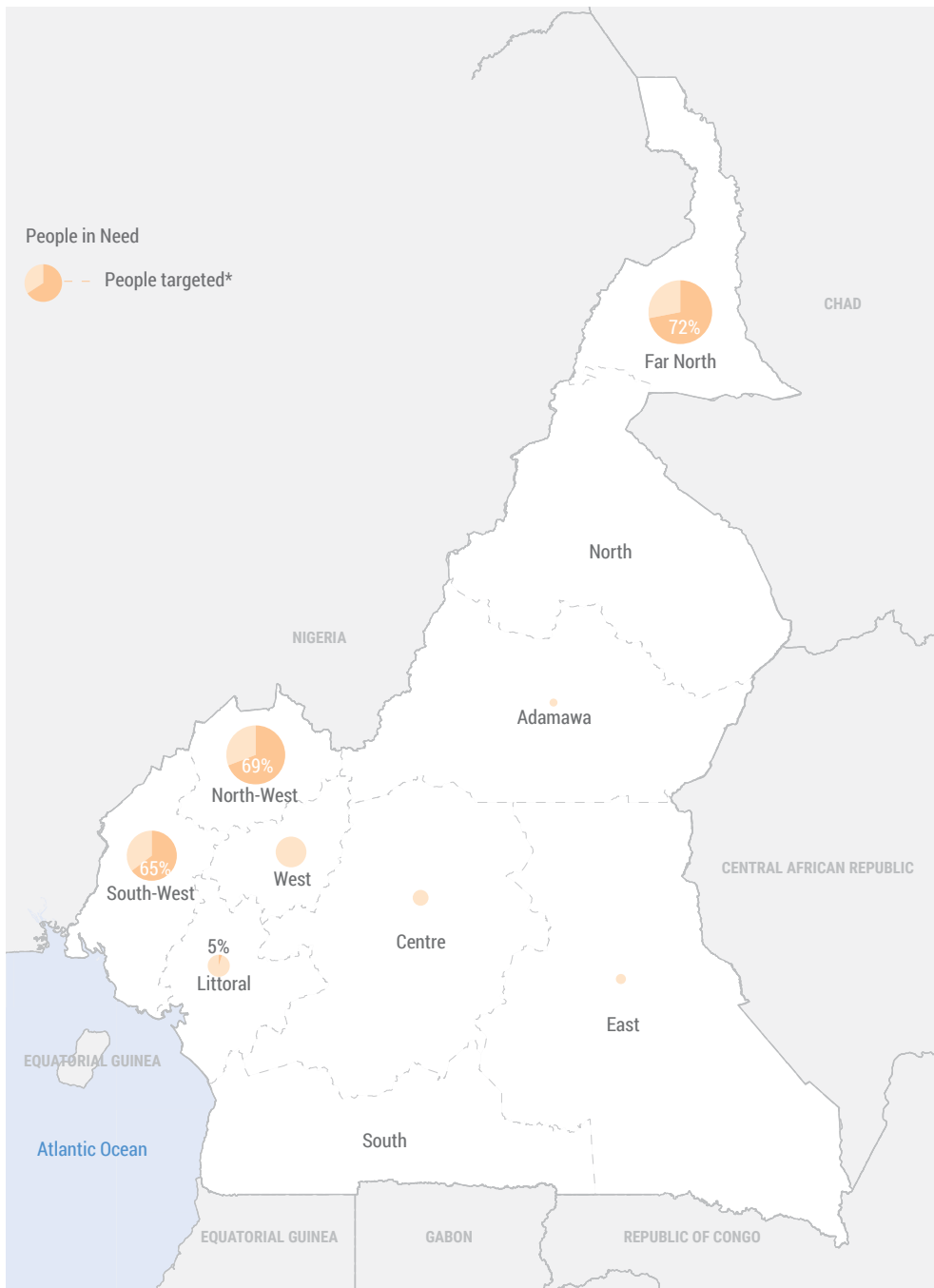
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3.1.2 Gender-based Violence

PEOPLE IN NEED	PEOPLE TARGETED	REQUIREMENTS (US\$)	PARTNERS	PROJECTS
979K	576K	10.2M	15	27



* People targeted in relation to the number of people in need



SOUTH WEST REGION CAMEROON

Photo: OCHA/Giles Clarke

Lake Chad basin crisis (Far North)

In the Far North region, the level of GBV is partly caused by discriminatory social and cultural norms against women and girls and exacerbated by the forced displacement of the population. In 2022, GBV partners plan on providing prevention and response activities to some 575,000 individuals, including 144,000 children. Men and boys will be included in all awareness and sensitisation on GBV to raise awareness within the community.

The majority of GBV incidents recorded in 2021 related to the denial of resources, opportunities or services, and physical violence, with most cases perpetrated by intimate partners. Single women and widows, women-headed households, pregnant and nursing women, elderly women, and women living with disabilities are all at higher risks of being exposed to GBV.

Situations of forced displacement create a breeding ground for sexual exploitation and abuse during displacement and while living within host communities. Displaced people, including women heads of households, easily become dependent on host communities and other people for their most basic needs like shelter, food, and water. This exposes them to all forms of exploitation and abuse.

Moreover, forced, and early marriage are the combined result of pre-existing socio-cultural norms and negative coping mechanisms, common to families who lost their land and source of income when they were forced to flee. Early marriage is often used as a strategy to avoid early pregnancy outside marriage, but also for parents struggling to cover their family's basic needs.

In 2022, GBV partners will provide multisectoral care (medical, psychosocial, and legal) to 2,600 GBV survivors. Also, 450 of the most vulnerable women and girls, including survivors of GBV, will have access to livelihoods, life skills building activities, self-esteem, and vocational trainings to build the resilience of women and girls. GBV actors will also support targeted population with access to services, by improving the quality of case management and strengthening the application of minimum standards, for safe spaces.

Prevention activities will target 66,000 individuals through large-scale awareness campaigns, educational talks, and discussion groups to create or strengthen community ownership of GBV risks.

GBV partners will build the capacity of 200 GBV-related service providers, including teachers, defence and security forces, State institutions and community-based organizations on the provision of multisectoral services to survivors. A particular emphasis will be placed on strengthening gender mainstreaming in other humanitarian sectors (health, shelter, WASH, food security).

GBV partners will regularly conduct security audits and risk and vulnerability mapping exercises involving the community and women's networks both in the identification of risks and vulnerabilities and in the ownership of the risks by the community.

In the Far North region, despite the presence of the State in the crisis affected areas, institutional capacity in terms of prevention and response to GBV remains limited. Among the institutions available, the Centres for the Empowerment of Women and the Family (CPFF), attached to the MINPROFF, provide trainings for women and girls in empowerment activities and socio-educational activities. The social centres and the Multifunctional Centres for the Promotion of Young People contribute to the training of young people through various activities, and they can be used as leverage for GBV awareness. Finally, the municipalities through the social affairs services provide considerable support to the populations affected by the crisis and support young people to reduce the risk of adopting risky sexual behaviour among them.

North-West South-West crisis

In the North-West and South-West regions, the key identified risks in terms of GBV include denial of resources and opportunities and incidents of physical and sexual violence such as harassment and rape, sexual exploitation, early marriage, intimate partner violence, survival sex, physical assault, and emotional violence. To respond to those risks and needs, GBV partners will target a total of 333,000 boys, girls, men, and women both through prevention and response activities. This represents 68 per cent of the total population in need in the regions and thus a decrease compared to the 2021 target, which is explained by the increasing access and operational constraints.

Sexual violence is not only committed by armed parties to the crisis but is also exacerbated by situations of displacement and family separations, forcing families to live in proximity, increasing risks of sexual exploitation, sexual violence, and assault against women and girls particularly. For this reason, prevention activities at the community level including with crisis-affected population, local, traditional, and religious leaders, engagement of boys and men, and youth and adolescent programmes will be key. An estimated 175,000 individuals in the North-West and South-West will benefit from targeted sensitisation and awareness raising activities in 2022.

Within the communities the capacities that are in place, and to be leveraged in the response to the above risks, protection partners include women church groups, social and cultural groups, religious leaders, and traditional councils. These shall be mobilised by sensitisation town criers, community radio, and capacity-building.

To ensure adequacy and quality of the GBV response, risk mitigation and prevention programming, GBV partners will regularly conduct safety audits and vulnerability mapping exercises by involving the community. The security audits, jointly with data on the response collected with the GBV information management system (GBVIMS), will guide an evidence-based response, including the formulation of trends and analysis. GBV actors will be focusing on strengthening the capacity of all GBV service providers,

including those of regional state systems, in all four components of the GBV holistic and survivor centred case management.

Humanitarian access is restricted by both security and operational constraints, limiting lifesaving GBV services and assistance in several localities especially rural areas, adding to pre-existing structural gaps in both regions. The availability of safety and security services, including trained law enforcement staffing, is limited.

The priority responses and key activities to address the identified GBV related threats in accessible areas of the North-West and South-West regions include social and economic empowerment, skills development, and material assistance for women and girls facing denial of resources and opportunities. Prevention will be conducted through community awareness and advocacy for gender-sensitive legal and social reforms.

Sexual violence and/or physical violence, and intimate partner violence, will trigger a multisectoral response, including health, psycho-social, security and legal services, but also awareness creation, capacity building of community-based institutions. Distribution of rape kits is key although funding is insufficient to cover all local health points. Partners will continue running women and girls' safe spaces to strengthen awareness and community mobilisation but also as channels of identification and referrals. Response to and prevention of sexual exploitation will include awareness raising, advocacy but also creating reporting mechanisms and referrals, currently non-existent.

To prevent and respond to survival sex as a negative coping mechanism, priority will be given to skills training and socio-economic empowerment, as well as to individual case management and psychosocial support.

Early and forced marriages can be responded to as a priority through community behavioural change, reached after awareness raising, training sessions for community leaders and community structures such as youth and child clubs. For survivors, partners will be re-enforcing para-legal services, and individual case management.

Littoral

In the Littoral region, the level of violence exacerbated by forced displacement and lack of adequate lifesaving GBV services put women and girls at heightened risks. The 2021 protection analysis showed that a vast majority of the GBV incidents taking place in the Littoral include economic violence exacerbated by poverty, limited access to resources and violence committed by intimate partners, other family members, and relatives. Therefore, GBV partners will concentrate their efforts on prevention activities targeting individuals and communities including traditional and religious leaders, local authorities, and conflict-affected communities. Prevention activities will also target men and boys. Women and girls represent the vast majority of GBV survivors, highlighting that such violations find their roots in discriminatory sociocultural norms and practices, where women and girls are not perceived as equals and thus gives them a lower social economic status.

The Littoral region hosts many IDP women and girls who have sought refuge from the crisis in the North-West and South-West region. As a result, coupled with poverty and high rents many women and girls stay in overcrowded homes with little to no privacy. The life in proximity, is increasing risks of sexual exploitation, sexual violence, and assault, against young girls.

Poverty and lack of access to information limits women's access to available GBV lifesaving services in many areas adding to pre-existing structural gaps. Even when women know where services are, access might be limited due to a lack of means of transportation.

In 2022, GBV partners will provide holistic and survivor-centred care to 450 GBV survivors (girls, boys, men, and women). The most vulnerable 200 women and girls will also access livelihood opportunities and gain income generating skills.

Large-scale sensitisation campaigns aiming at reinforcing community's knowledge on GBV issues will target 17,000 community members. Strengthening the GBV coordination system in the Littoral will also be prioritised to reinforce synergies and the collective response against GBV.

The humanitarian response to GBV will be anchored in the national and regional social protection schemes as part of the HDP Nexus and continuum approach. Linkages with development programmes and capacity building of service providers, including government actors, and of communities will ensure the sustainability of the emergency response. The involvement of communities in the prevention and

response to GBV will be placed at the centre of interventions in 2022 with a view to contributing to the establishment of a solid and lasting community mechanism. In addition, establishing Government leadership in coordination structures at the regional and divisional levels will help strengthen their ownership and capacity.

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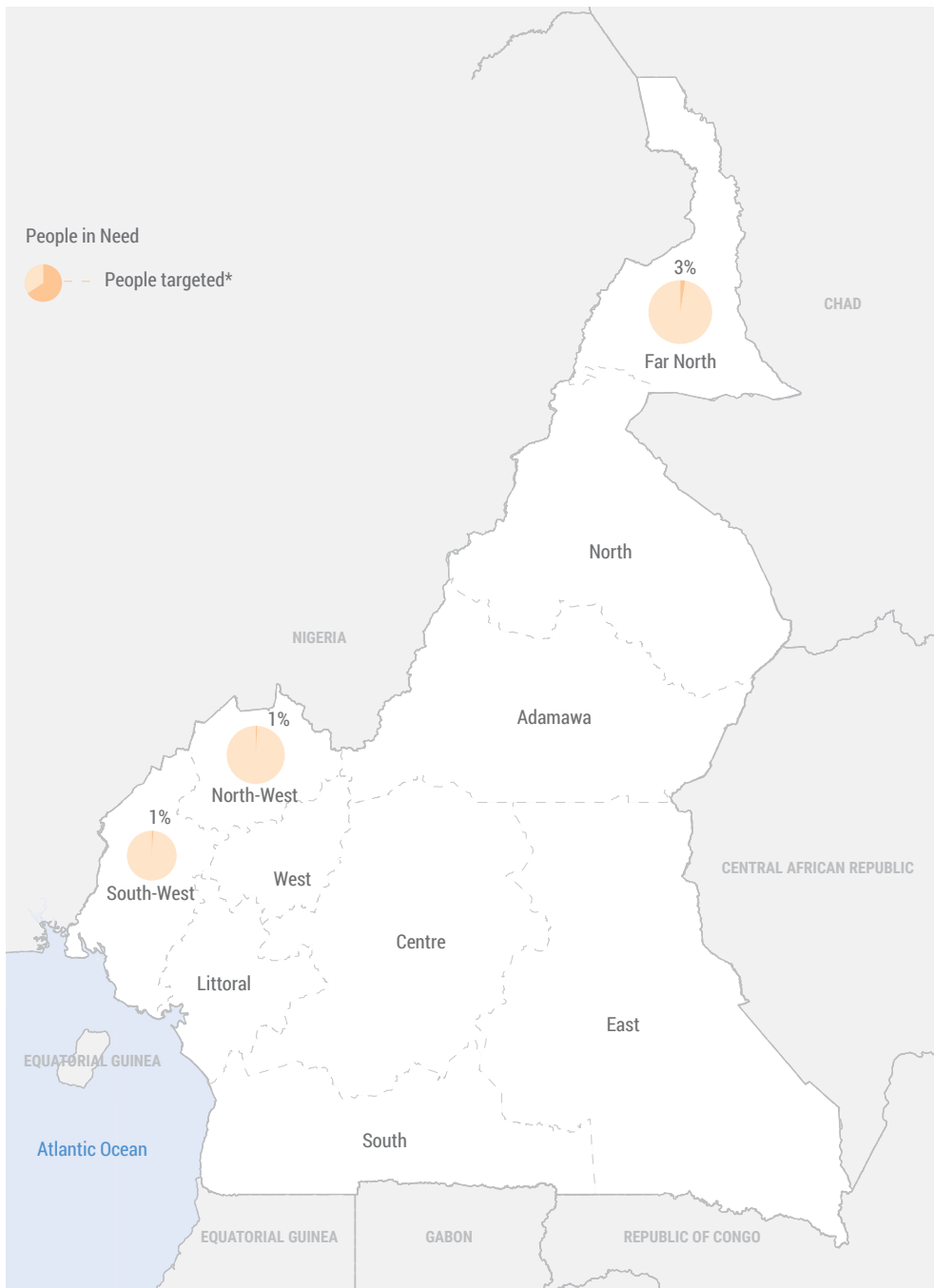
Arrey, 25 years old and her 7 month old fled when the fighting forced them to leave. She is a trained hairdresser and used to have a small hair salon making enough money to live on. CHA/Giles Clarke



3.1.3

Housing, Land and Property

PEOPLE IN NEED	PEOPLE TARGETED	REQUIREMENTS (US\$)	PARTNERS	PROJECTS
750K	12K	1.7M	3	4



* People targeted in relation to the number of people in need

Lake Chad basin crisis (Far North)

In the Far North, some 307,000 people are found in need of humanitarian intervention to secure their access to HLP or tenure. This includes community awareness on rights and obligations to prevent forced eviction and secondary occupation, to prevent gender-discrimination against women and girls when it comes to access to land and inheritance of property, but also protection risks related to inadequate housing and exploitation by landlords and communities hosting the most vulnerable IDPs.

A total of 500 individuals will receive legal assistance on their cases of forced eviction, secondary occupation, and other land disputes, and 500 individuals will benefit from individual counselling to determine whether a case should be opened.

Individual legal assistance is a key activity for HLP actors in 2022, which will complement the awareness raising on rights and obligations of local administrative and traditional authorities, and communities themselves. In 2022, HLP actors will provide targeted sensitisation activities to 6,800 people. In the three divisions of intervention (Mayo-Sava, Mayo-Tsanaga, Logone et Chari), 310 members of the local authorities and traditional leadership will be trained on HLP rights and conflict resolution.

HLP partners will build upon existing capacities among the local administrative and traditional authorities and reinforce community-based mechanisms. Issues related to access to HLP are deeply linked to the legal reforms required to integrate the protection and assistance of IDPs into the legal framework, and to the development of the civil documentation system. This will require

FAR NORTH REGION, CAMEROON

Bogo IDP site

Photo: OCHA/Ariane Maixandeau



synergies with the development actors through the Nexus approach, especially in the selected zones of convergence. Gender discrimination and HLP violations caused by forced internal displacement can only find a sustainable solution through a revision of the applicable legal framework, a reinforcement of the local authorities' capacity and strengthening of the civil documentation system.

North-West South-West crisis

Insecurity and violence in the North-West and South-West regions led to 348,000 internally displaced individuals within the two regions while 384,000 are considered as returnees since the start of the crisis.³⁴ Following extortion and destruction of properties, forced displacement exacerbates inadequate housing, insecurity of tenure, risks of eviction, instances of secondary occupation and land grabbing. Both IDP and returnees struggle to have their rights to land and housing respected as the vast majority do not hold property deeds and as traditional dispute resolution mechanisms were weakened by the crisis.

Protection partners estimate that 482,000 individuals are currently in need of HLP assistance, including sensitisation on rights and obligations, advocacy with authorities and at individual level, counselling, and case-management. A dedicated HLP AoR was formalised for the first time in 2022, considering poor presence and expertise of humanitarian actors on ground, relying mainly on the capacity of the lead agency NRC. Therefore, the HLP partners will be able to target only 1% of the population in need in 2022. In 2022, capacity-building, advocacy, and fund-raising will strengthen the HLP assistance to those in need, bring more visibility to this essential aspect of the protection response and allow for better targeting in 2023 and onwards.

Partners will provide individual legal assistance to 350 people in both regions, including on cases of secondary occupation or forced eviction for instance, while 300 individuals will benefit from HLP counselling. Sensitisation on HLP rights and obligations will be the main tool to prevent violations to occur and encourage land dispute resolution mechanisms. HLP awareness will be conducted through targeted

actions to the benefit of 3,300 people, such as local authorities, traditional leaders, owners, and the communities themselves. In addition, 350 members of local administrative and traditional authorities will be trained on HLP rights and obligations.

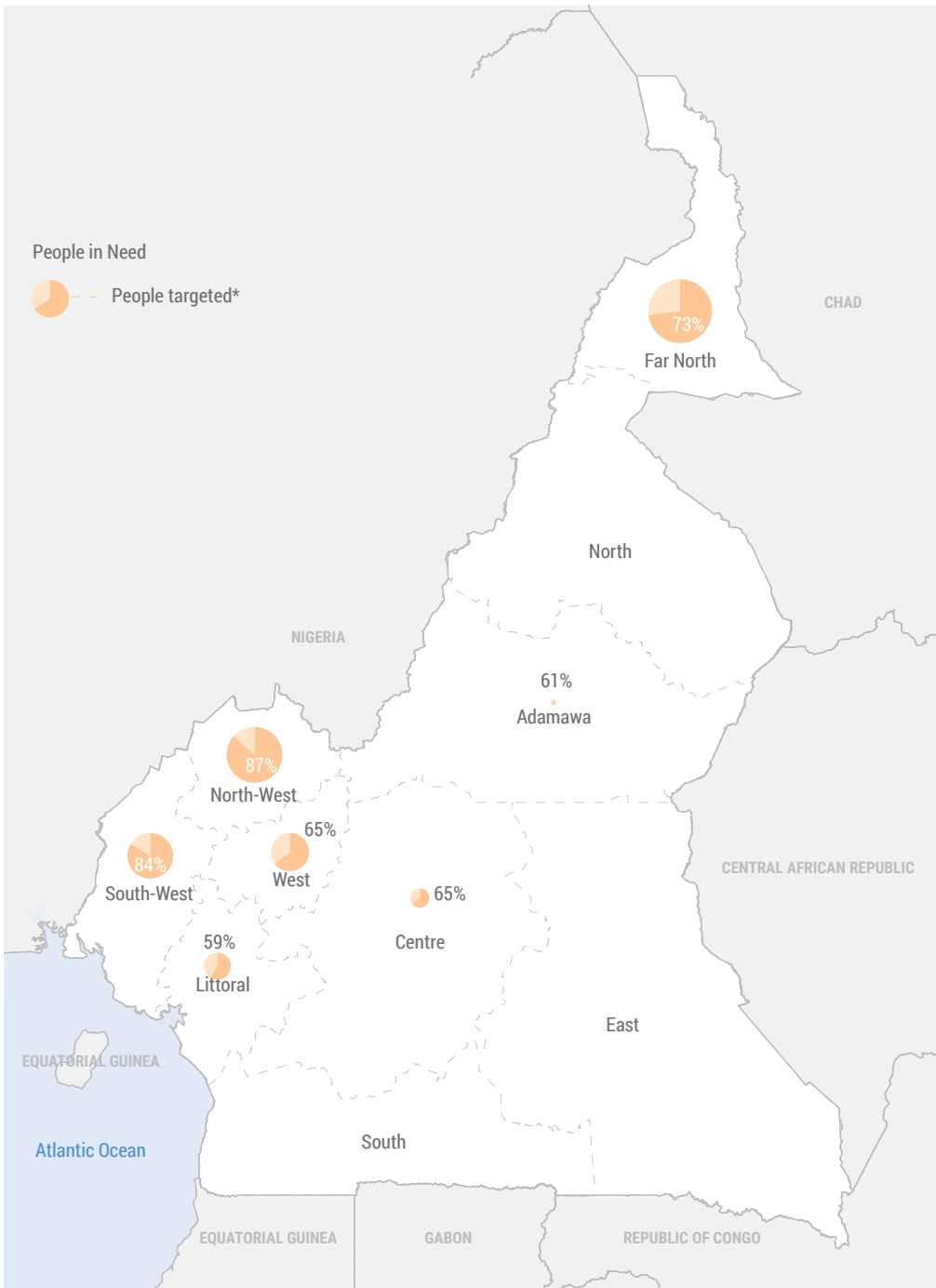
Instances of inadequate housing and exploitation are also present in the region of the Littoral, however limited capacity of the HLP AoR in 2022 will restrict HLP activities to some communities in the Douala IV sub-division in the Mungo Division.

HLP partners will build upon existing capacities among the local administration and authorities, as well as reinforce community-based mechanisms. Issues related to access to HLP are strongly linked to the legal reforms required to integrate the protection and assistance of internally displaced persons into the legal framework, and to the development of civil documentation system. This will require synergies with the development actors on the long run.

3.2 Education



PEOPLE IN NEED	PEOPLE TARGETED	REQUIREMENTS (US\$)	PARTNERS	PROJECTS
1.5M	1.1M	21.2M	42	50



* People targeted in relation to the number of people in need



NORTH-WEST REGION , CAMEROON

Photo: OCHA/ Bibiane Mouangue

Objectives

1. Improve reception capacities of schools and training institutions: construction and rehabilitation of infrastructures (classrooms, latrines, water points, temporary learning spaces, teacher housing).
2. Strengthen distance/alternative education through radio-based learning, digital learning, paper-based distance learning; accelerated learning programs; non formal education in emergencies.
3. Strengthen advocacy and social dialogue with actors in the education system (communities, teachers, administrative and school officials, etc.) for the schooling of all children, with a focus on girls (aiming both, at increasing learning opportunities for girls, and aiming at maintaining girls in school if possible), and children with special needs.
4. Improve inclusive education through teacher training, acquisition, and distribution of materials for children living with disabilities, construction of inclusive schools.
5. Improve protection and safety/security of children and teachers for a risk-responsive and protective learning environment.
6. Improve learning opportunities for the poorest children: acquisition and distribution of school materials, granting of bonuses and scholarships to schools and training institutions, families, and children; individual cash and grants to school.
7. Expand school feeding programmes, including through innovative models.
8. Improve the quality of education through the strengthening of monitoring systems and pedagogical supervision, training of teachers on the didactics of the disciplines, life skills, psychosocial support and other themes related to education in emergency situations (EiE), sports and recreational games for learning, resilience, and positive coping mechanism.

9. Improve school governance through revitalising school councils/school management committees.
10. Improve coordination and information management of EiE.
11. Improve prevention of COVID-19 and other communicable illnesses in schools through awareness raising on barrier measures to fight COVID-19, and the strengthening of WASH in schools.

In 2022, approximately 1.5 million school-age children in the **North-West, South-West, Littoral, West, Far North, and Centre regions** need humanitarian education assistance. In addition, about 30,000 education staff and community members need support to cope with refugee and IDP influxes, widespread mental distress, and insecurity. Furthermore, the COVID-19 pandemic exacerbated vulnerabilities of the education system, particularly with the low coverage of WASH infrastructure, overcrowded classrooms, and protection issues, especially for young girls.

To meet the needs of equitable, inclusive, and quality education in a safe and protective environment, the Education Sector targeted approximately 1.1 million girls and boys affected by the COVID-19 pandemic and the North-West and South-West and Lake Chad Basin crises. The response to the people in need of education support due to the CAR refugee crisis is coordinated through the multi-sector refugee response. The targeted children will be provided with an integrated and holistic support package (education, WASH, protection, mental health and psychosocial support, inclusion and gender, school feeding, cash transfer, teacher housing, youth skills' enhancing, etc.).

In line with the Multi-Year Resilience Plan (2022-2026), partly funded by Education Cannot Wait for US\$ 25 million, the Sector will work in particular on: i) **strengthening the reception capacities** of schools in communities that host forcibly displaced children in order to improve physical access to educational infrastructures (ii) **improving the quality of learning and competences** through capacity building of teachers and supervisors in school and didactic materials, the involvement of the community in monitoring the performance of schools; iii) **improving**

protection and safety/security through specific support in Mental Health and Psychosocial Support, preventing child marriage, sexual harassment, violence, cyberbullying and other online dangers, etc.; iv) **improving school demand** through a quality school feeding programme, the cash transfer for the schooling of the most vulnerable children, social dialogue with parents for the schooling of all children including girls and those living with disabilities, the construction of on-call housing for teachers working in hard-to-reach areas; v) **inclusive education and the provision of alternative learning opportunities** (radio Education programme, e-learning platforms, accelerated learning programmes, etc.); vi) **improving sector coordination**, information management and **school governance** through capacity building of school officials and education planners, revitalisation of school and training boards, etc. and vii) **providing alternative learning** in the North-West and South-West regions.

Thus, in the North-West, South-West and part of the Far North regions, priority will be given to the protection, safety, and security of children and teaching staff and alternative learning offers.

The Sector has integrated gender, disability, conflict analysis, and humanitarian principles into its interventions to consider all children and “leave no child behind”. Conflict sensitivity and the “do no harm” principle will be applied and maintained in all interventions proposed by the Sector to ensure that actions do not adversely affect beneficiaries. Topics related to the environment and climate change will be included in all training courses for teachers and the school principal and in access interventions.

Humanitarian - Development – Peace Nexus

Education Sector interventions align with the priorities of the Multi-Year Resilience Programme (2022-2026), the Recovery and Peace Consolidation Strategy for Northern and East Cameroon (2018-2022), the National Development Strategy (2020-2030), the Education and Training Sector Strategy under validation and the SDGs.

To this end, the Education Sector will strengthen coordination and collaboration between humanitarian

actors who are members of the Working Groups on EiE (EiEWG and Education Cluster) and those in development, members of the Local Group of Education Partners (LEG).

This will maximise synergies in the medium and long term for community resilience interventions and the education system in the context of emergencies. Strengthening this collaboration in the planning and implementation of interventions will thus make it possible to respond to the problems of emergencies and address development issues through resilience, and to showcase and expand successful models of convergent intervention through a communal approach.

Complaint and feedback mechanisms

The Sector will strengthen consultations with communities, students, and parents' associations on the design, implementation, monitoring, and evaluation of educational programmes to ensure accountability to affected populations. Project planning and implementation will consider the results of perception surveys of affected communities.

A robust feedback mechanism will be developed and implemented to give recipients the opportunity to voice their concerns without being victimised. Similarly, the Education Sector will work closely with child protection and protection partners to build the capacities in the protection from sexual exploitation and abuse.

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Objectives, Indicators and Targets

Sector Objective Se01		TARGET
Improvement of school and training host structures capacities		
Indicators	# of girls, boys and adolescents affected by crisis who have access to formal and non formal Education	800,137
Sector Objective Se02		TARGET
Provision of alternative education platforms		
Indicators	# of girls, boys & adolescents affected by crisis who have access to alternative Education platforms	240,040
Sector Objective Se03		TARGET
Strengthening of advocacy and social dialogue with stakeholders in the education system (communities, teachers, administrative and school officials, Partners, etc.) to foster acces of all children to education, including girls and children living with disabilities		
Indicators	# of girls, boys and adolescents affected by crisis who have access to formal and non formal Education	800,137
Sector Objective Se04		TARGET
Improvement of inclusive education supply		
Indicators	# of girls, boys & adolescents living with disabilities & affected by crisis who have access to Inclusive Education	80,014
Sector Objective Se05		TARGET
Strengthening protection & security/safety of children & teachers for a protective learning environment		
Indicators	# of girls, boys and adolescents affected by crisis who report feeling safer in schools, learning & training spaces	800,137
Sector Objective Se06		TARGET
School feeding program		
Indicators	# of girls, boys & adolescents affected by crisis who benefit from the school feeding program	280,046
Sector Objective Se07		TARGET
Quality Education inputs and facilities		
Indicators	# of teachers, supervisors & other Education staff trained in life skills, psychosocial support & other topics related to education in emergencies	4,001
Sector Objective Se08		TARGET
Capacity building of school Governance mechanisms		
Indicators	# of teachers, supervisors & other Education staff trained in the mission of School Management Committees & other topics related to school governance	11,200

Sector Objective Se9

Strengthening coordination & Information Management in Education in Emergencies

TARGET

Indicators	# of teachers, supervisors & other Education staff trained in the minimal standards for Protection & Education in Emergencies, Coordination & Information Management	4,401
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Sector Objective Se10

Prevention of COVID-19 pandemics in schools

TARGET

Indicators	# of students, parents, teachers, supervisors & other Education staff sensitized on COVID-19 prevention	920,159
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Sector Objective Se11

Strengthening of advocacy and social dialogue with stakeholders in the education system (communities, teachers, administrative and school officials, Partners, etc.) to foster access of all children to education, including girls and children living with disabilities

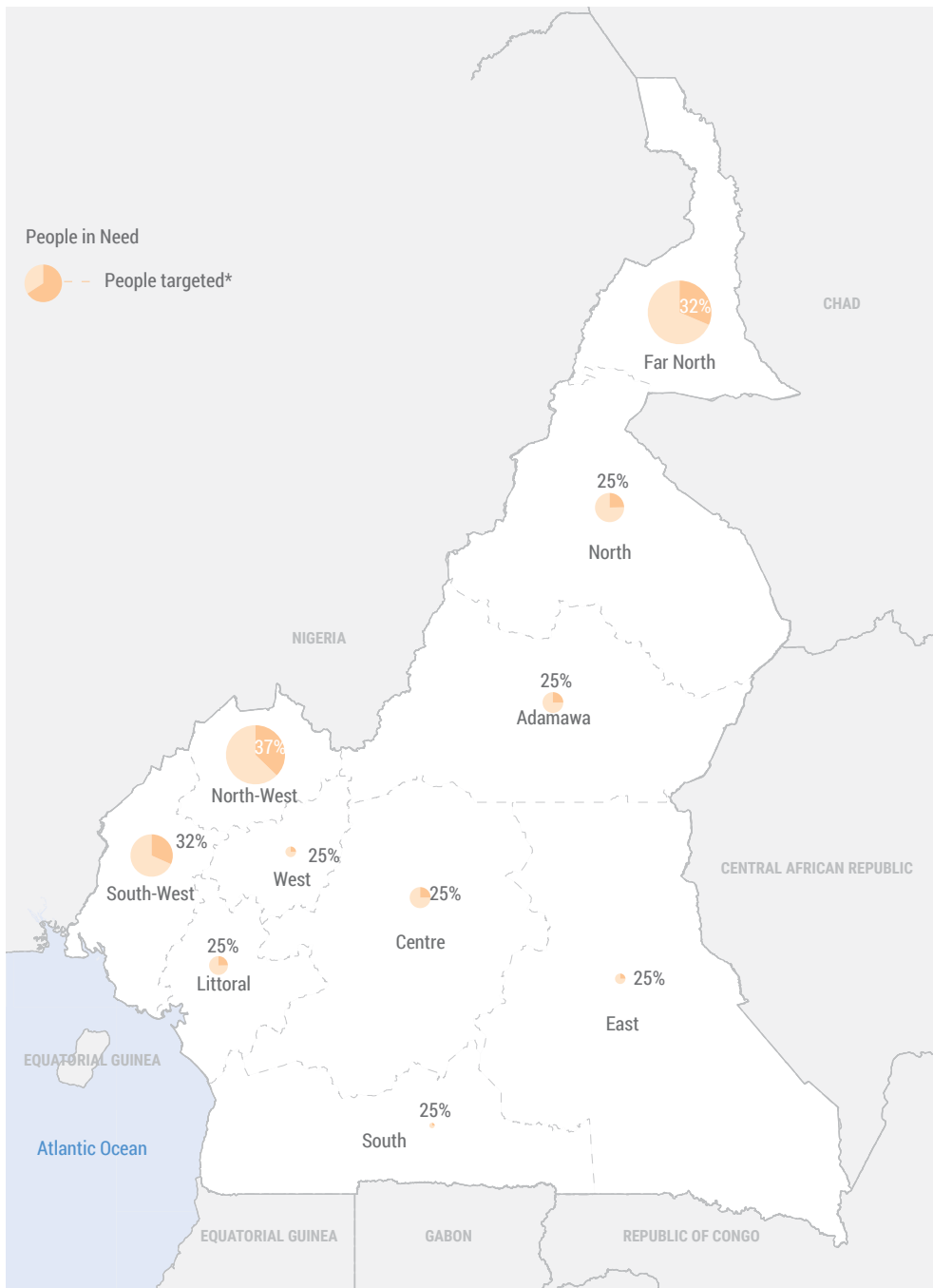
TARGET

Indicators	# of girls, boys and adolescents affected by crisis who received financial support or learning materials	120,020
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3.3 Food Security



PEOPLE IN NEED	PEOPLE TARGETED	REQUIREMENTS (US\$)	PARTNERS	PROJECTS
2.6M	829K	94.9M	24	34



* People targeted in relation to the number of people in need



FAR NORTH REGION, CAMEROON

Bogo IDP site

Photo: OCHA/Ariane Maixandeau

Objectives

1. Save the lives of food insecure people through inclusive, coordinated, and integrated assistance.
2. Improve the food security of refugees, IDPs, returnees and vulnerable local populations.
3. Reduce vulnerabilities and strengthen the resilience of people affected by the effects of climate change.
4. Ensure quality information on food security and vulnerability, for a better humanitarian programming and to reinforce the HDP Nexus.

In 2021, insecurity, socio-political crises, and climatic hazards, including drought and irregular rainfall distribution, continued to negatively affect the food security and livelihoods situation of the people living in Cameroon. Meanwhile, the Food Security Sector's response was marked by funding shortfalls, failing to achieve its response objectives of 2021.

In 2022, the humanitarian food security response will prioritise life-saving emergency interventions to meet the needs of the people classified by the October 2021 Cadre Harmonisé analysis in crisis and emergency food insecurity phases 3 and 4. Emergency food assistance will be provided according to the vulnerability of beneficiaries in hard-to-reach areas. However, humanitarian and development programming will also pay attention to people found in phase 2 (stress) to strengthen their resilience to avoid their regression into food insecurity.

In line with the “leave no one behind” approach, the Sector will prioritise support to the most vulnerable people, if the security situation allows. The Sector will ensure that protection is mainstreamed in the response, that all response activities are gender sensitive and that there is increased accountability to affected populations and to donors. To mitigate the disruption of livelihoods caused by the COVID-19 pandemic, the Sector will implement livelihood

activities, such as agricultural and non-agricultural livelihood support, in semi-rural and urban areas.

The Food Security Sector will strengthen the response capacity of local actors. Sector partners will either use a multisectoral approach or work in close synergy with other sectors to maximise the impact of the response. In particular, the Sector will continue to work closely with the Nutrition, Early Recovery and WASH Sectors, to strengthen complementarities and to capitalise on limited access, especially in hard-to-reach areas. The Sector will actively participate in joint and multisectoral assessments and support the RRM.

Reinforcing coordination and information management among food security partners remains central in 2022. Technical food security working groups in the regions and the Food Security Cluster in the North-West and South-West will be strengthened to better monitor food security relevant developments and adapt response activities.

In the socio-political context of the **North-West and South-West**, the Food Security Cluster will consider the most vulnerable people identified by the October 2021 Cadre Harmonisé analysis, and focus on IDPs, the host population, and those left behind with no access to livelihood activities due to insecurity. The Sector will support immediate access to food to improve the food security status through the provision of emergency and time-critical agriculture assistance and increase access to income-generating opportunities through the rehabilitation, creation and/or maintenance of sustainable livelihood assets.

In line with the “do no harm” approach, the Sector will assess the market and security situation to determine the feasibility of CVA, which would be the preferred response modality.

In the **Far North**, considering the multiple shocks affecting the population (armed conflict, climate change, intercommunity clashes as well as the COVID-19 effect on livelihoods), the Food Security Sector response plan will cover IDPs, returnees, refugees, and vulnerable local populations.

In the East, Adamawa, North, North-West and South-West regions, humanitarian food and livelihood assistance will be provided to the most vulnerable

prioritised refugees, IDPs, returnees and host populations. The assistance will be transferred through in-kind and cash modalities. Beneficiaries located in areas where markets are functional will receive their entitlement through their mobile phones. For unconditional food assistance, the allocation intends to cover the food gap in line with the household MEB.

The assistance will enable the targeted households to have access to adequate and nutritious food that can support their food security and thus prevent them from adopting negative coping strategies. The assistance will help support household food security during the lean season, as well as benefit people affected by drought and whose crops were destroyed by migrating birds and pachyderms.

During food distributions, while considering the situation of the head of household, special attention will be given to households with people with special needs, including PLW, older people, people living with disabilities, etc. This will ensure that no one is left behind.

In addition, to support production in the agricultural and livestock sectors, the targeted vulnerable population groups will benefit from diverse types of cash and in-kind support and from capacity strengthening opportunities for an improved productivity of the beneficiaries’ farms organised into producer groups or cooperatives.

In **other regions** where IDPs from the North-West and South-West are settled, and where COVID-19 impacted on food security, the Food Security Sector will apply a multi-faceted approach to mitigate and maintain livelihoods of the communities.

The sector partners will focus on economic vulnerabilities and introduce initiatives that aim at reducing the income gap by creating income-generating activities, including job creation. The Sector emphasises self-reliance through agricultural initiatives such as the distribution of seeds, tools, and agricultural equipment to support small holder farmers.

Accountability to Affected Populations

The Sector's communication and information tools seek to ensure that the interventions of Food Security partners are transparent for the affected population, as well as for donors.

Accountability to the affected populations will be ensured through the strengthening of community-based complaints and feedback mechanisms wherein information sharing and sensitisation on projects will be increased for beneficiaries to have the opportunity to provide feedback on response activities including through an anonymous hotline. Complaints will be dealt with diligently and an appropriate response will be provided timely.

Cash transfer modality

When markets are functional and the economic environment is favourable, the default modality of the Food Security Sector is conditional and unconditional cash or food vouchers. MPC interventions will be preferred when circumstances permit. This modality offers beneficiaries the freedom and dignity to choose foodstuffs and meet other non-food needs not covered by other interventions.

Humanitarian-Development-Peace Nexus

The Food Security Sector intends to collaborate closely with other sectors and the Government technical ministries to ensure maximum impact on the target populations. Interventions will be developed in synergy with humanitarian, development, and peacebuilding actors at the national and regional levels. As far as possible, consultations with these various stakeholders will be carried out and points of convergence will be identified during both the planning, implementation, monitoring, and evaluation of activities.

Improving the income of small rural producer households is one of the concerns of the Sector. Thus, attention will be paid to small farmers' cooperatives, especially those led by women, for capacity building actions and the development of value chains in promising sectors. These actions aim to support rural development while strengthening the resilience of the communities.

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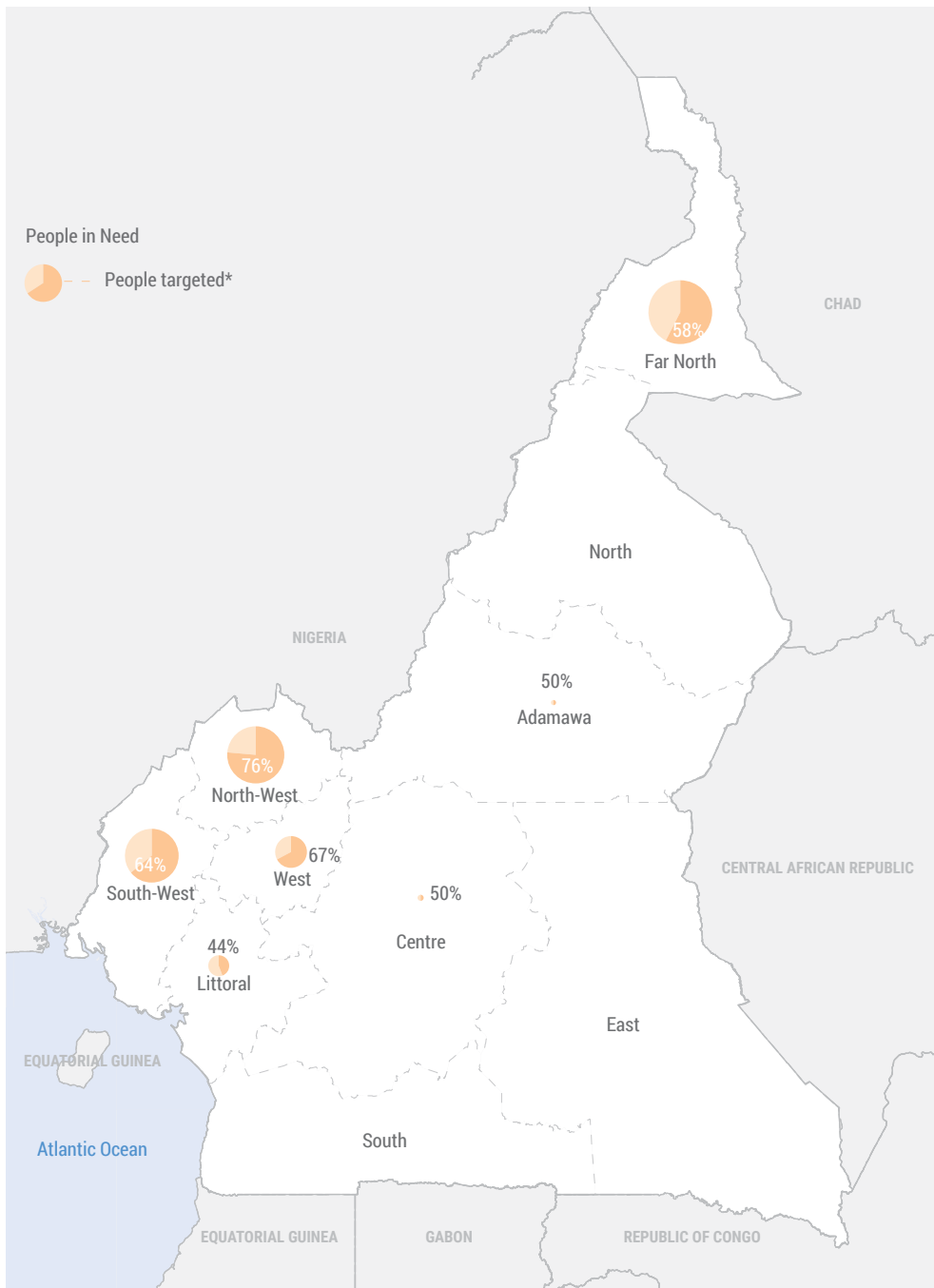
Objectives, Indicators and Targets

Sector Objective Se01		TARGET
Save the lives of food insecure populations through coordinated and integrated inclusive assistance.		
Indicators	# of targeted food insecure people (female and male) that received unconditional food support through food and cash transfers	587,646
Sector Objective Se02		TARGET
Improve food security (access and utilization) of refugees, IDPs, returnees and vulnerable local populations (men and women)		
	% of households with acceptable Food Consumption Scores (FCS) out of the total targeted severely food insecure households from refugee, idp and the local population	66
	% of targeted households with Reduced Coping Strategies Index (CSI) (0-3 coping strategies)	64
Indicators	% of targeted households meeting minimum requirements for Household Dietary Diversity Scores (HDDS)	35
	% of targeted households meeting minimum requirements for Household Hunger Scale (HHS)	85
	# of targeted people (female and male) that received assistance through agricultural, livestock and fishery support (small ruminant, local poultry, table birds, piggery, fishery and agriculture)	251,847
Sector Objective Se03		TARGET
Ensure the availability of quality information on food security and vulnerability for better humanitarian planning and strengthen the humanitarian-development nexus		
Indicators	# of food security assessment conducted to support and reinforce humanitarian planning, the Humanitarian development and peace nexus	2



3.4 Health

PEOPLE IN NEED	PEOPLE TARGETED	REQUIREMENTS (\$US)	PARTNERS	PROJECTS
1.7M	1.1M	21.1M	17	25



* People targeted in relation to the number of people in need



SOUTH-WEST REGION, CAMEROON

Mile 16 Bolfamba health center is a government hospital that carries out health consultations, baby delivery, blood tests, minor surgeries and family planning.

Photo: OCHA/Giles Clarke

Objectives

1. Improve access to essential health care for the populations affected by the crises.
2. Provide holistic care for GBV survivors.
3. Provide physical and psychological care to victims of trauma inherent in armed conflict.
4. Ensure dignified and safe childbirth for all women of childbearing age in targeted areas.
5. Monitor attacks on health facilities.
6. Reduce the risk and/or the impact of epidemics by early detection and effective response.

The epidemiological situation in 2021 was marked by adverse effects of the management of the COVID-19 pandemic in all the regions of Cameroon, which affected different regions to varying degrees. The reluctance of the population to get vaccinated against COVID-19 has negatively affected the uptake of almost all routine vaccinations. This led to low level of

vaccination coverage for the response against current epidemics as cholera, yellow fever, measles, monkey pox, and meningitis outbreaks in places with a very weak health system in 2021.

In the **Far North**, attacks by NSAGs continue to lead to injuries and deaths, in addition to community clashes in the Logone et Chari division. These attacks and community conflicts also negatively affect the livelihoods of the populations, thus reducing their capacity to cover their health expenses, in a region which records the highest morbidity rates linked to diseases and climatic hazards in the country. The rate of births attended by skilled personnel has remained very low in the Far North region (less than 30 percent)³⁵ thus increasing the rate of maternal and neonatal deaths. In addition, the number of injured people seeking surgical care has increased.

The **North-West and South-West** crisis has a negative impact on epidemiological surveillance and access

to essential and reproductive health care. In 2021, cholera, measles, yellow fever, and monkey pox epidemics were recorded in these two regions. The COVID-19 pandemic has also spread rapidly in the two regions where all the new circulating variant have been identified. Numerous attacks on health facilities, targeting both infrastructure and health personnel, were recorded throughout 2021, thus leaving many health facilities non-functional and leading to a reluctance of health personnel to work in these insecure areas. Armed attacks and shooting on civilians have also increased in places where adequate surgical assistance is not available. Equitable access to health care and epidemiological surveillance urgently needs to be strengthened in the regions affected by this crisis.

Equitable access to quality health services is one of the major challenges facing the Health Sector in 2022. While considering the COVID-19 pandemic, the main priorities for 2022 are the following:

- Strengthen the management of physical and psychological trauma linked to the armed conflict in the North-West, South-West, and Far North regions.
 - Increase the epidemiological surveillance in the crisis affected areas.
 - Support response to outbreaks and epidemics in the crisis affected areas.
 - Put in place CVA for health activities where feasible in the North-West, South-West, and Far North regions.
 - Monitor attacks on health facilities in crisis affected areas.
 - Improve access to basic health care for populations affected by crises, especially for mothers, new-borns, and children, including access to sexual and reproductive health services.
 - Guarantee a dignified and safe birth, while also supporting the prevention of unintended pregnancies and sexually transmitted diseases, including HIV, for all vulnerable women of childbearing age.
- As many people fled into the forest and hard-to-reach areas, it is essential to scale up the deployment of mobile clinics to provide essential health care, including emergency reproductive health care. Given the number of reported cases of rape in 2021, it is important to activate the minimum emergency reproductive health system as well as adequate health support for survivors by making post-rape kits available, for example.
- In 2022, the Health Sector partners will focus on the following activities:
- Ensure safe deliveries for 82,000 vulnerable women: 32,200 women in the Far North region and 50,000 women in the North-West, South-West, Littoral, and West regions.
 - Ensure the provision of adequate timely healthcare to all GBV survivors, including an effective referral mechanism and counter-reference mechanism with the Protection Sector.
 - Ensure equitable access to essential healthcare for 1.2 million people affected by crises, namely 431,000 people (including 277,000 children, 13,000 older people, and 12,000 people with disabilities), out of which 49 per cent are women and girls, in the Far North, 745,500 people (including 423,000 children, 67,000 older people, and 10,000 people with disabilities), out of which 55 per cent are women and girls, in the North-West and South-West, and 20,200 people in the Littoral and West (including 11,000 children, 391 older people, and 500 people with disabilities), out of which 68 per cent are women and girls.
 - Scale up the early warning and rapid response system (EWARS) for epidemics surveillance in the North-West, South-West and Far North regions, and develop an Epidemic Intelligence from Open Sources (EIOS) in all regions affected by crises.
 - Strengthen the management of physical and psychological trauma for people affected by crises in the Far North, North-West, and South-West regions by making trauma kits available in specific places.

- Strengthen the resilience of people through community education and awareness actions aimed at empowerment and innovative search for effective solutions for problems related to health and/or access to essential health services.
- Improve the quality of health care in emergency situations to preserve the dignity of beneficiaries.

The Sector's response is primarily focused on the Far North, North-West, South-West, West, and Littoral regions, where most vulnerable displaced people (IDPs, returnees) and host populations are located. The members of the Health Sector are primarily targeting children, women of reproductive age, older people, people with specific health needs such as people living with HIV, diabetes, cardiovascular diseases, and people living with disabilities, etc. To ensure holistic care to GBV survivors, the Health Sector will work closely with the Protection Sector and its AoRs. To effectively prevent epidemics, the Health Sector, in coordination with the WASH Sector, will support national health authorities to implement or update contingency plans for priority regions.

Cash assistance

The Health Sector is planning to use CVA in 2022 for access to essential healthcare, notably in urban and peri-urban areas for IDPs, returnees and hosts communities in affected areas.

Humanitarian - Development - Peace Nexus

The HDP Nexus approach will be applied by enhancing health promotion activities to support affected people in reducing health risks and find solutions at community level. Similarly, through community participation, an early notification system for health events such as illness, birth, or death, will be established to deploy mobile clinics and/or rapid intervention teams in a timely manner. The Health Sector will implement activities in the Far North to contribute to improve social cohesion, and to facilitate the integration of returned populations, ex-combatants, and ex-associates.

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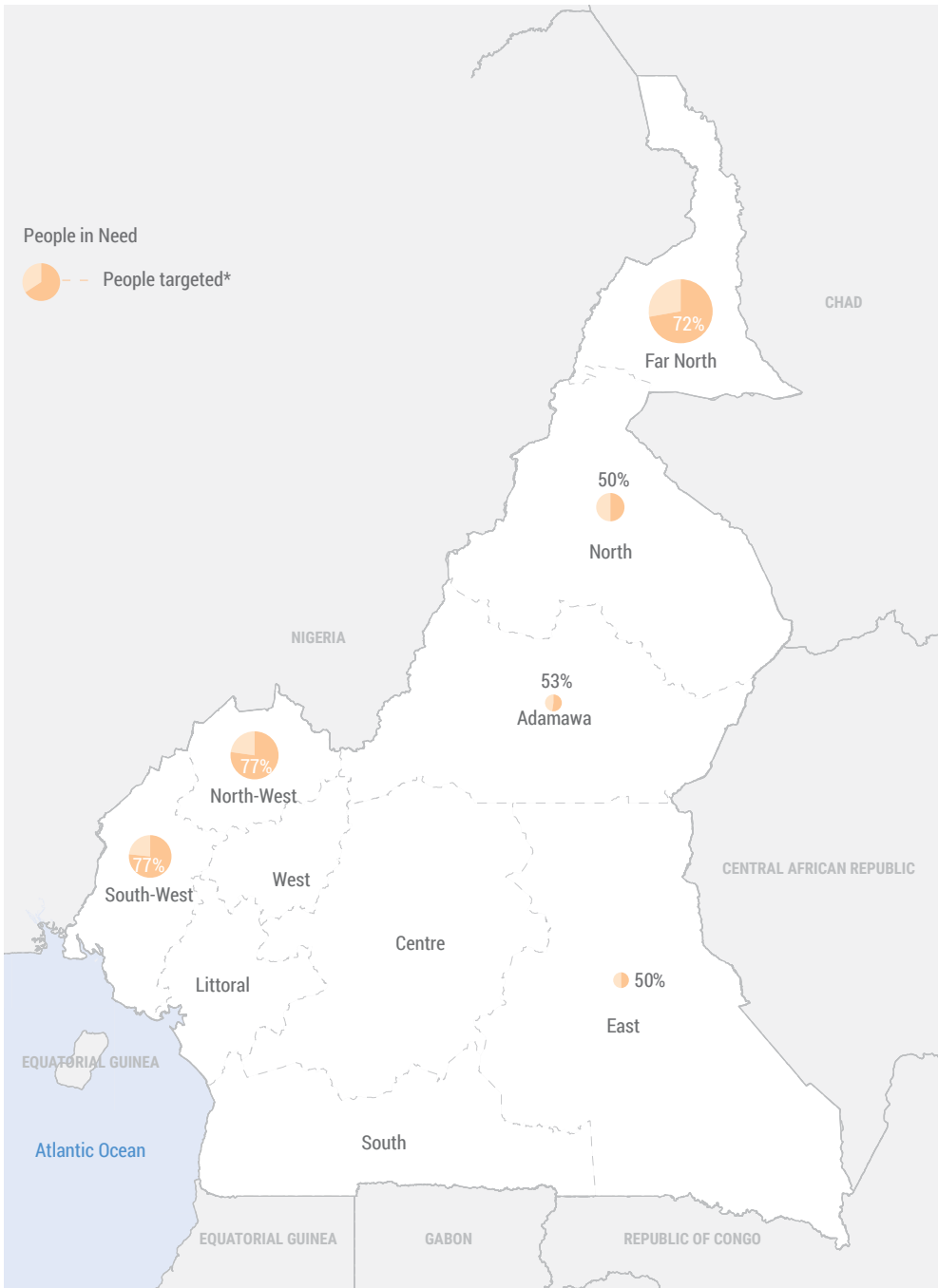
Objectives, Indicators and Targets

Sector Objective Se01		TARGET
Improve access to essential health care for the population affected by the crisis		
Indicators	# of cases or incidence rates for selected diseases relevant to the local context (malaria, COVID, others outbreak prone diseases)	1,198,878
Sector Objective Se02		TARGET
Ensure the management of physical and psychological trauma inherent to the armed conflict		
Indicators	% of population that can access primary healthcare within one hour's walk from dwellings	90
Sector Objective Se03		TARGET
Provide holistic care for survivors of GBV		
Indicators	# of GBV cases in people taking care by actors of the health sector	620
Sector Objective Se04		TARGET
Guarantee a dignified and safe delivery for all women of childbearing age in the targeted areas		
Indicators	% of births attended by skilled personnel (doctors, nurses, certified midwives) per 10,000 people	95
Sector Objective Se05		TARGET
Conduct regular monitoring of attacks on health facilities		
Indicators	% of identified attacks of health care verified	100

3.5 Nutrition



PEOPLE IN NEED	PEOPLE TARGETED	REQUIREMENTS (US\$)	PARTNERS	PROJECTS
611K	436K	23.8M	15	24



* People targeted in relation to the number of people in need



WEST REGION, CAMEROON

Nkourap IDP site.

Photo: OCHA/ Bibiane Mouangue

Sector Objectives:

1. Boys and girls under 5 benefit from diets, practices and services that prevent stunting, wasting, micronutrient deficiencies and overweight in humanitarian context.
2. Boys and girls in middle childhood (5 to 9 years old) and adolescent girls and boys (10 to 19 years old) benefit from diets, practices and services that protect them from undernutrition, micronutrient deficiencies and anaemia in a humanitarian context.
3. Pregnant women, and breastfeeding mothers, benefit from diets, practices and services that protect them from undernutrition, micronutrient deficiencies and anaemia in a humanitarian context.
4. Boys and girls under 5 benefit from services for the early detection and treatment of all forms of life-threatening acute malnutrition, including severe acute malnutrition.
5. People living with HIV/AIDS in conflict-affected areas benefit from nutrition assessments, counselling, and support services, to prevent and treat acute malnutrition and improve adherence to antiretroviral treatment.
6. Monitoring and information systems on nutrition, including nutrition assessments, provide timely and quality data and evidence to guide policies, strategies, including preparedness strategies, programmes, and advocacy in humanitarian context.
7. At-risk and affected populations are provided with timely, culturally, gender and age-sensitive information, and interventions that promote the uptake of balanced diets, services, and practices, and contribute to support and improve their nutritional status in humanitarian context.

Overall Response

The Nutrition Sector's response aims to reduce the mortality and morbidity linked to life-threatening forms of malnutrition. The Sector seeks to ensure that boys and girls under 5, adolescent's girls, and PLW have access to diets, services, and practices improving their nutritional status. Their increased physiological needs are further deteriorated by repeated displacement, food insecurity, increased morbidity, lack of access to adequate safe water, sanitation facilities, and basic health services in various complex and protracted crises.

Lake Chad basin: “Prevent all forms of malnutrition in protracted crisis using BSFPs and Home-based food fortification programmes” - WFP and UNICEF

Children in the Logone-et-Chari division are highly affected by micronutrient deficiencies (high prevalence of anemia affecting six children out of 10 and seven out of 10 children are zinc deficient). In order to improve the micronutrient status of children and contribute to preventing malnutrition, UNICEF and WFP are implementing micronutrient supplementation programs through two approaches: Blanket Supplementary Feeding Program (BSFP) – based on an enriched food ration distribution - and home-based food fortification – based on MicroNutrient Powders distribution. Both programs target children aged 6 to 23 months and are mutually exclusive. Therefore, WFP and UNICEF coordinate to avoid duplication and ensure that all children are reached by either program. Both programmes serve as venues to provide other services like screening for malnutrition, vitamin A supplementation and deworming, health talks, catch-up immunisation and IYCF sensitisation.

Based on the humanitarian needs analysis, six priority regions (Far North, North, Adamawa, East, North-West, and South-West) will be targeted by the response plan. However, based on possible evaluations in West, Littoral, and urban settings, the response may consider expanding its coverage.

The nutrition response plan is designed around the 1,000-day window of opportunity through curative and preventive actions. The 1,000 days between a woman’s pregnancy and her child’s second birthday offer a unique window of opportunity to build healthier and more prosperous futures in the context of protracted crises.

Main activities of the response plan are:

1. Set up preparedness mechanisms and systems to enable an effective and timely humanitarian response to humanitarian crises and considering national and regional capacities.
2. Support infant and young child feeding (IYCF): protection, promotion, and support of early initiation of breastfeeding within one hour of birth, exclusive breastfeeding for the first six months of

life, timely introduction of diverse complementary foods and age-appropriate complementary feeding practices along with continued breastfeeding for two years or beyond.

3. Implement activities that promote age-appropriate nutrient-rich diets, micronutrient supplementation, home-fortification of foods and deworming prophylaxis.
4. Children in middle childhood and adolescent girls have access to a community-based package of interventions that includes at a minimum iron and folic acid supplementation, deworming prophylaxis, nutrition education, counselling, and support.
5. Pregnant women and breastfeeding mothers, with special attention to pregnant adolescent girls and other nutritionally at-risk mothers, have access to a package of interventions that includes at a minimum iron and folic acid/multiple micronutrient supplementation, deworming prophylaxis, weight monitoring, nutrition counselling, and nutrition support.
6. All children under 5 in affected areas are screened regularly for the early detection of severe wasting and other forms of life-threatening acute malnutrition and are referred as appropriate for treatment services.
7. All children under 5 suffering from severe wasting and other forms of life-threatening acute malnutrition in affected areas benefit from facility and community-based services (fix or mobile unit) that provide effective treatment.

North-West South-West

South-West: “Immediate response through a curative and preventive package for acute malnutrition in Konye health district” - CARITAS Kumba

The management of severe acute malnutrition (SAM) in the Kumba health district, is supported by the local NGO partner Caritas Kumba. Trained community health workers and mothers do the nutrition screening in the community using the mid upper arm circumference (MUAC). Children identified with acute malnutrition are referred to supported health centres. In each health centre, health workers

provide treatment for severe acutely malnourished children without complications on an outpatient basis, following the national protocol, while SAM cases with medical complications are referred to the InPatient Facility (inPF) at hospital level.

Monitoring is done weekly in the health centres and daily in the InPF. In addition to care activities, sensitisation is carried out by community health workers on key messages on infant and young child feeding including COVID-19 prevention.

The specific response plan developed by the North-West South-West Nutrition Cluster will focus on increasing access, coverage and use of lifesaving nutrition services and enhance protection of the nutrition status with a package of treatment/curative and prevention services delivered through mobile clinics, community platforms and health facilities when possible.

The Cluster will also advocate for the uninterrupted movement of critical humanitarian supplies prepositioned at regional and health districts to mitigate stock shortages and pipeline breaks because of movement restrictions like roadblocks, lockdowns, etc.

The Cluster considered several parameters to select priority health districts including expected SAM caseloads, severity of food insecurity (based on the Cadre Harmonisé) and access to health care and global access (security).

Strategies and approaches for quality and inclusive programming

- Foster multisectoral and integrated response and geographic convergence in Nutrition, Health, WASH, Education, Child Protection, Social Policy, and cross-cutting sectors.
- Establish safe spaces for feeding and responsive care and promote linkages with the Child Protection Sector.
- Systematically engage with communities to implement preparedness, preventive, and response activities at community level, including promotion of positive practices such as optimal IYCF, access to and adoption of healthy

diets, routine immunisation and micronutrient supplementation, and early detection and treatment of severe wasting and other forms of life-threatening acute malnutrition.

- Work with GBV actors to reduce GBV risks related to nutrition programmes. If there are no GBV actors available, train nutrition staff on the GBV Pocket Guide.
- Include the needs of children with disabilities and their caregivers in assessments and the design of preparedness and response actions for nutrition.
- Advocate for the protection of breastfeeding from unethical marketing practices in line with the International Code on the Marketing of Breastmilk Substitutes, and subsequent World Health Assembly resolutions and international guidance. Discourage the donation of breastmilk substitutes or feeding equipment.

“Intensification programme of essential integrated interventions to improve the nutritional status of the most vulnerable children in the health districts of Mokolo, Makary, Fotokol, and Mada” - ALIMA

In the framework of its intervention in the Mokolo, Makary, Fotokol, and Mada health districts, ALIMA is providing preventive and curative nutritional care to children under 5. The preventive component of its intervention is essentially based on community engagement and promotion of IYCF practices. At community level, a network of community health workers is carrying out sensitisation activities and training on ALIMA’s mother MUAC approach. This participatory approach aims to train mothers and caretakers on MUAC measurement and self-referral for care. Experience shows that early detection of SAM cases can significantly limit the occurrence of complications and, in turn, reduce the number of deaths. The programme also provides an opportunity to increase pregnant and breastfeeding women attendance in prenatal and postnatal consultations and foster assisted delivery.

Integrate COVID-19 response

The COVID-19 epidemic has an impact on the implementation of nutrition programs at all levels.

Activities are prioritised and adapted so as not to become vectors for the transmission of the epidemic and appropriate prevention, control, and infection (PCI) measures are put in place in health facilities to limit the transmission. Regular training for health workers and community health workers are provided to prevent contamination and the spread of the epidemic.

Adaptative measures are considered in the way all activities are carried out:

- Prevent mass gatherings and favour door-to-door approaches as much as possible.
- Intensify / encourage outpatient management of cases, and decentralisation of care.
- Produce and disseminate integrated key messages on COVID-19 for large-scale dissemination through secure communication channels (radio, television, cell phone).

Cash and Voucher Assistance

The Sector's response plan will continue to integrate the experience of CVA in 2022, for maternal nutrition support in the context of the CAR crisis. The Sector, in collaboration with the CWG, will work on capitalising and replicating the activity by looking for best practices that can be contextualised in other interventions.

The Nutrition Cluster in the North-West and South-West has adopted CVA as a complementary modality of assistance, wherever feasible, by providing cash for transportation costs for vulnerable families traveling to seek 'inpatient' care for SAM management. Currently, some Nutrition Cluster partners are using MPC to address food security, and this will be explored to include aspects of nutrition, especially on IYCF.

Accountability to Affected Populations

The Sector considers several key inter-related dimensions to AAP:

- Information sharing: ensure affected populations (disaggregated by age, gender, and vulnerability) have access to the information they need in terms of life-saving information, their rights, access to services available to them, available feedback and

complaints systems in place using appropriate language and communication.

- Participation: Promote equitable, two-way communications between communities and aid providers. This implies engaging communities in planning and monitoring and evaluation processes based on the preferred choices of communication by the communities.
- Attitudes and staff code of conduct: all sector partners must inform staff at all levels on the expected code of conduct and ensure that staff's attitude towards partners and communities reflects humanitarian principles, impartiality, and do no harm. AAP is connected to the prevention of sexual exploitation and abuse agenda.
- Evidence generation: Partners make efforts to include views and perceptions of affected population in all assessments, surveys and other evidence generation efforts, the results of which should inform planning and management decisions.

Humanitarian - Development - Peace Nexus

The Nexus programming is considered and integrated differently in the response to the three crises in Cameroon, depending on context specificities. The response to the CAR crisis is deeply rooted and linked to the development agenda, whereas the North-West and South-West response is facing continuous aggravating factors and access constraints limiting the Nexus agenda. Where possible, the response plan is part of the overall operational plan for the Nutrition Sector. This plan is anchored on sustainable operational mechanisms based on strengthening Government actors and civil society capacities at the local level:

- Establish, strengthen, and invest in information and monitoring systems, including policies, tools and databases for age, gender, and disability (AGD) disaggregated data for nutrition.
- Embed emergency preparedness and response actions in development coordination platforms.
- Develop risk-informed systems and programmes and support Government and partner capacity



WEST REGION, CAMEROON

An IDP woman and her son in Koutaba.

Photo: OCHA/ Bibiane Mouangue

at national and sub-national levels through skill transfer.

- Strengthen nutrition supply chains to improve integrated forecasting, costing, procurement, storage (including contingency stocks), and delivery of nutrition commodities.

Costing methodology

Costing of the projects has taken into consideration the cost of supplies (ready-to-use therapeutic foods, therapeutic milks, specialised nutritious foods, vitamin and/or mineral supplements, essential medicines for the treatment of infectious diseases associated with malnutrition), human resources (staff), capacity building/ development, administrative, monitoring and evaluation (M&E) and promotional activities cost (e.g., communication costs). For example, for management of SAM the unit-based cost of US\$ 100 per child treated is usually considered.

The implementation of activities in the COVID-19 epidemic context, has an impact estimated at around 10 per cent extra budget related to adaptation of implementing strategies, mainly the procurement

of protection equipment at both health centre and community level.

Challenges on offshore supply chain

Due to the impact of the COVID-19 pandemic, the off-shore transport industry is facing an unprecedented logistics industry turmoil.

The Chinese New Year on 1 February 2022 and the February 2022 Beijing Winter Olympics are expected to add further pressure to the already struggling supply chains. The global port congestion had led sea delivery time to increase by three months since 2019.

UNICEF will continue to monitor these developments and remain in close contact with carriers and freight forwarders with the objective to ensure a timely delivery of UNICEF and partners essential supplies. An industry and partners consultation at the end of February 2022 will focus on sharing insights on the situation and agree on tangible solutions for enabling uninterrupted access for humanitarian supplies.

Timely availability of funding will be key to ensuring the availability of inputs and uninterrupted response.

Monitoring

To ensure the quality of the response, the Sector and the North-West South-West Cluster will strengthen the nutrition information system for an evidence-based nutrition response. Monitoring of the nutrition status of the population and the nutrition response will include population-based surveys, routine collection, and analysis of nutrition programme data. Rapid nutrition assessment in line with COVID-19 guidance on SMART Survey will be undertaken in the North-West and South-West in 2022. Ad-hoc rapid MUAC screenings in access-compromised locations areas experiencing recent shocks, such as displacement will also be conducted. Quarterly analyses on programme data will be undertaken to monitor admission trends, the number of primary caregivers (men and women) who receive nutrition counselling, and the number of beneficiaries (disaggregated by sex and age) reached with BSFP in a community. The performance of the treatment programmes will be assessed using standard performance outcome indicators in accordance with SPHERE standards. Monthly (face to face or virtual) meetings will be organised with members of the Strategic Advisory Group of the North-West South-West Cluster, partners, and the delegations of public health to monitor the implementation of nutrition responses, identify problems, and take corrective measures to ensure efficiency in the priority health districts. The North-West South-West Nutrition Cluster will strengthen the existing reporting system by incorporating a component on AAP and access.

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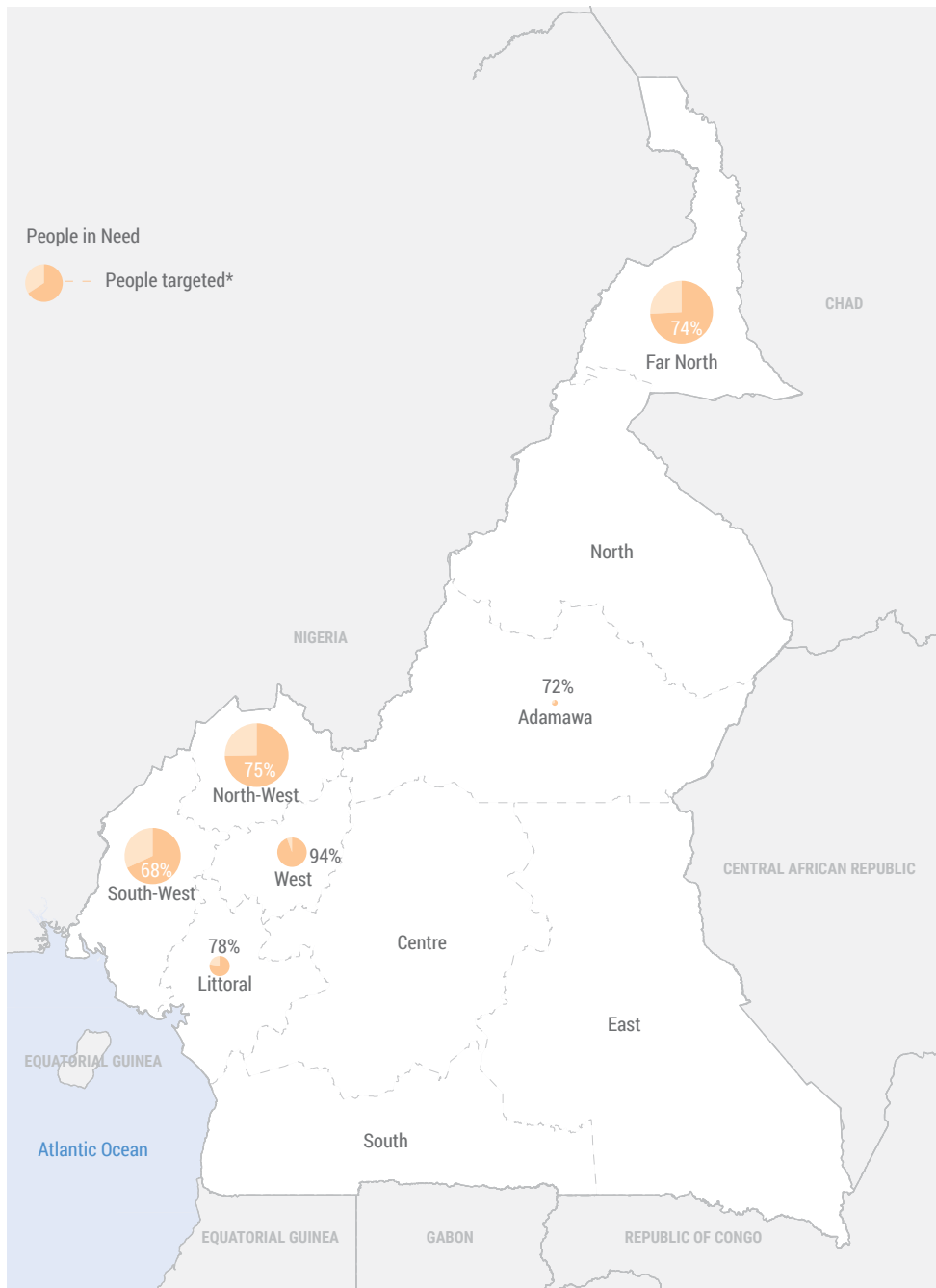
Objectives, Indicators and Targets

Sector Objective Se01		TARGET
Boys and girls aged under five years benefit from diets, practices and services that prevent stunting, wasting, micronutrient deficiencies and overweight in humanitarian context		
Indicators	# of new admissions of boys and girls, 6 -59 months in the integrated management of severe acute malnutrition programme	55,830
	# of severely acutely malnourished boys and girls, 6-59 months, with access to SAM treatment in South West and North West Regions	3,874
	# of boys and girls aged 6-23 months enrolled in the Blanket Supplementary Feeding Programme (BSFP)	99,504
Sector Objective Se02		TARGET
Boys and girls in middle childhood (5-9 years) and adolescents girls and boys (10-19 years) benefit from diets, practices and services that protect them from undernutrition, micronutrient deficiencies and anemia in humanitarian context		
Indicators	# of adolescent girls receiving weekly iron and folic acid supplements	236,960
Sector Objective Se03		TARGET
Pregnant women and breastfeeding mothers benefit from diets, practices and services that protect them from undernutrition, micronutrient deficiencies and anemia in humanitarian context		
Indicators	# of pregnant and lactating women enrolled in the Blanket Supplementary Feeding Programme (BSFP)	11,400
Sector Objective Se04		TARGET
Boys and girls aged under five years benefit from services for the early detection and treatment of all forms of life-threatening acute malnutrition (including severe acute malnutrition).		
Indicators	% of children 6-59 months admitted for SAM management and discharge as cured (Recovery rate)	75
Sector Objective Se05		TARGET
People Living with HIV/AIDS(PLHIV/AIDS) in conflict affected areas benefit from Nutrition Assessments, counseling and support (NACS) services to prevent and treat acute malnutrition and improved adherence to ART treatment		
Indicators	# of acutely malnourished ART clients enrolled into NACS in the Conflict affected areas of the East and Adamawa regions.	2,600
Sector Objective Se06		TARGET
Monitoring and information systems or nutrition, including nutrition assessments, provide timely and quality data and evidence to guide policies, strategies, programmes and advocacy in humanitarian context.		
Indicators	% of Nutrition sector's organizations with an existing PSEA policy, stating standards of conduct, including a work plan, and that have been conveyed to current staff on repeated occasions (such as inductions and refresher trainings).	75
	% of men participating in awareness sessions in nutrition programs	50
Sector Objective Se07		TARGET
At-risk and affected populations have timely access to culturally appropriate, gender and age sensitive information and interventions that promote the uptake of diets, services and practices and contribute to support and improve their nutritional status in humanitarian context.		
Indicators	Number of rapid nutritional assessments conducted	1

3.6 Water, Sanitation and Hygiene



PEOPLE IN NEED	PEOPLE TARGETED	REQUIREMENTS (US\$)	PARTNERS	PROJECTS
1.7M	1.3M	22.1M	21	34



* People targeted in relation to the number of people in need

Objectives

1. Improve sustainable access to basic sanitation and safe drinking water for vulnerable people.
2. Reduce the risk of poor hygiene-related morbidity and mortality of affected population in the crisis.
3. Reinforce capacities of local actors to improve WASH services and the resilience of affected populations.

Access to safe drinking water, basic hygiene, and sanitation services remain inadequate in Cameroon and particularly in areas affected by humanitarian crises, with more than 1,7 million people (37 per cent IDPs, 19 per cent returnees, and 44 per cent host communities) in need of humanitarian assistance. The response plan of the WASH Sector is based on sectoral and multisectoral needs assessments, lessons learned, intersectoral objectives, and sector priorities. The response strategy is built on reinforcing the resilience of affected populations, reducing risks, especially in relation to cholera, COVID-19, and floods, meeting needs, and ensure quality monitoring of the WASH Sector situation and response.

Strengthen the resilience of the population in affected areas

In 2021, interventions on hygiene promotion and distribution of WASH items represented the bulk of the interventions. While these interventions continue to save lives, it has not strengthened the resilience of affected populations and did not reduce their dependence on humanitarian aid. Therefore, in 2022, the WASH Sector is prioritising to provide, rehabilitate and improve sustainable drinking water supply, hygiene, and basic sanitation services to the affected populations.

For the provision of safe drinking water services, the Sector will focus on the construction of water points, particularly small water supply networks powered by solar energy and the transformation of boreholes with high-water flow to autonomous water stations. In areas with limited construction companies, community mobilisation mechanisms will be created to build those facilities. These types of

facilities improve coverage and accessibility to water services to affected people and contribute to reduce the risk of GBV.

Regarding the provision of basic sanitation and hygiene services, the construction of household latrines will be preferred as much as possible to gender sensitive community latrines. The use of local material will be promoted during household latrine construction. In public structures, the Sector will support the construction of gender segregated latrines adapted to the needs of people with physical disabilities, and provide technical support to other sectors, such as health, education and protection partners for health centres, schools, learning spaces, and child friendly places.

Cholera and COVID-19 risks reduction

The promotion and training on safe WASH practices will be systematically integrated in different interventions to respond and mitigate the ongoing cholera outbreak in the South-West and Littoral regions and the COVID-19 pandemic affecting all regions. Preventions measures, such as handwashing with soap, will be part of all WASH interventions. In 2022, priority will be given to rapid response in most affected and/or at-risk areas. Prevention and preparedness activities will be prioritised in most at risk areas.

Covering identified needs

The **North-West and South-West** crisis has created needs within the two regions, as well as in the neighbouring Littoral and West regions. The multisectoral assessment carried out in the Littoral and West regions in September 2021 found that drinking water is the priority need of the displaced population. As a result, the Sector will continue to include the Littoral and West regions in its response, through humanitarian partners present on the ground and expression of interest of new partners. In the **Far North region**, the emergency interventions will continue to target all localities with displaced, returnees or host populations. The interventions in the East, Adamawa, and North regions, the

interventions will support the CAR refugees through the multisectoral refugee response.

Overall, the WASH Sector intends to reach 1,1 million people in the Far North, Adamawa, West, Littoral, North-West, and South-West regions, targeting IDPs (36 per cent), returnees (20 per cent) and host populations (44 per cent). Among these target groups, 51 per cent are women and girls and 10 per cent are 60 years old or older.

Quality monitoring of WASH sector situation and response

The WASH Sector will continue to participate in multisectoral needs assessments to detect inequalities of access to WASH facilities and services, such as between women and men, boys, and girls, for people with disabilities. Monitoring tools and mechanisms will be strengthened to capture these disparities. These analyses and results will also support the Sector's advocacy to donors and the Government for more WASH investments. The Sector will pay particular attention to ensure accountability to affected people and localization are given high importance. Finally, collaboration between humanitarian and development actors will be

strengthened to support the management of WASH infrastructures constructed during an emergency response through municipalities water point management mechanism.

Sector/Cluster coordination mechanisms

Existing Sector and Cluster coordination mechanisms will be maintained, and skilled human resources assigned. Depending on availability of human resources, new coordination platforms will be put in place in the Littoral and West regions. An emphasis on coordination, exchanges, and lessons learnt sharing among different platforms will be supported.

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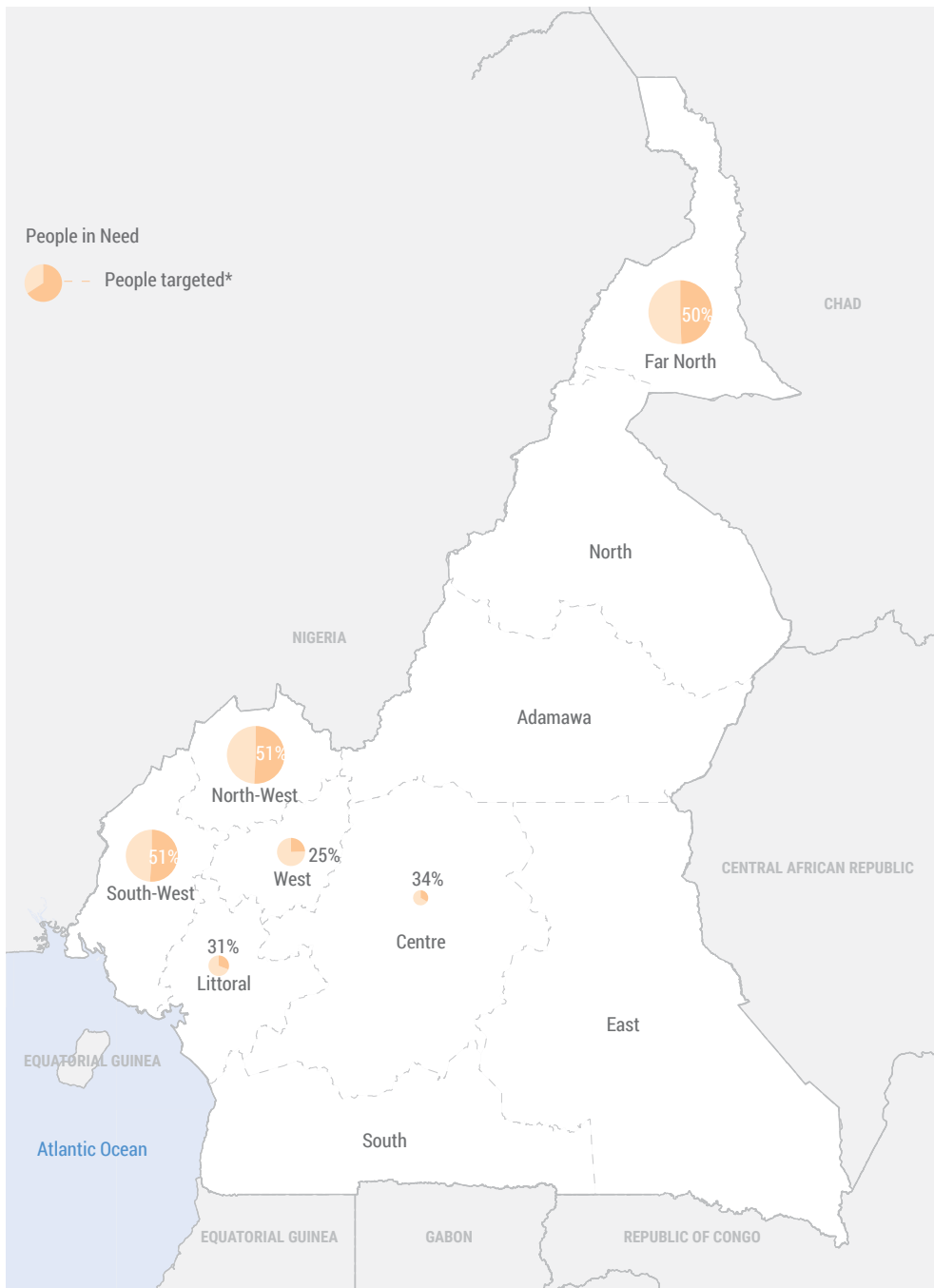
Objectives, Indicators and Targets

Sector Objective Se01		TARGET
Improve sustainable access to basic sanitation and safe drinking water to vulnerable people		
Indicators	# of affected population with sustainable access to safe drinking water.	1,151,991
	# of affected population gaining access to sustainable basic sanitation services.	571,310
Sector Objective Se02		TARGET
Reduce the risk of poor hygiene-related morbidity and mortality of affected population in the crisis.		
Indicators	% of people beneficiaries of a minimum WASH package based on their vulnerability	1,296,872
Sector Objective Se03		TARGET
Reinforce Capacities and coordination of local actor to improve WASH services and resilience of affected populations		
Indicators	# of functional sectorial group/cluster	1

3.7 Shelter and Non-Food Items



PEOPLE IN NEED	PEOPLE TARGETED	REQUIREMENTS (US\$)	PARTNERS	PROJECTS
1.2M	575K	13.0M	10	15



* People targeted in relation to the number of people in need

Objectives

1. Provide life-saving shelter and NFI assistance.
2. Provide sustained access to shelter.
3. Support an enabling protection environment and social cohesion by improving housing and related community/public infrastructure.

In the Far North, North-West, South-West, West, Littoral, and Centre regions, a total of 1,2 million people is considered in need of adequate shelter and essential household items, including Menstrual Hygiene Management (MHM) items.

In 2022, 10 partners are planning to assist 575,000 people in need in the Far North, North-West, South-West, West, and Littoral regions through Shelter and NFI activities. This sectorial plan overall is estimated to cost US\$ 13 million.

Overall, the Shelter/NFI Sector encourages partners to provide CVA when do no harm risk analyses and market surveys show relatively low impact risks. The cash modality empowers displaced populations and limits burdening them with carrying heavy items back to their shelters following distributions.

Some contexts are more conducive to a monetisation of aid support and therefore a systematic market monitoring should take place together with do not harm assessments to establish feasibility and verify the price's fluctuation. Sustainability of intervention will have to be consulted with local authorities and coordinated with other similar social protection systems already in place.

Evidence-based activities are encouraged to inform compelling programming for the Shelter/NFI Sector to capitalise on assessments conducted by partners during the previous years. Moreover, a Shelter/NFI needs assessment funded by the sector lead agency UNHCR in the North-West, South-West, and West regions, together with the sites profiling exercise launched in the Far North region, aims to set a baseline to quantify damages caused by displacement and impacts of shelter interventions.

The progress towards the objectives of the 2022 sectorial plan will be verified through partners' monthly reports (5W) and monitoring activities.

Accountability to Affected Populations

Partners have in place complaints and feedback mechanisms and will carry out post-distribution monitoring (PDM) and/or post-construction monitoring to assess the quality of the response, adapt future activities to changed needs of affected populations, and improve the effectiveness of the response. The Cluster will aim to support partners in sharing lessons learned and trends from the post distribution monitoring and complaints and feedback mechanisms by putting in place systems that better encourage partners to share information and enhance the Cluster members' complementarity of their Shelter and NFI interventions.

A gender-sensitive, participatory approach, involving women, girls, men, and boys, at all stages of the project cycle will help ensure that an adequate and efficient response is provided.

Older people separated or unaccompanied children, female-headed households, persons living with disabilities, households living with a person with disabilities, households with more than three children under five, pregnant/ breastfeeding women and people with chronic illnesses will be given priority across all living conditions, settings, land/house tenure status, population groups.

Different Shelter/NFI solutions should be proposed to assist the most vulnerable groups, according to the level of security, stabilisation, land tenure/ property arrangements, social cohesion, access to ID documentation, vision of local authorities.

Where security context is safe and the risk of further displacement or eviction is low, partners are encouraged to support durable solutions such as the integration with the host community or voluntary returns.

Priority groups

The assistance will be prioritised according to the severity of needs, based on living conditions. The following people are considered as priority groups:

- Crisis affected people, unsheltered in hard-to-reach areas, living in informal settlements that have never received any type of assistance (IDPs).
- Crisis affected people, self-settled in sub-standard, congested makeshifts shelter or public spaces at risk of eviction (IDPs/returnees).
- Crisis affected people living with host families in congested arrangements (IDPs/returnees/host).

Crisis affected people, unsheltered in hard-to-reach areas, living in informal settlements that have never received any type of assistance (IDPs)

In the Far North region, Nigerian refugees and IDPs live together in more than 70 informal sites. Most of these sites lack formal management, basic infrastructure, and did not receive any type of shelter/ NFI assistance in 2021.

Still a consistent number of people, approximately 36,000, in the Far North, North-West, and South-West regions remain unsheltered in a catastrophic situation of continuous displacement.

In these scenarios core relief assistance is still crucial to alleviate the effects of displacement due to violence or harsh weather conditions. Therefore, in this context, emergency shelter and NFI kits will initially be provided through in-kind distributions, but progressively transition to cash-based assistance where possible.

Newly displaced households should be provided with household essential kits and emergency shelter materials or kits

Crisis affected people, self-settled in sub-standard, congested makeshifts shelter or public spaces at risk of eviction (IDPs/returnees)

Self-settled people show different degrees of resilience which can be complemented by humanitarian assistance according to the level of their existing socio-economic capital and land tenure security. The construction of transitional shelters, the provision of construction material and equivalent market-based interventions are recommended for people living under these conditions.

With regards to displaced populations living in public spaces the range of assistance may vary considerably depending on the risk of eviction and range from emergency kits assistance to the provision of transitional assistance such as facilitated access to rent where housing stock is available.

Crisis affected people living with host families in congested arrangements (IDPs/returnees/host)

Most of the displaced populations are hosted by families in overcrowded situations with improper sanitation.

The arrangements between IDPs and host communities vary between settings and locations. Some have rental arrangements, some are contributing to the household's needs, while some are staying for free.

Transitional shelter solutions will be implemented, mainly through CVA, especially among displaced populations that have temporarily settled with host communities where the minimum living space is granted or, in case of congested arrangements, with the construction of transitional shelters or cash for rent where the housing stock is available. Partner organizations are encouraged to analyse with caution the type of agreements already in place with the host communities and to carry out a due diligence process over the local tenure arrangements prior the planning of any construction-related activity.

In the case of IDPs returnees, residents or among displaced population where the house/land tenure is secured and risk of further displacement is low, the support to house/infrastructure construction, rehabilitation or repairs should be facilitated through material provision (in-kind, cash, e-voucher, mobile money modality) and access to specialised labour when needed.

Public and private sector professionals' will be supported with capacity-building services to strengthen their knowledge and skills for sustainable development in the construction sector.

In the West, Littoral, and Centre regions, the Sector will mostly support rental and material provision for house rehabilitations and repairs as most displaced

population usually has rental arrangements and/or live in inadequate houses/shelters.

Durable solutions

Overall, durable solutions will be promoted through a transfer of capacity to local authorities and stakeholders in the following domain promoted: camp management and camp coordination; disaster risk reduction; house land properties arrangements for informal sites, urban planning. These activities would lay down the basis for sustainable long-term solutions and consolidating a safer environment, security around land and properties tenure, an equitable and inclusive governance. Effective synergies with the development actors and local stakeholders will be enhanced through the Nexus platform.

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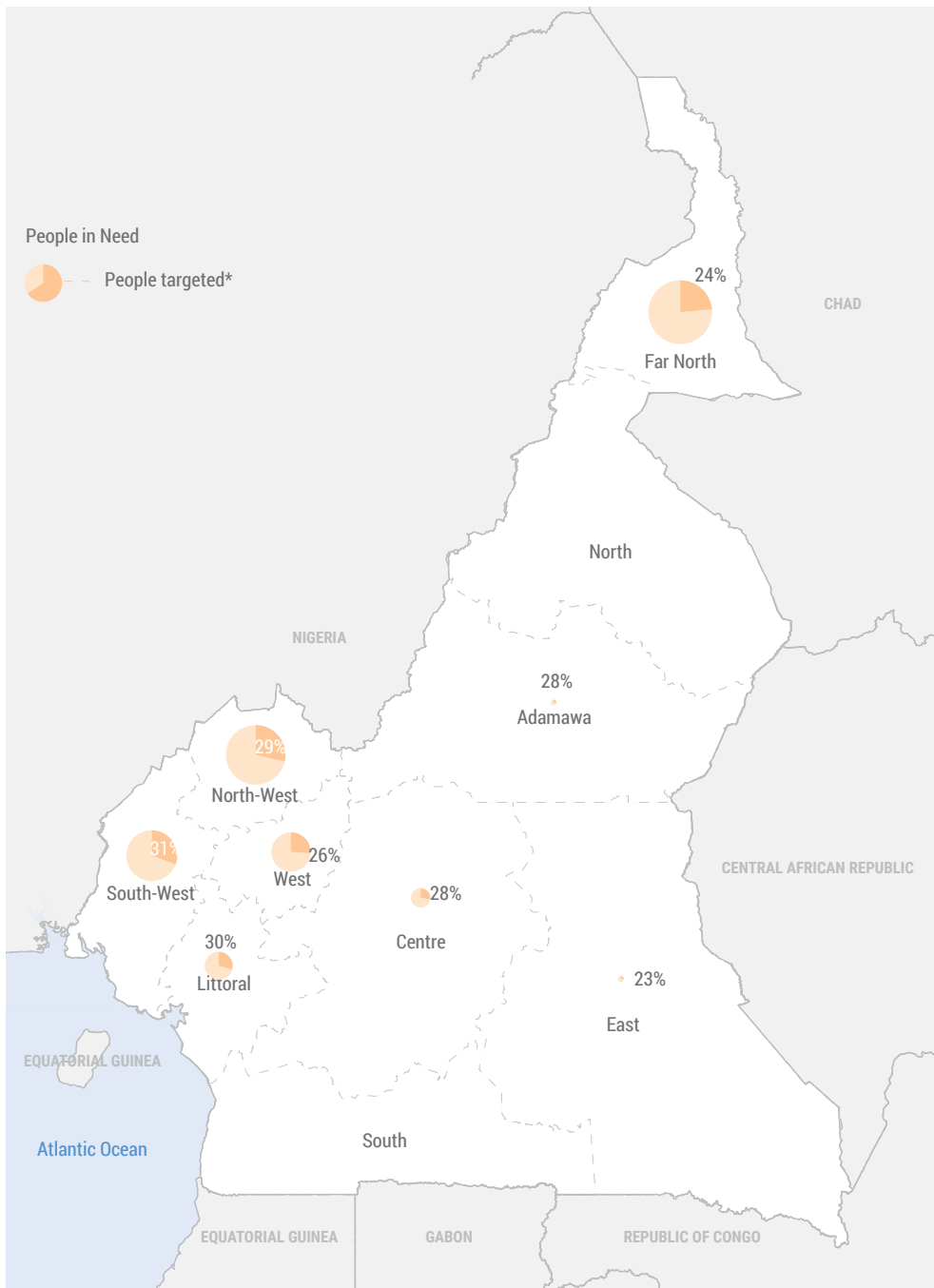
Objectives, Indicators and Targets

Sector Objective Se01		TARGET
Provide life-saving shelter and non-food item (NFI) support		
Indicators	# of core and essential NFIs, e.g. mattress, plastic sheeting, blankets, jerry cans, kitchen sets, solar lamps; including market-based interventions for these items	72,916
	# of emergency shelter, e.g. tents, emergency shelter materials and kits; including market-based interventions for these items.	20,606
Sector Objective Se02		TARGET
Provide sustained access to shelter		
Indicators	# of targeted crisis affected households provided with safe and sustained shelter support, including those in protracted displacement, returnees, and host communities.	12,498
Sector Objective Se3		TARGET
Support an enabling protection environment and social cohesion by improving housing and related community/public infrastructure		
Indicators	# of targeted households and communities with adequate housing stock available	840
	# of targeted households and communities with increased capacity of construction skills	2,376

3.8 Early Recovery



PEOPLE IN NEED	PEOPLE TARGETED	REQUIREMENTS (US\$)	PARTNERS	NUMBER OF PROJECTS
2.6M	703K	9.2M	24	35



* People targeted in relation to the number of people in need

Objectives

1. Strengthen the economic capacity of vulnerable persons and households.
2. Empower affected people through multisectoral and inclusive economic and environmentally sustainable recovery activities.
3. Strengthen institutional, community and individual capacity to improve resilience and promote risk prevention and management.

The Early Recovery Sector aims to contribute to the resilience building of affected people and communities to overcome the crises' negative consequences and maintain a decent standard of living.

Under the first objective of strengthening the economic capacity of vulnerable persons and households, the Sector will develop income generating opportunities for heads of households through the support to labour intensive schemes and institutions for immediate job creation. The Sector will also support the community recovery and development through the rehabilitation and reconstruction of damaged basic social and municipal services/ infrastructure including agricultural irrigation networks, water, drainage and sewage networks, electricity networks and power stations, markets, primary and maternal healthcare centres, nurseries, and schools. In parallel, the Sector will provide productive inputs and resources to affected people to resume their disrupted livelihoods.

Under the second objective of empowering people affected by crisis through multisectoral and inclusive economic and environmentally sustainable recovery activities, the focus of the Sector will be on vulnerable groups such as heads of households, people with disabilities and youth. The sector will support local markets and small medium-sized enterprises (SME) through microfinancing mechanisms to restore affected business. Moreover, in areas most affected by the crisis the Sector will support affected populations through vocational trainings, job placements, assets replacements and other support mechanisms while the capacity of socioeconomic hubs such as local markets and training centres will be strengthened. Furthermore, the use of renewable energy solutions, such as solar lighting and heating, fuel briquettes

and biogas, will be encouraged to reduce reliance on unstable fuel supplies, thereby minimising risks of conflicts for natural resources and creating new job opportunities for affected populations.

In the **North-West and South-West regions**, the Early Recovery Sector will focus on activities to improve resilience of affected communities including through strengthening the capacity of communities at the grass root level and to boost economic revitalisation through pastoral-agricultural, microfinancing and local economies' recovery-based initiatives.

Under the third objective, strengthening institutional, community and individual capacity to improve resilience and promote risk prevention and management, the Early Recovery Sector will develop the capacities of NGOs/CBOs to engage in emergency responses and to promote the HDP Nexus to empower affected local communities and institutions to cope with the consequences of the ongoing crises and potential risks, such as floods. Furthermore, early recovery and resilience building initiatives will be designed in an inclusive participatory manner to promote social cohesion through communal and inter-communal activities engaging IDPs, returnees, refugees, and host communities in the process.

Engaging and empowering youth and vulnerable women to participate in this phase is critical to bolstering their communities' resilience and mitigate potential tensions. If engaged early in the process of local level response to needs and priorities, they can be agents of change inducing positive solutions to rising tensions.

In the **Far North region**, prevention, and response activities to natural disasters like floods and programmes responding to the impact of NSAG attacks will be implemented in parallel to support affected populations and communities when properties or infrastructures were damaged while capacity building to prevent and manage risks is strengthened.

Strengthening the early recovery response will help to reduce the aid dependency of vulnerable populations and to improve the resilience of communities against environmental, social, and economic shocks.

In order to support the overall strategic objectives of the 2022 HRP, the Early Recovery Sector designed its response in collaboration with other sectors highlighting three thematic areas: promoting local production and encouraging local procurement supported by business revival activities in cooperation with the Food Security, Shelter/NFI and Protection Sectors; maintaining and restoring public health services in collaboration with the Health Sector; and rehabilitating damaged infrastructure, such as schools and health facilities with the Education and WASH Sectors. Participation in intersectoral meetings and other relevant interagency processes and mechanisms is essential to strengthen linkages and establishing working relationship with the rest of sectors.

and local governments to bridge the gap between humanitarian assistance and sustainable actions for recovery, reconstruction, and development. To ensure AAP and promote community engagement, participation is paramount to foster ownership and better identification of needs, as well as in the subsequent development and implementation of early recovery activities. Mechanisms to handle complaints will be set up under the Early Recovery projects to listen, integrate, and respond to community feedback

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Accountability to Affected Populations

The Early Recovery Sector focuses on developing the capacities of NGOs, national humanitarian actors

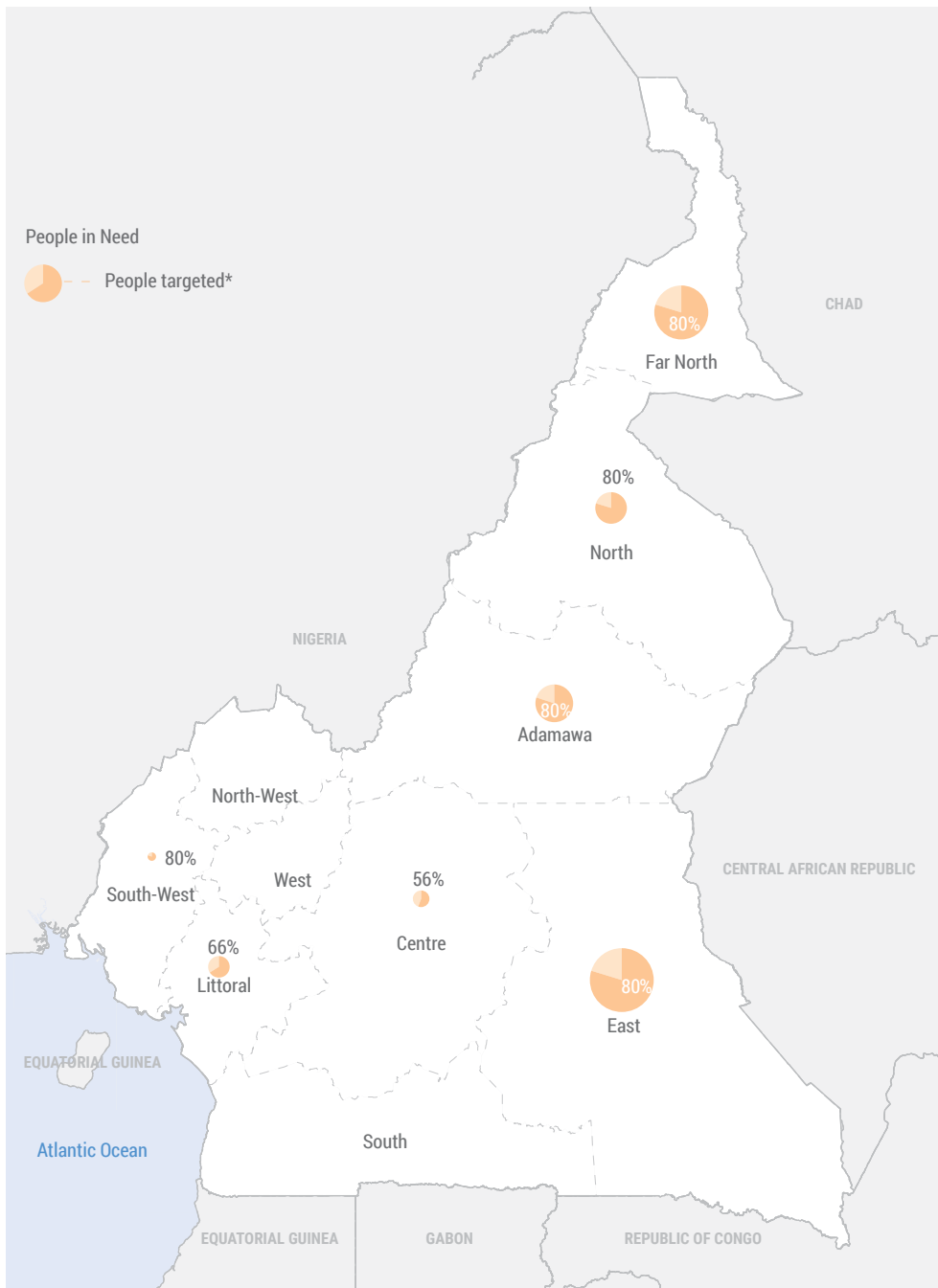
Objectives, Indicators and Targets

Sector Objective Se01		TARGET
Strengthen the economic capacity of vulnerable persons and households.		
Indicators	# of IDPs and host communities trained on small business management skills	1,600
	# of IDPs and host communities provided with capital seed to start their own business	1,500
	# of high-intensity emergency jobs (HIMO) created	600
Sector Objective Se02		TARGET
Improve the sustainable empowerment of affected people through multisectoral sustainable recovery activities		
Indicators	# of households trained on basic waste management and on septic pits construction	190
	# of social basic services including schools and health centers rehabilitated	115
Sector Objective Se03		TARGET
Strengthen institutional, community and individual capacity to improve resilience and promote risk prevention and management		
Indicators	# of persons participated in trauma healing sessions	1,085
	# of persons sensitized on social cohesion, GBV and Human Rights	1,600

3.9 Multi-Sector Refugee Response



PEOPLE IN NEED	PEOPLE TARGETED	REQUIREMENTS (\$US)	PARTNERS	PROJECTS
613K	483K	120.2M	12	18



* People targeted in relation to the number of people in need

Objectives

1. Protection is delivered in line with international standards.
2. Basic service delivery capacity is effectively built-in collaboration with the Government and all stakeholders operating in refugee hosting areas to ensure that refugees and host populations have equal access to public services and infrastructure.
3. Self-reliance and social cohesion are improved in refugee-hosting areas through a community-based approach for sustainable livelihoods and socio-economic inclusion, enhanced environmental protection and conflict management.
4. Comprehensive durable solutions are implemented for the greatest number of refugees possible.
5. Risk of statelessness is prevented and reduced among refugees and their hosts.

Response Strategy

The multisectoral refugee response in 2022 is in line with the: i) Global Compact on Refugees; ii) HNO analysis; iii) HRP strategic priorities; iv) UN Sustainable Development Collaboration Framework Strategy; iv) HCT Protection Strategy – Centrality of Protection; and v) UNHCR’s Protection and Solutions Multi-Year Multi-Partner Strategy covering 2022-2026. It will aim to:

- Strengthen the protection response (predictable, efficient, evidence-based, community-based),
- Strengthen coordination,
- Find durable solutions (self-reliance, capacity transfer, repatriation, resettlement, complementary pathways, local integration, socioeconomic inclusion), and
- Reinforce the protection environment.

Moreover, in the rapidly changing operational context in Cameroon, coupled with the multidimensional crises and complex environment caused by recurring instability in neighbouring countries, partners have also taken the following elements into account in the design of the response: i) the continuous arrival of refugees from the CAR and Nigeria; ii) the impact of

the COVID-19 pandemic on interventions targeting refugees and their host communities, including their ability to become self-reliant; iii) the resumption of facilitated voluntary return activities for Central African and Nigerian refugees; iv) the continued government implementation of its pledges made at the October 2019 High-Level Segment on Statelessness and the December 2019 Global Refugee Forum.

UNHCR and partners, in line with the Refugee Coordination Model (RCM), will continue to support government efforts to address immediate protection and assistance needs of refugees, asylum-seekers, persons at risk of statelessness, and their host communities. More specifically, in collaboration with humanitarian and development actors, international and national NGOs, civil society organizations, and academia, the 2022 multisectoral refugee response in Cameroon will focus on enhancing freedom of movement, effective and equal access to protection, basic services, economic opportunities, and durable solutions. UNHCR and partners will continue to support the voluntary repatriation and reintegration of refugees, and to ensure that returns are informed and voluntary under conditions of safety and dignity. Efforts will also be made to foster refugee socio-economic inclusion in national and local development plans and to promote self-reliance.

General Statistics and Population Groups

According to UNHCR, as of 31 December 2021, Cameroon hosts 474,294 refugees and asylum-seekers,³⁶ out of which 73 per cent are from the CAR, 27 per cent are from Nigeria and 1 per cent are from other nationalities. This also includes 52 per cent of women and 55 per cent of children. In total, the number of refugees and asylum-seekers in Cameroon increased by 7 per cent compared to December 2020.³⁷

CAR Refugees: East, Adamawa, and North regions

Cameroon hosts the largest number of CAR refugees, with a total of 342,877 (73 per cent of the total of refugees in Cameroon). Between December 2020 and October 2021, 14,039 new CAR refugees crossed the border to seek asylum in Cameroon due to recurrent violence following the December 2020 presidential elections. Refugees are living in sites and villages in



EAST REGION, CAMEROON

Refugee and host community students learn together in Gado Badzere school in eastern Cameroon. The school is supported by UNHCR and partner, Education Above All, through their programme, Educate A Child.

Photo: UNHCR/ Xavier Bourgois

the East, Adamawa, and North regions. Compared to December 2020,³⁸ the CAR refugee figure rose by 8.5 per cent.

Nigerian Refugees: Far North region

After Nigeria, Cameroon remains the country that is most affected by the conflict in the Lake Chad basin. The security situation remains volatile in this region with regular armed attacks from NSAG. Cameroon hosts 120,928 Nigerian refugees as of December 2021, compared to 117,422 in December 2020, representing a 3 per cent increase, out of which 68,516 (57 per cent) live in the Minawao camp.

In addition, after the death of the leaders of Boko Haram and ISWAP, presumed ex-combatants arrived in Cameroon to seek asylum or to enter the Disarmament, Demobilization, and Reintegration (DDR) process. Contrary to most Nigerian refugees in the Far North region (recognised on a *prima facie* basis), the Government examined their asylum claims individually through the refugee status determination (RSD) procedure.

Urban Refugees: Littoral and Centre regions

Most urban refugees arrived in 2014 and live in Douala, Yaoundé, and Langui. They are from 29 countries, with the biggest numbers coming from CAR, Chad, the Democratic Republic of Congo, Niger, Rwanda, and Mali. Following a verification exercise conducted in urban areas (Yaoundé and Douala) from December 2020 to April 2021, the number of urban refugees and asylum-seekers dropped from 36,962 in November 2020 to 26,257 in 2021.

Population Movements (New Displacements) in 2022

In view of past trends and recent analysis, Cameroon is likely to witness new population movements in 2022:

- **CAR refugees:** Given the recurrent activities of rebel movements in the north-east of CAR, combined with Russia's support of the Central African Armed Forces (FACA), restoration of safety and security is not expected in the short

term. Considering the volatile situation in CAR, it is anticipated that new arrivals will be crossing the border into Cameroon in 2022, fleeing insecurity, violence, and human rights violations. UNHCR and partners estimate the number of new arrivals from CAR in 2022 will be around 17,000 individuals.

- **Nigerian refugees:** The non-resolution of the security situation in the Lake Chad basin and the repeated NSAGs attacks on civilians will most likely trigger some Nigerian refugee arrivals in Cameroon. UNHCR and partners estimate limited new arrivals from Nigeria in Cameroon in 2022 to 6,000 persons. Since voluntary repatriation planning figures are around 6,000 individuals, the total number of Nigerian refugees is not expected to increase in 2022.
- **Urban refugees:** The increase in the number of asylum-seekers will mainly depend on the situation in CAR as more than two third of urban refugees come from CAR. However, it is estimated that there will be around 4,000 refugees and 6,000 asylum-seekers arriving from CAR in 2022.

Operational Priorities in 2022

Pursuit of the registration, RSD, and documentation transfer process:

The refugee and asylum-seeker population will continue to benefit from international protection in 2022 (i.e., a legal regime guaranteeing respect for their rights in accordance with the international, regional, and national legal instruments to which the Government of Cameroon has acceded). In rural areas, the *prima facie* recognition procedure will continue to apply.

The Government, through the Ministry of External Relations (MINREX), has put in place a Technical Secretariat (TS) for refugee claims processing and two eligibility commissions to adjudicate asylum claims. These bodies are in the process of assuming responsibility for RSD processing. In 2022, UNHCR will equip the TS and commissions in their RSD activities (in line with the transfer of responsibility agreement signed in 2016). Advocacy will also continue to have a national structure who will be the

interface between Government and UNHCR and other humanitarian actors.

Registration and refugee card issuance

Following the urban refugee data verification exercise that took place in 2021, a similar exercise is planned for 2022 for rural refugees. This exercise will also include a socio-economic data collection component. It is expected that around **258,000 refugees**, country-wide, will receive cards from the Direction Générale de la Sureté Nationale (DGSN) in 2022, enabling them to access services, ensure their freedom of movement, and facilitate their inclusion in development programmes. The completion of this exercise will also facilitate the programming of livelihood and self-reliance interventions that are adapted to refugees' skills and capacities, based on reliable data.

Prevention and response to gender-based violence and child protection issues

In 2022, UNHCR and partners will continue advocating for the inclusion of refugees in the national GBV strategy at all levels: prevention, mitigation, and response. GBV prevention activities will address gender inequalities and unequal power relations, as well as support the participation of women in decision-making processes through awareness raising activities. UNHCR and partners will strengthen their community-based approach against GBV by establishing or revitalising of community-based protection mechanisms and by mainstreaming GBV considerations in all sectors to enhance GBV prevention, response, and risk mitigation. UNHCR and partners will continue to strengthen the case management systems in place with a view to progressively handing over to MINPROFF from 2022 to 2026. In addition, UNHCR and its partners will provide psycho-social support and facilitate access to other relevant services (medical, legal, material, etc.) to GBV survivors in refugee hosting areas.

Durable solutions

UNHCR and partners will support voluntary repatriation where an interest is expressed, resettlement in cases with protection needs, all while pursuing the strengthening of self-reliance, and access to rights and services in the country of asylum.



FAR NORTH REGION, CAMEROON

Reforestation project turns Minawao refugee camp green again

Photo: UNHCR/ Xavier Bourgois

Voluntary repatriation

Voluntary repatriation remains the solution that enables refugees to resume their normal lives in their countries of origin but is contingent upon the security situation.

- **CAR refugees:** Intention surveys will be conducted in 2022 to determine refugees' willingness to return to their country of origin. If the situation in CAR does not deteriorate, UNHCR and partners plan to facilitate the return of **5,000 CAR refugees in 2022**.
- **Nigerian refugees:** In September and October 2021, 11,300 Nigerian refugees expressed their desire to return to their country of origin. UNHCR and partners plan to facilitate the return of 6,000 Nigerian refugees in 2022. They will also conduct intention surveys to determine refugees' willingness to return to their country of origin.
- **Urban refugees:** With regards to urban refugees, approximately 250 refugees of various nationalities will be assisted to return to their respective countries of origin, including Ivorian refugees for whom a Cessation Clause was adopted at the UNHCR Executive Committee meeting in October 2021.

All voluntary repatriation operations will be carried out under conditions of security and dignity and in accordance with COVID-19 protocols.

Resettlement and complementary pathways

- It is estimated that 43,000 refugees in Cameroon need resettlement to a third country.
- In 2022, UNHCR will facilitate the submission of 1,000 refugees with specific protection needs to various resettlement countries.
- While resettlement remains a fundamental tool for responsibility-sharing, complementary pathways can also represent a powerful expression of solidarity and responsibility-sharing by reducing economic, social, and political costs to States managing mass influx and protracted refugee situations. Along with resettlement, opportunities for complementary pathways will be explored in 2022 considering the Global Compact on Refugees (GCR) and comprehensive refugee responses that are designed to contribute to more predictable burden and responsibility-sharing. In 2022, UNHCR and partners interventions will also contribute to increasing potential for access to complementary pathways focusing on scholarships and family reunification.

Local integration/Socioeconomic inclusion

In 2022, UNHCR and its partners will promote socioeconomic inclusion and strengthen equal consideration of refugees and returnees for local integration prospects. Advocacy to include refugees in national development plans, social protection and livelihood opportunities, and education and health systems, as well as promotion of their freedom of movement, and access to land and documentation, will continue with the relevant authorities. In addition, UNHCR and partners will leverage refugees' socioeconomic data to work on initiatives with innovative partners, and the public and private sectors to work on entrepreneurship and agriculture and livestock production activities.

Cameroon Global Refugee Forum and High-Level Segment on Statelessness Pledges:

UNHCR and partners will also continue to support the Government to implement the High-Level Segment on Statelessness (HLS) pledges made in 2019 by advocating for the ratification of the 1954 and 1961 Conventions on Statelessness and by ensuring that persons whose nationalities are not determined enjoy their rights and a lasting solution is found to their situation.

Development projects

UNHCR has established a strong collaboration with the World Bank. The approval by the World Bank of the IDA-18 refugees sub-window funding for Cameroon resulted in the inclusion of refugees' and host communities' (including IDPs) needs in four national development projects covering the most affected CAR and Nigerian refugee-hosting areas. This is a critical and significant step towards development. UNHCR in collaboration with the World Bank and partners will continue to work closely with the Government to support the set-up of the implementation of these projects for refugees and host communities.

Access to basic social services

Education

In line with the UNSDCF, the GCR, and Sustainable Development Goal (SDG) # 4, UNHCR and partners will work closely with the Ministry of Basic Education

(MINEDUB), the Ministry of Secondary Education (MINESEC), the Ministry of Higher Education (MINESUP) and other members of the Local Education Group (LEG) to ensure refugee children and youth's sustainable and equitable inclusion in the national education system. The main interventions will focus on advocacy and technical support to the Government to implement the national Education and Training Sector Strategy (ETSS) 2021-2030 as well as education programmes and projects in refugee hosting areas (PAREC).

UNHCR and partners will also enhance collaboration and coordination with other education actors (UNICEF, UNESCO, the World Bank, etc.) and conduct resource mobilisation activities for education. In view of the particularly low enrolment rate of refugee children and youth in secondary education, there will be a specific focus on boosting their access to education. Overall, particular attention will be given to girls and children with disabilities.

Health

In accordance with the national multi-annual strategy for inclusion of refugees in the national system, UNHCR and partners will progressively disengage and handover staff, medicine, and equipment to public health facilities. In 2022, a specific focus will be on turning Minawao camp's health centre into public medical facility and including it on the map of national governmental medical centres.

To improve refugees' access to healthcare, UNHCR and partners will: i) continue advocating for refugee inclusion in the Universal Health Coverage; ii) reinforce collaboration with the World Bank as part of IDA-18 for the implementation of project to reinforce the performance of the health system (PRSSP-C);³⁹ iii) enhance partnership with UN agencies, and national and international NGOs to improve refugees and host population's access to health facilities. The main change targeted is the reduction of mortality and morbidity among people of concern to UNHCR and the host population.

WASH

In 2022, partners and stakeholders in the WASH Sector will continue to rehabilitate drinking water supply

systems and promote hygiene and sanitation activities, as well as improve services with a view to meeting international standards.

Mitigation of the impact of the COVID-19 pandemic

As of November 2021, 261 refugees tested positive for COVID-19. Awareness campaigns on vaccination against COVID-19 continue despite the reluctance of certain groups. At the end of November 2021, the number of refugees and asylum-seekers vaccinated since the start of the campaign in Cameroon was 16,879 (4 per cent of the targeted population).

The COVID-19 pandemic has affected refugees' freedom of movement and livelihood opportunities. Furthermore, the pandemic continues to negatively impact the host country's economy, exacerbating refugees' vulnerabilities. In 2022, it is expected that the consequences of the COVID-19 pandemic will continue to exacerbate the most vulnerable refugees' exposure to protection risks. Women and children may continue to be exposed to different forms of abuse and violence, including GBV, risks of exploitation, begging, school dropout and high likelihood of juvenile delinquency for adolescents due to idleness. Thus, in 2022, UNHCR's and partners priorities in terms of responding to COVID-19 will be to:

- Continue awareness raising on prevention measures and on new variants,
- Respect prevention measures in protection and assistance activities, in particular registration, biometric verification, assistance, assessments, and voluntary repatriation operations,
- Strengthen awareness raising on vaccination against COVID-19, and
- Strengthen advocacy with donors to increase assistance to refugees and support their resilience capacities.

Energy and protection of the environment

Renewable energy sources will be used to reduce the use of firewood and its impact on the environment. Other activities to protect the environment such as reforestation and agroforestry will be promoted

in 2022 to reduce the refugees' footprint on the environment.

Cross-cutting themes:

Protection from Sexual Exploitation and Abuse

Accountability to affected populations will be strengthened in 2022 through enhanced efforts to prevent sexual exploitation and abuse. UNHCR will reinforce PSEA through strengthening existing community-based SEA complaints mechanisms, improving reporting by integrating information on where and how to report SEA allegations in all community consultations, and enhancing monitoring and oversight of the provision of feedback and assistance to survivors.

Targeting methodology:

All refugees, asylum-seekers, repatriated refugees, and people at risk of statelessness will be targeted, as well as part of the local population in regions hosting refugees. The targeting methodology will also consider protection and assistance needs.

Cash-Based Interventions

Cash-based interventions (CBIs) will be favoured, whenever necessary and feasible, to support the local economy. Hygiene kits and soap are available in cash and vouchers in most areas, as is the case for assistance with shelter and basic household items. CBIs will also be the preferred modality during repatriation operations, which are planned for CAR and Nigerian refugees in 2022. The possibility of introducing cash to meet critical protection needs will also be explored.

Security issues and potential distortions in local markets will be carefully considered before implementing CBI.

Mainstreaming protection in sector responses

This plan focuses on the centrality of protection. To that effect, partners will be trained on mainstreaming protection in all sectors to implement proactive measures to support programmes focused on security and safety, dignity, as well as the strengthening/ establishment of community-based protection mechanisms. Protection mainstreaming will also

be ensured through approaches that consider all segments of the affected population, regardless of their age, gender, disability and other considerations, and their inclusion in decision-making processes that impact them.

Operationalisation of accountability to affected populations

Partners in the response will ensure that the principles of accountability to refugees, asylum-seekers, returnees, and people at risk of statelessness are applied in protection delivery and the search for durable solutions. To this end, accountability incorporates a participatory approach that gives a greater voice to all actors and refugees in decisions that affect them, considering AGD at all levels of intervention. In this vein, transparency, effective communication, and strengthening of complaints mechanisms will be enhanced to ensure that refugees are at the centre of the decisions affecting their well-being and receive timely feedback to their complaints.

Partnership and Coordination

In collaboration with the Government of Cameroon, UNHCR and partners ensure protection and the delivery of multisectoral assistance to refugees, asylum-seekers, persons at risk of statelessness, and their host communities.

The Government of Cameroon continues to take the lead in coordinating the refugee response in Cameroon, with the support of UNHCR, in line with the Refugee Coordination Model (RCM). UNHCR leads the Multisectoral Operations Team for the overall refugee response in the country (in the capital and refugee hosting areas). With this plan, humanitarian and development partners seek to support and complement the efforts of national and local authorities.

In 2022, UNHCR, in coordination with the Government, partners, and other relevant stakeholders, will continue to ensure that joint assessments, monitoring and reporting on progress, communication, and information-sharing tools are in place for an effective and coordinated response.

CONTACT

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Objectives, Indicators and Targets

Sector Objective Se01		
Increased equitable and sustainable access of children under five, pregnant and lactating women, teenagers, the elderly and vulnerable communities to safe, nutritious, adequate, diversified and secure food and malnutrition prevention services.		TARGET
Indicators	% of births attended by skilled health personnel	92
Sector Objective Se02		
The populations of concern to UNHCR, as well as the host populations in the host areas or villages, have sufficient access to adequate hygiene and sanitation services, and to quality drinking water in quantity		TARGET
Indicators	% of PoC using at least basic drinking water services	70
Sector Objective Se03		
Populations of concern to UNHCR have access to housing appropriate to their displacement situation, within a framework that meets national standards in terms of town planning		TARGET
Indicators	% of PoCs living in habitable and affordable housing	62
Sector Objective Se04		
Women and young girls and boys are protected from all forms of violence and discrimination against them in all areas of public life.		TARGET
Indicators	% of survivors who are satisfied with SGBV case management services	60
Sector Objective Se05		
Increased access of children, teenagers, youth, especially girls, and vulnerable groups to inclusive quality education, including literacy training		TARGET
Indicators	% of PoC enrolled in the national education system	57
Sector Objective Se06		
Refugees are able to actively participate in the social and economic life of host countries		TARGET
Indicators	% of PoC who self-report positive changes in their income compared to previous year	7



3.10 Coordination

REQUIREMENTS (US\$)	PARTNERS	PROJECTS
17.3M	7	11

Objectives

1. Strengthen inclusive humanitarian coordination and advocacy.
2. Strengthen context analysis to improve humanitarian programming.
3. Strengthen the respect of international humanitarian law and human rights law and safe access to humanitarian assistance.
4. Enhance ownership of humanitarian action by local and national actors.
5. Strengthen engagement for accountability to affected populations by all stakeholders.
6. Strengthen the HDP collaboration to support sustainable solutions for communities affected by crisis.

Ensure effective and context-specific humanitarian coordination

The continuous high humanitarian needs in Cameroon require strong coordination mechanisms capable of supporting an effective emergency response in line with international humanitarian law, principles, and response standards. The HCT, under the leadership of the Humanitarian Coordinator will continue to provide overall strategic guidance to the humanitarian community and ensure that humanitarian space is preserved, humanitarian access maintained and expanded, and humanitarian principles are respected. The HCT will maintain and reinforce high-level engagement with relevant Government interlocutors and UN member states.

The HCT is committed to further strengthen inter-sector and inter-cluster coordination mechanisms at the national and regional levels to support the implementation of the 2022HRP. Sectors at national level and in the Far North and eastern regions are led by Government line ministries and co-led by Sector lead agencies from humanitarian partners. Clusters in the North-West and South-West regions are co-led by UN agencies and NGOs. The decentralised coordination structure enables effective response coordination at regional levels with the respective Government counterparts and the different regional humanitarian coordination structures.

OCHA continues to be crucial to support the various coordination mechanisms and ensure overall coherence between strategic and operational decision-making bodies. OCHA will continue to lead and chair the Inter-Sector and Inter-Cluster groups and support them with information exchange tools and platforms to inform inter-sectoral decision-making. It will also continue to support and strengthen humanitarian coordination mechanisms established in 2020 in the West and Littoral regions to increase response coordination in the absence of a formal presence of OCHA and most sector lead agencies. UNHCR is committed to reinforce the multisectoral CAR refugee response coordination in the eastern regions and OCHA and UNHCR will increase collaboration to improve communication, exchange, and reporting on the multisectoral refugee response at national level.

The participation of the NGOs in the coordination forums is key to improve the understanding of the

situation and challenges and ensure an effective and well-coordinated humanitarian programming and response. To this end, in 2021, the inclusion of the two NGO platforms as observer of the Inter-Sector Yaoundé and the joint preparation of the OCHA-NGO meetings has improved information sharing and agenda setting to identify joint solutions to operational challenges faced and building knowledge and capacities on relevant topics to increase the ability of frontline humanitarian workers. In 2022 OCHA will continue to facilitate the full engagement of the international and national NGOs forums, Coordination of Humanitarian INGOs (CHINGO) and Platform of national NGOs (CHOI), to enhance coordination between all humanitarian actors and ensure a strong NGO participation in the coordination mechanisms.

Coordination services will conduct inter-sectoral vulnerability and needs analysis to ensure evidence-based and context specific responses. This will be achieved through joint assessments on needs and responses provided, reasons for displacements and return intentions; IDP and returnee displacements tracking and data analysis; and information management on behalf of the whole humanitarian community. Joint analysis of the distinct needs, vulnerabilities, and risks will be based on gender, age and diversity-sensitive data collection and analysis to clearly articulate the distinct assistance and protection needs of women, girls, men, and boys, including older people and people living with disabilities.

In 2021, sectors, clusters, and relevant working groups, carefully reviewed the MSNA questionnaires to ensure specific questions on accountability to affected people, as well as on the needs of people living with disabilities, were included. While interesting information on access of people with disabilities to assistance and services was gained thanks to the Far North MSNA, the integration and analysis of needs of people living with disabilities will be further strengthened during the 2022 Centre, North-West, and South-West MSNA.

Playing the role of lead agent in the implementation of several specific results of the HCT's gender in humanitarian action roadmap (2021-2022), OCHA will help the operation increase the quality and efficiency

of its response, in line with the IASC gender policy. OCHA and other lead agents will continue to support the inter-agency Gender advisor in strengthening the capacity of humanitarian actors to analyse and address gender in emergency programming, with a particular focus on enhancing the gender capacity in the regions.

In line with the agency's mandate, OCHA, together with the Protection advisor who will be deployed in the first quarter of 2022, will ensure that cross-cutting protection concerns are reflected and addressed in the work of all clusters and sectors through the Inter-Cluster/Inter-Sector coordination and that core protection priorities are identified and addressed through humanitarian assessment and strategic planning. OCHA will also support the humanitarian community in improving protection mainstreaming and in making the humanitarian analysis and response more AGD sensitive.

The humanitarian community is committed to scale up its capacity to carry out a coordinated and rapid multisectoral response to provide life-saving assistance to most vulnerable newly displaced populations.

Enhance ownership of humanitarian action by local and national actors

Building the capacity of civil society organizations continues to be a priority.

OCHA increased its engagement with local partners through the establishment of humanitarian coordination forums in localities where local and national NGO are the only or predominant operational humanitarian responders, such as in Kumba and Mamfe (South-West), Wum (North-West), Kousseri (Far North), Douala (Littoral), and Bafoussam (West).

On the national level, the Inter-Sector established a multi-year national localization action plan in February 2021 and the commitment to accelerate localization was included in the HCT compact in November 2021. In 2022, a formal Localization Working Group will be created to strengthen the ownership of humanitarian action by local and national actors in Cameroon.



MAROUA, FAR-NORTH, CAMEROON

Meeting with IDPs in a host family in Maroua.

Photo: OCHA/Ariane Maixandeau

Increase Accountability to Affected Populations

In terms of strengthening AAP in humanitarian decision-making, concrete steps were identified when planning the 2022 response to increase community level communication and engagement.⁴⁰

An AAP Working Group was established in 2021 to promote the consideration of the beneficiaries' needs in all phases of the HPC. A survey carried out with humanitarian partners in Cameroon on the implementation of the six IASC commitments on AAP revealed an overall implementation of these commitments at 78 per cent. Furthermore, the MSNA questionnaires were reviewed in 2021 to ensure specific questions on accountability to affected people were included, revealing that communication with affected populations needs to be improved. The AAP Working Group will identify options on how to strengthen the implementation of the six IASC commitments in 2022 and how to improve

accountability to affected populations. Overall, the group aims to ensure the development of a joint accountability framework and an AAP strategy for the HCT in 2022.

While progress was made in 2021 to improve the PSEA and important steps have been taken to establish a joint community-based complaint mechanism to receive SEA complaints, partners are committed to further strengthen PSEA at collective level as well as at individual organization level in 2022.

Strengthening humanitarian-development-peace collaboration

In 2022, a strong emphasis will continue to be placed on strengthening the humanitarian-development-peace coordination and collaboration across all sectors, when and where possible, while respecting humanitarian principles, including through an improved and refined joint understanding of risks, needs, and vulnerabilities of the three crises.

The humanitarian, development, and peacebuilding actors in Cameroon are committed to strengthen collaboration and to achieve better complementarity and synergy between humanitarian, development, and peace interventions, to simultaneously respond to the populations' needs and vulnerabilities, while reducing risks and addressing the underlying root causes. To this end, the HDP Nexus Taskforce defined a Collective Outcome and approved a Roadmap for the operationalization of the HDP in Cameroon.

Sustainable solutions to return, resettlement and reintegration will continue to be promoted through coordination, mainstreaming of community communication and engagement and enhanced information sharing.

In 2022, a strong emphasis will continue to be placed on strengthening the humanitarian-development coordination and collaboration across all sectors, when and where possible, while respecting humanitarian principles, through an improved and refined understanding of risks, needs, and vulnerabilities of the three crises. The humanitarian, development and peace actors will converge, coordinate, and synchronise their interventions in selected convergence areas, based on specific criteria and crisis dynamics, and on a sequential approach considering the ability and potential to achieve collective results. Joint action plans will be developed for each of the selected convergence area, under the aegis of the major and the communal leadership,

SOUTH-WEST REGION, CAMEROON

A mother and child wait in line for a UNFPA hygiene kit at Bolifamba Health care center.

Photo: OCHA/Giles Clarke



to ensure the coherence and synergies between all humanitarian, development, and peacebuilding actions implemented in these areas. The joint situation analysis will lay the foundation for harmonised programming addressing the effects and causes of the multiple humanitarian crises in Cameroon.

Promote and reinforce humanitarian access through an efficient information sharing on safety and security context and threats for the humanitarian staff and the affected populations

The insecurity in the North-West, South-West, and Far North regions continues to hamper the provision of humanitarian assistance to the most vulnerable people. The humanitarian community is committed to further strengthen its context and security risks analysis to ensure that humanitarian organizations deploy in a safe and secure manner without putting the population in danger.

The importance of sharing safety and security information in the context of humanitarian coordination is with the objective to facilitate humanitarian access, by the humanitarians to the populations and by the populations to humanitarian assistance

Humanitarian partners will be provided all possible support to expand access and create an enabling operational environment. This will include training on humanitarian principles, humanitarian access negotiations, and CMCoord.

UNDSS conducts security assessments and provides security monitoring and recommendations to the humanitarian organization (UN agencies and partners) in regions with a precarious security situation. Security arrangements need to be coordinated with multiple actors in terms of information gathering, standard operating procedures, interventions, information sharing, and capacity building. INSO plays an important role providing security information and advice to humanitarian NGOs in the Far North, and will play this role in 2022, since it established its office in the North-West and South-West regions at the end of 2021.

Improving humanitarian access through appropriate air transport

Some areas are difficult to reach for humanitarian actors due to the long distances from Yaoundé, poor road conditions and insecurity, particularly in the North, Far North, North-West, and South-West regions. Under these conditions, air transport provided by UNHAS is the safest and most reliable way to reach local coordination hubs and project implementation sites. Close communication and regular dialogue with the relevant authorities will continue in 2022 to lift restrictions reducing UNHAS flights capacity.

In 2022, UNHAS plans to resume flights to the North-West and South-West and to continue to provide humanitarian air services to Maroua. Joint advocacy efforts will continue to open an airstrip in Kousseri to avoid issues related to the crossing of an international border in N'Djamena. In addition, UNHAS services will ensure a 100 per cent response to medical evacuations, including COVID-19 cases, and to security evacuations and guarantee that emergency humanitarian equipment is delivered in a timely manner as close as possible to the needs.

The overall goal is to reinforce and increase humanitarian access through efficient information sharing, including on security context and threats, robust civil-military coordination, principled access negotiations, and effective and efficient air transport.

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Objectives, Indicators and Targets

Sector Objective Se01		TARGET
Strengthen inclusive humanitarian coordination and advocacy		
Indicators	# of multidonor briefings organized and donors field visits including briefings facilitated	5
Sector Objective Se02		TARGET
Strengthen context analysis to improve humanitarian programming		
Indicators	# of Multisector Needs Assessments and Mobility Tracking assessments conducted	6
Sector Objective Se03		TARGET
Strengthen the respect of international humanitarian law and human rights law and safe access to humanitarian assistance		
Indicators	# of access missions carried out and reports shared	12
Sector Objective Se04		TARGET
Enhance ownership of local and national actors in all phase of humanitarian action		
Indicators	# of national or local organizations which are receiving funding through the HRP to implement humanitarian projects	10
Sector Objective Se05		TARGET
Strengthen engagement for accountability to affected populations (AAP) by all stakeholders		
Indicators	# of local organizations trained on PSEA	100
Sector Objective Se06		TARGET
Strengthen the humanitarian – development – peace collaboration to support durable solutions for communities affected by forced displacement		
Indicators	# of areas of convergence selected to roll-out the humanitarian-development-peace NEXUS	8

Part 4:

Annexes

MAROUA, FAR-NORTH, CAMEROON

Domayo IDP site

Photo: OCHA/Ariane Maixandeau



4.1

What if We Fail to Respond?

Protection

Displaced people will not have access to protection services

Without continued advocacy and coordinated efforts to prevent and reduce violations of national and international law, including international humanitarian law and human rights law, the civilian population will continue to be attacked and will continue to flee or will be left without any assistance. 22,550 crisis-affected people will not receive legal assistance on violation of their rights. Continuous displacement, even if temporary, is forcing the chronically displaced to sell their assets to survive, further increasing their vulnerability. Without protection monitors and workers on the ground, vulnerable people remain invisible within their communities, continue to be exposed to abuses and have no access to lifesaving services. 18,000 conflict-affected persons will not benefit from civil or identity documentation support. Protection concerns relating to armed conflict and violence are not necessarily reported and humanitarians and other actors' risk further aggravating these concerns if not adequately identified and addressed.

Without monitoring of the human rights violations committed by all parties to the crisis, humanitarian actors will not be able to continuously advocate for the protection of the affected populations in Cameroon. The protection monitoring and coordination are key activities without which partners are not able to plan and deliver protection assistance including legal assistance to some 22,000 crisis-affected people or civil documentation assistance to 18,000 of them. If we fail to implement protection activities such as rights awareness and sensitisation campaigns, the communities will be disempowered in claiming their own rights and understanding their obligations, while they are already fragilized by the forced displacement. Protection awareness and protection monitoring

activities are key in identifying the most the women, men, and children in need of legal and physical protection. Without those activities on the ground, some 13,000 most vulnerable crisis-affected people will be left without assistance.

Child Protection

490,000 children will not access mental health or psychosocial support

1,350 UASC will be left without support if we fail to respond. They will not be reunified with their families, over 10,000 UASC will not access family-based care or appropriate alternative services and over 120,000 children will not access GBV risk mitigation, prevention, or response interventions. Almost 35,000 children at risk of violence, abuse and exploitation will not receive appropriate case management services. Children affected by ongoing crises, living with emotional scars and lasting psychological trauma will be deprived of psychosocial support, education in safe and protected environment and will, in the future, not be able to have a normal, productive, and dignified life again. Children escaping armed groups and forces, going into hiding because of fear of reprisals against them or against their families will remain excluded from communities and will risk being re-recruited and used again by parties to conflict, fuelling further armed violence against civilians.

Gender-Based Violence

10,000 GBV survivors will not have access to critical GBV life-saving services

GBV violates fundamental human rights and is a major barrier to achieving gender equality. If we fail to respond, the health, dignity, and safety of women and girls who find themselves among the most vulnerable populations will further deteriorate. GBV survivors will

not have access to critical GBV life-saving services, among the 10,000 people who would otherwise benefit from at least one form of GBV assistance. If we fail to have a continuous presence within the crisis-affected communities, some 265,000 community members as well traditional and religious leaders will not benefit from GBV awareness and prevention activities. Development and peace-making efforts will be inefficient including as 100 GBV service providers will not see their capacity reinforced. Sustainable development goals, including on gender equality, peace, and justice, access to good health and well-being, access to education and economic growth will not be achieved.

Housing, Land, and Property

1,000 people will not be able to receive the legal assistance required

Protection monitoring shows that most of the forcibly displaced population is at risk of forced eviction, secondary occupation or to be unable to enjoy property of their land. Without the presence of protection actors, close to 1,000 people would not be able to receive the legal assistance required to restore their land, housing, and property rights. Without the presence of protection partners with the required expertise, some 10,000 people will not be able to benefit from individual and community sensitisation on their rights and obligations regarding housing, land, and property with long term negative impact on their capacity to solve arising land disputes and protection themselves from exploitation. The protection of housing and property rights is related to preventing the communities from developing negative coping mechanisms. Without the support and counselling of the HLP actors, women, and girls, especially, will continue resorting to negative coping mechanisms to pay their rent.

Education

Over 800,000 girls, boys and adolescents will not have access to formal and non-formal education and will be exposed to protection risks

The failure to provide access to education to boys and girls affected by crisis could leave thousands

of children exposed to a myriad of protection risks including violence, drugs, recruitment into armed groups, family separation, and early pregnancies. More than 240,000 girls, boys, and adolescents will not have access to alternative education platforms and would lose the opportunity to improve their wellbeing by receiving education in a protective learning environment that is responsive to their specific needs, including during the pandemic. 80,000 crisis affected children and adolescents living with disabilities will not have access to inclusive education and 280,000 children affected by crisis will not benefit from school feeding.

Food Security

588,000 food insecure people will not receive unconditional food support and might resort to extreme negative coping mechanisms with serious consequences on their nutritional status

According to the October 2021 Cadre Harmonisé analysis, 9 per cent (2,430,110 people) of Cameroon's population is acutely food insecure (Phase 3 to 5), with regions that are affected by violence and climatic hazards such as the North-West (29 per cent), South-West (20 per cent), and Far North (16 per cent) being the most affected. These populations resort to crisis or emergency coping strategies to meet their food needs. Climatic shocks have further reduced food availability and insecurity continues to severely affect people's livelihoods. A sustained humanitarian food and livelihoods response is needed to prevent further deterioration of people's food security in priority regions, especially during the lean season, which will be anticipated this year given last year's poor agricultural yields. Without the resources to provide appropriate responses to these needy populations, 588,000 food insecure people will not receive unconditional food support. Over 250,000 people will not receive assistance through agricultural, livestock, and fishery support and may resort to extremely negative coping mechanisms to access food, including the sale of goods, theft, survival sex and reduced meals, with serious consequences for their nutritional status. Also, the most vulnerable populations that are under pressure (phase 2) could fall into crisis.



NORTH-WEST REGION , CAMEROON

Photo: OCHA/ Bibiane Mouangue

Health

Lack of adequate health services and care will lead to excess morbidity and mortality among IDPs and 523,000 people will not have access to mobile clinics

Without assistance, there will be excess morbidity and mortality among IDPs due to an exponential increase in cases of malaria, respiratory infections, diarrheal diseases and other infectious diseases and epidemics such as cholera, measles, and COVID-19. Without support from humanitarian partners, health facilities will lack the adequate health personnel, equipment, and medicine necessary to deliver quality health care. 523,000 people will not be consulted by mobile clinics in the North-West and South-West regions. Almost 90,000 women will not receive antenatal consultation. Women will give birth without any assistance leading to excess mortality of women during childbirth. Cases of GBV will not benefit from medical care and people suffering from hypertension, diabetes and HIV will not benefit from the continuation of treatment. The distress of the affected population will increase as cases of psychological trauma and physical trauma will not benefit from care specifically 58,000 people will not receive mental health care or psychosocial support. The health facilities will not have the health personnel, equipment, or necessary drugs for the management of cases.

Water, Sanitation, and Hygiene

1.1 million people will not benefit from sustainable access to safe drinking water and 573,000 people will not access basic sanitation services

Without sustainable access to adequate water, hygiene and sanitation services, risks of morbidity and mortality will continue to increase, particularly in the context of an ongoing cholera outbreak in many regions and the COVID-19 pandemic. Specifically, 1.1 million people affected by crisis will not benefit from sustainable access to safe drinking water and 573,000 people will not access to basic sanitation services, including gender segregated latrines. Furthermore, if we fail to provide a gender-sensitive WASH response, especially in areas of displacement, incidents of GBV will increase. It is also important to provide the full WASH response package to reduce the people in need and increase their resilience. Proper sanitation, hygiene and safe drinking water will reduce undernutrition and stunting in children by preventing diarrheal and parasitic diseases, and damage to intestinal development.

Nutrition

Lack of nutrition services will cost the lives of most vulnerable children and stunt their future.

11,400 pregnant and lactating women and 99,000 boys and girls aged 6 to 23 months will not be enrolled in the BSFP

The protracted crises in Cameroon are exacerbated by fundamental structural problems that trap populations in a state of constant precariousness which can result in alarming increases in acute malnutrition and hamper progress towards reducing other forms of malnutrition in absence of assistance. Stunting occurring before the age of two is a risk marker of poor child development, predicting poorer cognitive and educational outcomes in later childhood and adolescence and in turn hindering economic productivity of individuals (men and women), households and communities.

Although it is generally emphasised less, stunting is also associated with an increased risk of death. While lower overall than for wasting, the risk is still 5.5 times that of a healthy child for severe stunting (a higher risk than moderate wasting at 3.4 times). When stunting and wasting (either severe or moderate) are combined, the mortality risk rises to 12.3 times that of a healthy child. It is crucial in protracted crises to promote coherent and well-coordinated humanitarian and development programming to address food insecurity and undernutrition, to save lives and to build resilience.

In absence of at scale and coherent nutrition package in the response, 11,400 pregnant and lactating women and 99,000 boys and girls aged 6 to 23 months will not be enrolled in the Blanket BSFP, 59,704 boys and girls aged 6 to 59 months with SAM will not be treated and 198,000 boys and girls 6-23 months will not receive micronutrient powders for home-based food fortification in humanitarian context.

Shelter/Non-Food Items

The health, dignity, and safety of affected populations will be negatively affected. Over 54,706 households will continue to be exposed to protection and health risks

Without adequate shelter, over 54,706 households will continue to be exposed to protection and health risks. Lack of privacy in makeshift shelters or overcrowded host families expose especially women and girls to

serious risks of GBV. Households displaced to areas with limited services and no access to shelter and NFI are at risk of further displacement as they continue to search for alternative locations where basic social services and structures are available, thus hindering the achievement of durable solutions. If the most vulnerable do not receive shelter and NFI assistance, consequences could lead to death in the worst case or the adoption of negative coping strategies such as early marriage, economic exploitation, and other human rights violations.

Overcrowded host families sharing the same room, with less than 3.5m² covered living space per person, will continue to suffer of improper sanitation risking the transmission of diseases such as cholera, measles, or COVID-19.

Early Recovery

Lack income-generating activities will lead to the adoption of negative coping mechanisms and the dependency on humanitarian assistance. 1,500 IDPs and host community members will not be provided with capital to start their own business, while 1,600 will not be trained on small business management skills

Without early recovery and income generating activities, 1,500 IDPs and host community members will not be provided with capital to start their own business and 1,600 will not be trained on small business management skills. Thus, affected populations potentially adopt negative coping strategies, such as survival sex, and irreversible emergency coping strategies, such as selling productive assets, compromising their productivity and future ability to cope with shocks. Early recovery, livelihoods and capacity building are often the bridge between the silos of humanitarian and development interventions, capacitating people, and community to benefit from development interventions while humanitarian activities are scaling down.

4.2 Participating organizations

ORGANIZATION	SECTORS	PROJECTS	REQUIREMENTS (US\$)
United Nations High Commissioner for Refugees	Coordination, Protection, Refugee Response, Shelter and NFI	6	108.4M
World Food Programme	Coordination, Early Recovery, Education, Food Security, Nutrition, Refugee Response	10	88.9M
United Nations Children's Fund	Education, Health, Nutrition, Protection, Refugee Response, WASH	14	39.9M
Food & Agriculture Organization of the United Nations	Food Security	3	20.0M
International Rescue Committee	Early Recovery, Education, Food Security, Protection, Refugee Response, WASH	11	9.7M
Action Against Hunger	Food Security, Health, Nutrition, Protection	6	9.4M
Danish Refugee Council	Food Security, Protection, Refugee Response, Shelter and NFI	2	9.3M
Norwegian Refugee Council	Coordination, Early Recovery, Education, Food Security, Protection, Shelter and NFI	11	8.4M
World Health Organization	Health	2	6.1M
International Organization for Migration	Coordination, Early Recovery, Health, Shelter and NFI	2	6.0M
International Medical Corps	Health, Nutrition, Refugee Response	5	5.9M
Office for the Coordination of Humanitarian Affairs	Coordination	2	4.9M
Solidarités International	Early Recovery, Food Security, Shelter and NFI, WASH	5	4.2M
United Nations Population Fund	Early Recovery, Protection	2	4.2M
Première Urgence Internationale	Coordination, Food Security, Nutrition, Shelter and NFI, WASH	3	3.9M
Plan International	Education, Food Security, Health, Protection, WASH	8	3.4M
Community Health and Social Development for Cameroon	Early Recovery, Education, Health, Nutrition, Protection, Shelter and NFI, WASH	9	2.8M
ACT Alliance / Lutheran World Federation	Refugee Response	4	2.5M
Alliance for International Medical Action	Health, Nutrition	2	2.4M
Catholic Relief Services	Food Security, Shelter and NFI	1	2.3M

ORGANIZATION	SECTORS	PROJECTS	REQUIREMENTS (US\$)
Martin Luther King Jr Memorial Foundation	Early Recovery, Education, Health, WASH	5	2.0M
United Nations Educational, Scientific and Cultural Organization	Education	2	2.0M
INTERSOS Humanitarian Aid Organization	Food Security, Protection, Shelter and NFI	2	2.0M
Agence Humanitaire Africaine	Food Security, Health, Nutrition	3	1.8M
Jesuit Refugee Service	Education, Refugee Response	2	1.7M
Strategic Humanitarian Services	Education, Food Security, Health, Nutrition, Shelter and NFI, WASH	6	1.5M
Sourire d'enfants Cameroun	Education	1	1.4M
Green Partners Association	Early Recovery, Education, Protection	4	1.4M
Basic Assistance Humanitarian Organization	Education, Food Security, Protection, Refugee Response, WASH	5	1.4M
Nascent Solutions Inc.	Food Security	1	1.3M
International Emergency and Development Aid	Early Recovery	1	1.0M
Street Child Organization	Education, Protection	2	980K
Sustainable Development and Humanitarian Services Foundation	Early Recovery, Education, Food Security, Health, Nutrition, Protection, WASH	8	907K
DEMTOU Humanitaire	Health, Nutrition, WASH	3	884K
Hope for a better Future	Early Recovery, Education, Nutrition, Protection	6	811K
Education Fight Aids, Cameroon	Early Recovery, Food Security, Protection	3	725K
Nkong Hill Top Association for Development	Education, Food Security, WASH	3	632K
Environmental Protection and Development Association	Food Security, WASH	3	620K
Global Welfare Association	Early Recovery, Education	3	592K
Plan Ireland	Education	1	585K
Société Civile pour la Promotion des Droits et Devoirs	Education, Refugee Response	2	578K
Reach Out NGO	Education, Food Security, Health, Protection, WASH	5	521K
Caritas - Kumba	Nutrition, WASH	2	498K
Cuso International	Early Recovery	1	469K
Global Community Rescue	Education	1	423K
Humanitarian Association of Dynamic Youths Guiding Services	Education	1	388K

ORGANIZATION	SECTORS	PROJECTS	REQUIREMENTS (US\$)
Authentique Memorial Empowerment Foundation	Education, Protection	3	385K
Respect Cameroon	Refugee Response	1	367K
Forest and Agroforestry Promoters	Early Recovery	1	325K
Action Locale pour un Développement Participatif et Autogéré	Protection	1	313K
Caritas Mamfe	Nutrition, Protection	2	290K
Women Access to Relief and Development Actions	Early Recovery	2	279K
Afrique Solidarité - Suisse	WASH	1	250K
Community Initiative for Sustainable Development Cameroon	Protection, WASH	2	238K
Grace Chin Foundation	Education	1	234K
Africa Millennium Development Network	Food Security, Protection, WASH	3	229K
Miracle Charity Foundation	Early Recovery, Education	3	213K
United Nations Department of Safety and Security	Coordination	2	208K
Recover and Rehabilitate for Better Tomorrow	Education	1	200K
Education Cameroon	Education	1	195K
Youth Education on Environment	Early Recovery, Education, Health	4	188K
Indigenous Volunteers for Sustainable Peace and Development	Protection, WASH	2	175K
Civil Society Organisations Union (OMAM)	Refugee Response	1	175K
Pan African Institute for Development West Africa	Education	1	172K
Bihndumlem Humanitarian Association of Peace and Hope	Protection	1	159K
Caritas Kumbo	Education	1	151K
Cameroon Humanitarian, Educational Leadership for Peace and Development	Education, Protection	3	135K
Advocates for Social Inclusion and Community Development	WASH	1	135K
Association IDEOS	Early Recovery	1	123K
Cameroon Development and Education Foundation	Health	1	122K

ORGANIZATION	SECTORS	PROJECTS	REQUIREMENTS (US\$)
Presbyterian Church of Cameroon Health Services	Education	1	117K
United Youths Organization	Early Recovery	1	109K
Centre for Human Rights and Peace Advocacy	Education, Protection	2	107K
Dynamic Femmes	Health, Protection	2	105K
Value Heath Africa	Early Recovery	1	85K
Fondation Itaka Escolapios	Education	1	85K
National Youth Development Organization	Food Security, Nutrition	1	80K
Association for Gender Equality and child Safety	Early Recovery	1	78K
Health Development Consultancy Services	Education	1	69K
Academie Camerounaise des Formations	Education	2	52K
Organization for Women's Empowerment and Development	Education	1	50K
Cameroon Farmers Empowerment and Development Organization	Food Security	1	49K
Reconciliation and Development Association	Food Security	1	46K
SOS Villages d'Enfants	Early Recovery	1	38K
Center for Research, Education and Resources Distribution to the Rural and Underprivileged People	Protection	1	37K
Caritas Cameroun	WASH	1	34K
Centre pour la Promotion et la Défense des Droits de l'Enfant	Protection	1	27K
Carpentry and Joinery Association	Education	1	27K
Queen Fogang Foundation	Education	1	17K
Education for All	Education	1	15K

4.3

How to Contribute

Contribute to the Humanitarian Response Plan

The Cameroon HRP is developed in-country, based on solid analysis of response contexts and engagement with national and international humanitarian partners; direct financial contributions to reputable aid agencies are one of the most valuable and effective forms of response in emergencies.

<https://www.humanitarianresponse.info/en/operations/cameroon>

Contribute through the Central Emergency Response Fund

The CERF provides rapid initial funding for life-saving actions at the onset of emergencies and for poorly funded, essential humanitarian operations in protracted crises. The OCHA-managed CERF receives contributions from various donors – mainly Governments, but also private companies, foundations, charities and individuals – which are combined into a single fund. This is used for crises anywhere in the world.

<https://cerf.un.org/donate>

Registering and recognizing your contributions

OCHA manages the Financial Tracking Service (FTS), which records all reported humanitarian contributions (cash, in-kind, multilateral and bilateral) to emergencies. Its purpose is to give credit and visibility to donors for their generosity, to show the total amount of funding, and to expose gaps in humanitarian plans. Please report yours to FTS, either by email to fts@un.org or through the online contribution report form:

<https://fts.unocha.org/>

4.4 Acronyms

AAP	Accountability to Affected Populations	DHIS2	Data Health Information System
AGD	Age, gender and disability	DTM	Displacement Tracking Matrix
ALIMA	The Alliance for International Medical Action	EiE	Education in emergency situations
AoR	Area of responsibility	EiEWG	Education in emergencies Working Group
ARRM	Area Rapid Response Mechanism	EWARS	Early warning and rapid response system
BSFP	Blanket Supplementary Feeding Program	EIOS	Epidemic Intelligence from Open Sources
BUCREP	Central Bureau for Censuses and Population Studies	ETSS	Education and Training Sector Strategy
CaLP	Cash Learning Partnership	ExCom	Executive Committee
CAR	Central African Republic	FAO	Food and Agriculture Organization of the United Nations
CCAA	Cameroon Civil Aviation Authority	FACA	Central African Armed Forces
CBI	Cash-Based Interventions	FTS	Financial Tracking Services
CBO	Community based organization	GBV	Gender-based violence
CEPI	Coalition for Epidemic Preparedness Innovations	GBVIMS	Gender-based violence information management system
CH	Cadre Harmonisé	GCR	Global Compact on Refugees
CHINGO	Coordination of Humanitarian INGOs	GenCap	Senior inter-agency gender advisor
CHOI	Cameroon Humanitarian Organizations Initiative	InPF	InPatient Facility
CMCoord	Civil-military coordination	IYCF	Infant and young child feeding
COVAX	COVID vaccines global access	HCT	Humanitarian Country Team
COVID-19	Coronavirus disease 19	HIV/AIDS	Human immunodeficiency virus/ Acquired immunodeficiency syndrome
CPFF	Centres for the Empowerment of Women and the Family	HLP	Housing, land and property
CPRP	Country Preparedness and Response Plan for Cameroon	HNO	Humanitarian Needs Overview
CVA	Cash and Voucher Assistance	HDP	Humanitarian-Development-Peace
CWG	Cash Working Group	HLS	High-Level Segment on Statelessness
DDR	Disarmament, Demobilization, and Reintegration	HPC	Humanitarian Programme Cycle
DGSN	General Directorate for the National Security	HRP	Humanitarian Response Plan
		IASC	Inter-Agency Standing Committee
		IDA-18	International Development Association
		IDP	Internally displaced person

iMAP	Information management and mine action program	PSEA	Protection from Sexual Exploitation and Abuse
INSO	International NGO Safety Organisation	PU	Première Urgence
IOM	International Organization for Migration	RCCE	Risk Communication and Community Engagement
ISWG	Inter-Sector Working Group	RC/HC	Resident Coordinator/ Humanitarian Coordinator
JIAF	Joint Intersectoral Analysis Framework	RCM	Refugee Coordination Model
KAP	Knowledge Attitude and Practice	RRM	Rapid Response Mechanism
LEG	Local Group of Education Partners	RPM	Response and Planning Module
M&E	Monitoring and Evaluation	RSD	Refugee Status Determination
MEB	Minimum expenditure basket	SAM	Severe acute malnutrition
MHM	Menstrual hygiene management	SDGs	Sustainable Development Goals
MINAS	Ministry of social affairs	SMART	Standardized monitoring and assessment of relief and transitions
MINEDUB	Ministry of basic education	SME	Small medium-sized enterprises
MINPROFF	Ministry of women's empowerment and the family	SOPs	Standard operating procedures
MINESEC	Ministry of secondary education	SSF	State security forces
MINESUP	Ministry of higher education	TS	Technical Secretariat
MINREX	Ministry of external relations	UASC	Unaccompanied and Separated Children
MIRA	Multi-sector initial rapid assessment	UN	United Nations
MPC	Multi-purpose cash	UNCT	United Nations Country Team
MSNA	Multisectoral Needs Assessment	UNDSS	United Nations Department for Safety and Security
MSF	Doctors Without Borders	UNFPA	United Nations Population Fund
MUAC	Mid upper arm circumference	UNHAS	United Nations Humanitarian Air Services
NFI	Non-food items	UNHCR	Office of the United Nations High Commissioner for Refugees
NSAG	Non-State armed groups	UNICEF	United Nations Children's Fund
NWSW	North-West South-West	UN WOMEN	United Nations Entity for Gender Equality and the Empowerment of Women
OCHA	United Nations Office for the Coordination of Humanitarian Affairs	WASH	Water, sanitation and hygiene
PAREC	Cameroon Education Reform Improvement Program	WFP	World Food Programme
PCI	Prevention, Control, and Infection	WHO	World Health Organization
PDM	Post-distribution monitoring	WILPF	Women's International League for Peace and Freedom
PLW	Pregnant and lactating women		
PRSSP-C	Project to Reinforce the Performance of the Health System in Cameroon		
PoC	Persons of Concern to UNHCR		

4.5 End Notes

- 1 Please consult the Cameroon 2022 HNO for the full analysis of the context and impact of the crises.
- 2 325,039 refugees from CAR were reported in the East, Adamawa, and North regions of Cameroon in December 2021 (UNHCR).
- 3 357,631 IDPs (IOM, DTM, July 2021); 135,257 returnees (IOM, DTM, July 2021); 115,188 Nigerian refugees in the Far North (UNHCR, November 2021).
- 4 As of November 2020, 560,422 people were displaced in the Far North: 321,886 IDPs (IOM, DTM, June 2020); 123,489 returnees (IOM, DTM, June 2020), 115,047 Nigerian refugees in the Far North (UNHCR, November 2020).
- 5 IOM, DTM, July 2021. Numbers are rounded up.
- 6 1,035,648 people have been displaced due to the North-West and South-West crisis since 2017: 347,542 people were displaced within the North-West and South-West regions (MSNA, OCHA, August 2021); 383,596 returnees were registered in the North-West and South-West regions (MSNA, OCHA, August 2021); 222,680 people were displaced to other regions (5,301 to the Adamawa region (MIRA, OCHA, July 2019); 60,084 to Yaoundé, Centre (MSNA, CHOI, OCHA, September 2021); 81,298 to the Littoral (MSNA, OCHA, September 2021); 84,927 to the West (MSNA, OCHA, September 2021); 72,900 fled to Nigeria (UNCHR, December 2021). A decrease of over 100,000 displaced people can be observed since the assessments in August 2020, which can be partially explained due to an increased reluctance of IDPs to identify themselves as such, considering discrimination and the lack of assistance, as well as by the change in assessment methodology.
- 7 An increase of return movements to the North-West and South-West can be observed since 2019: 203,634 returnees were registered in the August 2019 MSNA, 360,547 returnees were registered in the August 2020 MNSA, 333,915 returnees were registered in the February 2021 MSNA, 383,596 returnees were registered in the August 2021 MSNA.
- 8 325,039 refugees from CAR were reported in the East, Adamawa, and North regions of Cameroon in December 2021 (UNHCR).
- 9 293,352 refugees from CAR were reported in the East, Adamawa and North regions of Cameroon in November 2020 (UNHCR).
- 10 64 per cent of the displaced populations in the assessed villages, mostly in the Mayo-Danay, Logone et Chari, and Mayo-Sava divisions encounter problems accessing health care, because the health centre are too far away (43 per cent), services are too costly (42 per cent), but also because of a lack of health personnel (8 per cent) and insecurity (5 per cent). MSNA, Far North, IOM, July 2021.
- 11 357,631 IDPs, IOM, DTM, July 2021.
- 12 357,631 IDPs (IOM, DTM, July 2021); 135,257 returnees (IOM, DTM, July 2021); 115,188 Nigerian refugees in the Far North (UNHCR, November 2021).
- 13 See HNO Cameroon 2022 for more details on the intercommunal conflict in Logone Birni.
- 14 In October 2020, Cadre Harmonisé (Government of Cameroon, WFP, FAO, et al) estimated 819,128 people to be food insecure from June to August 2021. In October 2019, Cadre Harmonisé estimated 324,285 people to be food insecure from June to August 2020.
- 15 375,000 people in the West needed humanitarian assistance in 2021 in comparison to 250,000 in 2022. There was also a slight decrease of the people in need in the Littoral and South-West region, while the PIN increased for the North-West region: 209,000 in the Littoral, 624,000 people in the South-West and 837,000 people in the North-West needed humanitarian assistance in 2021 in comparison with 177,000 in the Littoral, 592,000 in the South-West and 918,000 people in the North-West who need assistance in 2022.
- 16 There are 85,000 IDPs in the West region as per the September 2021 MSNA (OCHA), in comparison with 163,000 IDPs in the West region as per the August 2020 MSNA (OCHA).
- 17 325,039 refugees from CAR were reported in the East, Adamawa, and North regions of Cameroon in December 2021 (UNHCR).
- 18 For more information about the development of the exact refugee numbers since 2014, please see the chapter "Impact on people" in the HNO Cameroon 2022.
- 19 See "Limited access to water, sanitation, and hygiene (WASH) services" in the HNO Cameroon 2022 for more details.
- 20 UN Women, annual report 2018, page 9.
- 21 Women's International League for Peace and Freedom (WILPF), Cameroon country context, 2020.

- 22 Minimum basic services are essential services that are critical for the survival and basic dignity of people in need. These include food, nutrition, WASH, shelter and health services.
- 23 The 444,000 people covered by protection monitoring are less than 50 per cent of the people who were targeted with this activity in 2021, which explains the significant lower target for specific objective 2.1. in 2022. The modification of the reporting method had a significant impact on the decrease of the target: protection monitoring will be reported in 2022 using the average method although, in 2021, the protection monitoring report added up the protection monitoring figures.
- 24 The severity levels refer to the severity scale of the Joint Intersectoral Analysis Framework (JIAF). The JIAF reference table is included in the annex of the Cameroon 2022 HNO and can be found online under: <https://reliefweb.int/sites/reliefweb.int/files/resources/JIAF%20Guidance.pdf>.
- 25 The HRP 2021 was funded at 51 per cent, the HRP 2020 at 50 per cent, the HRP 2019 at 44 per cent, the HRP 2018 was funded at 45 per cent. More detail on the relation between the requirement, funding, PIN and target for the time period 2015 to 2021 can be found under "Historic trends". NRC's report published in May 2021 identified Cameroon as the second most neglected displacement crisis in 2020 (<https://www.nrc.no/shorthand/fr/the-worlds-most-neglected-displacement-crises-in-2020/index.html>).
- 26 Central Bureau for Censuses and Population Studies (BUCREP) and UN Women survey on the impact of COVID-19 in Cameroon, June 2020.
- 27 See the HRP 2021 for explanation of this increase: "There was an increase in the number of operational partners between 2019 and 2020, from 117 humanitarian partners to 174 operational partners. The higher number of partners was largely due to the increased number of national NGOs in the humanitarian response from 65 to 113, country-wide, but particularly in the Littoral, West and Centre regions, where especially local development organizations started to get involved in the provision of humanitarian aid because of the increasing number of IDPs from the North-West and South-West in these regions."
- 28 Please see chapter 1.2 for more details about different capacity building initiatives which took place in 2021 and are planned for 2022.
- 29 For more information about the overall access environment, including access to services, please see "Impact on system and services" in chapter 1.2 of the HNO 2022.
- 30 In the North-West and South-West, 45 per cent of beneficiaries believe religious leaders are a reliable source of information. In the Centre, Littoral and West regions, 40 per cent of respondents indicated traditional authorities as a trusted source of information.
- 31 Among the persons encountering difficulties to access health services in the Far North, 6 per cent are people living with disabilities. In 16 per cent of the villages assessed during the July MSNA in the Far North, access to school is not possible for children living with disabilities. In 7 per cent of the villages assessed, water points are inaccessible to people living with disabilities.
- 32 The six commitments are 1) leadership, 2) transparency, 3) feedback and complaints, 4) participation, 5) design, monitoring and evaluation and 6) collaboration with partners and other stakeholders.
- 33 The quarterly response monitoring dashboards for Cameroon are published on www.humanitarianresponse.info/en/operations/cameroon.
- 34 MSNA, NWSW, OCHA, September 2021.
- 35 Source: DHIS2 (Data Health Information System)
- 36 <https://data2.unhcr.org/en/documents/download/90330>
- 37 <https://data2.unhcr.org/en/documents/download/84123>. In December 2020, there were 443,216 refugees in Cameroon.
- 38 In December 2020, there were 316,128 CAR refugees in Cameroon.
- 39 *Projet de Renforcement de la Performance du Système de Santé*
- 40 More information on how AAP will be strengthened in the humanitarian response in Cameroon is included in chapter 1.4 of this 2022 Cameroon HRP.

**HUMANITARIAN
RESPONSE PLAN**
CAMEROON

ISSUED APRIL 2022