

HUMANITARIAN RESPONSE PLAN CAMEROON

HUMANITARIAN
PROGRAMME CYCLE
2021
ISSUED MARCH 2021



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

UNICEF is giving access to learning to crisis affected children in the South-West region. Photo: UNICEF/Salomon Beguel

The designations employed and the presentation of material in the report do not imply the expression of any opinion whatsoever on the part of the Secretariat of the United Nations concerning the legal status of any country, territory, city or area or of its authorities, or concerning the delimitation of its frontiers or boundaries.

Caveat on displacement figures for the North-West and South-West crisis

The estimated figures of internally displaced persons (IDPs) and returnees in the North-West, South-West, Littoral, West and Centre regions mentioned in the HNO and HRP 2021 documents are based on multi-sectoral needs assessments (MSNAs) conducted in August and September 2020 under the leadership of OCHA. The IDP and returnee figures validated by the Cameroonian Ministry of Territorial Administration (MINAT) for these regions are lower: 130,000 IDPs in the North-West region, 90,000 IDPs in the South-West region, 105,000 returnees in the North-West and South-West regions, 12,000 IDPs in the Littoral region, 11,350 IDPs in the Centre region and 20,000 IDPs in the West region. OCHA under the leadership of the Humanitarian Coordinator has agreed with MINAT to review the IDP figures jointly in the course of 2021, based on a joint data collection exercise.

Caveat on HRP budget

The Humanitarian Response Plan (HRP) 2021 estimates that 362 million USD are required to reach 3 million people in need. The Government estimates that 100 million USD would be needed to respond to those targeted in the affected regions. In 2020, the humanitarian donors funded 50 per cent of the 391 million USD required in the revised 2020 HRP to reach 3.4 million people in need of humanitarian assistance. These funds were directly used by UN agencies and NGOs in the humanitarian response to people in need. Humanitarian actors support the Government responding to the needs of the most vulnerable.

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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

www.twitter.com/OchaCameroon

Humanitarian RESPONSE

Humanitarian Response aims to be the central website for Information Management tools and services, enabling information exchange between clusters and IASC members operating within a protracted or sudden onset crisis.

www.humanitarianresponse.info/cameroon



Humanitarian InSight supports decision-makers by giving them access to key humanitarian data. It provides the latest verified information on needs and delivery of the humanitarian response as well as financial contributions.

www.hum-insight.com



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.

fts.org/appeals/2021

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KOUKOUMA, CAMEROON

Because of floods, and to avoid accidents, children use canoes to move around Koukouma village, Far North region.

Photo: OCHA/Bibiane Mouangue

Foreword by the Humanitarian Coordinator

In 2020, the needs of the Cameroonian population were exacerbated by continuous violence against civilians, natural disasters (floods and landslides) and the COVID-19 pandemic. The chronic vulnerability and structural development deficits deepened, challenging further the long-term recovery of the affected population. This 2021 Humanitarian Response Plan (HRP) expresses the commitment of the humanitarian community in Cameroon to provide life-saving assistance where required, reduce the vulnerability of the people affected by crises and support communities becoming more resilient to withstand future shocks.

In 2021, humanitarian actors will continue to place centrality of protection and promotion of gender equality at the heart of humanitarian operations while respecting the humanitarian principles. Partners will continue to use a multisectoral approach in their response efforts in order to maximize the impact of humanitarian assistance including the use of multi-purpose cash as an intervention modality. The humanitarian community will promote accountability to affected populations including protection from sexual exploitation and abuse.

Although 4.4 million people will need humanitarian assistance in 2021 in Cameroon, assisting people in need remains challenging. The main humanitarian access constraints are limited funding, insecurity, poor infrastructure conditions, natural hazard such as floods and restrictions on the freedom of movement of people, goods and services. Ensuring safe and equitable access to humanitarian assistance requires financial and human resources. In 2020, the humanitarian response in Cameroon continued to be underfunded with only 50 per cent of its Humanitarian Response Plan funded. If the chronic underfunding of the humanitarian response in Cameroon is not addressed, millions of people will continue to be left without vital humanitarian assistance and protection.

Identifying durable solutions for displaced people, including internally displaced people, returnees and

refugees remains a top priority for the humanitarian community and can only be achieved in partnership with the Government and development partners. Addressing most of the needs of the population in Cameroon is beyond the scope of what the humanitarian community can do on its own and will therefore require additional resources and strategic partnership with Government supported by donors and development partners. I encourage all partners to scale up support to address the root causes of the humanitarian crises. I am confident that through strengthened partnership and increased resources for resilience building programs, we will see a gradual decrease in the humanitarian needs in Cameroon. At the same time, we should keep working on the reinforcement of the humanitarian-development-peace nexus.

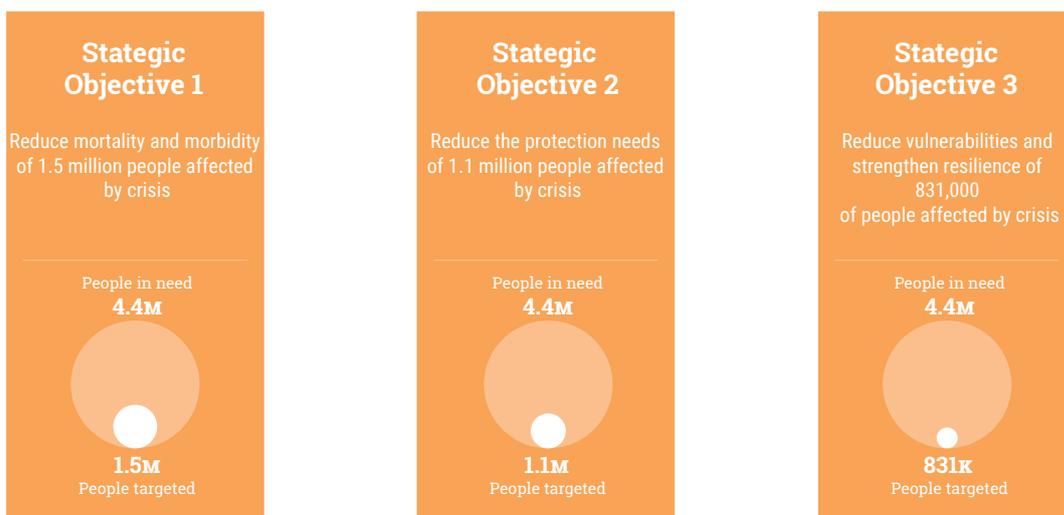
As Humanitarian Coordinator of Cameroon, I am committed to work together with all relevant stakeholders to the benefit of the affected population, while strengthening partnerships, particularly with the Government and the affected populations and reinforcing coordination.

Finally, I would like to express my gratitude to all humanitarian partners, including United Nations organizations, international and national NGOs, members of the civil society and the Government who despite the numerous challenges continue to provide life-saving support and protection to people most in need in Cameroon. I am also grateful for the trust and confidence that donors place in us and their commitment towards alleviating the suffering of the most vulnerable populations in Cameroon.

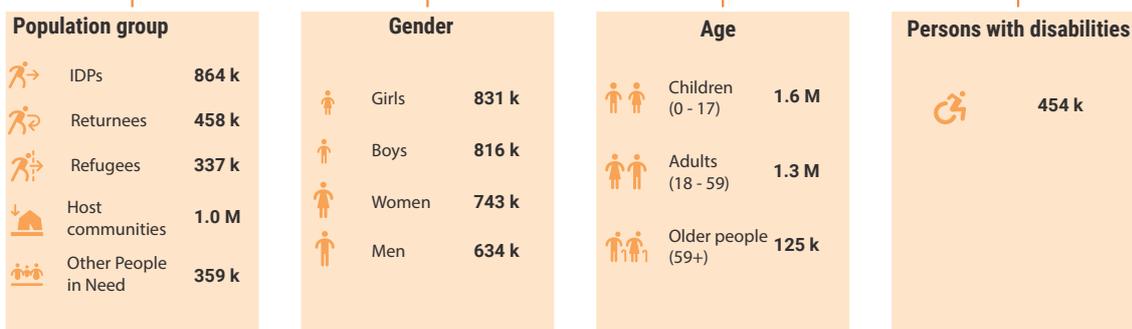
Matthias Z. NAAB
Humanitarian Coordinator

Response Plan Overview

PEOPLE IN NEED	PEOPLE TARGETED	REQUIREMENTS (US\$)	OPERATIONAL PARTNERS
4.4M	3M	\$362M	174



Key figures of the HRP of Cameroon



Requirements per sector

Requirements (US\$)	Coordination	Education	Health	Protection	Shelter and NFI
	\$13.4 M	\$21.4 M	\$15.5 M	\$50.5 M	\$16.3 M
362M	Early Recovery	Food Security	Nutrition	Refugee Response	WASH
	\$7.3 M	\$73.0 M	\$26.0 M	\$115.7 M	\$22.4 M

Crisis Context and Impact¹

Cameroon continues to be affected by three protection crises and concurrent, complex humanitarian situations: displacement caused by continuous violence in the Lake Chad Basin and in the North-West and South-West regions and the presence of over 290,000 refugees from the Central African Republic (CAR) in the eastern regions (East, Adamawa and North). Humanitarian needs are compounded by structural development deficits and chronic vulnerabilities that further challenge the long-term recovery of affected people. Resources used to address the insecurity in the Far North and the North-West and South-West regions further reduces State funding for the development and rehabilitation of basic social services. The COVID-19 pandemic affected the population with 26,848 confirmed cases and 448 deaths as of 31 December 2020 and has significantly reduced public and private revenues in Cameroon, forcing the Government to decrease its 2020 global budget by 11 per cent.² In addition, the COVID-19 prevention and response

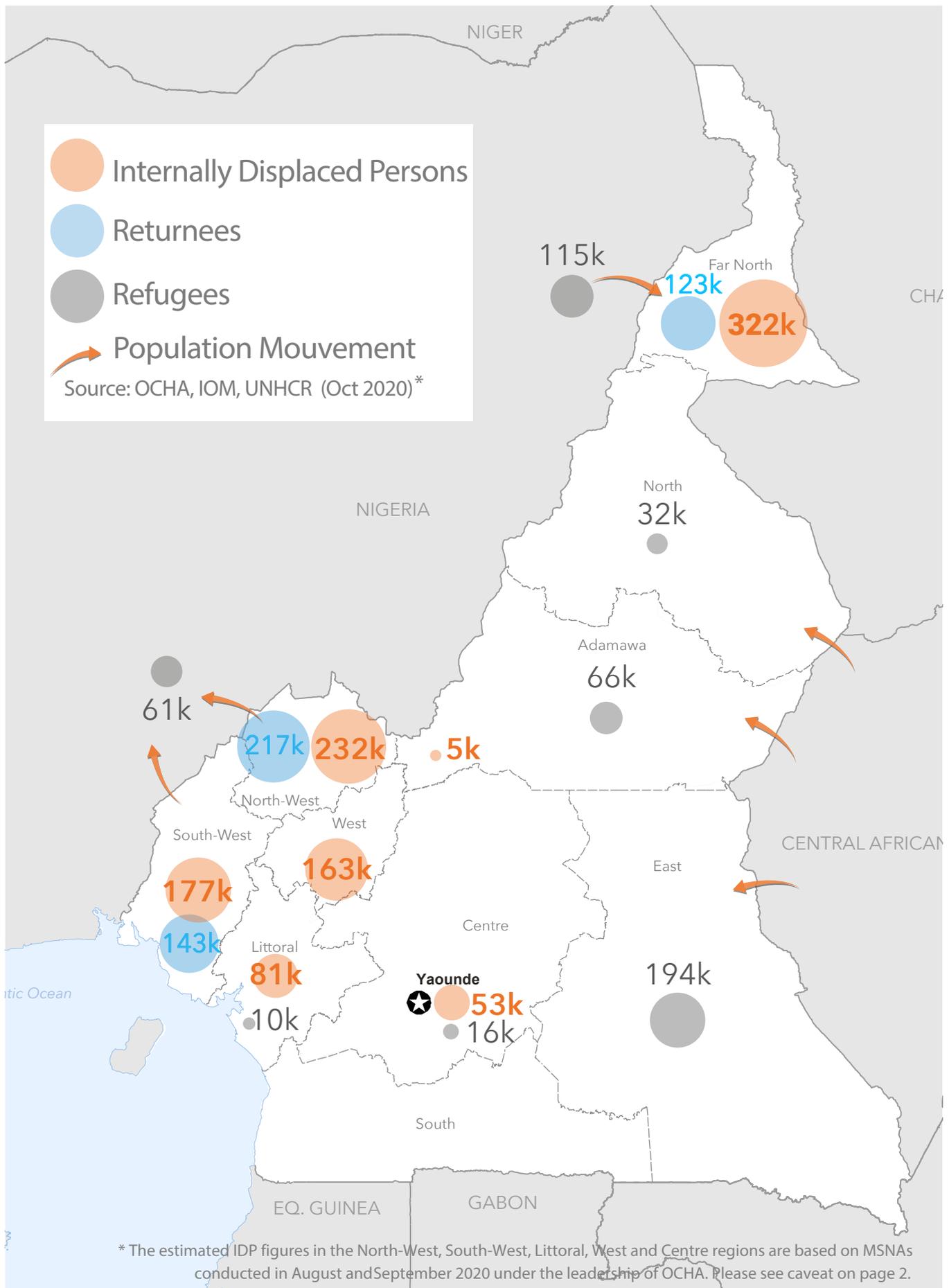
measures led to an increase of costs for humanitarian operations.

The number of displaced people in Cameroon is continuously increasing. The country is the most affected by the conflict in the Lake Chad Basin, after Nigeria. Violence in the **Far North region** has led to a steady rise of displacement since 2014. As of September 2020, violence has uprooted 560,000 people (322,000 IDPs; 115,047 Nigerian refugees; and 123,000 returnees),³ an increase of 70,000 people since October 2019.

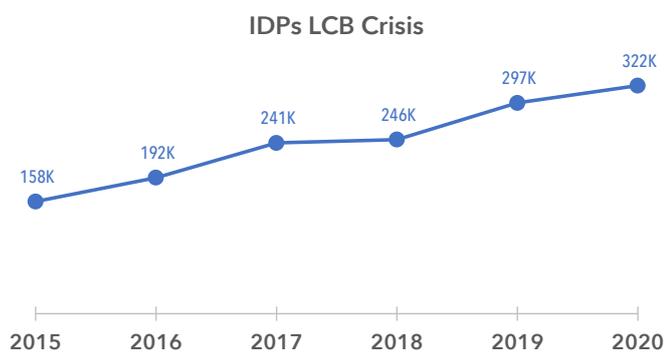
KOUSSERI, CAMEROON

Rabi IDP site, Kousseri, Far North region.
Photo: FAO/Mohamed Sylla

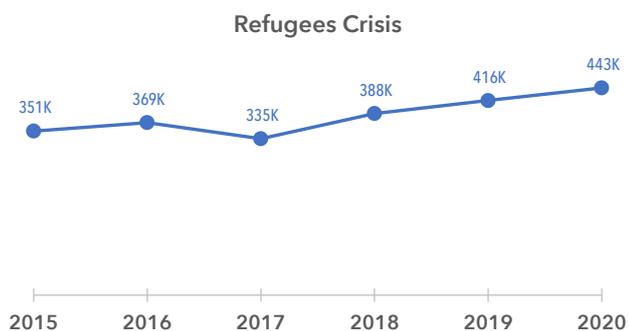




Displacements in the Far North often take place in anticipation of attacks, allowing the population to carry a minimum of goods, and sometimes food stock, with them. These internal displacements are characterized by their short distances: more than 80 per cent of the IDPs find refuge in a locality within their division of origin. IDPs usually settle in makeshift shelters, always near a base of the Cameroonian armed forces. The sites hosting displaced persons are sometimes dismantled (Kolofata in May 2020) or voluntarily evacuated (Gréa). In Kolofata, IDPs represent 65 per cent of the total population of the locality.



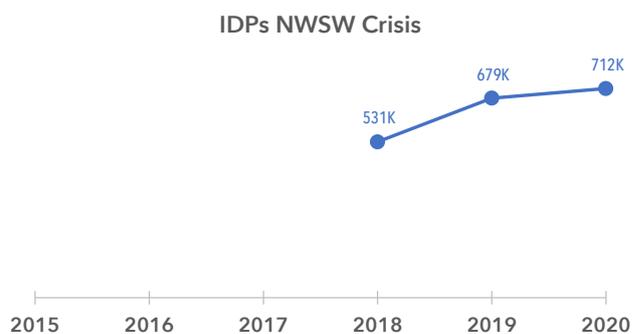
Displaced persons continue to be particularly affected by violence. In August 2020 alone, two major attacks were committed on IDP hosting sites in the Mayo-Sava division, killing at least 25 people and injuring 25 more, and leading to the temporary displacement of at least 1,500 people.



In the **North-West and South-West regions**, the socio-political crisis, now entering its fifth year, has led to massive population displacements. As of August 2020, the North-West and South-West crisis has

displaced over 1.1 million people,⁴ an increase of over almost 200,000 people in comparison to December 2019, when 930,000 were displaced.⁵ These displacements were accentuated by the violence that preceded the legislative, municipal and regional elections held in February 2020. As the crisis deepens, more people are leaving the insecure rural and bush areas and are moving to urban areas in the two regions, elsewhere in the country or to Nigeria. Meanwhile, a remarkable increase of returnees to the North-West and South-West regions is observed: while 204,000 returnees were reported in August 2019, 361,000 returnees were reported in August 2020. These returnees are typically those who displace into the bush after localized conflict and return soon after, constituting a regular pendular migration pattern. Over 100,000 returns were observed between January and August 2020. 10 per cent returned from neighboring Nigeria, where the majority had never been registered. 42 per cent of the returnees cite the safety in the village of origin as reason for their return, while almost 50 per cent of the return movement is motivated by reasons related to livelihood.⁶

Based on the figures from the MSNAs conducted in August and September 2020 (see caveat on page 2), the number of IDPs from the North-West and South-West in the Littoral, West and Centre regions has also



increased: from 224,000 in 2019⁷ to 297,000 in 2020.⁸ A majority of the displaced are women and children amongst whom are unaccompanied and separated children. The opposition against Government administered education by non-State armed groups (NSAGs) and attacks on education have forced many families to send their children to the Littoral, West and Centre regions where they can pursue their education.

In the **eastern regions of Cameroon**, an increase of refugees from CAR has been observed. 292,000 refugees were reported as of 30 November 2020⁹ in the East, Adamawa and North regions of Cameroon, in comparison to 271,000 refugees reported in September 2019.¹⁰ While there is a certain increase in the refugee number due to birth rates, 4,172 refugees arrived between January and October 2020, and a significant increase of new refugees arriving from CAR has been observed in July, August and September 2020, due to clashes between the CAR armed forces and a NSAG in the border area in CAR. Mounting tension and hostilities before, during and after the 27 December 2020 Presidential elections in CAR led to flight of Central Africans to Cameroon. As of 8 January 2021, UNHCR reported the new arrival of 4,434 individuals.

Conflict is the driver of human rights violations such as the lack to justice (effective remedy, fair trial), lack of access to education, lack of documentation, GBV, labour exploitation, etc.

Increasing forced displacement has contributed to the weakening of family and community safety nets, the overuse of limited basic resources and services and to an increase in social tension. 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 unsafe for humanitarian workers to reach.

Family separation due to displacement also destroys the community support systems that are essential for the prevention of protection risks in the absence of preexisting social protection services. The continuous population movement adds to the pre-existing difficulties of accessing basic services and leads to a shortage of educational and economic opportunities. Decreasing economic resources and destruction of the social safety net also has left many women and girls to opt for negative coping mechanisms, including survival sex in urban centers in the North-West, South-West, West, Littoral and Centre regions. 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, physical and sexual violence.

Sexual violence is also a direct consequence of displacement: forcing families to live in greater promiscuity with relatives or within the host community creates risks of sexual exploitation, sexual violence, and assault against young girls particularly.

Conflict remains one of the main drivers of food insecurity. The disruption of markets and food and nutrition services due to violence and the COVID-19 epidemic impaired the quality of diets and nutrition practices. According to the Cadre Harmonisé of October 2020, almost 2.3 million people are projected to be in food insecurity phase 3 and 4 from June to August 2021, resorting to crisis or emergency coping strategies to secure household level food security. Displacement has caused 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. Reduced access to food is a major cause for negative coping mechanisms such as child marriage and survival sex. Intimate partner violence is widely reported to service provision points,¹¹ tensions in the houses due to reduced access to resources as well as restrictions of movements could be among the aggravating factors exposing women to increased GBV at home.

In addition, 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 the main factors of food insecurity.

Malnutrition and crisis go hand in hand, malnutrition impacts on and is affected by crisis. Regions affected by humanitarian crises in Cameroon are also characterized by a relatively high prevalence of acute malnutrition (more than 5 per cent in the Far North, North and East), stunting (more than 37 per cent in the Far North and East) and micronutrient deficiencies (57 per cent of children and 40 per cent of women of child bearing

age have anemia), which in turn lead to increased risk of death.

In the Far North, the North-West and South-West regions, access to basic social services is largely disrupted by ongoing insecurity. The disruption of services also concerns the delivery of civil and legal documentation, including birth certificates and identification cards, to which apply the principle of territoriality whereby only authorities from the place of origin have the power to deliver birth certificates to the requesting parents. In the Littoral and West regions, in addition to significant pressure on already limited services, IDP access to basic services is hindered by inadequate financial resources to access them, and fear of stigmatization.

In the eastern regions, the presence of refugees from CAR is putting significant pressure on the already limited natural resources and basic social services in the host areas, exacerbating pre-existing vulnerabilities, particularly affecting women and children and single female-headed households. Most refugees settled in host communities where social and community services have limited capacity to meet basic needs. As a structural aggravating factor, the East, Adamawa and the North regions have some of the highest poverty rates in the country. Pastoralists who crossed to Cameroon had to sell their cattle to survive and are without resources.

Violence, attacks and threats against education, population displacement, and limited capacity of the school system and of communities to absorb extra student populations has placed almost 1.9 million school aged children in need of some form of assistance in education in Cameroon. In highly insecure zones there is a pressing need to sensitize tens of thousands of adults on the protection of education from attacks. The COVID-19 pandemic further worsened an already precarious education situation, leaving seven million students out of school for three months, and created severe child protection risks including for the youth.

The crisis in the North-West and South-West has had a major impact on the Education Sector, leaving around 700,000 children out of school in late 2020. As

of November 2020, in the North-West region only 730 primary schools (23 per cent out of 3,127) and 142 secondary schools (25 per cent out of 416) are operational. Only 39 per cent of the primary school teachers and 21 per cent of the secondary school teachers are reporting to work. Schools in urban centers of the North-West and South-West regions are overcrowded.

Thousands of children displaced to the Littoral, West and Centre regions struggle to access schools, due to poverty, social exclusion and financial constraints. Based on the figures from the Ministries of Education, almost 38,000 displaced children are attending basic education in schools of the Littoral, West and Center. The education structures hosting IDPs struggle to include the additional students with an average pupil per classroom ratio of up to 200 children and limited infrastructures.

In the Far North, because of protracted displacement, education services face the additional burden that students from displaced families represent for the host communities. In the Logone et Chari, Mayo-Sava and Mayo-Tsanaga divisions, 62 schools are still closed, and 50 others have been destroyed for years and have never been rebuilt, affecting about 35,000 students. School infrastructure and personnel already struggling to respond to the increasing demands in locations with a large displaced population, are now also requested to respect COVID-19 related social distancing measures.

In the eastern regions, 54 per cent of the Central African refugee children (39,251 out of 72,886) are out of school. 85 per cent of them are girls, highly vulnerable to early marriage and unwanted pregnancies. The other 46 per cent (33,615 children with 42 per cent girls and 58 per cent boys) are enrolled in 376 public primary schools. Many Central African children are working in gold mines, are engaged in survival sex, and subject to labour exploitation.

The need for safe drinking water remains critical in the whole country, even though the severity of needs varies by region. In the Far North, access to safe drinking water is the primary concern of the displaced population with 44 per cent of them mentioning access to potable water as their priority need, before access

to food (28 per cent) and access to health care (8 per cent). In the North-West and South-West regions, a shortage of safe drinking water in rural areas leads people to rely on water from streams, rivers, and unprotected wells for drinking and domestic use. 54 per cent of the population collect water from an unimproved water source. Waste is not being collected in rural areas and is mostly thrown into streams (reducing water quality), bushes or burnt. Water sources used by IDPs and their host communities in the Littoral and West regions are also often limited and unprotected. 57 per cent of the population of the North region does not have access to drinking water compared to less than 2 per cent of people living in the metropolitan areas of Douala and Yaounde. Regardless of the region, fetching water remains a specific activity for women, boys and girls, negatively affecting their productivity, and exposing them to protection risks. Lastly, limited access to water is a major challenge for menstrual hygiene management by women and girls of reproductive health.

With regards to basic sanitation, latrines are often insufficient in number and insecure, leaving people to favor open defecation, resulting in poor personal and community hygiene practices.

In the North-West and South-West regions, open defecation or construction of unsafe latrines is a common practice in most rural settings. In the Littoral and the West regions, over 75 per cent of IDPs need water and sanitation support.¹² Some landlords restrict IDPs from using toilets, which are most often full, overcrowded and unhygienic, with no privacy for women and girls. Open defecation in bushes and streams, that are also sometimes used for cooking and other domestic chores, is common practice. Water borne diseases such as diarrhea, typhoid and cholera¹³ are common.

Insecurity in the Far North and the 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 education and health infrastructure, and the fleeing of education and 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. 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, and particularly affects children and older people.

There has seen an increase in maternal mortality rates, as well as infant mortality in the North-West and South-West regions since the start of the crisis. For example, in 37 per cent of villages women rarely or never give birth in health centers.¹⁴ In the Littoral and West regions, sexually transmitted diseases are on the rise due to the increase of survival sex. Access to health-care is limited due to inadequate financial resources.

In the eastern regions, basic social services do not have the capacity to meet the demand of the entire population, including that of Central African refugees. Since the beginning of the crisis the limited existing health centers 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 sufficient staff to ensure quality health care. Especially children under five, pregnant and lactating women, persons with disabilities, older people and those with chronic diseases face difficulties in accessing health care.

Response by Strategic Objective

The humanitarian response plan targets 3 million people - 69 per cent of the 4.4 million people in need. This targeting reflects a prioritization exercise of the most acute needs and is in line with the results of the severity comparison tool of the Humanitarian Needs Overview (HNO) per sector and geographic area (divisional level). Targeting also considers complementary response efforts by the Red-Cross and Red-Crescent Movement, 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 under Part 1, different population sub-groups are, based on their specific vulnerabilities and needs, prioritized for different response activities in different locations, wherefore it was not possible to limit the scope of the strategic objectives to specific population groups or locations.

LOLO REFUGEE SITE, CAMEROON

UN Volunteer sensitizing refugees women on hygiene in Lolo refugee site in the East region.

Photo: UNV Cameroon



S01: Reduce mortality and morbidity of 1.5 million people affected by crisis

Strategic Objective 1 aims to respond to the humanitarian consequences which have a direct effect on people's integrity and dignity in the short term, while recognizing 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. The Health, Nutrition, Food Security, WASH and Shelter/NFI sectors will contribute with different and complementary response activities to the achievement of this objective.

MAROUA, CAMEROON

Wash material put in place by UNICEF in a school in the Far North to prevent COVID-19.

Photo: UNICEF/Salomon Beguel



S03: Reduce vulnerabilities and strengthen resilience of 830,000 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

S02: Reduce the protection needs of 1.1 million people affected by crisis

Considering that the three humanitarian crises in Cameroon are protection crises, a dedicated protection objective was incorporated to highlight the centrality of protection, while the commitment to mainstream protection into all activities remains. 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. Considering the centrality of protection, 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.

services, access to formal and informal social assistance and access to markets and the use of detrimental coping mechanisms to meet these basic needs. The Education, Protection, Food Security, Nutrition, WASH, and Shelter/NFI 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.

Planned Response

PEOPLE IN NEED

4.4M

PEOPLE TARGETED

3M

WOMEN

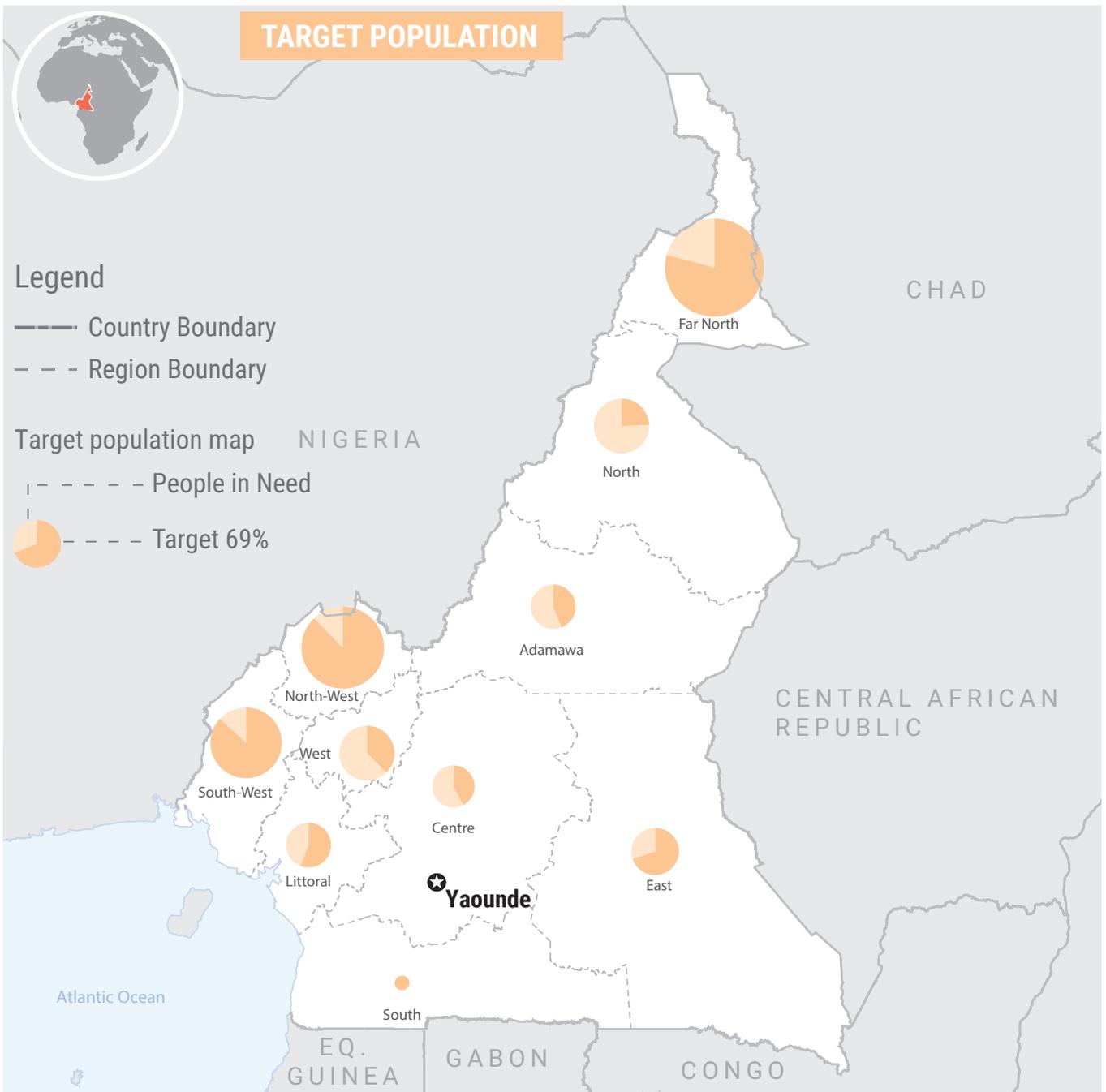
25%

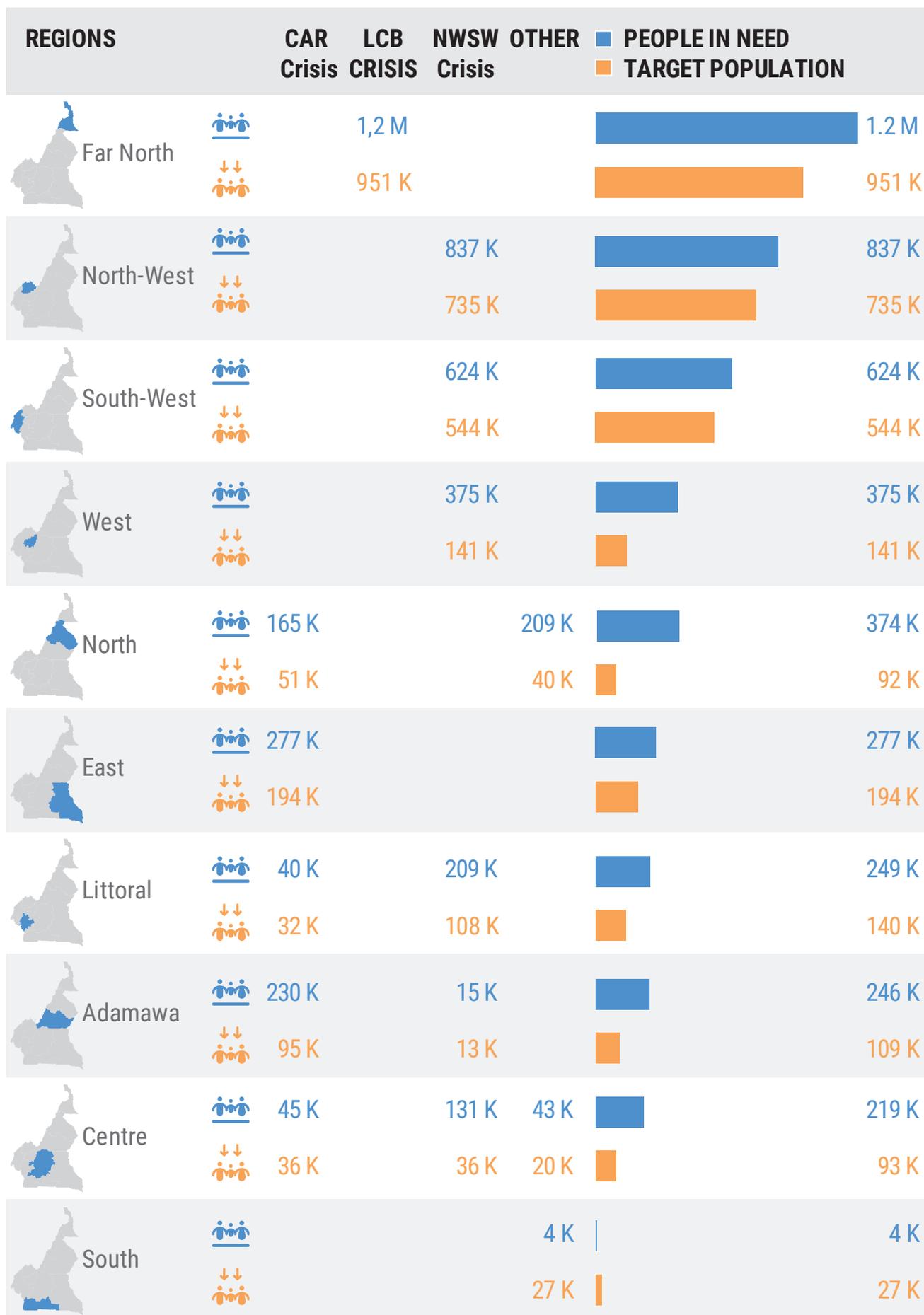
CHILDREN

53%

WITH DISABILITIES

15%



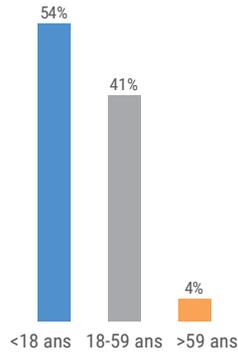


See Endnote¹⁵

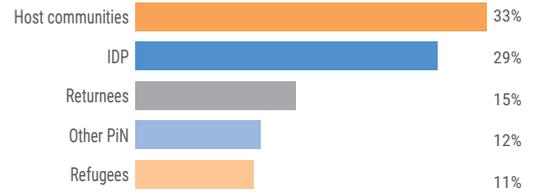
Target per Gender Group



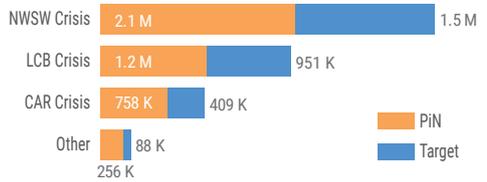
Target per Age



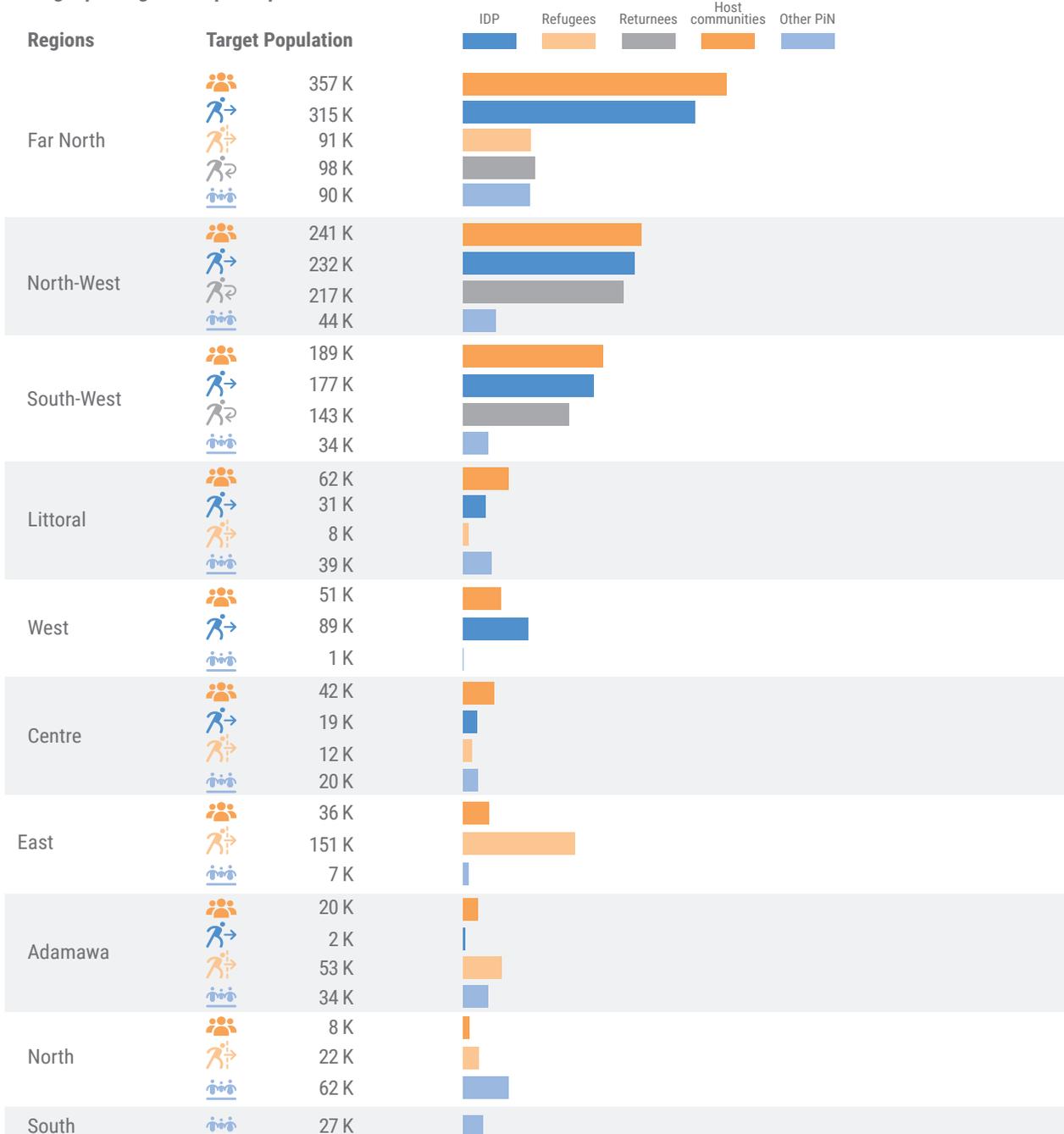
Target by Population Group



People in Need and Target Population by Crisis



Target per Region and per Population



HRP Key Figures¹⁶

Humanitarian Response by Targeted Groups

POPULATION GROUP	PEOPLE IN NEED	PEOPLE TARGETED
Internally displaced people	1.0 M	864 k
Returnees	484 k	458 k
Refugees	422 k	337 k
Host communities	1.8 M	1.0 M
Others	675 k	359 k

Humanitarian Response by Gender

GENDER	IN NEED	TARGETED	% TARGETED
Boys	1.5 M	816 k	54%
Girls	1.5 M	831 k	55%
Men	992 k	634 k	64%
Women	1.1 M	743 k	68%

Humanitarian Response for Persons with Disabilities

	IN NEED	TARGETED	% TARGETED
Persons with disabilities	661 k	454 k	69%

Humanitarian Response by Age

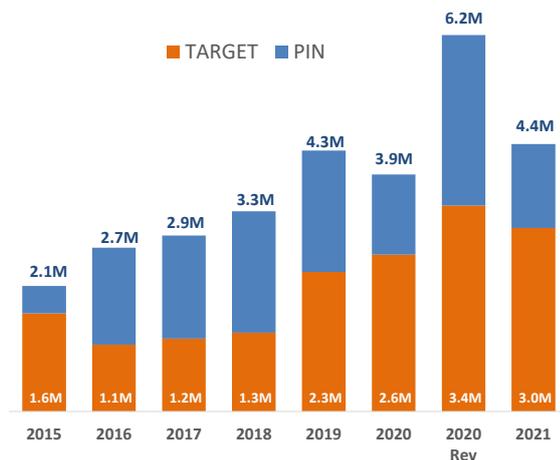
AGE	IN NEED	TARGETED	% TARGETED
Children (0 - 17)	2.3 M	1.6 M	70%
Adults (18 - 59)	1.9 M	1.3 M	68%
Older people (59+)	192 k	125 k	65%

Financial Requirements by Sector and Multi-Sector

SECTOR / MULTI-SECTOR RESPONSE	REQUIREMENTS (US\$)
Coordination	\$13.4 M 
Early Recovery	\$7.3 M 
Education	\$21.4 M 
Food Security	\$73.0 M 
Health	\$15.5 M 
MultiSector Refugee Response	\$115.7 M 
Nutrition	\$26.0 M 
Protection	\$50.5 M 
Shelter and NFIs	\$16.3 M 
Water, Sanitation & Hygiene	\$22.4 M 

Historic Trends

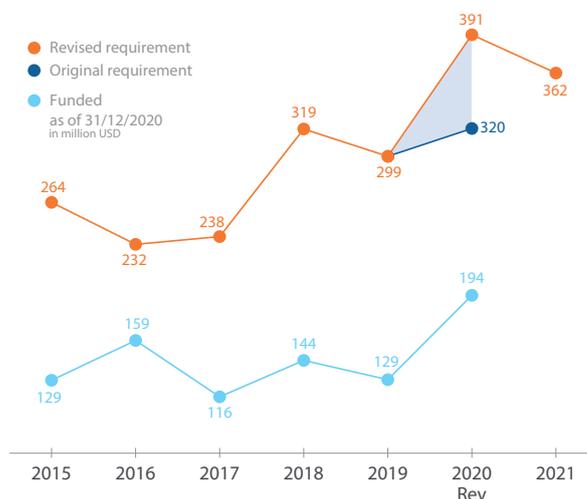
The number of people in need has continuously increased between 2015 and 2019, mostly due to an upsurge in violence and insecurity. Armed conflict in the Far North has led to a steady rise of displacement since 2014. The number of people affected by the crisis in the North-West and South-West dramatically increased in the second half of 2018, due to increasing acts of violence, and was one of the fastest growing



At the beginning of 2020 there was a decrease in the overall number of people in need in comparison to the figure identified in Cameroon's 2019 HRP, from 4.3 million to 3.9 million people. While 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 early 2020, the number of people in need in the Far North and the East, North and Adamawa regions decreased from 1.9 million to 1 million in the Far North and from 1.1 million to 620,000 people in the East, North and Adamawa regions (see further below details on the reasons for this decrease).

displacement crises in Africa in 2018 - and has since continued to grow, displacing over 1.1 million people as of October 2020.

Meanwhile, since 2003, the East, Adamawa and North regions continue to be confronted with the influx of refugees from the Central African Republic.



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 for 2020.

For 2021, 4.4 million people are estimated to need assistance. While the humanitarian impact of COVID-19 had been overestimated, an increase in comparison to the pre-COVID 2020 PIN of 3.9 million to 4.4 million can be observed. While a direct comparison is not possible due to the change in methodology, it is worth noting that the severity of needs increased due

to the prolonged crises, a rise in insecurity and related, often multiple displacement, as well as the impact of COVID-19 and flooding in some areas, which eroded remaining household resilience. Furthermore, areas previously not affected by humanitarian crises are now affected by food insecurity, triggered by COVID-19.

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 and 2011), floods (2010, 2012, 2014, 2019 and 2020) and epidemics (cholera in 2014, 2018, 2019 and 2020). The number of people internally displaced rose from 60,000 in December 2014 to over 320,000 in June 2020.¹⁷ The resurgence in violence in September 2019 has further intensified in 2020. In total, hostilities have uprooted 560,000 people, an increase over 72,000 since October 2019. However, there was a decrease of almost 50 per cent in the number of people in need under the 2019 HNO (1.9 million) and the 2020 HNO (1 million). While important interventions in the Food Security Sector have contributed to improve the food security situation in the Far North, the change of methodology to estimate people in food insecurity, from the Emergency Food Security Analysis (EFSA) in 2019 to the use of Cadre Harmonisé data in 2020, also contributed to the stark difference in the estimation of food insecure people. Meanwhile, the loss of livelihoods due to the armed conflict, the socio-economic impact of the COVID-19 pandemic, as well as the destruction of houses, goods, crops, and fields because of the floods in 2020 have resulted in a drastic projected increase in food insecurity in the Far North for 2021. 819,000 people are estimated to be food insecure from June to August 2021, a 250 per cent increase in comparison to the same period in 2020, when 324,285 people were estimated to be food insecure. Overall, 1.2 million people are estimated to need humanitarian assistance in the Far North in 2021.

The situation in the **North-West and South-West** regions, which started as a socio-political crisis, is marked by violent clashes and has led to a complex humanitarian emergency with 2.2 million people estimated to be in need in early 2021. In comparison, in early 2018, 160,000 people were in need, 1.3 million people were estimated to need humanitarian

assistance in early 2019, and 2.3 million people were estimated to be in need in early 2020. This significant increase between 2018 and 2020 can be explained by several factors. Firstly, the further deterioration in the security situation and attacks on populations and their properties has triggered more displacement and an increase in needs. Killings, arbitrary arrests and sexual violence, including of women and children, is taking its toll on local communities. At the end of 2018, 530,000 people were estimated to have been displaced due to the crisis. Assessments carried out in 2019 indicated the displacement of over 930,000 people¹⁸ as of December 2019, a number which rose to over 1.1 million people¹⁹ as of October 2020. The number of people displaced within the two regions remained at around 450,000 people during the assessments conducted in July 2018 and in August 2019 but decreased to 409,000 as of August 2020. The number of people from the North-West and South-West displaced to other regions of Cameroon increased almost four-fold from 80,000 in August 2018 to 302,000 persons displaced to the Adamawa, Littoral, West, and Central regions in August 2020. According to recent assessments,²⁰ 1.5 million people need urgent humanitarian assistance within the North-West and South-West regions, and 800,000 IDPs from the two regions and host community members need assistance in the Littoral, West and Central regions.

In the Adamawa, East and North regions, Cameroon hosts 292,000 refugees from the Central African Republic (CAR).²¹ The vast majority fled to Cameroon in 2003/2004 and in 2013/2014, but the refugee population continues to grow since then. The situation in the Central African Republic is still volatile and requires continued attention. The influx of refugees is exerting 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 most of the refugees and the host population first needed live-saving assistance, a large number, particularly those living outside refugee settlements, now rather need support to strengthen their resilience through development interventions. Meanwhile, new arrivals and refugees living in sites, require urgent humani-

tarian, in particular protection assistance. However, the gradual decrease of humanitarian assistance and the insufficient level of funding for development projects negatively impacts access of vulnerable populations to basic services and increases considerably the protection risks of this population. 673,000 people, including

the CAR refugee population and 30 per cent of their host communities, need humanitarian assistance in the Adamawa, East and North regions in 2021.

Part 1:

Strategic Response Priorities

BUEA, CAMEROON

UNESCO provides access to relevant inclusive and quality education to out-of-school children, through distance learning platforms (formal and non-formal education system) in the South-West region.

Photo: UNESCO/Mirela Kuljanin





BOUBLE VILLAGE, FAR NORTH, CAMEROON

Food assistance for asset activities.

Photo: WFP Cameroon

Overview

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 HNO.

While structural problems lay outside the scope of a humanitarian response and should be addressed by development actors, collaboration towards meeting the collective outcomes 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 refugees, internally displaced people, returnees and host communities.

While data was 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 be a priority in 2021 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 prioritization of different sub-groups for different sectors in the different regions.

1.1

Humanitarian Conditions and Underlying Factors Targeted for Response

The severity of humanitarian needs in Cameroon has increased due to the escalation and intensification of violence and insecurity in 2019 and 2020, the impact of the exceptional flooding in 2020 and the COVID-19 pandemic which reached the country in March 2020. The effects of these shocks affect the physical and mental well-being, living standards, and resilience and recovery capacity of people living in Cameroon, totaling an estimated 4.4 million people in need of humanitarian assistance in the country in 2021. The most severe needs relate to health, protection, food and education.

The number of displaced people is increasing due to the deteriorating security situation. 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 most often leads to a loss of resources and thus a lack of access to basic services, making displaced people especially vulnerable. IDPs have, for example, on average a lower food consumption score than the rest of the population. While displaced people count for 44 per cent of the 4.4 million people in need, they make up 55 per cent of the target for the humanitarian response plan, considering their heightened vulnerability. Developing a dedicated response to all forms of exploitation and stigma against displaced persons is among the main objectives of the Protection Sector.

Cameroon continues to be confronted with serious protection crises, marked by a continuous increase of violations of human rights and international law.

The insecurity and violence experienced by millions of people in Cameroon, especially in the Far North and the North-West and South-West regions, leads to death and injuries, physical and mental disabilities, and is

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 gender-based violence. Men and boys are most at risk of arbitrary arrest and unlawful detention, forced recruitment and physical violence. Meanwhile, the majority of survivors who report gender-based violence are women and girls. Intimate partner violence, rape, child marriage and sexual exploitation are rampant and the result of insecurity, pre-existing cultural and traditional discriminatory norms and practices, gender discrimination and socio-economic vulnerability caused by the crisis. The number of unaccompanied or separated children is on the increase, due to family separation as a direct consequence of attacks on villages forcing family members to scatter, but also as families seek economic opportunities in other areas or as the result of children being sent away to continue their education.

In 2021, Protection actors aim to assist over 100,000 individuals in the Far North, North-West and South-West regions in (re)acquiring civil and legal documentation, which will protect men and boys from arbitrary detention and facilitate the school enrollment of girls and boys. The Child Protection Sector will focus on providing psychosocial support to displaced children, including unaccompanied and separated children, and on preventing family separation during conflict through community-based approaches. Considering the increase in the number of survivors in need of assistance, the challenges of access to GBV services and the roots of GBV in pre-existing social and cultural discriminatory norms, GBV actors will concentrate efforts on improving the availability of multisectoral quality services, the provision of mental health and psychosocial support, safe spaces for women and girls, reduction of risks through the distribution of

dignity kits, awareness raising and prevention activities at community level. Collaboration between the Health Cluster and the GBV Area of Responsibility (AoR) will be further strengthened in order to consider the impact of COVID-19 on health mechanisms and the new medical needs of GBV survivors. Safety audits will be organized on a regular basis and the results will be shared with other clusters to mitigate the risks of GBV in their operations. Food Security, Livelihood, and Education actors will also provide dedicated livelihood support to women and girls.

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, WASH, shelter and lifesaving health services. A lack of adequate food and nutrition services negatively

impacts on the quality of diets and nutrition practices, which translate into an increase of mortality, morbidity and malnutrition among the population groups with the highest nutrition needs. According to Cadre Harmonisé analysis from October 2020, almost 2.7 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 2020. A lack of adequate shelter exposes thousands of people to harsh weather, increasing the chances of sickness, such does the lack of access to basic water and sanitation and health services. Limited access to basic resources and services lead to the use negative coping mechanisms, including child marriage.

MAROUA, CAMEROON

FAO trains vulnerable population in food processing and preservation to prevent post-harvest losses in Maroua, Far North region.

Photo: FAO/Gaelle Mbaye



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 favor of other household members. This can contribute to under-nutrition among women and girls. The Food Security and Nutrition actors 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 such as the lack of food; income; productive assets (e.g. land, animals, tools, shop, etc.); access to basic services such as health care, water, sanitation, shelter, education; access to formal and informal social assistance; access to legal documentation; access to markets etc.

Millions of people in Cameroon cannot attain a minimum level of living standards. Violence and insecurity in the Far North, the North-West and South-West regions have led to limited access to fields 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. It will be important to address the legal component of the self-reliance projects.

The need for 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. 98.8 per cent of people belonging to the wealthiest 20 per cent of the population have access to an improved water source

compared to 43.2 per cent of the bottom income 20 per cent. Even though water and sanitation needs are only assessed at severity level 3 in most divisions, access to drinking water is the primary concern of the displaced population in the Far North with 44 per cent of them citing access to potable water as their priority need, before access to food (28 per cent) and access to health care (8 per cent). In the North-West and South-West regions, 54 per cent of the population collect water from an unimproved water source. Water sources used by IDPs and their host communities in the Littoral and West regions are also often limited and unprotected. 57 per cent of the population of the North region does not have access to drinking water. Regardless of the region, fetching water remains a specific activity for women, boys and girls, negatively affecting their productivity, and exposing them to protection risks.

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. The fact that they are socially and economically disadvantaged and, also, that they are largely excluded from public decision spheres, including conflict resolution processes and peacebuilding in general,²² will 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 humanitarian-development collaboration and to inform joined-up planning between humanitarian and development actors as appropriate.

1.2

Strategic Objectives, Specific Objectives and Response Approach

In 2021, humanitarian actors will prioritize people with inter-sectoral needs at severity 3 (severe) and 4 (extreme) levels,²³ 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, older people and people with disabilities.

Enhanced coordination

In order to implement the 2021 humanitarian response plan in a coordinated manner, the humanitarian community will continue to engage with all partners and the Government of Cameroon, recognizing that the primary responsibility for the protection of its populations lies 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,²⁴ leaving humanitarian organizations lacking the human and financial resources which would be necessary to respond adequately to all the needs identified in the HNO. Advocacy to increase donor commitment to enable the humanitarian community to respond to the needs in Cameroon remains a key priority for the humanitarian community in 2021.

A multisectoral approach

The multisectoral dimension and intersectoral coordination will be reinforced in 2021 in order to improve the efficiency of the response by responding to the needs of the population in a holistic manner. Many sectors have developed joint response strategies: Education works with the WASH Sector to ensure WASH services in schools, 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 sensitization 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 the food distributions. WASH, Health and Education work together on the cholera response. Furthermore, the Food Security, Livelihood and Early Recovery sectors join forces on livelihood projects. COVID-19 sensitization and response activities will continue to be integrated into humanitarian activities. These activities will take into account that men, especially older men, are more affected because of co-morbidities such as heart problems, high blood pressure, or liver diseases and that men tend to observe preventive measures less than women, including distancing measures, and have a more diverse social life than their female counterparts.²⁵

Meanwhile, all sectors are committed to contribute to the protection of the affected population. Increasing access to formal, non-formal education and vocational trainings will provide a protective environment for children and adolescents, exposed to various risks of abuse, including child labor and sexual exploitation. The construction of gender-sensitive latrines 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 traumatized by violence as well as to build the resilience among affected populations.

Multisectoral initiatives such as the Rapid Response Mechanism (RRM) are operational in the Far North using a multi-sector assessment tool which facilitates a standardized analysis of community needs. In the North-West and South-West regions, an Area Rapid Response Mechanism (ARRM) was established in 2020. Under the ARRM, a rapid humanitarian response was delivered to the population affected by landslides and floods in the Nguti area, South-West region, in August 2020. Despite physical access challenges, over 2,000 people benefitted from food, WASH, and NFI assistance. It is a priority for the humanitarian community in the North-West and South-West regions to further strengthen the ARRM in 2021, to maximize the impact of multisectoral response activities in a challenging access environment.

In 2021, the humanitarian community will aim to operationalize the multisectoral approach in a more effective 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 rapid assessments and responses; and (3) joint advocacy for strengthening donor commitment to support a multisectoral response.

One-year planning within a multi-year approach

2020 was the last year of a multi-year humanitarian response strategy that started in 2017.²⁶ In 2020, the humanitarian community decided to return to an annual humanitarian response planning, 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 Humanitarian-Development-Peace collective outcome by the end of 2025. While the strategic objectives of the 2021 Humanitarian Response Plan (HRP) were formulated to align with the collective outcome, they will be reviewed every year to ensure their relevance within a changing general context and humanitarian consequences.

Humanitarian-Development Peace (HDP) 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

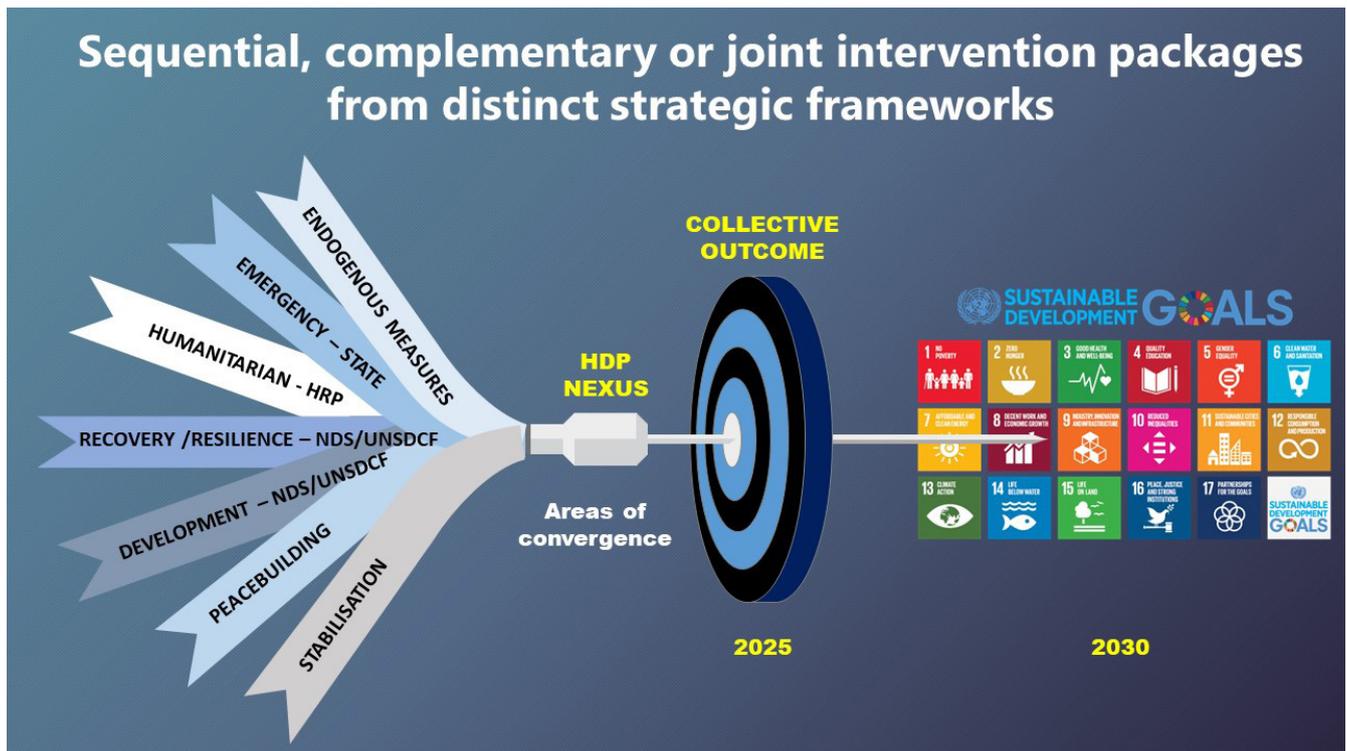
By the end of 2025, the populations living in areas of convergence have an equitable and sustainable access to basic social services.

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.



Humanitarian-Development collaboration

Most stakeholders, including UN agencies, donors, NGOs and crisis-affected States identified strengthening the humanitarian-development-peace collaboration as a top priority at the 2016 World Humanitarian Summit.

Cameroon was selected as one of the seven pilot countries for the implementation of the humanitarian development collaboration and benefitted from the support of the Joint Steering Committee on humanitarian development collaboration in 2019, developing collective outcomes in collaboration between the Government, humanitarian and development partners. A Task Force on the humanitarian-development-peace nexus²⁷ was established in Cameroon, composed of representatives of the Government, UN agencies, international and national NGOs and technical and financial partners.

The collective outcome formulated by the Task Force intends to reduce needs, risks and vulnerabilities by 2025, in order to help achieve the Sustainable Development Goals in crisis-affected areas.

Recognizing the commitment to 'leaving no one behind' the roll out of the humanitarian-development-peace

nexus 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.

In 2020, humanitarian actors engaged with other stakeholders to analyse the humanitarian, social, economic, political and security impact of the COVID-19 pandemic, prioritizing activities in complementarity to each other, which further strengthened the humanitarian-development cooperation. In 2021, strengthening the humanitarian-development 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 will continue to be central to the approach. The humanitarian, development and peace actors will converge, plan, coordinate and synchronise their interventions in selected 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 areas of convergence to ensure the coherence and coordination of all humanitarian, development and peacebuilding actions

implemented in these areas. In the long term, the joint situation analysis will lay the foundation for harmonized programming addressing the effects and causes of the multiple humanitarian crises in Cameroon.

Emergency assistance that complements development actions

During the design of the 2021 HNO, joint analysis workshops were organized in Yaoundé (Centre region), Maroua (Far North region), Bertoua (East region), Bamenda (North-West) and Buea (South-West) to review the needs and the underlying causes and structural constraints of the crises. The joint analysis demonstrated that humanitarian needs in Cameroon are intrinsically linked to the persisting insecurity and targeting of populations, and subsequent forced displacement, and 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 planning of the 2021 humanitarian response fits into this logic and prioritizes emergency actions for which humanitarian actors have a comparative advantage, complementing activities undertaken by early recovery and development actors.

The humanitarian community continues to update multi-risk contingency plans and preparedness measures, including for the risk of annual flooding, but considering that floods occur every year, Government and development actors need to considerably increase disaster risk reduction activities in 2021 to reduce the humanitarian impact of the flooding.

Geographic coordination: Three distinct crises, three response strategies

In 2021, 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 people who have been forcibly displaced due to violence. They will benefit from protection, health, water, sanitation, food, nutrition, shelter, education and early recovery activities. To this effect, it is critical to: (i) ensure adequate resources for rapid and flexible interventions to provide protection and emergency supplies; and (ii) to improve the living conditions in locations with high concentration of displaced people such as Kolofata (Mayo-Sava division) or Fotokol (Logone et Chari division). The second priority is to create conditions conducive to durable solutions to displacement, through collaboration with local authorities, communities, and development partners and by enhancing the participation of the displaced 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**, the priority will be to protect victims of violence and improve humanitarian access to ensure appropriate emergency assistance in 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 humanitarian action with communities, armed groups and security forces.

Considering the increased displacement from the North-West and South-West regions to the **Littoral, West and Centre** regions, humanitarian stakeholders are committed to substantially increase response activities in these regions through capacity building of local actors, the strengthening of the humanitarian coordination mechanisms as well as through a

substantive increase in the provision of humanitarian response activities.

In the East, Adamawa and North, 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 Country Team (HCT) strategy on the centrality of protection mainstreams protection principles across all phases of the response and supports collective efforts to prevent and respond to the most serious protection risks faced by civilians particularly the most vulnerable, including women, children, people with disabilities and older persons. In 2021, the HCT aims to ensure inter-agency protection efforts are prioritized 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.

In June 2020, the Humanitarian Coordinator for Cameroon requested the support from the ProCap Project in order to strengthen the implementation of the Centrality of Protection. The request was followed by a desk review and a round of individual interviews with key humanitarian stakeholders conducted by a senior protection advisor in July 2020. The ProCap review resulted in the elaboration of a Protection roadmap, which was adopted, after consultation of all protection actors in September 2020 and recommends a way forward addressing the findings from the desk review and key stakeholder interviews. It articulates priorities and agreed objectives for the Cameroon Humanitarian Country Team towards the centrality of protection and implementation of the IASC protection policy. According to the context analysis and review, the ProCap project has recommended a capacity building approach that considers strengthening the humani-

tarian actors in performing their key roles and responsibilities along the protection pyramid identifying three critical levels of coordination for the Centrality of Protection: Protection Cluster, Inter-Cluster/Inter-Sector, HCT. A senior protection advisor will support the implementation of the roadmap in 2021.

Furthermore, a “do no harm” approach will continue to be at the heart of all operations.

In 2021, the humanitarian community will prioritize 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, especially women and girls, and those in areas that are hard to access;
- Children and adolescents, especially girls and young men, affected by violence in the Far North, and the 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.

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 an assistance that assists all segments of the population, while not putting anyone at risk.

To enhance the quality and efficiency of its humanitarian response, the Humanitarian Country Team 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 of providing 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 concomitantly seeing the capacities of the first line responders reinforced. To address this situation capacities will be built 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.

In 2020 the disaggregation of data by gender and age remained a challenge. On this basis there was a joint agreement to improve needs assessment tools in 2021, to ensure that the distinct assistance and protection needs of women, girls, men and boys, including older people and people living with disabilities are clearly articulated.

Gender and Protection roadmaps

The humanitarian community in Cameroon is one of the very first of having developed separate, but complementing roadmaps on the centrality of protection and on gender in humanitarian action. These two-year

plans (2021-2022) articulate the collective results that the Protection Sector and the HCT wish to achieve and will be held accountable to. The roadmaps will help the humanitarian operations to increase the quality and efficiency of its response, in line with the IASC gender and protection policies. Thanks to enhanced analysis and to informed programs, it is expected that distinct protection and assistance needs will be better catered for. Progress in achieving agreed results will be regularly monitored, with support from the ProCap and GenCap projects.

Protection from Sexual Exploitation and Abuse

In 2019, the HCT committed to strengthen the Protection from Sexual Exploitation and Abuse (PSEA). In May 2019, the HCT decided to create a PSEA Taskforce at national level to guide and support the design, implementation, and monitoring of a joint Community-based Complaints Mechanism (CBCM) and its activities. Later in 2019, UNICEF deployed an inter-agency PSEA advisor in the office of the Humanitarian Coordinator. In 2021, the Inter-agency PSEA advisor will continue to support the implementation of the PSEA Taskforce activities in Yaounde and the regions, details are included in the chapter 1.4 on Accountability to Affected Populations.

KOUKOUMA, CAMEROON

Assessment activity in the Far North region.

Photo: OCHA/Bibiane Mouangue



COVID-19 coordination and response

Following the first officially recognized case of COVID-19 in Cameroon on 5 March 2020, Cameroonian authorities took steps to contain the spread in the country. The Government implemented various measures to control the outbreak. Despite the measures taken, the epidemic continues with confirmed community transmissions and a growing number of infected health workers. While there was a certain decrease in new transmissions in mid-2020, cases are on the increase again since the beginning of October 2020. As of 31 December, 26,848 COVID-19 cases have been confirmed in all ten regions of Cameroon, with 448 deaths (Case Fatality Rate 1.7 per cent).

COVID-19 Response Plans

A COVID-19 National Preparedness and Response Plan was developed by the Ministry of Public Health with the support of WHO and other partners. The preparedness and response plan includes the management of arrivals at the points of entry, isolation, medical treatment, infection prevention and control, supplies, risks communication, surveillance and capacity building.

UN Agencies positioned themselves around the eight response pillars²⁸ to support the Government's efforts, as outlined in the UN Country Preparedness and Response Plan for Cameroon (CPRP). The humanitarian community revised its HRP in May 2020, to adapt humanitarian operations to contribute to the prevention and response to the COVID-19 pandemic and to meet the additional humanitarian needs occasioned by the pandemic. In complementarity, the UN system in support of the Government, developed a socio-economic response plan (SERP) for medium- and long-term interventions in response to the effects of the COVID-19 pandemic.

In 2021, 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 COVID-19 5W from November 2020 reports 31 actors, including UN agencies, international and national NGOs, declared assisting the Government in the COVID-19 pandemic response. These part-

ners have capacities in terms of technical experts, human resources, financial resources, logistics and materials to support the response within the eight pillars identified in the CPRP. These actors intervene mostly in regions in which they already carry out humanitarian activities. However, several organizations also considerably scaled up interventions in the major cities of Yaounde (Centre) and Douala (Littoral) which are hotspots of the COVID-19 outbreak but where few humanitarian activities had been implemented previously.

Response coordination

The Resident Coordinator/Humanitarian Coordinator (RC/HC), as the chair of the UN Country Team (UNCT) and the HCT remains in the lead for the international COVID-19 preparedness and response efforts. OCHA led an internal COVID-19 Contingency Planning exercise, including a UNCT-wide Business Continuity Plan. OCHA also leads 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.

Achievements in 2020 and commitments for 2021

Rapid, multisectoral response to shocks

ACHIEVEMENTS IN 2020

- In 2020, the RRM in the Far North carried out 23 assessments. 15 of these assessments were followed by WASH, Shelter/NFI and protection response activities.
- In the North-West and South-West, an Area RRM was established in 2020 and was activated twice.
- In the South-West, Humanitarian Coordination Forums (HCFs) were strengthened with regular meetings in Kumba and Mamfe.
- Increase of Emergency Tracking Tool (ETT) reports, especially in the North-West and South-West, providing rapid information about population movements and priority needs.

COMMITMENTS FOR 2021

- Ensure sufficient funding and stocks for RRM response in the Far North.
- Increased investment in access capacity in the North-West and South-West to be able to respond more rapidly to shocks.
- Further strengthen ARRM, including through better integration of ETT, to capitalize on limited access to provide multisectoral response.
- Establish HCFs in Kumbo and Wum in the North-West as well as potentially in other locations.
- Ensure that protection and gender considerations are included in all rapid assessments and response activities.
- Support displaced persons and returnees in the North-West and South-West crisis affected regions to access Early Recovery assistance and durable solutions.

ZAMAI, IDP CAMP, FAR NORTH, CAMEROON

Interagency mission meets with IDPs.

Photo: OCHA / Ivo Brandauai



Increase humanitarian access and secure humanitarian space in the Far North and the North-West and South-West regions

ACHIEVEMENTS IN 2020

- In the Far North, military escorts were organized for the UN agencies obliged to use them by UNDSS.
- In the Far North, humanitarian actors engage on access directly with military bodies through the CMCoord platform.
- Access and assessments missions to hard-to-reach localities were carried out in the Far North and the North-West and South-West regions.
- New analytical tools to assess access constraints were developed, including maps on security incidents, and physical and security access constraints, and the quarterly North-West and South-West access reports

COMMITMENTS FOR 2021

- Develop new risk mitigation measures to ensure safe access for partners to hard-to-reach areas.
- Establish civil-military coordination in the North-West and South-West.
- Increase the access negotiation capacity of humanitarian organizations.
- Support enhanced humanitarian access and respect for principled humanitarian response by all stakeholders including through the roll-out of the Compact to End Illegal Payments, aiming at reducing request by armed actors for illegal payments to facilitate humanitarian access.

LOGONE RIVER, CAMEROON

Photo: Organization/Mouangue



Mount robust multisectoral response in regions hosting IDPs from the North-West and South-West

ACHIEVEMENTS IN 2020	COMMITMENTS FOR 2021
<ul style="list-style-type: none"> • Coordination structures were established in the Littoral and West regions with monthly HCF meetings in Douala and Bafoussam. 	<ul style="list-style-type: none"> • Build capacities of national NGOs already working in the Littoral and West regions. • Significantly increase humanitarian response activities across all sectors, using cash-modalities where feasible in the Littoral and West regions.



SOUTH-WEST REGION, CAMEROON
 Food distribution in the South-West region.
 Photo: OCHA/Giles Clarke

Reduce vulnerabilities through strengthened collaboration with Government and development partners

ACHIEVEMENTS IN 2020	COMMITMENTS FOR 2021
<ul style="list-style-type: none"> • Elaboration of HDP collective outcome. 	<ul style="list-style-type: none"> • Increase collaboration with Government and development actors to encourage increased disaster risks reduction efforts to reduce the humanitarian impact of the annual floods.



FAR NORTH REGION, CAMEROON
 Floods in Logone and Chari division.
 Photo: WFP

Strengthen accountability to affected populations thanks to an increased engagement of the affected community in all phases of the humanitarian programme cycle and by the delivery of a multisectoral response adapted to the specific needs of different population sub-groups.

ACHIEVEMENTS IN 2020

- Increased attention to the needs of persons living with disabilities.
- Development of the gender in humanitarian response road map.
- Expansion of PSEA networks to Buea, Bamenda, Bertoua and Kousseri.
- Progress on the establishment of a joint CBCM, to receive Sexual Exploitation and Abuse (SEA) complaints from the beneficiaries of all humanitarian actors in Cameroon.
- Development of the road map.

COMMITMENTS FOR 2021

- Adapt needs assessment questionnaires to ensure joint needs assessments clearly articulate the distinct assistance and protection needs of women, girls, men and boys, including older people and people living with disabilities.
- Ensure greater involvement of beneficiaries in the response through the development and reinforcement of complaint mechanisms.
- Increase fact finding and assessment missions in hard-to-reach areas to ensure the needs of those left behind are evaluated and responded to.
- Implement the gender roadmap to increase the gender sensitivity of the humanitarian response.
- Strengthen regional PSEA networks.
- Fully operationalize joint CBCM to receive SEA complaints.

EAST REGION, CAMEROON

UN Volunteers giving identification documents to CAR refugees in Lolo refugee site in the East region.

Photo: UNV Cameroon



Strategic Objective 1

Reduce mortality and morbidity of 1.5 million people affected by crisis



NORTH-WEST REGION, CAMEROON

A child receiving healthcare in a mobile clinic operated by the NGO Reach Out. Photo: Reach Out NGO

Rationale and intended outcome

This objective aims to respond to the humanitarian consequences which have a direct effect on people's integrity and dignity in the short term, while recognizing 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. Activities planned to reduce the mortality and morbidity of the people in Cameroon include early detection and effective response to epidemics, the provision of access to essential health-care such as case management for GBV survivors towards multisectoral care, including clinical management of rape for survivors, quality and respectful maternity care and other essential sexual and reproductive rights services as identified in the Minimum Initial Service Package,²⁹ mental health care and psychological support to victims of trauma and other affected people.

The target population comprises the most vulnerable of the affected population in the HNO 2020, which includes IDPs, vulnerable hosts communities, returnees, refugees and those left behind; especially those who are living in

hard-to reach areas with little or no access to basic services. Geographically, the most severely affected populations are in the Far North and the North-West and South-West regions. These areas will be prioritized by the humanitarian community.

Specific Objective 1.1: 1.5 million vulnerable people affected by crisis benefit from immediate minimum food, nutrition, WASH, shelter and lifesaving health services by the end of 2021.

Affected populations in nine regions affected by crisis will benefit from multisectoral life-saving response activities for them to enjoy minimum basic services.³⁰

1.3 million people will receive humanitarian health care services, over 730,000 of them (58 per cent) within the North-West and South-West regions, 433,000 in the Far North (34 per cent). 545,000 will have access to health care via mobile clinics. 373,000 people who suffer from trauma due to violence will benefit from mental and psychological care. Health partners aim to have 95 per cent of births attended by skilled health personnel. 533,000 vulnerable people, almost half of them within the North-West and South-West regions, are targeted to receive unconditional food support through food and cash transfers in 2021. 90,000 boys and girls between 6 and 59 months will be included into the management of severe acute malnutrition programme. 916,000 people affected by crisis are targeted to benefit from improved sustainable access to safe drinking water and 667,000 people are targeted to benefit from improved sustainable access to basic sanitation services. 85,000 households will be assisted with emergency shelter, 163,000 households will be assisted with transitional shelters and 129,000 households will benefit from rental subsidies.

Specific Objective 1.2: The morbidity and mortality rate of communicable diseases and other public health threats remain under their respective threshold by the end of 2021 in the regions affected by crisis.

The health situation in areas affected by the Lake Chad Basin and the North-West and South-West crises is characterized by a limited number of functional health facilities, health services and qualified health personnel, limited access of the crises-affected populations to essential healthcare, and low vaccination coverage, which is resulting in a resurgence of infectious diseases such as measles, cholera, and monkey pox.

In 2020, besides COVID-19, measles and polio epidemics were declared in the Far North, the North-West and South-West and the North and a cholera epidemic was declared in the Littoral, South and South-West Regions. The case fatality rate for the cholera outbreak stands at 5.6 per cent in the Littoral region, 5 per cent in the South-West region, and 3.2 per cent in the Centre and South regions – considerably higher than the WHO 1 per cent threshold for proper and timely treatment of cases. The risk of cholera transmission remains very high in the North and Far North regions, which already experienced an epidemic in

2019, along with the risks of outbreaks of hemorrhagic fevers and the COVID-19 pandemic.

In 2021, partners, especially from the Health and WASH sectors, will therefore work in close coordination, to strengthen preparedness and response to epidemics. For example, over 1 million people will benefit from a minimum WASH package based on their vulnerability. 32,000 household latrines are planned to be built including by households themselves. 400 community health workers will be trained to raise awareness of good practices to reduce the risk of epidemics. The Health Sector aims to investigate 100 per cent of all alerts of an outbreak within 72 hours. 18 cholera kits will be prepositioned in risk areas and 95 per cent of the population will be covered by measles vaccination.

Strategic Objective 2

Reduce the protection needs of 1.1 million people affected by crisis



ADAMAWA REGION, CAMEROON

A child benefited a birth certificate with the support of UNICEF.
Photo: UNICEF

Rationale and intended outcome

Considering that the three humanitarian crises in Cameroon are protection crises, a dedicated protection objective was incorporated, while the commitment to mainstream protection into all activities remains. The humanitarian consequences targeted under this objective include the impairing of people's ability to move, to communicate and learn, human rights violations and abuses such as arbitrary detention, targeted violence, killing and gender-based violence. 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

Specific Objective 2.1: By the end of 2021, 1.1 million people are reached with inclusive prevention and response activities on protection risks; including effective and accessible referral pathways.

918,000 people will be covered by protection monitoring activities. 683,000 children and caregivers will receive mental health or psycho-social support. 2,300 community-based structures will be trained on the identification of specific needs of persons living with disabilities, older people, chronically ill people and unaccompanied or separated children. 2,500 staff members of local and national authorities will be trained on protection standards and policies.

11,000 people will be referred to relevant protection actors to seek and receive legal assistance. 180,000 conflict-affected persons will benefit from support to obtain civil documentation, including birth certificates. 204,000 refugees will receive valid documentation. The Health Sector will further strengthen referral systems with the Protection Sector to ensure 100 per cent of referral and counter-referral of GBV survivors between the two sectors and that 100 per cent of GBV survivors receive the appropriate health care. More than 490,000 students of all ages will access a protective learning environment.

Strategic Objectives 3

Reduce vulnerabilities and strengthen resilience of 830,000 people affected by crisis



SOUTH-WEST REGION, CAMEROON

UNESCO provides access to quality education to out of school children.
Photo: UNESCO

Rationale and intended outcome

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 different types of deficit and the use of various coping mechanisms to meet basic needs such as the lack of food, income, productive assets, access to basic services, access to formal and informal social assistance and access to markets.

Specific Objective 3.1: By the end of 2021, 720,000 vulnerable people affected by crisis have indiscriminatory, regular and safe access to quality basic services.

224,000 people will receive assistance through agricultural, livestock and fishery support. 80,000 boys and girls aged 6 to 23 months and 8,900 pregnant and lactating women will be enrolled in Blanket Supplementary Feeding Programmes (BSFP). 352,000 households will be assisted with core relief items. 300,000 children between the age of 3 and 18 years affected by the crisis will enjoy equitable access to safe and

protective learning environments. 13,700 children will access education in newly constructed classrooms and 147,000 children will access education through alternative learning platforms and accelerated programs.

313,000 people will benefit from labor intensive livelihood projects, including 2,700 female heads of households.

439,000 refugees and their host communities will benefit from access to basic education and health services. 185,000 refugees receive monthly food assistance, either in cash and vouchers or in kind. 19,000 refugees will benefit from shelter/NFI support.

Specific Objective 3.2: By the end of 2021, the use of negative coping strategies is mitigated for 380,000 vulnerable people affected by crisis through inputs, capital and skills for livelihood activities and coordinated response approach.

9,500 young people will be supported with livelihood activities to generate income. 108,000 of vulnerable students will be supported through cash transfers. The Food Security Sector will carry out two food security assessments to support and reinforce humanitarian planning. 207,000 people will benefit from the rehabilitation/construction of local economic infrastructure, such as markets and agricultural structures. 470 refugee households will use renewable sources of energy, and 10,000 refugees will benefit from self-reliance and livelihood opportunities.

1.3

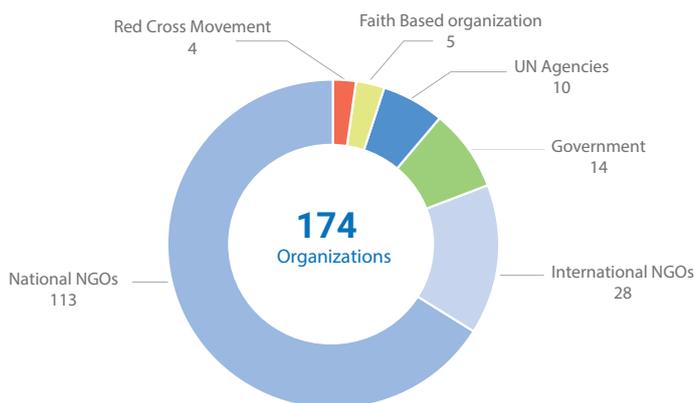
Planning Assumptions, Operational Capacity and Access

As of 30 November 2020, 174 humanitarian actors, including 10 United Nations agencies, 28 international NGOs, 113 national NGOs, 4 members of the Red Cross / Red Crescent Movement and 5 faith-based organizations are involved in the humanitarian response in coordination with the State’s technical line ministries.

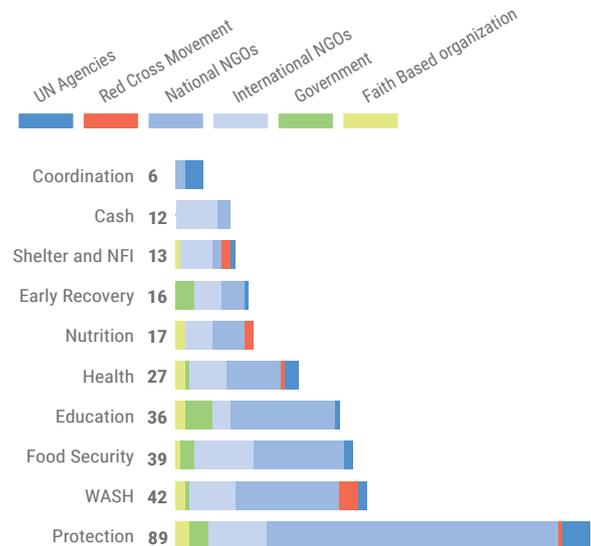
The number of humanitarian actors increased during 2020. However, to be able to respond to the needs and challenges in terms of access and acceptance related to the complex emergencies affecting Cameroon, it would be necessary to further enhance the operational capacity and expand the intervention areas in 2021.

Operational Capacity

Actors by organization type

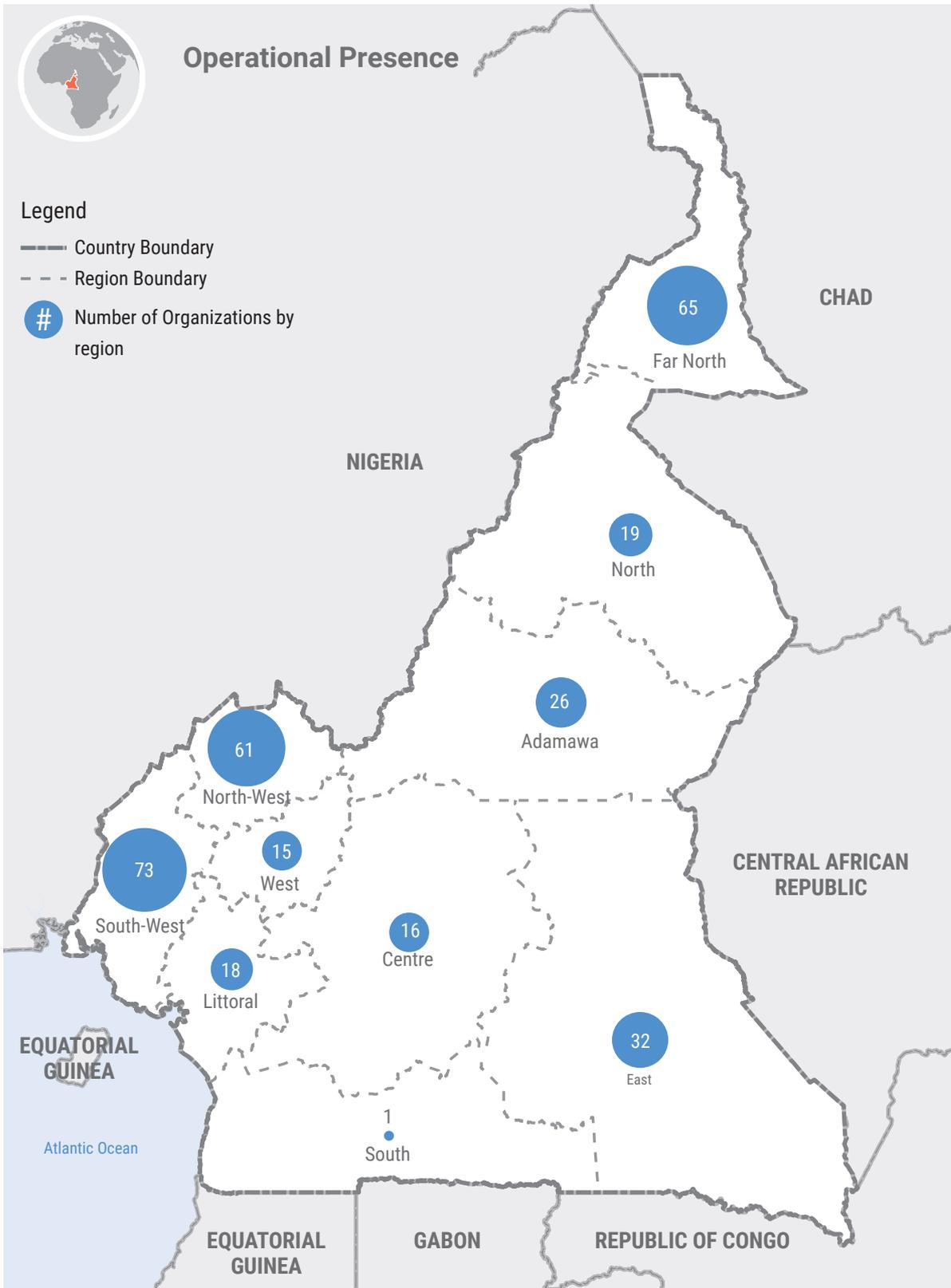


Organization type by Sector



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.

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, there is renewed commitment to continue to build their capacities in 2021.



Access

The main constraints to humanitarian access in Cameroon 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. Access constraints often translate into delays, partial response to humanitarian needs and increased operational costs for humanitarian partners.

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 remains essential to create and sustain a conducive operational environment.

Humanitarian access remains a major challenge for the humanitarian community in the **North-West and South-West regions**. Access constraints identified include insecurity, physical access challenges and bureaucratic impediments. Lockdown days, with associated movement restrictions for humanitarian actors, have caused substantial interruptions in 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 authorizations. Occasionally, these roadblocks result in kidnapping attempts, or kidnapping of aid workers in demand for ransom. In 2020, the North-West and South-West regions have seen an increase in violence against humanitarian workers: two aid workers were killed in the course of their work, two more were shot and injured, and several cases of kidnapping were reported. OCHA and UNDSS support the humanitarian community on humanitarian access and security issues, but many incidents remain underreported.

Humanitarian organizations 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, reportedly, Cameroon Security Forces. Privately contracted trucks used by humanitarian organizations to transport

humanitarian supplies are also targeted by this illegal behavior. 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.

The suspension of UNHAS flights to and from Buea and Mamfe since the beginning of 2020 has seriously affected the efficient movement of humanitarian personnel to and from the South-West region. UNHAS flights to Bamenda, which had also been suspended in January 2020, resumed in July 2020.

In the **Far North**, the main obstacle to humanitarian access remains the insecurity generated by NSAG activities. To date, no incidents directly targeting humanitarian actors have been recorded in the Far North except for car jackings and robberies at INGO compounds most likely by criminal groups. Most of the attacks by NSAGs target civilian populations and armed forces. A stark increase in the number and intensity of attacks was observed in 2020, leading to large population movements. A further deterioration of the security situation is possible in 2021. NGOs continue to promote acceptance as 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 addition, the poor conditions of the road network worsened during the rainy season, which is often severe in Cameroon.

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. Certain incidents such as kidnappings are

mainly reported in the border area with CAR. Humanitarian actors are not deliberately targeted. Most incidents take place at night, therefore outside of the period authorized for humanitarian activities. Security incidents are not likely to have a significant impact on humanitarian access. Meanwhile, the road network is in poor condition in certain areas, making humanitarian access challenging, especially during the rainy season.

Notwithstanding certain **COVID-19 Government restrictions**, Cameroon's borders remained open to Central African asylum seekers. However, the persistence of insecurity in border areas and the sporadic incursions of armed elements into Cameroon increases the risk of restricting access to the territory for asylum seekers. NSAG checkpoints may also restrict access to Cameroon for people fleeing violence in CAR.

Non-discriminatory access by people to essential services and access by humanitarian actors to people in need will remain a priority in 2021. 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; lift bureaucratic impediments, while maintaining operational independence. The existing humanitarian coordination mechanisms in Logone et Chari, the consultation framework with the authorities (in Yaounde and Maroua) and the Humanitarian Coordination Centers in the North-West and South-West provide forums in which access challenges can be discussed and common solutions can be found in coordination with the Government of Cameroon.

Established humanitarian coordination meetings provide an opportunity for operational organizations to share information on humanitarian access and to discuss ways of overcoming specific issues. In the North-West South-West, meetings of the Access Working Group allow for discussion and analysis of humanitarian access constraints. The Access Working Group was considerably restructured in 2020 to allow for a more strategic exchange. In addition, a humanitarian access platform on WhatsApp allows the wider humanitarian community to exchange access-related

information in real time. Access is also a standing agenda item at meetings of the Inter-Cluster and the Protection Cluster.

In the Far North, access is a standing agenda item on the Inter-Sector Working Group meetings. The CM Coord 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 non-State armed groups (in the North-West and South-West), combined with efforts to ensure acceptance of humanitarian workers and operations will remain a priority.

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.

Presidential Plan for Reconstruction and Development (PPRD)

After three years of escalating internal conflict, the Government of Cameroon organized a large national consultation called the Major National Dialogue (MND) in October 2019 aimed at resolving the political and security crisis affecting the North-West and South-West regions in Cameroon. The MND, attended by Government and various opposition parties, outlined several recommendations. One of the recommendations was to “formulate a vast Programme for Reconstruction, Recovery and Development of North-West, South-West and Far North regions”. To this end, in cooperation with the Government of Cameroon, UNDP supported the formulation of a Presidential Plan for Reconstruction and Development (PPRD) for the North-West and South-West regions which was launched by the Cameroon Government and UNDP on 5 May 2020.

UNDP’s implementation of a Government Plan in the politically charged and insecure environment of the North-West and South-West negatively impacted humanitarian access. Several lockdowns were announced in relation with visits around the PPRD

and hostile statements were made against UN agencies based on UNDP’s implementing role, leading to a ten-day suspension of humanitarian operations of UN agencies in early July 2020. A Risk Mitigation Working Group co-chaired by OCHA and UNDP and with participation of UN agencies with humanitarian mandates and national and international NGOs was established, to mitigate risks linked to the plan’s implementation.

In 2020, humanitarian actors dedicated resources to mitigate the impact of the PPRD on their operations. The Risk Mitigation Working Group met six times and the UNDP Recovery Programme in the North-West and South-West became a standing item on the HCT meetings’ agenda. The UN Executive Committee discussed the UNDP-supported PPRD in its meeting on 29 January 2020 and a joint OCHA-UNDP-WFP-INGO regional mission visited Cameroon in November 2020 to conduct a comprehensive analysis of the perceptions, operational and strategic risks, and mitigation measures related to the PPRD, including the impact of the PPRD’s implementation on humanitarian operations.

1.4

Accountability to Affected Populations

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, allowing to tailor an assistance and protection response suitable to their needs. Accountability to affected people remains a key approach for humanitarian assistance in Cameroon. In 2021, this accountability will be strengthened in several ways.

As in previous years, humanitarian actors will continue to consult affected people in multisectoral needs assessments. In 2020, the lack 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 needs' analysis and response planning. However, the humanitarian community agreed to adapt questionnaires in 2021, to make sure that joint needs assessments clearly articulate the distinct assistance and protection needs of women, girls, men and boys, including older people and people living with disabilities.

In the absence of sex, age and diversity disaggregated data, humanitarian actors relied on expert judgment. There was agreement across sectors that people living with disabilities, older people, female-headed households and pregnant and lactating girls and women are some of the most vulnerable sub-groups, as they face higher risks, including being left behind during conflict and natural disasters. It is also more challenging for them to seek assistance.

The focus of the Central Emergency Response Fund (CERF) on people with disabilities led to increased attention to disability inclusion among the humanitarian community in Cameroon. Based on lessons learned on the implementation of CERF projects, different agencies adapted subsequent projects to be

able to better respond to the needs of persons with disabilities.

In 2021, the humanitarian community remains committed to strengthen inclusion of people with different types of disabilities in all stages of the humanitarian programme cycle.

Effectiveness of beneficiary participation in the humanitarian response will be guaranteed through several mechanisms (household level assessment, complaints mechanisms, consultation), to take place at the different phases of the humanitarian response cycle. It is planned to increase the number of fact-finding and assessment missions, in full compliance with COVID-19 prevention measures, to be conducted in remote and insecure areas. These missions are critical to receive direct feedback from the affected communities and collect evidence-based information.

Attention will be paid to girls and women's effective involvement in humanitarian decisions. Women's socially prescribed role as caregivers typically places them in a prime position to identify how family members are affected and to suggest solutions. Yet, socio-cultural norms generate specific barriers for them to voice their concerns and be heard. Their exclusion from main decision spheres deprives humanitarian actors of critical information on distinct assistance and protection concerns and comes at the risk of leaving women's needs largely unmet. Therefore, women's and girls' participation, including through separate consultations, will be prioritized. The roll out of the WASH minimum commitments for the safety and dignity of affected people which had been delayed due to COVID-19, will continue in 2021. These commitments emphasize the importance of consulting women and adolescent girls and stress the importance of having feedback and complaints mechanisms in place.

Also, the implementation of the gender in humanitarian response roadmap will equip field actors in affected regions on participatory and accountable practices.

To increase accountability to affected populations, humanitarians remain committed to strengthen the links between the various existing grievance and feedback mechanisms, in all intervention areas. While for the first time in 2020, reporting on the number of functioning complaint mechanisms in various projects was included in the response monitoring, only one Sector had been capable of submitting the requested information.

Protection from Sexual Exploitation and Abuse (PSEA)

The objective of the PSEA Taskforce, created by the HCT in May 2019, is to guide and support the design, implementation, and monitoring of a Community-Based Complaints Mechanism (CBCM) and its activities and build capacity and awareness on PSEA. The Taskforce is the primary body for coordination, best practice exchange, and oversight on SEA prevention and response measures. In 2019 and 2020 the Taskforce made great strides towards the establishment of a joint CBCM, to receive SEA complaints from the beneficiaries of all humanitarian actors in Cameroon. In November 2019, WFP agreed to extend the use of its hotline to the wider humanitarian community. The training of the hotline operators on PSEA continued in 2020, and the mechanism will be operational as of the first semester of 2021. On the pillar of victim assistance, the PSEA Taskforce relies on existing referral pathways of the GBV AoR.

In February 2020, the PSEA Taskforce organized a CBCM Training of Trainers (ToT). This capacity building event, that introduced good practices and tools to simplify inter-agency cooperation in PSEA activities, laid the basis to establishing a joint CBCM in Cameroon. The ToT aimed at building the capacity of PSEA focal points as trainers, allowing them to replicate the training in their respective duty stations and help establish CBCMs in all crisis affected regions. While PSEA networks were functional in Yaounde and Maroua in 2019, they were expanded to Buea, Bamenda, Bertoua and Kousseri in 2020, with first meetings held in all these regions by the end of 2020. The strengthening of the regional PSEA networks is one of the main priorities for the humanitarian community in Cameroon regarding PSEA in 2021.

Beyond the establishment of the regional PSEA groups, the Taskforce is finalizing the CBCM Standard Operating Procedures (SOPs) and a PSEA network action plan, to be submitted to the HCT for endorsement in the first quarter of 2021. The network action plan aims at strengthening organizational capacities on PSEA and the communication around the launch of the CBCM hotline for which a strategy has been developed by the UN Communication Working Group. The launch of the CBCM hotline will be accompanied by a communication plan to be rolled out in 2021 to popularize knowledge about PSEA among the affected population and to promote the use of the CBCM hotline for the submission of SEA related complaints, as outlined in the CBCM SOPs. The PSEA network action plan will reinforce prevention, reporting, assistance and investigation to respond to SEA cases in Cameroon.

1.5

Cash and Voucher Assistance (CVA)

Humanitarian actors in the world currently deliver 4.7 billion USD each year in cash and vouchers to crisis-affected people,³¹ with cash used as a rapidly-growing and significant part of almost every humanitarian response. Cash and vouchers are some of the modalities that have been adopted by the humanitarian country team as part of the humanitarian response in Cameroon, and whose added value in humanitarian operations is undeniable. Since 2016 when the "Why Not Cash" approach was adopted in Cameroon, the volume of assistance delivered through CVA has continued to increase. CVA has been used by humanitarians to cover a wide range of sectoral and multisectoral needs in crisis, emergency and protracted situations to refugees, returnees, Internally Displaced Persons (IDPs), migrants, vulnerable local populations and their host communities. CVA has provided flexibility to donors and humanitarian actors to assist affected beneficiaries in a more dignified and autonomous way.

In 2017, WFP, IRC, CRS and Plan International, jointly provided humanitarian assistance using multipurpose cash transfers (MPC) to 1,180 IDP households in the Far North region. This was the first time that humanitarian actors in Cameroon had used MPC to cover both food and non-food needs in their emergency response. Since then, humanitarian actors have scaled up the use of MPC to other regions, for example to the East, South-West and North-West regions, for refugees, IDPs and host populations, in collaboration and support from the national and regional Cash working groups (CWG).

Cash and in-kind assistance have equally been used as response modalities for the delivery of humanitarian assistance in the East, Adamawa, North and Far North regions while in-kind assistance has been the most used modality in the South-West and North-West

regions. Humanitarian actors have used cash transfers to cover sectoral and multisectoral needs using restrictive or unrestrictive, conditional or unconditional CVA. In the second semester of 2020, the Global WASH Cluster supported a training of WASH actors from the Government, the UN, international and national NGOs, on cash transfer, to facilitate the implementation of this approach by WASH partners.

Furthermore, with the outbreak of the COVID-19 pandemic, cash was identified as the most appropriate and feasible modality in urban and peri-urban areas where security conditions are better than in rural and remote areas, markets are functional, finance and information and communications technology (ICT) infrastructure are available and better developed. In the context of the COVID-19 pandemic, WFP has been providing food assistance through cash-based transfers to food insecure households economically affected by the pandemic in the North-West, South-West, Far North, North Adamawa and East regions of Cameroon.

The CWGs tried to create an enabling environment for the implementation and further scale-up of MPC. Such efforts include the harmonization of assessment and targeting methodologies and tools, joint market monitoring, transfer value harmonization, etc. In these regards, the CWGs have supported the definition 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 the humanitarian intervention pronounced by IASC and further encouraged by the improved HPC approach and would enable partners to provide regular, one-off and/ or seasonal humanitarian monetary assistance in a harmonized way based on the understanding of household basic needs from a market-based perspective.

The use of MPC was introduced by UNHCR as an assistance modality for Central African refugees. Based on UNHCR's experience many partners have launched MPC response activities in the Adamawa, East and North regions. The use of cash transfers is equally part of the 2021 multisectoral response for CAR refugees. Despite certain concerns over the use of cash as response modality in the North-West, South-West and Far North, certain humanitarian actors have implemented cash projects in 2020. The CWGs have fostered discussions for and contributed to the construction of the MEB to support the use of MPC to respond to the humanitarian crisis in the North-West, South-West and Far North regions. CWGs were set up and reinforced in South-West and North-West, with regular coordination meetings. Thanks to efforts undertaken by the North-West and South-West CWG, WFP rolled out MPC assistance for nutrition and protection to food insecure IDPs households in Mezam and Momo divisions (North-West) in 2020.

In 2021, the CWG will continue to coordinate and provide technical support on programming and implementation to clusters, sectors and regional CWGs. In collaboration with OCHA, the Inter-Sector 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 and North-West regions for acceptance of CVA whenever they would be the most appropriate modality for humanitarian assistance despite the crisis. To support this advocacy, the CWG will promote a harmonized approach towards CVA including coordination with national and local authorities (supported by OCHA and the HCT) and technical aspects such as the calculation of the MEB, joint markets assessments and analysis, joint monitoring and impacts assessments, among others.

As recommend by The Grand Bargain sub-workstream, in 2021, the cash response of humanitarian organizations should consciously align with, build on, complement and fill gaps in Government social protection programmes and systems, where appropriate, taking into account humanitarian principles, to mitigate the socio-economic impacts of COVID-19 on the most vulnerable, leaving no one behind.³² In view of this assertion, the CWG and partners will strengthen the targeting strategy of the MEB to take into account the impact of COVID-19 .

The regional CWGs will be reinforced and enabled to play their important role in the coordination and scale up CVA in the humanitarian response. To avoid overlap, duplication and to improve on humanitarian efficiency, accountability and visibility of CVA, actors will be encouraged to continue reporting to the 5Ws at national and regional levels. The CWG will improve on partners' reporting on the 5Ws by integrating CVA-specific reporting in the 5Ws tools at sectors and clusters' levels. The use of the cash modality being a very sensitive issue, the CWG will ensure existing complaint mechanisms are strengthened and new ones developed. A link will be established with the Inter-Agency mechanism for protection from sexual exploitation and abuse (PSEA).

The CWG will also continue to promote best practices among members and share lessons learned to improve CVA programming and mitigate related risks in operational areas and to targeted beneficiaries (IDPs, refugees, vulnerable population and host community), where feasible. MEB committees will be set up at regional CWG level and will be enabled to update regional MEBs, integrating regular updated market monitoring prices and prevailing local context (economic and security) and seasonal changes in prices.

Finally, besides humanitarian actors, through the HCT and OCHA, the CWG will continue the collaboration and coordination with the Government and with development actors 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, there is a need for humanitarian actors to work in tandem with Governments in the development of the response to mitigate the impacts of the pandemic. The CWG will therefore involve relevant Government

structures and development actors in CVA related discussions such as the provision of CVA for 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. The CWG will seek technical support with regional partners such as the Cash Learning Partnership (CaLP) to strengthen national and local capacities and mainstream the CVA cross-cutting areas such as protection and gender, GBV and accountability to affected population.

1.6 Costing Methodology

Despite the 2018 HCT decision of changing the HRP costing methodology to unit-based costing, the new approach was not implemented in 2019 considering the substantial changes of the enhanced HPC 2020. In 2020, given limited capacity of several sectors and lack of guidance from some global clusters, the unit-based costing methodology was not implemented for the development of the global HRP 2021 budget, which is thus based on project-based costing, although several sectors have developed unit costs per beneficiaries or activities. The costing methodology should be fully reviewed for the development of the HRP 2022, for which consultations and analysis will start in early 2021.

Projects included in the HRP 2021 were elaborated based on needs and sector leads validated them considering alignment with their respective sectoral strategies, targets and frameworks. In general, when estimating budgets for 2021, sector leads agreed that the provision of humanitarian response became more expensive due to COVID-19 prevention measures and the need to invest more resources into humanitarian access negotiations. The Nutrition Sector, for example, estimated that the implementation of activities in the COVID-19 context led to a 10 per cent budget increase, related to the adaptation of implementing strategies and the procurement of protective equipment at both health center and community level. Furthermore, due to the increased insecurity in the North-West and South-West regions, the transportation costs for humanitarian material also increased. 362 million USD are required to reach 3 million people, only a minor increase in comparison to the budget/target relation of 2020³³ despite the increased operational costs humanitarian organizations experience due to COVID-19 prevention measures and insecurity.

While the overall 2021 HRP budget is project based, different sectors have already developed unit costs per beneficiaries or activities.

The Child Protection Sector has developed indicative unit costs per child, per type of core response activity and per crisis. For example, birth registrations are estimated at 20 USD per child. The costs for the identification, documentation, tracing and reunification of an unaccompanied or separated child are estimated at 544 USD per child for the Far North and the North-West and South-West regions, and at 463 USD for the eastern regions. These costs were developed in consultation with Child Protection AoR members in the different regions. The costs consider the quality of services to be offered and the supplies to be provided to the different categories of children and their families, but also physical access to the intervention areas and security constraints.

The GBV AoR also considered the costs of the total number of medical inputs/equipment and didactic material to be placed in the health facilities and safe spaces for GBV services when estimating its budget for 2021, considering the specifics of each crisis context and region. For example, the costs for case management are estimated at 550 USD per person, psychological support at 45 USD per person and the costs of a dignity and post-rape kit are estimated at 113 USD. The costing estimate also takes into consideration capacity-building, awareness raising activities and campaigns, identification of survivors, comprehensive case-management costs and GBV audits, monitoring and evaluation, communication and visibility. Training and capacity-building activities for a period ranging from 30 to 80 days are estimated at 250 USD per person, a GBV assessment is estimated to cost around 5,500 USD.

The costing of nutrition projects has taken into consideration the cost of supplies (ready-to-use therapeutic foods, therapeutic milks, specialized nutritious

foods, vitamin and/or mineral supplements, essential medicines for the treatment of infectious diseases associated with malnutrition), human resources (staff), capacity building, administrative, monitoring and evaluation and communication costs. The North-West South-West Nutrition Cluster has also included cash support to cover the transportation expenses of mothers seeking inpatient SAM treatment for their children. For example, for management of severe acute malnutrition the unit-based cost of 100 USD³⁴ per child treated is usually considered.

Part 2:

Response Monitoring

BUEA, CAMEROON

40-year-old Fosimondi with a Women's Hygiene bucket at a medical center in the vicinity of Buea in the South-West region.

Photo: OCHA/Giles Clarke



2.1 Monitoring and Accountability

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.

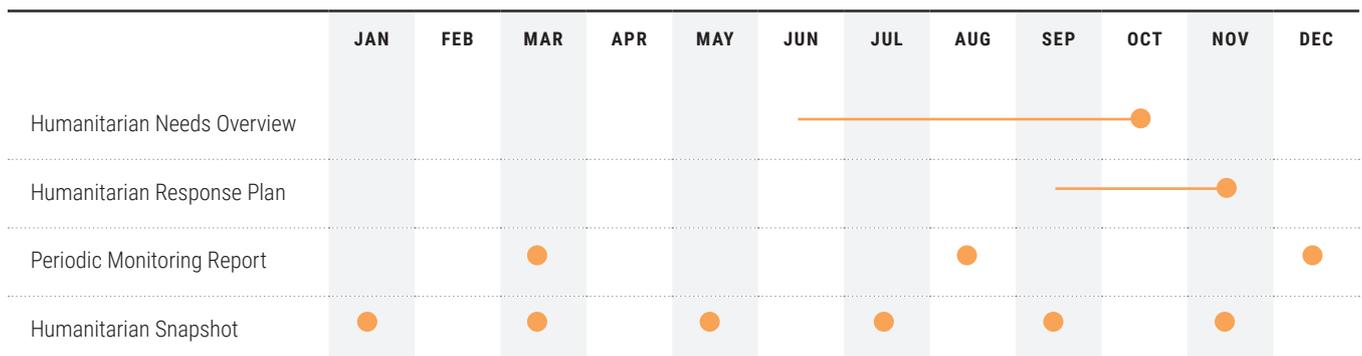
Thanks to the Response and Planning Module (RPM), the sector leads will be able to provide, on a monthly basis, the results achieved within the framework of the humanitarian response. The RPM online reporting tool, which sectors have been familiar with since 2019, will support the collection of data on the results achieved while minimizing 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 and the North-West and South-West regions.

While reporting on the number of projects with complaint and feedback mechanisms had been included in the response monitoring in 2020, most sectors were unable to do so. Therefore, in 2021, OCHA included an indicator on the percentage of humanitarian organizations that have in place feedback and complaint mechanisms in the coordination response framework. OCHA will thus ensure the bilateral follow up with humanitarian organizations to monitor this information. Other indicators newly included in the coordination response framework to strengthen accountability to affected populations include the percentage of international humanitarian organizations that have in place codes of conducts on prevention from sexual exploitation and abuse; the percentage of complaints referred to concerned organizations through the inter-organizational PSEA helpline; the percentage of needs assessments in which separate consultations were held with the female and male population to assess their needs; and the percentage of assessments which are followed by a delivery of humanitarian assistance. The periodic monitoring of the response is available on-line³⁵ and therewith publicly accessible.

Humanitarian Programme Cycle Timeline



2.2 Indicators and targets

Strategic Objective 1

Reduce mortality and morbidity of 1.5 million people affected by crisis

	SPECIFIC OBJECTIVE	INDICATOR	TARGETED	SOURCE
SO 1.1	1.5 million vulnerable people affected by crisis benefit from immediate minimum food, nutrition, WASH, shelter and lifesaving health services by the end of 2021.	# of vulnerable students benefiting from the school feeding program.	186k	Education Sector
		# of children receiving WinS items and COVID 19 other safe materials	362k	Education Sector
		# of targeted food insecure people (female and male) that received unconditional food support through food and cash transfers	533k	Food Security Sector
		# of people receiving health care in the affected areas	126k	Health Sector
		% of GBV survivors who received health care in affected areas	100%	Health Sector
		# of victims of trauma who received psychosocial care	373k	Health Sector
		% of births carried out by skilled health personnel	95%	Health Sector
		# of new admissions of boys and girls, 6 -59 months, in the integrated management of severe acute malnutrition programme	83k	Nutrition Sector
		# of severely acutely malnourished boys and girls, 6-59 months, with access to SAM treatment in North-West and South-West regions	4k	Nutrition Sector
		Proportion of men participating in awareness sessions in nutrition programs (%)	50%	Nutrition Sector
		# of affected personnes with sustainable access to safe drinking water	916k	WASH Sector
		# of affected persons gaining access to sustainable basic sanitation services	667k	WASH Sector
		# of HH to be assisted with emergency shelter	85k	Shelter & NFI Sector

SPECIFIC OBJECTIVE	INDICATOR	TARGETED	SOURCE
	# of HH to be assisted with transitional shelter	163k	Shelter & NFI Sector
	# of people trained on humanitarian principles, humanitarian access and civil military coordination	200	Coordination Sector
	# of access missions carried out	12	Coordination Sector
	# of passengers transported by UNHAS	8k	Coordination Sector
	Total volume of cargo transported by UNHAS in MT	24	Coordination Sector
	# of SSAFE training and security awareness training	6	Coordination Sector
S0 1.2	The morbidity and mortality rate of communicable diseases and other public health threats remain under their respective threshold by the end of 2021 in the regions affected by crisis.	80%	Health Sector
	# of kits prepositioned in risk areas	18	Health Sector
	# of community health workers trained to raise awareness of good practices to reduce the risk of epidemics	400	Health Sector
	# of targeted people having received a minimum WASH package adapted to their vulnerabilities	1017k	WASH Sector

Strategic Objective 2

Reduce the protection needs of 1.1 million people affected by crisis

	SPECIFIC OBJECTIVE	INDICATOR	TARGETED	SOURCE
S0 2.1	By the end of 2021, 1.1 million people are reached with inclusive prevention and response activities on protection risks; including effective and accessible referral pathways.	# of children and care-givers accessing mental health or psycho-social support	683k	Protection Sector
		# of community-based structures trained on identification of specific needs (disability, elderly, chronic illness, UASC)	2.3k	Protection Sector
		# of conflict-affected persons having benefited from civil or identity documentation support (including birth certification)	180k	Protection Sector
		# of persons covered by protection monitoring activities	918k	Protection Sector
		# of persons referred to relevant protection actors in order to receive legal assistance (excluding GBV cases)	10.8k	Protection Sector
		# of persons who received life-saving GBV services	11.5k	Protection Sector
		# of staff from local and national authorities trained on protection standards and policies	2.4k	Protection Sector
		# of students accessing protective learning environments with a teacher able to cope with risks and work during an epidemics	490k	Education Sector
		# of refugees registered	133k	Multi-Sector Refugee Response
		# of refugees recognized through an individual refugee status determination procedure	1.8k	Multi-Sector Refugee Response
		# of refugees issued with a valid document	203k	Multi-Sector Refugee Response
		# of prevention and response action to gender-based violence and child protection issues	64.9k	Multi-Sector Refugee Response
		# of refugees involved in durable solutions (voluntary repatriation and resettlement)	10.7k	Multi-Sector Refugee Response
		# of children issued with a birth certificate (including late declaration)	64.9k	Multi-Sector Refugee Response

Strategic Objective 3

Reduce vulnerabilities and strengthen resilience of 830,000 people affected by crisis

SPECIFIC OBJECTIVE	INDICATOR	TARGETED	SOURCE
SO 3.1 By the end of 2021, 720,000 vulnerable people affected by crisis have indiscriminatory, regular and safe access to quality basic services.	# of annual sector/cluster work plans including prevention, mitigation and response to identified protection risks	8	Protection Sector
	# of staff across sectors/ clusters trained on centrality and mainstreaming of protection	10	Protection Sector
	# of students accessing water from newly built/ rehabilitated boreholes.	951k	Education Sector
	# of children accessing education education through alternative learning platforms and accelerated programs	147k	Education Sector
	# of people reached with messages on the protection of education against attacks and safe schools activities.	202k	Education Sector
	# of school community members trained on risk mitigation/reduction (teachers, PTAs, SMAs, Students)	12.7k	Education Sector
	# of students and teachers who received the school kits.	375k	Education Sector
	# of affected Teachers and other Education Personnel receiving pschosocial training	23.8k	Education Sector
	% of households with acceptable Food Consumption Scores (FCS) out of the total targeted severely food insecure refugee, IDP and local population households	70%	Food Security Sector
	% of targeted households meeting minimum requirements for Household Dietary Diversity Scores (HDDS)	50%	Food Security Sector
	% of targeted households with Reduced Coping Strategies Index (CSI) (0-3 coping strategies)	50%	Food Security Sector
	# 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)	223k	Food Security Sector
	# of boys and girls aged 6-23 months enrolled in the Blanket Supplementary Feeding Programme (BSFP)	80k	Nutrition Sector
	# of adolescent girls receiving weekly iron and folic acid supplements	215k	Nutrition Sector
	# of pregnant and lactating women enrolled in the Blanket Supplementary Feeding Programme (BSFP)	8.9k	Nutrition Sector

SPECIFIC OBJECTIVE	INDICATOR	TARGETED	SOURCE
	# of rapid nutritional assessments conducted	1	Nutrition Sector
	# of functional sectorial groups/cluster	7	WASH Sector
	# of HH to be assisted with rental subsidies	129k	Shelter & NFI Sector
	# of HH to be assisted with NFIs	352k	Shelter & NFI Sector
	# of persons with access to basic services (education and health)	439k	Multi-Sector Refugee Response
	# of refugees receive food assistance on a monthly basis (# in cash and vouchers and # in kind)	185k	Multi-Sector Refugee Response
	# of boreholes and other water supply mechanisms rehabilitated	30	Multi-Sector Refugee Response
	# of refugee households receive emergency shelter and Non food Items	185k	Multi-Sector Refugee Response
	# of joint needs assessment mission reports shared, that clearly articulate the distinct assistance and protection needs of women, girls, men and boys, including older people and people living with disabilities	24	Coordination Sector
	# of HNO published, providing analysis and data on the distinct assistance and protection needs of women, girls, men and boys, including older people and people living with disabilities	1	Coordination Sector
	# of HRP published, adequately addressing the distinct assistance and protection needs of women, girls, men and boys, including older people and people living with disabilities	1	Coordination Sector
	# of people trained on gender sensitive humanitarian programming	125	Coordination Sector
	% of humanitarian organizations that have in place feedback and complaints mechanisms	50%	Coordination Sector
	# of sectors that have integrated PSEA Risk Assessment and PSEA programmatic actions in their action plan	5	Coordination Sector
	% of complaints referred to concerned organizations through the inter-organizational PSEA helpline	100%	Coordination Sector
	% of international humanitarian organizations that have in place codes of conducts on protection from sexual exploitation and abuse	70%	Coordination Sector

	SPECIFIC OBJECTIVE	INDICATOR	TARGETED	SOURCE
SO 3.2	By the end of 2021, the use of negative coping strategies is mitigated for 380,000 vulnerable people affected by crisis through inputs, capital and skills for livelihood activities and coordinated response approach.	# of youth supported with livelihood to generate income	9.4k	Education Sector
		# of vulnerable students supported through CASH	108k	Education Sector
		# of PTAs/Students' Mother's Associations (SMO) trained and supported for the inclusion and retention of vulnerable students in schools.	10.4k	Education Sector
		# of food security assessment conducted to support and reinforce humanitarian planning the humanitarian-development-peace nexus	2	Food Security Sector
		# of households benefiting from economic recovery interventions.	326k	Early Recovery Sector
		# de personnes qui bénéficient des infrastructures économiques locales qui ont été construites/ réhabilitées. # of people benefiting from newly built or rehabilitated local economic infrastructure.	207k	Early Recovery Sector
		# of local institutions, community organizations and people benefiting from capacity building.	176k	Early Recovery Sector
		# of refugee households using renewable sources of energy and involved in protection of the environment	470	Multi-Sector Refugee Response
		# of person with self-reliance and livelihood opportunities	10k	Multi-Sector Refugee Response
	# of NEXUS documents promoting durable solutions, endorsed by the HCT	3	Coordination Sector	

Part 3:

Sectoral Objectives and Responses

GBITI REFUGEE SITE, CAMEROON

East Region.

Photo: WFP/SylvainCherkaoui



Overview of Sectoral Response



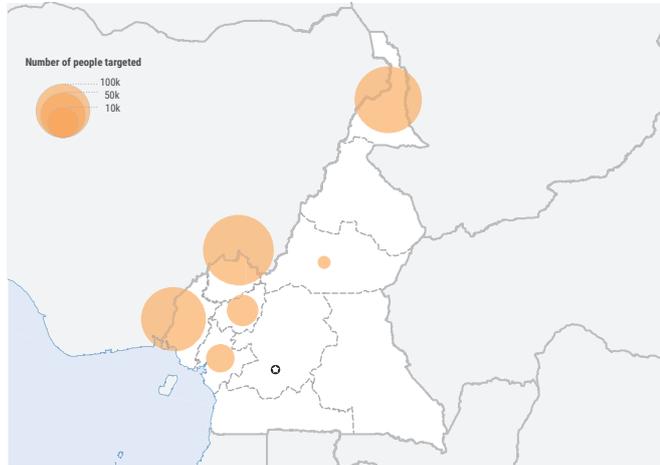
EAST REGION, CAMEROON

CAR refugees.
Photo: UNHCR

SECTOR/MULTI-SECTOR	FINANCIAL REQUIREMENTS (US\$)	OPERATIONAL PARTNERS	NUMBER OF PROJECTS	PEOPLE IN NEED	PEOPLE TARGETED	IN NEED TARGETED
Refugee Response	\$115.7M	185	84	0.7M	0.5M	
Food Security	\$73M	39	34	2.6M	0.7M	
Protection	\$50.5M	89	79	2.9M	2.1M	
Nutrition	\$26M	17	28	0.5M	0.3M	
WASH	\$22.4M	42	20	1.6M	1M	
Education	\$21.4M	36	32	1.9M	1.1M	
Shelter and NFI	\$16.3M	13	14	1.5M	0.7M	
Health	\$15.5M	27	26	1.8M	1.6M	
Coordination	\$13.4M	6	11	4.4M	3M	
Early Recovery	\$7.3M	16	18	3.2M	0.7M	

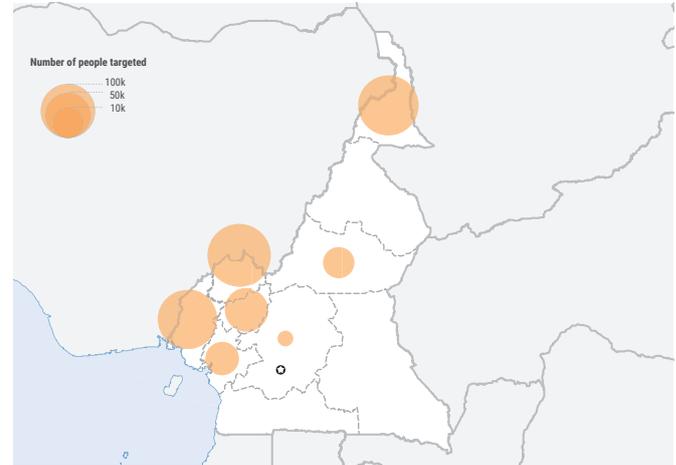
3.1 Protection

PEOPLE IN NEED	PEOPLE TARGETED	REQUIREMENTS (US\$)
992k	743k	\$10.4M



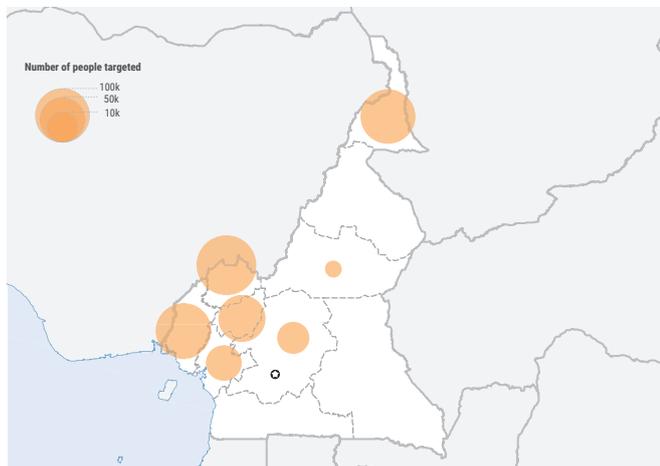
3.1.1 Protection: Child Protection

PEOPLE IN NEED	PEOPLE TARGETED	REQUIREMENTS (US\$)
1M	778k	\$22.6M



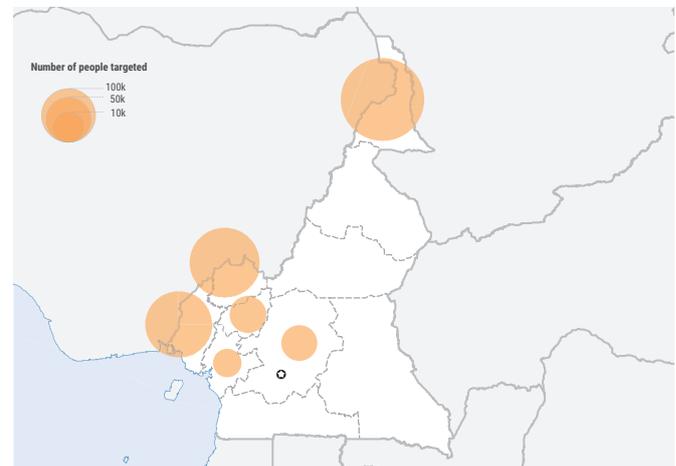
3.1.2 Protection: Gender-Based Violence

PEOPLE IN NEED	PEOPLE TARGETED	REQUIREMENTS (US\$)
1M	638k	\$17.5M



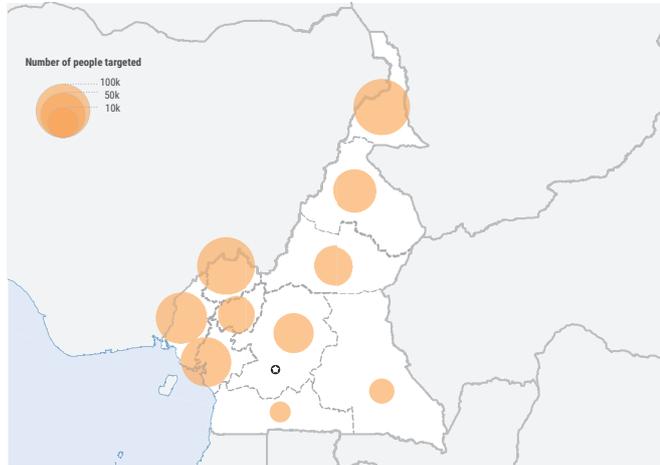
3.2 Education

PEOPLE IN NEED	PEOPLE TARGETED	REQUIREMENTS (US\$)
1.9M	1.1M	\$21.4M



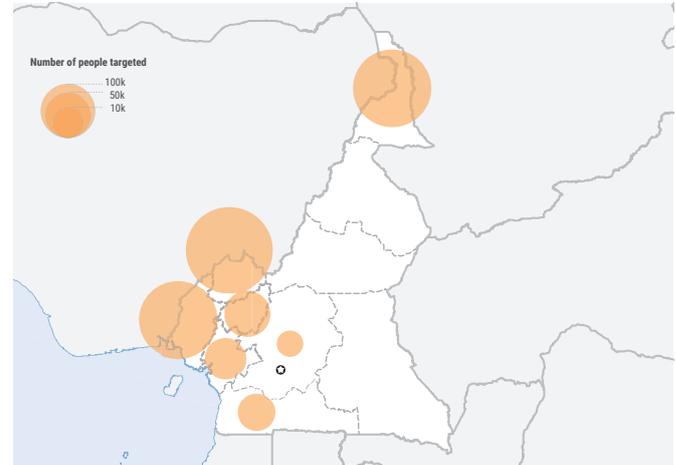
3.3 Food Security

PEOPLE IN NEED	PEOPLE TARGETED	REQUIREMENTS (US\$)
2.6M	745k	\$73M



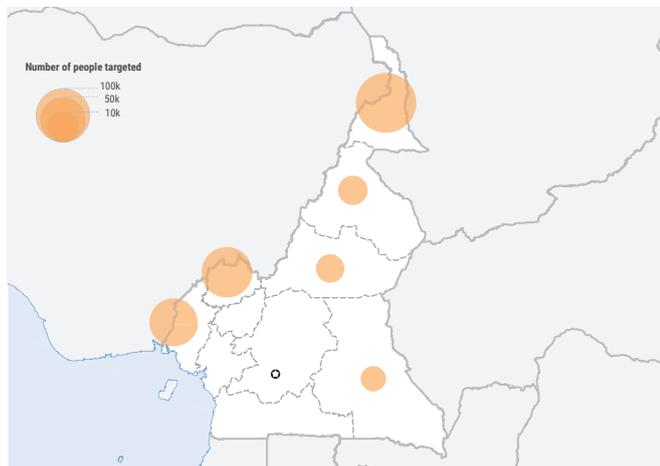
3.4 Health

PEOPLE IN NEED	PEOPLE TARGETED	REQUIREMENTS (US\$)
1.8M	1.6M	\$15.5M



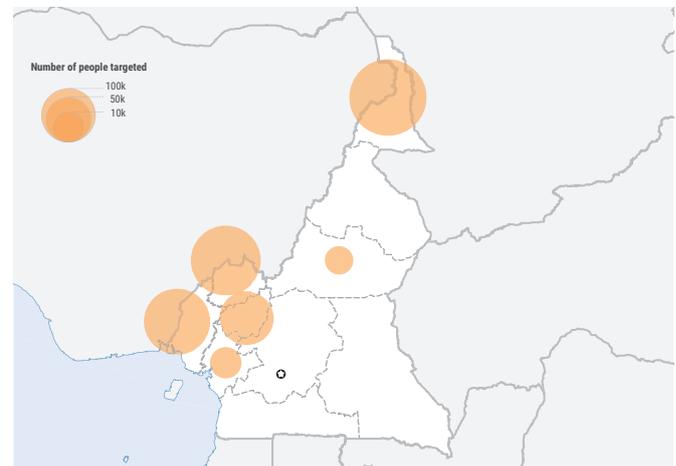
3.5 Nutrition

PEOPLE IN NEED	PEOPLE TARGETED	REQUIREMENTS (US\$)
480k	310k	\$26M



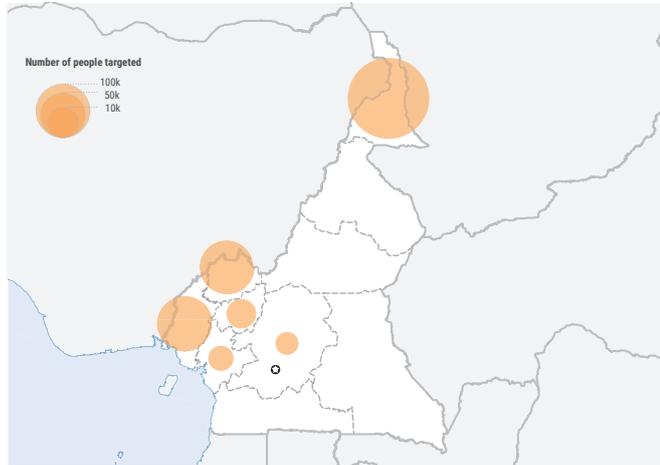
3.6 Water, Sanitation & Hygiene

PEOPLE IN NEED	PEOPLE TARGETED	REQUIREMENTS (US\$)
1.6M	1M	\$22.4M



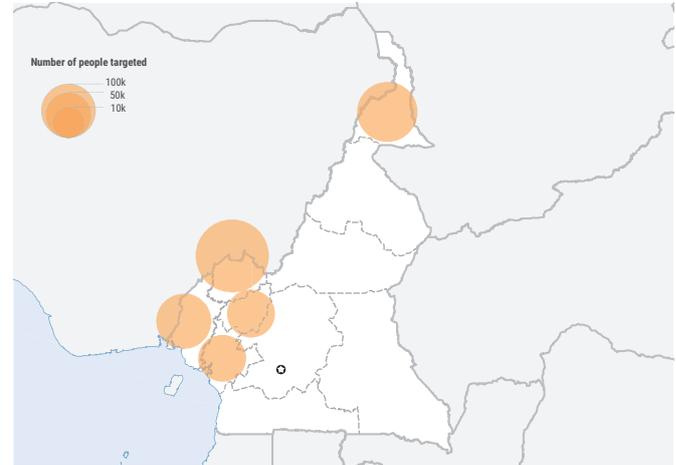
3.7 Shelter & NFI

PEOPLE IN NEED	PEOPLE TARGETED	REQUIREMENTS (US\$)
1.5M	727k	\$16.3M



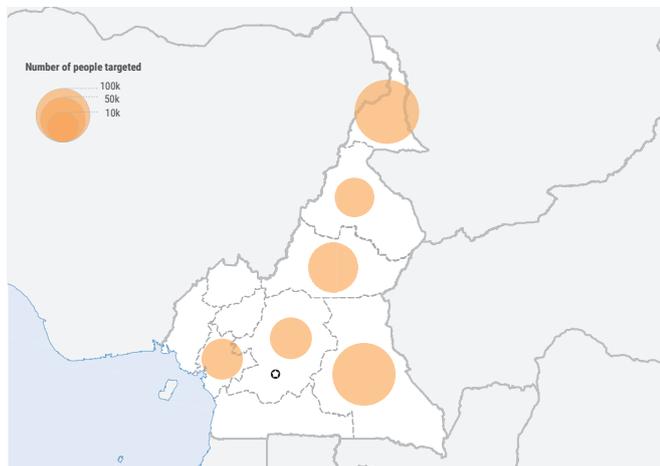
3.8 Early Recovery

PEOPLE IN NEED	PEOPLE TARGETED	REQUIREMENTS (US\$)
3.2M	709k	\$7.3M



3.9 Multi-Sector Refugee Response

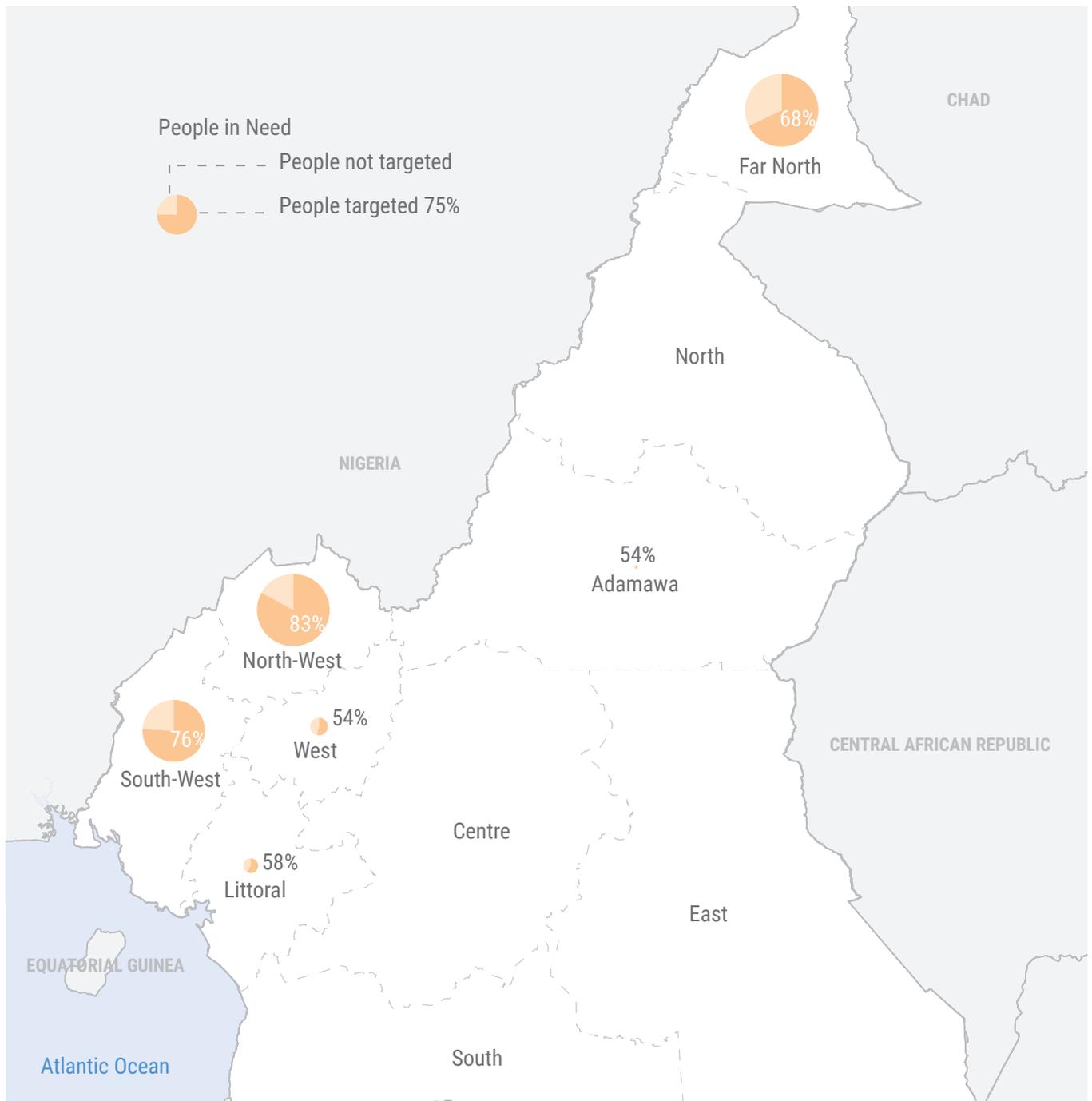
PEOPLE IN NEED	PEOPLE TARGETED	REQUIREMENTS (US\$)
693k	554k	\$115.7M





3.1 Protection

PEOPLE IN NEED	PEOPLE TARGETED	REQUIREMENTS (US\$)
0.9M	0.7M	\$10.4M



Objectives

1. Improve the protection and respect of fundamental rights for persons affected by crisis, prioritizing the most vulnerable groups, including persons living with disabilities, older people, women and children.
2. Build the capacity of Cameroonian authorities and civil society actors on the protection of affected populations to ensure the respect of their rights.
3. Promote the centrality of protection and engage first respondent actors to mainstream protection principles into programming, preparedness and responses to the needs of populations affected by crisis.

In 2021, protection partners across regions will focus on five main objectives in the articulation of their response and in line with the sectoral objectives:

- Strengthening the community-based approach in order to reinforce the capacity of the communities in preventing, identifying and responding to protection needs. That includes reinforcing the capacity of communities in hard-to-reach areas in identifying and preventing protection risks, improving communication on available services and assistance for the most vulnerable, and strengthening knowledge and ownership on protection referral pathways. Strengthening of the community-based approach as well as communication with communities will support the overall accountability mechanisms of protection partners towards people we serve.
- Developing a dedicated response to all forms of exploitation and stigma against displaced persons, including unaccompanied and separated children, in regions directly affected by crisis and in the neighboring regions where secondary displacement takes place.
- Developing a data-driven analysis and response including to fill gaps with regard to available data on the most vulnerable groups including persons living with disabilities, older people, women and children, lesbian, gay, bisexual, transgender, intersex and queer people (LGBTIQ) and those left behind. Improving protection data environment will also contribute to strengthen accountability

mechanisms of protection actors on their 2021 objectives and work plans.

- Strengthening protection mainstreaming across sectors including to bring a comprehensive response to negative coping mechanisms developed by displaced households along the years and aggravated by school closure and COVID-19 pandemic, that create severe protection risks including child labor, exploitation and sexual exploitation.
- Reinforcing capacity of national actors including Cameroonian authorities and civil society actors.

The conflict in the **Far North** region has exacerbated pre-existing gaps in access and the provision of basic services by the local authorities including social and civil documentation services, as well as access to justice. Forced displacement, loss of economic means and disruption of education in many rural areas has led households and individuals to adopt negative coping mechanisms including early marriage, survival sex, exploitation, drug abuse (youth), etc. In the Far North region especially, negative coping mechanisms are facilitated by pre-existing social norms and culture, discriminating women and girls. In 2021, some 8,700 individuals will be supported in accessing and/or renewing key civil documentation including birth certificates and property deeds as a response to disruption of services and inadequate procedure in place in areas of refuge.

In 2021, Protection actors in the Far North will focus on preventing, mitigating and responding to protection risks including through targeted protection assistance to some 6,000 most vulnerable individuals, cash and non-cash assistance and livelihood programs (targeting an estimated 100 individuals). Individual case-management especially for child protection and GBV will be delivered alongside awareness and prevention activities that will inform on services and address discriminatory norms and practices. The disruption of the community safety net, the increase of violence and closure of schools may be the cause of forced recruitment and use of children and youth by non-State armed groups. In 2021, protection actors will roll out sensitization campaigns on the risks of (forced) recruitment

through increased presence of protection monitors, among others.

Prolonged displacement, ongoing violent incursions by non-state armed groups and consequent regular forced displacement have severely impacted the access to land and property including to cultivable lands, for many displaced households that traditionally lived of farming activities. In 2021, the issues of HLP will be addressed through the strengthening of the dedicated HLP coordination platform, individual assistance to some 200 individuals in regaining access to their property and capacity-building of estimated 900 local authorities and traditional leaders.

Conflict in the Far North region has led to (grave) violations of human rights by all parts. In 2021, guided by data gathered through the protection monitoring activities, covering an estimated 223,000 individuals, protection actors will formulate joint advocacy messages and lead capacity-building activities of all relevant actors on human-rights standards.

Forced displacement within the **North-West and South-West** regions has created loss/lack of civil documentation in vast majority of the forcibly displaced households including due to disruption of public services and inadequate procedures in place. In 2021, protection actors aim to assist some 95,000 individuals across the North-West and South-West regions in (re)acquiring civil documentations including birth certificates, identity documents and property deeds through individual assistance that will come as a necessary complement to awareness campaigns on the importance of civil documentation, and advocacy efforts with authorities.

In 2021, protection monitoring will remain a key response activity in the North-West and South-West regions with an estimated target of 450,000 individuals covered including through sustained presence of protection monitors, reinforced protection analysis and data collection as well as coordination among all monitoring partners. At the end of 2020, some divisions are still not fully covered by protection monitors' presence. This will need to be addressed in 2021 depending on availability of funding. Protection monitoring will also focus on the most vulnerable people and those left

behind in order to build an inclusive protection data environment. Protection partners estimate that in 2021 some 18,000 most vulnerable individuals will benefit from protection assistance (legal aid, cash-assistance, core relief items assistance, individual case-management, family reunifications, etc.), small-scale livelihood programs (targeting an estimated 250 individuals) and mainstreaming of protection in sectors' response to those most vulnerable people.

Crisis in the North-West and South-West regions has led to (grave) violations of human rights by all parts. In 2021, guided by data gathered through the protection monitoring activities, protection actors will come together in formulating joint advocacy messages at regional and national levels, including through capacity-building of all actors on human-rights standards.

Issues of land, housing and property (HLP) will continue being addressed in 2021 including through the strengthening of the dedicated HLP coordination platforms, individual assistance to some 8,000 individuals in regaining access to their property and capacity-building of local authorities and traditional leaders.

Humanitarian – Development – Peace Nexus

The humanitarian response to protection risks in all regions affected by crisis will be aligned to Government policies in place including on the assistance to the most vulnerable individuals. Further, and especially in the Far North, it has been identified through the 2021 protection analysis, that several protection needs are linked to pre-existing challenges such as discriminatory sociocultural norms and practices which can be harmful such as for child marriage, and shortcomings in delivery of public services that need to be addressed on the long-term through the humanitarian-development-peace nexus and strengthening of capacity of local government actors and civil society. Through the nexus, protection partners will ensure that humanitarian programs in 2021 directly contribute to improve and re-build social protection structures, social cohesion, rule of law and access to justice. Response modalities

The 2021 protection response in all regions affected by crisis will combine material and core relief items assis-

tance for the most vulnerable individuals identified in need of protection interventions. Cash assistance is currently not implemented within the Protection Sector in the North-West and South-West regions. In addition, the Protection Sector will implement several non-monetizable services such as training activities, protection monitoring, prevention, advocacy and awareness-raising.

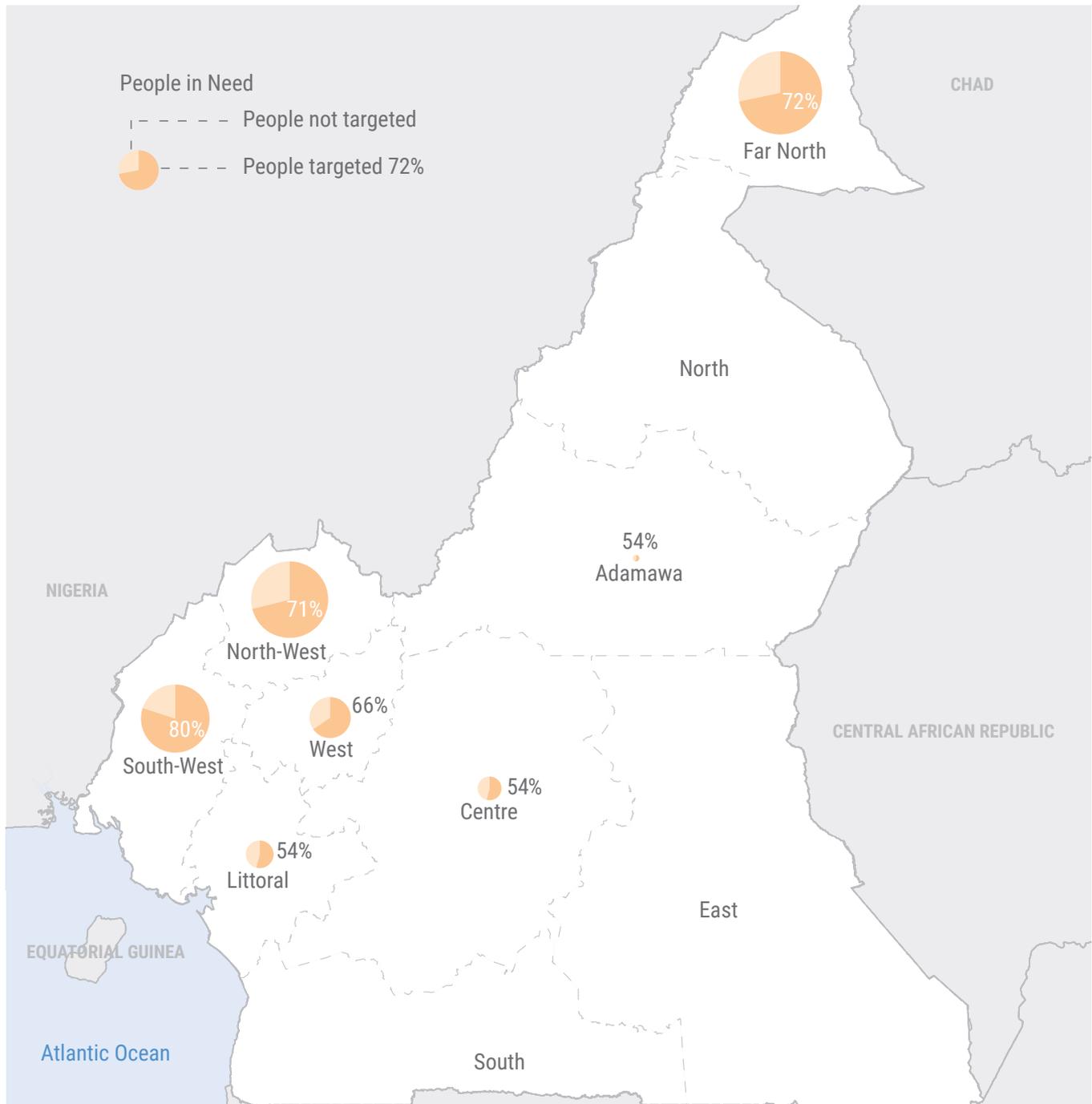
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Objectives, Indicators and Targets

	OBJECTIVE	INDICATOR	TARGETED
Strategic Objective 2	Reduce the protection needs of 1.1 million people affected by crisis		
Specific Objective 2.1	By the end of 2021, 1.1 million people are reached with inclusive prevention and response activities on protection risks; including effective and accessible referral pathways.		
Sectoral Objective 1	Improve the protection and respect of fundamental rights for persons affected by crisis, prioritizing the most vulnerable groups, including persons living with disabilities, older people, women and children.	# of children and care-givers accessing mental health or psycho-social support	683k
		# of community-based structures trained on identification of specific needs (disability, elderly, chronic illness, UASC)	2.2k
		# of conflict-affected persons having benefited from civil or identity documentation support (including birth certification)	180k
		# of persons covered by protection monitoring activities	918k
		# of persons referred to relevant protection actors in order to receive legal assistance (excluding GBV cases)	10.8k
		# of persons who received life-saving GBV services	11.5k
Sectoral Objective 2	Build the capacity of Cameroonian authorities and civil society actors on the protection of affected populations to ensure the respect of their rights.	# of staff from local and national authorities trained on protection standards and policies	2.4k
Strategic Objective 3	Reduce vulnerabilities and strengthen resilience of 830,000 people affected by crisis		
Specific Objective 3.1	By the end of 2021, 720,000 vulnerable people affected by crisis have indiscriminatory, regular and safe access to quality basic services.		
Sectoral Objective 3	Promote the centrality of protection and engage first respondent actors to mainstream protection principles into programming, preparedness and responses to the needs of populations affected by crisis.	# of annual sector/cluster work plans including prevention, mitigation and response to identified protection risks	8
		# of staff across sectors/ clusters trained on centrality and mainstreaming of protection	10

3.1.1. Child Protection

PEOPLE IN NEED	PEOPLE TARGETED	REQUIREMENTS (US\$)
1M	0.8M	\$22.6M



In the **Far North** region, child protection actors will continue to work on supporting formal and community-based child protection systems, placing particular emphasis on (i) capacity building of adolescent girls and boys as agents of change for peacebuilding, and the promotion of intergenerational and interreligious dialogue, supporting the socioeconomic reintegration of out-of-school adolescent girls and boys. Indeed, particular attention will be placed on adolescent boys and girls (more specifically those from the early and middle adolescence periods, between 10 and 17), so as to consider their specific perspectives and needs in both outreach and programming and enabling their meaningful participation for more adapted interventions in their regard, (ii) capacity building of deconcentrated child protection structures through a humanitarian-development-peace nexus approach and (iii) increased coordination at all levels, under the leadership of the Regional Delegation of Social Affairs.

To achieve this, the Child Protection Sector will focus on the following priority areas:

- Provision of psychosocial support to internally displaced children, children from host communities and returned children affected by the conflict, including children with disabilities, children survivors of gender-based violence, children formerly associated with armed forces and armed groups as well as unaccompanied and separated children; caregivers will also benefit from psychosocial support as needed.
- Prevention of family separation during conflict through community-based approaches, involving caregivers, community-based child protection mechanisms and community leaders, and the provision of appropriate support, alternative care and reunification services.
- Strengthening of families and community-based child protection mechanisms to better protect their children and be able to provide adequate support for children victims of violence, abuse and exploitation, including through early warning mechanisms, positive parenting and tailored child protection case management tools and mechanism;
- Provision of a holistic support to children formerly associated with armed groups, ex-hostage

children, for their sustainable reintegration into communities, with a particular attention to girls.

- Prevention, risk mitigation and response to GBV in emergencies affecting children, including child marriage.
- Improvement of birth registration through (i) ensuring that girls and boys affected by the conflict who do not have their birth certificates or who have lost them while on the move, receive their birth certificates; (ii) bringing civil status centers closer to the population through health centers to allow all children born in health centers to have their certificates in the same month, (iii) supporting efficient archiving mechanisms.
- Strengthening of mass communication to prevent the risks for children and communities to be injured or killed by remnants of war.

For an optimal functioning of the child protection systems, capacities of local child protection structures will be strengthened in order to enhance coordination of child protection interventions at all levels (regional, divisional and council).

Children are one of the most affected population category by the ongoing crisis in the **North-West and South-West** regions of Cameroon and by the subsequent multiple community displacements. Family separation remains the main child protection concern in this context, as according to the latest Multi-Sectoral Needs Assessment conducted in August 2020, more than 16,000 unaccompanied and separated children are residing in the North-West and South-West regions, which constitutes a significant increase since 2019. This upsurge is mainly caused by the outpouring of violence of the crisis and the lack and/or endangered educational opportunities in the affected regions. Children, particularly boys, are being reportedly recruited and used by armed groups. As the conflict continues, more cases of sexual violence, harassment and forced and child marriages accompanied by unwanted early pregnancies, are being reported. Moreover, children are engaging in the labor market and sometimes in the worst forms of child labor, including sexual exploitation, as reports from the field confirm that girls and young women recourse to survival sex, and as families

try to cope and survive and humanitarian assistance remains insufficient.

Lastly, the lack/loss of birth certificates continues to impose further vulnerability on the affected population, resulting into other child protection risks as it is hindering young boys' and girls' access to basic services, when available, and exposing them to further risks of exploitation and arbitrary arrest/detention.

Considering the myriad of protection issues affecting children, the strategy planned for 2021 will focus on the following areas:

- Prevent future risks of violence, exploitation and abuse through continuous and increased community-based child protection mechanisms through the provision of psycho-social support, GBV prevention, family separation prevention and reunification by strengthening positive parenting, community engagement and empowerment as well as children's self-resilience.
- Respond to cases of violence and abuse identified by field 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.
- 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; providing urgent psychosocial support to children and referring them to other services in a timely and efficient manner.
- Provide support to identified at-risk families to protect children from child labor through prevention strategies. Support children already engaged in child labor (including worst forms of child labour such as sexual exploitation) with, at a minimum

tailored child protection case management; multi-sectoral services and pathways to decent work for children of legal working age. In addition, sensitize communities on the prevention of child labor.

- Strengthen advocacy and child protection mainstreaming and improve inter-sector/inter-cluster collaboration and coordination, particularly on cross-cutting issues, such as developing efficient and adequate responses to different age, gender and diversity groups, inclusion of children and people with disabilities, disaggregation in data collection, advocacy for access and strengthening of inter-cluster referral mechanisms.

An increasing number of local organizations are shifting from a developmental towards a humanitarian approach in their child protection projects. In order to improve the synergies between key actors, the Child Protection sector/Area of Responsibility (AoR) is holding regular coordination meetings with involved stakeholders and improving coordination with other clusters to identify needs and gaps, work on a common child protection nexus strategy and advocate for inter-agency standardized tools. Moreover, the Child Protection Sector/AoR is working on strengthening the capacity of local and international actors by building their technical competencies and skills (mainly on child protection case management, child protection minimum standards in humanitarian action, protection and gender mainstreaming, disability inclusion) to meet international standards. Through this approach, the Sector/AoR aims to provide a continuum of care for children affected by violence both in humanitarian situation and in development and works together on an exit strategy linking its interventions to the longer-term development approach for the best interest of children.

The 2021 strategy puts a particular focus on the identification, documentation, tracing and reunification (IDTR) of unaccompanied and separated children and adolescents and the prevention of violence and sexual exploitation in the urban/peri-urban contexts. Particular attention will be placed on adolescent boys and girls (more specifically those from the middle adolescence, between 15 and 17), so as to consider their specific perspectives and needs in both outreach and programming and enabling their meaningful participation for

more adapted interventions in their regard. In rural/hard to reach areas, a specific focus will be placed on preventing the use and/or recruitment of children by armed groups and armed forces, psychosocial support and psychological first aid to children affected by the conflict.

In the rural/hard-to-reach areas in the North-West and South-West particularly, humanitarian access remains one of the main challenges, even though numerous efforts were continuously made by local and international organizations to access new divisions in the regions. The Child Protection Sector/AoR is advocating with both parties to the conflict, through OCHA and the Protection Cluster, to ensure that humanitarian assistance and services can reach people and children in need. In addition, the Child Protection AoR is advocating with local and international organizations to further expand their child protection operations and reach those who are most in need in the rural/hard to reach areas according to the gaps analysed.

Finally, the Child Protection Sector/AoR is working with child protection actors to sensitize communities on child rights, child protection during conflict and to strengthen community-based child protection mechanisms, which proved to be very helpful and efficient especially in times of COVID-19 pandemic, to ensure communities can provide protective environment to children by monitoring, identifying, reporting and/or referring cases of child protection violations to the relevant actors/services.

Response modalities

In order to strengthen the resilience capacities of communities affected by the Lake Chad Basin crisis, the Child Protection Sector will focus on financial support for livelihood projects identified for and by adolescents formerly associated with armed groups who wish to carry out income-generating activities as a way to reconnect with civilian life. Child protection actors will also fund income-generating activities for adolescent clubs and community child protection networks on a case-by-case basis while strengthening the entrepreneurial capacities of the members of these clubs. In addition, families identified as at-risk of

being durably affected by shocks will be provided with prevention support, which may include cash transfers

Humanitarian – Development – Peace Nexus

Humanitarian response to child protection will be anchored in the child protection system as part of the humanitarian-development-peace nexus and capacity building on emergency response.

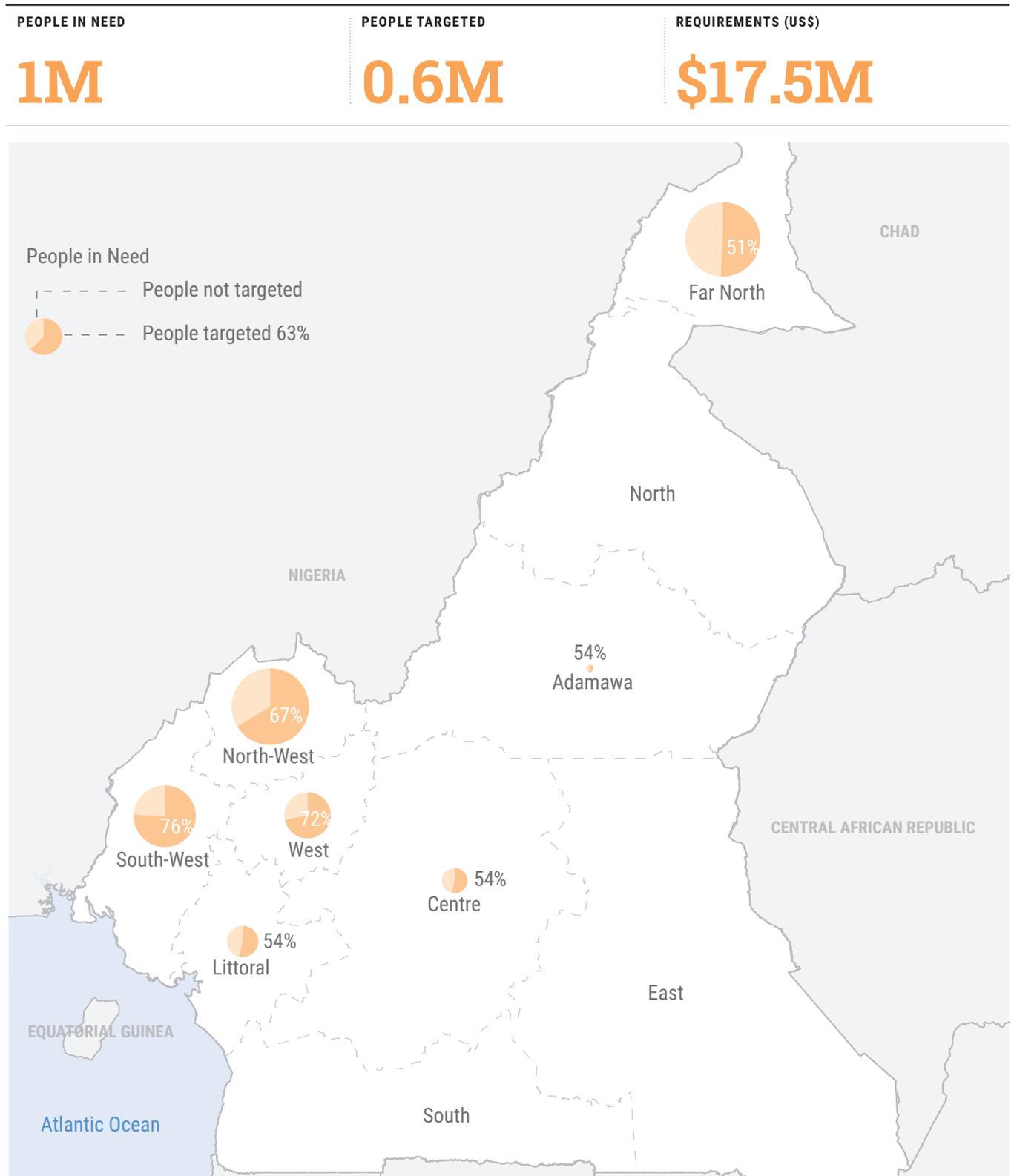
In the Far North, capacity building of governmental child protection structures will aim at supporting improved coordination and progressive ownership of child protection interventions at all levels (regional, divisional and communal). Leadership of coordination at regional and divisional level already provided by the deconcentrated social affairs authorities will be strengthened and extended to the council level with local technical support from the administrative authorities and to engage other state services such as those of the Regional Delegation for Women's Empowerment and for the Family.

With regards to the North-West and South-West crisis, child protection interventions will equally aim at rebuilding and strengthening child protection systems, including through a focus on standardized child protection case management and referral mechanisms which are tailored to be used during and after the crisis.

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3.1.2. Gender-Based Violence



In 2021, the GBV response in the Far North and in the North-West and South-West regions will be articulated around five key thematic areas:

- GBV partners will be providing multi-sectoral (medical, psycho-social and legal) survivor-centered care to GBV survivors (girls, boys, men and women). Most vulnerable women and girls including GBV survivors will also access livelihood as well as dedicated vocational training.
- To ensure adequacy and quality of the GBV response, risk mitigation and prevention programming, GBV actors will regularly conduct safety audits and vulnerability mapping exercises by involving the community, both in the identification of risks and vulnerabilities and in the community's appropriation of this information to prevent and reduce risks in crisis-affected regions and across all humanitarian sectors. The security audits jointly with data on the response collected by the GBV information management system (GBVIMS) will guide an evidence-based response, including the formulation of trends and analysis. The monitoring system will be developed according to a log-frame with activities and key indicators for the Sector/ Area of Responsibility (AoR).
- GBV actors will be focusing on strengthening the capacity of all GBV service providers including those of national and regional state systems in all four components of the GBV holistic and survivor centered case management offering multi-sectoral services such as medical, psycho-social, security, legal and reinsertion.
- Prevention and mitigation of GBV risks will be key, including across humanitarian sectors. The prevention and response strategy will be regularly informed by the results of the security audits.
- Prevention will take place, among others, through prevention at community level and large-scale sensitization campaigns in order to create and/or reinforce the community ownership on GBV risks and incidences in the different communities. GBV actors will also focus on access to services, including by assessing and revising referral pathways, improving case management and the roll out of the minimum standards especially for the safe

spaces, and mainstreaming within Health, Shelter and WASH sectors.

In the Far North, the level of violence exacerbated by forced displacement and the lack of adequate lifesaving GBV services put women and girls at heightened risks. In 2021, GBV partners will provide holistic assistance and support to an estimated 3,000 GBV survivors based on reported incidents. The 2021 protection analysis has shed light to the fact that a vast majority of the GBV incidents taking place in the Far North are linked to intimate partner violence and violence committed by other family members and relatives, that finds its roots in pre-existing social and cultural discriminatory norms. Therefore, GBV partners will concentrate efforts on prevention activities targeting 15,000 individuals and prevention at community level (estimated coverage of 75,000 individuals including traditional and religious leaders, local authorities and conflict-affected communities). The risk of forced and early marriage is the combined result of preexisting cultural norms and a common negative coping mechanism by families that have lost their land and sources of income as they were forced to flee their villages. The risk of forced and early marriage should be addressed through community-level awareness and prevention activities, as well as dedicated livelihood support to women and girl survivors (estimated 250 beneficiaries in 2021). The specific crisis in the Far North region also calls for a dedicated response on the problematic of abduction of women and girls, including to support their reintegration into the community and to bring them psycho-social support and in-kind assistance to regain their dignity and autonomy.

Data on GBV incidents against the most vulnerable individuals such as those "left behind" or women and girls living with disability is missing though they are considered as categories at heightened risks. Through regular vulnerability mapping and strengthening of the GBVIMS trends analysis, GBV actors will build their response around evidence-based and inclusive programming. That will also include to look closer at the risks and responses for male survivors and access to adequate services and assistance by the LGBTIQ community.

Lack or weakness of GBV life-saving services in the Far North region is a structural challenge aggravated by increasing violence and related forced displacement. In 2021, the GBV Sector/AoR will focus on strengthening the capacity of GBV service providers including State services such as strengthening legal assistance (estimated 275 beneficiaries) and adequate medical care including post-exposure prophylaxis (PEP) kits (estimated 500 beneficiaries). Around 200 GBV actors, including personnel from line ministries, security forces and local authorities, will be trained on GBV core concepts and principles, case management and GBV minimum standards according to inter-agency guidelines.

In the **North-West and South-West** regions, GBV risk mitigation, prevention and response and subsequent programming will be evidence-based including through regular safety audits, vulnerability mapping and a strengthened use of GBVIMS for the quality of GBV case management, including in view to be able to better include and address the needs of male survivors, LGBTIQ and people living with disabilities. In 2020 in the North-West and South-West regions, 40 per cent of survivors who received care experienced sexual assaults and rape, sexual violence being exacerbated by the crisis, increased violence and forced displacement. 28 per cent of them were children. In addition, people affected by the crisis also face physical assault, including by their intimate partner.

Women and girls are the vast majority of GBV survivors. Discriminatory sociocultural norms and practices, granting women and girls a lower social status. Being able to provide survivor-centered and multisectoral care towards holistic case-management to all survivors including child, adolescents and male will be a priority of the GBV response in 2021 with an estimated 7,500 people at risk of GBV including GBV survivors who received at least one form of assistance.

The crisis in the North-West and South-West regions is characterized by secondary forced displacement to the neighboring regions including Centre, Littoral and West, where women and girls are often exposed to sexual exploitation and abuse. For that reason, in 2021, GBV response will be extended to those regions

with an estimated 1,300 persons who will be receiving adequate response in line with available services by relevant line ministries. Comprehensive and survivors-centered response also includes the provision of dedicated livelihood support to some 520 survivors in the North-West and South-West and 230 survivors in the neighboring regions.

Sexual violence is not only committed by armed parties but is also exacerbated by situations of displacement and family separations, forcing families to live in overcrowded accommodation with relatives or within the host community, creating risks of sexual exploitation, sexual violence and assault against young girls particularly. For this reason, prevention activities at the community level including with crisis-affected population, local and traditional leaders as well as religious leaders, engagement of boys and men activities, youth and adolescent program will be key. An estimated 200,000 individuals in the North-West and South-West and 25,000 in the neighboring regions will benefit from targeted sensitization and awareness raising activities.

The restricted access and the insecurity affect the availability and adequacy of GBV lifesaving services in many areas adding to pre-existing structural gaps in both regions. Humanitarian access is restricted by both security and operational constraints limiting GBV lifesaving services and assistance in several localities, especially rural areas along the border with Nigeria. Safety and security services are also not available including trained law enforcement staffing. In 2021, GBV actors foresee to train some 300 staff from humanitarian organizations, civil society actors, line ministries and law enforcement on the prevention, mitigation and response to GBV incidents.

With reduced means of subsistence and prolonged school closure, families, children and teenagers also adopt negative coping mechanisms that lead to the risk of denial of resources, sexual exploitation, sexual violence, early marriage and early pregnancy. It is therefore key for the GBV actors to fully support all humanitarian sectors/clusters throughout implementation of their response to “do no harm” and to prevent identified GBV risks.

Response modalities

In 2021 the GBV Sector/AoR will implement cash transfer in order to meet the needs of survivors to access quality services wherever feasible considering the remoteness and isolation of some localities. Emphasis will be placed on the cost of caring for survivors as well as covering their transportation cost to available services. In addition, the GBV Sector/AoR will implement several non-monetizable services such as training and capacity-building activities, reinforcement of capacity of service providers, as well as awareness-raising and large-scale sensitization activities.

Humanitarian – Development – Peace Nexus

The humanitarian response to gender-based violence will be anchored in the national and regional social protection schemes as part of the humanitarian-development-peace nexus and continuum approach.

Capacity building of service providers including Government actors, and of communities will ensure the sustainability of the ongoing emergency response and linkages with development programs. The involvement of communities in the prevention and response to GBV will be placed at the center of interventions in 2021 with a view to contributing to the establishment of a solid and lasting community mechanism. In addition, Government leadership in coordination structures at the national, regional and divisional levels will help strengthen the national ownership system.

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3.2 Education



PEOPLE IN NEED

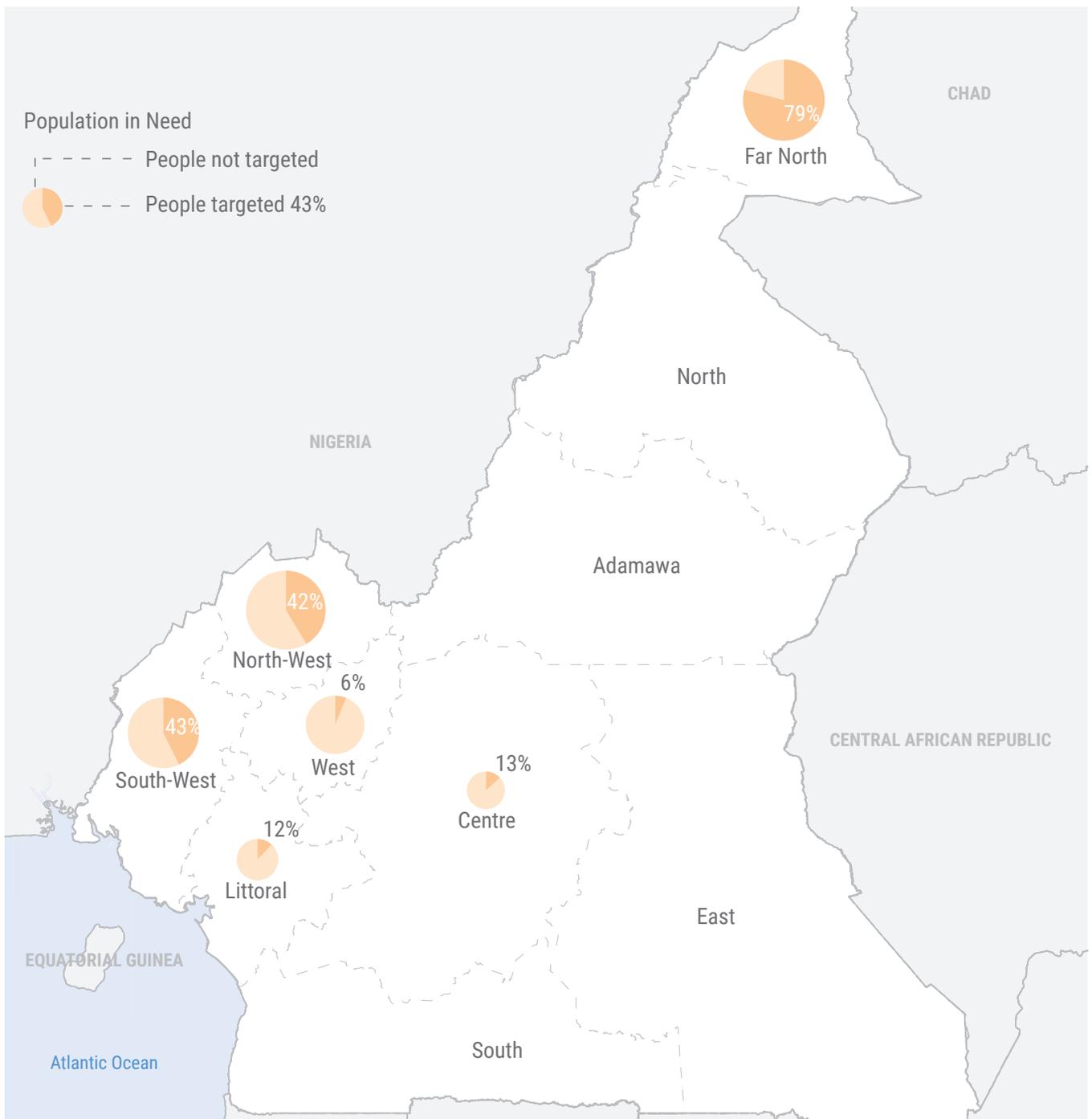
1.9M

PEOPLE TARGETED

1.1M

REQUIREMENTS (US\$)

\$21.4M



Objectives

1. Schools and education services serve as a platform for accessing basic Water, Sanitation, Hygiene/Health promotion for crisis affected children and communities.
2. Evidence-based advocacy is carried out on protection of education from attacks and on the importance of the sustained implementation of the Safe School Declaration.
3. Protective Learning Environments are supported through the implementation of the Safe School Approach, Psychosocial Support/ Risk mitigation (including rape, GBV and violence/Early warning/ community involvement, parental education).
4. Protective Learning Environment are created and sustained through school-based risk informed humanitarian action and evidence generation.
5. Access to relevant, quality and inclusive education is provided through capitation grants/cash, community mobilization for school enrollment, retention, and girl's education.
6. Vulnerable children and early adolescents (aged 4-14 years) have access to education opportunities in the classroom, or through alternative learning platforms.
7. Vulnerable children and teachers benefit from school feeding interventions.
8. Learning materials, including for distance education and through Information and Communication Technology (ICT) in the classroom is provided for improved learning.
9. Capacity building to school principals and staff in leadership management and on education in emergencies (EIE) is provided.
10. Relevant skills are provided to adolescents, especially girls (skills for decent work) to improve access to the labor market.
11. COVID 19 prevention in schools (Wash in School) remains a priority in line with the national response.

Education Sector Response Strategy 2021

About 1.9 million school aged children in the crisis affected zones of North-West, South-West, Littoral, West, Far North and Centre regions need humanitarian support in education. In addition, more than 800,000

adults are in need of sensitization on the protection of education from attacks in zones of insecurity.

Adding the COVID-19 pandemic, the consequences of the current crises have significantly weakened the education system in the areas where structural challenges were already present. The most pressing needs for school-age children include: access to safe and protective learning environments; relevant inclusive and quality education provided by teachers and education personnel who possess the necessary knowledge and skills to care for and manage children in distress due to the crises, and teaching/learning materials especially for distance learning (both offline and e-learning).

The main strength of the 2021 HRP education strategy is that it builds on the achievements of 2020 to further strengthen the capacity of the education system and improve the resilience of the affected communities to better respond and manage education crises.

Response strategies for HRP 2021 will vary according to each crisis.

In response to the Lake Chad Basin and the North-West and South-West crises, strategies will focus on creating and maintaining the protective learning environment for children and teachers, as well as strengthening their knowledge and skills to cope with threats and attacks; special focus will also be put on developing and expanding relevant non-formal and informal education opportunities for the adolescents. Cash transfer as a modality will also be applied, where feasible, to support parents and communities in enrolling and retaining their children in school and learning centers.

Particularly for the North-West and South-West regions, considering the sensitivities around education, innovations will be utilized for distance learning; technology and other learning platforms will be utilized to expand access to quality and inclusive learning opportunities for the crisis affected children wherever they will be found.

Needs identified as priority interventions

For the North-West and South-West crisis, the Cluster has prioritized humanitarian assistance to children in

need of access to education and adolescent-friendly services for out of school children (due to the crisis) in communities. This assistance will be provided through distance learning (ICT), and the transfer of skills needed for earning income for older adolescents.

For the Lake Chad Basin response, in partnership with the Ministries of Education, the Sector prioritized interventions based on a number of criteria that include attacks on schools, gender-based violence, risks children face on the way to and from school. In addition, the Education Sector has prioritized supporting children out of school and those at risk of dropping out as a direct result of the attacks on education (children, teachers, parents, school infrastructure, etc.) and insecurity.

The strategies and interventions of the Sector will be coordinated and monitored by the Education Cluster for the North-West and South-West crisis response and by the Education in Emergencies (EiE) working groups in Maroua and Bertoua, and Yaounde. Monthly meetings will be held to review progress in implementation and take decisions to adapt the response when and where necessary.

The Sector has integrated gender, disability, conflict analysis and humanitarian principles into its interventions to consider all children (leave no child behind). The principle of "do no harm" will be applied and sustained in all proposed interventions of the Sector to ensure that actions do not negatively affect the beneficiaries. Themes related to the environment and climate change will be included in all training courses for teachers and school principal and in access interventions.

Humanitarian - Development – Peace Nexus

The Education Sector response plan is aligned with the objectives and activities included in Strategy for peace raising and consolidation (2018-2022), the National Development Strategy (2020-2030), the Strategy of the Education and Training Sector (currently being updated), and the SDGs, in line with the global objectives. While HRP interventions aim to ensure that children have access to protective learning environments in crises-affected areas, complementary activi-

ties will be carried out in the same areas within the UN Sustainable Development Cooperation Framework and the sector planning processes – under the aegis of the Local Education Group (LEG), to further enhance the quality and inclusiveness of education for all children, boys and girls, including those affected by humanitarian crises.

Interaction with development partners concerning the response in all regions, and risk informed sector planning will be facilitated and leveraged by humanitarian actors to inform the development and strengthening of risk sensitive and displacement sensitive policies in education. In these regions, the objective is to strengthen the capacities of the education system (primary and secondary, formal and non-formal) so that it can be functional, flexible, and effective despite the influx of populations. In the North-West and South-West response, emphasis will be laid on advocating for the adoption of a curriculum that meets the needs and demands of the population and of a bilingual system.

Complaint and feedback mechanisms

No formal complaint and feedback mechanism is in place yet. However, the identification of needs had been based on meetings, interviews, in-site needs assessments, and other forms of interactions with the crisis affected children, parents, and education personnel. The Sector thus is directly responding to the needs expressed by the beneficiaries.

- To ensure accountability to beneficiaries, the Cluster/Sector will continue working on mitigating measures:
- Close information sharing and coordination with the affected population to ensure that the interventions respond to the needs of beneficiaries;
- Strengthened coordination amongst all the sectoral and non-sectoral stakeholders.
- A robust feedback mechanism will be developed and implemented to give beneficiaries the chance to voice out their concerns without being victimized;
- The Sector will work closely with the Child Protection and Protection clusters to build capacity of partners on preventing sexual exploitation and abuse;

- The Sector will collaborate with the WASH and Health clusters and sectors to address WASH and Health (especially Reproductive Health) in school needs with the required quality specifications and standards.

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Objectives, Indicators and Targets

	OBJECTIVE	INDICATOR	TARGETED
Strategic Objective 1	Reduce mortality and morbidity of 1.5 million people affected by crisis		
Specific Objective 1.1	1.5 million vulnerable people affected by crisis benefit from immediate minimum food, nutrition, WASH, shelter and lifesaving health services by the end of 2021.		
Sectoral Objective 7	Vulnerable children and teachers benefit from school feeding interventions.	# of vulnerable students benefiting from the school feeding program.	186k
Sectoral Objective 11	COVID 19 prevention in schools (WASH in School) remains a priority in line with the national response.	# of children receiving WinS items and COVID 19 other safe materials	362k
Strategic Objective 2	Reduce the protection needs of 1.1 million people affected by crisis		
Specific Objective 2.1	By the end of 2021, 1.1 million people are reached with inclusive prevention and response activities on protection risks; including effective and accessible referral pathways.		
Sectoral Objective 3	Protective Learning Environments are supported through the implementation of the Safe School Approach, Psychosocial Support/ Risk mitigation (including rape, GBV and violence/Early warning/community involvement, parental education).	# of students accessing protective learning environments with a teacher able to cope with risks and work during an epidemics	490k
Strategic Objective 3	Reduce vulnerabilities and strengthen resilience of 830,000 people affected by crisis		
Specific Objective 3.1	By the end of 2021, 720,000 vulnerable people affected by crisis have indiscriminatory, regular and safe access to quality basic services.		
Sectoral Objective 1	Schools and education services serve as a platform for accessing basic Water, Sanitation, Hygiene/Health promotion for crisis affected children and communities.	# of students accessing water from newly built/ rehabilitated boreholes.	951k
Sectoral Objective 2	Evidence-based advocacy is carried out on protection of education from attacks and on the importance of the sustained implementation of the Safe School Declaration.	# of people reached with messages on the protection of education against attacks and safe schools activities.	202k

	OBJECTIVE	INDICATOR	TARGETED
Sectoral Objective 4	Protective Learning Environment are created and sustained through school-based risk informed humanitarian action and evidence generation.	# of school community members trained on risk mitigation/reduction (teachers, PTAs, SMAs, Students)	12.7k
Sectoral Objective 6	Vulnerable children and early adolescents (aged 4-14 years) have access to education opportunities in the classroom, or through alternative learning platforms.	# of children accessing education education through alternative learning platforms and accelerated programs	147k
Sectoral Objective 8	Learning materials, including for distance education and through Information and Communication Technology (ICT) in the classroom is provided for improved learning.	# of students and teachers who received the school kits.	375k
Sectoral Objective 9	Capacity building to school principals and staff in leadership management and on education in emergencies (EIE) is provided.	# of affected Teachers and other Education Personnel receiving pschosocial training	23.8k
Specific Objective 3.2	By the end of 2021, the use of negative coping strategies is mitigated for 380,000 vulnerable people affected by crisis through inputs, capital and skills for livelihood activities and coordinated response approach.		
Sectoral Objective 5	Access to relevant, quality and inclusive education is provided through capitation grants/cash, community mobilization for school enrollment, retention, and girl's education.	# of vunerable students supported through CASH	108k
		# of PTAs/Students' Mother's Associations (SMO) trained and supported for the inclusion and retention of vulnerable students in schools.	10.4k
Sectoral Objective 10	Relevant skills are provided to adolescents, especially girls (skills for decent work) to improve access to the labor market.	# of youth supported with livelihood to generate income	9.4k



3.3 Food Security

PEOPLE IN NEED

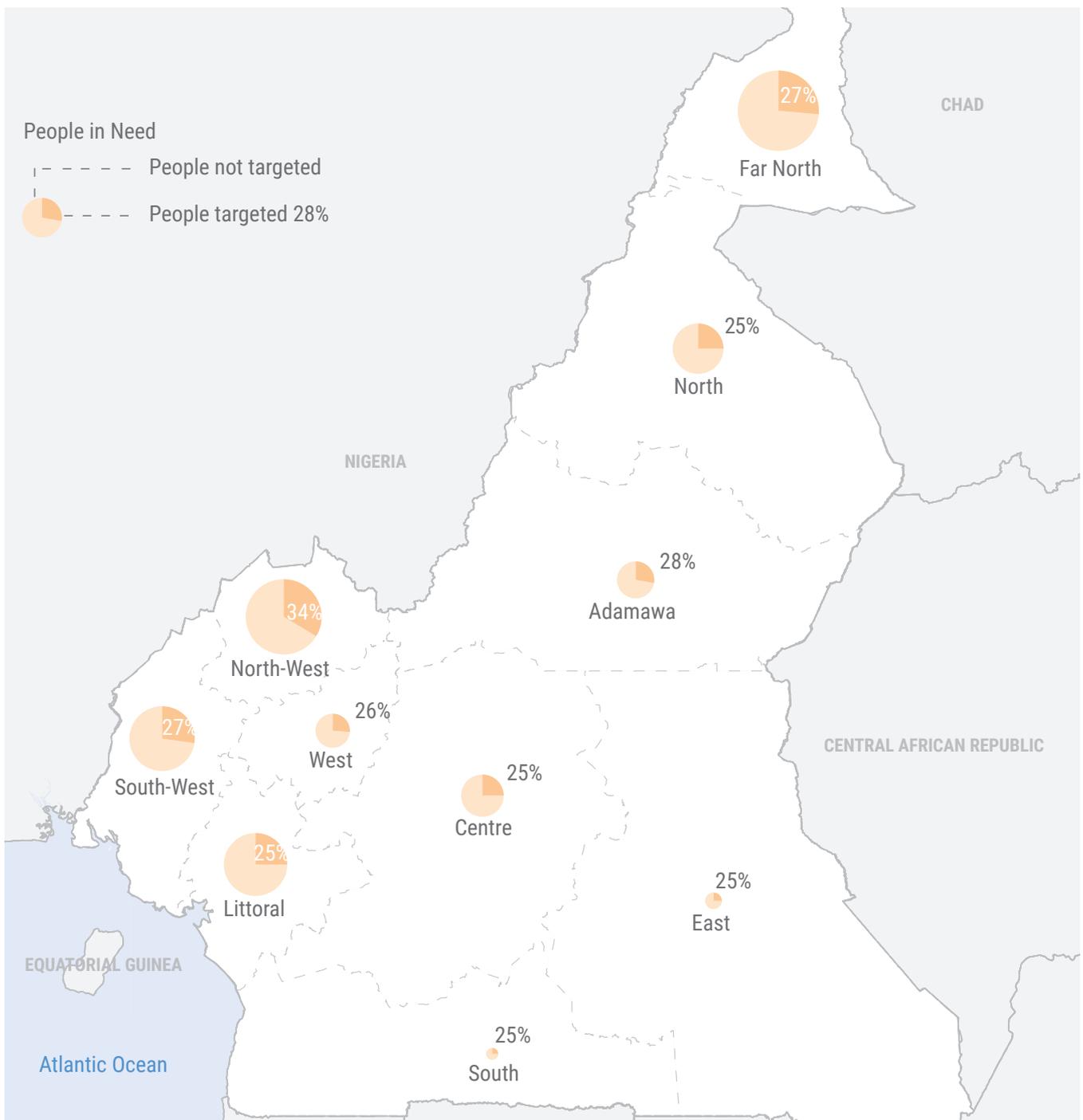
2.6M

PEOPLE TARGETED

0.7M

REQUIREMENTS (US\$)

\$73M



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. Ensure availability of quality information on food security and vulnerability for a better humanitarian programming and to reinforce the humanitarian-development-peace nexus.

In 2020, livelihoods already challenged by insecurity, socio-political crises and climatic hazards (including floods and irregular rainfall distribution), were further negatively affected by the impact of the COVID-19 pandemic. Meanwhile, the food security Sector response was marked by funding shortfalls and thus the failure to achieve its response objectives for 2020.

In 2021, the humanitarian food security response will prioritize life-saving emergency interventions to meet the needs of the people categorized by the Cadre Harmonisé (October 2020) in crisis and emergency food insecurity phases (phases 3 and 4). Emergency food assistance will be provided according to the vulnerability of beneficiaries in the most difficult to access 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.

The Food Security Sector will aim to strengthen the response capacity of local actors. Sector partners will either use a multisectoral approach or work in close synergy with other sectors to maximize 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 capitalize on limited access, especially in hard to reach areas. The Sector will actively participate in joint and multi-sectoral assessments and support the Rapid Response Mechanisms.

Following the “leave no one behind” approach, the Sector will prioritize response to the most vulnerable, if the security situation allows. The Sector will ensure that protection is mainstreamed in all response activities, that response activities are gender sensitive

and that there is increased accountability to affected populations, but also to donors.

To mitigate the disruption of livelihoods caused by the COVID-19 pandemic, the Sector will implement livelihood activities (agricultural and non-agricultural livelihood support) in semi-rural and urban areas.

The strengthening of coordination and information management among Food Security partners remains a priority in 2021. 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 Sector members will take into account the most vulnerable people identified by the Cadre Harmonisé (October 2020), and focus on IDPs, the host population as well as those staying in their locality but not having access to their livelihood activities. The sector will ensure immediate access to food, improve the food security status through the provision of emergency and time-critical agriculture assistance and improve access to income-generating opportunities through the rehabilitation/building of sustainable livelihood assets. Following the “do no harm” approach, the Sector will assess the market and security situation to assess the feasibility of cash and voucher assistance, which would be the preferred response modality.

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

Unconditional food assistance will be provided to refugees settled in the Minawao camp through monthly food distributions.

IDPs, returnees and vulnerable local population will benefit from food assistance through cash transfers, transferred to their cellphones, when possible, and

taking into account the household minimum expenditure basket (MEB).

The assistance will help ensure household food security during the lean season as well as benefit people affected by floods. 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. Specific attention will be paid to preventing child marriage and survival sex as a negative coping strategy, engaging with protection actors according to analysis provided by the GBV safety audit.

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 pregnant women, the older persons, people living with disabilities, etc. This will ensure that no one is left behind.

In addition, with a view to supporting the production in the agricultural and livestock sectors, these various vulnerable population groups will benefit from multi-form support in cash and in kind as well as capacity building for better productivity of the beneficiaries' farms organized into producer groups.

In **other regions** in which IDPs from the North-West and South-West settled, as well as the COVID-19 impact led to food insecurity, the Food Security Sector response will apply a multi-faceted approach to mitigate and maintain livelihoods.

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 emphasizes self-reliance through agricultural initiatives such as the distribution of seeds, tools, and agricultural equipment to support farmers.

Accountability to Affected Populations

The Sector's communication and information tools seek to ensure that the interventions of Food Security actors 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 response mechanisms. Information sharing and sensitization on projects will be increased and beneficiaries will have the opportunity to provide feedback on response activities. A hotline continuous to be available to beneficiaries, for them to submit complaints and feedback anonymously. Complaints will be dealt with diligently and an appropriate response will be provided to complainants.

Cash transfer modality

When markets are functional and the economic environment is favorable, the default modality of the Food Security Sector is conditional and unconditional cash or food vouchers. Multipurpose cash interventions will be preferred when circumstances permit. This modality offers beneficiaries not only the latitude to freely acquire the foodstuffs of their choice but also to meet other non-food needs not covered by other interventions, while respecting their dignity.

Humanitarian – Development - Peace Nexus

The Food Security Sector intends to collaborate closely with other sectors as well as the technical ministries of the Government to ensure maximum impact on the target populations. Interventions will be developed in synergy with humanitarian, development and peace-building 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 and the implementation of activities.

Improving the incomes of small rural producer households is one of the concerns of the Sector. Thus, attention will be paid to small farmers' cooperatives, especially women, with capacity building actions and the development of value chains in promising sectors. These actions aim to support rural development and strengthen the resilience of communities.

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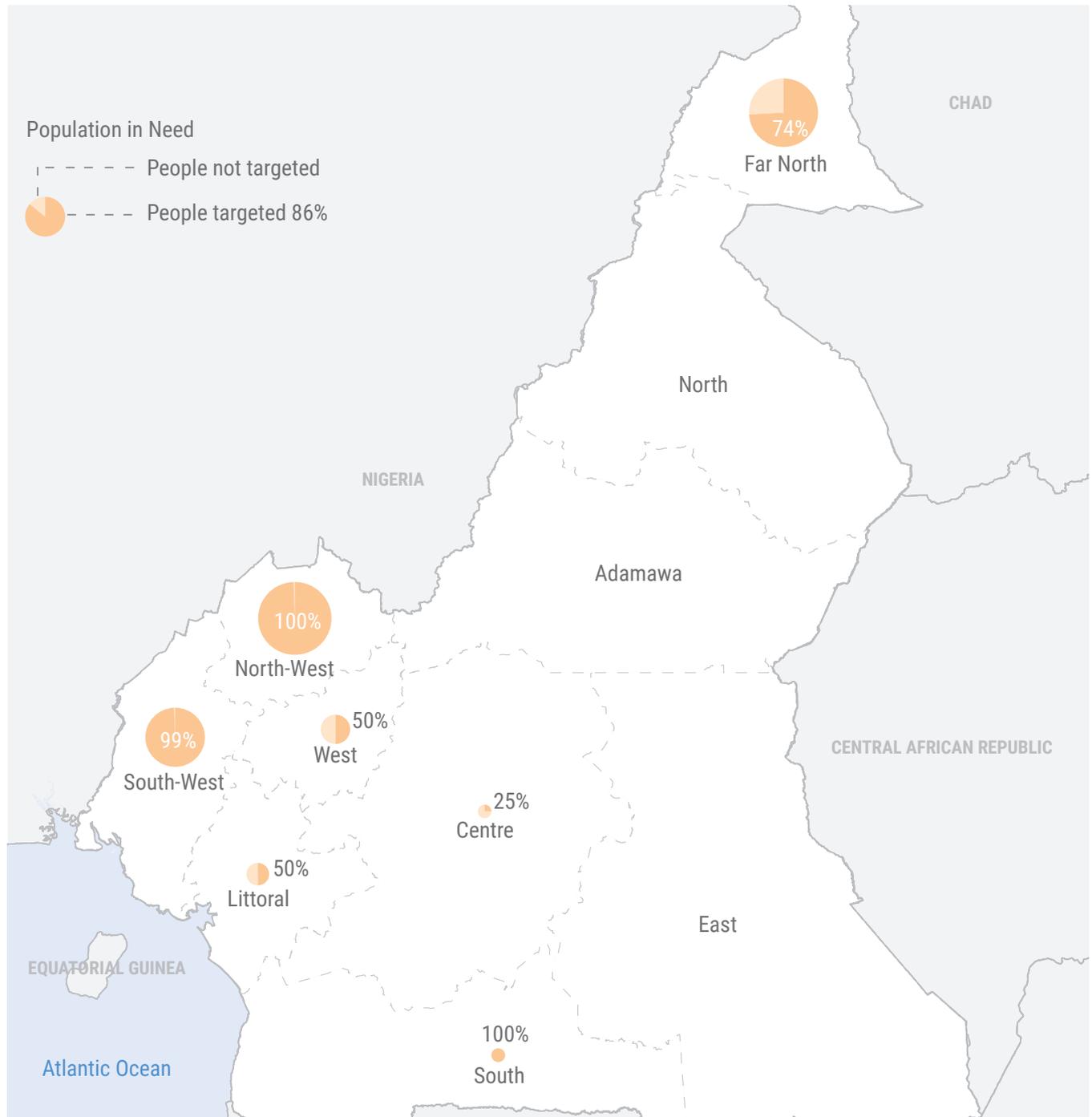
Objectives, Indicators and Targets

	OBJECTIVE	INDICATOR	TARGETED
Strategic Objective 1	Reduce mortality and morbidity of 1.5 million people affected by crisis		
Specific Objective 1.1	1.5 million vulnerable people affected by crisis benefit from immediate minimum food, nutrition, WASH, shelter and lifesaving health services by the end of 2021.		
Sectoral Objective 1	Save the lives of food insecure people through inclusive, coordinated and integrated assistance.	# of targeted food insecure people (female and male) that received unconditional food support through food and cash transfers	533k
Strategic Objective 3	Reduce vulnerabilities and strengthen resilience of 830,000 people affected by crisis		
Specific Objective 3.1	By the end of 2021, 720,000 vulnerable people affected by crisis have indiscriminatory, regular and safe access to quality basic services.		
Sectoral Objective 2	Improve the food security of refugees, IDPs, returnees and vulnerable local populations.	% of households with acceptable Food Consumption Scores (FCS) out of the total targeted severely food insecure refugee, IDP and local population households	70%
		% of targeted households meeting minimum requirements for Household Dietary Diversity Scores (HDDS)	50%
		% of targeted households with Reduced Coping Strategies Index (CSI) (0-3 coping strategies)	50%
		# 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)	223k
Specific Objective 3.2	By the end of 2021, the use of negative coping strategies is mitigated for 380,000 vulnerable people affected by crisis through inputs, capital and skills for livelihood activities and coordinated response approach.		
Sectoral Objective 3	Ensure availability of quality information on food security and vulnerability for a better humanitarian programming and to reinforce the humanitarian-development-peace nexus.	# of food security assessment conducted to support and reinforce humanitarian planning the humanitarian-development-peace nexus	2



3.4 Health

PEOPLE IN NEED	PEOPLE TARGETED	REQUIREMENTS (US\$)
1.8M	1.6M	\$15.5M



Objectives

1. Ensure a dignified and safe delivery for all pregnant women targeted in crises areas by the end of 2021.
2. Ensure holistic care for all GBV survivors throughout 2021.
3. Provide mental care and psychosocial follow-up to all victims of trauma in 2021.
4. Improve access to essential health care for all people affected by a crisis during the year 2021.
5. Reduce the risk and/or the impact of epidemics by early detection and effective response.

In 2020, the epidemiological situation was marked by the COVID-19 pandemic, which affected different regions to varying degrees. The Centre, the Littoral and the West regions are most affected by the pandemic, recording more than 80 per cent of all cases and related deaths. In addition, cholera, measles and polio-virus epidemics were recorded in 2020, with a very high risk of resurgence in 2021.

In the **Far North**, attacks by non-State armed groups (NSAGs) continue to lead to injuries and deaths. The attacks 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 per cent)³⁶ thus increasing the rate of maternal and neonatal deaths.

The **North-West and South-West** crisis has a negative impact on epidemiological surveillance, access to essential and reproductive health care. In 2020, cholera and measles epidemics were recorded in these two regions. The COVID-19 pandemic has also spread rapidly in the two regions affecting 80 per cent of the health districts. The low Infection Prevention and Control (IPC) capacity in health facilities and the poor observance of barrier measures, exacerbated by overcrowding and insecurity, have contributed to accelerating the spread of the pandemic. Numerous attacks on health facilities, targeting both infrastructure and health personnel, were recorded throughout 2020, thus leaving many health facilities non-functional and leading to a reluctance of health personnel to work

in these insecure areas. Equitable access to health care and epidemiological surveillance need urgently to be strengthened in these two regions.

Equitable access to quality health services is one of the major challenges facing the Health Sector in 2021. While taking into account the COVID-19 pandemic, the main priorities for 2021 are the following

- Improve access to basic health care for populations affected by crisis, especially for mothers, newborns 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.
- Provide holistic care for GBV survivors of GBV
- Provide mental care and psychosocial follow-up to victims of trauma.
- Strengthen Infection Prevention and Control at the level of health facilities and communities.

As many people fled into the forest and hard-to-reach areas, it is essential to deploy mobile clinics to provide essential health care, including emergency reproductive health care. As acts of rape are recorded, 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 2021, the Health Sector partners will focus on the following activities:

- Ensure safe deliveries for 322,503 vulnerable women: 86,655 women in the Far North and 235,838 women in the North-West and South-West regions.
- Ensure the provision of health care to all GBV survivors, including the reporting to service provision points, strengthening services for clinical management of rape and intimate partner violence survivors and ensuring effective referral mechanisms and response by actors of the GBV AoR. Ensure equitable access to essential healthcare for 1,308,858 people affected by crisis,

namely 346,600 people in the Far North and 943,353 people in the North-West and South-West, including 18,844 older people (13,101 in the North-West and South-West and 5,743 in the Far North) and 12,000 people living with disabilities (8,400 in the North-West and South-West and 3,600 in the Far North).

- Continue the set up an early warning and rapid response system (EWARS) for epidemics in the North-West, South-West and Far North regions, and develop an EIOS (Epidemic Intelligence from Open Sources) in all regions affected by crisis.
- Strengthen preparedness and response to epidemics in order to reduce their impact on 1,485,520 people.
- Strengthen the management of physical and psychological trauma for people affected by crisis in the Far North, North-West and South-West regions.
- 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, the 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 with HIV, diabetes, cardiovascular diseases, etc., and people living with disabilities. To ensure multisectoral and survivor-centered care to GBV survivors, the Health Sector will work closely with the GBV AoR and other relevant actors of the Protection Sector. In order to effectively prevent epidemics, the Health Sector, in coordination with the WASH Sector, will support national health authorities to develop or update contingency plans for priority regions.

Cash assistance

Considering WHO recommendations on the use of Cash in health assistance as well as the type of equipment to be provided, no cash assistance is envisaged for humanitarian action in the Health Sector in 2021.

Humanitarian – Development- Peace Nexus

This strategy is part of the Cameroon's health response and rehabilitation strategy. The aim is to prepare people to find solutions to their own health problems by providing essential information enabling them to identify and access the health services they need. Similarly, through community participation, an early notification system for health events such as illness, birth, death, etc., will be established to deploy mobile clinics and/or rapid intervention teams in time.

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Objectives, Indicators and Targets

	OBJECTIVE	INDICATOR	TARGETED
Strategic Objective 1	Reduce mortality and morbidity of 1.5 million people affected by crisis		
Specific Objective 1.1	1.5 million vulnerable people affected by crisis benefit from immediate minimum food, nutrition, WASH, shelter and lifesaving health services by the end of 2021.		
Sectoral Objective 1	Ensure a dignified and safe delivery for all pregnant women targeted in crises areas by the end of 2021.	% of births carried out by skilled health personnel	95%
Sectoral Objective 2	Ensure holistic care for all GBV survivors throughout 2021.	% of GBV survivors who received health care in affected areas	100%
Sectoral Objective 3	Provide mental care and psychosocial follow-up to all victims of trauma in 2021.	# of victims of trauma who received psychosocial care	373k
Sectoral Objective 4	Improve access to essential health care for all people affected by a crisis during the year 2021.	# of people receiving health care in the affected areas	126k
Specific Objective 1.2	The morbidity and mortality rate of communicable diseases and other public health threats remain under their respective threshold by the end of 2021 in the regions affected by crisis.		
Sectoral Objective 5	Reduce the risk and/or the impact of epidemics by early detection and effective response.	% of alerts investigated in 72h	80%
		# of kits prepositioned in risk areas	18
		# of community health workers trained to raise awareness of good practices to reduce the risk of epidemics	400

3.5 Nutrition



PEOPLE IN NEED

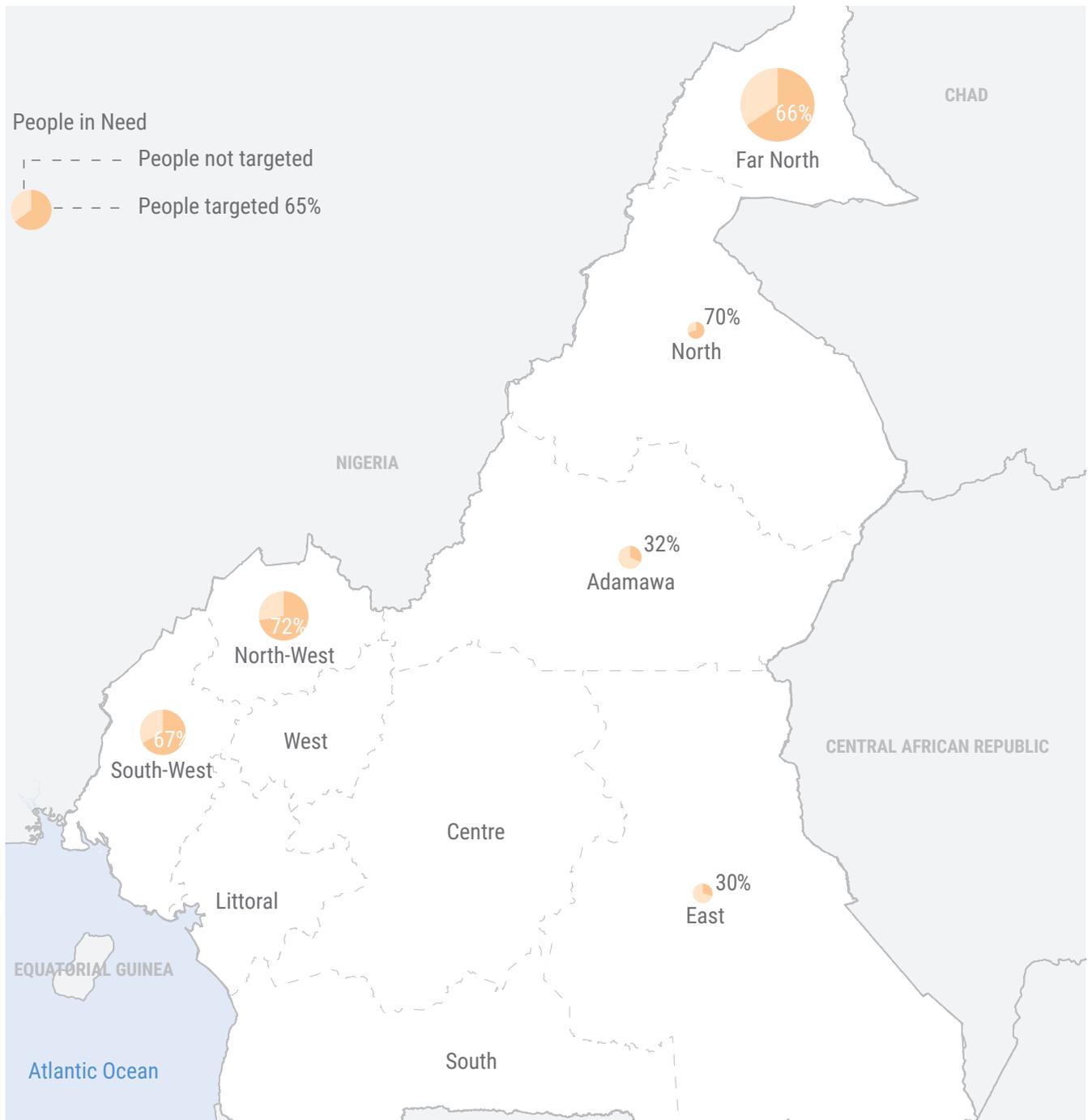
0.5M

PEOPLE TARGETED

0.3M

REQUIREMENTS (US\$)

\$26M



Objectives

1. Boys and girls aged under five years benefit from diets, practices and services that prevent stunting, wasting, micronutrient deficiencies and overweight in a humanitarian context.
2. Boys and girls in middle childhood (5 to 9 years) and adolescents' girls and boys (10 to 19 years) benefit from diets, practices and services that protect them from undernutrition, micronutrient deficiencies and anemia in humanitarian context.
3. Pregnant women and breastfeeding mothers benefit from diets, practices and services that protect them from undernutrition, micronutrient deficiencies and anemia in humanitarian context.
4. 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).
5. Monitoring and information systems on nutrition, including nutrition assessments, provide timely and quality data and evidence to guide policies, strategies, programmes and advocacy in humanitarian context.
6. 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.

The physiological needs of the population affected by crisis is further deteriorated by repeated displacement, the deteriorating food security, increased morbidity, lack of access to adequate safe clean water, sanitation facilities and basic health services. The Nutrition Sector's response must make it possible to reduce the mortality and morbidity linked to life-threatening forms of malnutrition and ensure that boys and girls under five, adolescent girls and pregnant and lactating women have access to diets, services and practices that improve their nutritional status.

Based on the humanitarian needs analysis, six priority regions - the Far North, the North, Adamawa, the East, the North-West and the South-West - will be targeted by the response plan. However, based on future evalua-

tions in the West, Littoral and urban settings; the Sector may consider expanding its coverage.

The nutrition response plan is designed around the 1,000 days 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 are:

- Caregivers of children aged 0 to 23 months are supported to adopt recommended infant and young child feeding³⁷ (IYCF) practices, including both breastfeeding and complementary feeding.
- Children aged 0 to 59 months have improved nutritional intake and status through age-appropriate nutrient-rich diets, micronutrient supplementation, home-fortification of foods and deworming prophylaxis.
- Children in middle childhood and adolescent girls have access to community-based package of interventions that includes at a minimum: iron and folic acid supplementation, deworming prophylaxis, nutrition education, counselling and support.
- 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.
- All children aged under five years 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.
- All children aged under five years 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) that provide effective treatment.

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

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

Children trapped in the Logone et Chari division are highly affected by micronutrient deficiencies (high prevalence of anemia affecting six children out of ten and seven out of ten 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: the 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 6 to 23 months old 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 a venue to provide other services like screening for malnutrition, vitamin A supplementation and deworming, health talks, catch-up immunization and sensitization on the impact of infant and young child feeding (IYCF).

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 Child Protection.
- Systematically engage with communities to implement preparedness, preventive and response activities at community level, including the promo-

The Cluster considered several parameters to inform the selection of priority health districts including expected Severe Acute Malnutrition (SAM) caseloads, severity of food insecurity (based on the Cadre Harmonisé), access to health care, global access (security) and COVID-19 impact on availability of basic services.

South-West: “Immediate response through a direct and free offer of the complete package of primary health care and nutrition via mobile clinics supported by a network of community volunteers trained and equipped for screening and informing communities”. AAH/CARITAS

Mobile health care / nutrition clinics, in partnership with a local NGO (CARITAS), are following a dual approach: security and needs assessment are preceded by the distribution of WASH kits, followed by immediate response through the offer of a primary health care (PHC) package, integrating the management of SAM. Action Against Hunger (AAH) has identified and trained community volunteers whose main roles are informing and sensitizing communities, screening for malnutrition and referral to the mobile clinics. For the follow-up of SAM cases, AAH has adapted the follow-up schedule, thus going from 1 week to 2 or 3 weeks per place giving a double / triple ration. The community network in place, is responsible for home monitoring of these cases under treatment and reports to AAH teams by telephone on the evolution of the child's clinical condition.

- tion of positive practices such as optimal infant and young child feeding, access to and adoption of healthy diets, routine immunization 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 risks of GBV 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 Breast-milk Substitutes, and subsequent World Health Assembly resolutions and international guidance. Discourage the donation of breastmilk substitutes or feeding equipment.

"Intensification program of essential integrated interventions to improve the nutrition of the most vulnerable children in the district of MOKOLO". ALIMA

The preventive component of a broader treatment project is essentially based on community engagement and promotion of IYCF practices. Activities are implemented by a network of volunteers (Community Health Workers, Community Action Groups, women associations, etc.).

For example, the "caretaker-MUAC" participatory approach aims to train caretakers on MUAC measurement and self-referral for care. It is critical for early detection and therefore rapid care limiting the occurrence of complications and consequently deaths. The program provides an opportunity to increase the attendance of pregnant and breastfeeding women in prenatal / postnatal consultations and skilled delivery.

Integrate COVID-19 response

The COVID-19 epidemic has an impact on the conditions for implementing nutrition programs at all levels. Activities are prioritized and adapted so as not to become vectors for the transmission of the disease and appropriate infection prevention and control measures are put in place in health facilities to limit the transmission. Ongoing training for health workers and community health workers are provided to prevent the contamination and spread of the epidemic.

Communities are considered as key players in the response. They are involved at all levels to ensure better impact of the interventions.

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

- Prevent mass gatherings (ex: mass campaigns / large group counseling session) and favor door-to-door approaches if possible.
- Intensify / encourage the outpatient management of cases, and the decentralization of care.
- Produce and disseminate integrated key messages on COVID-19 for large-scale dissemination through secure communication channels (radio, television, cellphone).

Cash assistance

The Sector's response plan will incorporate experience of monetary assistance in 2021 for support to maternal nutrition in the context of the CAR crisis. The Sector, in collaboration with the Cash Working Group, will work on capitalizing and replicating the activity by looking for best practices that can be contextualized in other interventions.

The Nutrition Cluster in the North-West and South-West will support the adoption of cash vouchers as a complementary modality of assistance, wherever applicable. Currently some Nutrition Cluster partners are using multipurpose cash (MPC) to address food security and this will be explored to include aspects of nutrition, especially on IYCF. The Cluster also plans to provide cash as transportation costs for vulnerable families while travelling to seek 'inpatient' care for SAM management.

The Sector will conduct further analyses and studies to expand monetary assistance activities in 2021

Accountability to Affected Populations

The Sector considers several key inter-related dimensions to increase accountability to affected populations (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.
- Attitudes and staff code of conduct: all Sector partners must organize orientations for staff at all levels on expected code of conduct and ensure that staff's attitude towards partners and communities reflect humanitarian principles, impartiality and "do no harm". AAP is connected to the Prevention from Sexual Exploitation and Abuse agenda.

Evidence generation: Partners make efforts to include views and perceptions of the affected population in all assessments, surveys and other evidence generation efforts, the results of which should inform planning and management decisions.

The North-West South-West Cluster will develop an AAP framework. On protection, partners will undertake a self-risk assessment and put in place measures to mitigate identified risks. Nutrition trainings will incorporate sessions on humanitarian principles, gender mainstreaming, AAP, Protection, GBV, PSEA, and disability inclusion. Experience from the Cluster will be used and replicated in other contexts, such as in the Far North.

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 CAR crisis is deeply rooted and linked to the development agenda, whereas the North-West and South-West response is facing continuous 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 the capacity of Government actors and civil society at the local level with focus on:

Establish, strengthen and invest in information and monitoring systems, including policies, tools and databases for sex-, age- and disability-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 at national and sub-national levels through skill transfers.
- Strengthen nutrition supply chains to improve integrated forecasting, costing, procurement, storage (including contingency stocks) and delivery of nutrition commodities.

Monitoring

To ensure the quality of the response, the Sector and Cluster will strengthen the nutrition information system for 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 Assessments in line with COVID-19 guidance on SMART Survey will be undertaken in the second quarter of 2021 the North-West and South-West. 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 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 organized 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 Nutrition Cluster will strengthen the existing reporting system by incorporating a component on Accountability to Affected People and access.

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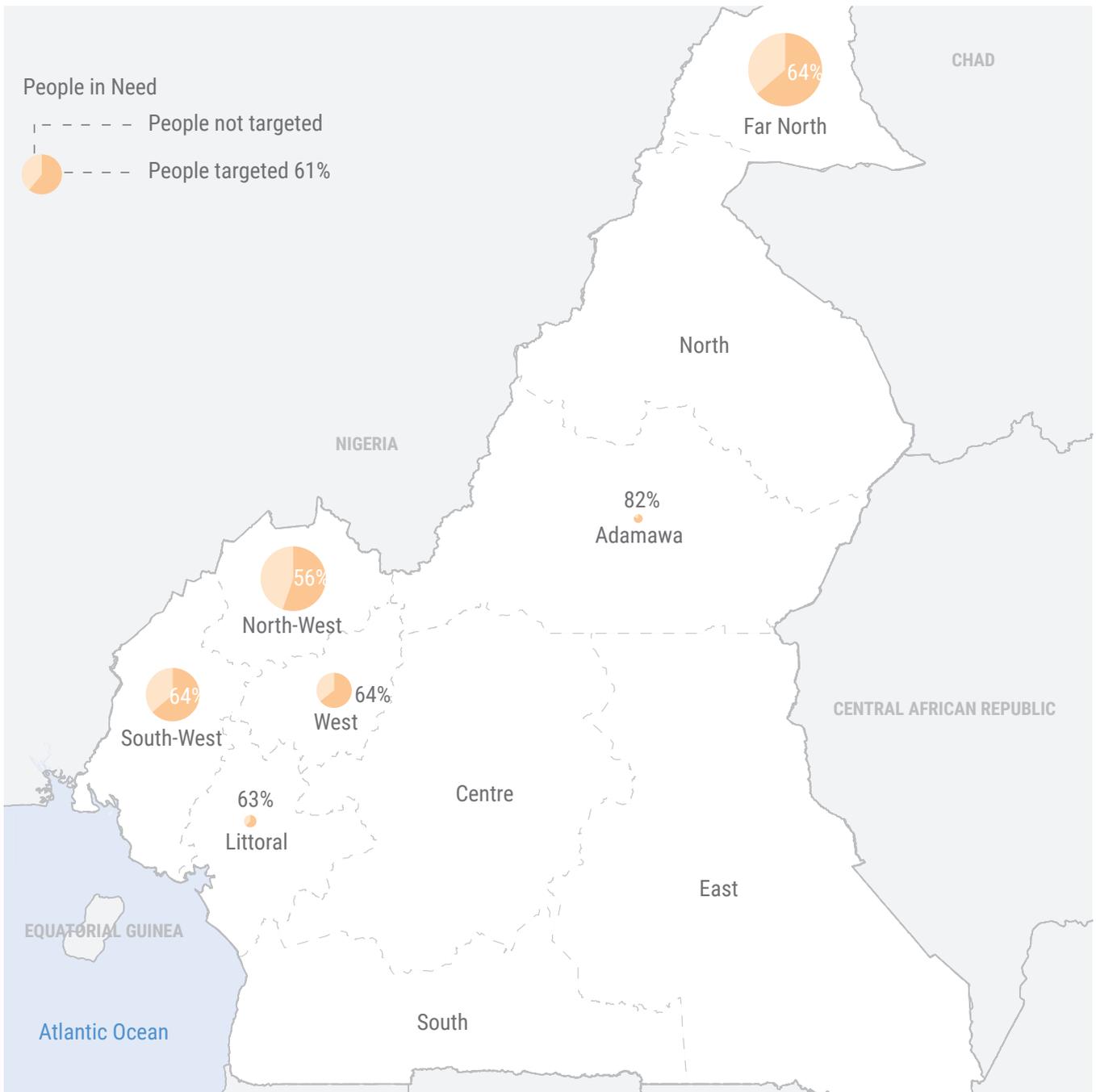
Objectives, Indicators and Targets

	OBJECTIVE	INDICATOR	TARGETED
Strategic Objective 1	Reduce mortality and morbidity of 1.5 million people affected by crisis		
Specific Objective 1.1	1.5 million vulnerable people affected by crisis benefit from immediate minimum food, nutrition, WASH, shelter and lifesaving health services by the end of 2021.		
Sectoral Objective 4	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).	# of new admissions of boys and girls, 6 -59 months, in the integrated management of severe acute malnutrition programme	830kk
		# of severely acutely malnourished boys and girls, 6-59 months, with access to SAM treatment in North-West and South-West regions	4k
Sectoral Objective 6	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.	Proportion of men participating in awareness sessions in nutrition programs (%)	50%
Strategic Objective 3	Reduce vulnerabilities and strengthen resilience of 830,000 people affected by crisis		
Specific Objective 3.1	By the end of 2021, 720,000 vulnerable people affected by crisis have indiscriminatory, regular and safe access to quality basic services.		
Sectoral Objective 1	Boys and girls aged under five years benefit from diets, practices and services that prevent stunting, wasting, micronutrient deficiencies and overweight in a humanitarian context.	# of boys and girls aged 6-23 months enrolled in the Blanket Supplementary Feeding Programme (BSFP)	80k
Sectoral Objective 2	Boys and girls in middle childhood (5 to 9 years) and adolescents' girls and boys (10 to 19 years) benefit from diets, practices and services that protect them from undernutrition, micronutrient deficiencies and anemia in humanitarian context.	# of adolescent girls receiving weekly iron and folic acid supplements	215k
Sectoral Objective 3	Pregnant women and breastfeeding mothers benefit from diets, practices and services that protect them from undernutrition, micronutrient deficiencies and anemia in humanitarian context.	# of pregnant and lactating women enrolled in the Blanket Supplementary Feeding Programme (BSFP)	8.9k
Sectoral Objective 5	Monitoring and information systems on nutrition, including nutrition assessments, provide timely and quality data and evidence to guide policies, strategies, programmes and advocacy in humanitarian context.	# of rapid nutritional assessments conducted	1



3.6 Water, Sanitation & Hygiene

PEOPLE IN NEED	PEOPLE TARGETED	REQUIREMENTS (US\$)
1.6M	1M	\$22.4M



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 drinking water, basic hygiene and sanitation services remains inadequate in Cameroon and particularly in areas affected by humanitarian crises.

More than 1.6 million people (37 per cent IDPs, 19 per cent returnees and 44 per cent host communities) need humanitarian assistance to access safe drinking water, and adequate basic sanitation and hygiene services. The response plan of the Water, Sanitation and Hygiene (WASH) Sector is based on needs assessments, lessons learned from previous plans, and the intersectoral response priorities and objectives. The response strategy is focused on building resilience, reducing risks, accessing those in hard to reach areas, and the monitoring of the sector situation and response.

Strengthen the resilience and sustainability of interventions

In the current response, interventions on hygiene promotion and distribution of WASH items represent the bulk of the interventions. While these interventions have saved lives, they have not strengthened the resilience of populations and have not reduced their dependence on humanitarian aid. Therefore, the 2021 response plan for the WASH sector is prioritizing the provision of sustainable drinking water supply, hygiene and basic sanitation services.

For the supply of drinking water, the focus will be on the construction of water points with a preference for small water supply networks powered by solar energy and the transformation of high-water flow points to autonomous water stations. This type of infrastructure has the advantage of reducing time for water collection and ensure the provision of safe water to households, health centers and school premises. Regarding basic sanitation and hygiene, the construction of household

latrines with simple handwashing stations will be preferred to community latrines. In public facilities, such as health facilities, the Sector will support the construction of gender-separated latrines. Technical support will be provided to Education Sector partners to build gender-separated latrines in schools, adapted to people living with physical disabilities.

Risks reduction

The WASH Sector considers risks related to COVID-19 in all its response activities. The entire country remains under the threat of cholera outbreaks all year around, due to certain practices and habits of the population and particularly due to the low compliance with hygiene standards. However, risks related to cholera affect households differently, mostly depending of their socioeconomic status. To respond and mitigate to threat of cholera, the promotion and training for safe WASH practices will be systematically integrated into WASH response activities, as will the support in disposing items.

In flood prone zones, hosting also many displaced people, such as Mayo-Danay and Logone-et-Chari, the model of latrines will be adapted to allow for their use even during flooding.

In the **North-West and South-West** regions, the 2020 response interventions have been implemented effectively in hard-to-reach areas despite the security conditions. For 2021, the expansion of interventions will continue in divisions which have been covered poorly by the humanitarian response so far, such as Kupe Manengouba and Lebialem. The mobilization of WASH partners in the Littoral and West regions will be increased in order to scale up the WASH response in these two regions.

In the **Far North** region, the emergency interventions in displacement sites will also consider the host population, considering their often pendular displacement.

Based on elements analysed above, the WASH sector intends to reach 1.1 million people in the Far North, Adamawa, West, Littoral, North-West and South-West regions. Humanitarian interventions, including WASH, to refugees and their host communities in the East,

Adamawa and North regions, will be coordinated by UNHCR under the multi-sector refugee response.

The targeted population groups are IDPs (36 per cent), returnees (20 per cent) and host populations (44 per cent). Among these groups, the proportion of women and girls targeted is estimated at 51 per cent and at 10 per cent for those over 59 years old.

Monitoring of the situation and the Sector response

The WASH Sector will continue to participate in multisectoral assessments of needs of populations affected by humanitarian crises. However, as these needs assessments are often inadequate to detect inequalities of access to WASH facilities and services between women and men, including persons with reduced mobility, the WASH Sector will focus on monitoring the WASH situation and the sectoral response in displacement sites and host communities taking into account the five minimum commitments of the Sector for the dignity and security of affected populations. This will allow regular update on the situation of needs and to monitor the quality of the response. The programme approach will thus be adapted accordingly, to ensure that all population groups are meaningfully involved in response interventions and to ensure GBV risks are mitigated. These analyses will also be useful in the Sector's advocacy with donors and the Government. The Sector will pay particular attention to ensure cross-cutting issues, particularly gender, protection, disability inclusion and accountability, are fully integrated in inclusive and meaningful response activities.

Response Mechanisms

In 2020, WASH actors were using cash transfers as a response modality. The training of organizations on cash transfers during the third quarter of 2020 has helped to strengthen the actors' capacity to identify opportunities for this response modality in their WASH interventions. Cash transfers will complement conventional approaches of direct service provision.

In 2020, nearly 16 per cent of the Sector's interventions included a complaint mechanism. The mobilization of actors will continue to increase the proportion of interventions including complaints and accountability mechanisms.

Contact

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Objectives, Indicators and Targets

	OBJECTIVE	INDICATOR	TARGETED
Strategic Objective 1	Reduce mortality and morbidity of 1.5 million people affected by crisis		
Specific Objective 1.1	1.5 million vulnerable people affected by crisis benefit from immediate minimum food, nutrition, WASH, shelter and lifesaving health services by the end of 2021.		
Sectoral Objective 1	Improve sustainable access to basic sanitation and safe drinking water for vulnerable people.	# of affected personnes with sustainable access to safe drinking water	916k
		Improve sustainable access to basic sanitation and safe drinking water for vulnerable people.	667k
Specific Objective 1.2	The morbidity and mortality rate of communicable diseases and other public health threats remain under their respective threshold by the end of 2021 in the regions affected by crisis.		
Sectoral Objective 2	Reduce the risk of poor hygiene-related morbidity and mortality of affected population in the crisis.	# of targeted people having received a minimum WASH package adapted to their vulnerabilities	1018k
Strategic Objective 3	Reduce vulnerabilities and strengthen resilience of 830,000 people affected by crisis		
Specific Objective 3.1	By the end of 2021, 720,000 vulnerable people affected by crisis have indiscriminatory, regular and safe access to quality basic services.		
Sectoral Objective 3	Reinforce capacities of local actors to improve WASH services and the resilience of affected populations.	# of fonctionnal sectorial groups/cluster	7

3.7 Shelter & NFI



PEOPLE IN NEED

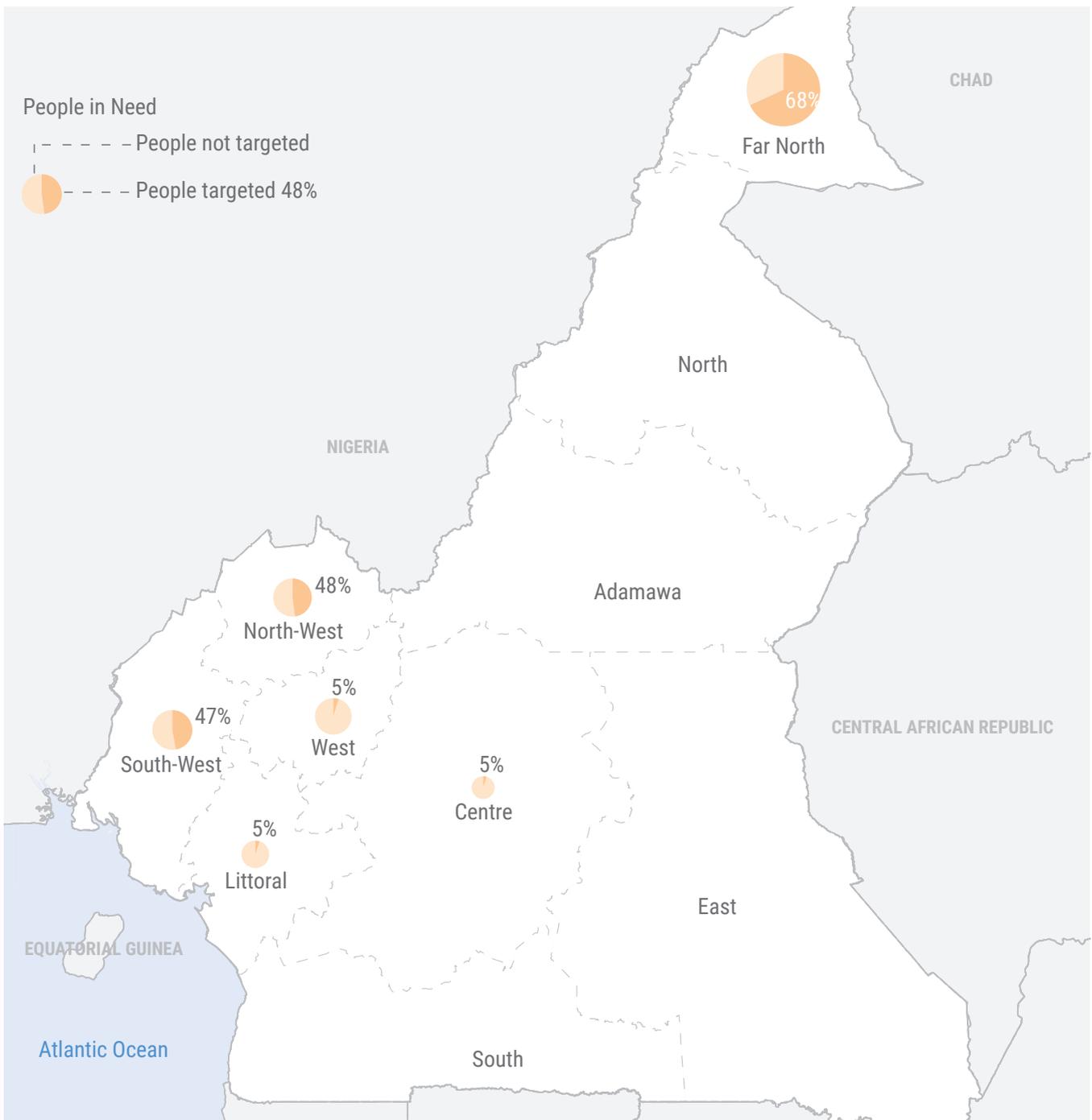
1.5M

PEOPLE TARGETED

0.7M

REQUIREMENTS (US\$)

\$16.3M



Objectives

1. The most vulnerable displaced populations and host families are reached with timely and appropriate life-sustaining emergency shelter support.
2. The most vulnerable displaced populations are reached with rental subsidies.
3. The most vulnerable displaced populations and host families are reached with timely and appropriate life-sustaining non-food items (NFIs).

According to several sectoral and inter-sectoral assessments, shelter and NFIs are among the priority needs expressed by displaced people. It is estimated that more than 1.5 million people including 743,503 people in the Far North region and 785,000 people affected by the North-West and South-West crisis will need shelter/NFI assistance in 2021. 84,950 of them are in a particularly critical situation, including displaced persons living on a temporary and emergency basis in public buildings (schools, churches, mosques, etc.), in makeshift accommodations, without shelter in the bush, or living with very vulnerable host families. The increased promiscuity in host families or in common spaces exposes IDPs and host communities to public health and various protection risks with higher risks of intimate partner violence, violence against children and sexual assault and abuses. In general, the lack of privacy strongly impacts the dignity of these people. Cohabitation and the sharing of meager resources can also cause tensions with host families.

In the Far North region, about 743,503 people need shelter and NFI. 49 per cent of IDPs, 52 per cent of out-of-camp refugees, and 14 per cent of returnees in the Far North live with host families, 29 per cent of IDPs, 42 per cent of out-of-camp refugees, and 1 per cent of returnees live in collective centers.³⁸ These shelters are in most cases precarious, marked by a lack of living space, separate bedrooms, showers and latrines. For people with disabilities, the inaccessibility in housing considerably limits their participation in community life.

In the North-West, South-West, West and Littoral regions, some 785,000 people affected by protracted population movements have shelter and NFI needs. 93 per cent of the returnees find their accommodation

partially damaged. IDPs have lost their shelter, household items and livelihood. 45 per cent of the IDPs in the North-West and South-West regions, 33,600 people, found refuge with host families, 20 per cent of the IDPs, 15,200 people, are renting. Those IDPs as well as those who found refuge in collective centers are facing evictions in the medium term, in most of the localities due to an inability to pay rent or because collective facilities are resuming their initial function. These IDPs are forced to move again and settle in bushes in rural areas with all the negative effects to which they are exposed including inclement weather, rain, vector-borne diseases, etc. 21 per cent of the IDPs, 15,800 people, are self-settled. Most of these IDPs live in non-damaged houses (52 per cent) or in sub-standard houses (29 per cent). 14 per cent of the IDPs, 10,500 people, live in makeshift shelters, of which only 21 per cent are in good condition.³⁹ IDPs who have settled in spontaneous sites often face fires that destroy their shelters and may also be at risk of eviction. These displaced people therefore need to renew their tarps (every six months) as well as some other elements of the emergency shelter. Those who are displaced for an extended period need their essential household items replaced and returnees need return support. The main challenge to access NFI items are that they are too expensive.⁴⁰

Some local authorities in the North-West and South-West regions prohibit the use of some tools/material in the construction of shelters, concerned about their possible use by armed groups, making the situation and solutions the more intractable.

In both, the West and Littoral regions, those surveyed, including IDPs, cited shelter as a priority need. About 95 per cent of IDPs in the West region need shelter support, with about 40 per cent needing urgent shelter support. In most houses, an average of 10 people lives in a single room, with little or no separation between men and women.⁴¹

The Shelter Sector proposes the following response efforts, in support of the authorities and in close coordination with the other sectoral groups concerned, especially WASH, Education and Protection.

Planned responses for Sector Objective 1:

About 84,950 people will be targeted with emergency shelter assistance. In order to improve the living conditions of particularly vulnerable IDPs and their host families, emergency shelter such as tents, emergency shelter kits, refugee housing units, will be provided, and shelters will be rehabilitated or constructed. This includes the construction of semi-durable shelters adapted to the local context.

In anticipation of potential returns to locations where security conditions allow, the Sector plans to deliver transitional shelters and repair assistance to 163,271 vulnerable IDPs, returnees and host communities. Given that emergency shelters of IDPs deteriorate after six to twelve months, transitional shelters are necessary as an option to avoid continuous repairs. For returnees, shelter upgrade activities will be a key component of in-kind response.

Simultaneously, basic service provision infrastructure will be constructed or rehabilitated in temporary reception sites to improve the living conditions of the displaced population.

Planned responses for Sector objective 2:

For IDPs living in host communities in peri-urban areas where markets remain open, the Sector will implement a cash-for-rent approach, limited to six months per year, accompanied by an exit strategy. This approach will be scaled up where feasible to reduce congestion. In locations where market conditions permit and where durable solutions can be provided, IDPs will be identified, trained and supported with cash assistance and technical support to build their own shelters.

Planned responses for Sector objective 3:

In 2021, 351,621 people including 172,297 men and 179,324 women will be targeted with NFI assistance. NFI support will be delivered in a flexible, coordinated, relevant and harmonized manner. In order to alleviate the suffering of the newly displaced populations, NFI standard kits or cash support will be provided.

Voucher assistance will also be provided to give beneficiaries the freedom to choose essential non-food items according to their families' needs and expectations

and to reduce the resale of NFIs to buy other items not provided in the in-kind NFI kit.

For all activities, Sector partners will prioritize vulnerable groups - especially women, the older people and people with disabilities, who constitute a large part of the population in the target areas.

Response costs

The Sector targeting is based on an integrated approach to ensure that beneficiaries targeted for shelter assistance are also considered for NFI support. In 2021 about 25 per cent of the Sector's financial requirements will be directed to the construction of emergency shelters, 25 per cent for the construction of transitional shelters and 30 per cent for the provision of improved NFI kits. A further 10 per cent will be used for the provision of loose NFIs and for housing repairs and cash-based assistance (cash-for-renting). About 10 per cent will be used for coordination and capacity building.

Accountability to beneficiaries

Applying established Sector tools and methodologies, Sector partners will work closely with the affected population during all stages of the response from initial needs assessments and verification, to post distribution/construction monitoring and evaluation. Sector partners will ensure that the affected communities are consulted and have ownership over the response, and that the capacities of the communities are mobilized and reinforced to ensure long-term impact. This will be achieved through improved communication and two-way information sharing, improved integration of community feedback into the response, and more meaningful participation. Needs monitoring will be strengthened through formal and regular beneficiary feedback mechanisms to identify gaps in assistance.

Collaboration with other sectors

Systematic collaboration with the Protection, Health, Food Security/Livelihood and WASH sectors are considered in the development of new sites or the delivery of new shelter in existing sites. The Housing, Land and Property (HLP) Working Group is systematically integrated in the shelter response to prevent land disputes and ensure security of tenure of shelter

beneficiaries. The Shelter/NFI Sector and the Camp Coordination and Camp Management (CCCM) mechanism will strengthen synergies with logistics partners and with OCHA on civil military coordination to facilitate access and transportation of supplies.

Together with the HLP/ Protection Sector and local authorities, the Sector will support IDPs to upgrade from emergency to transitional shelters. Partners will conduct basic HLP rights verification and monitoring during all stages of the shelter programming to ensure quality standards of locally acceptable and available materials. In addition, the Sector will continue to support advocacy for land to construct shelters for IDPs and to avoid eviction.

Humanitarian – Development - Peace Nexus

Participative technical and on-the-job trainings will be provided to enable communities to take ownership of shelter construction processes and to use their own skills to improve the shelters provided to them using local materials. In addition, most of the construction materials will be sourced locally thus providing an opportunity for local business and economic growth for host communities. We envision a settlement / transition phase of this humanitarian response where people in need are settled in a more permanent area with well-structured transitional shelters for recovery and reintegration purposes.

Contact

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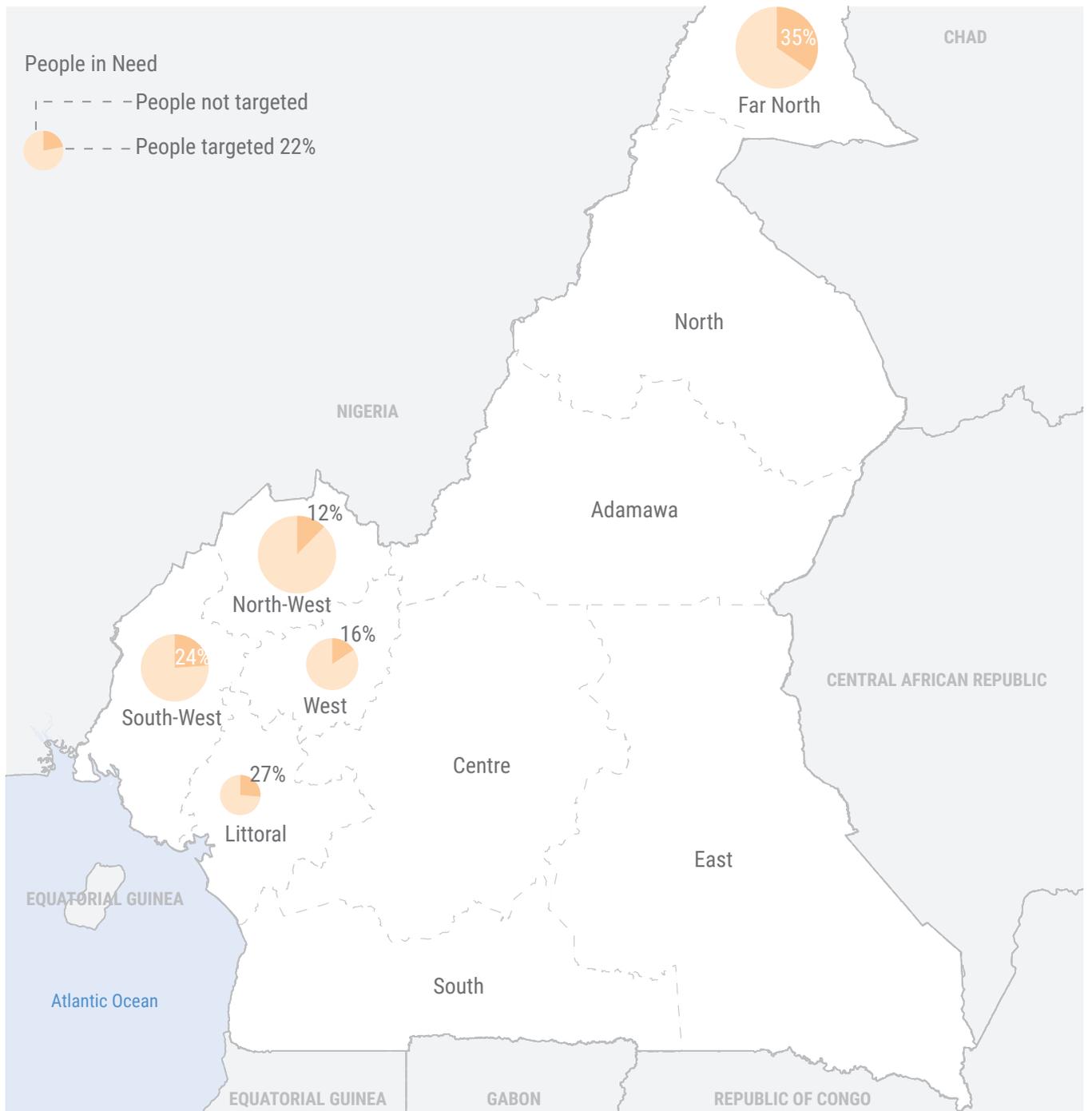
Objectives, Indicators and Targets

	OBJECTIVE	INDICATOR	TARGETED
Strategic Objective 1	Reduce mortality and morbidity of 1.5 million people affected by crisis		
Specific Objective 1.1	1.5 million vulnerable people affected by crisis benefit from immediate minimum food, nutrition, WASH, shelter and lifesaving health services by the end of 2021.		
Sectoral Objective 1	The most vulnerable displaced populations and host families are reached with timely and appropriate life-sustaining emergency shelter support.	# of HH to be assisted with emergency shelter	85k
		# of HH to be assisted with transitional shelter	163k
Strategic Objective 3	Reduce vulnerabilities and strengthen resilience of 830,000 people affected by crisis		
Specific Objective 3.1	By the end of 2021, 720,000 vulnerable people affected by crisis have indiscriminatory, regular and safe access to quality basic services.		000k
Sectoral Objective 2	The most vulnerable displaced populations are reached with rental subsidies.	# of HH to be assisted with rental subsidies	129k
Sectoral Objective 3	The most vulnerable displaced populations and host families are reached with timely and appropriate life-sustaining non-food items (NFIs).	# of HH to be assisted with NFIs	352k

3.8 Early Recovery



PEOPLE IN NEED	PEOPLE TARGETED	REQUIREMENTS (US\$)
3.2M	0.7M	\$7.3M



Objectives

1. Strengthen the economic capacity of vulnerable persons and households.
2. Improve the sustainable empowerment of the 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 crisis' negative consequences and maintain a decent standard of living.

The Sector response strategy works in three strands: Under the first objective of strengthening the economic capacity of vulnerable persons and households, labor intensive schemes for the affected people and institutions will be used for immediate job creation. 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 centers, nurseries and schools will contribute to community recovery and development. In parallel, the Sector plans to provide productive inputs and capital to the affected people to resume their disrupted livelihoods.

In support of the Early Recovery's second objective of improving sustainable empowerment of people affected by crisis through multisectoral and inclusive economic and environmentally sustainable recovery activities, the Sector strategy emphasizes socio-economic recovery and provision of support for the sustained livelihoods of affected people. There will be a focus on vulnerable groups such as female-headed households, people with disabilities and youth. The Sector will support reviving local markets and small and medium-sized enterprises (SME) through micro-financing mechanisms in order to restore affected businesses. Moreover, in areas most affected by the crises, the Early Recovery Sector will enhance economic capacity of the affected people to (re-)enter the labor market at the grassroots level through vocational

training, job placement, assets replacement and other support mechanisms while the capacity of socio-economic structures such as local markets and training centers will be strengthened. Renewable energy solutions such as solar lighting and heating, fuel briquettes and biogas will be encouraged to reduce the reliance on the unstable supply of fuel and the risk of conflicts among people over natural resources and create new job opportunities for the affected people.

In order to strengthen institutional, community and individual capacity to improve resilience and promote risk prevention and management, the Early Recovery Sector plans to empower affected local communities and institutions to cope with the consequences of the on-going crises and potential risks like floods while developing the capacities of NGOs/CBOs to engage in emergency responses and promoting the humanitarian-development-peace nexus. Early recovery and resilience building initiatives will be designed in an inclusive participatory manner to promote social cohesion and foster local cohesion through communal and inter-communal activities engaging IDPs, refugees, returnees and host communities in the process. Engaging with youth and women and empowering them to participate in this phase is critical to bolstering the resilience of their communities and mitigating potential tension. If engaged early in the process of local level response to needs and priorities, they can play a major role as agents of change inducing positive solutions to rising tensions.

In the **Far North** region, prevention and responses activities to natural disasters like floods will be implemented in addition to programmes responding to the impact of NSAG attacks, especially when the property of people is affected, and community infrastructure is damaged. Meanwhile, capacity building to prevent and manage risks is strengthened. In the **North-West and South-West** regions, the Early Recovery Sector will aim at improving resilience of affected communities, including through the strengthening of the capacity of communities at the grass root level in terms of social cohesion and economic revitalization such as agriculture, bee keeping, microfinance and through supporting the recovery of local economies.

If there is no response of Early Recovery Sector, vulnerable people will keep their dependency on humanitarian assistance while communities will remain vulnerable to environmental, social and economic shocks. In order to ensure the achievement of the overall strategic objectives of the HRP, the Early Recovery Sector designed its response based on a high level of communication and collaboration with other sectors. This collaboration is best manifested in 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 rehabilitation of damaged infrastructure, such as schools and health facilities, in cooperative programming with the Education and WASH sectors. Participating in all intersectoral, inter-agency meetings and other relevant interagency processes is essential to ensuring appropriate linkages and establishing working relationships with the rest of the sectors.

Humanitarian - Development - Peace Nexus

The Early Recovery Sector focuses on developing the capacities of NGOs, national humanitarian actors and local governments to bridge the gap between humanitarian assistance and more sustainable actions for recovery, reconstruction and development. To ensure the accountability to affected people and promote community engagement, participation of affected local communities and affected people is of paramount importance in ensuring 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 projects under the Early Recovery Sector response to listen to community feedback.

Objectives, Indicators and Targets

	OBJECTIVE	INDICATOR	TARGETED
Strategic Objective 3	Reduce vulnerabilities and strengthen resilience of 830,000 people affected by crisis		
Specific Objective 3.2	NBy the end of 2021, the use of negative coping strategies is mitigated for 380,000 vulnerable people affected by crisis through inputs, capital and skills for livelihood activities and coordinated response approach.		
Sectoral Objective 1	Strengthen the economic capacity of vulnerable persons and households.	# of households benefiting from economic recovery interventions.	326k
Sectoral Objective 2	Improve the sustainable empowerment of the affected people through multisectoral and inclusive economic and environmentally sustainable recovery activities.	# of people benefiting from newly built or rehabilitated local economic infrastructure.	207k
Sectoral Objective 3	Strengthen institutional, community and individual capacity to improve resilience and promote risk prevention and management.	# of local institutions, community organizations and people benefiting from capacity building.	176

3.9 Multi-Sector Refugee Response



PEOPLE IN NEED

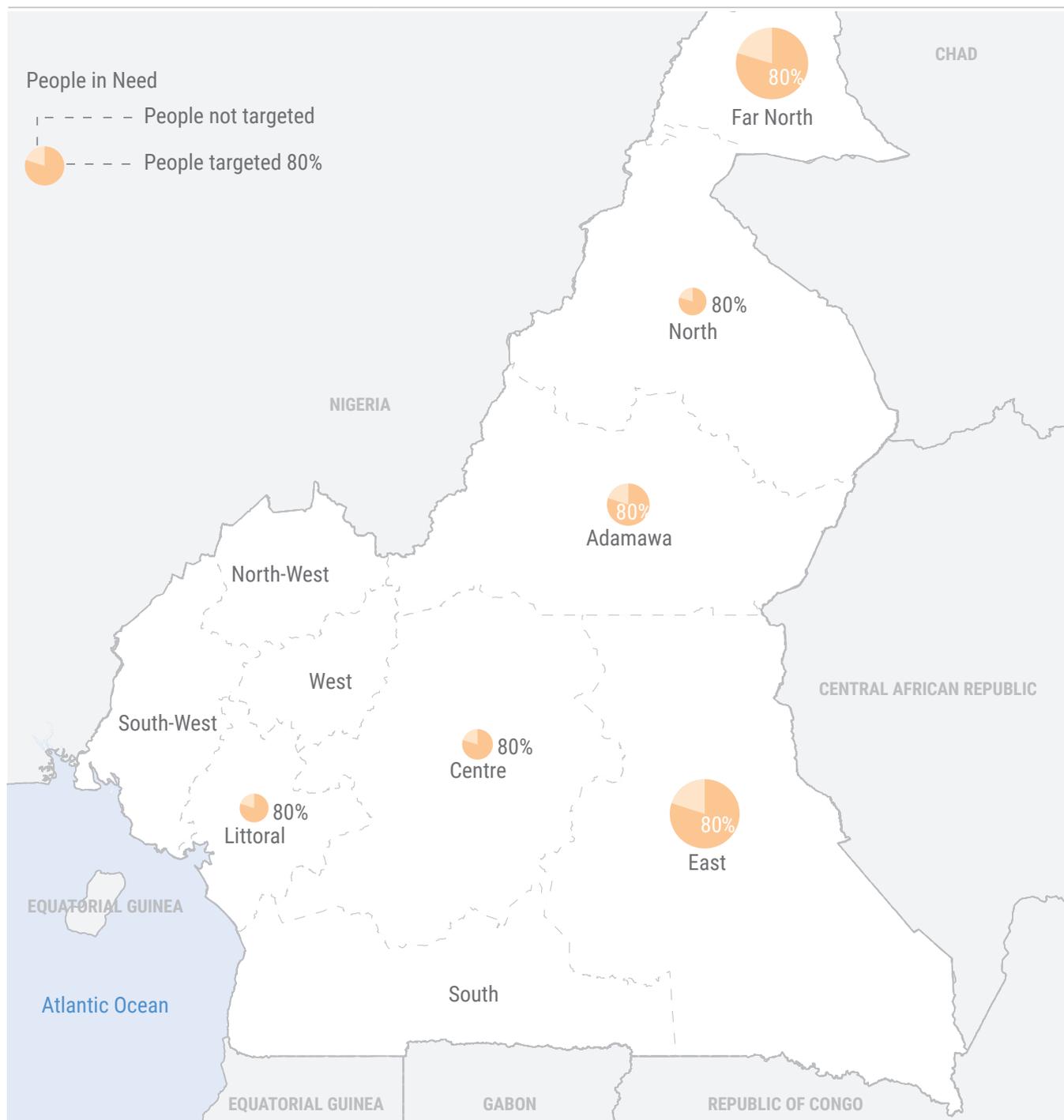
0.7M

PEOPLE TARGETED

0.5M

REQUIREMENTS (US\$)

\$115.7M



The development of the multisectoral refugee response in 2021 is based (1) on the Global Compact on Refugees and its action plan known as Comprehensive Refugee Response Plan (CRRF), (2) the country UN Sustainable Development Collaboration Framework Strategy, (3) the HCT Protection Strategy – Centrality of Protection and (4) the UNHCR’s protection and solutions multi-year multi-partners strategy covering 2018-2020 which will be updated in the course of the year 2021.

The 2021 Multisectoral refugee response in Cameroon continues to strategically focus on ensuring that refugees, asylum seekers and persons at risk of statelessness have, under the leadership and the responsibility of the Government and in collaboration with humanitarian and development actors, international and national non-governmental organizations (NGOs), civil society organizations and academia, access to improved basic services, to enjoyment of their fundamental rights, to freedom of movements and to opportunities with a clear goal of achieving their socio-economic inclusion through their integration into the National Development Plan and the effective attainment of their self-reliance and their progressive independence from aid assistance.

Objectives

1. Protection is delivered in line with international standards.
2. Basic service delivery capacity is effectively built in collaboration with Government and all the stakeholders operating in refugees 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 refugees hosting areas through a community-based approach to sustainable livelihoods and socio-economic inclusion, enhanced environmental protection and conflict management.
4. Comprehensive durable solutions are implemented for the greatest numbers of refugees.
5. Risks of statelessness is prevented and reduced.

The rapidly changing operational context in Cameroon coupled with the complexity and the multidimen-

sionality of crises caused by recurring instability in neighboring countries compel the consideration of the following critical elements in the design of the multi-sectoral refugee response.

- Possible new influxes of refugees from the Central African Republic (CAR).
- Impact of the COVID-19 pandemic on interventions targeting refugees and their host including their ability to become self-reliant.
- Resumption of facilitated voluntary repatriation activities for Central African refugees and the likelihood of further displacements due to the upcoming December 2020 presidential election in CAR.
- Possible resumption of facilitated voluntary repatriation of Nigerian refugees living in the Minawao camp.
- Implementation by the Government of its pledges made at the October 2019 High Level Segment on statelessness and the December 2019 Global Refugee Forum.
- Needs identified during the participative need assessment as highlighted in the Humanitarian Needs Overview and presented to the Government of Cameroon in November 2020.

Population’s movements (New displacements)

Cameroon has registered thousands of Central African persons who fled their country to seek safety in Cameroon between June and August 2020. Clashes between the rebel groups and the Central African Armed Forces (FACA) backed by the United Nations Stabilization Mission in the North-western part of CAR uprooted hundred others who crossed the border to seek refuge in the North, Adamawa and East regions of Cameroon.

With the invalidation, by the Constitutional Court in early December 2020, of the candidacy of the former president of CAR, Mr. François Bozizé, for the presidential election in CAR on 27 December 2020 on one hand and on the other, the results of the election itself in which President Touadera was reelected in the first round, the likelihood of continuation of clashes between the opponents’ partisans and different NSAGs is extremely high; especially in Bozize’s stronghold

locations. This may trigger displacements and more significant influxes of CAR refugees into Cameroon. By early January 4,400 people from CAR have crossed the border to Cameroon, and it is anticipated that around 50,000 CAR refugees might cross the Cameroonian border in search of safety in the coming months.

There will therefore be a need to activate the contingency plan to respond to the needs of possible new arrivals in terms of protection and multisectoral assistance.

In the Far North region, the non-resolution of the security situation in the Lake Chad Basin and the repeated attacks by the non-state armed groups on civilians will most likely trigger the arrival of continuous influxes of refugees in Cameroon. UNHCR and partners estimate the number of new arrivals from Nigeria at approximately 10,000 individuals.

As far as refugees and asylum seekers in Douala and Yaoundé are concerned, the increase in the number of asylum seekers will significantly depend on the post-electoral situation in CAR. However, it is estimated that more than 5,000 newly arrived persons seeking asylum will cross into Cameroon.

Impact of the COVID-19 pandemic

For the prevention and fight against COVID-19 pandemic, the Government of Cameroon took several measures for its inhabitants, including refugees. Some of these measures have affected refugees' freedom of movement and work opportunities, especially given that most refugees perform in the informal economic sector.

In 2021, it is anticipated that the consequences of the COVID-19 pandemic will continue to exacerbate the protection risks of the most vulnerable among the refugee population. This is the case for women, young girls and children who may become more and more exposed to different forms of abuse and violence, including gender-based violence, risks of exploitation of children, begging and increase in the rate of school dropout. There will also be a high risk of juvenile delinquency for adolescents due to idleness.

Globally, the population might seek other survival mechanisms in a context whereby enjoyment of their rights and their fundamental freedoms are at stake due to the pandemic.

Resumption of the implementation of protection and assistance interventions that were slowed down due to movement restrictions may return to normalcy in 2021, including the implementation of durable solutions should the magnitude of displacements be low and the anticipated worsening of the security situation in CAR not materialize.

In 2021, the pandemic will continue to impact the economy of the host country and will exacerbate the already weakened socio-economic capacity of persons of concern to UNHCR if an appropriate socio-economic response is not provided for the absorption of economic and psycho-social shocks caused by the quasi disappearance of business opportunities and jobs in the informal economy.

Facilitated voluntary repatriation of refugees from CAR

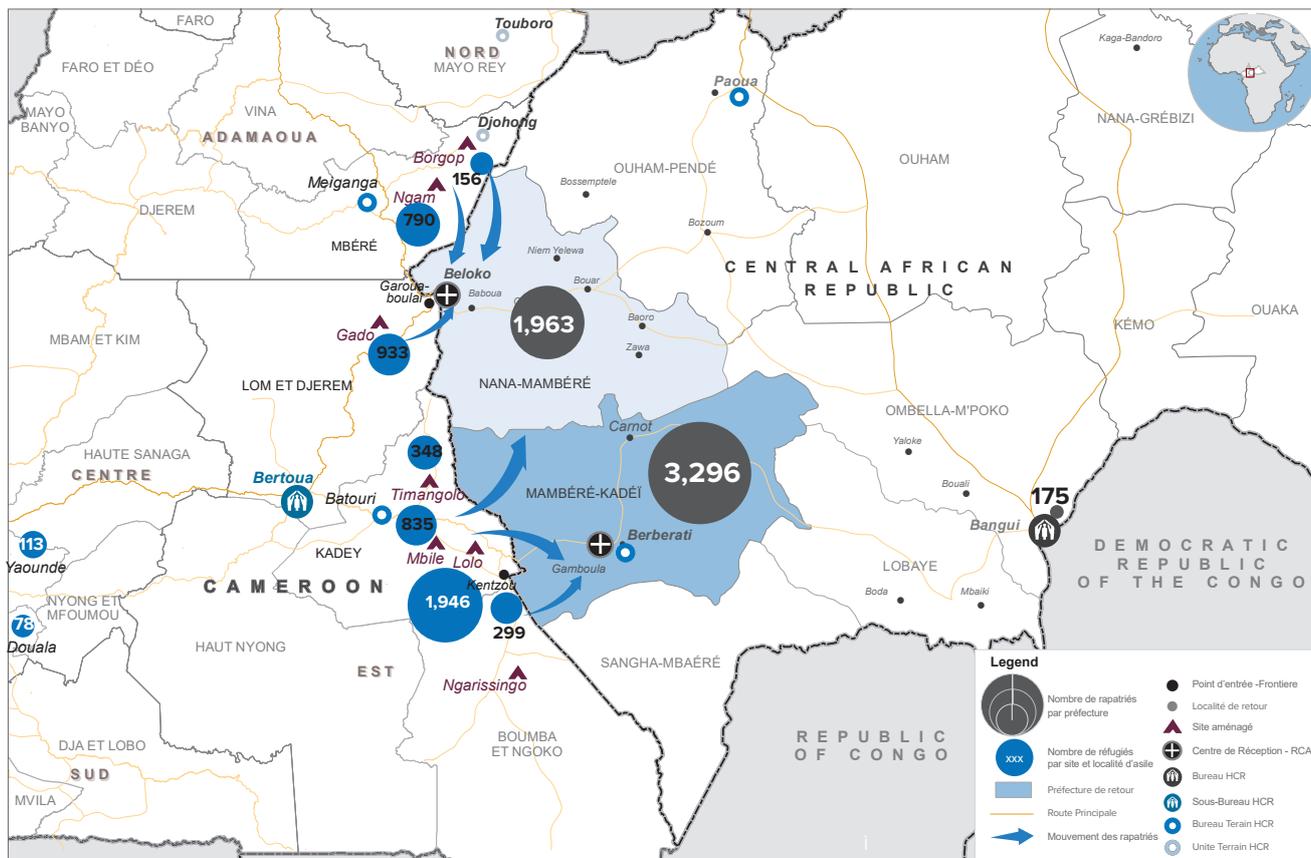
As of 31 October 2020, more than 7,641 CAR refugees had confirmed their willingness to return to CAR in an organized manner. However, given the need to comply with COVID-19 measures, the organization of facilitated voluntary repatriation was planned only for 1,500 by the end of 2020. In case the situation in CAR does not deteriorate, UNHCR is planning to facilitate the return of 10,000 CAR refugees in 2021. Monitoring of the electoral and post-electoral process in CAR will be decisive for the implementation of this durable solution in 2021 for refugees living in the eastern part

of Cameroon. Should the polling results be accepted by all parties, the likelihood of an increase in intentions to repatriate will be high with a possible significant decrease of the number of CAR refugees in Cameroon. As of 2 December 2020, 4,457 CAR refugees have been repatriated since 2019.

With regards to urban refugees, approximately 200 refugees of various nationalities will be assisted to return to their respective countries of origin.

CENTRAL AFRICAN REPUBLIC

Central African refugee voluntary repatriation as of 16 December 2020, UNHCR.



Facilitated voluntary repatriation of Nigerian refugees

The Revised regional protection and solutions strategic framework for the protection crisis in the Lake Chad Basin covering the period from 2019 to 2020, mentions that the situation is not yet conducive in the north-eastern states of Nigeria (where the majority of Nigerian refugees settled in Minawao refugee camp originate from) to envision a return that is durable, safe and in dignity.

Despite pressure from the Nigerian authorities to have their population return, only the conclusions from discussions in the framework of the 2017 Voluntary Repatriation Tripartite Agreement organs will determine the suitability of the resumption of voluntary repatriation for this population group. No repatriation intention survey was conducted after the repatriation movement that was organized in August 2019. At that period, 683 households for 2,739 individuals had registered for return. Majority of them were from the Borno state. No facilitated repatriation is foreseen for Nigerian refugees in 2021.

Global Refugee Forum

In the framework of the Global Compact on Refugees, UNHCR organized the Global Refugee Forum in December 2019 during which the Government of Cameroon participated and made a series of pledges aiming at the inclusion of refugees in national systems and programmes. UNHCR Cameroon and partners will monitor the implementation of these pledges that affect not only refugees but also their hosts in a way to foster the humanitarian-development-peace nexus. Cameroon pledges are as follows:

- Pledge in the area of Education: Guarantee equal and free access of refugee children to primary education services.
- Pledge in the area of Jobs and Livelihoods:
 - Inclusion of skilled and non-skilled refugees in the national employment plan through the National Employment Funds (NEF).
 - Promote access of refugees to financial services and employment through public and private sectors.

- Pledge in the Area of Protection Capacity:
 - Revise the national legislation to include the acquired rights by refugees who contributed to the social protection system.
 - Issue civil and national identification documents to facilitate integration of refugees.
- Pledge in the area of health: Expand 2016 agreement with UNHCR on healthcare to include urban refugees (not just rural).

In 2021, advocacy and monitoring activities related to the implementation of the Government's pledges will be pursued.

Needs Overview

In line with the Humanitarian Needs Overview, the Participative Needs Assessment 2020 has also highlighted three main strategic directions for the needs of affected people: (i) Responding to the physical and mental well-being needs of the affected people, (ii) Improving their living conditions and (iii) Strengthening their survival mechanisms. It is worth mentioning that the number of people in need for the multisectoral refugee response is set at 692,000 persons, inclusive of 30 per cent of the host population. The multisectoral refugee response aims at contributing to achieve the three global objectives, in terms of

- Protection, including child protection and gender-based violence, and implementation of durable solutions (voluntary repatriation and resettlement) under the Physical and mental wellbeing objective;
- Response to refugees' needs through the facilitation of access to basic social services such as education, health and water, hygiene and sanitation, including shelter in order to improve their living conditions;
- Refugees' needs in terms of livelihood opportunities and self-reliance, protection of the environment and access to renewable sources of energy which fall under the strategic HRP objective of strengthening the survival mechanisms of persons in need.

Multisectoral refugee response

- The multisectoral refugee response will be harnessed on two strategic objectives of the 2021 Cameroon HRP:

Reduce the protection needs of people affected by crisis

- Registration, refugee status determination and documentation

In 2021, it is foreseen to conduct a verification exercise for all refugees and asylum seekers in Cameroon in order to update their data and collect information on their socioeconomic profile. This will enable the programming of livelihood and self-reliance interventions that are adapted to refugees' skills and capacities, based on reliable data. In addition, the process for the transfer of the refugee status determination and documentation to the Government will be pursued with the objective to finalize it by 2022.

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

Reports on gender-based violence have demonstrated that denial of resources and opportunities is the most recurrent. Furthermore, the Far North region has less cases of GBV due to under-reporting, (cultural norms and fear of reprisal) compared to the eastern part of the Country and even in the urban settings. In 2021, 1,000 GBV cases will be assisted for comprehensive response, awareness raising activities in the Far North region and the referral pathway will be strengthened.

With regard child protection, 64,881 children have been identified as being at risk due to separation and lack of birth certificates. In 2021, the focus will be on ensuring birth registration and response to needs of children affected by separation.

- Increased access to basic services (education and health)

The response foresees to ensure that 70,000 children enjoy their right to education in 2021 (both primary: 65,000 and secondary: 5,000). It is worth mentioning

that collection of data on refugee children attending school in Cameroon is challenging because of the lack of an appropriate data collection system (EMIS). Furthermore, as the education system is inclusive of refugees who attend hundreds of schools in village/settlements, collection of data on refugee children attending school is quite difficult. Focus will be on enhancing the teachers' capacity enhancement on child protection and GBV affecting refugee children, strengthening coordination and collaboration with relevant line ministries and other relevant partners.

As far as health and nutrition are concerned, the multisectoral refugee response foresees to target 438,990 individuals for access to primary healthcare and awareness raising on COVID-19. Support will be provided to the Government to improve the capacity of health facilities and to ensure inclusion of refugees' in the national health system. In addition, the response in this sector will ensure the referral of 3,600 malnourished persons to appropriate nutritional centers.

- Implementation of durable solutions (voluntary repatriation and resettlement)

Whilst voluntary repatriation will be pursued should conditions be conducive in countries of origin, resettlement will also be implemented. In line with resettlement countries' confirmed quotas for 2021, it is foreseen to submit resettlement cases for 550 refugees.

Reduce vulnerabilities and strengthen resilience of people affected by crisis

- Self-reliance and livelihood opportunities

Development of programmes and interventions to promote refugees' self-reliance and reduce dependency on humanitarian assistance will target approximately 10,000 persons among refugees and their host community.

Materialization of the Government pledges on jobs and livelihood opportunities will be pursued for the effective inclusion of refugees in the National Employment Fund and facilitated access to financial institutions.

- Promotion of agriculture and livestock production activities that preserve the environment, promotion of entrepreneurship and search for innovative financing models, in the public and private sectors, that best suits the specific needs of refugees.
- Strategic alliances with relevant humanitarian and development partners (beyond the scope of the HRP) will be established to enhance the response capacity in terms of socioeconomic empowerment.
- Energy and protection of the environment

Increase in the use of renewable sources of energy will be sought to reduce the use of firewood. Other activities to protect the environment such as reforestation and agroforestry will be promoted in 2021 to reduce the footprint of refugees on the environment. 470 households will be targeted in this sector.

- Maintenance of the provision of water, hygiene and sanitation services to an acceptable level in compliance with international standards. It is foreseen to maintain the provision of potable water through the rehabilitation of 30 boreholes in refugee hosting locations; majority of which are in the Far North region.

Cross-cutting themes

All interventions planned for in the framework of the refugee response will mainstream protection principles in all sectors. The age, gender and diversity criteria will also be mainstreamed in order to ensure that the needs and capacities of no segment of the refugee population is left behind. Accountability to refugees will be reinforced as well as activities to strengthen the prevention of sexual exploitation and abuse. Last, but not least, cash-based interventions, wherever feasible, will be the privileged modality in lieu of in-kind assistance.

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Objectives, Indicators and Targets

	OBJECTIVE	INDICATOR	TARGETED
Strategic Objective 2	Reduce the protection needs of 1.1 million people affected by crisis		
Specific Objective 2.1	By the end of 2021, 1.1 million people are reached with inclusive prevention and response activities on protection risks; including effective and accessible referral pathways.		
Sectoral Objective 1	Protection is delivered in line with international standards.	# of refugees registered	133k
		# of refugees recognized through an individual refugee status determination procedure	1.8k
		# of refugees issued with a valid document	203k
		# of prevention and response action to gender-based violence and child protection issues	64.9k
Sectoral Objective 4	Comprehensive durable solutions are implemented for the greatest numbers of refugees.	# of refugees involved in durable solutions (voluntary repatriation and resettlement)	10.7k
Sectoral Objective 5	Risks of statelessness are prevented and reduced.	# of children issued with a birth certificate (including late declaration)	64.9k



3.10 Coordination

Objectives

1. Strengthen inclusive humanitarian coordination and advocacy.
2. Strengthen context analysis to improve humanitarian programming.
3. Strengthen engagement for accountability to affected populations (AAP) by all stakeholders.
4. Strengthen the respect of international humanitarian and human rights law and safe access to humanitarian assistance.
5. Strengthen the humanitarian – development collaboration to support durable solutions for communities affected by forced displacement.

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 minimum 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 and humanitarian principles are respected. The HCT will maintain and reinforce high-level engagement with relevant Government interlocutors and 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 HRP 2021. Sectors at national level and in the Far North and eastern regions are co-led by Government line ministries and Cluster lead agencies from humanitarian partners. Clusters in the North-West and South-West regions are co-led by UN agencies and NGOs. The decentralized coordination structure enables effective response coordination at regional levels with the respective Government humanitarian coordination structures.

OCHA's work continues to be crucial to support the various coordination mechanisms and ensure overall coherence between operational and strategic 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 strengthen humanitarian coordination mechanisms established in 2020 in the West and Littoral regions as well as in locations such as Kumba and Mamfe (South-West) and Kumbo and Wum (North-West) to increase the engagement with local partners. 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. OCHA will also continue to fully engage with the international and national NGOs forums, CHINGO (Coordination of Humanitarian INGOs) and CHOI (Platform of national NGOs), to enhance coordination between all humanitarian actors and stronger NGOs participation in coordination mechanisms. This will notably be reflected in improved information-sharing aimed at improving the efficiency of a coordinated response, identifying joint solutions to operational challenges faced and building knowledge and capacities on relevant topics to increase the ability of frontline humanitarian workers.

Coordination services will facilitate inter-sectoral vulnerability and needs analysis to ensure evidence-based and context specific responses. This will be achieved by facilitating joint assessments; support IDP and returnee tracking and data analysis; and information management on behalf of the whole humanitarian community. OCHA will continue to promote the development of a shared analysis of the distinct needs, vulnerabilities and risks by supporting gender-sensitive data collection and analysis. In particular, it will make sure that joint needs assessments clearly articulate the

distinct assistance and protection needs of women, girls, men and boys, including older people and people living with disabilities. 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. In line with the agency's mandate to 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, 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 gender, age and diversity sensitive.

Coordination services will focus on improving capacity to address operational challenges on the ground, including through reinforced data collection and information management – particularly on access constraints to facilitate real-time solutions to access challenges. Existing rapid response mechanism will be further strengthened to ensure coordinated, dignified and timely assistance to affected populations.

Increase community level communication and engagement

In terms of strengthening accountability to affected populations in humanitarian decision-making, concrete steps were identified when planning the 2021 response to increase community level communication and engagement. While progress has been made in 2020 to improve the Protection from Sexual Exploitation and Abuse (PSEA), and important steps have been taken to establish a joint community-based complaint mechanism to receive SEA complaints, partners are committed to further operationalize AAP and PSEA at collective level as well as at individual organization level in 2021.

Building the capacity of civil society organizations is a priority, especially for the North-West and South-West regions. 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 civil-military coordination.

Strengthening humanitarian-development collaboration

The humanitarian and development community in Cameroon is committed to strengthen collaboration and to achieve better complementarity between humanitarian interventions and development programs, to simultaneously address humanitarian needs and their underlying root causes. To this end, the Humanitarian-Development-Peace Nexus Taskforce elaborated and is supporting the achievement of the Collective Outcome. Sustainable solutions to returns, resettlement and reintegration will continue to be promoted through coordination, mainstreaming of community communication and engagement and enhanced information sharing and communication.

Recognizing the commitment to 'leaving no one behind' the roll out of the humanitarian-development-peace nexus 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. In 2021, 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 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 area of convergence to ensure the coherence and coordination of all humanitarian, development and peacebuilding actions implemented in these areas. In the long term, the joint situation analysis will lay the foundation for harmonized programming addressing the effects and causes of the multiple humanitarian crises in Cameroon.

Ensure the safety and security of humanitarian staff

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. It plans to increase its footprint by opening an office in the North-West and South-West regions in 2021 if funding becomes available.

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.

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. In 2021, UNHAS plans to resume flights to the South-West and to continue to provide humanitarian air services to other priority locations in regions affected by crisis. In addition, UNHAS services will ensure possible medical evacuations, including for COVID-19 cases, and security evacuations and guarantee that emergency humanitarian equipment is delivered as close as possible to the needs.

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Objectives, Indicators and Targets

	OBJECTIVE	INDICATOR	TARGETED
Strategic Objective 1	Reduce mortality and morbidity of 1.5 million people affected by crisis		
Specific Objective 1.1	1.5 million vulnerable people affected by crisis benefit from immediate minimum food, nutrition, WASH, shelter and lifesaving health services by the end of 2021.		
Sectoral Objective 1	Strengthen inclusive humanitarian coordination and advocacy.	# of people trained on humanitarian principles, humanitarian access and civil military coordination	200
Sectoral Objective 4	Strengthen the respect of international humanitarian law and human rights law and safe access to humanitarian assistance.	# of access missions carried out	12
		# of passengers transported by UNHAS	8k
		Total volume of cargo transported by UNHAS in MT	24
		# of SSAFE training and security awareness training	6
Strategic Objective 3	Reduce vulnerabilities and strengthen resilience of 830,000 people affected by crisis		
Specific Objective 3.1	By the end of 2021, 720,000 vulnerable people affected by crisis have indiscriminatory, regular and safe access to quality basic services.		
Sectoral Objective 2	Strengthen context analysis to improve humanitarian programming.	# of joint needs assessment mission reports shared, that clearly articulate the distinct assistance and protection needs of women, girls, men and boys, including older people and people living with disabilities	24
		# of HNO published, providing analysis and data on the distinct assistance and protection needs of women, girls, men and boys, including older people and people living with disabilities	1
		# of HRP published, adequately addressing the distinct assistance and protection needs of women, girls, men and boys, including older people and people living with disabilities	1
		# of people trained on gender sensitive humanitarian programming	125
Sectoral Objective 3	Strengthen engagement for accountability to affected populations (AAP) by all stakeholders.	% of humanitarian organizations that have in place feedback and complaints mechanisms	50
		# of sectors that have integrated PSEA Risk Assessment and PSEA programmatic actions in their action plan	5
		% of complaints referred to concerned organizations through the inter-organizational PSEA helpline	100%
		% of international humanitarian organizations that have in place codes of conducts on protection from sexual exploitation and abuse	70%
Specific Objective 3.2	By the end of 2021, the use of negative coping strategies is mitigated for 380,000 vulnerable people affected by crisis through inputs, capital and skills for livelihood activities and coordinated response approach.		
Sectoral Objective 5	Strengthen the humanitarian - development collaboration to support durable solutions for communities affected by forced displacement	# of NEXUS documents promoting durable solutions, endorsed by the HCT	3

Part 4:

Annexes

BUEA, CAMEROON

A local NGO LUKMEF hands out UNFPA women's hygiene kits that are packed into buckets and provided to displaced women who now live in the vicinity.

Bolifamba Health Center, Buea, South-West.

Photo: OCHA/Giles Clarker



4.1

What if We Fail to Respond?

Protection

VIOLENCE WILL CONTINUE TO DISPLACE THOUSANDS OF PEOPLE

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. 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. 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

Child Protection

CHILDREN WILL BE LEFT BEHIND

While the number unaccompanied or separated children continues to increase, they will be left without support if we fail to respond. They will not be reunified with their families and will face severe risks of exploitation, abuse and violence, especially girls at risk of sexual exploitation. 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, fueling further armed violence against civilians.

Gender-Based Violence

THE HEALTH, DIGNITY AND SAFETY OF VULNERABLE WOMEN AND GIRLS WILL DEGRADE EVEN MORE

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 and their hopes and well-being will be compromised. Development and peacemaking efforts will be inefficient, the cycle of violence will be exacerbated, and communities will remain fragile. 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.

Education

540,000 CHILDREN, LACKING A PROTECTIVE LEARNING ENVIRONMENT, WILL BE EXPOSED TO PROTECTION RISKS

The failure to provide access to education to boys and girls affected by crisis could leave 540,000 children exposed to a myriad of protection risks including violence, drugs, recruitment into armed groups, family separation, and early pregnancies. More than 660,000 school aged children 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.

Food Security

PEOPLE WILL RESORT TO NEGATIVE COPING MECHANISMS TO ACCESS FOOD

According to the analysis of the October 2020 Cadre Harmonisé, 2.7 Million people are estimated to be in acute food insecurity in Cameroon by the end of December 2020. Considering the impact of the COVID-19 pandemic, the climatic shocks and continuous insecurity hindering the population to access fields and livelihoods, sustained humanitarian food and livelihood response is required to prevent a further deterioration of the food security situation. Without the necessary resources and response activities, millions of people will not receive crucial monthly food assistance, recovery and preventive response assistance and populations classified as food insecure may resort to negative coping mechanisms to access food such as selling their assets, survival sex, and eating fewer meals leading to severe nutritional deficits.

Health

LACK OF ADEQUATE HEALTH SERVICES AND CARE WILL LEAD TO EXCESS MORBIDITY AND MORTALITY AMONG IDPS

Without assistance, there will be excess morbidity and mortality among internally displaced people 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. 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.

Water, Sanitation and Hygiene

LACK OF ADEQUATE WASH SERVICES WILL AFFECT OUTCOMES RELATED TO HEALTH, GENDER BASED VIOLENCE, AND NUTRITION

Without sustainable access to adequate water, hygiene and sanitation services, risks of morbidity and mortality will continue to increase, particularly in the context of a cholera epidemic and the COVID-19 pandemic. Furthermore, if we fail to provide a gender-sensitive WASH response, especially in areas of displacement, incidents of GBV will increase in 2021 and more displacement is likely to happen among displaced populations. 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 THE MOST VULNERABLE CHILDREN AND STUNT THEIR FUTURE

In protracted crises, like in Cameroon, the factors responsible for malnutrition are exacerbated and point to 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 emphasized less, stunting is also associated with an increase in 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.

Shelter/NFI

LACK OF SHELTER AND NON-FOOD ITEMS WILL NEGATIVELY AFFECT THE HEALTH, DIGNITY AND SAFETY OF AFFECTED POPULATIONS, ESPECIALLY OF WOMEN AND GIRLS

Without adequate shelter, people 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.

Early Recovery

LACK OF EARLY RECOVERY AND INCOME GENERATING ACTIVITIES WILL LEAD TO THE ADOPTION OF NEGATIVE COPING MECHANISMS AND THE DEPENDENCY ON HUMANITARIAN ASSISTANCE

Without early recovery and income generating activities, 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 How to Contribute

Support for activities within the Cameroon 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>

Contribute through the forthcoming Regionally Hosted Pooled Fund

A new regionally hosted pooled fund focusing on the countries in the Sahel and Central Africa region which do not currently have a country-based pooled fund is under discussion. Some donors have expressed their interest on this funding mechanism which will have country specific envelopes. The details about this funding mechanism and its timeline have yet to be determined but information will be distributed if an envelope is created for Cameroon.

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/>

4.3 Acronyms

AAH	Action Against Hunger	FAO	Food and Agriculture Organization
AAP	Accountability to Affected Populations	FTS	Financial Tracking System
AoR	Area of Responsibility	GBV	Gender Based Violence
ARRM	Area Rapid Response Mechanism	GBVIMS	Gender Based Violence Information Management System
BSFP	Blanket Supplementary Feeding Program Common Humanitarian Fund IDP	HCF	Humanitarian Coordination Forum
CaLP	Cash Learning Partnership	HDP	Humanitarian-Development-Peace
CAR	Central African Republic	HIV	Human Immunodeficiency Virus
CBCM	Community-based Complaints Mechanism	HLP	Housing, Land and Property
CCCM	Camp Coordination and Camp Management	HNO	Humanitarian Needs Overview
CERF	Central Emergency Response Fund	HPC	Humanitarian Programme Cycle
CH	Cadre Harmonisé	HCT	Humanitarian Country Team
CHINGO	Coordination of Humanitarian INGOs	IDP	Internally Displaced Person
CHOI	Cameroonian Humanitarian Organizations Initiative	IDTR	Identification, Documentation, Tracing and Reunification
COVID-19	Corona Virus Disease 2019	ICT	Information and Communication and Technologies
CRRF	Comprehensive Refugee Response Plan	IOM	International Organization for Migration
CVA	Cash and Voucher Assurances	IPC	Infection Prevention and Control
CWG	Cash Working Group	IYCF	Infant and Young Child Feeding
DTM	Displacement Tracking Matrix	LEG	Local Education Group
EFSA	Emergency Food Security Analysis	LGBTIQ	Lesbian, Gay, Bisexual, Transgender, Intersex and Queer
EiE	Education in Emergencies	MEB	Minimum Expenditure Basket
EIOS	Epidemic Intelligence from Open Sources	MINAT	Ministry of Territorial Administration
EMIS	Emergency Management Information System	MIRA	Multi-Cluster/Sector Initial Rapid Assessment
ETT	Emergency Tracking Tool	MND	Major National Dialogue
EWARS	Early Warning and Rapid Response System		
FACA	Force Armées Centrafricaines		

MPC	Multipurpose Cash	UNHAS	United Nations Humanitarian Air Service
MSNA	Multi-Sector Needs Assessment	UNHCR	United Nations High Commissioner for Refugees
MUAC	Middle Upper Arm Circumference	WASH	Water, Hygiene and Sanitation
NEF	National Employment Fund	WHO	World Health Organization
NFI	Non-Food Items	WFP	World Food Programme
NGO	Non-Governmental Organization		
NSAG	Non-State armed group		
PEP Kits	Post-Exposure Prophylaxis Kits		
PHC	Primary Health Care		
PPRD	Presidential Plan for Reconstruction and Development		
PSEA	Protection from Sexual Exploitation and Abuse		
RC/HC	Resident Coordinator/Humanitarian Coordinator		
RPM	Response and Planning Module		
RRM	Rapid Response Mechanism		
SAM	Severe Acute Malnutrition		
SEA	Sexual Exploitation and Abuse		
SMART	Standardized Monitoring and Assessment of Relief and Transitions		
SME	Small and Medium Enterprises		
SOP	Standard Operating Procedures		
ToT	Training of Trainers		
OCHA	United Nations Office for the Coordination of Humanitarian Affairs		
UN	United Nations		
UN CPRP	United Nations Country Preparedness and Response Plan for Cameroon		
UNCT	United Nations Country Team		
UNDP	United Nations Development Programme		
UNDSS	United Nations Department of Safety and Security		
UNICEF	United Nations Children's Fund		

4.4 Endnotes

- 1 Please consult the Cameroon 2021 HNO for more detailed information on the context and the impact of the crises.
- 2 Government decree from 3 June 2020.
- 3 321,886 IDP (DTM, IOM, June 2020); 115,047 Nigerian refugees (UNHCR, November 2020); 123,489 returnees (DTM, IOM, June 2020).
- 4 409,173 IDPs within the NWSW region, MSNA NWSW, OCHA, August 2020; 360,547 returnees within the NWSW region, MSNA NWSW, OCHA, August 2020; 243,651 IDPs in the Littoral and West regions, MSNA Littoral and West, OCHA, August 2020; 5,300 IDPs in Adamawa region, MIRA Adamawa, OCHA, July 2019; 52,931 IDPs in Yaoundé (Centre), MIRA Yaoundé, CHOI, OCHA, September 2020; 61,318 refugees in Nigeria, UNHCR, October 2020. The IDP and returnee figures validated by the Cameroonian Ministry of Territorial Administration (MINAT) for these regions are lower: 130,000 IDPs in the North-West region, 90,000 IDPs in the South-West region, 105,000 returnees in the North-West and South-West regions, 12,000 IDPs in the Littoral region, 11,350 IDPs in the Centre region and 20,000 IDPs in the West region. OCHA under the leadership of the Humanitarian Coordinator has agreed with MINAT to review the IDP figures jointly in the course of 2021, based on a joint data collection exercise.
- 5 50,268 IDPs in NWSW (MSNA, OCHA, August 2019); 203,634 Returnees in the NWSW (MSNA, OCHA, August 2019); 229,129 to other regions (5,300 in Adamawa (MIRA, OCHA, July 2019) ; 200,189 in Littoral and in the West regions (MIRA, OCHA, October 2019) ; 23,640 in Yaounde, Centre (MIRA, CHOI, OCHA, November 2019); 51,723 registered refugees from Cameroon in Nigeria (UNHCR, December 2019).
- 6 35 per cent cite the lack of livelihood in the displacement area as reason for their return, while 13 per cent return to their village of origin to access farmland.
- 7 123,309 IDPs in the West and 76,880 IDPs in the Littoral (MIRA, Littoral and West, OCHA, August 2019). 23,640 IDPs in the Centre region (MIRA Yaounde (Centre), CHOI, OCHA, November 2019).
- 8 162,726 IDPs in the West region and 80,925 in the Littoral (MSNA, Littoral and West, OCHA, August 2020). 52,931 IDPs in Yaounde (Centre), (MIRA, CHOI, OCHA, September 2020).
- 9 292,049 CAR refugees, UNHCR, November 2020.
- 10 270,924 CAR refugees, UNHCR, September 2019
- 11 71 per cent of all cases between January and September 2020 were reported in the Far North region.
- 12 MSNA Littoral and West regions, OCHA, August 2020.
- 13 As of 6 December, 962 cases with 53 deaths were recorded in the Littoral and 132 cases and 7 deaths in the South-West region. Cholera Snapshot, WHO Cameroon, 31 December 2020.
- 14 MSNA NWSW, OCHA, August 2020.
- 15 The Health Sector targets 24,000 people affected by cholera for a response in the South region, and the Food Security Sector targets 4,000 food insecure people. The food insecure people were included in the inter-sectoral PIN. However, for Health, the relevant indicator “Number of cases or incidence rates for selected diseases relevant to the local context (malaria, COVID, others outbreak prone diseases)” had not been selected for the inter-sectoral PIN. Therefore, the affected population in the South is not included in the global inter-sectoral PIN. As sectoral targets were considered for the overall target, the Health Target leads to a mismatch between PIN and Target for the South region.
- 16 The estimated IDP figures in the North-West, South-West, Littoral, West and Centre regions mentioned in the HNO and HRP 2021 documents are based on multi-sectoral needs assessments conducted in August and September 2020 under the leadership of OCHA. Please see caveat on page 2.
- 17 321,886 IDPs, IOM DTM Dashboard, round 21, June 2020.
- 18 450,268 IDPs within the NWSW, MSNA NWSW, OCHA, August 2019; 203,634 returnees within the NWSW region, MSNA NWSW, OCHA, August 2019; 200,189 IDPs in the Littoral and West regions, MIRA Littoral and West, OCHA, August 2019; 5,300 IDPs in Adamawa region, MIRA Adamawa, OCHA, July 2019; 23,640 IDPs in Yaoundé (Centre), MIRA Yaoundé, CHOI, OCHA, November 2019; 51,723 refugees in Nigeria, UNHCR, December 2019.
- 19 409,173 IDPs within the NWSW region, MSNA NWSW, OCHA, August 2020; 360,547 returnees within the NWSW region, MSNA NWSW, OCHA, August 2020; 243,651 IDPs in the Littoral and West regions, MSNA Littoral and West, OCHA, August 2020; 5,300 IDPs in Adamawa region, MIRA Adamawa, OCHA, July 2019; 52,931 IDPs in Yaoundé (Centre), MIRA Yaoundé, CHOI, OCHA, September 2020; 61,318 refugees in Nigeria, UNHCR, October 2020. The IDP and returnee figures validated by the Cameroonian Ministry of Territorial Administration (MINAT) for these regions are lower: 130,000 IDPs in the North-West region, 90,000 IDPs in the South-West region, 105,000 returnees in the North-West and South-West regions, 12,000 IDPs in the Littoral region, 11,350 IDPs in the Centre region and 20,000 IDPs in the West region. OCHA under the leadership of the Humanitarian Coordinator has agreed with MINAT to review the IDP figures jointly in the course of 2021, based on a joint data collection exercise.
- 20 MSNA NWSW, OCHA, August 2020, MSNA Littoral and West regions, OCHA, August 2020.

- 21 292,049 CAR refugees, UNHCR, November 2020.
- 22 WILPF, Cameroon country context
- 23 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 2021 HNO and can be found online under: <https://reliefweb.int/sites/reliefweb.int/files/resources/JIAF%20Guidance.pdf>.
- 24 The HRP 2020 was funded at 50 per cent, the HRP 2019 was funded 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 2020 can be found under "Historic trends" on page 19.
- 25 Central Bureau for Censuses and Population Studies (BUCREP) and UN Women survey on the impact of COVID-19 in Cameroon, June 2020.
- 26 The 2017-2020 multi-year HRP was updated periodically, the last time in June 2020. All HRPs for Cameroon can be found online under <https://www.humanitarianresponse.info/en/operations/cameroon>.
- 27 "Peace" in the triple Nexus of Cameroon refers to the inclusion of activities which promote social cohesion and peace building. It does not include security operations. A formal definition of the peace component in the triple nexus is being developed by the peace subgroup of the HDP Nexus Taskforce.
- 28 The eight pillars being (1) Coordination; (2) Points of Entry; (3) Surveillance, rapid-response teams, and case investigation; (4) National Laboratories; (5) Infection prevention and control; (6) Case management; (7) Risk communication and community engagement; (8) Operational support and Logistics.
- 29 The Minimum Initial Service Package (MISP) for Sexual and Reproductive Health (SRH) in crisis situations is a series of crucial, lifesaving activities required to respond to the SRH needs of affected populations at the onset of a humanitarian crisis. <https://www.unfpa.org/resources/minimum-initial-service-package-misp-srh-crisis-situations>
- 30 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.
- 31 <http://devinit.org/wp-content/uploads/2019/09/GHA-report-2019.pdf>
- 32 "Adapting and Scaling Up Social Protection for effective response to the COVID-19 pandemic by countries facing humanitarian crisis", Position Paper of the Grand Bargain Sub-Workstream on cash and Social Protection (Draft).
- 33 Under the 2020 HNO, 321 million USD were requested to assist 2.6 million people.
- 34 PCIMAS costing study – UNICEF 2015.
- 35 The quarterly response monitoring dashboards for Cameroon are published on <https://reliefweb.int/country/cmr> and <https://www.humanitarianresponse.info/en/operations/cameroon>
- 36 Data Health Information System
- 37 (IYCF) refers to the feeding of infants and young children aged 0 to 23 months. IYCF focus on the 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.
- 38 DTM, round 21, IOM, June 2020.
- 39 MSNA, NWSW, OCHA, August 2020.
- 40 MSNA, NWSW, OCHA, August 2020.
- 41 MSNA, Littoral and West regions, OCHA, August 2020.

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