

HUMANITARIAN RESPONSE PLAN CAMEROON

HUMANITARIAN
PROGRAMME CYCLE
2023

ISSUED MARCH 2023



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

Domayo IDP site, Far North Cameroon
An IDP from the intercommunity crisis in the Logone Birni
Photo: OCHA/Liz Loh-Taylor

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 used for the Littoral, West and Centre regions

The Humanitarian Needs Overview (HNO) and the Humanitarian Response Plan (HRP) 2023 have been developed in a collective and collaborative manner with relevant stakeholders. The figures of internally displaced persons (IDPs) in the Littoral, West and Centre regions have been collected by humanitarian partners through multi-sectoral needs assessments (MSNAs) in consultation with local authorities. They are as follows: 79,954 IDPs in the Littoral, 114,111 IDPs in the West, 60,084 IDPs in the Centre.

Movements of populations linked to the crisis in the North-West and South-West continue to be dynamic, wherefore the IDP figures used refer to a certain moment in time. The Cameroonian Ministry of Territorial Administration (MINAT) estimates that the displacement figures in some regions have evolved as some displaced persons would have decided to integrate locally. Respective figures from MINAT are: 20,375 IDPs in the Littoral, 15,446 IDPs in the West and 30,290 IDPs in the Centre. In 2023, the humanitarian community will continue to engage and work with MINAT, relevant sectoral ministries and development actors who play a central role in efforts to advancing durable solutions to internal displacements.

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



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<https://fts.unocha.org>

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FAR NORTH REGION, CAMEROON

IDPs in Igawa Meme

Photo: OCHA/Ariane Maixandeu

Foreword

by the Humanitarian Coordinator

As the number of people in need of assistance grows, humanitarian partners need increased support to provide protection and life-saving assistance to affected communities in Cameroon.

In 2023, an estimated 4.7 million people across the country will need humanitarian assistance. This figure, which increased by 20 per cent compared to 2022, means that one out of six people living in Cameroon requires humanitarian assistance. The persistence of protracted crises calls also for context-specific sustainable solutions. More than two million people are on the move as internally displaced persons (IDPs), returnees, or refugees. They have been forced to flee violence and disasters, leaving behind their homes, livelihoods, and sometimes their loved ones. Moreover, the impact of the war in Ukraine, with related price increases, unprecedented flooding, contributed to increased vulnerabilities, including a 35 per cent increase in food insecurity, and the considerable erosion of the affected population's already limited resilience. More than 3.2 million people could face acute food insecurity in 2023.

The Lake Chad basin, North-West and South-West, and the Central African Republic (CAR) refugee crises continue negatively affecting the living conditions of the most vulnerable people. Protection needs and risks are immense, sparing no one. Moreover, humanitarian needs are compounded by structural development challenges that may further hinder the long-term recovery of affected people.

Against this background, humanitarian partners plan to provide humanitarian assistance and protection to 2.7 million of the most vulnerable people at the cost of US\$407.3 million. The 2023 Humanitarian Response Plan (HRP) will address the specific needs of women, men, children, persons living with disabilities, older people, and other vulnerable groups. Further closer

collaboration between humanitarian partners, including local actors, and with the Cameroonian Government and development actors will be vital for effectively delivering assistance where it is most needed.

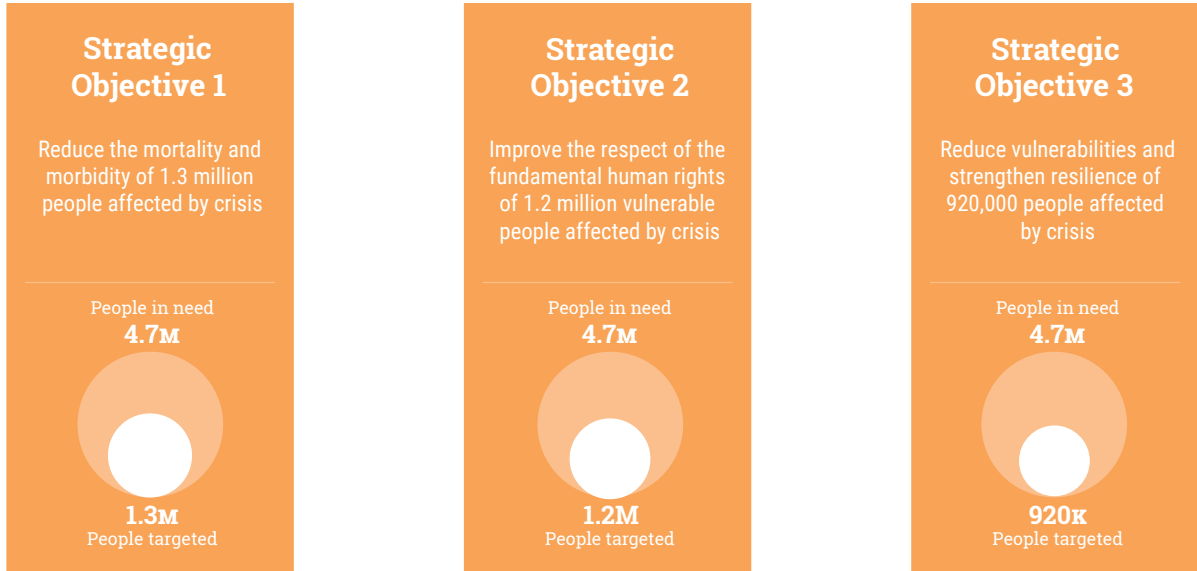
Cameroon's response plan recognizes that each crisis requires a distinct approach. In the Far North, the main priorities are assistance to forcibly displaced people, and the promotion of sustainable solutions by applying the humanitarian-development-peace Nexus approach. In the North-West and South-West regions, the protection of populations and emergency assistance continue to be at the heart of the response. In the Littoral and West regions, humanitarian stakeholders will focus on the capacity-building of local actors to support IDPs and their host families. Finally, in the East, Adamawa, and North regions, implementing durable solutions will alleviate the refugees' dependence on humanitarian aid, while humanitarian assistance will continue to support the most vulnerable.

Let's face it, the needs are tremendous and will only be met with timely and increased funding. Therefore, I urge the international community to increase their support to vulnerable people, despite the many crises competing for the world's attention.

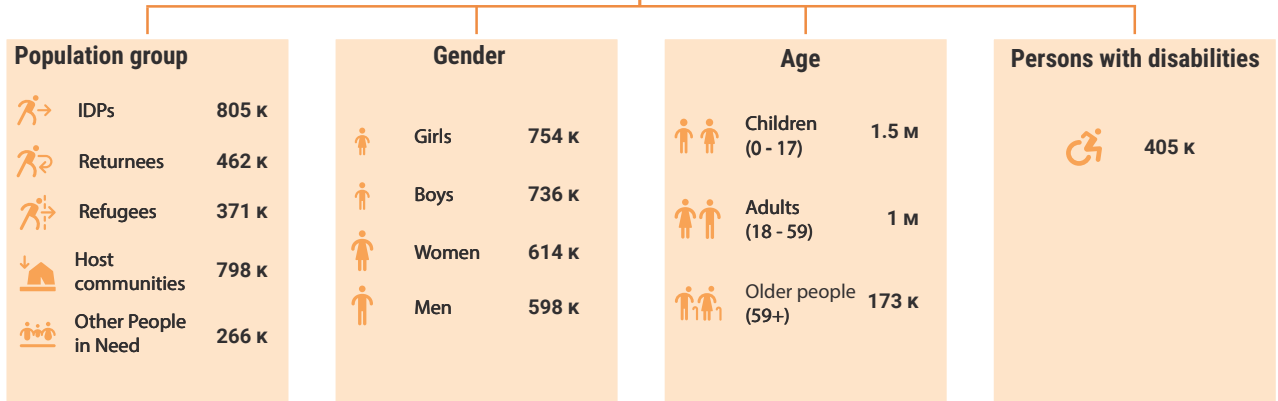
The humanitarian community in Cameroon stands beside the people in need of assistance in Cameroon. I invite you to stand with us and help alleviate the suffering of the most vulnerable.

Matthias Z. NAAB
Humanitarian Coordinator

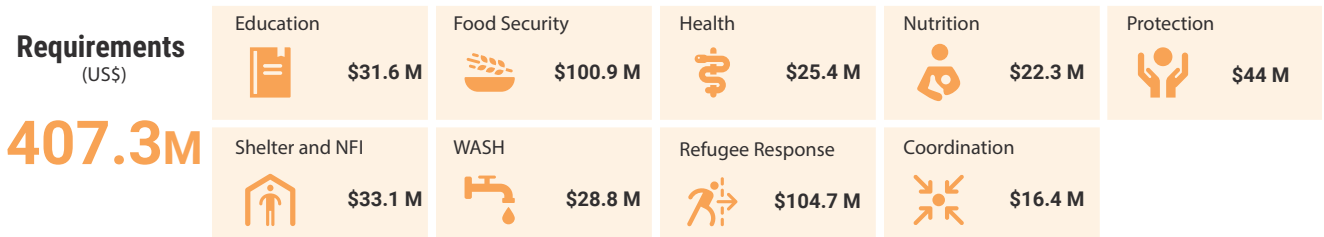
Response by Strategic Objectives



Key figures of the HRP of Cameroon



Requirements per sector



Response Plan Overview

PEOPLE IN NEED	PEOPLE TARGETED	REQUIREMENTS (US\$)	OPERATIONAL PARTNERS
4.7M	2.7M	\$407.3M	81

In 2023, 4.7 million people need humanitarian assistance, out of which 2.7 million are targeted by the humanitarian response plan (HRP) with projects aiming to support internally displaced persons (IDPs), returnees, refugees, host communities and those left behind. The humanitarian community prioritizes life-saving assistance (strategic objective 1), including protection interventions (strategic objective 2), but in this HRP livelihood support and resilience building (strategic objective 3) are additional important pillars, to ensure people affected by crises can meet their basic needs in a sustainable manner. The resilience capacities to withstand future stresses and shocks in

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



SOUTH-WEST REGION, CAMEROON

A grandmother and her grandchild displaced in the South-West region due to violence
Photo: OCHA/Liz Loh-Taylor

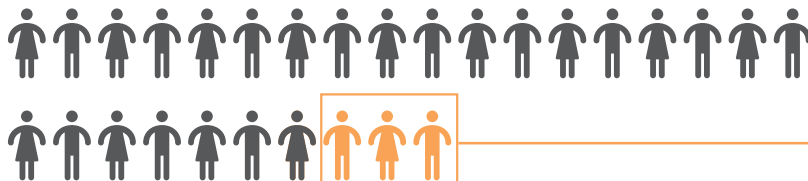
TOTAL POPULATION

28M

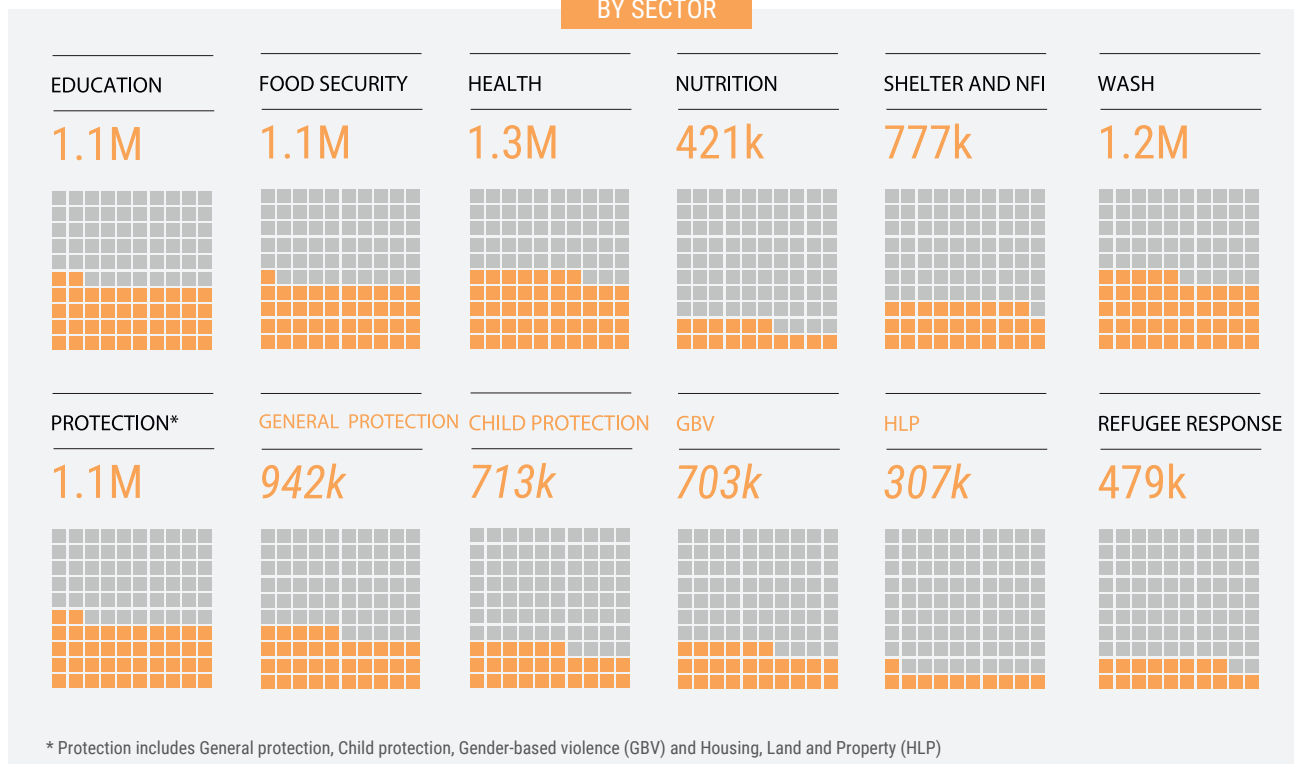


PEOPLE TARGETED

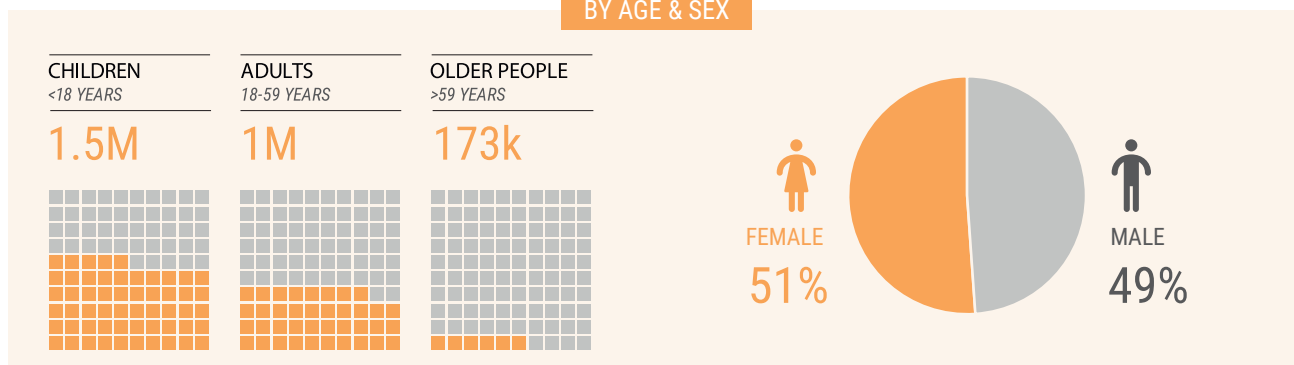
2.7M



BY SECTOR



BY AGE & SEX



HRP Key Figures

Humanitarian Response by Targeted Groups

POPULATION GROUP	PEOPLE IN NEED	PEOPLE TARGETED	PERCENTAGE TARGETED
Internally displaced persons	968 K	805 K	83%
Returnees	550 K	462 K	84%
Refugees	495 K	371 K	75%
Host communities	1.4 M	798 K	59%
Others	1.3 M	266 K	20%










Humanitarian Response by Gender

GENDER	IN NEED	TARGETED	% TARGETED
Men	2.3 M	1.3 M	58%
Women	2.4 M	1.4 M	57%

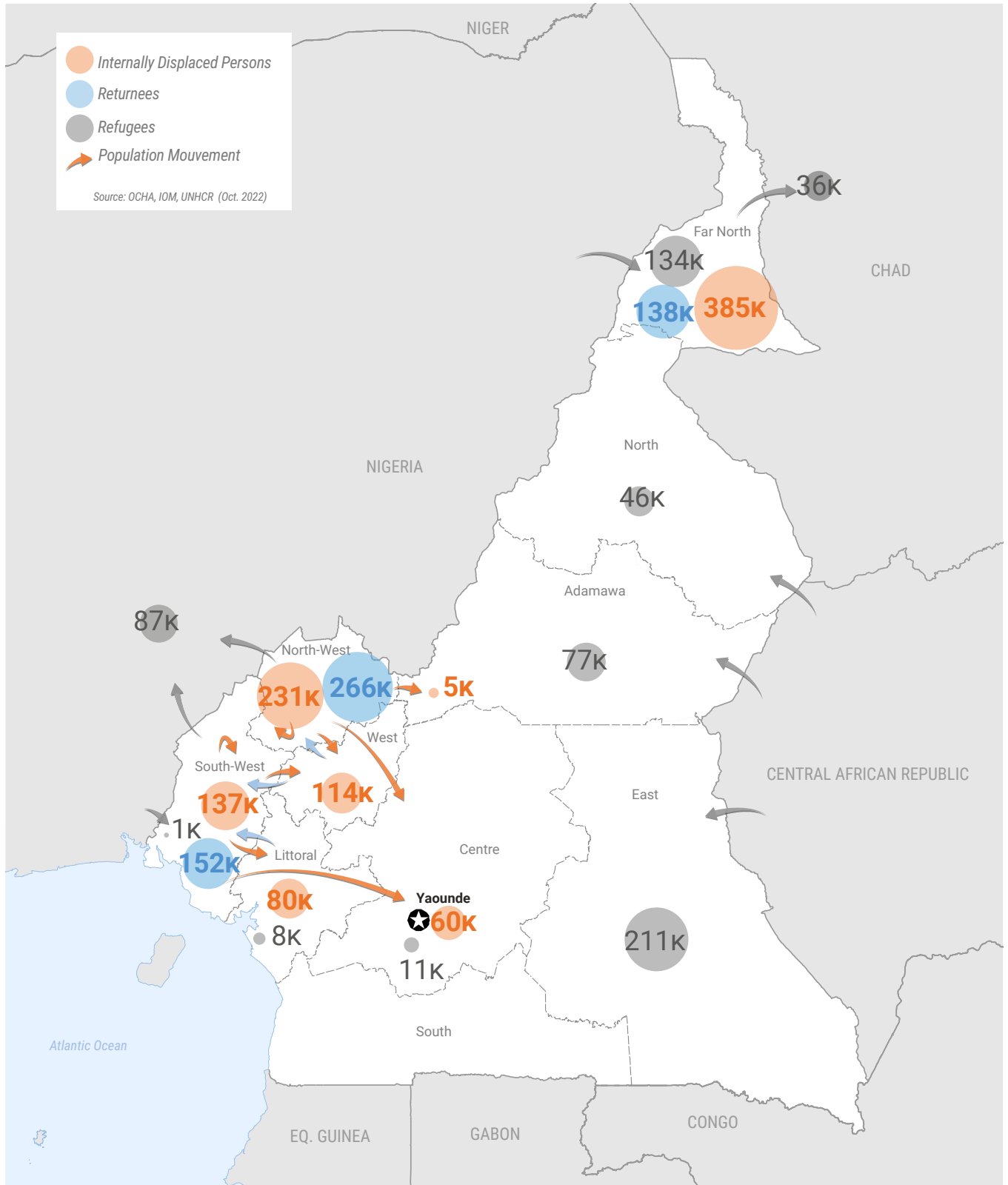
Humanitarian Response by Age

AGE	IN NEED	TARGETED	% TARGETED
Children (0 - 17)	2.5 M	1.5 M	60%
Adults (18 - 59)	2 M	1 M	53%
Older people (59+)	277 K	173 K	62%

Financial Requirements by Sector

SECTOR RESPONSE	REQUIREMENTS (US\$)	
Education	\$31.6 M	
Food Security	\$100.9 M	
Health	\$25.4 M	
Nutrition	\$22.3 M	
Protection	\$44 M	
Shelter/NFI	\$33.1 M	
WASH	\$28.8 M	
Multi-Sector Refugee Response	\$104.7 M	
Coordination and Support Service	\$16.4 M	

Crisis Context and Impact¹



Nine out of ten regions of Cameroon continue to be impacted by three complex humanitarian crises: the Lake Chad basin conflict, the North-West and South-West (NWSW) crisis and the Central African Republic (CAR) refugee crisis. In 2023, one out of six people living in Cameroon needs humanitarian assistance and protection, a total of 4.7 million people. More than 3.2 million people are projected to face acute food insecurity in 2023.² There are over two million people on the move as internally displaced persons (IDPs), returnees, or refugees. Humanitarian needs are compounded by structural development weaknesses and chronic vulnerabilities that further challenge the long-term recovery of affected people. The number of people in need in Cameroon continues to grow due to the impact of conflict and insecurity, epidemics as well as climate-related effects, such as floods and droughts. The prolonged nature of these crises, new and repeated displacement, and insufficient humanitarian assistance are eroding people's already limited resilience. This is leading to an increase in negative coping mechanisms, including child labor, child marriage and survival sex.

Shocks

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

Impact on people and their access to basic services

Hostilities are the direct cause of death and injury, displacement, damage to property and destruction of civilian infrastructure, including education and health facilities.

In the Far North, most attacks by non-State armed groups (NSAGs) are predatory, with civilians also sometimes targeted for their perceived collaboration with State Security forces and local vigilante

committees. In the North-West and South-West high levels of violence, criminality and impunity lead to a climate of insecurity with civilians facing risks of being killed, injured, abducted or kidnapped for ransom, or unlawfully detained. Going to school in the North-West and South-West remains dangerous for children, as well as for teachers, as evidenced by the continuous chain of violent attacks on education since 2017.

Violence and insecurity are the main cause of displacement, with over two million people displaced within Cameroon, either as IDPs, returnees or refugees.

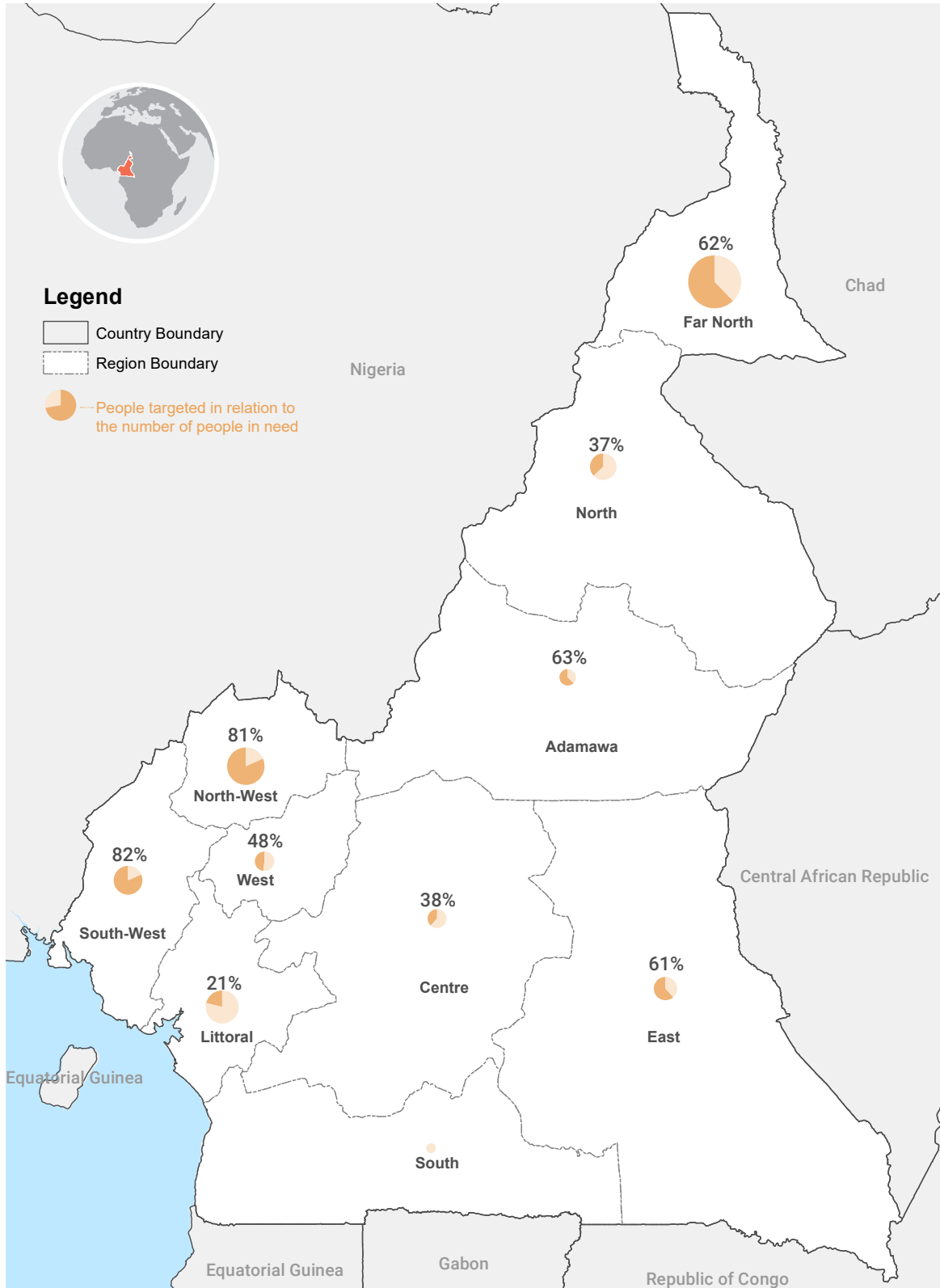
Insecurity in the Far North, South-West, and North-West regions also continues to exacerbate already limited access to health services. Attacks on and the destruction of basic health infrastructure have led to a drain in health personnel, reducing the availability of health services addressing war injuries and psychosocial trauma related to violence, including sexual violence and rape. The lack of health facilities and services, coupled with the limited access to safe drinking water and inadequate sanitation conditions, contributes to the spread of epidemics such as cholera and measles, particularly affecting children, and older people.








































The disruption of services due to insecurity also affects the delivery of civil and legal documentation, including birth certificates and identity cards, leading to a number of protection concerns, such as arbitrary arrest or detention, and further rendering access to basic social services such as health care and education challenging.

Exceptional floods affected over 313,000 people in the Far North in 2022, causing at least 23 deaths and displacing over 113,000 people. Some 31,000 houses were damaged or destroyed, and 48,000 hectares of fields and 6,700 animals lost. Around 151 primary and secondary schools were flooded, and more than 200 water points and 2,620 latrines submerged. A dozen health facilities were completely flooded and rendered non-operational.

Planned Response

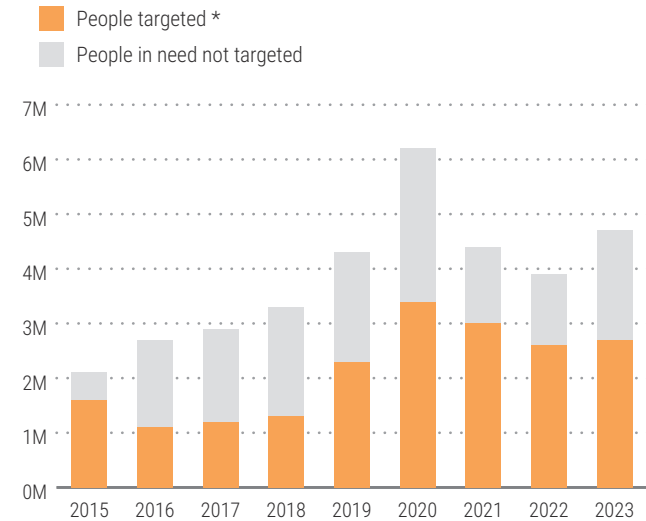
PEOPLE IN NEED	PEOPLE TARGETED	WOMEN	CHILDREN	WITH DISABILITIES
4.7M	2.7M	51%	55%	15%



REGIONS		LCB Crisis	NWSW Crisis	OTHER	CAR Crisis	PEOPLE IN NEED TARGET POPULATION	
Far North		1.6 M					1.6 M
		966 K					966 K
North-West			779 K				779 K
			634 K				634 K
South-West			456 K	3 K			459 K
			373 K	2 K			375 K
West			173 K	38 K			211 K
			99 K	2 K			101 K
Littoral			154 K	431 K	18 K		603 K
			89 K	24 K	13 K		127 K
East					302 K		302 K
					186 K		186 K
North				262 K	127 K		390 K
				80 K	63 K		144 K
Adamawa			13 K	26 K	111 K		150 K
			8 K	12 K	74 K		95 K
Centre			106 K	58 K	33 K		197 K
			51 K	0 K	24 K		75 K
South				53 K			53 K
				0 K			0 K

Historic Trends

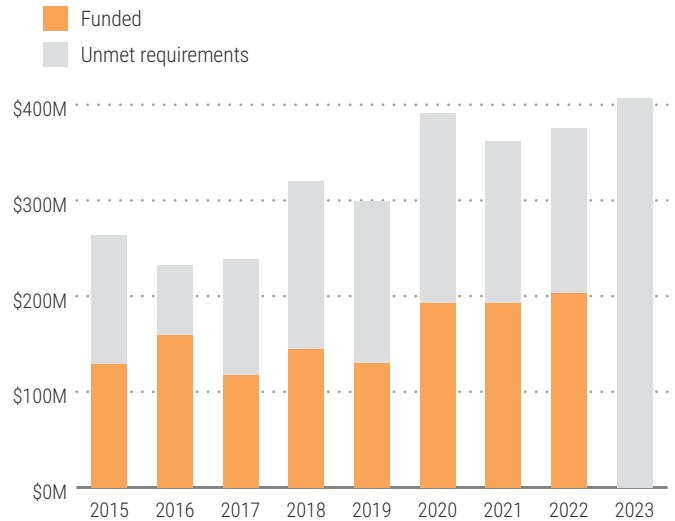
NUMBER OF PEOPLE IN NEED



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

Between 2015 and 2019, the number of people in need continuously increased in Cameroon, mostly due to an upsurge in violence and insecurity. Armed conflict in the Far North has led to a steady rise in displacement since 2014. The number of people affected by the crisis in the North-West and South-West dramatically grew in the second half of 2018, due to increasing acts of violence. It was one of the fastest growing displacement crises in Africa in 2018 and as of December 2022 around one million people

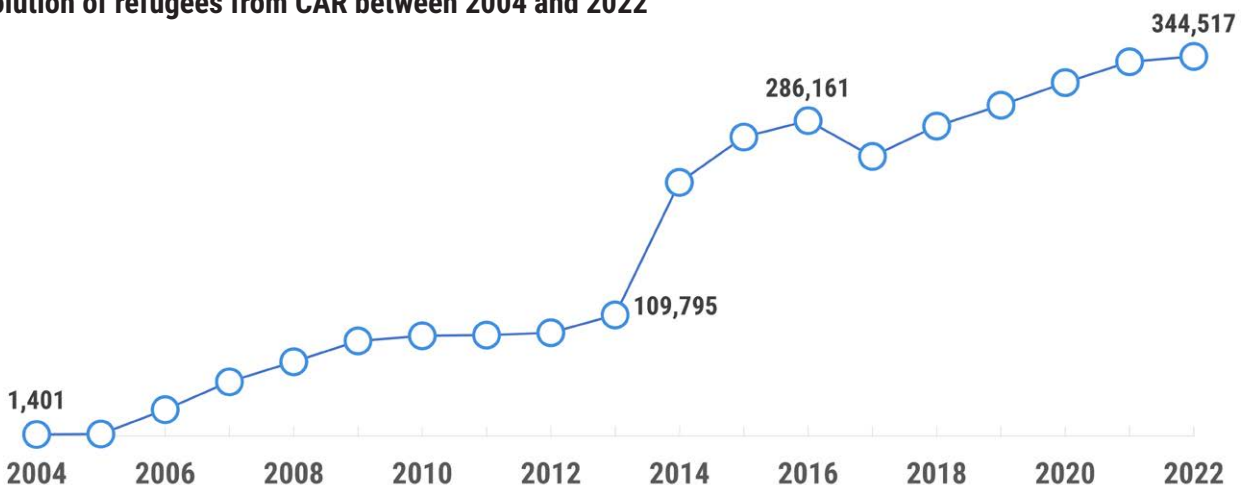
HRP FINANCIAL REQUIREMENTS (US\$)



remain displaced as IDPs, returnees or refugees since mid-2020. Meanwhile, since 2004, the East, Adamawa, and North regions have continued to be confronted with a steadily increasing number of refugees from CAR.

The COVID-19 pandemic, which reached Cameroon in March 2020, has led to a spike in the number of people in need. Some 6.2 million people were estimated to need humanitarian assistance in 2020, representing

Evolution of refugees from CAR between 2004 and 2022



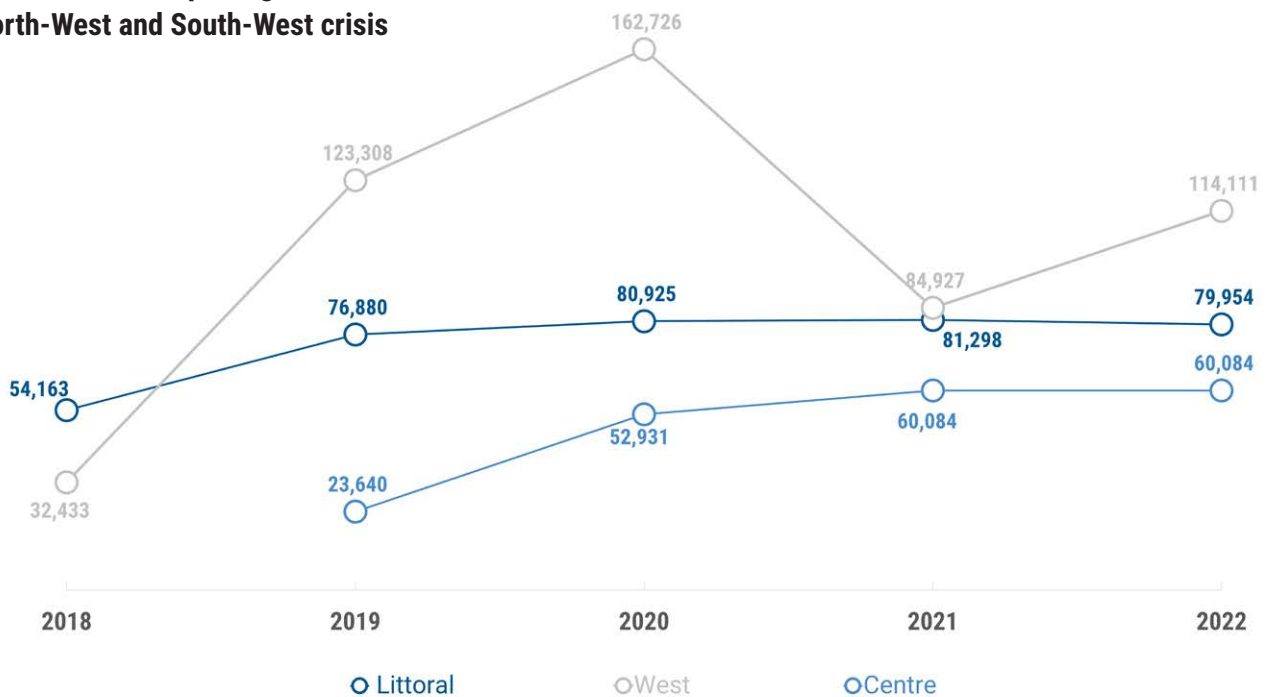
an increase of over 2.3 million compared to the initial figure of 3.9 million.

Except for this spike in 2020, around 4 million people were estimated to need humanitarian assistance between 2019 and 2022, a sign of the protracted

nature of the crises affecting Cameroon and of the insufficiency of the humanitarian response.

The PIN of 4.7 million for 2023 is considerably higher in comparison with the 3.9 million for 2022. This is mostly due to an important increase in the number of

Evolution of IDPs per region for the North-West and South-West crisis



people facing acute food insecurity triggered by the Ukraine crisis and due to the continued socioeconomic impact of the COVID-19 pandemic.³

Development of the PIN per crisis

The number of people in need in the Far North decreased from 1.9 million in 2019 to around 1 million from 2020 to 2022, followed by a new increase of 25 per cent in 2023, up to 1.6 million. 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 in 2020 but decreased to 1.7 million in 2023. Meanwhile, the number of people in need due to the CAR refugee crisis has decreased from 1.1 million in 2019 to 607,000 in 2023.

Many of the variations in PIN for the different crises since 2019 are due to methodological changes in the calculation. For example, in 2022 a smaller percentage of the refugee host community were considered for the PIN calculation for the CAR crisis. A return to the

previous methodology, considering 15 per cent of the refugee host community, led to the PIN increase for the CAR crisis in 2023 in comparison with 2022. The decrease in the PIN for the North-West South-West crisis from 2 million in 2022 to 1.7 million in 2023 is mostly due to the change in methodology for the number of people in food insecurity, using the number of people food insecure in the projected period (June to August) and no longer in the “current” period (October to December).

However, statistical calculations aside, the overall analysis confirms certain trends. After some level of stabilization was observed in the Far North in 2020, needs have increased again as a result of continuous insecurity, an escalation of the inter-community conflict, and the rising climate-related impact of natural disasters. In the North-West and South-West, an escalation of the crisis in 2018 and 2019 had led to dramatic displacement and a drastic rise in the PIN. Since then, however, the number of

IDPs is decreasing in certain regions and stabilizing in others, while the number of people in need and the severity of needs remain high without necessarily increasing. With regards to the CAR refugee crisis, a similar development has also been observed. While the number of refugees has not increased radically since 2017, and despite the fact that CAR refugees

have spent several years in Cameroon, their access to basic services remains insufficient and their livelihood options remain limited. They thus continue to depend largely on humanitarian assistance.



FAR NORTH REGION, CAMEROON

Mogogne is an IDP in the Igawa Meme IDP site, mother of seven children
Photo: OCHA/Ariane Maixandeu

Part 1: Strategic Response Priorities

DOUALA, LITTORAL REGION, CAMEROON

Photo: UNICEF/Dejongh



The Inter-Sector and Inter-Cluster groups reviewed the severity and magnitude of the needs of the affected population groups by geographical areas, as identified in the Humanitarian Needs Overview (HNO). While structural problems lay outside of the scope of a humanitarian response and should be addressed by development actors, collaboration towards meeting the collective outcome to reduce needs, risks, and vulnerabilities over the long-term was identified as an underlying response priority, especially in the Far North, the eastern regions, and the Littoral and West. Based on this analysis, it was agreed to target people affected by crises, including IDPs, returnees, refugees, host communities, and those left behind.

“Those left behind” refers to the category of persons who are affected by a shock but who do not flee their area of origin due to factors such as old age and disabilities nor host IDPs and/or refugees. While those left behind have been identified as one of the most vulnerable groups in the HNO in 2021 and 2022,

data was previously not available. Thanks to a shelter household-level survey carried out in the Far North, North-West and South-West, Littoral, and West regions in January 2022, data for this group of people is now for the first time available. The assessment confirmed the vulnerability of this group of over 300,000 people, who have therefore been included in the target of the Humanitarian Response Plan (HRP) 2023.

With regards to gender, age and disability, the analysis in the HNO illustrated that specific population groups are most vulnerable to different humanitarian consequences, leading to the prioritization of different sub-groups by different sectors in different regions.

1.1

Humanitarian Conditions and Underlying Factors Targeted for Response

Violence, insecurity, displacement, natural disasters, the COVID-19 pandemic, and the impact of the war in Ukraine have affected the physical and mental well-being, living standards, resilience, and recovery capacity of people living in Cameroon. As a result, 4.7 million people need humanitarian assistance in 2023.

Cameroon continues to be confronted with serious protection crises, marked by violations of human rights and international law. The insecurity and violence experienced by millions of people in Cameroon, especially in the Far North, North-West, and South-West regions, have led to death and injuries, physical and mental disabilities, and are hampering the people's ability to move, communicate, and learn. Thousands of people continue to suffer human rights violations and abuses such as arbitrary arrest and detention, targeted violence, killings, and GBV. Children are separated from their family or are unaccompanied as a direct consequence of attacks on their villages, forcing family members to scatter, seek safety, but also to pursue economic opportunities in other areas or because they are sent away to continue their education. **Protection monitoring, prevention, and mitigation action in 2023 will target 1.2 million people.**

Thousands of people in Cameroon are affected by increased mortality and morbidity due to communicable diseases and other public health threats and a lack of access to minimum food, nutrition, water, sanitation and hygiene (WASH), shelter, and life-saving health services. A lack of adequate food and nutrition services negatively impacts the quality of diets and nutritional practices, which translate into an increase in mortality, morbidity, and malnutrition among the population groups with the highest nutrition needs. According to the Cadre Harmonisé analysis from October 2022, almost 3.6 million people are in food insecurity phases 3 and 4, adopting crisis or

emergency coping strategies to secure household-level food security from October to December 2022. The lack of adequate shelter and of access to basic safe water and sanitation and health services exposes thousands of people to harsh weather conditions, increasing the chances of sickness. Limited access to basic resources and services leads to the use of negative coping mechanisms, including child marriage and survival sex.

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

Low living standards and reduced resilience of people affected by crises lead to different types of deficits and to the use of various, mostly negative, coping mechanisms to meet basic needs. **Millions of people in Cameroon cannot attain minimum living standards.** Violence and insecurity in the Far North, North-West and South-West regions have limited access to land and livelihoods. In the eastern regions, most refugees from the Central African Republic 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, many of the regions affected by the different crises are chronically and structurally underdeveloped: symptoms of this situation are illustrated by the poor infrastructure and lack of basic services. For this reason, different sectors include income generating activities and vocational trainings in their response priorities, to decrease negative coping

mechanisms and strengthen the resilience of the affected population.

Humanitarian challenges are aggravated by structural factors and chronic vulnerabilities that hinder the long-term recovery of affected people. Discrimination between girls and boys and women and men remains a major obstacle to human development in Cameroon. Gender inequalities represent an important factor influencing adaptation strategies and affecting the recovery capacities of women and girls. The fact that they are socially and economically disadvantaged and that they are largely excluded from public decision-making spheres, including conflict resolution processes and peacebuilding more generally,⁴ greatly hampers the resilience and recovery of women.

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

The number of displaced people continues to be high due to insecurity. Civilians are fleeing to protect themselves and their relatives from serious threats to life and physical integrity and because of the loss of access to livelihoods and basic services due to insecurity. Displacement leads to a further loss of resources and of access to basic services, making displaced people even more vulnerable. For example, IDPs have a lower food consumption score than the rest of the population, on average. For children, displacement means the dissolution of community-based protective networks and the loss of education.

While people on the move, including IDPs, returnees, and refugees, account for 43 per cent of the 4.7 million people in need in Cameroon in 2023, they make up for 61 per cent of the 2.7 million people targeted by the humanitarian response plan.



BOGO IDP SITE, FAR NORTH REGION, CAMEROON

A woman and her child displaced after the intercommunity conflict in the Logone Birni
Photo: OCHA/ Ariane Maixandeu

1.2

Response by Strategic and Specific Objectives

The HRP targets 2.7 million people, representing 57 per cent of the 4.7 million people in need of humanitarian assistance. This target is the result of the prioritization of the most acute needs and is in line with the outcome of the severity comparison tool of the HNO per sector and geographic area (divisional level). Geographically, the most severely affected populations are in the Far North, North-West, and South-West regions. These areas are prioritized by the humanitarian community for response.

Targeting also considers complementary response efforts by the Government, the Red-Cross and Red-Crescent Movement, Médecins Sans Frontières (MSF), as well as development partners, while also illustrating realistic planning by considering operational and access challenges.

As explained in detail further below, different population sub-groups, based on their specific vulnerabilities and needs, are prioritized for different response activities in different locations.

The Inter-Sector Working Group (ISWG) and the Humanitarian Country Team (HCT) reviewed and adjusted the strategic and specific objectives of the 2023 HRP and held several dedicated discussions on response priorities and approaches. Discussions on needs and severities as well as on response priorities and modalities were also held with key humanitarian stakeholders and Government representatives at sub-national levels.



NORTH-WEST REGION, CAMEROON

Briefing with beneficiaries on the cash modality in the North-West region

Photo: OCHA/ Ariane Maixandeu

Strategic Objective 1

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

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

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

The target population comprises the most vulnerable groups of the affected population in the HNO 2022, which include IDPs, vulnerable host communities, returnees, refugees, and those left behind; especially those who are living in areas that are hard to reach, either because of insecurity or difficult road conditions, with little or no access to basic services.

Specific Objective 1.1: 1.3 million vulnerable people affected by crisis benefit from inclusive, life-saving and timely food, nutrition, WASH, shelter, NFI, and health services by the end of 2023.

Populations in need in nine regions affected by crisis will benefit from multisectoral life-saving response activities for them to have access to and benefit

from minimum basic services in 2023.⁵ Over 512,000 people will receive unconditional food assistance through cash, cash plus⁶ or in-kind assistance and 220,000 people will receive assistance through agricultural, livestock and fishery support. Almost 165,000 girls and boys aged 6 to 23 months will receive micronutrient powders for home-based food fortification. Almost 1.3 million people will benefit from outpatient consultations for the main causes of morbidity and mortality and around 113,000 people who suffer from trauma due to violence will benefit from mental and psychological care. About 28,500 people will have access to healthcare and essential medication via mobile clinics. Almost 27,000 refugees or host community members living with disabilities will receive specific support, depending on their needs. About 1.3 million people affected by crisis are targeted to benefit from sustainable access to safe drinking water and around 374,000 people will benefit from newly constructed, gender segregated latrines. Over 103,000 refugees and host community members are targeted with transitional shelter assistance, in kind or with cash. Thousands of households will be provided with shelter assistance, including emergency shelter material or kits.

For an exhaustive overview of the different interventions planned per specific objective please see chapter 2.2. on indicators and targets.

Strategic Objective 2

Improve the respect of the fundamental human rights of 1.2 million vulnerable people affected by crisis

Considering that the three humanitarian crises in Cameroon are protection crises, a dedicated objective was incorporated to highlight the centrality of protection, although protection is mainstreamed into all activities. The humanitarian consequences targeted under this objective include human rights violations and abuses as well as impediments to people's ability to move freely, to communicate and learn and to engage in socio-economic activities. 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. Other sectors are equally committed to contributing to the improvement of the protection environment for people affected by crisis and developed specific indicators to measure their contribution.

Specific Objective 2.1: By the end of 2023, the protection risks of 1.2 million people affected by crisis are monitored, prevented, mitigated and addressed through integrated and inclusive humanitarian action.

In 2023, Protection partners aim to support around 155,000 conflict-affected persons in (re)acquiring civil and legal documentation, which will protect men and boys from arbitrary detention and facilitate school enrolment for girls and boys. Considering that the lack of civil documentation is a structural problem in Cameroon, which development and Government actors are more adapted to address, the Protection Sector is engaging with local partners and Government actors to advocate for legal reforms of the civil documentation system and entry points to facilitate birth registration, for example in healthcare centers. Almost 1,000 awareness sessions on civil documentation will

be organized in 2023, some 42,000 people will be sensitized on the importance of birth registration and almost 8,500 crisis-affected children are targeted to receive birth certificates. In addition, 75,000 refugees are targeted to receive civil documentation. In general, 1.2 million people will be sensitized on their rights and obligations in 2023.

In addition, 17,500 vulnerable people will be supported with protection assistance. Almost 500 community-based individuals will be trained on protection standards and policies. Around 400,000 people will be covered by monthly protection monitoring activities.

Child Protection actors will focus on providing psychosocial support to displaced children, including unaccompanied and separated children (UASC), and on preventing family separation during conflict through community-based approaches. Almost 450,000 children and their caregivers will access mental health or psycho-social support, 58,000 UASC will be reunified or put in contact with their families, and over 44,000 UASC will access family-based care or appropriate alternative care arrangements.

Considering the high number of GBV survivors, the challenges in accessing GBV services, and the roots of GBV in pre-existing social and cultural discriminatory norms, GBV partners will concentrate efforts on improving the availability of multisectoral quality services, increasing the provision of mental health and psychosocial support, creating safe spaces for women and girls, reducing risks through the distribution of dignity kits, raising awareness, and implementing prevention activities at community level. Around 10,000 GBV survivors will receive at least one form of assistance, including medical, psychological, and legal support. Over 105,000 children will access GBV risk mitigation, prevention, or response interventions and almost 32,000 children at risk of violence, abuse and

exploitation will receive appropriate case management services. Collaboration between the Health Cluster and the GBV Area of Responsibility (AoR) will continue to address the medical needs of GBV survivors. The Health Sector targets 2,450 GBV survivors for physical and mental health assistance.

The Health Sector will continue to report and document attacks on healthcare and promote the safe delivery of and access to medical assistance for all without being hampered by acts of violence or obstructions. Education partners will also continue to advocate for the implementation of the Safe School declaration and for the protection of education from attacks, while also supporting the monitoring and documentation of attacks against education. The Education Sector aims to support access to quality education in a safe protective learning environment, including through building of inclusive classrooms and temporary safe learning spaces, training education staff on psychological support and inclusive education.

Almost 10,000 persons will be trained on matters relating to housing, land, and property (HLP), almost

440,000 people will be sensitized on HLP rights and obligations, including through community sensitization, radio messaging, and the distribution of leaflets, almost 34,000 people will receive counselling services on HLP-related matters, and 22,700 persons will be provided with case-specific legal assistance on HLP.

The GBV Sector highlighted that livelihood support is often not a priority intervention for women and girls despite critical needs. Food Security, Livelihood, and Education partners will also provide dedicated livelihood support to women and girls.⁷

Lastly, capacity building on protection, gender, and disability mainstreaming is integrated into all sectoral response frameworks, with a specific focus on reinforcing capacity on these issues among local partners.



BOGO IDP SITE, FAR NORTH REGION, CAMEROON

A displaced woman after the intercommunity conflict in the Logone Birni
Photo: OCHA/Ariane Maixandau

Strategic Objective 3

Reduce vulnerabilities and strengthen resilience of 920,000 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, to meet their basic needs in an autonomous manner, and to withstand future stresses and shocks. These consequences manifest in the lack of resources (income and productive assets) to address basic needs such as food, access to basic services, access to formal and informal social assistance, access to markets, and in the use of detrimental coping mechanisms to meet these basic needs. The Education, Food Security, Health, Nutrition, WASH, Shelter/NFI, and Multi-Sector Refugee Response sectors will all contribute to achieving this objective through a mix of activities, spanning from improving access to basic services to strengthening the capacities of first responders and the self-reliance of the affected population.

Specific Objective 3.1: By the end of 2023, 920,000 vulnerable people affected by crisis have equitable, regular, appropriate, and safe access to quality inclusive services.

Activities that will contribute to the accomplishment of this objective comprise livelihood support, including through the provision of agricultural input. Around 11,400 pregnant and lactating women (PLW) and almost 100,000 boys and girls aged 6 to 23 months will be enrolled in the Blanket Supplementary Feeding Programme (BSFP). Almost 237,000 adolescent girls and 197,000 pregnant women are targeted to receive weekly iron and folic acid supplements. Health partners aim to have 70 per cent of births attended by skilled health personnel.

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

platforms. Also, over 4,000 education staff will be trained on inclusive education and 280,000 children affected by crisis will benefit from school feeding.

Specific Objective 3.2: In 2023, 800,000 vulnerable people affected by crisis are equitably supported with material and financial inputs, services, and skills for livelihood activities, to empower them and to contribute to sustainable solutions.

To accomplish this objective, the Education, Food Security, Shelter/NFI, WASH and Multi-Sector Refugee Response sectors will implement a wide range of activities, including supporting over 800,000 children and adolescents with learning materials and 120,000 with financial support to access education, and by distributing essential non-food items and shelter material. Water user committees will be established or revitalized, and their members trained. Around 340 refugees and host community members will benefit from professional trainings and an additional 340 will be supported in their agricultural, pastoral and fishery activities.

1.3

Response Approach

In 2023, humanitarian actors will prioritize people with inter-sectoral needs at severity 3 (severe) and 4 (extreme) levels⁸ for response. A 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 in close consultation with the affected populations, fully considering their concerns and priorities, and will be 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 persons living with disabilities.

Enhanced coordination

To implement the 2023 HRP in a coordinated manner, the humanitarian community will continue to engage with all relevant stakeholders, including the Government of Cameroon, members of civil society, donors, and development actors, recognising that the primary responsibility for the protection of its populations lies with the Government. Existing coordination and accountability mechanisms will be strengthened to enhance the quality, effectiveness, and timeliness of the response, respecting humanitarian principles, and ensuring full transparency of humanitarian activities.

Increased funding advocacy

Cameroon's humanitarian response has been underfunded for several years,⁹ leaving humanitarian organizations lacking the human, financial and material resources which would be necessary to respond adequately to all the needs identified in the HNO. Limited funding also reduces the capacity to plan interventions with a medium- to longer-term

approach aiming at sustainable solutions, since there is no guarantee that funding for these interventions will continue. Advocacy to increase donor commitment to enabling the humanitarian community to respond to the needs in Cameroon remains a key priority in 2023. The HCT started updating its resource mobilization strategy in the third quarter of 2022, with the aim to start 2023 with a common strategy and action plan to be more effective in its collective efforts to mobilize additional humanitarian funding.

A consortium of partners of the 'Education Cannot Wait Multi-Year Resilience Programme', namely NRC, Plan International, UNICEF, UNESCO, and WFP, mobilized 30 million USD by August 2022, to reach crisis-affected girls and boys with quality education. The consortium plans to mobilize 50 million USD in additional resources in 2023 to reach an additional 450,000 internally displaced, refugee, returnee and host community children and adolescents within the North-West, South-West, Far North, East and Adamawa regions.

A multisectoral approach

The multisectoral dimension will be reinforced in 2023 through a robust intersectoral coordination to improve the efficiency of the response by responding to the needs of the population holistically. Many sectors have already developed joint response strategies: The Education Sector and the Child Protection AoR work with the WASH Sector to ensure the availability of WASH services in schools, and with the Food Security Sector on school feeding projects. They also share 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 food distributions. The Protection and Health sectors will strengthen joint responses to the mental-health and psychosocial needs of GBV survivors and affected children through their existing referral pathways and coordination mechanisms. The WASH, Health, and Education sectors are working together on the cholera response. COVID-19 sensitization will continue to be integrated into humanitarian activities.

In 2022, the Shelter Cluster for the North-West and South-West identified in its strategy¹⁰ the need to strengthen coordination with the Education, Health, and WASH clusters on the area of infrastructure. This has led to joint data analysis on infrastructure conditions including housing, WASH facilities, schools, and hospitals, with a view to collaborating on repair activities as often the engineers shared among these clusters are the same. The WASH and Shelter sectors have agreed to develop a joint strategy to integrate sanitation issues along shelter interventions. The Shelter Cluster has also worked with the GBV AoR to advocate for shelter activities as direct activities that mitigate the GBV risks by increasing the space available per person in overcrowded shelters and by improving sleeping conditions. The HLP AoR has also advised the Shelter Cluster on tenancy and land tenure situations, providing partners with a template for tenure agreements¹¹ to support rental activities.

Meanwhile, all sectors are committed to contributing to the protection of the affected population. It is understood that protection is a shared responsibility for all humanitarian actors engaged in the response in Cameroon. Increasing access to formal and non-formal education, as well as vocational trainings, will provide a protective environment for children and adolescents, exposed to various risks of abuse, including child labour and sexual exploitation. Structured learning programmes also offer opportunities to normalize environments and offer psychosocial support. The protective learning environment in schools and non-formal learning settings will be enhanced through a collaboration between the Education, Child Protection, and WASH sectors. The construction of latrines respecting the dignity and safety of affected people will reduce GBV risks for women and girls.

Exposure to GBV will also be reduced through the construction and rehabilitation of water points to reduce overcrowding and the distance to collect water, as well as through the provision of shelter and rental subsidies to diminish overcrowding and the lack of privacy in accommodations. The Education, Health, and Protection sectors and the Child Protection and GBV AoRs are working together to provide psychosocial support to improve the mental health and wellbeing of people traumatized by violence, as well as to build resilience among affected populations. The systematic integration of protection, Accountability to Affected Populations (AAP), Protection from Sexual Exploitation and Abuse (PSEA), gender and disability inclusion in all humanitarian interventions will be further strengthened in 2023, including through reinforcing partners capacities in these areas.

Multisectoral needs assessments (MSNA) will continue to provide a holistic view of the crises' impacts and resulting needs in the affected regions, improving response programming, while multisectoral initiatives, such as the Rapid Response Mechanism (RRM), will continue to be operational in the Far North and West through a multi-sectoral assessment tool that facilitates a standardized analysis of community needs. In 2023, the coordination of the newly established RRM in the West with other population movement alert mechanisms and the collaboration with the different clusters and sectors will be reinforced to maximize the analysis and cross-validation of available information and reach a certain harmonization in the response activities.

In the North-West and South-West regions, OCHA will continue to facilitate inter-sectoral missions to maximize the impact of multisectoral response activities in a challenging access environment.

In 2023, the humanitarian community will aim to operationalize the multisectoral approach in a more effective and efficient way through: (1) the commitment of the sectors to develop joint strategic and operational frameworks; (2) the promotion of the multisectoral approach at the various stages of humanitarian action, with a special focus on multisectoral assessments and responses; and (3)

joint advocacy for strengthening donor commitment to support a multisectoral response.

Annual planning embedded in a multi-year vision

After the multi-year humanitarian response strategy 2017-2020, Cameroon returned to an annual humanitarian response planning in 2020, with annual strategic objectives embedded in a multi-year vision. Concretely, the humanitarian community is committed to aligning the humanitarian response strategy with the UN Sustainable Development Cooperation Framework (UNSDCF) and to contributing to the achievement of the identified HDP collective outcome by the end of 2026. The strategic objectives of the 2021, 2022 and 2023 HRP were formulated to align with the collective outcome. These contributions, in turn, facilitate the achievement of the Government's National Development Strategy 2020 - 2030.

The Humanitarian-Development-Peace Nexus approach

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

Cameroon was the first country to volunteer at the World Humanitarian Summit to implement the Nexus approach and became one of the seven priority countries of the UN Joint Steering Committee to Advance Humanitarian-Development Collaboration, established by the Secretary-General in 2017. A group composed of members of the HCT and United Nations Country Team (UNCT) started working on the HDP Nexus in 2017. Their work led to the decision of the HCT to create a national Nexus Taskforce in May 2019, mandated with the development of the HDP Nexus approach in Cameroon and its operationalization at the community level. Two regional Taskforces were also created covering respectively the Far North region and the eastern front (North, Adamawa, and East regions).

The HDP Nexus Taskforce is composed of representatives from the Government, UN agencies, international and national NGOs, and technical and financial partners.

The goal of the HDP Nexus is captured in the HDP collective outcome. Detailed information on how the collective outcome and its pillars were defined in Cameroon are included in the document "The road to the HDP collective outcomes in Cameroon."¹²

HUMANITARIAN-DEVELOPMENT-PEACE COLLECTIVE OUTCOME

By the end of 2026, the most vulnerable populations living in areas of convergence in the Far North, North, Adamawa, East, North-West and South-West priority regions, or in other regions affected by the crises, recover indiscriminately their fundamental rights and improve their physical well-being and social welfare.

The collective outcome was divided into three pillars and collective sub-outcomes:

Pillar 1: Basic social services

By the end of 2026, the most vulnerable people living in convergence areas and/or areas affected by crises access sustainable basic social services.

Pillar 2: Sustainable livelihoods and economic opportunities

By the end of 2026, the most vulnerable people living in convergence areas access sustainable livelihoods and economic opportunities.

Pillar 3: Protection, social cohesion and local governance

By the end of 2026, good local governance and the consolidation of peace protect the fundamental rights of the most vulnerable people living in convergence areas.

The collective outcome intends to reduce needs, risks, and vulnerabilities of affected populations and to provide durable solutions to communities affected by forced displacement in selected municipalities by 2026.

In 2022, the HDP Nexus Taskforce finalized a note to clarify the "peace" pillar of the triple Nexus.¹³ "Peace" in the triple Nexus in Cameroon refers to the inclusion of activities promoting social cohesion and peace-building. In the convergence areas, the actions of the

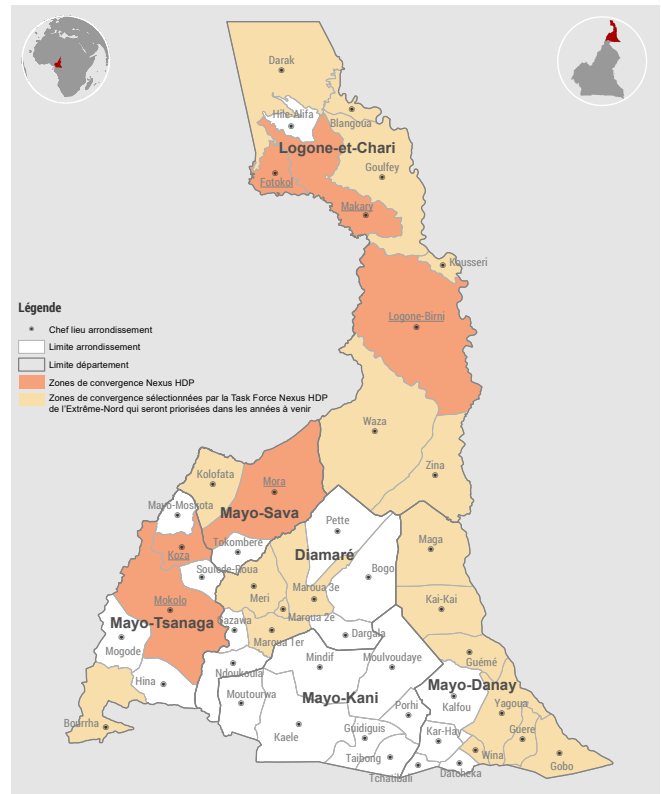
peace component contribute to developing a shared vision of peace in the municipality and to supporting the implementation of that vision. Its inclusion also serves as a reminder that all interventions must be conflict-sensitive, (i.e., they must not aggravate pre-existing divisions by reinforcing a rift or undermining peace initiatives).

The HDP Nexus in Cameroon is based on a bottom-up approach. It seeks to create synergies between humanitarian, development, and peace-building interventions in the municipalities where conditions allow for all three types of interventions. These municipalities are called Nexus convergence areas.

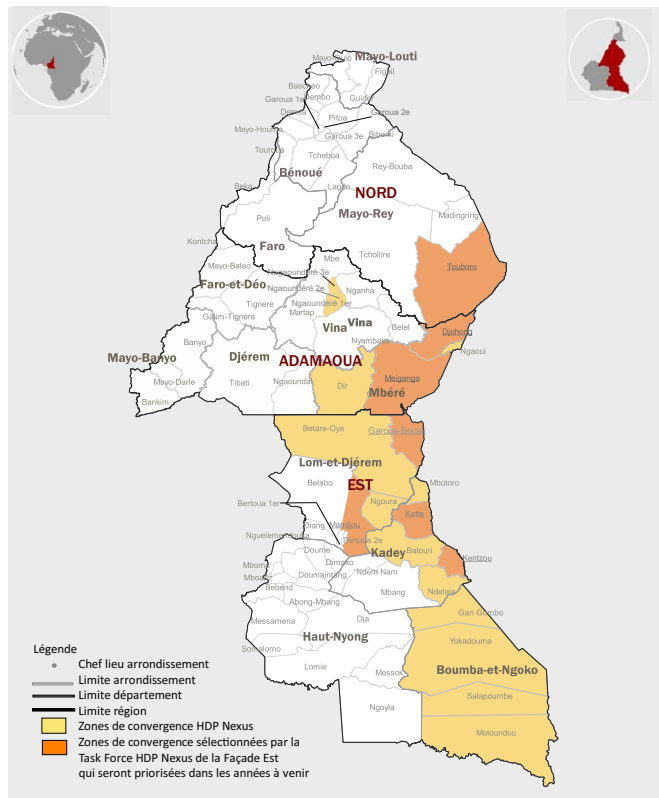
The selection of convergence areas is based on criteria that the Nexus Taskforce has defined and on an approach which considers the ability and potential to achieve collective results.¹⁴ Twelve convergence areas were selected by the end of 2022: six in the Far-North (Mokolo, Koza, Mora, Makary, Logone Birni, and Fotokol), one in the North (Touboro), two in the Adamawa region (Meiganga and Djohong) and four in the East (Kette, Kentzou, Mandjou and Garoua-Boulai). Recognising the commitment to ‘leave no one behind’, the roll out of the HDP Nexus in the convergence areas in crisis-affected regions will achieve greater impact by responding to immediate needs whilst building the resilience of the most vulnerable people, preventing conflict and disasters, reducing poverty, promoting shared prosperity, and sustaining peace.

The municipality of Logone Birni is the first convergence area which benefitted from a HDP joint analysis in 2022.¹⁵ The analysis investigated the root causes of the conflict and the short- and longer-term impact of the crisis, with the aim to identify key priorities for durable solutions and increase synergies among HDP interventions. During the validation workshop of this joint analysis in Logone Birni, a set of key priorities was identified and agreed upon by the participants. Based on those, the first draft of a joint action plan was developed. Other joint analyses for convergence areas are planned to be conducted in 2023. The Nexus Taskforce has developed a methodology on how to develop HDP joint analyses at a local level. This methodology is the first of its kind.¹⁶

HDP Nexus convergence areas in the Far North region¹⁷



HDP Nexus convergence areas in the eastern regions¹⁸



Emergency assistance that complements development actions

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

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

The HDP Nexus is about the complementarity of interventions. The aim is not for humanitarian actors to engage in development or peacebuilding interventions, but rather to focus on life-saving response action whilst being aware of other ongoing dynamics and interventions in a municipality. The HDP joint analysis is hence key, because it allows all actors to have a common understanding of the root causes of the conflict and its short- and long-term impact. The joint analysis allows humanitarians to gain an in-depth understanding of the dynamics of violence and to make their interventions more conflict-sensitive. For example, the HDP joint analysis of Logone Birni has a specific annex dedicated to key elements that should be taken into consideration for conflict sensitivity. The Nexus operationalization process in Logone Birni, which includes a mapping of interventions of humanitarian, development and peace actors

as well as the identification of key priorities for the municipality, is also beneficial to reduce duplications and ensure the complementarity of interventions.

In its progresses towards operationalizing the HDP Nexus approach, the Taskforce emphasizes the need for a people-centered approach, making a difference in the lives of targeted populations.

Localization

Progress on the implementation of the Grand Bargain agreements is included in the HCT compact as a priority commitment, including on the application of the Nexus approach, the acceleration of localization and the use of cash as a response modality, when and where appropriate. In line with this commitment, a Localization Working Group, under the leadership of the ISWG, was formally set up in 2022 and its terms of reference and action plan have been validated by the HCT.

The Working Group's action plan focuses on strengthening the capacities of national and local organizations, including their coordination structures, and on increasing the funding allocated to them. In 2022, 526 staff members, including 297 men and 229 women, from 103 national and local organizations benefited from 20 trainings organized by the platform of national NGOs, the Cameroonian Humanitarian organization Initiative (CHOI) and other members of the Localization Working Group. Different initiatives were also launched in 2022 to strengthen the participation and leadership opportunities of national and local NGOs in coordination bodies, such as the "Empower" project by Catholic Relief Services (CRS). Capacity building activities will continue in 2023, including through the provision of a series of trainings financially supported by UNICEF, which is leading the group.

The HCT reiterated its commitment to redouble forces to increase localization during its July 2022 retreat, including by selecting Localization as the key topic to be discussed during the SDG Leadership Lab, which was held in the second half of 2022. The overall purpose of these labs, which are rolled out globally, is to support addressing complex problems and to maximize impact on the ground through team and

individual coaching, action learning, and prototyping of innovative solutions that directly address the priority issues of the team. A significant number of HCT members participated in the six sessions and developed concrete proposals on how to mobilize the financial and human resources needed to support the localization agenda, including through improved collaboration and analysis of the capacities of local actors.

Towards a more environmentally sustainable humanitarian response

Certain humanitarian organizations are adapting their response efforts to avoid, minimize, or mitigate the environmental impacts of humanitarian action and to promote environmentally responsible humanitarian programming. The Shelter/NFI Sector launched in-depth discussions with its partners in 2022, to identify strategic actions to address environmental issues, and has included green indicators in its sectoral response framework. The Inter-Sector agreed to exchange best practices in 2023, with the aim of increasing environmental sustainability of humanitarian action in Cameroon.

Geographic coordination: Three distinct crises, three coordination mechanisms, three response strategies

In 2022, nine out of ten regions in Cameroon were affected by the three concurrent humanitarian crises present 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 these three different crises.

In the **Far North**, response priorities in the past included the protection and assistance to people who have been displaced due to violence as well as the promotion of durable solutions for them. In 2022, humanitarian key stakeholders in the Far North agreed that the response to those displaced by a natural disaster should be included in the response priorities of this region.

Solidarity between communities, a rapid response by administrative authorities and local actors, the network of Red Cross volunteers, good collaboration between Government and humanitarian partners, the existence of contingency plans, and the activation of the working group on floods were mentioned among the main strengths of the response to natural disasters in the Far North. Meanwhile, limited prepositioning and resources, especially for contingency stocks, as well as the lack of contingency plans in certain divisions and the failure to sufficiently consider the response to natural disasters in the planning of humanitarian action, were mentioned among the main weaknesses of the response to natural disasters. It is hoped that the new prioritization will reinforce the flood and drought response in the Far North and that organizations include contingency lines within their budgets as a first step.

Partners also agreed that the response to newly displaced persons and their host communities should be prioritized while vulnerable displaced persons should continue to be assisted, even if their displacement dates back. Meanwhile, it was agreed that collaboration with affected communities, local authorities, and peacebuilding and development partners to create conditions conducive to sustainable solutions to displacement should remain a priority. 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.

FAR NORTH RESPONSE PRIORITIES

Protect and provide assistance to people who have been forcibly displaced due to violence and natural disasters, as well as their host communities, prioritizing new displacements.

Create conditions for sustainable solutions through collaboration with local authorities, communities, peacebuilding and development actors and by enhancing the participation of displaced persons and host communities in decision-making and humanitarian programming.

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

In view of the considerable number of IDPs from the North-West and South-West regions in the **Littoral and West regions**, humanitarian stakeholders had committed to increasing response activities in these regions in the past. However, due to funding constraints, the response did not considerably increase in 2021 and 2022. While the HCT had decided that the epicenters of the crises (Far North, North-West, South-West, East and Adamawa) should be prioritized for humanitarian assistance in 2023, it was stressed that displaced people and their host communities in the Littoral and West regions should not be forgotten. The HCT committed to strengthening the humanitarian response in the Littoral and West regions through capacity building of local actors and in seeking solutions in a more sustainable way in collaboration with development and Government actors.

In the **East, Adamawa and North regions**, the main objective of the humanitarian community is to find durable solutions for refugees and to promote the development of refugee hosting areas in collaboration with the authorities and development actors, to ensure equal access to basic services for refugees and their host communities. More details on the response priorities and strategies are included in chapter 3.8 on Multi-Sector Refugee Response.

The Centrality of Protection

In 2022, the HCT renewed its commitment to address protection as a collective responsibility, in line with its 2021 compact. The HCT, recognizing the complexity of the humanitarian situation in a country affected by three major crises in different areas, agreed on the importance of revising the protection strategy in place, with the support of the Inter-agency Protection Stand-by Capacity (ProCap). At its retreat in July 2022, the HCT agreed to redefine major protection priorities considered as critical in the country. A further detailed analysis contributed to narrow down specific protection risks and priorities integrated in the revised two-year HCT protection strategy for 2023-2024, reaffirming few core principles and a special focus on the Grand Bargain agreement to promote a more localized and inclusive humanitarian response approach. The analysis highlighted how the lack of civil and legal documentation affects the capacity of the displaced people to access basic services, including education, and the fundamental right to move freely and live in dignified and acceptable shelters.

Bearing in mind the critical importance of considering protection as a collective responsibility of all sectors, agencies, international and national organizations, the centrality of protection strategy will help the HCT to make progress on the selected protection priorities. A detailed operational plan for the strategy will be finalized in the first quarter of 2023 and will include a capacity-building plan for specific advocacy actions and for localization.

The Protection Sector will continue to take the lead on the centrality of protection activities, with proactive engagement from other sectors. Thanks to a strengthened protection monitoring framework, humanitarian partners will be guided in their response by a more robust analysis of the protection risks and human rights abuses.

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 as their responsibility to understand these differences and to provide support that assists all segments of the population, while not putting anyone at risk.

The humanitarian community in Cameroon has benefitted from the support of a GenCap advisor since 2019. The GenCap Advisor has helped to improve the understanding and to strengthen the implementation of a response that considers the distinct effects of the crises on women, girls, boys, and men. While data on how women and girls are affected by the North-West and South-West crisis was available, there was a glaring gap of information about the male population. The GenCap advisor conducted a gender and protection analysis, focusing on how adolescent boys and men are affected by the armed crisis. The report also analysed how men's needs are understood and addressed by the humanitarian community. This opened room for a reflection with donors, leadership, and front-line humanitarian organizations. Some donors, sectors and organizations have already adapted their strategies and programmes based on the findings of the report. The HCT in Cameroon will continue to be supported by a GenCap advisor in 2023.

In recent years, the different crisis-affected regions of Cameroon have seen a sudden scaling up of the humanitarian response, without a concomitant reinforcement of the capacities of the first line responders. To address this situation, capacity building efforts to equip humanitarian actors, particularly civil society organizations, on how to conduct a rapid gender analysis and how to conceive and monitor a response that addresses distinct needs were undertaken in 2021 and 2022.

In September and October 2021, the first gender in emergencies training was organized for humanitarian actors in the North-West and South-West regions. Forty members of different clusters, including 42 per cent from local organizations, were certified. Thanks to the availability of a pool of humanitarian actors with enhanced expertise on gender, two coordination groups on gender in humanitarian action were created, one in the South-West and one in the North-West. In collaboration with the national Gender Working Group,

the function of the regional groups is to support the sectors/clusters, enabling better analysis and informed targeting. An additional function is to collect and share local analysis about the most pressing gender issues. The impact of these efforts has been exemplified by the rapid gender analysis on the cholera outbreak which was developed by the members of the South-West Gender in Humanitarian Action Working Group and by the Health Cluster at the onset of the epidemic in this region, allowing to inform the response.

In May and June 2022, two trainings of trainers on gender in humanitarian action were held in the Far North and the East, respectively, with 63 participants. Multiple mentoring and training activities were organized by the newly certified trainers. Following the reinforcement of capacities in each affected region and the appointment of gender focal points by the sectors, gender in humanitarian action coordination groups were created in the Far North and the East.

Gender roadmap

In 2020, the humanitarian community in Cameroon, with the support of the GenCap advisor, developed a roadmap on Gender in humanitarian action for 2021 to 2022. The general objective of the roadmap was to ensure that sectoral responses and strategic decisions of the humanitarian community in Cameroon were sustainable, based on a gender analysis of distinct assistance and protection needs, and that they contributed to gender equality. In March 2021, the HCT agreed to amend the HCT compact to include three minimum commitments on gender, with the aim to reinforce its accountability on gender in emergencies, with a monitoring mechanism in place allowing to generate evidence on its performance in implementing the commitments. The reinforcement of the capacities of humanitarian actors on gender and the setting up of regional coordination groups, as discussed above, represent key results of the implementation of the roadmap.

Additional support from the GenCap project will be available at least until the end of June 2023. Based on the results of the evaluation that was done on the implementation of the roadmap, the focus in 2023 will be to ensure that the regional gender in humanitarian action groups can support, in an effective and

sustainable manner, the sectors/clusters on gender analysis and gender responsive programming. Coordination between the regional groups and the national gender thematic group will also be strengthened. Furthermore, humanitarian actors' capacities on gender analysis and programming will be enhanced, including in expanding their vision of who the people in need are and in better taking into account how the lives of men, women, girls and boys are interconnected, and how their needs and realities are influencing each other.

Protection from Sexual Exploitation and Abuse

In 2019, the HCT committed to strengthening Protection from Sexual Exploitation and Abuse and created a PSEA Taskforce. Details on the work of the PSEA Taskforce are included in chapter 1.5 on Accountability to Affected Populations.

COVID-19 response coordination and response

As of 26 December 2022, there were 123,993 confirmed cases of COVID-19, including 1,965 deaths, reported in Cameroon. Despite a certain slowdown in the number of cases registered in 2022, the Government of Cameroon continues to implement its response plan to COVID-19. UN agencies, most importantly the World Health Organization (WHO), and other humanitarian and development partners continue to support the Government's efforts in the implementation of this plan, focusing mainly on capacity building and technical support and on prevention through vaccination.

Partners supported the Government in rehabilitating and equipping health infrastructures and strengthened the technical platform of the general reference hospitals, while also supplying public laboratories with technical instruments to strengthen testing and monitoring capacities. This allowed Cameroon to carry out the complete sequencing of the SARS-CoV-2 genome in four laboratories. Training of healthcare personnel in the medical management of COVID-19 continued in 2022. WHO led ten simulation exercises to review and strengthen the COVID-19 response pillars at the national level and in targeted regions. Together with After Action and Intra-Action reviews,

these exercises helped identify best practices and difficulties in improving the country's ability to prepare for and respond to public health events. Partners also supported the implementation of the COVID-19 and the cholera community surveillance and response initiative to increase the early case detection and ensure a rapid outbreak response by trained and equipped field rapid response teams.

Meanwhile, the COVID-19 vaccination campaign continues in the media. Vaccination rates are on the rise with some two million Cameroonians vaccinated in the fifth round of the COVID-19 vaccination campaign, which was organized in 840 centers of Cameroon from 18 to 27 November 2022.¹⁹ Before the campaign, 1.8 million citizens had already received the vaccine. Thanks to the vaccination campaigns, Cameroon has emerged from the countries that had vaccine coverage of less than 10 per cent, and more than 80 per cent of health workers have been vaccinated. The Government is focusing on achieving herd immunity through vaccination, especially to protect older people and people living with comorbidities. To achieve this goal, the integration of the COVID-19 vaccination in the routine vaccination plan is foreseen, targeting people who are at risk during the year 2023.

1.4

Planning Assumptions, Operational Capacity and Access

As of December 2022, 224 humanitarian actors, including 12 UN agencies, 36 international NGOs, 151 national NGOs, 4 members of the Red Cross/ Red Crescent Movement, 19 Government actors, and 2 other actors were involved in the humanitarian response.

The number of actors remained the same in comparison with December 2021. Nevertheless, several organizations, including international NGOs and UN agencies, while remaining operational, had to close field offices and terminate activities in certain locations in Cameroon due to a lack of funding. 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 significantly enhance the operational capacity in 2023.

The year 2022 saw several important initiatives to strengthen the capacity of local actors, including with regards to access. For example, in February and March 2022, the international NGO platform CHINGO organized five training sessions on humanitarian access negotiations, including a training of trainers, for frontline staff working in the North-West and South-West regions. The 60 participants included 30 staff members of 22 national NGOs and out of the 18 people who were trained as trainers, 9 were from national NGOs. Thanks to this training, participants increased their ability to analyse, plan and design access strategies, and to lead negotiations, while also improving their communication skills and influencing techniques. This represents a positive development towards increased localization and towards the acceptance of humanitarian workers and operations by the affected populations. Many national organizations provide relief to people at great risk in locations that others do not reach.

Access challenges

The main constraints to humanitarian access in Cameroon are underfunding, insecurity, poor road conditions, natural hazards, such as floods, and restrictions imposed by authorities or NSAGs on the freedom of movement of people, goods and services as well as other bureaucratic access impediments. Access constraints often translate into delays, partial response to humanitarian needs, and increased operational costs for humanitarian partners.²⁰

Access to the population in need in the **North-West and South-West regions** remains difficult and volatile. However, access in these two regions is possible if resources are made available and dedicated to facilitating safe access. Furthermore, local partners often have access to remote areas in these two regions thanks to community acceptance and in-depth knowledge of the local context. The HCT has thus reaffirmed its strong commitment to further strengthen the capacities of these actors to provide relief in these hard-to-reach communities in a safe and principled manner, without transferring risks, in 2023.

Lockdown days, with associated movement restrictions for humanitarian actors, have caused substantial interruptions to humanitarian operations. Roadblocks and demands for payment by both NSAGs and Government forces cause needless delays and insecurity for the transport of aid goods, despite having all required authorizations. Occasionally, these roadblocks result in attempts to kidnap aid workers, including demands for ransom. OCHA and UNDSS support the humanitarian community on humanitarian access and security issues, but many incidents remain underreported. The International NGO Safety Organisation (INSO) has contributed to supporting humanitarian access and plays an important role in providing contextualized security information and advice. INSO has been able to support NGOs in the

North-West, South-West and Far North with a wide range of free trainings related to safety and access, developed and delivered locally.

Humanitarian organizations and vehicles transporting humanitarian supplies are regularly and illegally requested to pay money or to hand over humanitarian supplies at checkpoints, during distributions, or when illegally/arbitrarily detained or kidnapped. These demands include those by criminal groups, NSAGs and State security forces (SSF). The Access Working Group, which is chaired by OCHA and includes UN agencies, international and national NGOs, continues to advocate with all partners and interlocutors for the respect of the 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.

In the **Far North**, the main obstacle to humanitarian access remains the insecurity generated by NSAG activities and bureaucratic access constraints. Most attacks by NSAGs target civilian populations and armed forces. NGOs continue to promote acceptance as a security management strategy, rely on the strict implementation of their security protocols and mitigation measures to guarantee the security of their movements, and maintain permanent dialogue with local authorities and communities. In 2022, one incident involving the kidnapping of five humanitarian NGO workers was reported. They were released a month later. Meanwhile, UN agencies rely on armed escorts, as a last resort, to access particularly insecure areas. In 2022, the review of alternatives to the use of armed escorts continued, including the identification of two alternative roads from Maroua to Kousseri to avoid the national road on which the use of armed escorts is mandatory for UN agencies. However, visa regulations and the degradation of the road during the rainy season made the use of the alternative option via Bongor, crossing Chad, challenging. The second alternative option via Léré is time-consuming as it requires a two-day journey.

The **East, Adamawa, and North** regions are relatively secure. However, security incidents, including urban crime, kidnapping, roadblocks by bandits, and intercommunal conflicts continue to affect these

regions, although not likely to have a significant impact on humanitarian access. Security risks are mitigated by humanitarian actors through movement restrictions during evening and night hours. Meanwhile, the road network is in poor conditions in certain areas, making humanitarian access challenging, especially during the rainy season.

UNHAS air services play a crucial role in reaching sub-national coordination hubs in a safe and reliable way and in providing medical and security evacuations. However, UNHAS flights to and from Tiko (Buea) and Mamfe remained suspended since the beginning of 2020. From January 2020 to October 2021, UNHAS operated an undisrupted regular schedule of two flights per week to Bamenda and to Maroua and N'Djamena supporting an indirect access to Kousseri.

In October 2021, further restrictions on humanitarian air travel were imposed by the Cameroon Civil Aviation Authority (CCAA), limiting the 50-seater jet capacity to 20 seats per flight on the Maroua route. In May 2022, the Bamenda route was suspended due to security concerns raised by the CCAA. Bafoussam was proposed as an alternative, but this route was discontinued in June 2022 due to the low demand.

In June 2022, UNHAS access to Maroua and N'Djamena, and indirect access to Kousseri, were suspended following a series of denied clearances by the CCAA, based on claims of commercial competition with local air service providers. These series of restrictions and flight suspensions gravely affected the efficient movement of humanitarian personnel and life-saving cargo. UNHAS conducted two needs assessments and collected the feedback of partners regarding access needs in the country and region, the alternative means of transportations following the UNHAS disruptions, and the main challenges faced in accessing project implementation sites and mobilising the workforce. Findings highlighted the reduced flexibility and rapidity of humanitarian interventions due to the longer and challenging road travel. This led to access limitations to project sites, reduced efficiency to reach affected populations and increased security risks. Mitigation measures to these challenges resulted in cost increases for humanitarian organizations.

The reduced staff mobility also led to a reduction of access to key resources and expertise in project implementation sites, causing an extension of project implementation deadlines and reduced efficiency to reach beneficiaries and vulnerable communities.

However, different stakeholders, including the HC, WFP and UNHAS management and donors, continued to engage in advocacy efforts with Government counterparts and the flights to Maroua and N'Djamena resumed in late December 2022.

Non-discriminatory access to essential services will remain a priority in 2023

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

In the **Far North**, humanitarian coordination platforms, chaired by the Senior Divisional Officers of Mayo-Sava and Logone et Chari, respectively, continue to be held monthly. In July 2022, the first meeting of the platform for the Mayo-Tsanaga division was held. In November 2021, a humanitarian coordination forum for the whole region, chaired by the Governor of the Far North, was established. Its second meeting, held in September 2022, assembled again a variety of stakeholders, including the Senior Divisional Officers from the three conflict-affected divisions, the regional councilor, representatives of the decentralized state services, national and international NGOs, and UN agencies.

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

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

In the **North-West and South-West**, Humanitarian Coordination Centres were established in 2019 for

humanitarian organizations and local authorities to interact with the aim to facilitate humanitarian operations. However, the centres have not been operational since 2021 and procedures to obtain authorizations for the implementation of activities were under revision in 2022, complicating humanitarian operations and leading to significant delays. New procedures were established in the North-West in mid-2022. For the South-West, new procedures announced in June 2022 established a two-layered system, at the regional and divisional level, to obtain authorizations. OCHA, on behalf of the humanitarian community, will continue to engage with local authorities to establish clear and practical procedures in 2023. A humanitarian coordination platform, similar to the one in the Far North, was established in the North-West at the regional level in December 2022. A first meeting, chaired by the Governor of this region, is planned to take place in January 2023. This framework will present a welcome platform for communication between local authorities and humanitarian stakeholders.

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 environment possible. In this regard, civil-military coordination (CMCoord) remains essential to create and sustain a conducive operational environment. CMCoord Working Groups bringing together representatives from SSF and from the humanitarian community meet on a monthly basis in the North-West and South-West to exchange relevant information in a climate of mutual trust and to raise questions of concern for more in-depth discussions.

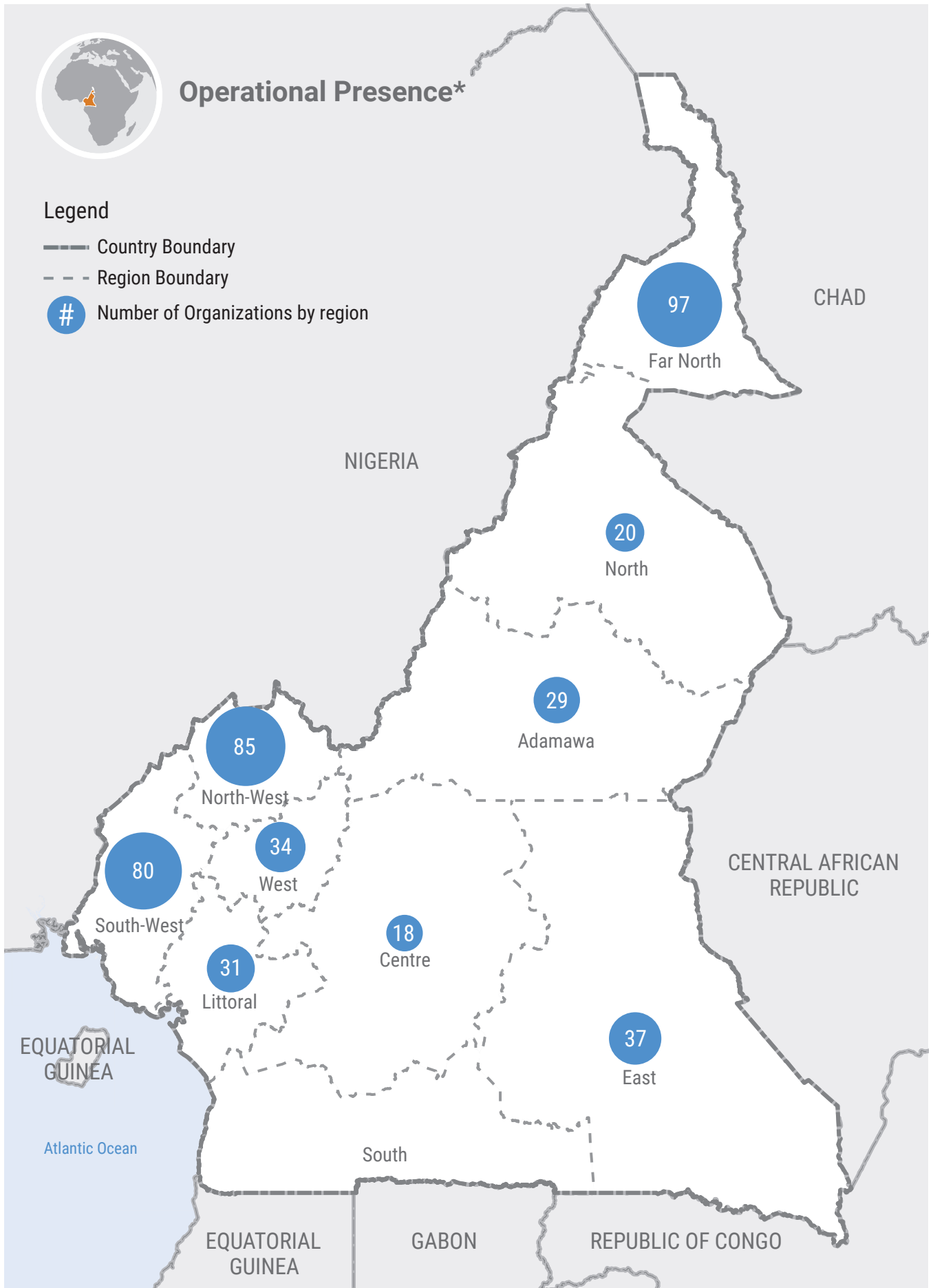
Despite the establishment of an information-sharing protocol with SSF on medical emergency transport in the South-West, life-saving medical assistance to injured persons remained contentious and led to the arrest of an NGO doctor and a nurse in late 2021. The concerned medical organization suspended activities in the South-West in 2022, after having been suspended in the North-West in 2020 by the Government, thus leaving the two regions without any ambulatory emergency service.

The humanitarian community in the North-West and South-West regions applies a strict no-armed escort policy. Proximity to armed actors poses a major security risk during humanitarian operations. Humanitarian partners, agencies and NGOs continue to refrain from being escorted by armed actors, will not accept armed presence during humanitarian activities, and will halt such activities whenever armed actors show up. This no-armed escort policy applies to both SSF and NSAGs.

In the North-West and South-West, meetings of the Access Working Group allow for discussion and analysis of humanitarian access constraints. Access is also a standing agenda item at meetings of the Inter-Cluster and the Protection Cluster. The Access Working Group meets at two levels; NGO country directors and UN heads of (sub-)offices meet online to discuss key

advocacy messages and security and access officers based in the North-West and South-West regions meet in person in Buea and in Bamenda to discuss local access dynamics. The updated Access Strategy for the North-West and South-West, including an operational monitoring and response framework to monitor access challenges and identify operational response modalities, was endorsed by the HCT in February 2022.

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.



* This map includes information about operational presence of partners as of December 2022 as reported through the 5W (Who does What, Where, When, and for Whom) to OCHA.

1.5

Accountability to Affected Populations (AAP)

Women, men, girls, and boys affected by the crises must be part of the response for it to be adequate and effective. They have the right to participate in decision-making processes, to tailor an assistance and protection response suitable to their needs, including through the provision of feedback and complaints. The reinforcement of AAP remains a key engagement for the humanitarian community in Cameroon. During the year 2022, the AAP Working Group established a work plan and a global strategy to further promote the meaningful participation of affected populations in all phases of the HPC.

As in previous years, humanitarian actors will continue to consult affected people through multisectoral and sectoral assessments and during post-distribution monitoring. In 2022, the AAP Working Group ensured that specific AAP questions were included in both sectoral and multisectoral needs assessment questionnaires. The MSNAs²¹ revealed for example that 64 per cent of the key informants in the Far North, 38 per cent in the North-West and South-West, and 48 per cent in the Littoral and West consider local leaders as the most trusted source of information, or that knowledge of complaint mechanisms improved from 23 per cent in 2021 to 36 per cent in 2022 in the villages assessed in the North-West and South-West. The Shelter/NFI household level assessment carried out in the North-West and South-West in January 2022 provided information about the different types of disabilities.²²

The findings of these assessments were used to adjust the response modalities. For example, to ensure that persons with different disabilities are able to receive information, audio spots on community radios were increased, posters were used to complement the audio spots at distribution sites and were displayed in strategic places in the communities, such as churches and hospitals. Humanitarians in the North-West and South-West increased their communications in Pidgin,

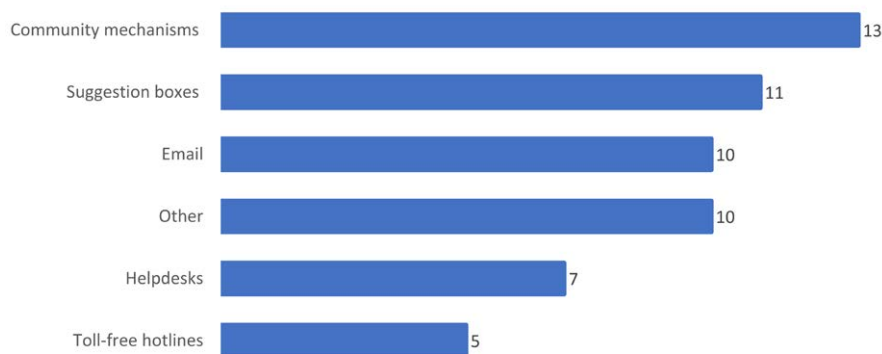
as this language was identified as the preferred language in the 2021 MSNA. Collaboration with religious leaders and traditional authorities increased, as they were identified as the most trusted sources of information.

The exclusion of women and girls from the main decision-making forums deprives humanitarian actors of critical information on distinct assistance and protection concerns and comes at the risk of leaving women's needs largely unmet. The humanitarian community is thus paying particular attention to girls and women's effective involvement in humanitarian decisions, including through separate consultations during assessments and surveys. Almost 40 per cent of the key informants of the North-West and South-West MSNA were women.²³

Thanks to the trainings on gender in emergencies in the North-West, South-West, Far North and East in 2021 and 2022, capacity on gender and AAP increased allowing humanitarian actors to conduct gender-sensitive assessments and use participatory tools in their interactions with affected communities.

In 2022, with a view to further advance on the establishment of one joint complaint and feedback mechanism, the AAP Working Group mapped existing complaint mechanisms, identifying 16 functioning mechanisms in the regions affected by crises that are complementary to each other. The 16 complaint mechanisms identified cover all areas affected by a humanitarian crisis and had received almost 10,000 complaints as of August 2022, all of which have been addressed. Seven out of the sixteen mechanisms have an agreement with other organizations to refer complaints.

Type and numbers of existing complaint mechanisms



Protection from Sexual Exploitation and Abuse

Sexual Exploitation and Abuse (SEA) constitutes one of the most serious breaches of accountability to affected populations by anyone associated with the provision of aid. It will therefore continue to represent a major concern for the humanitarian community. In Cameroon, the PSEA Network is supporting the humanitarian and the development communities to guard and protect vulnerable persons from vulnerable persons from SEA and to address such violations appropriately. Next to the PSEA Network at national level, there are taskforces at sub-national levels for the Far North, the North-West, the South-West, and the East regions, with meetings held in all locations in 2022. Following the training of around 60 focal points from 34 local organizations, additional groups have been launched in the Littoral and West regions. The taskforces at sub-national levels will be further strengthened in 2023.

Following the review of the Network's action plan and the development of a strategy in early 2022, the group agreed to focus firstly on finalizing the development of an inter-agency Standard Operating Procedure (SOP) on community-based complaint mechanisms regarding SEA, and secondly to strengthen the sub-national taskforces through a training of trainers.

The training of trainers which took place in October 2022 aimed to equip the country with a pool of trainers to effectively support PSEA capacity-building activities at sub-national level. The training hosted 30 participants, including national and international NGOs staff and UN staff members. The trainees started to replicate the trainings in the third quarter of 2022.

Trainings will continue in 2023; a training restitution plan was developed to this effect.

The restitution of the training will also be an opportunity to roll out the inter-agency SOP on community-based complaint mechanisms regarding SEA, which was signed by the HC/RC on behalf of the HCT and the UNCT in July 2022. The SOP lines out the different steps of action when a SEA-related complaint is made, including through a clear pathway on how to refer these complaints among PSEA Network members.

A communication plan developed in partnership with the UN Communication Group (UNCG) will cover aspects related to the referral of victims, mainly through increased knowledge of the referral pathway set up by the GBV AoR and the dissemination of guidelines on the victim-centered approach.

1.6 Cash and Voucher Assistance

Activated in 2016, the Cash Working Group (CWG) in Cameroon brings together about 30 humanitarian organizations that regularly contribute to meetings and exchanges. Under the leadership of the World Food Programme and supported by the CashCap (NorCap-NRC) advisor since October 2022, the CWG is composed of one national platform and four regional groups covering the East, Far North, North-West and South-West regions.

Three Technical Working Groups (TWG) focus on the following themes: 1. Minimum Expenditure Basket (MEB) and the calculation of the Transfer Value for Multipurpose Cash Assistance; 2. The linkage between Social Protection and Cash and Voucher Assistance (CVA); and 3. Market monitoring. These TWG fall respectively under the leaderships of WFP, UNICEF and UNHCR.

Non-Programmatic themes such as Advocacy, Information management, Risk analysis and mitigation measures are featured in the 2022-23 strategy of the CWG as key areas and are worked on continuously.

In terms of successes in 2022, the CWG reports a well-structured group with engagement from national and international humanitarian actors and Government counterparts. Furthermore, the MEB and the calculation of the transfer value for Multipurpose Cash Assistance (MPCA) were finalized.²⁴

Focus and resources have been dedicated to capacity building. Between February and November 2022, the CWG in Cameroon, in coordination with the Cashcap advisor, NRC and WFP, organized four sessions of five-day CaLP-accredited "Basic Cash Transfer Skills for Program Staff" trainings that enabled 72 people to learn or strengthen their skills and receive certification. During this process, two national CaLP trainers were certified.

Positive results in terms of acceptance of the CVA by the Government were made possible by an active advocacy campaign,²⁵ which included the participation, on a pro bono basis,²⁶ of 11 Government representatives²⁷ in the five-days CaLP trainings. This contributed to both introducing Government counterparts to the CVA modality and creating a community of practice for national and international NGO's and Governments counterparts, including social protection actors. These trainings also significantly contributed to an increase in the acceptance of cash as a response modality by local authorities.

Furthermore, the inclusion of national stakeholders in the activities of the CWG contributed to the Localization agenda.

Challenges remain, with Information Management being a critical gap of the CWG that will be addressed in 2023.

In 2023, the CWG of Cameroon will also continue the works initiated in 2022 and - over an 18-month period - will align itself with the new global coordination model for CVA.

1.7 Costing Methodology

The national ISWG and the HCT had held extensive discussions on HRP costing methodology in 2020 and 2021, after which the HCT had decided to continue to apply project-based costing in Cameroon.

US\$ 407.3 million are required to reach 2.7 million people in 2023. This is the sum of all the projects validated by the sector coordinators and the HC. Projects included in the 2023 HRP were elaborated based on needs, and sector coordinators validated them considering alignment with their respective sectoral strategies, targets, and frameworks.

The 2023 HRP budget, in comparison with the 2022 HRP, represents an increase of over US\$ 26.8 million. This is an 8 per cent increase of the budget in

comparison to a 3 per cent increase of the target, from 2.6 million in 2022 to 2.7 million in 2023. Reasons for this budget increase relate to response modalities, the operating environment which requires resources to facilitate humanitarian access, and, most importantly, the impact of the Ukraine crisis. The Ukraine-Russia conflict continues to disrupt global supply chains and to cause price increases of key food and non-food commodities, such as wheat, fuel, fertilizers, and construction materials, and is rendering the transport of humanitarian cargo more expensive due to rising fuel prices.

Part 2:

Response Monitoring

NORTH-WEST REGION, CAMEROON

Transportation of vaccine to Oshie integrated health center
Photo: IMC



2.1 Monitoring and Accountability

The humanitarian community in Cameroon is committed to strengthening the monitoring of the humanitarian response with the aim to increase the level of accountability of the humanitarian community towards the affected populations, donors, and local partners.

The response monitoring strategy aims to provide more evidence on the humanitarian situation and activities carried out by the humanitarian community through factual documents which can inform decision-making. The indicators which are directly linked to the specific objectives will allow to have a multisectoral approach of the response monitoring.

Thanks to the Response and Planning Module (RPM), the sector coordinators will be able to provide, monthly, the results achieved within the framework of the humanitarian response. The RPM online reporting tool,

which sectors have been familiar with since 2019, will support the collection of data on the results achieved while minimising the duplication of monitoring tasks. A monitoring report, based on a limited number of indicators, will continue to be produced on a quarterly basis. It will provide data on progress and gaps which will allow corrective actions to be implemented.

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

The periodic monitoring of the response is available online and publicly accessible.²⁸

2.2 Indicators and Targets

Strategic Objective S01		TARGET
Reduce the mortality and morbidity of 1.3 million people affected by crisis.		1.3M
Specific Objective SP1.1		TARGET
1.3 million vulnerable people affected by crisis benefit from inclusive, lifesaving and timely food, nutrition, WASH, shelter, NFI, and health services by the end of 2023.		1.3M
	Percentage of people interviewed who feel that there is coordination among the different actors intervening in the same geographical area.	80
	Number of multidonor briefings facilitated and organised.	4
	Number of targeted food insecure people (female and male) that received unconditional food support through food and Cash transfers/Cash+ .	512,400
	Number of targeted people (disaggregated by sex and status) that received assistance through agricultural, livestock and fishery support (small ruminant, local poultry, table birds, piggery, fishery and agriculture).	219,600
	Number of cases and deaths for selected diseases relevant to the local context (Malaria, Cholera, Monkeypox, COVID-19 and other outbreak-prone diseases).	
	Number of GBV cases managed by health sector actors.	
	Percentage of the targeted population that can access primary healthcare within one hour's walk from dwellings.	
	Percentage of elements of primary healthcare available in functioning health facilities.	
	Percentage of high pregnancies referred.	90
INDICATORS	Percentage of births attended by skilled personnel (doctors, nurses, certified midwives).	
	Number of new admissions of boys and girls, 6 -59 months in the integrated management of severe acute malnutrition programme.	55,800
	Number of severely acute malnourished boys and girls, 6-59 months, with access to SAM treatment in the South-West and North-West regions.	3,874
	Percentage of most vulnerable (refugees and host community), with access to quality basic social services in an equitable and sustainable manner to realize their full human potential and enhance their social and economic well-being.	94
	Percentage of vulnerable people living in a healthier environment, sustainably manage environmental resources and are more resilient to disaster and climate change shocks.	86
	Targeted crisis-affected households, including those in protracted displacement, returnees, and not-displaced people including host communities, are provided with core and essential non-food items.	30,300
	Targeted crisis-affected households, including those in protracted displacement, returnees, and not-displaced people including host communities, are provided with timely life-saving emergency shelter kits.	33,500
	Targeted crisis-affected households are provided with safe and sustained shelter support, including those in protracted displacement, returnees, and not-displaced people including host communities.	4,200
	Number of men, women, girls and boys with sustainable access to safe drinking water.	1.26M
	Number of men, women, girls and boys provided with sustainable basic sanitation services.	373,800

Strategic Objective SO1

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

TARGET**1.3M****Specific Objective SP1.1**

1.3 million vulnerable people affected by crisis benefit from inclusive, lifesaving and timely food, nutrition, WASH, shelter, NFI, and health services by the end of 2023.

TARGET**1.3M**

Number of men, women, girls and boys provided with a minimum WASH kit based on their vulnerabilities.	1.28M
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Number of people reached by awareness raising campaigns on the promotion of good hand washing practices.	1.28M
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Strategic Objective SO2

Improve the respect of the fundamental human rights of 1.2 million vulnerable people affected by crisis.

TARGET**1.2M****Specific Objective SP2.1**

By the end of 2023, the protection risks of 1.2 million people affected by crisis are monitored, prevented, mitigated and addressed through integrated and inclusive humanitarian action.

TARGET**1.2M**

Number of people trained on civil-military coordination.	100
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Number of people trained on humanitarian principles and humanitarian access.	245
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Number of girls, boys and adolescents affected by crisis who have access to formal and non-formal education.	800,000
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Number of girls, boys and adolescents living with disabilities and affected by crisis who have access to Inclusive Education.	80,000
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Number of girls, boys and adolescents affected by crisis who report feeling safer in schools, learning and training spaces.	800,000
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Number of teachers, supervisors and other education staff trained in life skills, psychosocial support and other topics related to education in emergencies.	4,000
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Number of GBV cases managed by Health Sector actors.	
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INDICATORS

Percentage of incidents identified through the Surveillance System for Attacks on Health Care (SSA) verified and reported.	
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Proportion of men participating in awareness sessions in nutrition programs.	50
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Percentage of Nutrition sector's organizations with an existing PSEA policy, stating standards of conduct, including a work plan, and that have been conveyed to current staff on repeated occasions (such as inductions and refresher trainings).	75
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Average number of persons covered by protection monitoring activities.	1.2M
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Number of GBV survivors (women, men, girls, boys, person with disabilities) who have received at least one form of (lifesaving) assistance.	10,200
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Number of children, care-givers and persons with disabilities (included their care-givers) accessing mental health or psychosocial support.	1,760
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Number of people trained on centrality of protection and mainstreaming of protection.	4,100
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Percentage of refugee population who benefited to full protection services (registration, documentation, justice access, ...).	99
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Strategic Objective SO3**TARGET**

Reduce vulnerabilities and strengthen resilience of 920,000 people affected by crisis.

920,000**Specific Objective SP3.1****TARGET**

By the end of 2023, 920,000 vulnerable people affected by crisis have equitable, regular, appropriate, and safe access to quality inclusive services.

920,000

INDICATORS	TARGET
Number of Multisector Needs Assessments and Mobility Tracking assessments conducted.	5
Number of people trained on inclusive humanitarian action (disability inclusion, gender, protection mainstreaming).	200
Percentage of partners providing Sex, Age, and Disability Disaggregated Data for the 5W.	50
Percentage of partners providing Sex and Age Disaggregated Data for the 5W.	100
Number of local/national organization in position of lead or co-lead in sector/clusters/task forces.	4
Percentage of recommendations from the study on localization implemented.	50
Number of local organizations trained on PSEA.	100
Percentage of Far North RRM alerts which recommend an intervention followed by a response.	75
Percentage of people interviewed for the MSNA who feel that the information they receive from humanitarian actors is communicated clearly.	60
Number of girls, boys and adolescents affected by crisis who have access to formal and non-formal education.	800,000
Number of students, parents, teachers, supervisors and other education staff sensitized on COVID-19 prevention.	920,000
Number of girls, boys and adolescents affected by crisis who have access to alternative education platforms.	240,000
Number of girls, boys and adolescents living with disabilities and affected by crisis who have access to Inclusive Education.	80,000
Number of girls, boys and adolescents affected by crisis who report feeling safer in schools, learning and training spaces.	800,000
Number of girls, boys and adolescents affected by crisis who benefit from the school feeding program.	280,000
Number of teachers, supervisors and other education staff trained in life skills, psychosocial support and other topics related to education in emergencies.	4,000
Number of teachers, supervisors and other education staff trained in the mission of School Management Committees and other topics related to school governance.	11,200
Number of teachers, supervisors and other education staff trained in the minimal standards for Protection and Education in Emergencies, Coordination and Information Management.	4,400
Percentage of the targeted population that can access primary healthcare within one hour's walk from dwellings.	
Percentage of elements of primary healthcare available in functioning health facilities.	
Percentage of high pregnancies referred.	
Percentage of births attended by skilled personnel (doctors, nurses, certified midwives).	
Number of boys and girls aged 6-23 months enrolled in the Blanket Supplementary Feeding Programme (BSFP).	99,500
Number of pregnant and lactating women enrolled in the Blanket Supplementary Feeding Programme (BSFP).	11,400
Number of refugee population who benefited from durable solutions (resettlement, repatriation).	11,000

Specific Objective SP3.2		TARGET
In 2023, 800,000 vulnerable people affected by crisis are equitably supported with material and financial inputs, services, and skills for livelihood activities, to empower them and to contribute to sustainable solutions.		800,000
	Number of areas of convergence with a completed HDP joint-analysis.	5
	Number of areas of convergence selected to roll-out the HDP Nexus.	13
	Number of girls, boys and adolescents affected by crisis who received financial support or learning materials.	120,000
	Percentage of targeted households meeting minimum requirements for Household Dietary Diversity Scores (HDDS).	31
	Percentage of targeted households with Reduced Coping Strategies Index (CSI).	62
	Percentage of households with acceptable Food Consumption Scores (FCS) out of the total targeted severely food insecure households.	42
INDICATORS	Number of food security assessment conducted to support and reinforce humanitarian planning, the HDP Nexus.	20
	Percentage of vulnerable refugee youth, women and girls empowered.	78
	Percentage of vulnerable youth and women including refugees and host community with improved economic status.	78
	Targeted crisis-affected households, including those in protracted displacement, returnees, and not-displaced people including host communities, are provided with core and essential non-food items.	30,300
	Targeted crisis-affected households, including those in protracted displacement, returnees, and not-displaced people including host communities, are provided with timely life-saving emergency shelter kits.	33,500
	Targeted crisis-affected households are provided with safe and sustained shelter support, including those in protracted displacement, returnees, and not-displaced people including host communities.	4,200
	Increased capacity of construction skills of targeted households and communities.	2,376

Part 3:

Cluster/Sector Objectives and Response

































MAKARY, FAR NORTH REGION, CAMEROON

FAO supports families with steadier livelihoods. For Ali Mahamat, this meant being able to stop cutting wood for a living, a risky task.

Photo: FAO



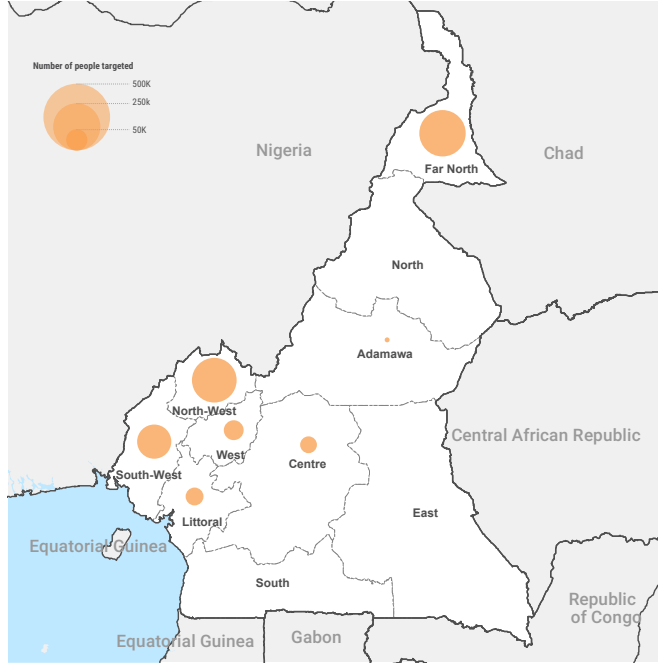
Overview of Sectoral Response

SECTOR /MULTI-SECTOR	FINANCIAL REQUIREMENTS (US\$)		OPERATIONAL PARTNERS	NUMBER OF PROJECTS	PEOPLE IN NEED	PEOPLE TARGETED	IN NEED TARGETED
 Coordination and Support Services	16.4M		8	10			
 Education	31.6M		30	45	1.4M	1.1M	
 Food Security	100.9M		21	30	3.2M	1.1M	
 Health	25.4M		20	23	1.8M	1.3M	
 Nutrition	22.3M		14	24	604k	421k	
 Protection*	44M		29	48	1.8M	1.1M	
 General Protection	11.8M		16	22	1.7M	942k	
 Child Protection	12.7M		19	26	1.2M	713k	
 Gender-based Violence	15.2M		16	25	987k	703k	
 Housing, Land and Property	4.3M		7	9	715k	307k	
 Refugee Response	104.7M		8	11	639k	479k	
 Shelter and NFI	33.1M		13	17	1.8M	777k	
 WASH	28.8M		22	33	1.8M	1.2M	

* Protection includes General protection, Child protection, Gender-based violence (GBV) and Housing, Land and Property (HLP)

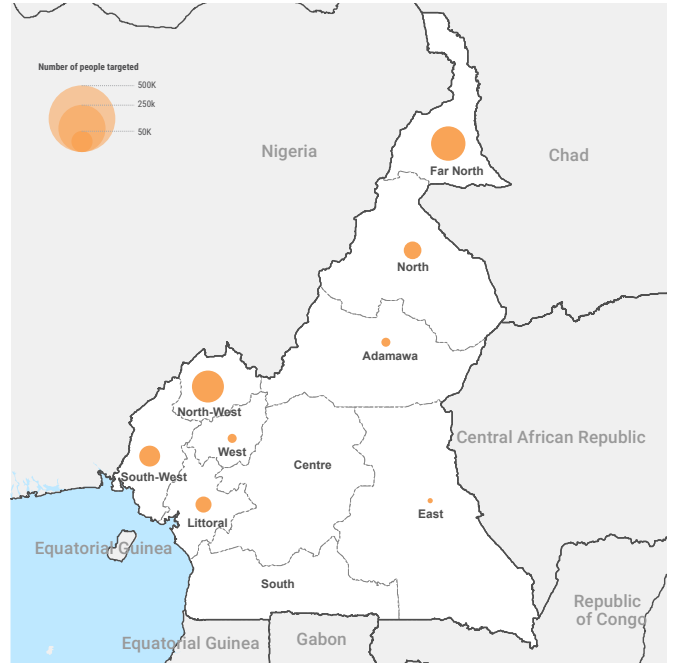
3.1 Education

PEOPLE IN NEED	PEOPLE TARGETED	REQUIREMENTS (US\$)
1.4M	1.1M	31.6M



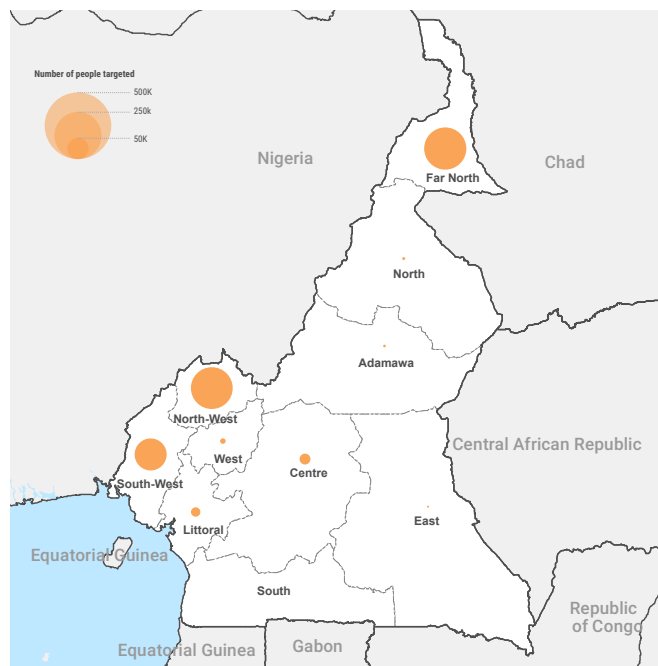
3.2 Food security

PEOPLE IN NEED	PEOPLE TARGETED	REQUIREMENTS (US\$)
3.2M	1.1M	100.9M



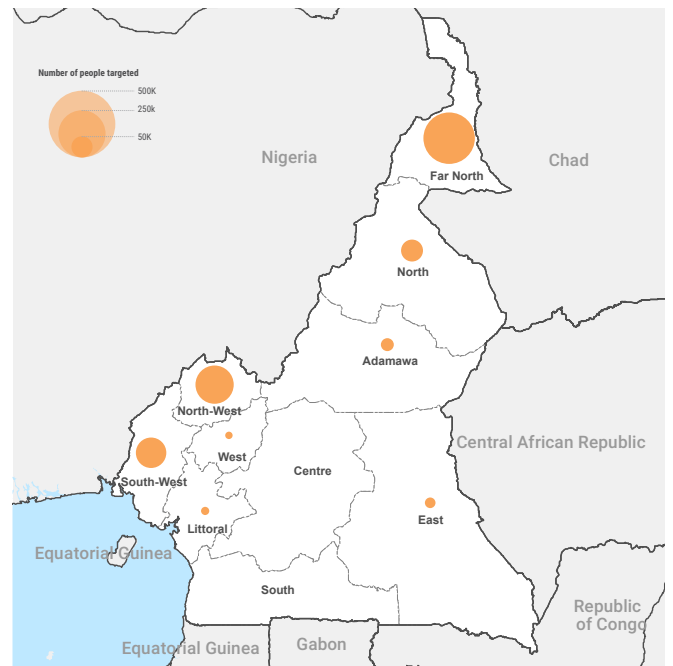
3.3 Health

PEOPLE IN NEED	PEOPLE TARGETED	REQUIREMENTS (US\$)
1.8M	1.3M	25.4M



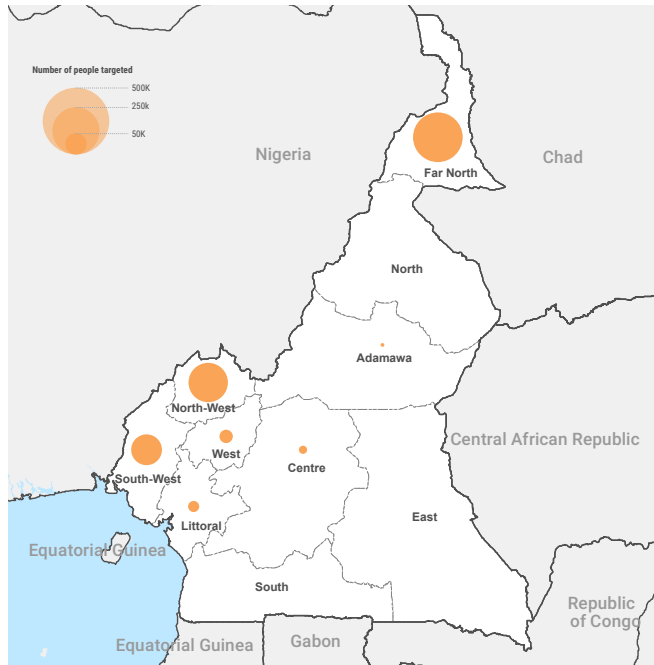
3.4 Nutrition

PEOPLE IN NEED	PEOPLE TARGETED	REQUIREMENTS (US\$)
604k	421k	22.3M



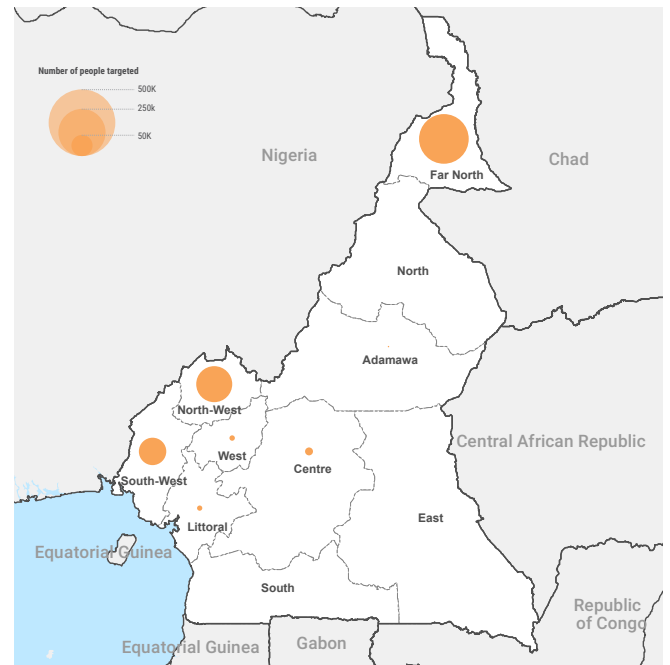
3.5 Protection

PEOPLE IN NEED	PEOPLE TARGETED	REQUIREMENTS (US\$)
1.8M	1.1M	44M



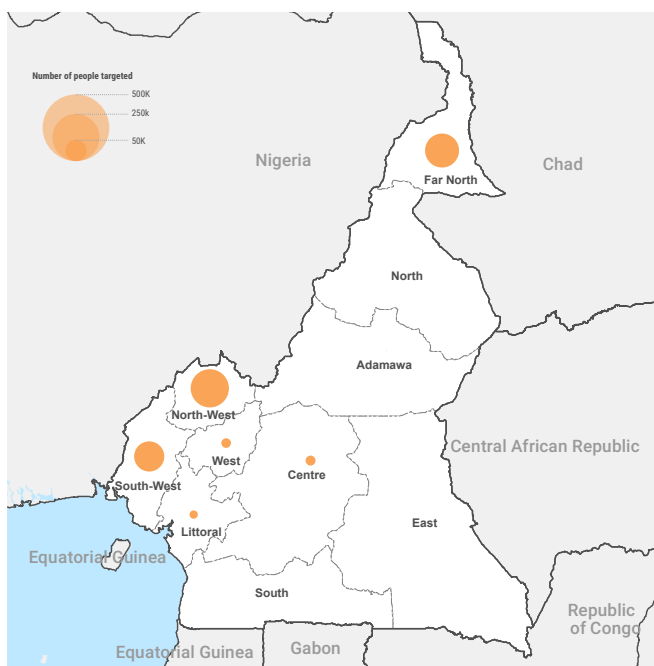
3.5.1 General Protection

PEOPLE IN NEED	PEOPLE TARGETED	REQUIREMENTS (US\$)
1.7M	942k	11.8M



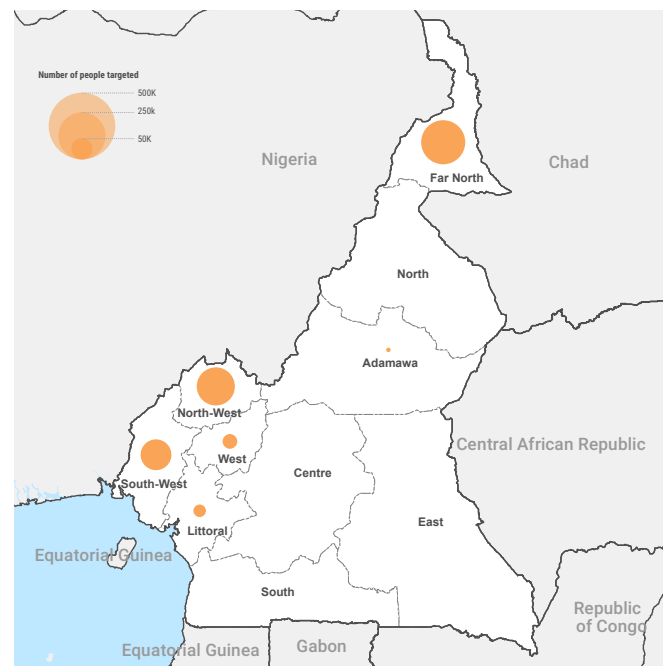
3.5.2 Child Protection

PEOPLE IN NEED	PEOPLE TARGETED	REQUIREMENTS (US\$)
1.2M	713k	12.7M



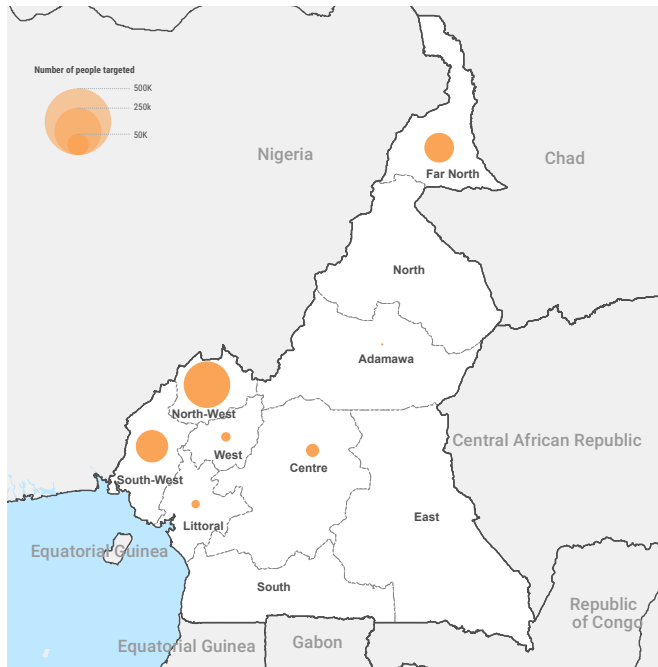
3.5.3 Gender-based Violence

PEOPLE IN NEED	PEOPLE TARGETED	REQUIREMENTS (US\$)
987k	703k	15.2M



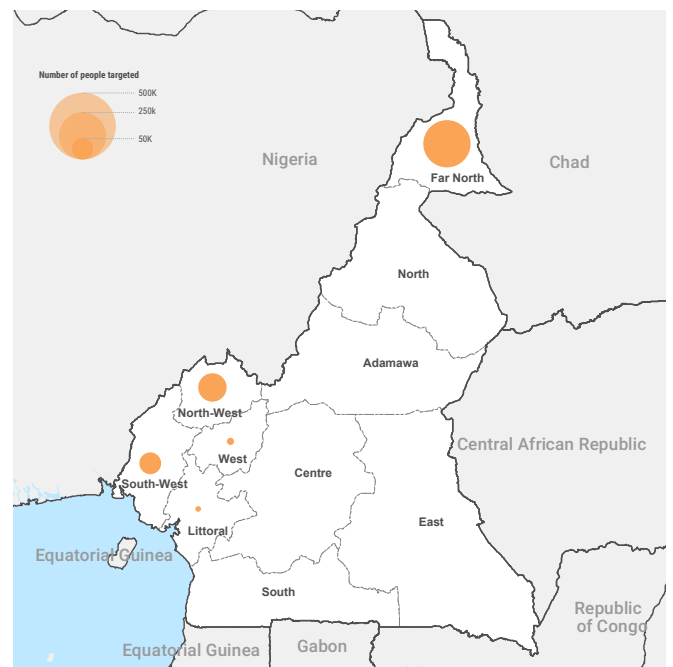
3.5.4 Housing, Land and Property

PEOPLE IN NEED	PEOPLE TARGETED	REQUIREMENTS (US\$)
715k	307k	4.3M



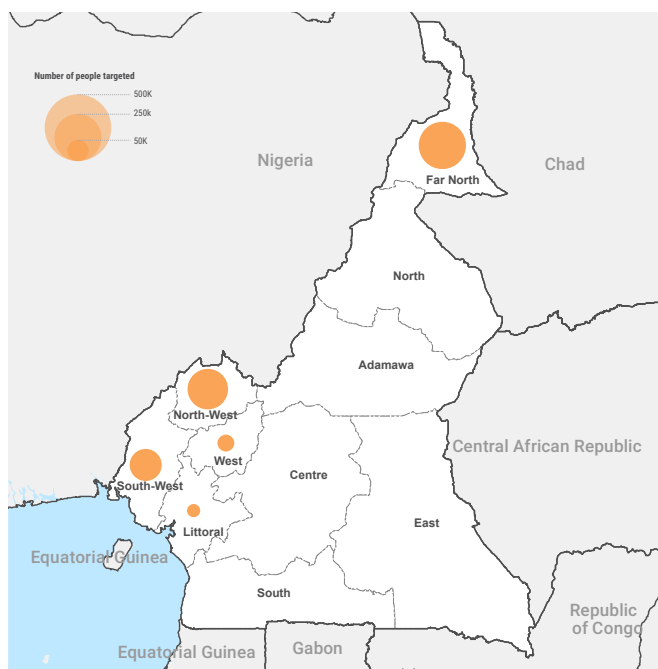
3.6 Shelter and Non-food items

PEOPLE IN NEED	PEOPLE TARGETED	REQUIREMENTS (US\$)
1.8M	777k	33.1M



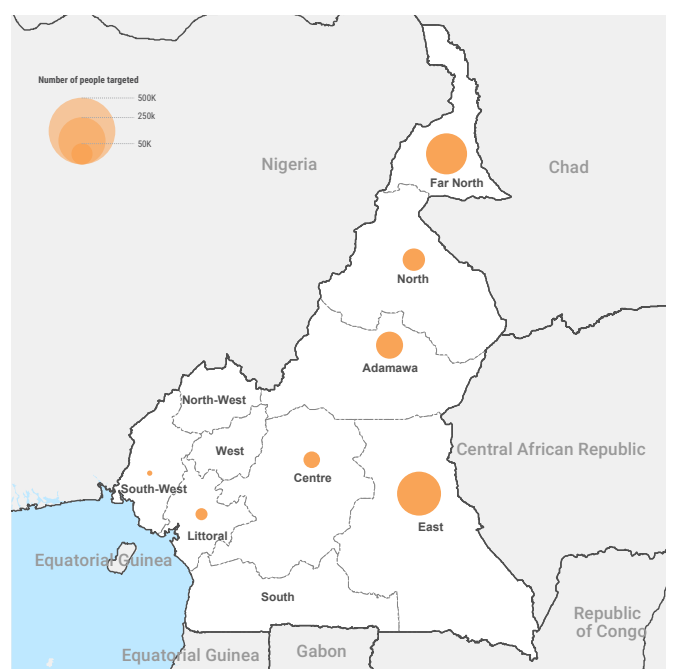
3.7 Water, Sanitation and Hygiene

PEOPLE IN NEED	PEOPLE TARGETED	REQUIREMENTS (US\$)
1.8M	1.2M	28.8M



3.8 Multi-Sector Refugee Response

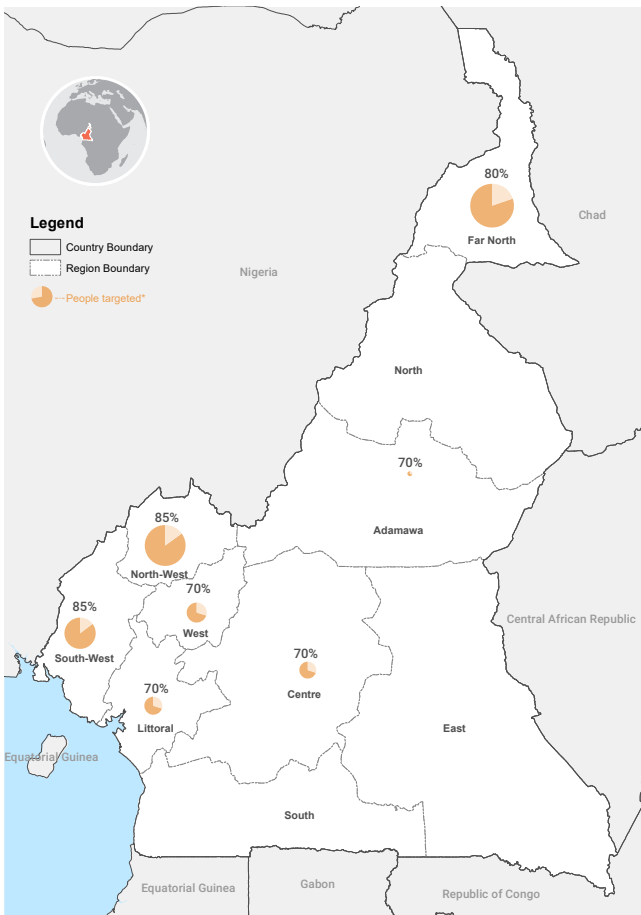
PEOPLE IN NEED	PEOPLE TARGETED	REQUIREMENTS (US\$)
639k	479k	104.7M



3.1 Education



PEOPLE IN NEED	PEOPLE TARGETED	REQUIREMENTS (US\$)	PARTNERS	PROJECTS
1.4M	1.1M	31.6M	30	45



outbreaks, and the economic deterioration will continue to plague Cameroon, resulting in more severe humanitarian needs.

Objectives

The target for the North-West, South-West, Littoral, West, Far North, Adamawa and Centre regions of Cameroon will be 1.1 million people, including at least 1 million school-aged children (4 to 17 years old) and 36,000 teachers. About 52 per cent of the targeted children are girls and 35 per cent of the targeted teachers are women.

In complementarity to the Government’s efforts to cope with the various situations, humanitarian and sector partners propose an action in line with the ongoing Education Cannot Wait Multi-Year Resilience Program, where girls and boys aged four to seventeen from displaced populations as well as children from host families:

- Have access to an improved learning environment, including through the construction and/or rehabilitation of infrastructure (classrooms, latrines, water points, temporary learning spaces).
- Have access to quality inclusive education in a safe and protective learning environment.
- Are protected from risks and hazards by having access to alternative learning opportunities in a safe and protected environment.
- Are taught by teachers trained in key topics including psychosocial support and mental health, peace education, disaster risk reduction, inclusive education in crisis contexts, protection from sexual

In 2023, humanitarian education needs will still be pressing, with approximately 1.4 million school-aged children in the North-West, South-West, Littoral, West, Far North, Adamawa and Centre regions affected by situations of crisis. In addition, about 30,000 education staff and community members will need support to cope with the influx of refugees and IDPs, widespread mental distress, and insecurity.

Climate change, conflict, disasters associated with natural hazards, especially floods, disease

exploitation and abuse, learner-centered pedagogy as well as safeguarding and child participation in school settings.

- Receive appropriate teaching and learning materials to facilitate their education, as will their teachers.
- Have access to school programs that support children's interest in school and their retention in education (school feeding, cash-based interventions, etc.).

Response Strategy

The education response in the North-West and South-West regions will be tailored to the current context and will be divided into two different sets of support: In urban areas, where schools are operational, the Education Sector, in coordination with relevant ministries and municipalities, will support school-based resilience and risk mitigation, inclusive education, quality teaching and learning, and enhanced school governance. In rural areas without functioning schools, non-formal education interventions will be delivered along with alternative learning opportunities. In both contexts, the protective learning environment will be enhanced and monitored by the Education Sector and the Education Cluster, respectively. Education partners will continue to advocate for the implementation of the Safe School declaration and the protection of education from attacks, while also supporting the monitoring and documentation of attacks on education.

In the West and Littoral regions, the response will focus on the areas that have received the most vulnerable displaced people. A strong focus will be placed on the quality of learning, a protective learning environment, an inclusive education, and maintaining boys and adolescent girls in school.

In the Far North, Accelerated Reintegration of Out-of-School Children (CARED) programmes, which enable children who have been out of school due to conflict and floods to catch up, will be expanded with the construction of Temporary Learning Spaces (TLS) and gender-sensitive latrines as well as with the distribution of training and recreational kits.

In the North-West and South-West, as well as in other crisis-affected areas, the Education Cluster will facilitate access to learning for vulnerable children, unaccompanied children, children with disabilities, and girls and boys in charge of households. The analysis of alternative learning options for these children and youths, including those with disabilities, will be conducted to direct them to opportunities that best meet their needs and aspirations. This is the case for accelerated education programs, literacy and numeracy programs, life skills trainings, etc. Similarly, child protection in schools will be strengthened through capacity building of teachers on PSEA, the establishment of feedback and accountability mechanisms, and referral of protection cases. The Protective Learning environment will be regularly assessed to measure the perception of safety in schools and the level of knowledge on safety. Child participation will be ensured to provide feedback on the safety and the protective learning environment.

Using the municipality approach, the Education Sector will work on strengthening its multi-sectoral synergies with the WASH, Health, Food Security/Nutrition, and Child Protection sectors, to combine efforts by providing a holistic intervention and ensuring that the life-saving and protection needs of students affected by the humanitarian crisis, as well as those of teachers and facilitators, are met, and to ensure that the most vulnerable children are not left behind.

Areas of intervention

The Education Sector will seek to achieve its objectives by diversifying the set of interventions according to the context of the different target areas, to minimize the risks of the different interventions planned.

In rural areas of the North-West and South-West regions, interventions will focus on providing alternative and non-formal learning opportunities to enable all out-of-school children, girls, and boys to access learning and protection messages. The program will primarily include radio education, digital learning, and support to community learning spaces. In the urban centers where schools are operational, the intervention package will be diversified by integrating formal education and non-formal learning

opportunities for out-of-school children from internally displaced communities as well as from the host community. The minimum package of activities for the immediate response will aim to ensure access to a safe, protective, and accessible learning environment to protect children and ensure their physical, moral, psychological, and social well-being. This includes the provision of semi-temporary learning spaces to increase school capacity, latrines, and water points accessible to all children, including those living with disabilities. In addition, learning materials will be distributed to all students, teaching and learning materials will be made available to teachers, and recreational materials will be disseminated in targeted schools. Teachers will benefit from capacity building to address the specific needs of crisis-affected children through minimal training in psychosocial and mental health support, peace education, disaster risk reduction, and multi-grade pedagogy. The West and Littoral regions that have received displaced children will benefit from the same package of interventions to ensure the smooth integration of internally displaced children. The particularity will be that, for the intervention approach, the Humanitarian Cash Transfer will be introduced to facilitate access to products and services offered in the framework of the Education Sector interventions, and to also overcome some of the barriers – mainly linked to poverty – to education. Also, the accelerated education program allowing the completion of six years of elementary school in three will be introduced and gradually implemented, in addition to literacy and life skills trainings, and will target overaged internally displaced children and those from the host communities.

Monitoring and accountability

The monitoring of the humanitarian response will be complementary and will use a similar methodology to the one set up under the leadership of Government in the Education Cannot Wait strategy. Education Sector partners will be encouraged to ensure the proper implementation of educational actions and the monitoring of all interventions to guarantee that all activities meet the real needs of children and youths. Such monitoring mechanisms providing feedback in real time establish a chain of direct communication

with the municipalities, the schools involved (reached), and the decentralized/regional authorities.

In addition, the Education Cluster in the North-West and South-West and the Education Sector in the Far North will continue to collect data and information on the interventions of the different partners monthly through the 5W tool and situation reports. This will provide more insight into challenges and unmet needs. In addition, joint missions to monitor the projects of the Sector members will be organized and recommendations will be made at the end of the different missions to ensure the quality of the response.

The Education Sector will continue to use the capacity building system put in place for all Education Sector members in various areas related to project management, data collection and management, protection, GBV, PSEA, as well as other cross-cutting issues, to ensure the improvement of the quality of interventions, the protection of children and other beneficiaries, and that partners' interventions do not contribute to increasing the protection risks of beneficiaries.

The Education Sector will encourage partners to actively involve all stakeholders in the interventions, including beneficiary communities, in all phases of the program cycle.

Complaint systems and feedback mechanisms will be strengthened to allow children and other members of the beneficiary communities to report on their perceptions of the interventions. They will have the opportunity to voice their concerns, which will be collected according to the established plan and analysed, making it possible to take and corrective actions. Children will be placed at the center of all interventions of the Education Sector.

CONTACT

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Objectives, Indicators and Activities

SECTOR OBJECTIVES	INDICATORS	TARGETS
Se01 Improvement of school and training host structures capacities.	<i>Number of girls, boys and adolescents affected by crisis who have access to formal and non-formal education</i>	800,137
Se02 Provision of alternative education platforms.	<i>Number of girls, boys and adolescents affected by crisis who have access to alternative education platforms</i>	240,040
Se03 Strengthening of advocacy and social dialogue with stakeholders in the education system (communities, teachers, administrative and school officials, partners, etc.) to foster access of all children to education, including girls and children living with disabilities.	<i>Number of girls, boys and adolescents affected by crisis who have access to formal and non-formal education</i>	800,137
Se04 Improvement of inclusive education supply.	<i>Number of girls, boys and adolescents living with disabilities and affected by crisis who have access to inclusive education</i>	80,014
Se05 Strengthening protection and security/safety of children and teachers for a protective learning environment.	<i>Number of girls, boys and adolescents affected by crisis who report feeling safer in schools, learning and training spaces</i>	800,137
Se06 School feeding program.	<i>Number of girls, boys and adolescents affected by crisis who benefit from the school feeding program.</i>	280,046
Se07 Quality Education inputs and facilities.	<i>Number of teachers, supervisors and other education staff trained in life skills, psychosocial support and other topics related to education in emergencies.</i>	4,001
Se08 Capacity building of school governance mechanisms.	<i>Number of teachers, supervisors and other education staff trained in the mission of School Management Committees and other topics related to school governance.</i>	11,200
Se09 Strengthening coordination and Information Management in Education in Emergencies.	<i>Number of teachers, supervisors and other education staff trained in the minimal standards for Protection and Education in Emergencies, Coordination and Information Management.</i>	4,401
Se10 Prevention of COVID-19 pandemics in schools.	<i>Number of students, parents, teachers, supervisors and other education staff sensitized on COVID-19 prevention.</i>	920,159
Se11 Cash-based interventions in support to families.	<i>Number of girls, boys and adolescents affected by crisis who received financial support or learning materials.</i>	120,020

ACTIVITIES

1. Construction of school and training infrastructure (classrooms, latrines, water points, temporary learning spaces).
2. Implementation of Radio Education Programmes and digital learning platforms.
3. Advocacy and social dialogue with stakeholders in the education system (communities, teachers, administrative and school officials, partners, etc.) to foster access of all children to education, including girls and children living with disabilities.
4. Capacity building of teachers in inclusive education.
5. Purchase and distribution of inclusive and sexospecific supplies to children living with disabilities.
6. Training of teachers and supervisors in psychosocial support, conflict and disaster risk management and child protection.
7. Purchase and distribution of learning materials (bags, books, pens, pencils, etc.).
8. Provision of grants to schools and training institutions and the most vulnerable families and children.

ACTIVITIES

9. Implementation of a school feeding program.

10. Training of teachers, supervisors and other education staff in life skills, psychosocial support and other topics related to education in emergencies.

11. Revitalization of School Management Committees.

12. Training of school managers in the minimal standards for Protection and Education in Emergencies, Coordination and Information Management.

13. Community awareness of the prevention of COVID-19.

14. Construction of housing for teachers working in remote and difficult areas.



YAYOURA, FAR NORTH REGION, CAMEROON

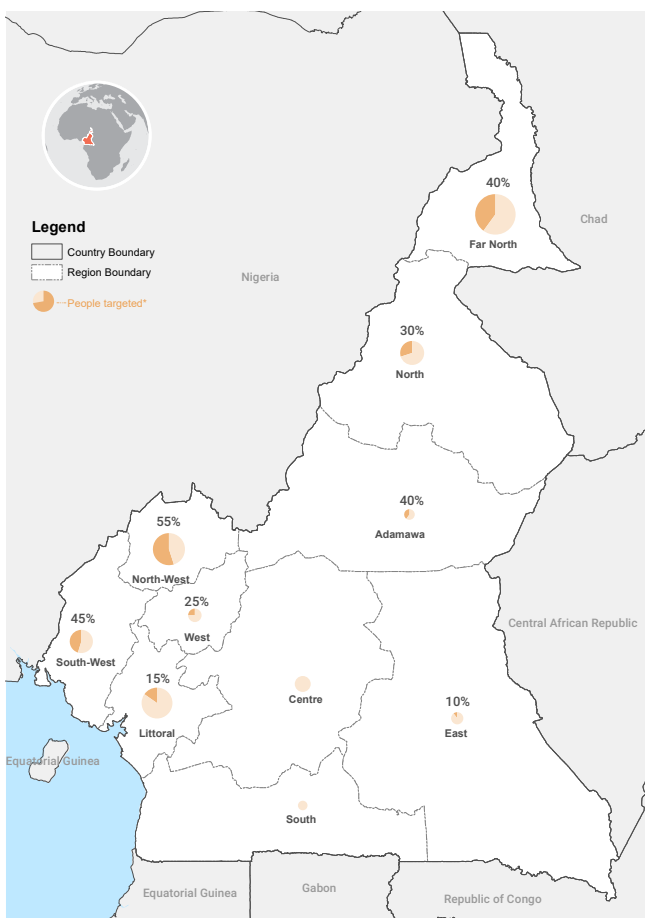
Children in their relocated school after the floods in Yagoura

Photo: OCHA/Ariane Maixandau



3.2 Food security

PEOPLE IN NEED	PEOPLE TARGETED	REQUIREMENTS (US\$)	PARTNERS	PROJECTS
3.2M	1.1M	100.9M	21	30



4. Ensure quality information on food security and vulnerability, for a better humanitarian programming and to reinforce the HDP Nexus.

Introduction

While Cameroon continued to be affected by three humanitarian crises in 2022, the food security situation and livelihoods activities also continued to be negatively affected by multiple factors, namely insecurity and the impact of climate change, including floods and irregular rainfall distribution. The situation was compounded by the damaging impact of the Ukraine crisis. Despite efforts made by the Government and humanitarian partners, food insecurity remained one of the main concerns for the vulnerable communities. The limited funding of the Food Security Sector did not allow a full response to meet the objectives set by the Sector in 2022.

Sector Response Strategy

In 2023, the response to the various crises will be implemented through cooperation among partners. Emergency food assistance will be tailored to satisfy the dire needs of the targeted vulnerable people affected by crises, namely refugees, IDPs, returnees, and local host populations. The response strategy of the Food Security Sector will consist in prioritizing life-saving emergency interventions targeting the most vulnerable households to improve their food security status. More attention will be paid to people in crisis and emergency food insecurity phases 3 and 4, as identified in the October 2022 Cadre Harmonisé analysis. Simultaneously, a strong package of

Objectives

1. Save the lives of food insecure people through inclusive, coordinated, and integrated assistance.
2. Improve the food security of refugees, IDPs, returnees, and vulnerable local populations.
3. Reduce vulnerabilities and strengthen the resilience of people affected by the effects of climate change.

livelihood and resilience activities will be implemented to support the beneficiaries' self-reliance.

Based on the level of funding of the Sector, emergency food assistance will be provided according to the vulnerability of the beneficiaries in the most difficult to access areas. This will be done through:

- Unconditional support through food, cash, and emergency food production for the most vulnerable people newly affected by the recent crises.
- Implementation of projects for sustainable livelihood, resilience, and capacity strengthening of the communities for climate change adaptation.
- Transition of target beneficiaries from unconditional support to livelihoods and resilience-building programmes.

Simultaneously, specific livelihoods and resilience activities will be carried out to consolidate and protect the gains of previous interventions and to strengthen the resilience of people in phase 2 of the Cadre Harmonisé analysis to prevent the deterioration of their food security status.

Cash and voucher assistance

In areas where markets are functional and the economic environment is favorable, and where the security situation allows, the Food Security Sector default modality is conditional and unconditional cash or food vouchers. Considering the advances linked to the multipurpose cash interventions, the use of this modality will be prioritized when and wherever possible.

Coordination

In terms of coordination, the Sector will continue to work in synergy with other sectors, including the Nutrition 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 mechanism (RRM) for a quick response to sudden

onset crisis such as new displacements, floods, and climate driven conflicts.

Information management will be reinforced among food security actors within the Food Security Sector Technical Working Group and the Food Security Cluster in the North-West and South-West. Actions will be undertaken to reinforce the partnership and collaboration. In line with the localization agenda, field level agreements will be signed with national NGOs and regular capacity-strengthening actions will be reinforced. Different technical support will be provided for an improved performance in humanitarian operations and adherence to humanitarian principles, while a better monitoring of food security relevant developments will be provided to adapt response activities.

Accountability to Affected Populations

To ensure accountability, the participation of affected populations in all stages of the different interventions will be reinforced. Beneficiaries and communities will be informed and sensitized on a regular basis at each stage of each project. This includes assessments, beneficiaries' prioritization and targeting, verification, planning, implementation, monitoring, and evaluation. A toll-free hotline will remain available 24h/7days to beneficiaries and non-beneficiaries for anonymous complaints and feedback. These complaints will be dealt with diligently, and appropriate and timely response will be provided to all concerns.

Lake Chad basin crisis (Far North)

In-kind, cash, and agricultural support will be provided to refugees, IDPs, returnees, and vulnerable host populations.

Throughout 2023, unconditional food assistance will be provided to 64,000 targeted refugee men, women, and children of all age groups in the Minawao camp through monthly in-kind food distributions. Extremely food insecure people will be provided with humanitarian food assistance at 100 per cent of the ration for 2,100 kcal of energy per day per person. This includes beneficiaries to be covered under the RRM. The food basket and daily rations will include 350g of cereals, 100g of legumes, 35g of vegetables and 5g of

salt. The food insecure people will be provided with 70 per cent of the daily ration.

A total of 40,000 vulnerable food insecure **IDPs and returnees** of all sex and age groups will receive food assistance through in-kind and cash transfers throughout the year. Those living in areas where markets are functional will receive monthly cash transfers with a transfer value of 7,500 CFA francs per person per month.

In addition, to prevent local vulnerable households from adopting negative coping strategies and maintain their food security status during the lean season, food support will be provided to the most vulnerable local host populations through a six-month **seasonal food assistance**. Some 40,000 people will be targeted, during that period. Food insecure households including men, women, and children in the Far North will have access to adequate and nutritious food. Food assistance will be transferred through unconditional in-kind or cash food distributions at 100 per cent rations, providing 2,100 kcal of energy per day per person. The food basket and daily rations are 350g of cereals, 100g of legumes, 35g of vegetables and 5g of salt.

Special attention will be paid to households with specific needs and particularly to the situation of the female or child headed households and those including people with special needs such as pregnant woman, older people, and persons with disabilities.

Livelihood and resilience-building activities will be implemented through various interventions, including food for assets activities for climate change adaptation targeting 60,000 people and support to livelihoods and income generation activities to strengthen beneficiaries and communities' self-reliance. Meanwhile mitigating climate change activities are tailored to support smallholder farmers to improve their revenue and therefore their food security.

Agricultural inputs and tools will be provided to improve food production and productivity. These will be channeled through different modalities of assistance, in form of cash or in-kind, as well as through capacity building for better production of agricultural and livestock projects.

North-West and South-West crisis

The interventions will focus on the most vulnerable people identified by the Cadre Harmonisé analysis in October 2022. Assistance will be provided to IDPs and the host population. Attention will be paid to the most vulnerable people in hard-to-reach areas and to people whose livelihood activities are disrupted due to insecurity. These two population groups will receive food assistance throughout the year. A total of 303,000 people are targeted for unconditional food support. The ration for in-kind food distribution will provide 2,100 kcal of energy per person per day. The daily food basket and rations will include 350g of cereals, 100g of pulses, 35g of vegetables and 5g of salt.

The Food Security Cluster will conduct market and security situation analysis to determine the feasibility of assistance through cash-based transfers, which would be the preferred response modality.

In addition, these populations will benefit from agricultural support in terms of seeds, small agricultural equipment, as well as capacity building support for better agricultural and livestock production and productivity.

Livelihood and resilience activities are targeting 20,000 people through food for assets creation for early recovery and resilience building. In addition, agricultural and livestock support will be provided to households to improve their food production and productivity. This will be provided through different modalities of assistance, in cash and in-kind, as well as through capacity building for better production of agricultural and livestock projects.

Littoral, West and Centre regions

The Littoral, West and Centre regions are hosting great numbers of IDPs from the North-West and South-West. The Food Security Sector will apply a multi-faceted approach to mitigate and maintain the livelihoods of the affected communities.

The Sector partners will focus on economic vulnerabilities and introduce initiatives that aim at reducing the income gap by creating income-generating activities, including job creation. The Sector emphasizes self-reliance through agricultural initiatives

such as the distribution of seeds, tools, and agricultural equipment to support small holder farmers.

Central African refugee crisis

The Food Security Sector's response to the Central African refugee crisis in the East, Adamawa, and North regions consists in humanitarian food and livelihood assistance, which will be provided through in-kind and cash targeting the most vulnerable refugees and vulnerable local populations. Cash-based transfers will be provided to beneficiaries located in areas where markets are functional through financial service providers. Beneficiaries will have access to adequate and nutritious food that can support their food security and thus prevent them from adopting negative coping strategies.

Throughout 2023, unconditional food assistance will be provided to 96,000 vulnerable CAR refugee men, women, and children in and out of camp through monthly in-kind food distributions. Extremely food insecure refugees will be provided with humanitarian food assistance at 100 per cent of the ration for 2,100 kcal of energy per person per day. This considers beneficiaries to be covered under the contingency. The food basket and daily rations will include 350g of cereals, 100g of legumes, 35g of vegetables and 5g of salt. The food insecure people will be provided with 70 per cent of the daily ration.

To prevent local vulnerable households from adopting negative coping strategies and maintain their food security status during the lean season, food support will be provided to the most vulnerable local host populations through a six-month **seasonal food assistance**. Some 40,000 people are targeted. During that period, food insecure households including men, women, and children in the East, Adamawa and North regions will have access to adequate and nutritious food. Food assistance will be transferred through unconditional in-kind or cash food distributions at 100 per cent ration, providing 2,100 kcal of energy per person per day. The food basket and daily rations are 350g of cereals, 100g of legumes, 35g of vegetables and 5g of salt.

As a protracted operation, the Sector will implement a robust livelihood and resilience programme targeting 49,000 people through food for assets creation for early recovery and resilience building. In addition, agricultural and livestock support will be provided to households to improve their food production and productivity. This will be provided through different modalities of assistance in cash and in-kind as well as capacity building for better production of agricultural and livestock projects.

Humanitarian-Development-Peace Nexus



KOUMBA, SOUTH WEST REGION, CAMEROON

Caritas support IDP women to start their own poultry farms as a means of sustainability

Photo: CARITAS

In line with the Nexus approach, the Food Security Sector will closely collaborate with other sectors and the technical ministries of the Government to ensure maximum impact on the target populations.

Within the identified Nexus convergence areas, interventions of the Food Security Sector will be developed in synergy with humanitarian, development, and peacebuilding actors at national, regional, and local levels. Joint work plans will be developed with all actors to promote the synergy of actions and avoid the duplication of efforts in the planning, implementation, monitoring, and evaluation of activities.

To strengthen the resilience of the smallholder farmers through the improvement of their production, productivity and revenue, the Sector will focus on technical support and the provision of equipment, agricultural inputs, and capacity building actions

geared towards value chains development for specific crops according to the agroecological zones.

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Objectives, Indicators and Activities

SECTOR OBJECTIVES	INDICATORS	TARGETS
Se01 Save the lives of food insecure populations through coordinated and integrated inclusive assistance.	Number of targeted food insecure people (female and male) that received unconditional food support through food and Cash transfers/Cash+.	512,442
	Number of targeted people (disaggregated by sex and status) that received assistance through agricultural, livestock and fishery support (small ruminant, local poultry, table birds, piggery, fishery and agriculture).	219,617
Se02 Improve food security (access and use) of refugees, internally displaced persons, returnees and vulnerable local populations (men and women).	Percentage of targeted households meeting minimum requirements for Household Dietary Diversity Scores (HDDS).	31
	Percentage of targeted households with Reduced Coping Strategies Index (CSI).	62
	Percentage of households with acceptable Food Consumption Scores (FCS) out of the total targeted severely food insecure households.	42
Se03 Ensure the availability of quality information on food security and vulnerability for better humanitarian planning and strengthen the HDP Nexus.	Number of food security assessment conducted to support and reinforce humanitarian planning and the HDP Nexus.	20

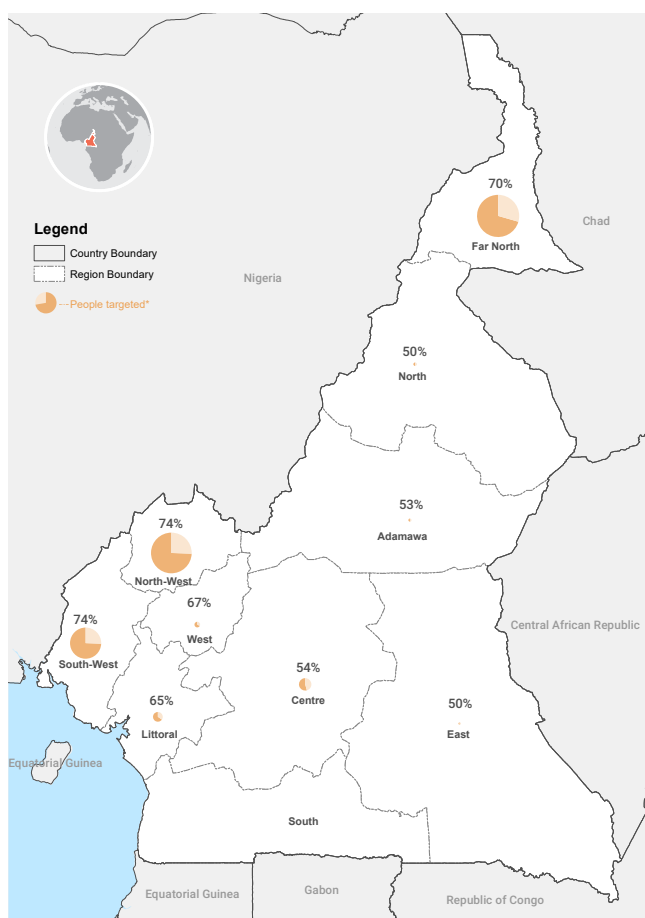
ACTIVITIES

- (Agriculture) Provide assistance to IDPs and host population to improve their food and nutrition security through agricultural livestock and fishery support (small ruminant, local poultry, table birds, piggery, fishery and agriculture).
- Provide unconditional food, Cash transfers/Cash+ to IDPs and local vulnerable population.
- (Food in kind) Provide seasonal food transfers to targeted local vulnerable population.
- Conduct food security assessments (CH, mVAM, FSMS, JAM, Multisector, ENSAN) to support and reinforce humanitarian planning and the HDP Nexus.

3.3 Health



PEOPLE IN NEED	PEOPLE TARGETED	REQUIREMENTS (US\$)	PARTNERS	PROJECTS
1.8M	1.3M	25.4M	20	23



4. Provide appropriate health care and referrals for GBV survivors.
5. Conduct regular monitoring of attacks on healthcare.

The epidemiological situation in 2022 highlighted poor vaccination coverage of routine vaccines due to the reluctance of the population to get vaccinated against COVID-19. This had an impact on the response to cholera, measles, yellow fever, and meningitis epidemics that were recorded in crisis-affected areas.

In the Far North, attacks by NSAGs continue to lead to injuries and deaths. This is worsened by continuous community clashes in the Logone et Chari division. These security issues negatively affect the livelihoods of the populations, reducing their capacity to afford their health expenses, in a region that 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) with an increasing rate of maternal and neonatal deaths.²⁹

Objectives

1. Improve access to good quality essential health care as well as mental health and trauma care for the populations affected by the crises.
2. Reduce the risk and/or the impact of epidemics by early detection and effective response.
3. Ensure holistic sexual and reproductive health response (ante-natal care, family planning, deliveries, post-natal care, clinical management of rape, etc.) to all women of childbearing age.

The North-West, South-West, Littoral and West regions experienced a huge cholera epidemic that has negatively impacted the epidemiological surveillance and access to essential and reproductive health care in these areas. In 2022, in addition to the cholera epidemic, measles and yellow fever epidemics were recorded in these regions. The North-West and South-West regions also recorded a monkeypox epidemic. The COVID-19 pandemic has also continued to affect the four regions (North-West, South-West, Littoral

and West) where all the new circulating variants have been identified.³⁰

Numerous attacks on health facilities, targeting both infrastructure and health personnel, were recorded throughout 2022, thus leaving many health facilities non-functional and leading to a reluctance of health personnel to work in these insecure areas. Armed attacks and shootings of civilians have also increased in places where adequate surgical assistance is not available. Equitable access to health care and epidemiological surveillance urgently needs to be strengthened in the regions affected by this crisis.

Equitable access to good quality health services is among the major challenges faced by affected populations in 2022. The main priorities for 2023 are the following:

- Enhance the management of physical and psychological trauma linked to the violence in the North-West, South-West, and Far North regions.
- Improve early detection and rapid response to public health events (disease epidemics and other emergencies) in crisis-affected areas.
- Scale-up cash-based assistance for health services in the North-West, South-West, and Far North regions.
- Monitor attacks on healthcare in the crisis-affected areas.
- Improve access to essential healthcare for populations affected by crises, especially for mothers, new-borns, and children, including access to sexual and reproductive health services.
- Guarantee a dignified and safe birth, including supporting the prevention of unintended pregnancies and sexually transmitted diseases, for all vulnerable women of childbearing age.
- Implement mobile clinics to ensure the availability of essential health services in hard-to-reach areas, including bush settlements.

In 2023, the Health Sector partners will focus on the following activities:

- Ensure safe deliveries for 82,000 vulnerable women: 32,200 women in the Far North region

and 50,000 women in the North-West, South-West, Littoral, and West regions.

- Ensure the provision of adequate timely health assistance to all GBV survivors, including an effective referral and counter-reference mechanism with the Protection Sector/GBV AoR.
- Ensure equitable access to essential healthcare for 1.2 million people affected by crises, namely 466,000 people (including 302,000 children, 16,000 older people, and 14,000 people with disabilities), out of which 51 per cent are women and girls, in the Far North, 725,300 people (including 405,000 children, 67,000 older people, and 9,500 people with disabilities), out of which 49 per cent are women and girls, in the North-West and South-West, 31,000 people in the Littoral and West (including 14,000 children, 391 older people, and 500 people with disabilities), out of which 68 per cent are women and girls, and 3,400 people in the North and East (including 1,500 children, 300 older people, and 100 people with disabilities), out of which 52 per cent are women and girls.
- Expand the early warning alerts and rapid response system (EWARS) for epidemic surveillance in the North-West, South-West and Far North regions, and develop an Epidemic Intelligence from Open Sources (EIOS) in all regions affected by crises.
- Strengthen the management of physical and psychological trauma for people affected by crises in the Far North, North-West, and South-West regions by making trauma kits available in specific places.
- Strengthen the resilience of people through community education and awareness actions aimed at empowerment and innovative search for effective solutions for problems related to health and/or access to essential health services.
- Improve the quality of health care in emergency situations to preserve the dignity of beneficiaries.

The Sector's response is mainly focused on the Far North, North-West, South-West, West, and Littoral regions, where most vulnerable displaced people (IDPs, returnees) and host populations are located. However, some epidemic response activities are planned in the North and the East regions, targeting host communities. The Health Sector is primarily targeting

children, women of reproductive age, older people, people with specific health needs such as people living with HIV, diabetes, and cardiovascular diseases, and persons with disabilities. To ensure holistic case management of GBV survivors, the Health Sector will work closely with the Protection Sector and its AoRs.

Cash assistance

The Health Sector is planning to continue vouchers for health in 2023 for access to essential healthcare, notably in urban and peri-urban areas for IDPs, returnees and host communities in the North-West and South-West regions.

Humanitarian-Development-Peace Nexus

The HDP Nexus approach will be applied by supporting the existing health systems with the training of the health workforce, providing some medical equipment in places with destroyed health facilities, enhancing community-based early warning alert and response

activities, and health promotion activities to support affected people in reducing health risks and finding solutions at the community level. Mental health interventions aiming at encouraging people to restart a normal life in safe places will also be implemented.

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OSHIE, NORTH-WEST REGION, CAMEROON

Vaccination of a child in Oshie integrated health center

Photo: IMC

Objectives, Indicators and Activities

SECTOR OBJECTIVES	INDICATORS	TARGETS
Se01 Improve the response to epidemics in areas targeted by the crisis.	<i>Number of cases and deaths for selected diseases relevant to the local context (Malaria, Cholera, Monkeypox, COVID-19 and other outbreak-prone diseases).</i>	
Se02 Provide holistic care for GBV survivors.	<i>Number of GBV cases managed by Health Sector actors.</i>	
Se03 Improve access to essential health care for the population affected by the crises.	<i>Percentage of the targeted population that can access primary healthcare within one hour's walk from dwellings.</i> <i>Percentage of elements of primary healthcare available in functioning health facilities.</i>	
Se04 Guarantee dignified and safe childbirth to all vulnerable women of childbearing age in targeted areas.	<i>Percentage of high pregnancies referred.</i> <i>Percentage of births attended by skilled personnel (doctors, nurses, certified midwives).</i>	
Se05 Regularly monitor attacks on health facilities.	<i>Percentage of incidents identified through the Surveillance System for Attacks on Health Care (SSA) verified and reported.</i>	

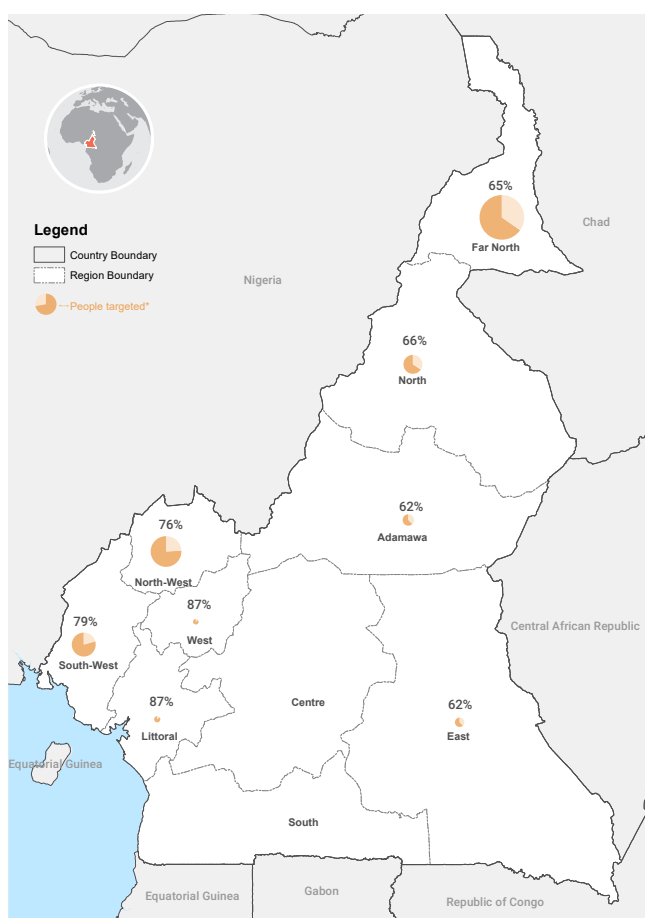
ACTIVITIES

1. Support epidemic preparedness and response.
2. Enhance community engagement and adherence to vaccination in affected areas.
3. Ensure health management, referral and counter referral of GBV survivors.
4. Strengthen mental health and psychosocial support interventions.
5. Ensuring the availability of adequate trauma care in areas affected by the crises.
6. Ensure the availability of essential health care in areas affected by the crises.
7. Ensure the availability of reproductive health care in areas affected by the crises.
8. Provision of dignity kits to pregnant and lactating women.
9. Provide health assistance in hard to reach areas.
10. Report Attacks on Healthcare.

3.4 Nutrition



PEOPLE IN NEED	PEOPLE TARGETED	REQUIREMENTS (US\$)	PARTNERS	PROJECTS
604k	421k	22.3M	14	24



- Pregnant women and breastfeeding mothers benefit from diets, practices and services that protect them from undernutrition, micronutrient deficiencies and anemia in humanitarian context.
- Boys and girls aged under 5 benefit from services for the early detection and treatment of all forms of life-threatening acute malnutrition.
- People living with HIV/AIDS (PLHIV/AIDS) in conflict-affected areas benefit from nutrition assessments, counseling, and support (NACS) services to prevent and treat acute malnutrition and improved adherence to ART treatment.
- Effective leadership and coordination as well as monitoring and information systems on nutrition, including nutrition assessments, provide timely and quality data and evidence to guide coordination, policies, strategies, programmes, and advocacy in humanitarian context.
- At-risk and affected populations have timely access to culturally appropriate, gender and age sensitive information, participate in decisions on interventions and access complaints and feedback mechanisms in humanitarian context.

Objectives

- Boys and girls aged under 5 benefit from diets, practices and services that prevent stunting, wasting, micronutrient deficiencies, and overweight in humanitarian context.
- 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.

Overall Response

The Nutrition Sector's response aims to reduce the mortality and morbidity linked to life threatening forms of malnutrition. The Sector seeks to ensure that boys and girls under age 5 as well as adolescent girls and pregnant and lactating women have access to diets, services and practices which improve their nutritional status. Their increased physiological needs are further aggravated by repeated displacement, food insecurity,

Lake Chad basin: “Prevent micronutrient deficiencies in protracted crisis using BSFPs and Home-based food fortification programmes” - WFP and UNICEF

Children in the Logone et Chari division are highly affected by micronutrient deficiencies (anemia affecting six children out of ten and seven out of ten children are zinc deficient). Those deficiencies are compounded by high stunting (37 per cent) and high share of population that cannot access a healthy diet (70 per cent). To improve the micronutrient status of children and contribute to preventing malnutrition, UNICEF and WFP are implementing micronutrient supplementation programs through two approaches:

Blanket Supplementary Feeding Programme (BSFP) – based on an enriched food ration distribution and home-based food fortification – based on MicroNutrient Powders distribution. Both programmes target children aged 6 to 23 months and are mutually exclusive. Therefore, WFP and UNICEF coordinate to avoid duplication and ensure that either programme reaches all children. Both programmes serve as venues to provide other services like screening for malnutrition, vitamin A supplementation and deworming, health talks, catch-up immunization, and infant and young child feeding (IYCF) sensitization.

increased morbidity, lack of access to adequate safe water, sanitation facilities, and basic health services in various complex and protracted crises.

Based on the humanitarian needs analysis, six priority regions - Far North, North, Adamawa, East, North-West and South-West will be considered, together with West and Littoral, depending on funds and partners availability.

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. Appropriate and timely support to infant and young child feeding in emergencies (IFE) saves lives, protects child nutrition, health and development, and benefits mothers.³¹



MAROUA, FAR NORTH REGION, CAMEROON

A community health worker visits a family at home
Photo: UNICEF/Dejongh

Main activities of the response plan are:

- Set up preparedness mechanisms and systems to enable an effective and timely humanitarian response to humanitarian crises, based on risk analysis in a particular context, and considering national and regional capacities.
- Support infant and young child feeding (IYCF) in emergencies: 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.
- Implement activities that promote age-appropriate nutrient-rich diets, micronutrient supplementation, home-fortification of foods and deworming prophylaxis.
- Implement a community-based package of interventions for children in middle childhood and adolescent girls that includes at a minimum iron and folic acid supplementation, deworming prophylaxis, nutrition education, counselling, and support.
- Implement a community-based package of interventions for pregnant women and breastfeeding mothers - with special attention to pregnant adolescent girls and other nutritionally at-risk mothers - that includes at a minimum iron and folic acid/multiple micronutrient supplementation, deworming prophylaxis, weight monitoring, nutrition counselling, and nutrition support.
- Conduct regular screening of all children under age 5 in affected areas for the early detection of wasting and referral as appropriate for treatment.
- Implement wasting and other forms of life-threatening acute malnutrition interventions through facility and community services, integrated in health centers or mobile units.

North-West and South-West crisis

The specific response plan developed by the North-West South-West Nutrition Cluster will focus on increasing access, coverage and use of life-saving

South-West: “Scaling up emergency nutrition response in South-West complemented by WASH and Child Protection Services for IDPs and host communities.” - Cameroon Baptist Convention for Health Services (CBCHS)

The nutrition response increases access, coverage and utilization of life-saving nutrition services for 50,000 children through improved and scaled up screening, referral, and treatment, alongside the promotion of preventative actions, like exclusive breastfeeding, and the promotion of Infant and Young Child Feeding practices (IYCF). To complement, safe water and access to sanitation facilities is put in place, targeting 20,000 people, to reduce open defecation and the risk of cholera, with the construction/rehabilitation of water points, construction of latrines in child friendly spaces, support to household latrine construction for IDPs, distribution of WASH kits, and the promotion of good hygiene and sanitation practices in the community. Mainstreaming of Child protection is ensured to identify children in need of protection through the above-mentioned interventions and refer them to services equipped to address their needs and those of their caregivers.

nutrition services and enhance protection of the nutrition status with a package of treatment/curative and prevention services delivered through mobile clinics, community platforms, and health facilities, when possible.

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

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

“Support project in primary health care, mental health and nutrition in the Logone et Chari division”- Action Contre la Faim

Within the framework of its intervention in the health districts of Kousseri and Goulfey, ACF prevents undernutrition by facilitating access to primary health care for children under 5 and pregnant and lactating women (PLW) and strengthening the resilience of populations affected by intercommunity conflicts through mental health care and coordination with existing organizations and mechanisms. Supported community health workers carry out preventive and promotional activities. They ensure epidemiological surveillance, IYCF sensitization, screening and referral of SAM, PLWs and other patients to health facilities, and ACF’s mobile clinic sites. The mobile clinics provide an integrated package of primary health care services, including community-based management of acute malnutrition and MHPC-P, and are especially dedicated to populations facing shocks, identified following a multi-sectoral assessment (with RRM team). Complicated cases are referred to district hospitals. The programme thus contributes to reduced mortality and morbidity among the most vulnerable populations.

Strategies and approaches for quality and inclusive programming

- Foster multisectoral and integrated response and geographic convergence in Nutrition, Health, WASH, Education, Child Protection, Social Policy, and cross-cutting sectors.
- Establish safe spaces for feeding and responsive care and promote linkages with the Child Protection AoR.
- Systematically engage with communities to implement preparedness, prevention, and response activities at community level, including the promotion 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.
- Localization: Nutrition partners will promote the participation of national and local actors in the

humanitarian response. The main objective is to engage with these actors in a spirit of partnership and to build their capacity.

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

Cash and voucher assistance

The Sector's response plan will continue to integrate the experience of cash and voucher assistance in 2023, for maternal nutrition support in the context of the CAR and Lake Chad basin crises. 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 South-West has adopted cash vouchers as a complementary modality of assistance, wherever feasible, by providing cash for transportation costs for vulnerable families traveling to seek inpatient care for SAM management. Currently, some Nutrition Cluster partners are using multipurpose cash (MPC) to address food security, and others, like WFP in the Far North, are using cash transfers to support maternal nutrition. These approaches will be explored to design best approaches of cash-based interventions in nutrition.

Accountability to Affected Populations (AAP)

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

- Information sharing: ensure affected populations (disaggregated by age, gender, and vulnerability)

Challenges on supply chain³⁴

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

The fuel price development continues to have an upward trend worldwide. According to the International Energy Agency, in 2021 the global average fuel price increased 26 per cent from the previous year. This trend has continued in 2022: Prices have been close to 40 per cent above the 2021 global average. Higher fuel prices have increased shipping costs with also consequences to the transport budget and the programme implementation budget in general.

For sea freight, global congestion remains at a high causing disruption to schedules. The Ukrainian crisis will have a short-term impact on WFP's procurement. These impacts relate to expected cancellations or delays in shipments.

A conflict-related cost increase for wheat and pulses and the price surge recorded in 2021 already rendered WFP's operations on average 36 per cent more expensive than in 2019.

Ready-to-Use Therapeutic Food (RUTF): The recent commodity price increases for ingredients and packaging materials, combined with the higher cost of energy and freight, have resulted in prospective weight average price increases of 16 per cent with an uncertain outlook over the next 12 to 24 months.³⁵

UNICEF calls for immediate funding increases to be considered for nutrition programmes to ensure they maintain current and increased programme coverage rates to respond to the growing needs. The cost of humanitarian aid is also increasing because of these challenges.

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 inform staff at all levels of the expected code of conduct and ensure that staff's attitude towards partners and communities reflects humanitarian principles, impartiality, and do no harm. AAP is connected to the protection of sexual exploitation and abuse agenda.
- Evidence generation: Partners make efforts to include views and perceptions of affected populations in all assessments, surveys and other evidence generation efforts, the results of which should inform planning and management decisions.³²

Humanitarian-Development-Peace Nexus

The Nexus programming is considered and integrated differently in the response to the three crises in Cameroon, depending on context specificities. The response to the CAR crisis is deeply rooted and linked to the development agenda, whereas the North-West South-West response is facing continuous aggravating factors and access constraints limiting the Nexus agenda. Where possible, the humanitarian response plan is part of the overall operational plan for the Nutrition Sector. This plan is anchored in sustainable operational mechanisms based on strengthening Government actors and civil society capacities 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 transfer.
- Strengthen nutrition supply chains to improve integrated forecasting, costing, procurement, storage (including contingency stocks) and delivery of nutrition commodities.

Costing methodology

Costing of the projects has taken into consideration the cost of supplies (ready-to-use therapeutic foods, therapeutic milks, specialized nutritious foods, vitamin and/or mineral supplements, essential medicines for the treatment of infectious diseases associated with malnutrition), human resources (staff), capacity building/development, administrative, monitoring and evaluation (M&E) and promotional activities cost (e.g: communication costs). For example, for management of severe acute malnutrition, the unit-based cost of 100 USD³³ per child treated is usually considered.

The global post-COVID 19 and Ukraine economic and financial crisis have already had some impacts on supply chain and the costs of products and transportation (see HNO narratives). If already identified and anticipated impacts have been considered, cost of supply-related activities in the projects may vary any time with significant impact on projects budgets.

Monitoring

To ensure the quality of the response, the Sector and the North-West South-West Cluster will strengthen the nutrition information system for an evidence-based nutrition response. Monitoring of the nutrition status of the population and the nutrition response will include population-based surveys, routine collection, and analysis of nutrition programme data. Rapid nutrition assessments in line with COVID-19 guidance on SMART Survey will be undertaken in the North-West and South-West in 2023. Ad-hoc rapid MUAC screenings in access-compromised locations 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 counseling, and the number of beneficiaries (disaggregated by sex and age) reached with BSFP in a community. The performance of the treatment programmes will be assessed using standard performance outcome indicators in accordance with SPHERE standards. Monthly (face-to-face or virtual) meetings will be 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 North-West South-West Nutrition Cluster will strengthen the existing reporting system by incorporating a component on AAP and access.

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Objectives, Indicators and Activities

SECTOR OBJECTIVES	INDICATORS	TARGETS
<p>Se01 Boys and girls aged under 5 benefit from diets, practices and services that prevent stunting, wasting, micronutrient deficiencies and overweight in humanitarian context.</p>	Number of boys and girls aged 6-23 months enrolled in the Blanket Supplementary Feeding Programme (BSFP)	99,504
<p>Se02 Boys and girls in middle childhood (5-9 years) and adolescents' girls and boys (10-19 years) benefit from diets, practices and services that protect them from undernutrition, micronutrient deficiencies and anemia in humanitarian context.</p>		
<p>Se03 Pregnant women and breastfeeding mothers' benefit from diets, practices and services that protect them from undernutrition, micronutrient deficiencies and anemia in humanitarian context.</p>	Number of pregnant and lactating women enrolled in the Blanket Supplementary Feeding Programme (BSFP)	11,400
<p>Se04 Boys and girls under 5 benefit from services of early detection and treatment of all forms of life-threatening acute malnutrition.</p>	Number of new admissions of boys and girls, 6-59 months in the integrated management of severe acute malnutrition programme	55,830
	Number of severely acute malnourished boys and girls, 6-59 months, with access to SAM treatment in the South-West and North-West regions	3,874
<p>Se05 People living with HIV/AIDS (PLHIV/AIDS) in conflict affected areas benefit from nutrition assessments, counseling, and support (NACS) services to prevent and treat acute malnutrition and improved adherence to ART treatment.</p>		
<p>Se06 Effective leadership and coordination, monitoring and information systems on nutrition, including nutrition assessments, provide timely and quality data and evidence to guide coordination, policies, strategies, programmes, and advocacy in humanitarian context.</p>		
<p>Se07 At-risk and affected populations have timely access to culturally appropriate, gender and age sensitive information, participate in decisions on interventions and access complaints and feedbacks mechanisms in humanitarian context.</p>	Proportion of men participating in awareness sessions in nutrition programs	50
	Percentage of Nutrition Sector's organizations with an existing PSEA policy, stating standards of conduct, including a work plan, and that have been conveyed to current staff on repeated occasions (such as inductions and refresher trainings).	75

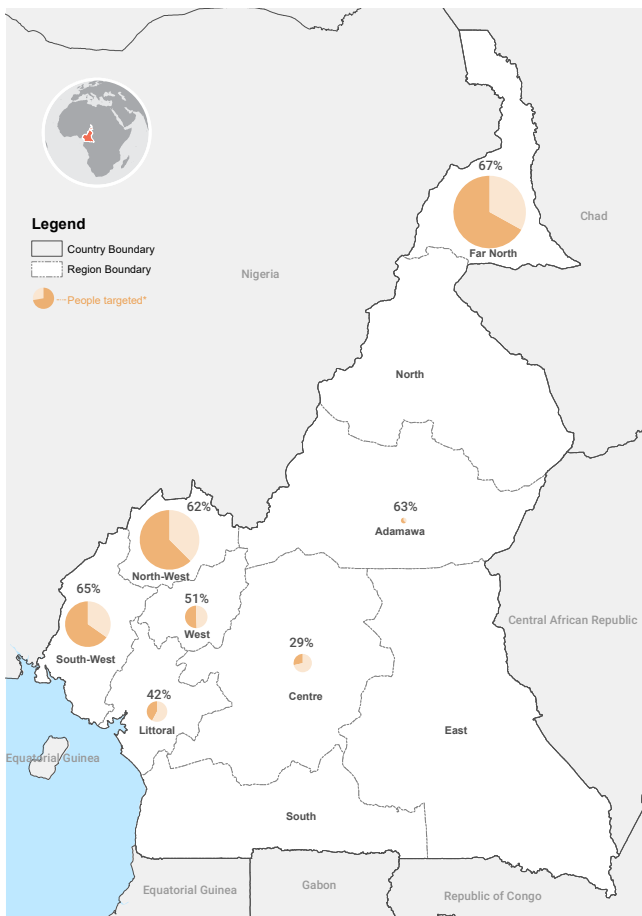
ACTIVITIES

1. Ensure targeted implementation of activities to promote infant and young child feeding in emergencies for exclusive breastfeeding support.
2. Ensure targeted implementation of activities to promote infant and young child feeding in emergencies for complementary feeding (including breastfeeding).
3. Support community engagement for behavior and social change.
4. Implementation of micronutrient supplementation programmes for children under 5 .
5. Implementation of micronutrient supplementation programme for adolescent.
6. Implementation of micronutrient supplementation programme for pregnant women and breastfeeding mothers.
7. Integrated management of severe acute malnutrition (PCIMA-S).
8. Strengthen nutritional surveillance mechanisms.
9. Establish and strengthen national and regional capacities for the coordination of the Nutrition Sector group, other sectors and information management that mainstreams protection and AAP.
10. Ensure implementation of nutrition assessment, counseling and support (NACS) to PLHIV/AIDS.

3.5 Protection



PEOPLE IN NEED	PEOPLE TARGETED	REQUIREMENTS (US\$)	PARTNERS	PROJECTS
1.8M	1.1M	44M	29	48



Objectives

1. Improve the protection of and respect for the fundamental rights of persons affected by crises, prioritizing the most vulnerable groups and persons with specific needs.
2. Increase access to quality life-saving and well-coordinated GBV response services for women and girls’ survivors of GBV.
3. Improve the protective environment to ensure that every child, including adolescents, is protected from violence, exploitation, abuse, neglect, and harmful practices, especially in emergency contexts.
4. Promote the centrality of protection and engage the humanitarian community (including local organizations) to mainstream protection across the humanitarian response cycle.

Among the 1.8 million persons in need of physical and legal protection interventions in the three conflict-affected divisions, 1.1 million are targeted by protection partners, 607,000 persons are affected by the North-West and South-West crisis, and 519,000 are in the Far North. Protection interventions are planned and implemented in line with the sectorial approach under the leadership of the line-ministries.

Objectives, Indicators and Activities

SECTOR OBJECTIVES	INDICATORS	TARGETS
<p>Se01 Improve the protection and respect of fundamental rights for persons affected by crises, prioritizing the most vulnerable groups and persons with specific needs.</p>	<i>Average number of persons covered by protection monitoring activities.</i>	1,100,000
<p>Se02 Reduce GBV risks and impacts for men, women, boys and girls.</p>	<i>Number of GBV survivors (women, men, girls, boys, persons with disabilities) who have received at least one form of (life-saving) assistance.</i>	10,200
<p>Se03 Improve the protective environment to ensure that every child, including adolescents, is protected from violence, exploitation, abuse, neglect and harmful practices, including in emergency contexts.</p>	<i>Number of children, care-givers and persons with disabilities (included their care-givers) accessing mental health or psychosocial support.</i>	1,760
<p>Se04 Promote the centrality of protection and engage the humanitarian community (including local organizations) to mainstream protection across the humanitarian response cycle.</p>	<i>Number of people trained on centrality of protection and mainstreaming of protection.</i>	4,100



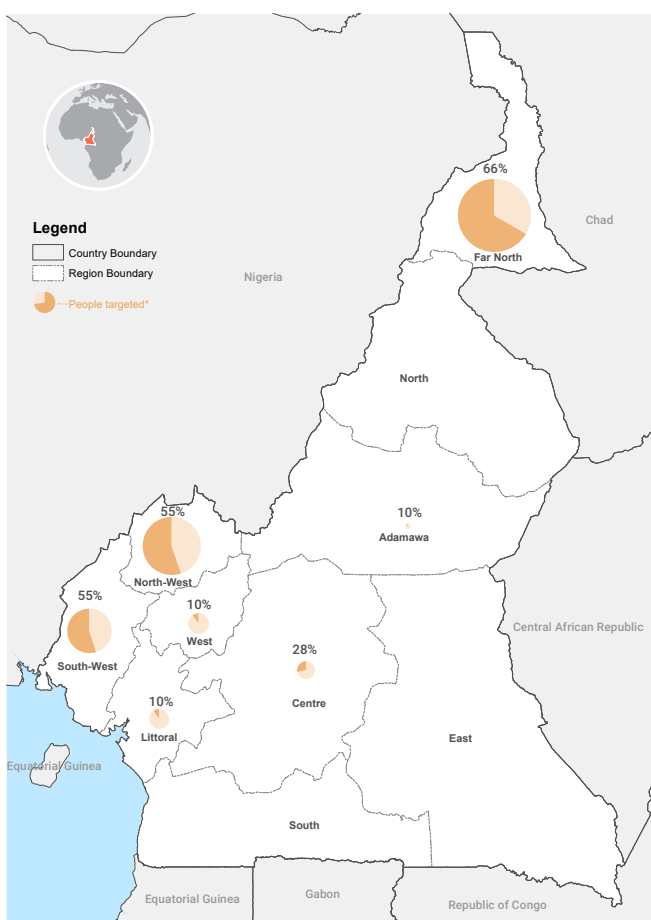
HILE ALIFA, FAR NORTH REGION, CAMEROON

Hache is an IDP from Darack and beneficiary of a food assistance from PUI
Photo: PUI



3.5.1 General Protection

PEOPLE IN NEED	PEOPLE TARGETED	REQUIREMENTS (US\$)	PARTNERS	PROJECTS
1.7M	942k	11.8M	16	22



pastoralists breeders. In 2023, around 400,000 persons will be targeted with protection monitoring activities in the Far North.

The identified protection threats can be divided into five large categories of rights violations: (1) family separation due to the forced displacement, (2) arbitrary arrests and illegal detentions causing a strain on the population’s freedom of movement, (3) killing of civilians and physical injuries taking place, among others, during incursions of NSAGs in the villages, (4) extortion and destruction of goods and personal property by all parties to the crisis and criminal gangs, and (5) abduction of adults and children mainly to forcibly conscription by the NSAGs. Protection monitoring showed the same tendency as for 2021: in 2022, extortion and destruction of goods and properties count for most of the incidents recorded in the zones of intervention, followed by incidents of physical assault. While men are the primary targets as traditional owners of goods and houses, women and children are exposed to violence and abuse aggravated by the lack of effective access to social services and of denial of resources. Logone et Chari, Mayo-Tsanaga and Mayo-Sava are the three main divisions affected by protection incidents.

Lake Chad basin crisis (Far North)

According to protection actors and as per the dynamics of the protracted crisis in the region, the protection threats for 2023 are likely to remain the same as witnessed in 2022. Needs will rise significantly given a combination of factors, and especially because of the unprecedented flooding witnessed between August and November 2022. Limited natural resources are likely to continue to cause frictions and conflicts between farmers and

In the Far North, the humanitarian response is led by the Government but relies heavily on the capacity of humanitarian actors on the ground. The protection analysis shows that some key protection risks are determined or aggravated by pre-existing vulnerabilities and social practices. In 2023, the Protection Sector will work with key development actors to promote the HDP Nexus approach in the

designated convergence zones. This includes a revision of the legal framework, strengthening basic social services, and the implementation of behavioral change programmes by development and peace actors.

In 2023, around 500,000 persons will be targeted for protection assistance in the Far North, especially in the three most affected divisions Mayo-Sava, Mayo-Tsanaga, and Logone et Chari, where most protection humanitarian programmes are ongoing. To respond to the identified protection risks, actors will focus on two main pillars of interventions: advocacy to reinforce security of civilians and the strengthening of community-based structures, including through activities promoting social cohesion. To prevent, mitigate and respond to the immediate protection risks of arbitrary arrests, killings, injury, destruction and/or extortion of goods, protection partners will sensitize beneficiaries on legal rights and obligations, and will provide individual legal assistance to adults as well as psychosocial support at the community and individual level.

The weaknesses related to the civil documentation system are pre-existing the crisis but aggravated by the forced displacement and inadequacy of the legal framework and its implementation. In 2023, protection actors will assist close to 10,700 individuals in the Far North in recovering the civil documentation they lost in the displacement and will sensitize thousands on the importance of civil registration.

The protection response and advocacy will be guided by the trends of the protection monitoring that will continue to target some 133,000 people each month in 2023, to collect data on incidents and refer them to relevant actors according to existing referral pathways. Local NGOs will have a key role to play, and the Protection Sector in the Far North will continue to support the efforts undertaken at national level under the localization agenda, including through capacity-building activities targeting staff of local organizations.

North-West and South-West crisis

The protection environment in the North-West and South-West regions remains characterized by regular armed clashes between SSF and NSAGs, with the civilian population sometimes caught in the crossfire.

Civilians are targeted by both parties to the crisis, resulting in physical violence, killings, extortion and destruction of property, and overall restricted freedom of movement. The volatile security environment has caused massive displacement, family separations, and affected access to basic services, including civil documentation services. In 2023, protection partners will target 440,900 people for assistance in the North-West and the South-West regions as well as other regions impacted by the crisis (Adamawa, Littoral, West).

It is projected that in 2023 the prevailing insecurity, frequent lockdowns and “ghost towns”, and insecurity will persist and continue to hinder humanitarian assistance in some hard-to-reach areas as seen in 2022.

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

Key response activities to respond to legal and physical protection risks, including arbitrary arrests and illegal detention, include assistance in accessing civil documentation, legal assistance, detention monitoring, sensitization with judicial authorities on access to justice, as well as sensitization and awareness-raising on human rights and humanitarian law with parties to the crisis and affected civilian population. Cases of physical violence and torture will be referred for medical assistance and psychosocial support. As these various risks primarily affect adolescent boys and men, awareness raising activities will articulate how men are affected and what are the implications of such violations for them and for the broader community. Through gender sensitive programming, response activities will be designed in a way that is accessible to boys and men and that is tailored to their specific needs. The humanitarian protection response shall be accompanied by strong advocacy for the domestication of the Kampala Convention and legal reforms of the civil documentation system and legislation on lands and properties.

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

Protection analyses show that the community can effectively contribute to the protection response. Community structures such as committees, village councils, community representatives and traditional leadership bodies, community-based organizations, and faith-based organizations were identified by actors as platforms with the capacity to help inform and implement the protection response. As in 2022, Protection actors will cultivate a community-based protection approach to implement the 2023 response plan and to support existing structures as well as the establishment of additional Women and Girls Safe Spaces. As adolescent boys and men face peculiar protection risks, due attention will be paid to their involvement in community-led protection initiatives, allowing them to discuss about the protection issues they face, including measures to mitigate harassment by armed men and the risks of getting forcibly involved in armed violence.

The Sector will adopt and maintain a participative process that is localized and geared towards capitalizing on the existing capacities in the community. This will include tapping into local knowledge and capacities of the crisis-affected populations and communities, engaging with traditional leaders and elders, and choosing volunteers and social workers drawn from the local resources and networks. For example, one of the largest vulnerabilities is the lack of or limited access to civil documentation. Whilst some communities fear accessing such documents for fear of reprisal, others do not have the needed information or awareness to access these structures meaningfully. Engaging local leaders, networks, and State structures, such as the National Office of Civil State (BUNEC), is key to

ensuring sustainability of projects and can offer unique opportunities to join forces in the creation of important literature and to ensure that they are as far reaching as possible.

Protection actors will reinforce assistance in accessible divisions and increase work with local partners and other sectors in order to expand the service map to ensure that previously uncovered, as well as hard-to reach, areas could receive services, facilitating timely responses to identified protection cases. While efforts were made in 2022 to provide mental health and psychosocial support (MHPSS) to those most in need, huge gaps still exist in terms of MHPSS in the North-West and South-West. It is critical to respond to the stress and trauma suffered by the affected population, following the incessant attacks on villages, raids or schools, the kidnappings for ransom, as well as the abductions and arbitrary arrests and detention faced by the civilian population. Protection actors will systematically include MHPSS activities into their programming to respond to the needs of the people who suffered protection incidents and of the individuals, families and communities that suffered the impact of such incidents. These activities will target boys, girls, women, and men, taking into account their specific needs and experiences of trauma.

Littoral

In 2023, the Protection Sector, including its AoRs, will target 26,100 individuals for assistance in the Littoral. Protection actors aim to improve IDP access to civil documentation through the provision of assistance acquiring birth certificates, in parallel to sensitization campaigns on the importance of civil documentation and prevention of document forgery and corruption practices. In addition, protection partners will continue to support advocacy for the adoption of administrative measures by the Government to facilitate access to documentation to forcibly displaced individuals.

Furthermore, awareness-raising activities will be conducted to enable IDPs to protect their rights. The system identification, referral, and reporting of cases of arbitrary arrest and illegal detention of IDPs will be strengthened with the support of the National Commission of Human Rights and Freedoms. In

addition, individuals will receive individual legal assistance by protection partners in 2023.

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

West

In 2023, the Protection Sector will continue to facilitate the access to civil documentation services by supporting the acquisition of civil status documents (birth certificates, national identity cards) for vulnerable displaced and host communities' youths in need, to access services such as education, employment, and livelihood opportunities.

Based on the 2022 achievements in the West region, the protection response in 2023 will include the provision of multipurpose cash to vulnerable IDPs and host community households to enable them to cover their immediate basic needs (health, education, shelter, etc.). Capacity-building sessions on international protection and protection of vulnerable groups, including displaced persons, will be organized with authorities in the various divisions, to further build their capacity and enable them to better and effectively respond to the need of the most vulnerable.

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Objectives, Indicators and Activities

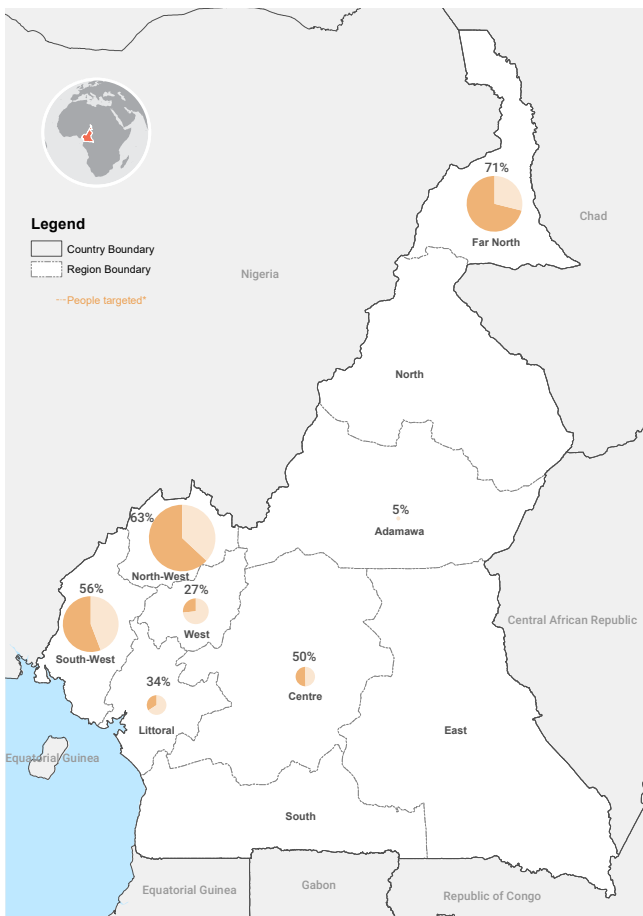
ACTIVITIES

1. Strengthening the process of issuance of civil documentation to conflict-affected people.
2. Provide targeted protection assistance to the most vulnerable people (men, women, boys and girls, persons with disabilities).
3. Conduct protection monitoring in crisis-affected areas.
4. Provide legal assistance to crisis-affected people on the protection of their rights.
5. Provide targeted protection assistance to the most vulnerable people (persons living with disabilities to be included in social and economic support to livelihood).
6. Sensitization on peace building, peaceful coexistence between IDPs, returnees and host communities.
7. Advocacy for persons living with disabilities to be included in national programmes.
8. Strengthen the capacity of national actors on protection standards and policies.
9. Establish and support community based complaints and feedbacks mechanisms.

3.5.2 Child protection



PEOPLE IN NEED	PEOPLE TARGETED	REQUIREMENTS (US\$)	PARTNERS	PROJECTS
1.2M	713k	12.7M	19	26



unexploded ordnances of war poses safety risks for children. Girls are exposed to various forms of sexual violence, child marriage, and early pregnancy, often as negative coping mechanisms and because of traditional social and cultural practices. Unwanted pregnancies resulting from sexual assault by members of NSAGs or community members, as well as incidents of GBV, physical violence, negligence, and abuse also define the child protection risks that humanitarian actors need to respond to.

In 2023, in the Far North, Child Protection partners will assist 217,600 children and caregivers with mental health and psychosocial support, including through the identification, referral, and individual case management of 3,750 children. All children and caregivers will be sensitized on key child protection messages, including positive parenting and prevention of violence and abuse. Unaccompanied and separated children will be identified and assisted, including through alternative care arrangements, while 1,800 children will be targeted for family reunification.

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

In 2023, key child protection activities will include the provision of psychosocial support to children, adolescents, and caregivers to prevent violence,

Lake Chad basin crisis (Far North)

In the Far North, the main threats against children and their caregivers are family separation caused by forced population movements and the abduction of children often related to the forced recruitment by NSAGs, with heightened risk of sexual exploitation for girls. Most of the children and adolescents formerly associated with NSAGs struggle to reintegrate into the community, which causes further physical and psychological harm to those already vulnerable. The presence of

negligence, and abuse against children in all three divisions. This will include a dedicated and specialized support to children formerly associated with NSAGs to facilitate their return to the community. Furthermore, partners will build capacity on positive parenting and will raise awareness on child rights, prevention of violence and abuse, child protection minimum standards for religious and traditional leaders, on the prevention of family separation.

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

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

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

North-West and South-West crisis

Children bear the brunt of the ongoing humanitarian crisis in the North-West and South-West regions. Psychosocial distress and mental disorders and family separation continue to be the main child protection concerns. Many children have been exposed to or been victims of extreme violence, they have witnessed their parents, siblings, or other relatives being killed. Their young minds are unable to process these experiences. Other children have been separated from their families because of the death of their parents or the voluntary separation to attend school, insecurity, destruction of homes, poverty, etc. Children, especially boys, are reportedly being recruited and used by armed groups. This in turn exposes other children to the danger of arbitrary arrest on suspicion of being members or potential members of armed groups.

With most schools closed or under attack due to the crisis, many children lack access to education and are

instead engaged in work for food and to supplement their families' incomes. Those who have managed to secure places in the schools that remain operational work on the streets to pay their school fees. As this conflict continues, many cases of sexual violence, harassment, and child marriage accompanied by unwanted early pregnancies are being reported. Reports by field staff confirm that girls and young women are resorting to transactional survival sex.

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

In 2023, Child Protection partners plan to assist 495,300 children and caregivers affected by the North-West and South-West crisis with prevention, sensitization, and awareness-raising activities, as well as to provide individual assistance to children victims of violence and abuse.

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

The following threats have been identified and prioritized for response activities: physical violence, child exploitation and abuse, family separation, child labor, sexual exploitation and abuse by humanitarian actors, forced marriages, early pregnancies, absence of birth registration services in the context of forced

displacement, arbitrary arrests of the youth and children associated with armed groups.

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

Provision of mental health and psychosocial support services to all targeted children and caregivers will be a key prevention, mitigation, and response activity in 2023 in continuation of the approach of previous

years. Child Protection actors will respond to cases of violence and abuse that they identify through the provision of mental health and psychosocial support services to children and their caregivers, when needed. Child Protection actors will identify and provide temporary alternative care to UASC, carry out family tracing and reunification, where family tracing has been successful or long-term foster care where family tracing has not succeeded. Individualized comprehensive case management services and referrals will be provided to UASC and other vulnerable children.

Littoral

Child Protection coordination and partners’ capacity in the Littoral region was limited in 2022. The lead agencies also faced challenges in the implementation and reporting of partner activities. However, there has recently been some slight improvement and, with additional funding, in 2023 the AoR will target 20,742 children and caregivers to benefit from child protection interventions in the Wouri and Mounjo divisions. The main protection risks of IDP girls and boys in the



SOUTH-WEST REGION, CAMEROON
 LUKMEF child friendly space in Buea
 Photo: OCHA/Ariane Maixandeu

Littoral include GBV, survival sex, early and forced marriages, child labour, and lack of civil documentation. Girls are more exposed to these identified risks than boys and, therefore, priority response activities will follow a tailored gender approach coordinated with the GBV AoR. The response will include programs on protection from sexual exploitation and child labor as well as teaching life skills to empower girls and women to build reliance and to mitigate harmful coping mechanisms such as prostitution and child trafficking.

Due to the high concentration of IDPs and the presence of partners and lead agencies, child protection activities will target the Wouri and Mounjo divisions in the Littoral region in 2023. Child protection interventions will primarily concern girls and boys who are victims of sexual violence and exposed to work and economic exploitation, as well as children at risk of being recruited into armed groups and those without civil documentation. Also, UASC, children living with disabilities, orphans, children without known family background, and children from single-parent families, will receive special attention, as well as their host families. Around 1,000 of these children and caregivers will receive individual protection assistance in 2023.

In the Littoral region, State services are well implemented, including social protection services on

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

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Objectives, Indicators and Activities

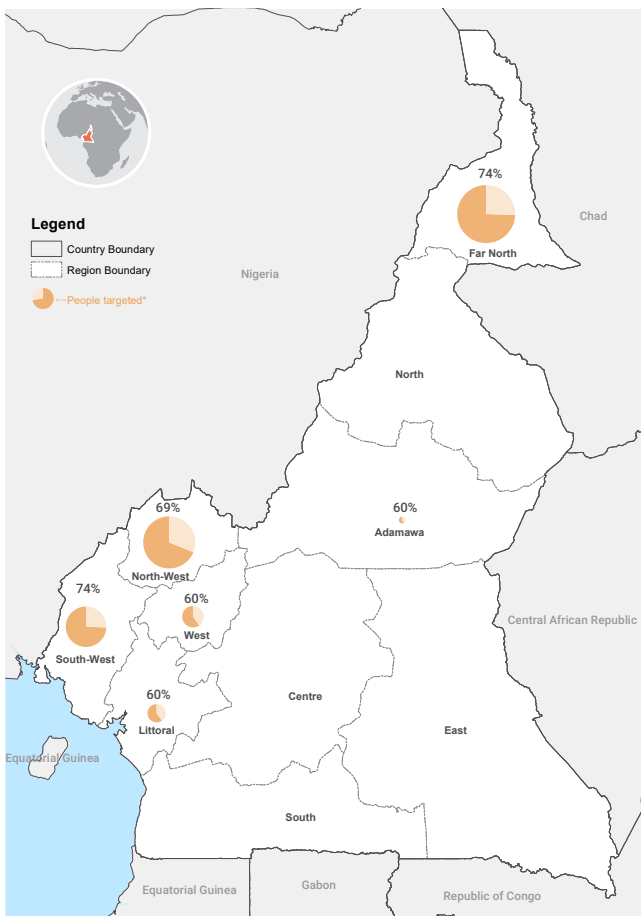
ACTIVITIES

1. Provide mental health and psychosocial support to children and their caregivers.
2. Identify and ensure adequate alternative care arrangements and reunification for UASC.
3. Provide children at risk of violence, abuse and exploitation during humanitarian situations with child sensitive case management (multisectoral services such as psychosocial support, education and family economic empowerment).
4. Identify and implement measures to prevent risks of violence, abuse and exploitation of children during humanitarian contexts.
5. Provide interventions for the prevention and mitigation of risks and response to GBV affecting children.
6. Support family and community reintegration of children exiting armed groups.
7. Provide support to issue birth certificates to humanitarian crisis-affected children.
8. Build the capacity of Community-Based Child Protection Mechanisms.

3.5.3 Gender-based violence



PEOPLE IN NEED	PEOPLE TARGETED	REQUIREMENTS (US\$)	PARTNERS	PROJECTS
987k	703k	15.2M	16	25



services and that the risks of GBV are prevented and mitigated through:

- Provision of holistic support to survivors of GBV
- Strengthened capacity of GBV service providers in case management, including MHPSS
- Safety audits and risk and vulnerability mapping for GBV
- Strengthened GBV prevention activities at community-level, including sensitization of conflict-affected communities, local authorities, traditional leaders and religious leaders
- Reinforced GBV prevention through gender transformative approaches and male engagement
- Provision of basic vocational training, economic support and dedicated livelihood activities to women and girls
- Capacity building for Women Led Organizations (WLO) on GBV response, prevention, and coordination in the humanitarian context.

The GBV AoR has estimated that 987,400 people need GBV services. In 2023, the GBV AoR is planning to target 702,500 people with GBV response and prevention services. The GBV sub-sector will focus on increasing response, prevention and risk mitigation services that will target thousands of girls, women, boys, and men in the North-West, South-West and Far North. The GBV response will aim to ensure that survivors of GBV can access specialized/response

The GBV AoR will ensure that the GBV Minimum standards are known, understood, and applied by different actors to increase services quality. Collaboration and partnership with community-based organizations and women-led organizations and groups will be strengthened to help overcome humanitarian access restrictions, particularly in the North-West, and to be able to provide services to people in need in hard-to-reach areas. Services will be inclusive and will consider the specific needs, priorities, and vulnerabilities of persons with disabilities, adolescent girls, and women and girl heads of household.

Considering how the crises unfold, the GBV AoR will ensure that tailored interventions are in line with the real needs in the different regions.

Lake Chad basin crisis (Far North)

The ongoing insecurity that prevails in the Lake Chad basin region continues to expose women and girls to increased GBV.

The wide range of GBV that affects the population in the Far North has numerous health, social, and economic consequences, and other various negative impacts on the lives of survivors, their family members and communities, if not well or sufficiently addressed. Unfortunately, the crisis and the subsequent displacement destroy community and family-based support network and public infrastructures while also shutting down livelihoods. This increases GBV risks and the exposure of the categories of the population most at risk. GBV life-saving services remain critical in this context to ensure the safety of the most exposed and safe access to other available basic services. The crisis in the Far North region affects the availability, accessibility and efficiency of services, leaving survivors with no one to turn to.

In 2023, the GBV AoR plans to reach 288,300 persons with GBV response. This number includes women, men, girls, boys, and persons living with disabilities. GBV interventions will target most at risk groups, including single women and widows, women-headed households, pregnant and nursing women, older women, and women living with disabilities.

Situations of forced displacement create a breeding ground for sexual exploitation and abuse during displacement and while living within host communities. Displaced people, including women heads of households, easily become dependent on host communities and other people for their most basic needs like shelter, food, and water. This exposes them to all forms of exploitation and abuse. Moreover, forced and early marriages are the combined result of pre-existing socio-cultural norms and negative coping mechanisms, common to families who lost their land and source of income when they were forced to flee. Early marriage is often used as a strategy to avoid

early pregnancy outside of marriage, but also for parents struggling to cover their family's basic needs.

Considering the types of GBV most reported in the Far North, the prevailing traditional cultural norms, and the current humanitarian situation, the GBV AoR will continue to ensure GBV services are available, comprehensive and of quality. The GBV AoR will focus on service providers' attitudes, skills, and knowledge for an improvement of the supportive environment that encourages survivors to access services without fear of stigma. Life skills activities for women combined with male engagement will be reinforced to address the prevailing social norms and to further prevent intimate partner violence (IPV), denial of resources, and negative coping strategies very rampant in the region. In fact, 79.6 per cent of GBV incidents recorded in 2022 related to the denial of resources, opportunities, or services, or to physical violence, with most cases perpetrated by intimate partners.

In 2023, GBV actors will provide holistic care (medical, psychosocial, and legal) to almost 6,000 GBV survivors. Also, 100 of the most vulnerable women and girls, including survivors of GBV, will have access to livelihoods, life skills, and other activities aimed at building self-esteem, and vocational trainings to build the resilience of women and girls. GBV actors will also support the targeted population with access to services, by improving the quality of case management and strengthening the application of minimum standards, for safe spaces. Prevention activities will target 21,500 female and 45,500 male individuals through large-scale awareness campaigns, educational talks, and discussion groups to create or strengthen community ownership of GBV risks. GBV partners will build the capacity of 170 GBV-related service providers, including teachers, law enforcement and security forces, State institutions, and community-based organizations, to provide multisectoral services to survivors. A particular emphasis will be placed on strengthening gender mainstreaming in other humanitarian sectors (health, shelter, WASH, food security). GBV partners will regularly conduct security audits and risk and vulnerability mapping exercises, involving the community and women's networks both in the identification of risks and vulnerabilities and in taking ownership of the risks. About 78 WLO

will be supported through capacity building and longer-term sustainability to enhance women's engagement and participation in the community. In the Far North region, despite the presence of the State in the crisis-affected areas, institutional capacity in terms of prevention and response to GBV remains limited. Among the institutions available, the Centers for the Empowerment of Women and the Family (CPFF), attached to the MINPROFF, provide trainings for women and girls in empowerment and socio-educational activities. The social centers and the Multifunctional Centers for the Promotion of Young People contribute to the training of young people through various activities, and they will be used to leverage GBV awareness. GBV partners will support the strengthening or establishment of 82 boys and men's platforms. Finally, municipalities, through the social affairs services, provide considerable support to the populations affected by the crisis and support young people to reduce the risk of adopting risky sexual behavior among them.

North-West and South-West crisis

The protection situation in the North-West and South-West is dire. Human rights violations continue to expose thousands to violence. GBV remains rampant in the North-West and South-West regions and is affecting disproportionately women and girls.

In these regions, key identified GBV risks include denial of resources and opportunities and incidents of physical and sexual violence such as harassment and rape, sexual exploitation, early marriage, intimate partner violence, survival sex, physical assault, and emotional violence. To respond to those risks and needs, GBV partners will target 414,200 women, girls, men and boys through prevention and response activities.³⁶

Considering the crisis in the North-West and South-West regions, it is essential to reinforce access to and availability of comprehensive life-saving GBV services. In 2023, the main focus will be on strengthening the capacity of local actors to respond to access restrictions and to ensure survivors can access services even in hard-to-reach areas. The GBV AoR will continue to build capacity around the survivor centered

approach to ensure all survivors – including men and boys - are able to safely access services and receive support tailored to their needs and wishes.

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. The security audits, jointly with data on the response collected through the GBV information management system (GBVIMS), will guide an evidence-based response, including the formulation of trends and analysis.

GBV actors will be focusing on strengthening the capacity of all GBV service providers, including those of regional state systems, in all four components of the GBV holistic and survivor centered case management. As GBV is a reality for adolescent boys and men too, protection and psychosocial staff will be trained and mentored on how to provide high-quality, age-appropriate, stigma-free, male-friendly services. Humanitarian access is restricted by both security and operational constraints, limiting life-saving GBV services and assistance in several localities, especially rural areas, adding to pre-existing structural gaps in both regions. While GBV partners and other humanitarian actors will work on accessibility to increase assistance to hard-to-reach populations, they will also work on strengthening the capacities of local structures (women-led organizations, community volunteers) and will reinforce remote and mobile interventions. The availability of safety and security services, including trained law enforcement staff, is limited. The priority responses and key activities to address the identified GBV-related threats in accessible areas of the North-West and South-West regions will include social and economic empowerment, skills development, and material assistance for women and girls facing denial of resources and opportunities.

Prevention will be conducted through awareness raising, contextualized gender transformative community awareness and advocacy for gender-sensitive legal and social reforms. Partners will continue running women and girls' safe spaces to strengthen awareness and community mobilization, but also as channels of referrals. Response to

and prevention of sexual exploitation will include awareness raising, advocacy, but also improving access to GBV services and reporting mechanisms. To prevent and respond to survival sex as a negative coping mechanism, priority will be given to skills training and socio-economic empowerment, especially to women and girls most at risk. Early and forced marriages can be responded to as a priority through contextualized community behavioral change approaches, identified after awareness raising and training sessions for community leaders and community structures such as youth and child clubs.

A gender-transformative approach of prevention will be developed. While GBV partners have experienced limited funding capacity and time constraints, a particular emphasis will be put on designing a suitable humanitarian response, tackling harmful gender norms and engaging all community members, particularly boys and men, in the prevention of GBV in their communities.

Littoral and West

In the Littoral and West regions, the forced displacements and lack of adequate life-saving GBV services put women and girls at heightened risk. The 2022 protection analysis showed that the vast majority of the GBV incidents taking place in the Littoral include economic violence exacerbated by poverty, limited access to resources, and violence committed by intimate partners, other family members, and relatives. Therefore, GBV partners will concentrate their efforts on prevention activities targeting individuals and communities, including traditional and religious leaders, local authorities, and conflict-affected communities. Prevention activities will also target 55,300 persons in the Littoral and West regions. Women and girls represent the vast majority of GBV survivors, highlighting that such violations find their roots in discriminatory sociocultural norms and practices, where women and girls are not perceived as equals and thus attributed to them a lower social economic status.

The Littoral and West regions hosts many internally displaced women and girls who have sought refuge from the crisis in the North-West and South-West

regions. As a result, living in poverty and with high rents, many women and girls stay in overcrowded homes with little to no privacy. The life in promiscuity is increasing risks of sexual exploitation, sexual violence and assault against young girls.

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

In 2023, GBV partners will provide holistic and survivor-centered care to 900 GBV survivors (girls, boys, men, and women). The most vulnerable women and girls will also access livelihood opportunities and gain income-generating skills.

Large-scale sensitization campaigns aiming at reinforcing community's knowledge on GBV issues will target 35,000 community members in both regions. Strengthening the GBV coordination system in the Littoral and West region will also be prioritized to reinforce synergies and the collective response against GBV.

The humanitarian response to GBV will be anchored in the national and regional social protection schemes as part of the HDP Nexus and continuum approach. Linkages between service providers, including Government actors, and communities and development programs will ensure the sustainability of the emergency response. The involvement of communities in the prevention of and response to GBV will be placed at the center of interventions in 2023, with a view to contributing to the establishment of a solid and lasting community mechanism. In addition, establishing Government leadership in coordination structures at the regional and divisional levels will help strengthen their ownership and capacity.

Basic Principles of GBV response

Survivor centered approach: Responding to GBV requires a tailored approach to meet the needs and the wishes of all survivors, considering their sex, age, physical and mental status, and marital status. This approach will be prioritized and applied at the

maximum level to ensure service delivery is tailored to the needs of the survivors. The survivors centered approach seeks to empower survivors by prioritizing their rights. This will be critical to ensuring that service providers' attitudes, knowledge and skills prioritize the survivors' choices and well-being. This will contribute to creating a supportive environment in which survivors are treated with dignity and respect.

GBV Guiding principles: The response plan promotes the application of the humanitarian guiding principle of "do no harm". The GBV AoR will ensure compliance with the GBV guiding principles of safety, confidentiality, respect, and non-discrimination in every implementation phase. These principles will ensure that GBV interventions are of quality and do not cause further harm to survivors. The GBV AoR will reinforce the promotion of the GBV Minimum standards to continue the provision of technical support to GBV actors to deliver quality services.

Accountability: By adopting a community-based approach, ensuring the participation of beneficiaries - in particular women and girls - in decision-making, as well as their influence on and active role in the humanitarian response. Interventions will be implemented after field assessments, consultations, and periodic reviews based on the complaints and feedback mechanisms to foresee any potential harmful consequences. Regular safety assessments will be undertaken by partners to periodically map

and monitor safety risks and action plans developed to address them. Partners are encouraged to follow the standardized operating procedures developed by the AoR which promote the privacy, safety and dignity of survivors. This will include specific measures to ensure that women and girls are protected from SEA, including appropriate and accessible channels to report incidents and access services.

Localization: The GBV AoR will establish a feminist approach to empower women-led organizations and allow them to take on an active role in the humanitarian GBV response and prevention programming. A focus will be on capacity building around leadership and GBV coordination. Advocacy will continue to ensure that WLO are well resourced and engage in win-win partnerships to increase their participation in the humanitarian response.

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Objectives, Indicators and Activities

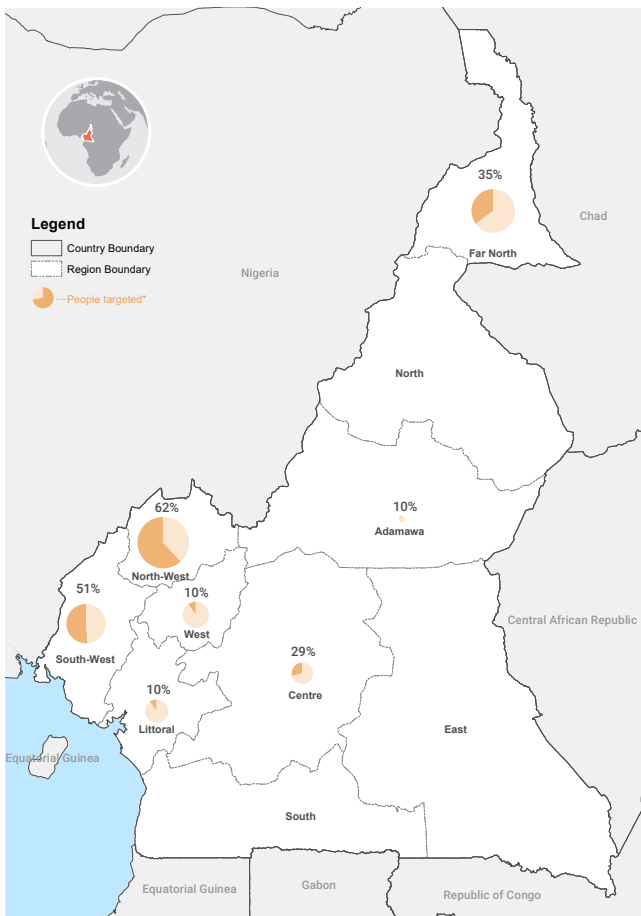
ACTIVITIES

1. Provide holistic support to survivors of GBV
2. Strengthening capacity of GBV service providers in case management including MHPSS.
3. Conduct safety audits and risk and vulnerability mapping for GBV.
4. Strengthen GBV prevention activities at community-level including sensitization of conflict-affected communities, local authorities, traditional leaders and religious leaders.
5. Reinforced GBV prevention through men engagement.
6. Provide basic vocational training, economic support and dedicated livelihood activities to women and girls.
7. Capacity building for women led organizations (WLO) on GBV response, prevention and coordination in humanitarian context.

3.5.4 Housing, Land and Property



PEOPLE IN NEED	PEOPLE TARGETED	REQUIREMENTS (US\$)	PARTNERS	PROJECTS
715k	307k	4.3M	7	9



regions in Cameroon is assessed at 714,800. HLP actors will respond to these needs through various services, including the provision of legal assistance, awareness raising, capacity building, and legal services, targeting 306,5000 people.

The HLP AoR will support efforts with stakeholders to advocate for the domestication of the Kampala convention for increased protection of the HLP rights of displaced persons. Contributions will be made to initiatives that started in 2022.

Lake Chad basin crisis (Far North)

In the Far North, some 174,000 people are in need of humanitarian interventions to secure their access to HLP or tenure. In 2023, the AoR will target 60,900 people in the Far North. This includes community awareness on rights and obligations to prevent forced eviction and secondary occupation, to prevent gender discrimination against women and girls when it comes to access to land and inheritance of property, but also protection risks related to inadequate housing and exploitation by landlords and communities hosting the most vulnerable IDPs.

In 2023, the HLP AoR will scale up interventions in the Far North, North-West and South-West regions and will begin response in the West and Littoral regions to address key HLP issues and ensure that displacement-affected populations enjoy their rights. The capacity to provide the response has increased compared to 2022 as more humanitarian actors, especially in the North-West and South-West regions, received training and are now involved in the HLP response. The persons in need of assistance on HLP matters across all the crisis

A total of 22,714 individuals (11,584 women and 11,130 men) will receive legal assistance on HLP cases, relating to secondary occupation, forced eviction and other HLP threats, while other 33,660 individuals will benefit from individual case-specific counselling to enable them to take steps to find solutions to their HLP rights issues. Counselling on HLP issues is one-to-one advice to a beneficiary or beneficiary group on how to overcome obstacles to durable solutions, what institutions can assist in addressing protection

gaps and/or how to address legal issues, including obtaining their rights and entitlements. In some cases, counselling may be provided to a group of beneficiaries that share a specific issue. Over 17,100 of beneficiaries are women who have been assessed as being at risk of eviction and exposure to GBV and disinheritance because of traditional and customary laws.

The provision of individual legal assistance will be a key activity for HLP actors in 2023. This will complement the interventions aimed at raising awareness on the rights and obligations of local administrative and traditional authorities as well as communities themselves. In 2023, HLP actors will provide targeted sensitization activities to 6,800 people. In the three divisions of intervention (Mayo Sava, Mayo-Tsanaga, Logone et Chari), 310 members of the local authorities and traditional leadership will be trained on HLP rights and conflict resolution.

HLP partners will build upon existing capacities among the local administrative and traditional authorities and reinforce community-based mechanisms. Issues related to access to HLP are deeply linked to the legal reforms required to integrate the protection and assistance of IDPs into the legal framework, and to the development of the civil documentation system. This will require synergies with the development actors through the Nexus approach, especially in the selected zones of convergence. Gender discrimination and HLP violations caused by forced internal displacement can only find a sustainable solution through a revision of the applicable legal framework, a reinforcement of the local authorities' capacity and strengthening of the civil documentation system.

North-West and South-West crisis

Insecurity and violence in the North-West and South-West led to 369,000 IDPs within the two regions, while 420,000 individuals are considered as returnees since the start of the crisis.³⁷ With the destruction of properties, many face secondary displacements and occupation, inadequate housing, and insecurity of tenure, with heightened risks of eviction and instances of land grabbing. Both IDPs and returnees struggle to claim their rights to land and housing, as most of them do not hold property deeds and as traditional dispute

resolution mechanisms were weakened by the crisis. Many cases of extortion and appropriation of property remain widespread.

Protection partners estimate that 540,700 individuals are currently in need of HLP assistance, including sensitization on rights and obligations, advocacy with authorities and at individual level, counselling, and case-management in the North-West and South-West regions. In 2023, the HLP partners will aim at targeting some 245,600 individuals through HLP activities. A dedicated HLP AoR was formalized for the first time in 2022, relying mainly on the capacity of the lead agency, NRC. In 2023, capacity-building, advocacy, and fund-raising will be strengthened to aid those in need of HLP support and, by doing so, to bring more visibility to this essential aspect of the protection response and allow for better targeting in 2023 and onwards.

HLP Partners will provide individual legal assistance to 30,870 people in both regions, including on cases of secondary occupation or forced eviction for instance, while 57,130 individuals will benefit from HLP counselling. Sensitization on HLP rights and obligations will be the main tool to prevent violations to occur and encourage land dispute resolution mechanisms. HLP awareness will be conducted through targeted actions to the benefit of 155,600 people, such as local authorities, traditional leaders, owners, and the communities themselves. In addition, 2,000 members of local administrative and traditional authorities will be trained on HLP rights and obligations.

HLP partners will build upon existing capacities among the local administration and authorities, while also reinforcing community-based mechanisms. Issues related to access to HLP are strongly linked to the legal reforms required to integrate the protection and assistance of IDPs into the legal framework, and to develop a civil documentation system. This will require synergies with development actors on the long run.

Littoral and West

Instances of inadequate housing and exploitation are observed also in the region of the Littoral. With improved capacity of the HLP AoR in 2023, HLP

activities will be extended to cover other communities in the Douala IV sub-division in the Mungo division.

In the Littoral and West regions, efforts will focus on HLP issues affecting mainly displaced persons. With the ultimate outcome of increasing security of tenure for IDPs and preventing forced eviction, activities aimed at raising awareness among IDPs and host populations on HLP rights and obligations and at building the capacity of stakeholders to prevent and address HLP disputes will be multiplied.

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Objectives, Indicators and Activities

ACTIVITIES

1. Provision of individual legal assistance to beneficiaries for exercise and enjoyment of HLP rights.
2. Provision of individual counselling on HLP related issues.
3. Sensitization of community, local authorities, and traditional leaders on HLP rights and obligations.
4. Training of local authorities and traditional leaders and civil society actors to effectively address HLP related disputes.



NORTH-WEST REGION, CAMEROON

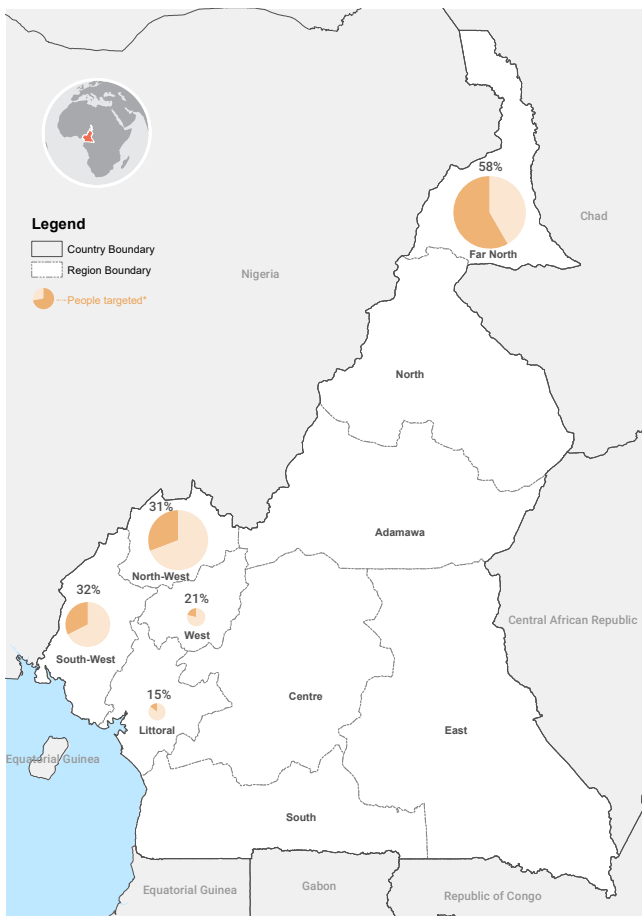
IDP in the North-West region

Photo: OCHA/Ariane Maixandeu

3.6 Shelter and Non-Food Items



PEOPLE IN NEED	PEOPLE TARGETED	REQUIREMENTS (US\$)	PARTNERS	PROJECTS
1.8M	777k	33.1M	13	17



items. In 2023, 13 partners are planning to assist 776,800 people in need in the Far North, North-West, South-West, West, and Littoral regions through Shelter and NFI activities. This sectorial plan is overall estimated to cost US\$ 33.1 million.

Sector approach principles

Shelter should be adequate, dignified, and safe to all individuals, otherwise domestic tensions, physical/psychological distress, risk of health diseases and GBV will arise.

Shelter and household items should be accessible to all individuals in an equal/sustained manner, otherwise deterioration of social cohesion, misperception of social justice, criminality, violence, stigmatization, isolation, discrimination, eviction, and poverty will arise. For example, gender-specific differences require special measures to enhance gender equality in HLP through ensuring better access for women.

Shelter action should be inclusive and empowering through engaging all community members in shelter solutions design and, when possible, through integrating their available resources and skills through market-based interventions, otherwise humanitarian aid dependance, the diminishment of human capital, demotivation, additional psychological distress, and eviction will arise.

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

Objectives

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

In the Far North, North-West, South-West, West and Littoral, a total of 1.8 million people is considered in need of adequate shelter and essential household

to their shelters following distributions. Some contexts are more conducive to a monetization of aid support and therefore a systematic market monitoring should take place together with do-no-harm assessments to establish feasibility and verify the price's fluctuation. The sustainability of intervention will have to be consulted with local authorities and coordinated with other similar social protection systems already in place.

Evidence-based activities are encouraged to inform compelling programming for the Shelter/NFI Sector to capitalize on assessments conducted by partners during the previous years. The Shelter/NFI needs assessment funded by the Sector lead agency, UNHCR,³⁸ in the North-West, South-West, and West regions, together with the UNHCR sites profiling exercise launched in the Far North region, set a baseline to quantify damages caused by displacement and impacts of shelter interventions. The progress towards the objectives of the 2023 sectorial plan will be verified through partners' monthly reports (5W) and monitoring activities, including post-distribution monitoring.

Shelter action should be accountable and encourage the set-up of appropriate mechanisms, through which affected populations can measure the adequacy of interventions, address concerns and complaints, and apply corrective action. Partners have put in place complaints and feedback mechanisms and will carry out post-distribution monitoring³⁹ (PDM) and/or post-construction monitoring to assess the quality of the response, adapt future activities to changed needs of affected populations, and improve the effectiveness of the response. The Sector will continue encouraging partners in sharing lessons learned and trends from the post-distribution monitoring as well as complaints from the feedback mechanisms by fully standardizing systems and tools and thus enhancing the complementarity of the members' Shelter and NFI interventions.

A gender-sensitive and participatory approach, involving women, girls, men, and boys at all stages of the project cycle, will help ensure that an adequate and efficient response is provided. In addition to evaluating shelter vulnerabilities for beneficiary selection, priority will be given to older people, separated or

unaccompanied children, female-headed households, persons living with disabilities, households living with a person with disabilities, households with more than three children under 5, pregnant/ breastfeeding women, and people with chronic illnesses.

Different Shelter/NFI solutions are proposed to assist the most vulnerable groups, according to the level of shelter adequacy, security, stabilization, land tenure/ property arrangements, social cohesion, access to ID documentation, and vision of local authorities. Where the security context is safe and the risk of further displacement or eviction is low, partners are encouraged to support durable solutions such as the integration with the host community or in the case of voluntary returns, repairs of houses damaged by the crisis.

The Shelter Sector is also encouraging mainstreaming environmental considerations. During 2023, green standards will be introduced to reduce the impact of shelter humanitarian assistance on the environment and provide partners with a valid alternative. For this purpose, a green indicator is proposed for each activity of the sector response plan.

In line with the humanitarian global commitment on localization, the Shelter Sector will progressively move away from sub-contracting relationships in humanitarian response and increase emphasis on strategic, more equal partnerships which involve collaboration around shared goals and responsibilities.

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

The Response Plan in 2023

In 2022, partners reflected in the Shelter Sector/Cluster strategies⁴⁰ that the shelter response needed to be upgraded and diversified to better meet the scale of needs generated across the different areas of crisis (North-West, South-West, Far North regions).

While for the last few years emergency shelter kits and NFI kits were the bulk of the response, the Shelter Sector is now advocating for shelter repairs/rehabilitation and to support the population in purchasing construction materials and tools.

The Shelter Sector continues to envision emergency shelter kits⁴¹ for situations where the population may be recently displaced to the bush/informal settlements, or as partitions in collective centers or in hosting situations to increase privacy or when a shelter is newly damaged.

On the other hand, transitional/emergency shelter interventions are recommended in situations of protracted displacement, when land is not secured, or in congested makeshift shelters.

Beyond the IDP emergency or protracted crisis, for returnees who find their house damaged or destroyed or for vulnerable populations who are left behind in damaged shelters, the Shelter Sector is advocating to provide more sustainable materials and tools for repair, rehabilitation, or reconstruction. Common shelter types throughout the areas of crisis rely on natural resources such as mud (mudbrick shelters are the most common shelter type), wood, bamboo, or thatch, and provide more adequate shelter.

Shelter repairs and support with hiring labor would be a better way to address the shelter needs, particularly for persons with disabilities left behind in damaged shelters. Through such activities, partners will work with local shelter committees to build local capacity and support them in training on safer building practices. By taking a community-based approach, sector partners are also seeking to build capacity at the local level and sustain the interventions.

The Shelter Sector is also encouraging the production of construction components and/or the engagement of the population in livelihood projects, such as cash

for work, supporting construction workers impacted by the crisis with starting a business and trainings on safer building practices. Hiring labor for repair and construction can also be considered as a market-based intervention to rebuild the construction sector which has been particularly hardly hit in more remote areas of the two crises.

Affordability of shelter has also been reported as a critical need amongst the population, therefore the Shelter Sector is advocating for rental assistance. Lessons learned from 2022 reveal that rental assistance can support households in moving to safer and more habitable shelters and in providing secure enough tenure for a few months.⁴² Such programs require monitoring and can be coupled with repair support to ensure that the shelter is meeting minimum standards.⁴³ Rental interventions can also be seen as a part of GBV risk mitigation measures. The Shelter Sector, jointly with the Protection Sector, proactively coordinates the move of persons at risk from overcrowded shelter to safer and more dignified solutions, when needed.

Issues with overcrowding are widely reflected in Shelter Sector Assessments and Post Distribution Monitoring, and it is important that shelter interventions mitigate the risk of GBV by seeking to create space and privacy for those living in hosted or rental-type scenarios.

In 2022, the Shelter Sector revised its standard NFI kit to provide more dignified living conditions and ad hoc content according to needs by area of crisis.⁴⁴ It is also important to consider larger household sizes and households where there are many hosts and IDP families who may need to receive more than one kit to ensure non-sharing of mosquito nets, mattresses, and sleeping spaces.

In terms of modality of implementations, cash is the preferred modality of most beneficiaries.⁴⁵ During 2022, the Shelter Sector, through its lead agency and partners, supported monetization feasibility studies⁴⁶ and developed policy documents,⁴⁷ including the Sector Minimum Expenditure Basket and transfer value recommendations for Multi-Purpose Cash assistance.⁴⁸ However, when it comes to shelter repairs and use of shelter kits, Shelter Sector partners report that beneficiaries would prefer a combination

of cash and in-kind support.⁴⁹ This is also in line with the Global Shelter Cluster guidelines to ensure technical monitoring of any repair or cash for repair interventions. Cash and Voucher activities for NFI have shown to yield success.⁵⁰ A challenge, however, has been the rising prices of the items in the kits, especially during the months from March to August, when global markets were impacted by the crisis in Ukraine.⁵¹

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MAYO DANAY, FAR NORTH REGION, CAMEROON

Distribution of shelter material for emergency shelter construction

Photo: IOM

Objectives, Indicators and Activities

SECTOR OBJECTIVES	INDICATORS	TARGETS
	<i>Targeted crisis-affected households, including those in protracted displacement, returnees, and not-displaced people including host communities, are provided with core and essential non-food items.</i>	30,282
Se01 Provide life-saving shelter and non-food item (NFI) support.	<i>Targeted crisis-affected households, including those in protracted displacement, returnees, and not-displaced people including host communities, are provided with timely life-saving emergency shelter kits.</i>	33,485
Se02 Provide sustained access to shelter.	<i>Targeted crisis-affected households are provided with safe and sustained shelter support, including those in protracted displacement, returnees, and not-displaced people including host communities.</i>	4,200
Se03 Support an enabling protection environment and social cohesion by improving housing and related community/public infrastructure.	<i>Increase in adequate housing stock available to targeted crisis-affected household, including integrated IDPs, returnees and not displaced people including host communities.</i>	
	<i>Increased capacity of construction skills of targeted households and communities.</i>	2,376

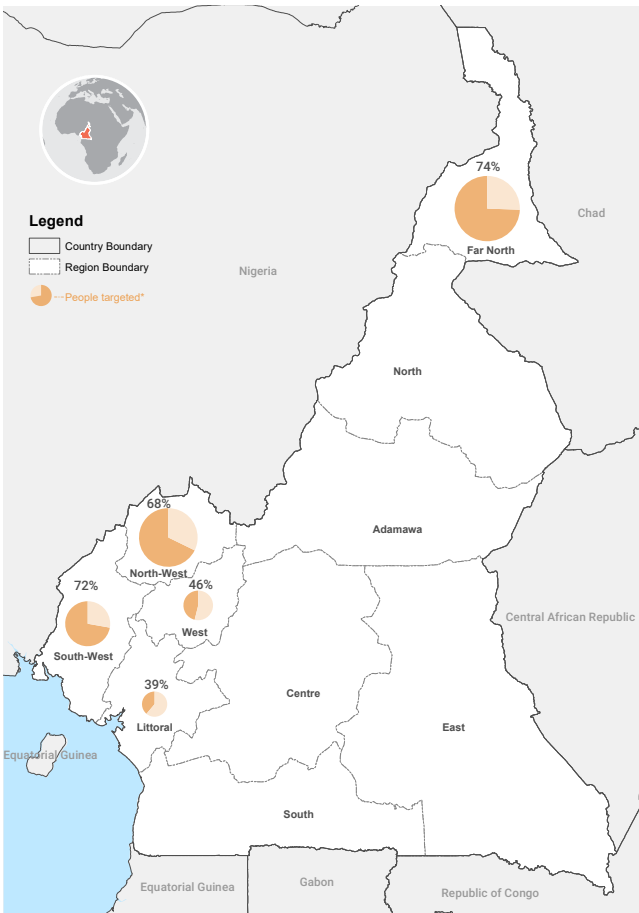
ACTIVITIES

1. Provision of core and essential NFIs, e.g. mattress, plastic sheeting, blankets, jerry cans, kitchen sets, solar lamps; including market-based interventions for these items.
2. Provision of emergency shelter, e.g. emergency shelter materials and kits; including market-based interventions for these items.
3. Provision of shelter support, e.g. transitional shelter construction, provision of construction materials including market-based interventions for these items.
4. Provision of rental assistance (either free rent, cash-for-rent, or subsidy).
5. Support to sustainably construct/repair/rehabilitate housing and related community/public infrastructure and facilities.
6. Training of targeted households and communities on disaster risk reduction and construction related skills and capacities.

3.7 Water, Sanitation and Hygiene



PEOPLE IN NEED	PEOPLE TARGETED	REQUIREMENTS (US\$)	PARTNERS	PROJECTS
1.8M	1.2M	28.8M	22	33



The objectives of the WASH Sector in providing the humanitarian assistance are to:

- Improve sustainable access to basic sanitation and safe drinking water to vulnerable people.
- Reduce the risks of poor hygiene-related morbidity and mortality of affected populations in crisis-affected areas.
- Reinforce the capacity and coordination of local actors to improve WASH services and resilience of affected populations.

Response priorities

The WASH Sector assistance will be implemented along the following key interventions:

- **Increase access to sustainable safe drinking water** in affected communities. This shall be addressed through the construction of water points (boreholes with handpumps, solar powered water supply systems, water catchment...). Water trucking will be used only at the onset of new displacement of population. To contribute to climate change mitigation measures, priority shall be given to small solar powered water supply systems which will incorporate lighting for water points to prevent gender-based violence and improve quality of services.
- **Community mobilization** in addressing sanitation needs. Lessons learnt from sanitation projects in the South-West, North-West and Far North regions required adaptation of the WASH strategy to address aspects of improving access to sanitation services. Rather than construction of community

Overview

In 2023, the humanitarian needs among the population in Cameroon will continue to escalate following displacement of populations due to floods, socio political crisis, inter-community conflicts, poverty, and cholera outbreaks. About 1.2 million among the 1.8 million people in need of humanitarian WASH assistance are targeted in 2023. This includes about 0.4 million IDPs and 0.3 million returnees.

Community and synergy approaches as key strategy to improve sustainable access to basic sanitation

During previous response, on the one hand, little progress has been reported in sanitation and many difficulties have been encountered by several WASH actors, including land issues for latrines construction in communities hosting IDPs, management of community/shared latrines, and protection issues. On the other hand, successful experience has been registered by some WASH actors in implementing community-based approaches at the onset of new displacement to improve sanitation services. This community approach has enabled a rapid progress along the sanitation ladder from open defecation to improved and non-shared basic sanitation.

As sanitation strategy, communities will be mobilized to construct their own household latrines with technical support from humanitarian actors. The

latrines will be constructed using local or modern material. No household latrines will be entirely constructed by a humanitarian actor for an affected family. Community latrines will be constructed only during an onset of new displacement. Particular attention will be paid to the inclusion of women and persons with disabilities in the initial consultations about the setting and type of latrines that shall be built and to their active involvement in community-led decision-making committees. A joint strategy will be elaborated with the Shelter Sector for the inclusion of sanitation services need along the planning and construction of shelter to affected population.

It is expected that this strategy will boost results for sanitation, improve the sanitation situation, reduce the need for financial resources on sanitation, and improve the impact.

latrines, it is advisable to support community and households to build family latrines. Community latrines are to be adopted only during a rapid and large onset of displaced population.

- **Integrated cholera response.** For more efficiency, cholera risks will be integrated in all WASH interventions. This will entail the use of cholera tools during awareness raising campaigns, promotion of handwashing with soap, and/or the systematic control of water quality at household level.
- **Innovations:** the improvement of water and sanitation services, especially in insular areas in the South-West region, has been limited by technical challenges such as high-water table, salinity of water, rocky formation of the soil affecting the construction of water and sanitation facilities, as well as social challenges including lack or reluctance to provide land spaces for construction of community latrines in some IDP sites. Thus, to mitigate these challenges, innovate technologies such as biofill latrines, ecosan latrines, and desalinization of water are sought to be piloted in these areas.

Humanitarian-Development-Peace Nexus

It has been noted that in some regions, such as in the Far North, West, and Littoral regions, there is the need to link the sustainability of interventions and investment of humanitarian actors with municipal development plans. In 2023, the WASH Sector will put an emphasis on the collaboration between humanitarian WASH actors and municipalities for the delivery of WASH interventions. Notably, for interventions such as water point management, the beneficiary community will be implicated in the methodologies and mechanisms adopted by the concerned municipality.

Monitoring

The WASH Sector will monitor the response and its progress through a decentralized approach. The regional sectors (in the Far North, West and Littoral regions) and clusters (in the South-West and North-West regions) coordination platforms will be strengthened to monitor the response using the 5W matrices. New coordination platforms are to be established in Littoral and West region with support of NGOs. The WASH Sector's Information management capacity will be strengthened at national and regional

levels considering available resources, needs, and the Sectors' objectives. Advocacy will be a key responsibility of the WASH Sector members for an increase in the resources allocated to or mobilized by the Sector.

Sector coordination

To review the progress and identify the challenges and solutions to improve the Sector/Cluster performance, both at national and regional levels, all WASH Sector/Cluster leads and co-leads will organize a biannual (semestrial) meeting with all WASH actors to identify bottlenecks and improve coordination platforms synergy and performance. Joint WASH assessments between Government and WASH partners will be prioritized. Sector tools and approaches on accountability to affected populations (AAP) will be strengthened with the support of the AAP Working Group, and MSNA tools related to the WASH Sector will be reviewed and harmonized for the different crises.

Cost of action and inaction

The WASH Sector will require US \$ 28.8 million for its 2023 humanitarian response. This represents a project-based cost methodology. The reasons for the budget increase from US \$ 22.1 million in 2022 are related to the strategy adopted by the WASH Sector, which prioritizes interventions that provide an emergency response, address root causes of the insufficiency of WASH services, and strengthen the resilience of affected populations. The key changes include more investment on sustainable WASH infrastructure, improved quality of services, for example by moving from manual pump to solar powered water systems, and the management of WASH services at the

municipality level rather than at the community level. Also, in some areas, such as in insular areas, the operating environment required innovative drinking water provision and sanitation services which are more expensive than traditional technologies.

The inaction of humanitarian funding for the WASH Sector may lead to a national cholera outbreak, the increase of acute watery diarrhea (AWD) the displacement of affected population among the 1.8 million people in need of WASH assistance.

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Objectives, Indicators and Activities

SECTOR OBJECTIVES	INDICATORS	TARGETS
Se01 Improve sustainable access to basic sanitation and safe drinking water to vulnerable people.	<i>Number of men, women, girls and boys with sustainable access to safe drinking water.</i>	1,264,248
	<i>Number of men, women, girls and boys provided with sustainable basic sanitation services.</i>	373,795
Se02 Reduce the risk of poor hygiene-related morbidity and mortality of affected population in crisis affected areas.	<i>Number of men, women, girls and boys provided with a minimum WASH kit based on their vulnerabilities.</i>	1,276,887
	<i>Number of people reached by awareness raising campaigns on the promotion of good hand washing practices.</i>	1,276,887
Se03 Reinforce the capacity and coordination of local actors to improve WASH services and resilience of affected populations.	<i>Number of functional sectorial groups/clusters.</i>	7

ACTIVITIES

1. Construction of water points (boreholes, small water supply networks,..).
2. Construction of gender-sensitive latrines in IDP sites / host communities.
3. Construction of gender and disability sensitive latrines.
4. Distribution of WASH kits to boys, girls, men, women, families, persons with disabilities and older people.
5. Capacity-building of WASH actors in WASH relative issues.
6. Promotion of safe hygiene and sanitation practices amongst vulnerable people.
7. Emergency WASH needs assessments, surveys, and studies carried out in crisis-affected locations.
8. Support solid waste management in IDP sites.
9. Coordination of WASH activities / actors in emergency situations.



MINAWAO, FAR NORTH, CAMEROON

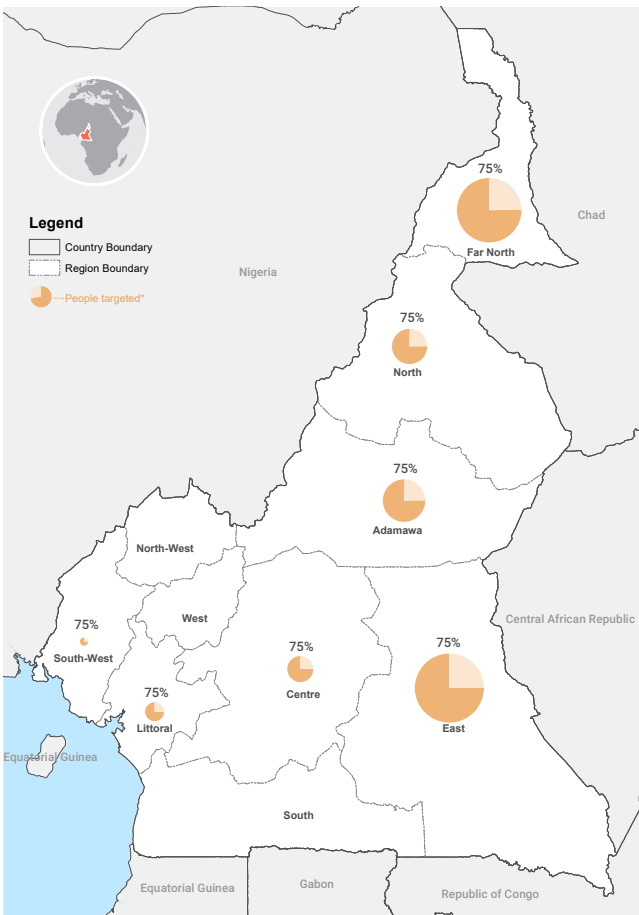
Refugees Fetch Water at Minawao camp

Photo: UNHCR

3.8 Multi-Sector Refugee Response



PEOPLE IN NEED	PEOPLE TARGETED	REQUIREMENTS (US\$)	PARTNERS	PROJECTS
639k	479k	104.7M	8	11



- approach for sustainable livelihoods and socio-economic inclusion, enhanced environmental protection, and conflict management.
- 4. Comprehensive durable solutions are implemented for the greatest number of refugees possible.
- 5. Risk of statelessness is prevented and reduced among refugees and their hosts.

1. Response strategy

The multisectoral refugee response in 2023 is in line with : i) the Global Compact on Refugees (GCR); ii) HNO analysis; iii) HRP strategic priorities; iv) UN Sustainable Development Cooperation Framework Strategy (UNSDCF); iv) HCT Protection Strategy – Centrality of Protection; v) UNHCR’s Protection and Solutions Multi-Year Multi-Partner Strategy covering 2022-2026; and vi) the National Development Strategy 2020-2030. It will aim to:

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

Objectives

1. Protection is delivered in line with international standards.
2. Basic service delivery capacity is effectively built in collaboration with the Government and all stakeholders operating in refugee-hosting areas, to ensure that refugees and host populations have equal access to public services and infrastructure.
3. Self-reliance and social cohesion are improved in refugee-hosting areas through a community-based

Moreover, in the rapidly changing operational context in Cameroon, coupled with the multidimensional crises and complex environment caused by recurring instability in neighbouring countries, partners have

also taken the following elements into account in the design of the response: i) the continuous arrival of refugees from CAR and Nigeria; ii) the impact of the COVID-19 pandemic on interventions targeting refugees and their host communities, including their ability to become self-reliant; iii) the resumption of facilitated voluntary return activities for Central African and Nigerian refugees; iv) the continued implementation by the Government of its pledges made at the October 2019 High-Level Segment on Statelessness and the December 2019 Global Refugee Forum, v) the outcome of the regional forum on CAR refugees of April 2022.

UNHCR and partners, in line with the Refugee Coordination Model (RCM), will continue to support Government efforts to address immediate protection and assistance needs of refugees, asylum-seekers, persons at risk of statelessness, and their host communities. More specifically, in collaboration with humanitarian and development actors, international and national non-governmental organizations (NGOs), civil society organizations, and academia, the 2023 multisectoral refugee response in Cameroon will focus on enhancing freedom of movement, effective and equal access to protection, basic services, economic opportunities, and durable solutions. UNHCR and partners will continue to support the voluntary repatriation and reintegration of refugees and to ensure that returns are informed and voluntary under conditions of safety and dignity. Efforts will also be made to foster refugee socio-economic inclusion in national and local development plans and to promote self-reliance.

2. General statistics and population groups

According to UNHCR, as of 31 October 2022, Cameroon hosted 485,342 refugees and asylum-seekers, out of which 72 per cent from CAR, 27 per cent from Nigeria and 1 per cent from other nationalities. Around 52 per cent of the refugees and asylum-seekers were women and 55 per cent children. In total, the number of refugees and asylum-seekers in Cameroon in 2022 increased by 9 per cent compared to October 2021, when 461,642 refugees were registered.

CAR refugees: East, Adamawa, and North regions

Cameroon hosts the largest number of CAR refugees, with a total of 353,362 (72 per cent of all refugees in Cameroon). Between December 2020 and October 2022, 20,446 new CAR refugees crossed the border to seek asylum in Cameroon due to recurrent violence following the December 2020 presidential elections. Refugees are living in sites and villages in the East, Adamawa, and North regions. Compared to December 2020, the CAR refugee figure rose by 16 per cent.

Nigerian refugees: Far North region

Cameroon hosted some 138,107 Nigerian refugees as of October 2022, compared to 121,000 at the start of the year. This 12 per cent increase is attributed to refugees living out of the camp who came forward for registration for the first time during physical verification exercises as well as to continued new arrivals from Nigeria and the registration of new-borns. Slightly over half (55 per cent) of them live in the Minawao camp, the largest refugee camp in West Africa.

After Nigeria, Cameroon remains the country most affected by the conflict in the Lake Chad basin. The security situation remains unstable and volatile with armed attacks from non-state armed groups (NSAG) on civilians, including pillages of homes, fields and businesses, abductions, and killings. Refugees, particularly those living outside of the camp, are equally at risk of these threats as the host population.

After the deaths of leaders of different NSAGs, presumed ex-combatants began arriving in larger numbers from Nigeria, seeking asylum or entry into the official Disarmament, Demobilization and Reintegration (DDR) processes. In order to preserve the continued civilian nature of the camp, the Government examined an increasing number of asylum claims, individually through the refugee status determination procedures or through recognition on a prima facie basis. Those determined not to be refugees were transferred to Nigeria for the DDR process.

Nigerian refugees: North-West and South-West regions

Some 12,500 Nigerian refugees were reported in the North-West (2,500 individuals) and South-West regions (10,000) as of April 2022. As of December 2022, the new arrivals were not officially registered by the authorities. The areas where they were located are very remote and non-accessible for most of the year due to heavy rains and to high insecurity. Verifying their number is therefore particularly difficult and, lately, some of them have reportedly gone back to Nigeria. A protection assessment that UNHCR conducted through a local NGO and IRC in August 2022 confirmed the refugees' very poor living conditions as well as high protection risks that they face, including GBV and child protection concerns.

Registration should be carried out in support of the authorities to verify the reported number of refugees as well as to better understand their profile and support needed. Inter-Agency refugees' response should also be developed to be able to support the most vulnerable.

Urban refugees (Littoral and Centre regions)

Most urban refugees arrived in 2014 and live in Douala, Yaounde and Langui. They are from 29 countries, with the biggest numbers coming from CAR, Chad, the Democratic Republic of Congo, Niger, Rwanda, and Mali. Following a verification exercise conducted in urban areas (Yaounde and Douala) from December 2020 to April 2021, the number of urban refugees and asylum-seekers dropped from 36,962 in November 2020 to 26,257 in 2021. As of October 2022, 23,141 urban refugees were in the UNHCR database.

3. Population movements (new displacements) in 2023

In view of past trends and recent analysis, Cameroon is likely to witness new population movements in 2023:

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

for 2023, UNHCR and partners do not foresee mass new arrivals of CAR refugees.

- **Nigerian refugees:** The continued insecurity in the Lake Chad basin and the repeated NSAG attacks against civilians will trigger Nigerian refugee arrivals in Cameroon. UNHCR and partners estimate limited new arrivals from Nigeria in Cameroon in 2023, up to 6,000 persons. Since voluntary repatriation planning figures are around 5,000 individuals, the total number of Nigerian refugees is expected to slightly increase in 2023, with the natural growth due to births.
- **Cameroonian returnees from Chad:** As a result of the inter-communal clashes in Logone Birni, thousands of people fled to Chad. As of 30 October 2022, 35,000 were still registered in Chad, and a recorded 13,000 had spontaneously returned to Cameroon. Discussions are ongoing between the Chadian and Cameroonian authorities and UNHCR, to facilitate their return to Cameroon, primarily in the Far North Region. It is expected that around 5,000 Cameroonians will be assisted to return in 2023, in line with the Tripartite Agreement planned to be signed early in 2023. UNHCR and partners are taking necessary steps to assist them.
- **Urban refugees: (Littoral and Centre regions):** Given refugees' unwillingness to return to their country of origins due to the continuous unstable security and political situation of CAR, it's assumed that the number of refugees will increase in the upcoming year. The increase in number will also be affected by the more expedited treatment of the processing of the refugee status determination (RSD) of many-years-pending asylum cases by the Cameroonians' authorities. However, the number of asylum seekers shall decrease by the end of 2023 given the above reason.

4. Operational priorities in 2023

Pursuit of the registration, refugee status determination (RSD), and documentation transfer process

The refugee and asylum-seeker population will continue to benefit from international protection in 2023, including, i.e., a legal regime guaranteeing respect for their rights in accordance with the

international, regional, and national legal instruments to which the Government of Cameroon has acceded. In rural areas, the prima facie recognition procedure will continue to apply.

The Government, through the Ministry of Foreign Affairs (MINREX), has put in place a Technical Secretariat (TS) for refugee claims processing and two eligibility commissions to adjudicate asylum claims. These bodies are in the process of assuming responsibility for RSD processing. In 2023, UNHCR will equip the TS and commissions in their RSD activities (in line with the transfer of responsibility agreement signed in 2016). Advocacy will also continue to have a national structure who will be the interface between Government and UNHCR and other humanitarian actors.

Registration, documentation, and national refugee card issuance

Biometric verification of the refugee population began in urban areas in 2021, particularly in the Eastern



KARWEI REFUGEE CAMP, CHAD

Cameroonian refugees fleeing intercommunity violence in the Far North Cameroon, in a refugee camp in Karwei, at the border from Cameroon, a few kilometers from Ndjamena

Photo: UNICEF/Dejongh

facade and Far North regions of Cameroon. This process continued in 2022 and is scheduled to end in 2023. It is expected to reach more than 60 per cent of the targeted population. During these operations, socio-economic data is being collected to facilitate the socio-economic inclusion of this population.

In addition, the Cameroonian Government, through its National Security Department, the DGSN (Direction Générale de la Sûreté Nationale), has issued more than 4,100 national refugee cards with the financial support of the World Bank between June and July 2022. It is expected to document the whole refugee population in the coming years.

This action, enabling refugees to access services and employment, will ensure their freedom of movement and facilitate their inclusion in development programmes. The completion of this exercise will also facilitate the programming of livelihood and self-reliance interventions that are adapted to refugees' skills and capacities, based on reliable data.

Prevention and response to gender-based violence (GBV) and child protection issues

In 2023, UNHCR and partners will continue advocating for the inclusion of refugees in the national GBV strategy at all levels: prevention, mitigation, and response. GBV prevention activities will focus on addressing gender inequalities and unequal power relations, as well as supporting the participation of women in decision-making processes through awareness raising activities. UNHCR and partners will strengthen their community-based approach against GBV by establishing or revitalizing community-based protection mechanisms and by mainstreaming GBV considerations in all sectors to enhance GBV prevention, response, and risk mitigation. UNHCR and partners will continue to strengthen the case management systems in place with a view to progressively handing over to the Ministry of Women's Empowerment and the Family (MINPROFF) from 2022 to 2026. In addition, UNHCR and its partners will provide psycho-social support and facilitate access to other relevant services (medical, legal, material, etc.) to GBV survivors in refugee-hosting areas.

Durable solutions

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

Voluntary repatriation

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

CAR refugees: In November 2021, more than 10,000 CAR refugees expressed the desire to return to their country of origin. In case the situation in CAR does not deteriorate, UNHCR and partners plan to facilitate the return of 5,000 CAR refugees in 2023. For the year 2022, 1,918 refugees were repatriated from the eastern regions and 102 from urban areas, which makes a total of 7,328 individuals repatriated to CAR since the launch of the operation in 2019. Voluntary repatriation was put on hold for lack of financial resources from June to December 2022.

Nigerian refugees: In September and October 2021, 11,300 Nigerian refugees expressed their desire to return to their country of origin. UNHCR and partners plan to facilitate the return of 5,000 Nigerian refugees in 2023.

Inclusion in Development projects: Inclusion into national services and development programmes, especially the four projects funded by the 20th replenishment of the World Bank's International Development Association (IDA-20), is also planned for CAR and Nigerian refugees in order to provide them with longer-term solutions.

Resettlement and complementary pathways

- It is estimated that 41,000 refugees in Cameroon need resettlement to a third country in 2023. In 2022, approximately 1,000 refugees have benefited from submission to resettlement countries while about 700 refugees have departed Cameroon for other resettlement countries such as Canada and France.

- In 2023, UNHCR will facilitate the submission of 1,000 refugees with specific protection needs to various resettlement countries. UNHCR looks forward to having resettlement quotas from the United States of America, France, New Zealand, Canada, and other countries that accept urgent resettlement submissions under the Global Unallocated Quota. UNHCR will also register approximately 500 individual refugee departures in 2023.
- While resettlement remains a fundamental tool for responsibility-sharing, complementary pathways can also represent a powerful expression of solidarity and responsibility-sharing by reducing economic, social, and political costs to States managing mass influx and protracted refugee situations. In 2022, 18 refugee students from different nationalities, namely Nigeria, Central African Republic and the Democratic Republic of Congo (DRC), holding bachelor's degrees benefited from scholarship opportunities to pursue Master's degrees at various universities in Italy and France. The project University Corridors for Refugees (UNICORE) accepted 12 students to study in Italy while the UNIV'R (Universities for Refugees) programs accepted six students in France.
- Along with resettlement, opportunities for complementary pathways will continue to be explored in 2023 considering the Global Compact on Refugees (GCR) and comprehensive refugee responses that are designed to contribute to more predictable burden and responsibility-sharing. UNHCR and partners' interventions will also contribute to increasing potential for access to complementary pathways focusing on scholarships and family reunification. UNHCR will continue to implement activities aiming at identifying refugees who have resettlement needs.

Local integration/ Socioeconomic inclusion

In 2023, UNHCR and its partners will continue to promote socioeconomic inclusion and to strengthen equal consideration of refugees and returnees for local integration prospects. Advocacy efforts to include refugees in national development plans, social protection and livelihood opportunities, and

education and health systems, as well as to promote their freedom of movement and access to land and documentation, will continue with the relevant authorities. In addition, UNHCR and partners will leverage refugees' socioeconomic data to work on initiatives with innovative partners and the public and private sectors, to work on entrepreneurship, agriculture, and livestock production activities. A tripartite agreement with the Ministry of Employment and Vocational Training and the International Labor Organization (ILO) has been signed to facilitate skilled and unskilled refugees' inclusion in the National Employment Funds' scheme. Discussions with the private sector, including financial institutions, will need to be strengthened to facilitate refugees' access to their services and offers.

5. Cameroon Global Refugee Forum and High-Level Segment on Statelessness (HLS) Pledges

In 2023, the Global Refugee Forum will provide an opportunity to build on the significant progress made by governments and other stakeholders towards the implementation of pledges and initiatives announced since 2019. It will also provide space for participants to announce new pledges, share good practices to inform and inspire further burden- and responsibility-sharing, and take stock of the challenges and opportunities ahead.

The Global Compact on Refugees, affirmed by the United Nations General Assembly in 2019, has put in place a new comprehensive refugee response model. It envisions more predictable and sustainable support to:

- Ease pressures on countries hosting refugees.
- Enhance opportunities for refugees to become self-reliant.
- Expand refugees' access to third-country solutions such as resettlement and other pathways.
- Support conditions in refugees' countries of origin so that they may be able to return in safety and dignity. These activities will have an impact on the lives of refugees.

6. Collaboration with development donors / actors

UNHCR has established a collaboration with governmental development projects and services, NGOs implementing development interventions, the World Bank, the EU, Germany, France, and other important financial and technical cooperation partners of the Government of Cameroon. The eligibility of Cameroon for the World Bank additional development funding for host communities and refugees was a booster for the already ongoing inclusion of refugees and host communities' (including IDPs and returnees) development needs in the National Development Strategy (NDS-30), in the UNSDCF, and in other strategic documents. This results in national development projects covering the most affected CAR and Nigerian refugee-hosting areas. This is a critical and significant step towards the development of the zones hosting displaced people.

7. Coordination and complementarity with all stakeholders

In line with the Global Compact on Refugees, UNHCR will reinforce its collaboration, coordination, partnership, and complementarity with all stakeholders in order to strengthen protection and the search for durable solutions for refugees. This responsibility-sharing recognizes that a sustainable solution to refugee situations cannot be achieved without international cooperation. It also provides a blueprint for Governments, international organizations, and other stakeholders to ensure that host communities receive the support they need and that refugees can lead productive lives.

8. Access to basic social services

Education

In line with the UNSDCF, the GCR, and Sustainable Development Goal (SDG) number 4, UNHCR and partners will work closely with the Ministry of Basic Education (MINEDUB), the Ministry of Secondary Education (MINESEC), the Ministry of Higher Education (MINESUP) and other members of the Local Education Group (LEG) to ensure the sustainable equitable inclusion of refugee children and youths in the national

education system. The main interventions will focus on advocacy and technical support to the Government to implement the national Education and Training Sector Strategy (ETSS) 2021-2030 as well as education programmes and projects in refugee-hosting areas.

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

Health

In accordance with the national multi-annual strategy for inclusion of refugees in the national system, UNHCR and partners will progressively disengage and handover staff, medicine, and equipment to public health facilities. In 2023, a specific focus will be on turning the Minawao camp's health centre into a public medical facility and on including it in the map of national governmental medical centres.

To improve refugees' access to healthcare, UNHCR and partners will: i) continue advocating for refugee inclusion in the Universal Health Coverage or its existing mechanisms, such as Person with specific needs, Cheque SANTE; ii) intensify advocacy for the respect of the 70/30 accord agreement with the Government for all persons of concerns accessing public health facilities especially those in urban settings in need of secondary healthcare; iii) reinforce collaboration with the World Bank as part of IDA-20 for the implementation of the project to reinforce the performance of the health system; iv) enhance partnership with UN agencies, bilateral and multilateral organizations and funding mechanisms, and NGOs (preference is given to national over international NGOs so as to build local capacity) to improve refugees and host population's access to health facilities. The main change targeted is the reduction of childhood and maternal mortalities, improvement of malnutrition indices and provision of life-saving care to people of concern to UNHCR and the host population.

Furthermore, considering the regularity to which north-east Nigeria is prone to recurrent outbreaks of epidemics, there is a need to put in place a crisis and public incident management strategy to avert such outbreaks as well as contingency plans to control their spread and impact in Cameroon.

WASH

In 2023, the WASH section of UNHCR MCO (Multi-country Operation) Cameroon will continue reinforcing interventions with all partners and stakeholders for the improvement of the integration of all protection dimensions in the strategic definition, design, and implementation of WASH activities, in line with the SDGs, the HDP Nexus, the UNSDCF, and the Global Compact for Refugees.

The WASH section will continue collaborating with operational partners to reduce the impact of climate change, such as floods, and sustainably protect the environment to achieve the 2030 SDGs and support the State of Cameroon in the realization of its National Development Strategy (SND 30).

Partners and stakeholders in the WASH Sector will continue enhancing drinking water supply systems, promote hygiene and sanitation activities, and improve services with a view to meet international standards.

In the Minawao refugee camp, the WASH section needs to upgrade the WASH facilities for a more sustainable infrastructure that responds to long-standing WASH needs, critical to ensure public health and wellbeing, as highlighted by the recent cholera epidemic, and to limit the risk of another health emergency.

9. Mitigation of the impact of the COVID-19 pandemic

As of November 2022, 472 refugees had tested positive for COVID-19. Awareness-raising campaigns on vaccination against COVID-19 continue despite the reluctance of certain groups. At the end of November 2022, the number of refugees and asylum-seekers vaccinated since the start of the campaign in Cameroon stand at 35,069 (8.7 per cent of the targeted population).

The COVID-19 pandemic has affected refugees' freedom of movement and livelihood opportunities. Furthermore, the pandemic continues to negatively impact the host country's economy, exacerbating refugees' vulnerabilities. In 2022, the consequences of the COVID-19 pandemic continue to exacerbate the most vulnerable refugees' exposure to protection risks. Women and children may continue to be exposed to different forms of abuse and violence, including gender-based violence, risks of exploitation, begging, school dropout, and high likelihood of juvenile delinquency for adolescents due to idleness. Thus, in 2023 UNHCR and partners' priorities in terms of responding to COVID-19 will be to:

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

10. Energy and protection of the environment

Renewable energy sources will be used to reduce the use of firewood and its impact on the environment. Other activities to protect the environment, such as reforestation and agroforestry, will be promoted in 2023 to reduce the refugees' footprint on the environment. There is a need to reinforce interventions that are environment friendly.

11. Cross-cutting themes:

Protection from Sexual Exploitation and Abuse (PSEA)

UNHCR, partners, and the whole humanitarian / development / peace consolidation community will strengthen the protection from sexual exploitation and abuse through the national and regional PSEA networks in 2023.⁵²

Targeting methodology

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

Cash-Based Interventions (CBI)

In 2023, the use of the CBI modality will be increased in the Education, Protection (assistance to Persons with Specific Needs), Livelihood, and Shelter sectors. Multipurpose cash assistance (MPCA) to address multiple needs will also be considered in other regions in addition to increasing its use in the North-West and South-West regions where it has been used in 2022.

Following a feasibility evaluation on the use of cash in the Shelter Sector in the Far North region, CBI modality will be piloted in the response to household shelter and NFI needs through direct implementation with the option of Cash Plus where it will be found necessary.

In addition, in the Far North region, after preparations for the pilot phase in 2022, there will be continued use of CBI modality to facilitate the return and reintegration of spontaneous returnees as well as in the payment of VolRep packages to organized voluntary returns.

In the Health Sector, the use of CBI to support persons of concern to UNHCR with chronic diseases will further be explored as continuation of reflections already started in 2022.

Alternative delivery mechanisms will be put in place to ensure that no one needing assistance is left out in the response using the CBI modality.

Continuous monitoring as well as post distribution monitoring (PDM) will be increased to ensure feedback from the affected population to help guide the improvement of the CBI implementation.

Mainstreaming protection in sector responses

This plan focuses on the centrality of protection. To that effect, partners will be trained on mainstreaming protection in all sectors to implement proactive measures to support programs focused on security and safety, dignity, as well as strengthening/

establishing community-based protection mechanisms. Protection mainstreaming will also be ensured through approaches that consider all segments of the affected population, regardless of their age, gender, disability and other considerations, and their inclusion in decision-making processes that impact them.

Operationalization of Accountability to Affected Populations

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

12. Partnership and coordination

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

In 2023, UNHCR will strengthen cooperation with UN agencies in Cameroon by including refugees in their various programs, within the framework of the "Delivery as ONE" and in the logic of the HDP Nexus advocated by the Grand Bargain and the Global Compact on Refugees.

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MINAWAO, FAR NORTH REGION, CAMEROON

Verification of refugees for biometric registration

Photo: UNHCR/ Helen Ngoh

Objectives, Indicators and Activities

SECTOR OBJECTIVES	INDICATORS	TARGETS
<p>Se01</p> <p>People, especially the most vulnerable, including refugees and host community, use quality basic social services in an equitable and sustainable manner to realize their full human potential and enhance their social and economic well-being.</p>	<p><i>Percentage of most vulnerable (refugees and host community), with access to quality basic social services in an equitable and sustainable manner to realize their full human potential and enhance their social and economic well-being.</i></p>	94
<p>Se02</p> <p>Vulnerable people, in different agro-ecological zones, including youth, women and socially vulnerable groups, live in a healthier environment, sustainably manage environmental resources, including biodiversity, and are more resilient to disaster and climate change shocks.</p>	<p><i>Percentage of vulnerable people living in a healthier environment, sustainably manage environmental resources and are more resilient to disaster and climate change shocks.</i></p>	86
<p>Se03</p> <p>Refugees population are registered, documented, and benefit from a strengthened asylum offer in a favorable protection environment.</p>	<p><i>Percentage of Refugee population who benefited to full protection services (registration, Documentation, justice access, ...).</i></p>	99
<p>Se04</p> <p>Support conditions in countries of origin for return in safety and dignity and expand access to third country solutions.</p>	<p><i>Number of refugee population who benefited from durable solutions (resettlement, repatriation).</i></p>	11,000
<p>Se05</p> <p>By 2023, gaps in key socio-economic indicators are reduced, reflecting greater gender equality and progress in the empowerment of youth, women and girls, and other vulnerable groups including those in humanitarian settings.</p>	<p><i>Percentage of vulnerable refugee youth, women and girls empowered.</i></p>	78
<p>Se06</p> <p>By 2023, more people, especially youth, women and socially and economically vulnerable groups, including refugees and host community, benefit equitably from increased opportunities in a green, diversified, transformative, resilient and inclusive economy that creates decent jobs in productive sectors.</p>	<p><i>Percentage of vulnerable youth and women including refugees and host community with improved economic status.</i></p>	78

ACTIVITIES

1. Nutritional well-being is improved.
2. Refugee children and youth are included in a sustainable and equitable way in the national education system.
3. Supply of potable water is increased or maintained.
4. Emergency, transitional and durable shelter are provided.
5. Specific services for persons of concern with disabilities are provided.
6. Preventative and community-based health care services are provided.
7. Alternative or renewable energy is promoted.
8. Persons of concern access individual documentation.
9. Potential for voluntary repatriation is realized.
10. Women, men, girls and boys of concern to UNHCR who are GBV survivors benefit from survivor-centered services.
11. Community based protection committees and working groups are established and efficient.
12. Access to improved agriculture, livestock and fish production is provided.
13. Access to market oriented vocational training is provided.



3.9 Coordination and Support Services

REQUIREMENTS (US\$)	PARTNERS	PROJECTS
16.4.M	8	10

Objectives

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

Ensure effective and context-specific humanitarian coordination

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

The HCT will maintain and reinforce high-level engagement with relevant Government interlocutors and UN member states. The HCT is committed to further strengthening intersectoral, inter-cluster and

sectoral coordination mechanisms at the national and sub-national levels to support the implementation of the 2023 HRP. Sectors at national level and in the Far North and eastern regions are led by Government line ministries and co-led by Sector lead agencies from humanitarian partners. Clusters in the North-West and South-West regions are co-led by UN agencies and NGOs. The decentralized coordination structure enables effective response coordination at sub-national levels with the respective Government counterparts and the different regional humanitarian coordination structures.

OCHA continues to be crucial to supporting the various coordination mechanisms and ensure overall coherence between strategic and operational decision-making bodies. OCHA will continue to lead and chair the Inter-Sector and Inter-Cluster groups and support them with information exchange tools and platforms to inform inter-sectoral decision-making. It will also continue to support and strengthen humanitarian coordination mechanisms established in 2020 in the West and Littoral regions to increase response coordination in the absence of a formal presence of OCHA and most sector lead agencies. UNHCR will reinforce the multisectoral refugee response coordination and OCHA and UNHCR will increase collaboration to improve communication, exchange, and reporting on the multisectoral refugee response at national level. In 2023, Christian Blind Mission (CBM) will support the humanitarian community in mainstreaming disability inclusion in humanitarian action.

The participation of the NGOs in the coordination forums is key to improving the understanding of the situation and challenges, and to ensure an effective and well-coordinated humanitarian programming and response. At national level, international NGOs, their platform CHINGO, and the platform of national NGOs CHOI are members of the HCT and observers of the Inter-Sector. At sub-national levels, different NGOs, including national NGOs, play the role of Sector/Cluster co-leads. The OCHA-NGO meetings at national and sub-national levels facilitate information sharing and the identification of joint solutions to operational challenges, while also reinforcing knowledge on relevant topics to increase the ability of frontline humanitarian workers. In 2023, OCHA will continue to facilitate the full engagement of international and national NGOs and their platforms in the different coordination mechanisms to enhance collaboration between all humanitarian actors.

Coordination actors, with the support and full engagement of the Cluster and Sector coordinators, will continue to carry out inter-sectoral vulnerability and needs analyses, including rapid assessments, displacement tracking, and return intention monitoring, to ensure evidence based and context specific responses. The humanitarian community is committed to scale up its capacity to carry out a coordinated and rapid multisectoral response to provide life-saving assistance to the most vulnerable newly displaced populations. Data collection, analysis and response planning will consider the distinct risks, needs and vulnerabilities of women, girls, men, boys, older people, and persons with disabilities.

It is a priority of the humanitarian community in Cameroon to increase **Accountability to Affected Populations, the Protection from Sexual Exploitation and Abuse, Localization, and the HDP Nexus** as outlined in chapters 1.3 and 1.5. Coordination actors will contribute to and try to measure progress on these important issues, as evidenced by the coordination objectives 4 to 6 and the attached indicators included in the coordination framework.

As indicated in objective 1.3, coordination actors are committed to supporting the humanitarian community in **promoting and reinforcing safe humanitarian**

access through efficient information sharing, including on security context and threats, robust civil-military coordination, principled access negotiations, and effective and efficient air transport, as outlined in chapter 1.4 of this HRP.

Costing

The Coordination Sector needs 16.4 million USD to implement the activities planned in 2023.

The main costs for this sector are related to facilitating national and sub-national inter-sectoral and sectoral coordination, undertaking multi-sectoral assessments and displacement tracking, and the support of quality programming through the provision of trainings on gender and disability inclusion. Humanitarian access will be supported through sensitization and trainings on humanitarian principles, access negotiations and civil-military coordination, field missions, and the transport of staff and cargo through UNHAS.

The costs associated with the promotion of progress on localization, AAP, PSEA and Nexus, are borne by all relevant humanitarian stakeholders and included within the respective organizations' budget.

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Objectives, Indicators and Activities

SECTOR OBJECTIVES	INDICATORS	TARGETS
Se01 Strengthen inclusive humanitarian coordination and advocacy.	<i>Percentage of people interviewed who feel that there is coordination among the different actors intervening in the same geographical area.</i>	80
	<i>Number of multidonor briefings facilitated and organised.</i>	4
Se02 Improve the quality of humanitarian action through strengthened evidence-based and diversity-sensitive analysis and programming.	<i>Number of MSNAs and Mobility Tracking assessments conducted.</i>	5
	<i>Number of people trained on inclusive humanitarian action (disability inclusion, gender, protection mainstreaming).</i>	200
	<i>Number of passengers transported by UNHAS.</i>	4,000
	<i>Number of SSAFE Training and Security awareness training.</i>	4
	<i>Percentage of partners providing Sex, Age, and Disability Disaggregated Data for the 5W.</i>	50
	<i>Percentage of partners providing Sex and Age Disaggregated Data for the 5W.</i>	100
Se03 Strengthen the respect of international humanitarian law and human rights law and safe access to humanitarian assistance.	<i>Number of people trained on civil-military coordination.</i>	100
	<i>Number of people trained on humanitarian principles and humanitarian access.</i>	245
Se04 Enhance ownership of humanitarian action by local and national actors.	<i>Number of local/national organizations in position of lead or co-lead in sector/clusters/task forces.</i>	4
	<i>Percentage of recommendations from the study on localization implemented.</i>	50
Se05 Strengthen engagement for accountability to affected populations (AAP) by all stakeholders.	<i>Number of local organizations trained on PSEA.</i>	100
	<i>Percentage of Far North RRM alerts which recommend an intervention followed by a response.</i>	75
	<i>Percentage of people interviewed for the MSNA who feel that the information they receive from humanitarian actors is communicated clearly.</i>	60
Se06 Strengthen the humanitarian - development - peace collaboration to support sustainable solutions for communities affected by crisis.	<i>Number of areas of convergence with a completed HDP joint-analysis.</i>	5
	<i>Number of areas of convergence selected to roll-out the HDP Nexus.</i>	13

ACTIVITIES

1. Train humanitarian actors on the use of HPC tools and RPM in Yaoundé and in the Far North and NWSW regions, and East.
2. Strengthen capacity of humanitarian actors, with a special focus on local and national organizations, including through trainings on humanitarian principles and humanitarian access.
3. Improve humanitarian access through the development of context specific access strategies, access missions, trainings, information sharing and advocacy.
4. Improve respect of International Humanitarian Law through civil-military coordination.
5. Provide Humanitarian Air Service in Cameroon.
6. Collect and disseminate security information.
7. Produce public information documents and share with humanitarian stakeholders.
8. Strengthening engagement of local and national actors for leadership and delivery.
9. Strengthening the visibility of local and national organizations through the production of visuals.
10. Organize or facilitate displacement tracking and joint needs assessment exercises.
11. Support humanitarian action by developing a Humanitarian Needs Overview and a Humanitarian Response Plan, integrating crosscutting issues such as gender, protection, disability inclusion, cash and HDP Nexus.
12. Alerts on humanitarian needs are followed by a response.
13. Enhance consideration of gender, age, and disability to reinforce the quality and effectiveness of humanitarian programming.
14. Strengthen accountability through community-based feedback and complaint mechanisms, including on protection against sexual exploitation and abuse.
15. Strengthen the HDP collaboration to support sustainable solutions for communities affected by crisis.
16. Enhance protection mainstreaming to reinforce the quality and effectiveness of humanitarian programming.
17. Improve respect of International Humanitarian Law through engagement with civilian authorities.



KOUSSERI, FAR NORTH REGION, CAMEROON

OCHA field mission during floods in the Far North

Photo: OCHA/ Joelle Kwembi

Part 4: **Annexes**

FAR NORTH REGION, CAMEROON

An IDP child in Igawa Meme

Photo: OCHA/ Ariane Maixandeu



4.1

What if We Fail to Respond?

Education

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

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

Food Security

Some 1.1 million people might resort to negative coping mechanisms.

The funding shortfalls will negatively affect the 1.1 million vulnerable food insecure people targeted for assistance, including women and children who depend on life-saving humanitarian support for their survival. Without sufficient funds rations will be reduced and certain beneficiaries will not receive assistance at all. The failed assistance will have a detrimental effect on the food security and nutritional status of the vulnerable populations. Almost 220,000 people will not receive assistance through agricultural, livestock, and fishery support and may resort to extremely negative coping mechanisms to access food, including the sale of goods, theft, survival sex and reduced meals, with serious consequences for their nutritional

status. The strain on host communities is becoming more pressing with risks of exacerbating conflict over scarce resources.

Health

Lack of adequate health care and services will lead to excessive morbidity and mortality among displaced people and equitable access to essential health care cannot be ensured for 1.2 million crisis-affected people, including 302,000 children, 16,000 older people, and 14,000 persons with disabilities, among them 51 per cent women and girls.

Without assistance, there will be excessive morbidity and mortality among IDPs due to an exponential increase in the cases of malaria, respiratory infections, diarrheal diseases, and other infectious and epidemic diseases such as cholera, measles, and COVID-19. Without the support of humanitarian partners, health facilities will lack the adequate health personnel, equipment, and medicines needed to provide quality health care. Women will not benefit from prenatal consultations and safe deliveries will not be possible for 82,000 vulnerable women, including 32,200 women in the Far North region and 50,000 women in the North-West and South-West, Littoral and West. This will lead to excessive mortality of women during childbirth. GBV cases will not receive adequate and timely medical assistance, including an effective referral and counter-referral mechanism. People with hypertension, diabetes and HIV will not benefit from continued treatment. The distress of the affected population will increase because cases of psychological trauma and physical trauma will not receive care. Specifically, 240,000 people will not receive mental health care or psychosocial support. Health facilities will not have the health personnel, equipment, or drugs needed to manage cases.

Nutrition

Lack of nutrition services will cost the lives of most vulnerable children and stunt their future. More than 10,000 pregnant and lactating women and 100,000 boys and girls aged 6 to 23 months will not be enrolled in the BSFP.

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

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

In absence of at scale and coherent nutrition package in the response, more than 10,000 pregnant and lactating women and 100,000 boys and girls aged 6 to 23 months will not be enrolled in the Blanket BSFP, 65,000 boys and girls aged 6 to 59 months with SAM will not be treated and 165,000 boys and girls 6-23 months will not receive micronutrient powders for home-based food fortification in humanitarian context.

Protection

Crisis-affected people will not have access to protection services.

It will be a great travesty if we were to fail in responding to the needs of the persons affected by the crises in Cameroon. The most vulnerable will be placed at heightened risk of further attacks, threat to and loss

of lives, disruption of basic services. The protection of civilians will deteriorate further, with a steady erosion of human rights, which will adversely affect hundreds of thousands of children, men and women without the legal recourse and redress.

Additionally, affected populations will not have access to protection services, including access to life-saving services, and referrals to specialized services. Freedom of movements will be further curtailed thus effectively destroying the ability of affected populations to build resilience and rebuild their lives. This inability will further expose girls, women, boys and men to exploitation and abuse.

Some 10,000 crisis-affected people will not receive legal assistance to address the violation of their rights and 154,000 conflict-affected persons will not benefit from civil or identity documentation support. If we fail to implement protection activities such as rights awareness and sensitization campaigns, the communities will be rendered incapable of claiming and defending their rights. 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 life-saving services.

Child Protection

450,000 children will not access mental health or psychosocial support.

Some 58,800 UASC will be left without support if we fail to respond. They will not be reunified with their families, over 44,000 UASC will not access family-based care or appropriate alternative services and over 105,000 children will not access GBV risk mitigation, prevention, or response interventions. Almost 32,000 children at risk of violence, abuse and exploitation will not receive appropriate case management services. Children affected by ongoing crises, living with emotional scars and lasting psychological trauma will be deprived of psychosocial support, education in safe and protected environment and will, in the future, not be able to have a normal, productive, and dignified life again. Children escaping armed groups and forces, going into hiding because of fear of reprisals against them or against their families will remain excluded

from communities and will risk being re-recruited and used again by parties to conflict, fueling further armed violence against civilians.

Gender-Based Violence

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

GBV violates fundamental human rights and is a major barrier to achieving gender equality. If we fail to respond, the health, dignity, and safety of women and girls who find themselves among the most vulnerable populations will further deteriorate. GBV survivors will not have access to critical GBV life-saving services. This means 10,000 people – women and girls in majority who would otherwise benefit from at least one form of GBV assistance will be exposed to greater harm, including fatal consequences.

Gender-based violence affects survivors physical, emotional well-being and capacities and will constitute barrier for survivors to access other community services, opportunities and resources. Unaddressed GBV impacts families' members, communities and the whole nation creating cycles of violence in abusive families and communities which will normalize violence.

If we fail to have a continuous presence within the crisis-affected communities, some 272,000 community members as well as traditional and religious leaders will not benefit from GBV awareness and prevention activities. Over 900 GBV service providers will not be trained on GBV case management, leaving survivors without adequate care and leading to an uncondusive environment for GBV prevention and response among decision makers and services providers.



FAR NORTH REGION, CAMEROON

ACF mission in the Far North region during floods

Photo: ACF

Housing, Land, and Property

Over 53,000 people will not be able to receive the legal assistance required.

Protection monitoring shows that most of the forcibly displaced population is at risk of forced eviction, secondary occupation, or inability to enjoy property of their land. Without the presence of protection actors, over 53,000 people would not be able to receive the legal assistance required to restore their land, housing, and property rights. Without the presence of protection partners with the required expertise, some 162,400 people will not be able to benefit from individual and community sensitization on their rights and obligations regarding housing, land, and property with long term negative impact on their capacity to solve arising land disputes and protect themselves from exploitation. The protection of housing and property rights is related to preventing the communities from developing negative coping mechanisms. Without the support and counselling of the HLP actors, women, and girls, especially, will continue resorting to negative coping mechanisms to pay their rent.

Shelter/Non-Food Items

The health, dignity, and safety of affected populations will be negatively affected. Over 776,800 individuals will continue to be exposed to protection and health risks.

IDPs sharing accommodation with host families in overcrowded conditions will suffer from improper sanitation and inadequate ventilation risking the transmission of diseases or chronic conditions brought on by stress and trauma. The lack of privacy exposes 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. Without proper bedding, the affected people are left to sleep on the floor or outside, where

they are exposed to vector-borne diseases or the risk of GBV. The lack of shelter could lead to death for the most vulnerable or the adoption of negative coping strategies such as early marriage and economic exploitation. For those who are living in, or who have returned to damaged or burnt shelters, lack of immediate repairs further degrades living conditions causing foundations and structures to decay and serve as a debt obstacle to resuming lives delaying recovery.

Water, Sanitation, and Hygiene

1.2 million people will not benefit from sustainable access to safe drinking water, basic sanitation and hygiene services.

While it is acknowledged that proper sanitation, hygiene, and safe drinking water reduce undernutrition and stunting in children by preventing diarrheal and parasitic diseases, equally, insufficient access to WASH services can lead to gender-based violence. With the cholera epidemic underway, the situation is more worrying and dangerous than ever for these populations in need. It is therefore critically important to ensure the provision of safe hygiene practices, support the delivery of adequate water and sanitation services, and ensure that affected communities are able to access and use these services. Failure to respond will expose these populations to threats to their lives.

4.2 Participating organizations

ORGANIZATION	SECTORS	PROJECTS	REQUIREMENTS (US \$)
United Nations High Commissioner for Refugees	Coordination and Support Services, Protection, Refugee Response, Shelter and NFI	6	110.7M
World Food Programme	Coordination and Support Services, Food Security, Nutrition, Refugee Response	8	96.5M
United Nations Children's Fund	Education, Nutrition, Protection, Refugee Response, Water, Sanitation and Hygiene	16	42.9M
Food and Agriculture Organization of the United Nations	Food Security	3	18.9M
Norwegian Refugee Council	Coordination and Support Services, Education, Food Security, Protection, Refugee Response, Shelter and NFI, Water, Sanitation and Hygiene	12	15.7M
International Organization for Migration	Coordination and Support Services, Health, Protection, Shelter and NFI, Water, Sanitation and Hygiene	2	13.1M
United Nations Population Fund	Health, Protection	3	11.4M
World Health Organization	Health	2	10.2M
Action Against Hunger	Food Security, Health, Nutrition, Protection, Nutrition, Refugee Response	6	8.4M
Première Urgence Internationale	Coordination and Support Services, Food Security, Shelter and NFI, Water, Sanitation and Hygiene, Food Security, Health, Nutrition, Water, Sanitation and Hygiene	3	7.0M
International Rescue Committee	Education, Protection, Food Security, Protection, Water, Sanitation and Hygiene, Protection, Refugee Response	5	6.3M
United Nations Office for the Coordination of Humanitarian Affairs	Coordination and Support Services	1	5.2M
Danish Refugee Council	Food Security, Protection, Shelter and NFI, Refugee Response	2	4.2M
Community Health and Social Development for Cameroon	Education, Food Security, Health, Nutrition, Protection, Shelter and NFI, Water, Sanitation and Hygiene	10	3.5M
UN Women	Protection	1	3.3M
Plan International	Education, Health, Protection	4	3.0M
Alliance for International Medical Action	Health, Nutrition, Nutrition	2	3.0M
CARE France	Refugee Response	1	2.9M

Solidarités International	Food Security, Water, Sanitation and Hygiene	3	2.9M
International Medical Corps UK	Health, Nutrition, Nutrition, Protection	7	2.8M
Global Community Rescue	Education, Nutrition, Protection, Water, Sanitation and Hygiene	6	2.5M
Catholic Relief Services	Food Security, Shelter and NFI	1	2.3M
United Nations Educational, Scientific and Cultural Organization	Education	2	2.1M
Cameroon Student Corps	Education	3	1.9M
Martin Luther King Jr Memorial Foundation	Water, Sanitation and Hygiene	2	1.5M
Strategic Humanitarian Services	Education, Food Security, Health, Nutrition, Shelter and NFI	5	1.5M
Green Partners Association	Education	2	1.4M
EducAid Onlus	Education	1	1.3M
Action Locale pour un Développement Participatif et Autogéré	Food Security, Protection, Water, Sanitation and Hygiene, Protection	3	1.3M
Caritas Cameroun	Health, Protection, Water, Sanitation and Hygiene	2	1.1M
Street Child Organization	Education, Protection, Protection	4	1.1M
Cameroon Baptist Convention Health Services	Health, Nutrition, Water, Sanitation and Hygiene	3	1.1M
Agence de Développement Economique et Social	Shelter and NFI	1	1.0M
SAHELI	Shelter and NFI	1	1.0M
Caritas Germany (DCV)	Food Security, Protection, Food Security, Protection, Water, Sanitation and Hygiene	2	1.0M
Environmental Protection and Development Association	Water, Sanitation and Hygiene	3	982.5k
Reconciliation and Development Association	Education, Food Security	3	736.9k
Hope for a better Future	Education, Shelter and NFI	2	705.0k
ACT Alliance / Lutheran World Federation	Refugee Response	3	635.9k
Association des Animateurs et Encadreurs en Développement Communautaire	Shelter and NFI, Water, Sanitation and Hygiene	2	600.6k
Sustainable Development and Humanitarian Services Foundation	Education, Health, Protection, Water, Sanitation and Hygiene	5	592.0k
Rhema Care Integrated Development Center	Protection	1	500.0k
Christian Blind Mission	Coordination and Support Services	1	500.0k
ARCS ARCI Culture Solidali APS	Education	1	470.9k
Presbyterian Church of Cameroon Health Services	Education, Health	2	422.6k
Respect Cameroon	Refugee Response	1	402.4k
Caritas - Kumba	Health, Nutrition, Protection	3	390.0k
Association Serbowel Facilitateur pour les Humanitaires	Shelter and NFI, Water, Sanitation and Hygiene	2	363.5k
Community Initiative for Sustainable Development Cameroon	Nutrition, Protection, Water, Sanitation and Hygiene	3	326.8k
Cameroonian Humanitarian Organizations Initiative	Coordination and Support Services	1	325.0k
Nkong Hill Top Association for Development	Education, Education, Protection, Food Security	3	319.9k

Authentique Memorial Empowerment Foundation	Education, Education, Protection, Food Security	3	315.4k
Education Fight Aids, Cameroon	Water, Sanitation and Hygiene	1	290.0k
DEMTOU Humanitaire	Health, Nutrition, Water, Sanitation and Hygiene	1	289.2k
Education for All	Education	1	275.0k
Anembom Consulting Cameroon	Education	1	272.9k
Afrique Solidarités	Water, Sanitation and Hygiene	1	250.0k
Caritas Comité Diocésain de Développement Maroua-Mokolo	Food Security, Protection, Food Security, Protection, Water, Sanitation and Hygiene	2	240.0k
World Economy Skills and Agro Development	Education, Food Security	2	238.7k
Finders Group Initiative	Nutrition	1	216.5k
Cornerstone Enrichment Services	Protection	1	194.7k
Humanitarian Association of Dynamic Youths Guiding Services	Education	1	194.1k
Society for the Promotion of Initiatives in Sustainable Development and Welfare	Education	1	194.1k
Global Welfare Association	Education	2	190.0k
TeenAlive Association	Education, Protection	2	187.0k
Action Sociale aux Populations Sinistrées ou Victimes des Menaces	Food Security	1	172.8k
Société Civile pour la Promotion des Droits et Devoirs	Refugee Response	1	172.7k
Pan African Institute for Development West Africa	Education	1	171.6k
Caritas Kumbo	Protection	1	170.4k
Human is Right Cameroon	Protection	1	150.0k
Africa Millennium Development Network	Protection, Water, Sanitation and Hygiene	2	143.4k
Cameroon Development and Education Foundation	Health	1	122.0k
Queen Fogang Foundation	Education	1	120.0k
National Youth Development Organization	Food Security, Health	2	100.0k
Union des Organismes d'Appui au Développement Durable	Water, Sanitation and Hygiene	1	89.6k
Academie Camerounaise des Formations	Education	2	86.7k
Centre pour la Promotion et la Défense des Droits de l'Enfant	Protection	1	81.0k
Association Environment and Sustainable Development	Food Security	1	80.0k
Dynamic Femmes	Health	1	45.0k
Choose Life Generation	Education, Health	1	23.1k
Konmofamba Actions Sans Frontières	Food Security	1	19.2k
Total		200	407.3M

4.3

How to Contribute

Contribute to the Humanitarian Response Plan

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

<https://response.reliefweb.int/cameroon>

Contribute through the Central Emergency Response Fund

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

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

Registering and recognizing your contributions

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

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

4.4 Acronyms

AAP	Accountability to Affected Populations	DGSN	National Security Department
ACF	Action against Hunger	DRC	Democratic Republic of the Congo
AIDS	Acquired Immunodeficiency Syndrome	EIOS	Epidemic Intelligence from Open Sources
AoR	Area of Responsibility	EPI	Expanded Program on Immunization
ART	Antiretroviral Therapy	ETSS	Education and Training Sector Strategy
AWD	Acute Watery Diarrhea	EWARS	Early Warning Alerts and Rapid Response System
BSFP	Blanket Supplementary Feeding Program	FAO	Food and Agriculture Organization
BUNEC	National Office of Civil State	FTS	Financial Tracking Services
CaLP	Cash Learning Partnership	GBV	Gender-Based Violence
CAR	Central African Republic	GCR	Global Compact on Refugees
CARE	Care International	HCT	Humanitarian Country Team
CARED	Accelerated Reintegration of Out-of-School Children	HDP	Humanitarian-Development-Peace
CBCHS	Cameroon Baptist Convention for Health Services	HIV	Human Immunodeficiency Virus
CBI	Cash-Based Interventions	HLP	Housing, Land and Property
CBM	Christian Blind Mission	HLS	High-Level Segment on Statelessness
CCAA	Cameroon Civil Aviation Authority	HNO	Humanitarian Needs Overview
CERF	Central Emergency Response Fund	IASC	Inter-Agency Standing Committee
CFA	Financial cooperation in Africa	ID	Identity Document
CHINGO	Coordination of Humanitarian International NGOs	IDP	Internally Displaced Person
CHOI	Cameroon Humanitarian Organizations Initiative	IFE	Feeding in Emergencies
COVID-19	Coronavirus disease 19	ILO	International Labor Organization
CPFF	Centers for the Empowerment of Women and the Family	IMS	Information Management System
CRS	Catholic Relief Services	INSO	International NGO Safety Organisation
CVA	Cash and Voucher Assistance	IOM	International Organization for Migration
CWG	Cash Working Group	IPV	Intimate Partner Violence
DDR	Disarmament, Demobilization and Reintegration	IRC	International Rescue Committee
		ISWG	Inter-Sector Working Group
		IYCF	Infant and Young Child Feeding
		JIAF	Joint Intersectoral Analysis Framework
		LEG	Local Education Group

MCO	Multi-country Operation	RSD	Refugee Status Determination
MEB	Minimum Expenditure Basket	RUTF	Ready-to-Use Therapeutic Food
MHPSS	Mental Health and Psychosocial Support	SAM	Severe Acute Malnutrition
MINAS	Ministry of Social Affairs	SDG	Sustainable Development Goal
MINAT	Ministry of Territorial Administration	SEA	Sexual Exploitation and Abuse
MINEDUB	Ministry of Basic Education	SMART	Standardized Monitoring and Assessment of Relief and Transitions
MINEPAT	Ministry of Economy, Planning and Regional Development	SND	National Development Strategy
MINPROFF	Ministry of Women's Empowerment and the Family	SOP	Standard Operating Procedure
MINESEC	Ministry of Secondary Education	SSF	State Security Forces
MINESUP	Ministry of Higher Education	TLS	Temporary Learning Spaces
MINREX	Ministry of Foreign Affairs	TS	Technical Secretariat
MPC	Multipurpose Cash	TWG	Technical Working Groups
MPCA	Multipurpose Cash Assistance	UASC	Unaccompanied and Separated Children
MSF	Doctors Without Borders	UN	United Nations
MSNA	Multisectoral Needs Assessments	UNCG	UN Communication Group
MUAC	Mid-Upper Arm Circumference	UNCT	United Nations Country Team
NACS	Nutrition Assessments, Counseling, and Support	UNDSS	United Nations Department of Safety and Security
NFI	Non-Food Items	UNESCO	United Nations Educational, Scientific and Cultural Organization
NGO	Non-Governmental Organizations	UNFPA	United Nations Population Fund
NRC	Norwegian Refugee Council	UNHAS	United Nations Humanitarian Air Services
NSAG	Non-State Armed Groups	UNHCR	Office of the United Nations High Commissioner for Refugees
NWSW	North-West South-West	UNICEF	United Nations Children's Fund
OCHA	United Nations Office for the Coordination of Humanitarian Affairs	UNICORE	University Corridors for Refugees
PCIMAS	Integrated Management of Severe Acute Malnutrition	UNSDCF	United Nations Sustainable Development Cooperation Framework
PDM	Post Distribution Monitoring	USD	US Dollars
PIN	People In Need	WASH	Water, Sanitation and Hygiene
PLHIV	People living with HIV	WFP	World Food Programme
PLW	Pregnant and Lactating Women	WHO	World Health Organization
PSEA	Protection from Sexual Exploitation and Abuse	WILPF	Women's International League for Peace and Freedom
RCM	Refugee Coordination Model	WLO	Women Led Organizations
RPM	Response and Planning Module		
RRM	Rapid Response Mechanism		

4.5 End Notes

- 1 Please consult the Cameroon 2023 HNO for the full analysis of the context and impact of the crises.
- 2 The Cadre Harmonisé analysis of October 2022 estimates that 3,234,556 persons will be food insecure (phase 3 to 5) from June to August 2023.
- 3 Please see chapter 1.5 of the 2023 HNO for more details.
- 4 Women's International League for Peace and Freedom (WILPF), Cameroon country context, 2020.
- 5 Minimum basic services are essential services that are critical for the survival and basic dignity of people in need. These include protection, food, nutrition, WASH, shelter, and health services.
- 6 'Cash plus' interventions combine cash transfers with one or more types of complementary support. For example, providing programme beneficiaries with cash transfers alongside community sensitization, economic or social skills training, nutrition education, agricultural inputs, creating savings groups etc. In the case of this activity, cash plus refers to combining cash distributions with emergency food production activities.
- 7 See HNO Cameroon 2023, sectoral chapter of the GBV AoR.
- 8 The severity levels refer to the severity scale of the Joint Intersectoral Analysis Framework (JIAF). The JIAF reference table is included in the annex to the Cameroon 2023 HNO and can be found online at: <https://statics.teams.cdn.office.net/evergreen-assets/safelinks/1/atp-safelinks.html> (see annex 7)
- 9 The HRP 2022 was funded at 54 per cent as of 8 February 2023. The HRP 2021 was funded at 53 per cent, the HRP 2020 at 49 per cent, the HRP 2019 at 43 per cent, and the HRP 2018 at 45 per cent. More detail on the relation between the requirements, funding, PIN, and target from 2015 to 2021 can be found under the chapter "Historic trends" of this HRP. NRC's report published in June 2022 identified Cameroon as the third most neglected displacement crisis in 2021. Cameroon has been ranked among the top three neglected crises for the last four years due to a consistent lack of political engagement and international attention. ([The world's most neglected displacement crises in 2021 | NRC](#)).
- 10 <https://sheltercluster.org/north-west-south-west/documents/2022-northwest-and-southwest-cameroon-shelter-cluster-strategy>
- 11 <https://sheltercluster.org/north-west-south-west/documents/sample-tenancy-agreement-provided-hlp-aor>
- 12 https://www.humanitarianresponse.info/sites/www.humanitarianresponse.info/files/documents/files/the_road_to_the_hdp_collective_outcomes_in_cameroon_2.pdf
- 13 https://www.humanitarianresponse.info/sites/www.humanitarianresponse.info/files/documents/files/peace_in_the_nexus_in_cameroon_-_final_.pdf
- 14 https://www.humanitarianresponse.info/sites/www.humanitarianresponse.info/files/documents/files/priorisation_zones_de_convergence_en_2021.pdf
- 15 https://www.humanitarianresponse.info/sites/www.humanitarianresponse.info/files/documents/files/analyse_conjointe_logone-birni_nexus_hdp.pdf
- 16 Humanitarian-Development-Peace, Joint Analysis in Nexus convergence areas, Methodological note, July 2022
- 17 <https://www.humanitarianresponse.info/en/operations/cameroon/infographic/convergence-areas-far-north>
- 18 <https://www.humanitarianresponse.info/en/operations/cameroon/infographic/convergence-areas-eastern-front-0>
- 19 Expanded Program on Immunization (EPI) data as of 22 December 2022.
- 20 For more information about the overall access environment, including access to services, please see "Impact on system and services" in chapter 1.2 of the HNO 2023.
- 21 MSNA Far North, IOM, August 2022; MSNA NWSW, OCHA, August 2022; MSNA Littoral and West, August 2022.
- 22 Shelter Cluster Household Assessment in the North-West and South-West regions, funded by UNHCR, carried out by Plan International, January 2022: <https://sheltercluster.org/north-west-south-west/pages/shelter-cluster-household-assessment-northwest-and-southwest-regions>.
- 23 MSNA, NWSW, OCHA, August 2022.
- 24 These values will be validated by the ISWG and the HCT in the first quarter of 2023.
- 25 A national workshop was held in December 2021. Follow-up meetings with authorities and Government counterparts took place in 2022 both at national and regional levels in Yaounde, Bertoua, Maroua and Kousseri.
- 26 Funded by WFP with the support of NRC and Norcap-Cashcap
- 27 MINAS, MINAT, MINREX, PFS, MINEPAT, Gouvernorat and Prefectures.

- 28 The quarterly response monitoring dashboards for Cameroon are published on <https://response.reliefweb.int/cameroon>
- 29 Integrated Diseases Surveillance and Response report, week 49.
- 30 Integrated Diseases Surveillance and Response report, week 49.
- 31 The Operational Guidance on Infant and Young Child Feeding in Emergencies (OG-IFE), IFE Core Group, 2017.
- 32 Ready-to-Use Therapeutic Food Supply Alert – UNICEF Supply Division - June 2022
- 33 PCIMAS costing study, UNICEF 2015.
- 34 Impact assessment and outlook on global logistics, UNICEF supply division, August 2022.
- 35 Ready-to-Use Therapeutic Food Supply Alert – UNICEF Supply Division - June 2022
- 36 This figure is an addition of the targeted population in the Adamawa, Littoral, West regions, impacted by the North-West and South-West crisis.
- 37 MSNA, NWSW, OCHA, August 2022.
- 38 Shelter/NFI needs assessment, funded by UNHCR, implemented by Plan International and DEDI: <https://sheltercluster.org/north-west-south-west/pages/shelter-cluster-household-assessment-northwest-and-southwest-regions>
- 39 <https://sheltercluster.org/north-west-south-west/documents/international-rescue-committee-post-distribution-monitoring-voucher>
- 40 Shelter/NFI Cluster Strategy, NW-SW regions: <https://sheltercluster.org/north-west-south-west/documents/2022-northwest-and-southwest-cameroon-shelter-cluster-strategy>
- Shelter/NFI Sector Strategy, National: <https://sheltercluster.org/cameroon/documents/cmrshelter-nfi-sector-strategyjune-2022national>
- 41 Shelter/NFI Sector Activity Matrix, National: <https://sheltercluster.org/cameroon/documents/shelternfi-sector-activity-matrix-2022>
- Shelter/NFI Sector Activity Matrix, NW-SW regions: <https://sheltercluster.org/north-west-south-west/documents/shelter-kit-guidelines-and-review-2022>
- 42 <https://sheltercluster.org/north-west-south-west/documents/nrc-lessons-learned-document>
- 43 Shelter/NFI Sector Activity Matrix, National: <https://sheltercluster.org/cameroon/documents/shelternfi-sector-activity-matrix-2022>
- Shelter/NFI Sector Activity Matrix, NW-SW regions: <https://sheltercluster.org/north-west-south-west/documents/shelter-kit-guidelines-and-review-2022>
- 44 Shelter/NFI Sector Activity Matrix, National: <https://sheltercluster.org/cameroon/documents/shelternfi-sector-activity-matrix-2022>
- Shelter/NFI Sector Activity Matrix, NW-SW regions: <https://sheltercluster.org/north-west-south-west/documents/shelter-kit-guidelines-and-review-2022>
- 45 Cash Feasibility Assessment, UNHCR, October 2022
- Shelter and NFI Cluster, NW-SW regions, Needs overview, October 2022: <https://sheltercluster.org/north-west-south-west/documents/nsw-cameroon-october-snapshot-needs>
- 46 Cash Feasibility Assessment, UNHCR, October 2022.
- 47 <https://sheltercluster.org/north-west-south-west/documents/shelter-cluster-guidance-transfer-value-and-monetization-shelter>
- 48 Shelter/NFI Sector Minimum Expenditure Basket, 2022, <https://sheltercluster.org/north-west-south-west/documents/northwest-southwest-shelter-cluster-position-paper-minimum>
- 49 Cash Feasibility Assessment, UNHCR, October 2022
- Shelter and NFI Cluster, NW-SW regions, November Factsheet: <https://sheltercluster.org/north-west-south-west/factsheets/2022-11>
- <https://sheltercluster.org/north-west-south-west/documents/shelter-cluster-guidance-transfer-value-and-monetization-shelter>
- 50 <https://sheltercluster.org/north-west-south-west/documents/international-rescue-committee-post-distribution-monitoring-voucher>
- 51 In August the Shelter Cluster in the NW-SW regions revised the price of NFI Kit: <https://sheltercluster.org/north-west-south-west/documents/minimum-nfi-kit-reviewed-2022>
- 52 Please see « Protection from Sexual Exploitation and Abuse” in Chapter 1.5 on Accountability to Affected Populations of this HRP.

**HUMANITARIAN
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