

HUMANITARIAN RESPONSE PLAN CAMEROON

HUMANITARIAN
PROGRAMME CYCLE

2020

ISSUED JULY 2020



About

This document is consolidated by OCHA on behalf of the Humanitarian Country Team and partners. It provides a shared understanding of the crisis, including the most pressing humanitarian need and the estimated number of people who need assistance. It represents a consolidated evidence base and helps inform joint strategic response planning.

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PHOTO ON COVER

MEME Village/FAR NORTH, CAMEROON

Parents cover their faces with scarves/masks and observe social distancing during food distributions.

Photo: WFP/Glory Ndaka

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MINAWAO REFUGEE CAMP, FAR NORTH, CAMEROON

Young Nigerian refugees in Minawao camp.

OCHA/Eve Sabbagh

Foreword by the Humanitarian Coordinator

The 2020 Humanitarian Response Plan (HRP) is a multisectoral strategy aiming to meet the needs of affected people. It is the fruit of a joint effort of humanitarian actors and partners.

Since the arrival of the COVID-19 pandemic to Cameroon, the country is facing four parallel crises with different causes and consequences. Needs range from immediate lifesaving to protracted recovery. Response strategies were adapted and built around these different contexts and vulnerabilities and had to be reprioritized and adjusted in the context of COVID-19. Investments made in the collection and analysis of needs, both at the sectoral and intersectoral level, have enabled us to develop a credible response strategy based on robust prioritization.

First, the Far North Region continues to be impacted by the Boko Haram related armed conflict and Cameroon remains the second most-affected country by the Lake Chad Basin emergency. About 1.2 million people living in the region need urgent assistance. 527,000 persons in the Far North are displaced due to the armed conflict¹ and face serious protection risks. Life-saving assistance remains crucial to respond to the humanitarian needs of the displaced persons and the local communities whose preexisting vulnerabilities have been further exacerbated by these movements along with the violence and the disruption to their livelihoods and basic social services.

Second, Cameroon's eastern regions are still home to over 272,000 vulnerable refugees from the Central African Republic.² The influx of refugees continues to exert significant pressure on natural resources and basic social services in host areas and exacerbating pre-existing vulnerabilities. Access to livelihoods, food, WASH services and education remains limited for both refugees and their host communities.

A third challenge arose in November 2017 when the socio-political crisis in the North West and South West regions turned into a situation of violence with increasing reports of human rights violations and abuses, including extra-judicial killings, arbitrary arrests and destruction of property, and rising humanitarian needs.

Almost 680,000 Cameroonians are now internally displaced due to this crisis mainly in the North West and South West regions, but also in the West and Littoral.³ An additional 58,000 persons have sought refuge in neighboring Nigeria.⁴ The displaced communities have acute needs for protection, food, shelter/NFI, water and sanitation as well as access to health and education. Persons who could not flee the violence, most notably older persons and persons with disabilities are at heightened risk of attacks and sexual violence.

The North West and South West regions have been subject to a resurgence of attacks against persons, their properties and public infrastructure, including health centers and schools, along with continuing incidents against humanitarian workers and medical personnel.

Fourthly, the first case of COVID-19 was detected in Cameroon in early March. Since the number of cases is on the rise. Considering the structural weakness of Cameroon's health care system and limited access to WASH services of large parts of the population, the country is ill prepared to contain and respond to the pandemic. It is estimated that 6.2 million people in Cameroon are in need of humanitarian assistance in 2020. This is an additional 2.3 million people in comparison to the situation before the COVID-19 outbreak, when 3.9 million people were estimated to need humanitarian assistance. Furthermore, COVID-19 has rendered the provision of assistance to affected population even more challenging and the humanitarian response had to be adapted drastically. Humanitarian actors had to reprioritize activities to "Do No Harm" and to integrate COVID-19 preparedness, prevention and response activities in all humanitarian operations. In order to implement our 2020 coordinated humanitarian response plan, we need to sustain engagement with all parties, recognizing that the primary responsibility to protect its population lies with the State. In this context, we are determined to ensure that protection is central to humanitarian action and to strengthen the humanitarian-development collaboration and further involve development partners whenever it is feasible in reducing the vulnerabilities and risks underlying humanitarian needs.

People saved from COVID-19 should not die from hunger. The trade-off between saving lives and saving livelihoods is excruciating. The collaboration and complementarity between humanitarians, State and development actors is now more important than ever before.

In accordance with the commitments made at the 2016 World Humanitarian Summit, humanitarian partners will continue to strengthen a multisectoral approach to mainstream protection throughout humanitarian action and promote accountability to affected populations. Communication with people affected is central to the effectiveness of the humanitarian response and it is imperative that the response be guided by people in need. This year, the centrality of protection will be further reinforced, in accordance with the protection strategy of the Humanitarian Country Team (HCT). Furthermore, the humanitarian principles of neutrality, humanity, of impartiality and independence will be at the heart of all operations as well as gender equality and the use of cash as modality of intervention.

Yet in 2019 the humanitarian response in Cameroon was the least funded in Africa. Faced with an increasing severity of needs, it remains essential to support our humanitarian efforts. This acute underfunding of our humanitarian response in Cameroon is leaving millions of people without vital humanitarian assistance and protection, reinforcing the vicious cycle of vulnerability and violence.

I would finally like to express my gratitude to all humanitarian partners, including United Nations organizations, international and national NGOs, members of civil society and the Government who are on the front line in the field with affected populations, for some at the cost of their lives. I want to salute the dedication and the expertise of all our partners who have, without a doubt, contributed to the improvement of the wellbeing of the vulnerable population in Cameroon in 2019.

Allegra Baiocchi

Humanitarian Coordinator in Cameroon



¹ 112,228 refugees from Nigeria (UNHCR, March 2020); 116,979 returnees (IOM DTM from December 2019); 297,380 IDPs (IOM DTM from December 2019).

² 272,173 CAR refugees (UNHCR, March 2020).

³ 450,268 in NOSO (MSNA, August 2019); 5,300 in Adamawa (MIRA, July 2019); 200,189 in Littoral and in the Western part (MIRA, October 2019); 23,640 in Yaoundé, Center (MIRA, November 2019).

⁴ 58,152 refugees from Cameroon in Nigeria (UNHCR, March 2020).

Response Plan Overview

PEOPLE IN NEED

6.2M

PEOPLE TARGETED

3.4M

REQUIREMENTS (US\$)

391M

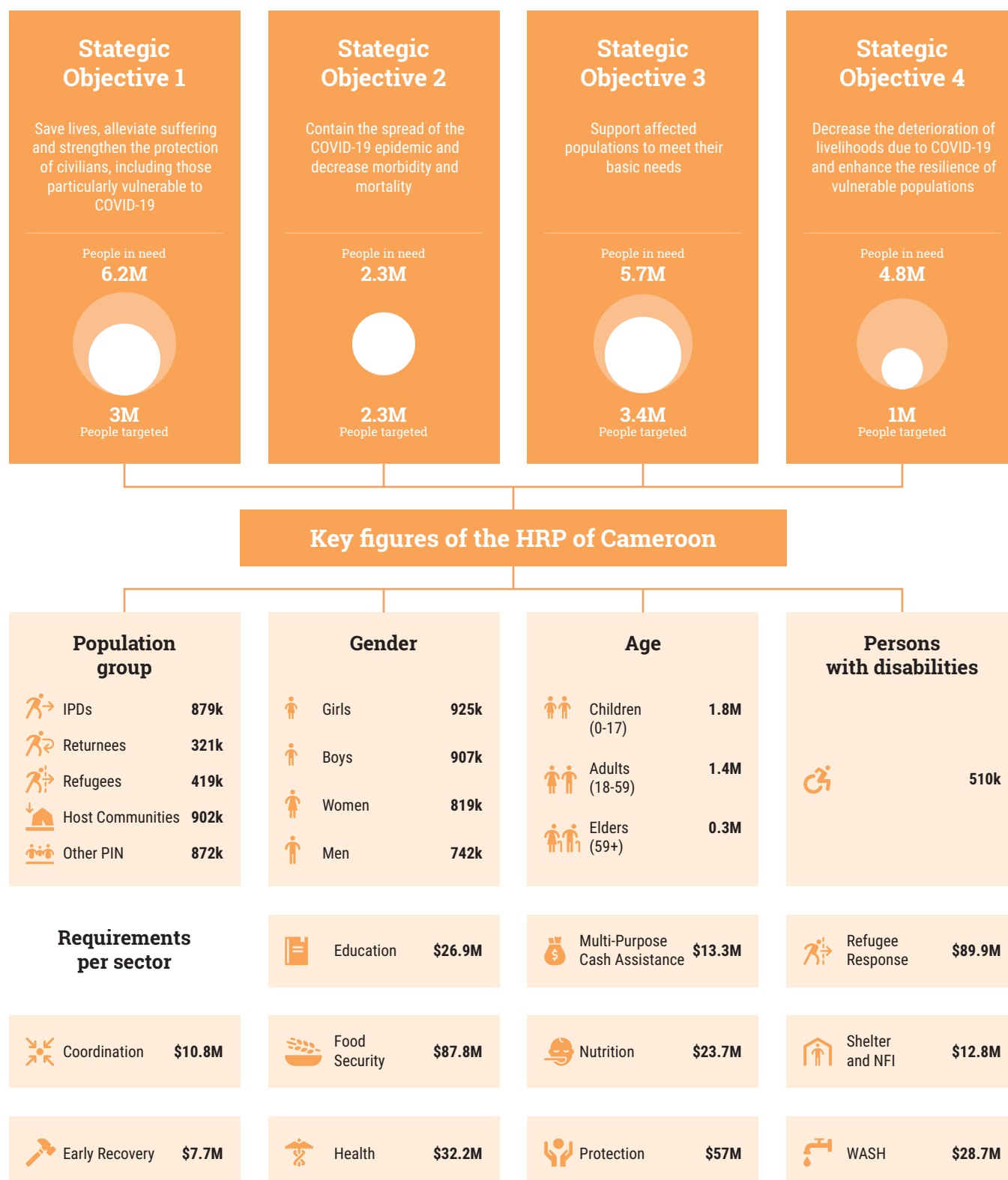
OPERATIONAL PARTNERS

145

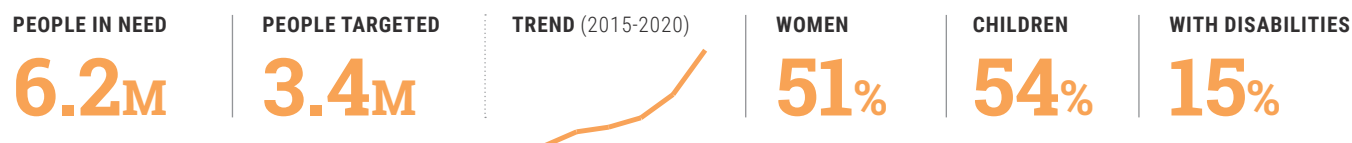


BUEA/SOUTH WEST, CAMEROON
 Women beneficiaries at a food distribution site.
 OCHA/Giles Clarke

Response by Strategic Objective

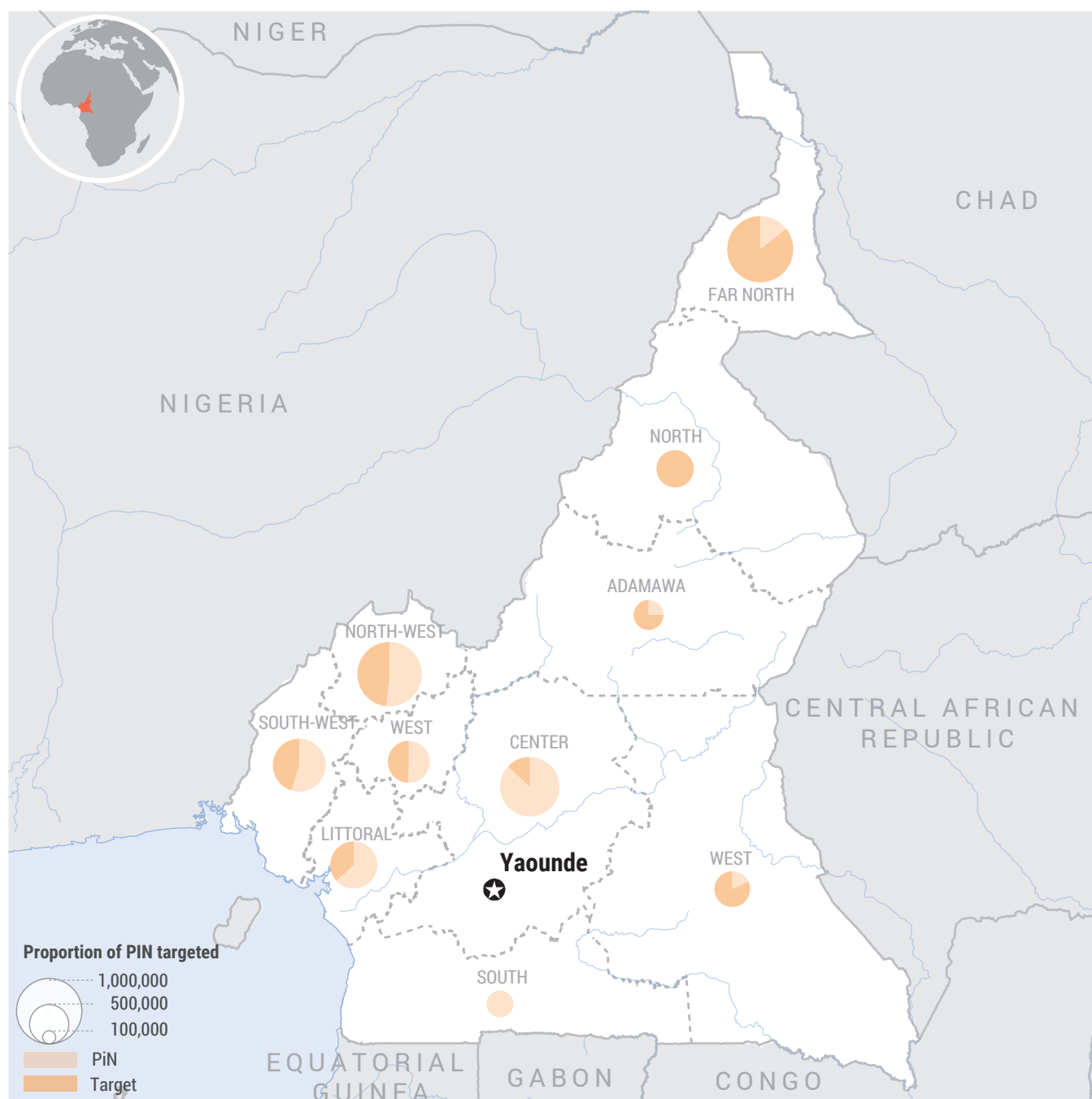


Needs and Planned Response



Overview map

More on pages 22-23



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HRP Key Figures

Humanitarian Response by Targeted Groups

POPULATION GROUP	PEOPLE IN NEED	PEOPLE TARGETED
Internally displaced people	977 k	879 k
Returnees	321 k	321 k
Refugees	419 k	419 k
Host communities	2.3 M	902 k
Other People in Need	2.2 M	872 k

Humanitarian Response by Gender

GENDER	IN NEED	TARGETED	% TARGETED
Boys	1.6 M	907 k	57%
Girls	1.7 M	925 k	56%
Men	1.4 M	742 k	53%
Women	1.6 M	819 k	51%

Humanitarian Response for Persons with Disabilities

GENDER	IN NEED	TARGETED	% TARGETED
Persons with disabilities	938 k	509 k	54%

Humanitarian Response by Age

AGE	IN NEED	TARGETED	% TARGETED
Children (0 - 17)	3.2 M	1.8 M	57%
Adults (18 - 59)	2.7 M	1.4 M	52%
Elders (59+)	277 k	139 k	50%

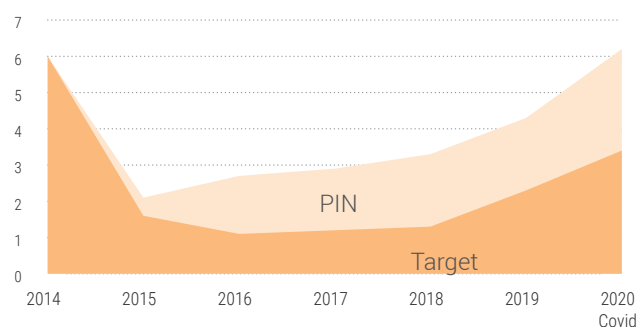
Financial Requirements by Sector and Multi-Sector

SECTOR / MULTI-SECTOR RESPONSE	REQUIREMENTS (US\$)
Coordination	\$10.8 M <div></div>
Early Recovery	\$7.7 M <div></div>
Education	\$26.9 M <div></div>
Food Security	\$87.8 M <div></div>
Health	\$32.2 M <div></div>
Multi-Purpose Cash Assistance	\$13.3 M <div></div>
Nutrition	\$23.7 M <div></div>
Protection	\$23.1 M <div></div>
Protection: Child Protection	\$16.5 M <div></div>
Protection: Gender Based Violence	\$17.4 M <div></div>
Refugee Response	\$89.9 M <div></div>
Shelter & NFIs	\$12.8 M <div></div>
Water, Sanitation & Hygiene	\$28.7 M <div></div>

Historic Trends

Humanitarian Response (2014 - 2020)

In millions of people



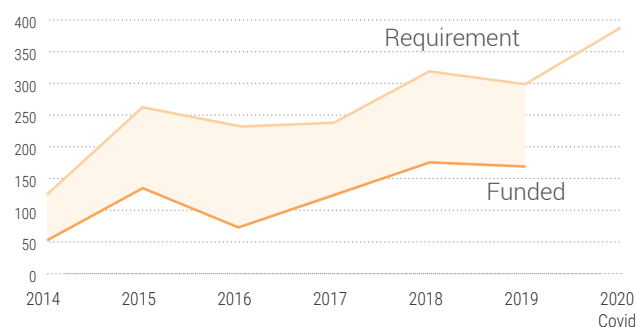
The first response plan for Cameroon was developed in 2014. In 2014, Cameroon was struck by calamity on several fronts. There was a dramatic increase of Central African refugees due to the outbreak of renewed conflict in the country in 2013 and the arrival of Nigerian refugees in the Far North had led to increased pressure on already scarce resources. Elevated levels of food insecurity were reported due to climatic shocks and poor access to drinking water and sanitation facilities in the Far North, North, Adamawa and East. 33% of children under five were estimated to be malnourished. At the same time, Cameroon faced a cholera epidemic in the Far North region: by the end of 2014, a total of 3,355 cases had been recorded. For 2014, 6 million people were estimated to be in need of a health response due to this cholera crisis. The 6 million included the entire population of the affected health districts. While the cholera outbreak continued into 2015, the crisis was under control, which partly explains the significant drop of estimated needs from 2014 to 2015. Furthermore, the subsequent years saw an improvement in the humanitarian assessment of people in need and the targeting strategy.

Meanwhile, the number of people in need has continuously increased between 2015 and 2019, mostly due to an upsurge in violence and insecurity. Boko Haram⁵ violence in the Far North has led to a steady rise of displacement since 2014. The number of people affected by the crisis in the North West and South West has dramatically increased in the second half of 2018, due to increasing acts of violence, and was one of the fastest growing displacement crises in Africa in 2018 - and is since continuously growing. Meanwhile, the East, Adamawa and North regions continue to be confronted with the influx of refugees from the Central African Republic which arrived in two waves of displacement, in 2003/2004 and 2013/2014.

However, there was a decrease in the overall number of people in need in the beginning of 2020 in comparison to the number of

Financial Requirements (2014 - 2020)

In millions of US\$



people in need under the 2019 HRP, from 4.3 million to 3.9 million. While the number of people in need due to the crisis in the North West and South West has significantly increased from 1.3 million in 2019 to 2.3 million in early 2020, the number of people in need in the Far North and the East, North and Adamawa regions decreased significantly: from 1.9 million to 1 million in the Far North and from 1.1 million to 620,000 in the East, North and Adamawa regions. While there are several factors which account for this decrease and are explored in detail below, there has been a methodological change in the calculation of the PIN under the enhanced 2020 HPC approach (see HNO methodology for more detail). Therefore, a degree of cautiousness should be exercised when comparing the PIN 2019 and PIN 2020.

The COVID-19 outbreak has led to a spike of people in need in the spring of 2020. It is expected that 6.2 million people will be in need of humanitarian assistance in 2020, an increase of over 2.3 million due to the pandemic.

In the **Far North**, as a result of Boko Haram's attacks, thousands of people have been displaced since 2013 in a region that is experiencing recurrent droughts (2009 and 2011), floods (2010, 2012, 2014, 2019) and epidemics (cholera in 2014, 2018 and 2019). The number of people internally displaced rose from 60,000 in December 2014 to nearly 300,000 in December 2019.⁶ Since September 2019, the Far North has witnessed a further resurgence in violence, leading to the new internal displacement of over 50,000 people.⁷ However, there is a decrease of almost 50% in the number of people in need under the 2019 HNO (1.9 million) and the 2020 HNO (1 million). This decrease is in large parts the result of a decrease of people projected to be food insecure in 2020. 1.3 million people were in need of food assistance in 2019 while less than half, 475,000 people, are projected to be food insecure in 2020. While important interventions in the

⁵ Boko Haram refers to the different non-state armed groups operating in the Far North, including the Islamic State West African Province (ISWAP) and Jama'atu Ahlus-Sunnah Lidda'Awati Wal Jihad (JAS).

⁶ 297,380 IDPs: IOM DTM Dashboard, round 20, 6 December 2019.

⁷ Increase of 51,655 IDPs between 23 November 2018 (IOM DTM Dashboard, round 16: 245,725 IDPs) and 6 December 2019 (IOM DTM Dashboard, round 20: 297,380 IDPs).

Food Security Sector have contributed to improve the food security situation in the Far North, the change of methodology to estimate people in food insecurity, from EFSA for 2019 to the use of Cadre Harmonisé data for 2020, also contributes to the stark difference in the estimation of food insecure people.

The situation in the **North West and South West** regions, which started as a political crisis, is marked by violent clashes and has led to a complex humanitarian emergency with 2.3 million people in need in early 2020. In comparison, in early 2018, 160,000 people were in need and 1.3 million people were estimated to need humanitarian assistance in early 2019. This significant increase can be explained by several factors. Firstly, the further deterioration in the security situation and attacks on populations and their properties has triggered more displacement and an increase in needs. Killings, arbitrary arrests and sexual violence, including of women and children, is taking its toll on local communities. While at the end of 2018, 530,000 people were estimated to have been displaced due to the crisis, needs assessments carried out in 2019 indicate displacement of more than 720,000 people – an increase of 30%. The number of people displaced within the two regions remained at around 450,000 between the assessments carried out in July 2018 and August 2019. However, the number of people displaced to

other regions of Cameroon increased almost three-fold from 80,000 to 220,000 persons displaced to the Adamawa, Littoral, West, and Central regions. Including the people in need of urgent humanitarian assistance within the North West and South West (1.7 million), assessments have shown that 600,000 IDPs and host community members need assistance in the Littoral, West and Central regions. Secondly, sectors have increased their capacity to assess the needs of the population in the North West and South West regions.

In **eastern and northern** regions, Cameroon hosts 272,000 refugees from the Central African Republic (CAR). The vast majority fled to Cameroon in 2003/2004 and in 2013/2014. The influx of refugees is exerting significant pressure on already limited natural resources and basic social services in host areas, exacerbating pre-existing vulnerabilities. However, the low return intentions expressed by the refugees confirm the trend towards socio-economic integration. While the refugees and the host population first were in need of live-saving assistance, they now rather need support to strengthen their resilience through development interventions. However, the gradual decrease of humanitarian assistance and the insufficient level of funding for development projects negatively impacts access of vulnerable populations to basic services.

YEAR OF APPEAL	PEOPLE IN NEED	PEOPLE TARGETED	REQUIREMENTS (US\$)	FUNDING RECEIVED	% FUNDED
2014	6.0 M	6.0 M	125.8 M	73.2 M	58%
2015	2.1 M	1.6 M	264.0 M	129.2 M	49%
2016	2.7 M	1.1 M	232.2 M	159.4 M	69%
2017	2.9 M	1.2 M	238.1 M	117.5 M	49%
2018	3.3 M	1.3 M	319.7 M	144.3 M	45%
2019	4.3 M	2.3 M	298.9 M	129.5 M	43%
2020	3.9 M	2.6 M	320.7 M	448,0 k	0,1%
2020 rev COVID-19	6.2 M	3.4 M	391 M	84.3 M	22%



BUEA, SOUTH WEST, CAMEROON

Photo: OCHA/Giles Clarke

Context of the Crisis

Cameroon is today affected by four concurrent, complex humanitarian crises: Boko Haram violence in the Far North region; consequences of the influx of refugees from the Central African Republic into the eastern regions (Adamawa, North and East); growing humanitarian needs resulting from violence in the North West and South West regions with spillover effects in the West and Littoral regions; and the COVID-19 outbreak affecting the entire territory of Cameroon. Humanitarian needs are compounded by structural development deficits and chronic vulnerabilities that further challenge the long-term recovery of affected people.

The first COVID-19 case was confirmed in Cameroon in early March 2020. As of 13 June, 9,572 cases are confirmed with 275 deaths (Case Fatality Rate 2.9%). The World Health Organization (WHO), as well as the Ministry of Public Health of Cameroon, rated the risk of spread of the virus very high in Cameroon. WHO's rapid assessment conducted on the existing capacity in Cameroon to detect and respond to this outbreak has revealed significant gaps in all the critical pillars including coordination, surveillance, case management, laboratory, Infection Prevention and Control (IPC), risk communication and logistical capacities. There is a lack of testing capacities, isolation units, intensive care units, infection control material, medicines and medical supplies and adequately trained staff to address quickly spreading outbreaks including the corona virus (COVID-19) in all regions across the country.

Political, socio-cultural, demographic and economic profiles

The armed conflict in the Lake Chad Basin and the crisis in the North West and South West regions have significantly destabilized the socio-political environment in Cameroon. Despite a relatively diversified economy (agriculture, forestry, raw material extraction and some transformation industry) and a dynamic private sector, Cameroon's economic growth (around 3-4%) has been lagging behind.

In the Far North, the economic context is marked by extreme poverty and the worst social indicators and levels of access to basic services

among the ten regions of Cameroon. The Boko Haram conflict further exacerbated a pre-existing structural crisis marked by the lack of natural and financial resources and market opportunities. Agriculture, livestock and tourist activities were drastically reduced due to prevalent insecurity.

In the North West and South West, on-going violence has had a major impact on the economy. Cultivable and grazing areas have been reduced more and more in recent years, due to demographic pressure, but also to insecurity and population displacement. Trade with neighboring countries, especially Nigeria, is becoming increasingly difficult.

On 23 March, the UN Secretary-General urged warring parties across the world to lay down their weapons in support of the bigger battle against COVID-19. He highlighted that the ceasefire would allow humanitarians to reach populations that are most vulnerable to the spread of COVID-19. In the North West and South West regions, only one non-state armed group declared its adherence to the Secretary-General's call. Other non-state armed groups rejected a unilateral ceasefire, demanding a negotiated ceasefire also applicable to the Cameroon defense forces. Meanwhile, in the Far North, Boko Haram violence intensified, leading to an increase in displacement.

The COVID-19 pandemic is far more than a health crisis: it is affecting societies and economies at their core, destroying lives and livelihoods and eroding the basis for ending poverty and achieving the Sustainable Development Goals (SDGs).

As Cameroon's main trading partners – China and countries from the European Union – are most affected by the COVID-19 pandemic, it is likely to suffer from falling prices for its main export products. As factories are closing throughout the world, reduction in demand of raw material will impact on oil exports of all Central Africa countries. Drop in oil prices could mean massive losses in export revenue for Cameroon's economy. Budget cuts will lead to a reduction in social protection programs and an increase in vulnerabilities. Significant

job losses, particularly in the informal sector where job protection is weaker, can be expected. Cameroon has high levels of inequalities, with poverty rates as high as 74% in some regions, and this is likely to increase.

The crippling effects of COVID-19 will have a major and long-lasting impact on the social, economic, human rights, security and political sectors. Lockdowns will be hard to sustain unless the Government can provide a generous safety net. The private sector needs credit to avoid laying off staff. Informal workers need cash to tide them over. Unfortunately, the country does not have the means to provide all the above.

Security environment

Insecurity is widespread in the Lake Chad region, due to incursions and attacks by non-state armed groups (by the Islamic State in the West African Province in the Lake Chad area and further south by the group Jama'atu Ahlus-Sunnah Lidda'Awati Wal Jihad (JAS), also known as Boko Haram). In late 2019, and 2020 the security situation in the Far North further deteriorated, with an increase in attacks by Boko Haram, including suicide attacks. In the North West and South West regions, high levels of insecurity continue. The presence of national security structures - police, gendarmerie, army - is concentrated along the main roads and cities while non-state armed groups are more present in rural areas.

Other parts of Cameroon remain stable and offer relative security, therefore welcoming many refugees and internally displaced persons from other regions (including people from the North West and South West regions fleeing violence) and neighboring countries. However, there has been an increase in incidents including urban crime, kidnappings, the phenomenon of robbers and community clashes. Certain incidents such as kidnappings are mainly reported in the border area with CAR.

The loss of jobs and income due to Government measures taken to combat COVID-19 poses an additional security threat, especially in major towns and cities, as it could encourage banditry in the absence of mitigation measures.

Existing legal and policy frameworks

Judicial services exist in the country. However, access to the judiciary system is challenging in remote areas affected by conflict and crisis. Traditional chiefdoms are auxiliaries to the administration and the justice system. The presence of the administration and of traditional authorities has been significantly affected by insecurity.

Government measures to combat COVID-19, including social distancing measures, is further slowing down administrative and judicial services.

Infrastructure and technology

Cameroon has nearly 78,000 km of main roads, including 5,133 asphalted km, however particularly in the North this road network is severely degraded significantly impacting humanitarian access, especially in the rainy season. The electricity network remains very weak, the overall rate of household electrification is less than 15% and covers only a few localities. The telephone network excludes certain rural areas.

The penetration level of information and communications technology stands at only 30%. The planned continuation of educational activities online thus risk to further deepen social inequalities, with a large majority of children unable to benefit from such programs due to a lack of access to internet and/or a computer.

Environmental Profile

Cameroon is exposed to climatic hazards and natural disasters, drought, floods, landslide, fire. The country is experiencing strong pressure on natural resources (wood, water, raffia palm groves, etc.) and mining. Bush fires, which are often used to clear plots of land during the dry season, are a major risk of environmental destruction. The rainy season also regularly causes damage to houses, crops and road infrastructure. About 80,000 people were affected by the floods in the Far North in November 2019. Pollution resulting from the exploitation of minerals and wood and the use of pesticides and insecticides in agriculture is increasing.

Part 1

Strategic Response Priorities

ABANDONED SCHOOL, SOUTH WEST, CAMEROON

An abandoned classroom in a primary school located in the hills in south west Cameroon. Photo: OCHA/Giles Clarke



1.1

Humanitarian Consequences Prioritized for Response

Humanitarian needs in Cameroon are increasing due to the escalation and intensification of violence and insecurity in 2019 and due to the COVID-19 epidemic which is affecting the country since March 2020. The effects of the COVID-19 epidemic, the armed conflict in the Lake Chad Basin and Central African Republic, and hostilities in the North West and South West regions of Cameroon affect the physical and mental well-being, living standards, and resilience and recovery of the people living in Cameroon. Violence and displacement, chronic vulnerabilities, disease, diminished coping capacities and a lack of

access to basic services have left an estimated 4.9 million people in need of humanitarian assistance in Cameroon in 2020. An additional one million people are in need of assistance due to the COVID-19 outbreak. Meanwhile, the severity of the needs of the 3.9 million people already in need before the outbreak is further increasing due to the virus.

The humanitarian community in Cameroon has conducted a multisectoral situational analysis and has identified three major humanitarian consequences:

Humanitarian consequences related to physical and mental well-being

PEOPLE IN NEED

6.2M

WOMEN

52%

CHILDREN

52%

ELDERS

4%

WITH DISABILITIES

15%

Physical and Mental Wellbeing Consequences have a direct effect on people's integrity and/or dignity in the short term (within the next six months), while recognizing longer term effects. These include but are not limited to: death and injuries; morbidity (infectious and chronic diseases); malnutrition (acute and chronic); health outcomes related to Severe Food Insecurity (IPC phases 3-5); physical and mental disability, impairing people's ability to move, communicate, learn etc.; human rights violations and abuses such as arbitrary detention, targeted violence, killing and sexual and gender-based violence (SGBV).

6.2 million are facing critical problems related to physical and mental well-being in Cameroon. 54 per cent of them are children under 18

years. The main needs relate to protection, including child protection and SGBV, health and food. 3 million people are in need of protection. 2.9 million people need urgent medical care.

Disruption of markets and food and nutrition services due to the COVID-19 epidemic will negatively impact on the quality of diets and nutrition practices, which translate into an increase of mortality, morbidity and malnutrition among the population groups with the highest nutrition needs. According to Cadre Harmonisé analysis from March 2020, almost 4.9 million people will be in food insecurity phase 3 and 4, employing stress, crisis or emergency coping strategies to secure household level food security as a result of overall effects of COVID19.

Humanitarian consequences related to living standards

PEOPLE IN NEED	WOMEN	CHILDREN	ELDERS	WITH DISABILITIES
5.7M	51%	66%	3%	15%

Living standards are those humanitarian consequences that have a direct effect on people's ability to pursue their normal productive and social activities and meet their basic needs in an autonomous manner. They manifest in different types of deficit and the use of various coping mechanisms to meet basic needs such as the lack of food; income; productive assets (e.g. land, animals, tools, shop, etc.); access to basic services such as health care, water, sanitation, shelter, education; access to formal and informal social assistance; access to legal documentation; access to markets etc.

An estimated 5.7 million people cannot attain a minimum level of living standards in Cameroon. Violence and insecurity in the Far North, the North West and South West regions have led to limited access to fields and livelihoods. In the eastern regions, Central African refugees don't have access to land while other economic opportunities remain also limited due to their refugee status. Furthermore, the regions affected by the different crises are chronically and structurally underdeveloped: symptoms of this situation are illustrated by the poor infrastructure and the lack of basic services.

Humanitarian consequences related to resilience and recovery

PEOPLE IN NEED	WOMEN	CHILDREN	ELDERS	WITH DISABILITIES
4.8M	51%	48%	5%	15%

Resilience consequences in the framework of the humanitarian programme cycle are those humanitarian consequences that reflect the ability of people to withstand future stresses and shocks on the short and longer term. Resilience capacities and associated causes are analyzed notably as part of the humanitarian-development collaboration and to inform joined-up planning between humanitarian, development and peace actors as appropriate.

Approximately 4.8 million people face critical problems related to resilience and recovery. Humanitarian challenges are reinforced by structural factors and chronic vulnerabilities that hinder the long-term recovery of affected people. Discrimination between girls and boys, women and men remain a major obstacle to human development in Cameroon. The country ranks 141st among the 189 countries ranked in relation to their level of gender inequality.⁸

The inequality index reveals significant disparities in the three key dimensions of human development: reproductive health, education and access to employment. These gender inequalities are an important factor influencing adaptation strategies and affecting the recovery capacities of women and girls. While 39% of the population lives below the poverty line, this rate rises to 51.5% for women. Of these, 79.2% are underemployed.⁹ The fact that they are socially and economically disadvantaged and, also, that they are largely excluded from public decision spheres, including conflict resolution processes and peacebuilding in general,¹⁰ will greatly hamper their resilience and their recovery.

⁸ UNDP, Gender inequality index, 2017

⁹ ONU Femmes Cameroun, Rapport..., p. 9

¹⁰ WILPF, Cameroon country context

Lifesaving assistance remains a priority in Cameroon

The country is facing four major, complex crises. Although needs are high, humanitarian funding and capacities in country have been limited in the past and the response has not been able to cover the needs of the population. The Humanitarian Country Team will prioritize life-saving interventions in 2020, focusing on responding to protection needs, including child protection and SGBV, health, food and nutrition of the most vulnerable and at-risk population.

1.2

Strategic Objectives and Response Approach

Enhanced coordination

In order to implement the 2020 humanitarian response plan in a coordinated manner, the humanitarian community will continue to engage with all partners and the Government of Cameroon, recognizing that the primary responsibility for the protection of its populations lies with the Government. This means the continuous strengthening of effective coordination mechanisms and accountability, in accordance with humanitarian principles, and ensuring full transparency of humanitarian activities.

The Centrality of Protection

Protection remains a priority in the humanitarian response in Cameroon. The HCT strategy on the centrality of protection mainstreams protection principles across all phases of the response and supports collective efforts to prevent and respond to the most serious protection risks faced by civilians particularly the most vulnerable, including women, children, people with disabilities and older persons. Women are frequently subject to discrimination and are at increased risk of sexual violence whilst children are at risk of attacks on schools and forced recruitment. In 2020, the HCT aims to ensure inter-agency protection efforts are prioritized across all four crises and strengthen its advocacy on the protection of civilians to promote respect for and compliance with the international humanitarian and human rights laws. Furthermore, the humanitarian principles of neutrality, humanity, impartiality and independence and a Do No Harm approach will continue to be at the heart of all operations.

In 2020, the humanitarian community will pay particular attention to the protection of people most at risk, including:

1. Internally displaced people, especially women and girls, and those in areas that are hard to access;
2. Children and adolescents, especially girls and young men, affected by the crisis in the North West and South West;
3. Residents of villages affected by the violence in the North West and South West, including affected host populations and people living with disabilities;
4. People returned to their villages of origin in the Far North, North West and South West, especially women-headed households.

5. Persons especially vulnerable to the effects of COVID-19, such as the elderly, individuals with chronic illnesses, people with disabilities, women and children.

A multisectoral approach

The multisectoral dimension and intersectoral coordination will be reinforced during 2020 in order to improve the efficiency of the response by responding to the needs of the population in a holistic manner. Some sectors have developed joint response strategies: Education works with the WASH Sector to ensure WASH services in schools, with the Food Security Sector on school feeding projects and shares relevant information of school children with the Health Sector. The Nutrition and WASH sectors engage communities jointly in sensitization campaigns and carry out joint distributions. The Nutrition and Health sectors also carry out joint activities when the same target groups are concerned, and nutrition is integrated in the food distributions. WASH and Health work together on the cholera response in the North West and South West regions. Furthermore, the Food Security, Livelihood and Early Recovery sectors join forces on livelihood projects.

In the context of COVID-19 a multisectoral approach is even more important in order to minimize the risk of exposure of personnel, partners and beneficiaries. Thus, COVID-19 sensitization and response activities are integrated into all humanitarian activities.

Multisectoral initiatives such as the Rapid Response Mechanism (RRM) are operational in the Far North using a multisectoral tool (MSA) allowing a standardized analysis of community needs. Meanwhile, it is a priority for the HCT to reinforce rapid response modalities in the North West and South West regions in 2020.

Furthermore, in 2020, the humanitarian community is considering how to more effectively operationalize the multisectoral approach through (1) a commitment of the sectors to develop joint strategic and operational frameworks; (2) the promotion of the multisectoral approach at the various stages of humanitarian action, with a special focus on rapid assessment and response; and (3) joint advocacy for strengthening donor commitment to support a multisectoral response.

Multi-year planning and approach

2020 will be the last year of a multi-year strategy that started in 2017. Although the humanitarian response has significantly scaled-up during the last years, the analysis of trends shows that needs are increasingly severe and the humanitarian situation in Cameroon is deteriorating. The cumulative impact of years of crisis is taking a more severe toll with people exhibiting signs of severely diminished coping capacities. Where once affected people had some level of emotional and financial resilience to disaster and conflict, this is being gradually eroded by successive shocks, leaving increasing numbers of people unable to survive or recover without assistance. The socio-economic impact of COVID-19 will lead to a massive corrosion of the limited coping capacity existent before the outbreak. The HCT and the Inter-Sector has undertaken an enhanced planning process in 2019 that has resulted in a change of methodology, but the response strategy remains aligned with the multiyear strategy that was designed in 2017.

Geographic coordination: Four distinct crises, four response strategies

The humanitarian response plan was developed following the needs analysis carried out in the Humanitarian Needs Overview (HNO). In early 2018, 99 percent of the people in need were located in the four priority regions: Far North, North, Adamawa and East. This geographic distribution of people in need has significantly changed since the emergence of the humanitarian crisis in the North West and South West, which has expanded to the Littoral and West. The number of people in need in the Littoral grew from 145,000 estimated under the 2019 HNO to 286,000 people in need under the 2020 HNO. COVID-19 has led to humanitarian needs for a first time also in the Center and South regions of Cameroon. In 2020, all ten regions of the country are affected by four concurrent humanitarian crises in Cameroon: Far North, Adamawa, East, North, North West, South West, Littoral, West, Center and South.

The humanitarian response plan targets 3.4 million people - 55 percent of the 6.2 million people in need. This targeting reflects a prioritization exercise of the most acute needs and is in line with the results of the severity comparison tool of the HNO, per sector and geographic area (divisional level). On the other hand, this targeting also illustrates realistic planning by taking into account available resources - both financial and human.

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

The overarching priority of the humanitarian community in Cameroon is to stop the further transmission of COVID-19 and to mitigate the impact of the outbreak. In order to do this, humanitarian actors are working together to scale up country preparedness and response operations, including strengthening readiness to rapidly identify, diagnose and treat cases; identification and follow-up of contacts when feasible; infection prevention and control in health-care settings; and awareness-raising in the population through risk communication and community engagement.

Partners focus on responding to the additional, most urgent and direct health, food security, nutrition, protection, education and livelihood needs occasioned by the pandemic, while continuing life-saving activities for those affected by one of the other three crises. All these activities will include COVID-19 sensibilization and response action and be implemented in a manner adapted to the COVID-19 context to Do No Harm.

This response plan does not encompass measures needed to address the macroeconomic, institutional or social impacts of the crisis that require a much greater level of financing and programming on the longer term.

The humanitarian community has set two priorities for the Far North region. The first one is to protect people who have been forcibly displaced due to violence. They will be supported with protection, water, food and shelter. To this effect, it is critical to : (i) develop rapid and flexible interventions allowing the mobilization and distribution of emergency supplies; and (ii) to improve the living conditions in sites with high concentration of displaced people such as Kolofata or Fotokol, where Sphere standards are far from being reached. The improvement of WASH services in these sites has become even more urgent to prevent a rapid transmission of COVID-19. The second priority is to create conditions conducive to durable solutions to displacement, through collaboration with local authorities, communities, and development partners and by enhancing the participation of the displaced in decision-making and programming. Those localized partnerships will aim to improve access to quality and integrated basic social services for the whole population, including in return areas, following comprehensive analysis of return intention and stability index surveys.

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

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

Emergency assistance that complements development actions

During the design of the 2020 HNO, joint analysis workshops were organized in Yaoundé, Maroua (Far North), Bertoua (East) and in Bamenda (North West) and Buea (South West) to review the needs

and the underlying causes and structural constraints of the crises. This analysis demonstrated that humanitarian needs in Cameroon are intrinsically linked to the persisting insecurity and targeting of populations, and subsequent forced displacement, and compounded by structural and chronic deficits affecting livelihoods, basic infrastructure and the socio-cultural environment. To respond effectively to those complex issues and their repercussions, there is a need for simultaneous and coordinated interventions to respond to the structural and profound causes of vulnerabilities, while ensuring the necessary emergency response. The planning of the 2020 humanitarian response fits into this logic and prioritizes emergency actions for which humanitarian actors have a comparative advantage, complementing activities undertaken by early recovery and development actors.

The new way of working or Humanitarian-Development collaboration

During the World Humanitarian Summit in 2016, UN agencies and the World Bank committed to pursuing the New Way of Working.¹¹ The New Way of Working aims to promote a stronger collaboration between a broad range of stakeholders (Governments, humanitarian workers, development partners, civil society, multilateral banks) in order to reach the Sustainable Development Goals by prioritizing the most vulnerable ("Reaching those furthest behind first"). Only this joint approach will allow partners to meet the most urgent needs while increasing the resilience of communities. The New Way of Working responds also to the agreement with the main donors, as part of the Grand Bargain, to address the humanitarian financing gap and reinforce the humanitarian-development nexus. In Cameroon, where urgent humanitarian needs further exacerbate existing long-term structural deficits, adopting this new approach is a priority.

In 2019, Cameroon's humanitarian community went one step further in working with the Government and development partners in the development of Collective Outcomes. A Task Force on Humanitarian-Development-Peace Nexus in Cameroon was established and composed of representatives of the Government, UN Agencies, international and national NGOs and technical and financial partners.

Recognizing the commitment to 'leaving no one behind' the roll out of the humanitarian-development-peace nexus in crisis-affected regions will achieve greater impact by responding to immediate needs whilst building resilience of the most vulnerable people (returned internally displaced persons, repatriated or locally integrated refugees and their host and/or communities of origin), enhancing food security, preventing conflict and disasters, reducing poverty, promoting shared prosperity, and sustaining peace in crisis affected regions.

The collective outcome formulated by the Task Force on humanitarian-development-peace nexus intends to reduce the needs, risks and vulnerabilities that the Government, humanitarian actors and development actors want to achieve by 2024, in order to help achieve the Sustainable Development Goals in crisis-affected areas.

"By the end of 2024, the populations living in areas of convergence in the Far North, East, North West and South West regions (returned internally displaced persons, repatriated or locally integrated refugees and their host and/or communities of origin) recover indiscriminately their fundamental rights and improve their physical well-being and social welfare."

Collective Outcomes are concrete and measurable goals aimed at reducing the needs, risks and vulnerabilities through the complementarity of efforts of different actors depending on their comparative advantage. Cameroon has been selected as one of the seven pilot countries and benefitted from the support of the Joint Steering Committee on humanitarian-development collaboration in 2019.

In 2020, a strong emphasis will be continued to be placed on strengthening the humanitarian-development collaboration across all sectors, when and where possible, while respecting humanitarian principles, through an improved and refined understanding of risks, needs, and vulnerabilities of the three crises. The humanitarian, development and peace actors will converge, coordinate and synchronise their interventions in selected areas, based on specific criteria and crisis dynamics, and on a sequential approach considering the ability and potential to achieve collective results. Joint action plans will be developed for each of the selected area of convergence to ensure the coherence and coordination of all humanitarian, development and peacebuilding actions implemented in these areas. In the long term, the joint situation analysis will lay the foundation for harmonized programming addressing the effects and causes of the multiple humanitarian crises in Cameroon.

People saved from COVID-19 should not die from hunger. More than ever the humanitarian-development and peace nexus approach has to be rolled out specifically in the crisis-affected regions where the most vulnerable, displaced populations will be disproportionately affected by COVID-19. Thus, the need to decrease vulnerabilities and create durable solutions for the displaced.

In light of the COVID-19 epidemic, policy and operational frameworks are being revised. Humanitarian actors are engaging with other stakeholders to analyze the humanitarian, social, economic, political and security impact of the COVID-19 pandemic and are prioritizing activities in complementarity to each other.

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 abilities and their priorities in terms of humanitarian assistance and protection services. Humanitarian actors consider it their responsibility to understand these differences and to provide an assistance that assists all segments of the population, while not putting anyone at risk.

¹¹ To learn more about the New way of working and monitor its implementation, consult the Platform for Action, Commitment and Transformation developed at the end of the World Summit on Humanitarian Aid in Istanbul in 2016.

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

The sectors will continue ensuring that gender is part and parcel of humanitarian assessments and that they have the capacity of providing a response that is inclusive and adequate. In order to do so, an emphasis will be placed on the capacity development of the sector members. The different crisis-affected regions of Cameroon have seen in recent years a sudden scaling up of the humanitarian response, without concomitantly sufficiently building or reinforcing capacities: Local actors sometimes have little experience in humanitarian interventions, let alone the mainstreaming of gender in emergencies. In order to address this situation in the context of COVID-19, opportunities to build capacities remotely will be explored in the affected regions to equip humanitarian actors on how to conduct a rapid gender analysis and how to conceive and monitor a response that addresses distinct needs.

Pioneering initiatives on gender in emergencies will be pursued in 2020. For instance, the WASH Sector will reinforce the implementation of the WASH minimum commitments for the safety and dignity of affected people, a tool that has proven efficient in improving the quality and adequacy of the WASH response in the many countries where it has been rolled out. The WASH commitments are a core element of the Sector response plan for 2020.

Protection from Sexual Exploitation and Abuse (PSEA)

In 2019, the HCT was committed to strengthen the Protection from Sexual Exploitation and Abuse (PSEA). In May 2019, the HCT decided to create a PSEA Taskforce at national level to guide and support the design, implementation, and monitoring of a joint Community-based Complaints Mechanism (CBCM) and its activities. The Taskforce is also the primary body for coordination, best practice exchange, and oversight on SEA prevention and response measures. It brings technical support and guidance to the regional PSEA networks established among humanitarian partners in the Far North, the East, the North West and South West regions. In 2019, the Taskforce made great strides towards the establishment of a joint CBCM, to receive SEA complaints from the beneficiaries of all humanitarian actors in Cameroon. In November 2019, WFP agreed to extend the use of its hotline to the wider humanitarian community, which will come to effect during the first semester of 2020.

In 2020, an Inter-agency PSEA advisor will be based at the Humanitarian Coordinator's Office. The PSEA advisor will support the implementation of PSEA Taskforce activities in Yaoundé and the regions. This will include support to the establishment of the PSEA inter-agency CBCM, PSEA trainings and mainstreaming through a close collaboration with clusters, sectors, UN agencies and national and international NGOs.

The Taskforce is committed to ensure that PSEA is integrated into the COVID-19 response, in link also with the IASC « Technical Note: Protection from PSEA during COVID-19 Response ».

COVID-19 coordination and response

Following the first officially recognized case of COVID-19 in Cameroon on 5 March 2020, Cameroonian authorities have taken steps to contain the spread in the country. After the announcement of the Public Health Emergency of International scope by the Director-General of WHO, the Centre for Emergency Operations of Public Health (COUSP) of Cameroon has been put on maximum alert and the COUSP contingency plan was activated and urgently put on level two on a scale of three. In addition, the Incident Management System was activated with the response control center located at the COUSP premises. Active monitoring was put in place which facilitated the detection of cases. Furthermore, a Response Preparedness Plan for COVID-19 (PRP COVID19) was developed by the authorities.

On 17 March, after having registered its tenth case, the Government has taken important measures to control the outbreak, most importantly the following:

- Closure of Cameroon's land, air and sea borders. Consequently, all passenger flights from abroad were suspended with the exception of cargo flights and vessels transporting consumer products and essential goods and materials whose stop over time will be limited and supervised;
- School closure, including vocational training centers and professional schools;
- Closure of restaurants, bars and entertainment spots after 18:00 hours and closure of stores after 16:00 hours.
- Prohibition of the gathering of more than 50 people.

Another seven measures took effect on 13 April. The most important of these measures concern the generalization of wearing a masks in all spaces open to the public, the local production of drugs, screening tests and protective masks, hydro-alcoholic gels by the competent national institutions, and the establishment of specialized treatment centers for COVID-19 patients in all the regional capitals.

Despite these measures, the epidemic continues to progress with confirmed community transmissions and a growing number of infected health workers. As of 13 June, a total of 9,572 of COVID-19 have been confirmed in all ten regions of Cameroon, with 275 deaths (Case Fatality Rate 2.9%).

However, on 30 April, the Government lifted some of the measures previously put in place after having carried out an assessment of the impact of COVID-19 on the national economy. Restaurants, bars and entertainment spots can again remain open after 18:00 hours if costumers are respecting social distancing measures and wearing masks and measures reducing the regulatory number of passengers in all public transport by bus and taxis were lifted.

The non-exhaustive measures above-mentioned are consistent with the worldwide move to counter the COVID-19 and can be assessed as proportionate to the threat posed by the pandemic. However, the duration of these measures should be subject to caution as the effect

on the enjoyment of certain fundamental freedoms as well as economic, social and cultural rights could generate reticence of low income families to follow restrictions when they run out of stocks, resulting in ineffectiveness of the protection measures issued by the Government. OHCHR is supporting humanitarian community to ensure that response measures take into account the human rights dimension and concerns of different categories of people, and that these measures are implemented without any form of discrimination and stigmatisation.

Response Plans

A COVID-19 National Preparedness and Response Plan has been developed by the Ministry of Public Health with the support of WHO, including a determination of zones at increased risk (localities with air and seaports: Yaoundé, Douala, Garoua, Kribi and Limbe). The preparedness and response plan include the management of arrivals at the points of entry, isolation, patient care, infection prevention and control, supplies, risks communication, surveillance and capacity building.

UN Agencies positioned themselves around the eight response pillars to support the Government's efforts, as outlined in the UN Country Preparedness and Response Plan for Cameroon (CPRP). Since beginning of February, WHO has supported the Government with a number of key activities including (i) the provision of personal protection kits (ii) procurement and supply of infection, prevention and control (IPC) materials and printing and distribution of information, education and communication (IEC) materials for the risk communication activities of the Ministry of Public Health; (iii) provision of laboratory reagent; (iv) provision of staff support from the regional office in the areas of coordination, logistics, prevention and infection control.

The UN with UNICEF as a convener has been supporting the Ministry of Public Health, during the preparedness phase through (i) risk communication including reviewing and updating the risk communications strategy, developing the key messages for dissemination through print outs.

UNDP facilitated the procurement of medical equipment from China, which first batch arrived in mid-April, including 20 ventilators, 2,400 infrared thermometers and PPEs. More equipment is expected in the coming weeks alongside with WHO and Jack Ma foundation donations.

IOM has positioned itself to improve enhanced health surveillance at the various priority ports of entry to reduce the risk of COVID-19 virus spread.

The main objective of the CPRP is to support the efforts of the Government of Cameroon in preparing and responding to the COVID-19 outbreak. Meanwhile, the revised HRP focuses on meeting the additional humanitarian needs occasioned by the pandemic. The revised HRP complements and supports the Government response plan and the CPRP, with due consideration paid to the respect of humanitarian principles. It does not attempt to deal with secondary or tertiary issues related to macroeconomic effects or more longer-term requirements in various sectors.

In order to support vulnerable countries affected by COVID-19, on 25 March, the UN system has launched a 2 billion USD global humanitarian response plan followed by a corporate emergency declaration by the Inter-Agency Standing Committee to Combat COVID-19.

The COVID-19 5W from May 2020 reports 65 actors, including UN agencies, international and national NGOs, declared assisting the Government in the COVID-19 pandemic response. These partners have capacities in terms of experts, human resources, financial resources, logistics and materials to support the response within the eight pillars around which the Government's response is structured. These actors intervene mostly in regions in which they already carry out humanitarian activities. However, several organizations also considerably scaled up interventions in the major cities Yaoundé (Center) and Douala (Littoral) which are hotspots of the COVID-19 outbreak but where few activities had been carried out previously.

Response coordination

The Resident Coordinator (RC)/Humanitarian Coordinator, as the chair of the UN Country Team (UNCT) and the HCT remains in the lead for the international COVID-19 preparedness and response efforts. She nominated OCHA's head of office as UN Outbreak Coordinator, who, on her behalf, has been leading an internal COVID-19 Contingency Planning exercise, including a UNCT-wide Business Continuity Plan. He is also leading the COVID-19 taskforce, which is an operational mechanism comprising focal points from UN agencies and national and international NGOs, with the aim to coordinate and monitor COVID-19 preparedness and response activities. WHO and UNAIDS relay the outcomes of the strategic discussion which takes place within the taskforce, in particular with regards to incident management, to the Government. Meanwhile, UNICEF ensures the linkage with authorities with regards to discussions around Risk Communication and Community Engagement, and UNDP and WFP with regards to logistics.



Strategic Objective 1

Save lives, alleviate suffering and strengthen the protection of civilians, including those particularly vulnerable to COVID-19

PEOPLE IN NEED

6.2M

PEOPLE TARGETED

3M

WOMEN

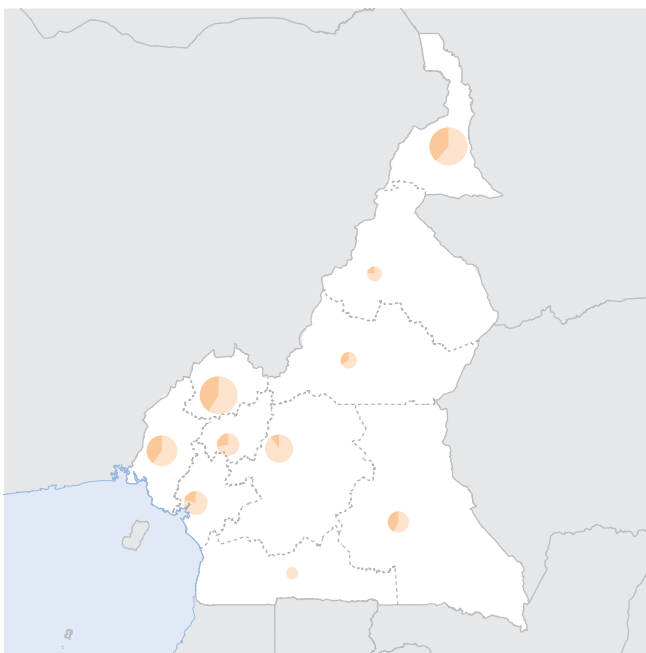
53%

CHILDREN

56%

WITH DISABILITIES

15%



- Provide coordinated, innovative and flexible assistance and protection services to crisis-affected persons, as is necessary for their survival, in a manner that integrates and meets their distinct needs.
- Advocate for the protection of civilians and safe, timely and unimpeded humanitarian access, in conformity with national and international normative frameworks to persuade parties to fulfil their

responsibilities and address the adverse impacts of the crisis on people's safety and dignity.

- Promote and reinforce accountability towards affected populations in compliance with humanitarian principles.
- Protect, assist and advocate for refugees, IDPs, returnees and host communities particularly vulnerable to the various impacts of the COVID-19 pandemic.

Rational and expected result

This objective aims to meet the most urgent needs of the population and to prevent and stop violations and abuses of Human Rights and International Humanitarian Law, including extra-judicial killings, arbitrary arrests, burning of houses, attacks on schools and hospitals, forced child recruitment and sexual violence. To address the most critical needs, 379,000 men, women, girls, boys and people with disabilities will benefit from access to humanitarian assistance and services, including social services, shelter, water, food, nutritional and emergency health care.

In the North West and South West regions, the humanitarian community continues to monitor, respond, and to advocate on the serious protection concerns faced by the affected communities. However, without a political solution, humanitarian efforts are limited and capacity to monitor and report on human rights violations and abuses remains weak.

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

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

Specific objective 1.1: 874,000 vulnerable people affected by a humanitarian crisis have access to minimum food, nutrition, WASH and lifesaving health services by the end of 2020.

Affected populations in nine regions affected by crises will benefit from multi-sectoral life-saving response activities for them to enjoy minimum services. No humanitarian response is planned in the South region.

874,000 vulnerable people, over half of them within the North West and South West regions, are targeted to receive unconditional food support through food and cash transfers in 2020. 135,000 children between 6 and 23 months are targeted with supplementary feeding and 65,000 severely malnourished children will be provided with integrated care. This is an increase over 21,000 children in consideration of the impact of COVID-19. 116,000 women are targeted to be assisted during deliveries by a skilled health personnel. 37,818 vulnerable people in the Far North and the North West and South West regions are targeted with timely, appropriate life-sustaining emergency shelter support, taking into account COVID-19 prevention measures.

Specific objective 1.2: Reduce violations of international law, including International Humanitarian Law and Human Rights Law (including attacks on humanitarians, education and health facilities, property destruction, extra-judicial killings, arbitrary arrests and detentions, kidnappings and exploitation) by 25 per cent in the North West and South West regions and the Far North by the end of 2020.

Considering that the Far North and North West and South West regions are undergoing a major protection crisis, resulting in serious violations of fundamental human rights, leading to loss of life and live-long disabilities and trauma, the humanitarian community commits to working together to reduce such violations. Efforts to improve humanitarian access, including through efficient civil-military coordination, access missions and the negotiation of humanitarian access with all parties to the conflict, while preserving humanitarian principles, will be further strengthened in 2020. Protection and respect of fundamental rights for persons affected by the Far North and North West and South West crises, especially women, children and adolescent boys, will be improved through protection mainstreaming with a focus on prevention, protection monitoring and response, including a holistic GBV response. Evidence-based advocacy on protection of education from attacks and on the sustained implementation of the Safe School Declaration will also be reinforced in 2020.

Specific objective 1.3: By the end of 2020, effective prevention and access to protection assistance, including psychosocial, medical and legal support, and to a protective learning environment is ensured for 724,000 vulnerable people affected by a humanitarian crisis.

The protection of civilians remains a priority to be strengthened in 2020, particularly for the Far North, North West and South West regions. 25,000 people are to benefit of surgical care for trauma inflicted by conflict and another 25,000 people are to receive mental health assistance. The protracted crisis in the Far North and North West and South West regions and the subsequent multiple displacements have affected children in particular. 100,000 people will be sensitized on the prevention of violence, abuse and exploitation against children. Furthermore, partners will be working together to ensure children receive health assistance and psychosocial support and enjoy a protective learning environment. 360,000 children and caregivers will be provided with mental health and psychosocial support, including children who are directly or indirectly affected by COVID-19. 1,100 unaccompanied or separated children will either be reunited with their families or benefit from special care, and 300 children formerly associated with non-state armed groups are provided with care and assisted with their reintegration. 5,800 GBV survivors will enjoy holistic support, including medical, psychosocial, and legal assistance. 725,000 vulnerable children and teachers will benefit from school feeding interventions and other humanitarian support, once school reopens.

Specific objective 1.4: The morbidity and mortality rate of measles, cholera, polio outbreaks and other public health threats have decreased to under 1 per cent by the end of 2020 in the regions affected by a humanitarian crisis.

In the North and Far North of Cameroon, cholera, measles and polio epidemics were recorded with a very high risk of resurgence in 2020. Monkey pox and measles epidemics were also recorded in the North West and South West regions and a cholera epidemic was declared in November 2019 in the South West. In 2020, partners, especially from the Health and WASH sectors, will therefore work in close coordination, to strengthen preparedness and response to epidemics. For example, the WASH Sector aims to ensure that 1,117,000 people including 219,000 in the Far North, 665,000 in the North West and South West region, and 223,000 people affected by the CAR refugee crisis, gain access to sustainable basic sanitation services.



Strategic Objective 2

Contain the spread of the COVID-19 epidemic and decrease morbidity and mortality

PEOPLE IN NEED

2.3M

PEOPLE TARGETED

2.3M

WOMEN

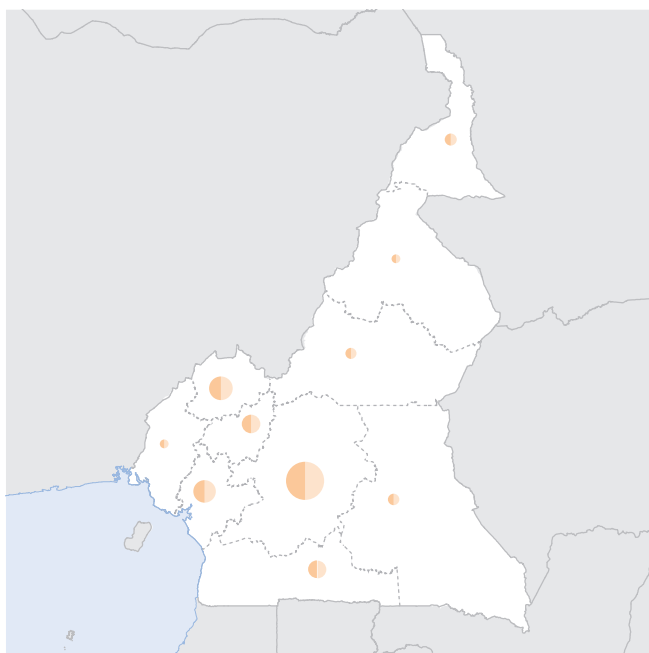
52%

CHILDREN

51%

WITH DISABILITIES

15%



Rational and expected result

The overall goal of the international response to the COVID-19 outbreak remains containing the COVID-19 outbreak and supporting the Government in caring for those affected while ensuring that care is provided on a non-discriminatory basis to those in need.

As of 13 June, 9,572 COVID19 cases with 275 deaths have been confirmed in Cameroon. Ongoing transmission is placing a huge strain on a health-care system already overwhelmed by a lack of capacity

and ongoing disease outbreaks such as malaria, measles and cholera. Insecurity and attacks on health facilities and health personnel, especially in the North West and South West and Far North regions, will continue to restrict access to quality healthcare for millions of people. Immunization coverage of affected populations has reduced, favouring the resurgence of epidemics including measles, cholera and monkeypox. Significant population movements increase the complexity of providing quality health care as well as the risk of transmission.

The most vulnerable groups include IDPs, returnees, refugees, and host communities, as well as the older people and people with disabilities. Sociocultural norms, coupled with limited access to services and information, place women, girls and children at much higher risk.

Populations affected by violence in the Far North and the North West and South West regions and the 272,000 Central African refugees in the eastern regions are particularly vulnerable to COVID-19. Displaced populations frequently face difficulties in accessing essential services, including health and food, that are otherwise available to the general population. In addition, they have limited capacity to socially distance due to overcrowding in often temporary shelters. Hygiene conditions for many displaced persons are usually low with a lack of access to clean water, soap and masks.

Between 18 March and 11 April, an estimated 7,317 persons (1,097 households) returned from the West, Littoral, Center regions to the North West region, and 1,455 persons (246 Households) returned from the Littoral and West to the South West region, following a State decision to close all schools in order to prevent the spread of COVID-19. This population movement is still ongoing, increasing the risk of COVID-19 transmission in the two regions with a population particularly vulnerable due to nonoperational or dysfunctional health facilities. During the same

period in the Mayo Sava division of the Far North region, up to 8,000 individuals had to flee their villages due to Boko Haram violence and sought refuge in more densely populated areas where Government forces maintain permanent positions.

Recognizing the extent to which the COVID-19 outbreaks affects women and men differently is hugely important. The experiences and lessons learned from the Zika and Ebola outbreaks and the HIV pandemic demonstrate that robust gender analysis and informed, gender-integrated response are vital to strengthen the access and acceptability of the humanitarian services needed to meet the distinct needs of women and girls, as well as men and boys. Gender norms and pre-existing inequalities disproportionately impact women and girls in emergencies, including health emergencies. Gender, together with other factors including age, sexual orientation and identity, ethnicity, disability, education, employment, and geographical location may intersect to further compound individual experiences in emergencies. The health and social sectors worldwide have a female workforce of over 70%. This means that they are on the frontline of the answer, with unfortunately a pay gap of 28% between men and women. Beyond the daily housework that weighs on women, the method of social distancing increases the family burden in terms of supplying and cooking food for the household and is a factor facilitating Gender Based Violence or Intimate Partner Violence.

Global statistical evidence demonstrates that the virus that causes COVID-19 infects people of all ages, with current statistics showing greater direct risks for older people (over 60 years) and those with underlying medical conditions. While the overall population in Cameroon is young, such groups will be particularly vulnerable to the pandemic. People with disabilities are at heightened risk of not accessing the key prevention messages, hampering their ability to respect recommendations, as a result of their impairment.

Thus, older people, people with disabilities, women and girls, IDPs, refugees, returnees and host communities in areas already affected by a humanitarian crisis, will be targeted for COVID-19 specific response activities.

Specific objective 2.1: Adapt the humanitarian response to the context of COVID-19 and support integration of COVID-19 response activities in humanitarian action.

While the COVID-19 pandemic is increasing the severity of humanitarian needs and affecting population groups previously not affected by crises, other humanitarian needs persist. Meanwhile, COVID-19 has rendered the provision of assistance to affected population even more challenging and the humanitarian response had to be adapted drastically. Humanitarian actors had to reprioritize activities to Do No Harm and to integrate COVID-19 preparedness and response activities in all humanitarian operations.

During the COVID-19 school closure, 1.5 million vulnerable children aged 3 to 17 years old will receive access to formal and non-formal education, and learn, through various alternative learning platforms.

The WASH Sector adapted its activities in ensuring sustainable access to 1.2 million affected people to safe drinking water is contributing to the context of COVID-19. Furthermore, 82,000 vulnerable IDPs, returnees

and host community members affected by the COVID-19 pandemic will receive multifunctional cash transfers to have safe access to a range of goods and services to meet their basic multisectoral core needs.

Specific objective 2.2: Prepare and be ready: prepare populations for measures to decrease risks, and protect vulnerable groups, including older people and those with underlying health conditions, as well as health services and systems.

All sectors and clusters have integrated prevention activities within their response action. In particular, 130,000 people affected by COVID-19 will benefit of health prevention measures or care. Protection Sector partners will conduct 83 advocacy interventions on specific protection issues including related prevention and responses measures to COVID-19. In the aim to improve sustainable access to adequate water, hygiene and sanitation services for affected and COVID-19 at risk populations, WASH Sector partners will provide a minimum WASH package to 3.1 million people.

Specific objective 2.3: Ensure essential health services and systems: secure the continuity of the essential health services and related supply chain for the direct public health response to the pandemic as well as other essential health services.

The health system in Cameroon will be overwhelmed by demand for services generated by the COVID-19 outbreak. When health systems collapse, both direct mortality from the outbreak and avertable mortality from vaccine and other care interventions, preventable and treatable conditions will increase dramatically. It may also mean that, with the outbreak, access to sexual and reproductive health services and products will eventually become increasingly challenging: Scarce resources may be diverted to the outbreak response, with a shortage of health professionals, contraceptive products and financial resources to support SRHR services. This could prove particularly problematic in a national context already confronted with a high maternal mortality rate and a high number of adolescent pregnancies.¹² Reduced access to maternal health services would have a detrimental effect on maternal mortality.

In order to assure equitable access to health care, health partners will provide 625,000 outpatient consultations.

¹² 596 death per 100,000 live births in 2016 (<https://data.worldbank.org/indicator/SH.STA.MMRT>). The birth rate among adolescent girls, aged 15 to 19, is 105.8 births per 1,000 girls. <http://hdr.undp.org/en/composite/GII>



Strategic Objective 3

Support affected populations to meet their basic needs

PEOPLE IN NEED

5.7M

PEOPLE TARGETED

3.4M

WOMEN

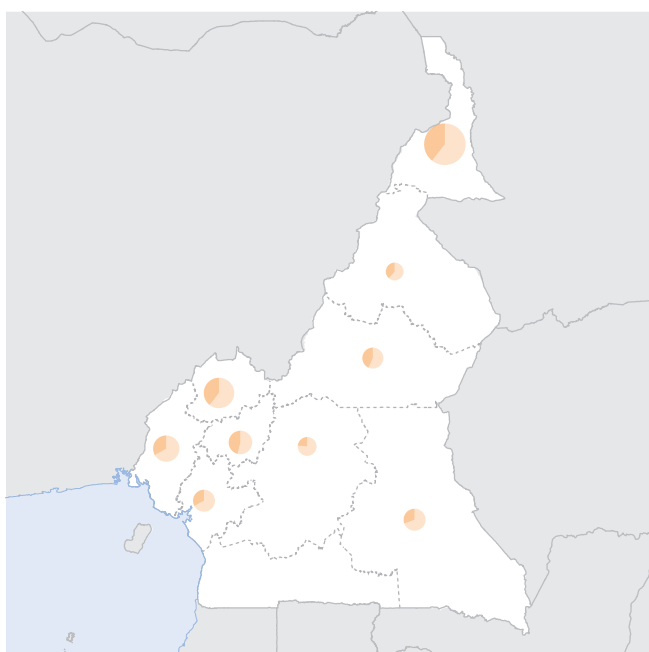
51%

CHILDREN

54%

WITH DISABILITIES

15%



- Improve access to basic shelter/NFI, health, WASH and education services for people affected by crises to live in dignity.
- Multisectoral cash assistance is provided, where possible, to empower people with choice to address their needs, while also helping to boost local markets.

Rational and expected result

Through this objective the humanitarian community will respond to the needs of 3.4 million people among the 5.7 million people who face critical problems related to their living conditions. The same people have also been targeted to receive life-saving response considering their physical and mental well-being needs. Interventions will mainly target displaced populations, especially in hard-to-reach areas, and households with very limited access to basic services, especially to health services. However, vulnerable host communities are also among the target groups. Geographically, the eight regions affected by humanitarian crisis before COVID-19 have been targeted in priority.

Specific objective 3.1: By the end of 2020, 3.1 million vulnerable people affected by a humanitarian crisis have regular access to basic services (health, education, WASH, shelter).

574,000 people are targeted with a multi-purpose cash response to facilitate access to basic services. Cash assistance is best used as an enabler to address basic needs, increase access to services and/or specialized assistance aiming at complementing each other on the delivery of sectoral outcomes.

Furthermore, partners aim to provide 1,171,500 people affected by crisis with sustainable access to safe drinking water. This is a threefold increase, compared to the 370,000 people targeted before the COVID-19 outbreak, in an aim not only to provide the population with access to basic services, but also to halt the spread of the COVID-19 transmission. 868,000 vulnerable people will be targeted by health

partners, to ensure equitable access to basic healthcare. Almost 6,000 schools or non-formal education facilities will receive WASH kits, including COVID-19 prevention materials, for schools and education services to serve as platforms for accessing basic Water, Sanitation, Hygiene and health promotion for children and communities, including during the COVID-19 outbreak. Shelter/NFI partners are targeting 63,000 vulnerable IDPs in the Far North and the North West and South

West regions with core NFI items, including soap during the COVID-19 outbreak, and 8,500 people with rental subsidies.

Under this specific objective, 379,000 refugees will benefit from a multi-sectorial response to improve their access to basic services, including food, nutrition, WASH, livelihood, education and health services. Refugee assistance focuses on reducing the dependency of humanitarian aid and on rehabilitating community infrastructure of refugee hosting areas.

MEME VILLAGE/FAR NORTH, CAMEROON

A Mother collecting take-home rations for her children. Photo: WFP/Glory Ndaka





Strategic Objective 4

Decrease the deterioration of livelihoods due to COVID-19 and enhance the resilience of vulnerable populations

PEOPLE IN NEED

4.8M

PEOPLE TARGETED

1M

WOMEN

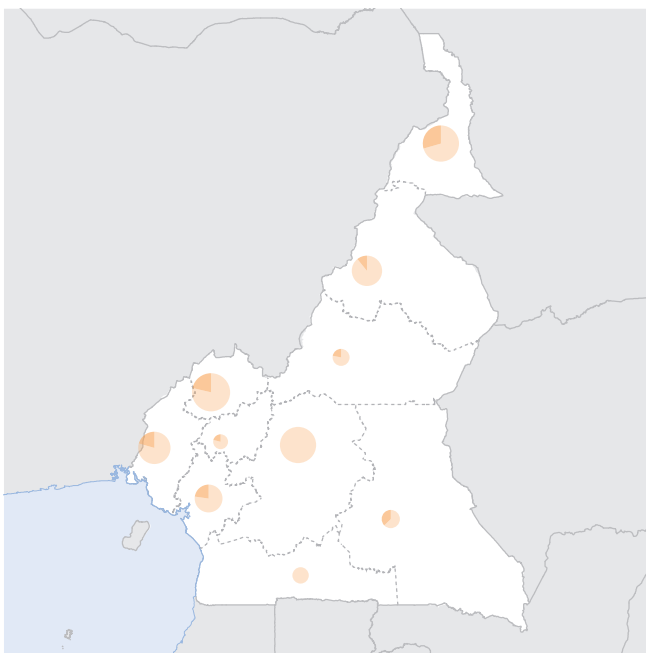
51%

CHILDREN

49%

WITH DISABILITIES

15%



- Reinforce the resilience capacities of vulnerable populations and support national actors to prevent and adapt to shocks.

Rational and expected result

The situational analysis conducted and described in the HNO shows that most of the critical problems related to physical and mental well-being

and living standard consequences have underlying factors linked to under-development and lack of resilience of the population. Poverty and limited access to basic services pushes households to adopt negative coping mechanisms.

The socio-economic impact of COVID-19 will lead to a massive corrosion of the limited coping capacity existent before the outbreak.

These issues cannot be tackled by humanitarian action itself and require longer term interventions in coordination with development actors. 3 million people out of 4.8 million people in need are targeted with livelihood and early recovery assistance to strengthen their resilience

Specific objective 4.1: By the end of 2020, the use of negative coping strategies is reduced for 524,000 vulnerable people affected by a humanitarian crisis, thanks to improved access to land, inputs, capital and skills for livelihood activities.

Protection, WASH, Livelihood and Early Recovery actors are working together to reduce the use of negative coping strategies of 3 million vulnerable people. 19,000 living in the Far North are to receive multisectoral cash assistance. 102,000 people affected by the crisis in the Far North and the North West and South West are targeted to receive assistance in obtaining civil documentation. In addition, 7,800 people, including victims of social exclusion and stigma due to COVID-19, with identified legal and protection needs will receive support by Protection partners. The capacity of 200,000 persons will be strengthened to better prevent and manage risks. Furthermore, the capacity of 565,000 individuals will be strengthened with a view to improve their resilience

and promote the prevention and the management of risks.

Specific objective 4.2: By the end of 2020, 30,000 refugees were supported with durable solutions in the Far North and the East, Adamawa and North.

30,000 refugees are targeted with multi-sectoral assistance to either facilitate their voluntary return, their local integration or their resettlement. Humanitarians will collaborate with development partners and local authorities to create conditions conducive for durable solutions to displacement. These localized partnerships will aim to improve access to quality and integrated basic social services for the whole population, including in return areas.

ADAMAOUA REGION, CAMEROON

Seeding activity. Photo: WFP/ Valeri Ada



1.3

Cash and Voucher Assistance (CVA)

Cash and vouchers are some of the modalities that have been adopted by the humanitarian country team as part of the humanitarian response in Cameroon, and whose added value in humanitarian operations is undeniable. Since 2016 when the "Why Not Cash" approach was adopted in Cameroon, the volume of assistance delivered through CVA has continued to increase, thus giving a lot of flexibility, autonomy and dignity to the beneficiaries of assistance.

In 2017, WFP, IRC, CRS and Plan International, jointly provided humanitarian assistance using multipurpose cash transfers (MPC) to 1,180 IDP households in the Far North region. This was the second time that humanitarian actors in Cameroon had used multipurpose cash to cover both food and non-food needs in their emergency response. The use of MPC has scaled up since.

This scaling up was possible thanks to the establishment of Cash Working Groups (CWG) in the regions. The Far North CWG set up the Minimum Expenditure Basket (MEB) for the Lake Chad basin crisis response. An estimate of the monetary value needed by a household to meet its basic needs, permanently or seasonally, was agreed upon. The use of the MEB reinforces the multisectoral nature of the humanitarian intervention pronounced by IASC and further encouraged by the improved HPC approach.

In the East, cash is being used as the primary modality for the humanitarian response. The use of MPC was introduced by UNHCR as an assistance modality for Central African refugees. Based on UNHCR's experience many partners have launched MPC response activities in the Adamawa, East and North. The use of cash transfers is equally part of the 2020 multisectoral response for Central African refugees.

Despite certain concerns over the use of cash as response modality in the North West and South West, humanitarian actors have implemented MPC projects in 2019. More agencies, like WFP, are expected to roll out MPC in the second quarter of 2020. In the same line CWGs have been set up and reinforced in Buea and Bamenda. The CWG will foster discussions for the calculation of MEB value to support the use of multipurpose cash to respond to the humanitarian crisis in the North West and South West regions.

In 2020, CWG will continue to raise awareness among stakeholders on CVA including showing impact of CVA in beneficiaries' lives, in order to promote acceptance by all, including national and local authorities, and promote its use. To support this advocacy by using reliable data, the group will encourage a harmonized approach to CVA implementation including joint markets assessments and analysis, joint monitoring and impacts assessments, among others.

The finalization of the calculation and use of the MEB to provide humanitarian assistance to Central African refugees in the East will be at the center of the CWG activities. Furthermore, the World Bank's approved IDA18 package of \$274 million is expected to help boost cash response modalities.

In the Far North, the CWG's strategy aims to organize a more regular update of the MEB according to contextual (economic and security) and seasonal changes in prices. The CWG aims to improve acceptance of cash transfer programming with local/national authorities by demonstrating cost-efficiency and impact of the use of cash in alleviating the affected populations' suffering.

The regional CWG branches will be reinforced in order to scale up the uses of cash transfers, promote best practices and mitigate risks, in the North West and South West, East and Adamawa, especially for displaced people and refugees, where feasible.

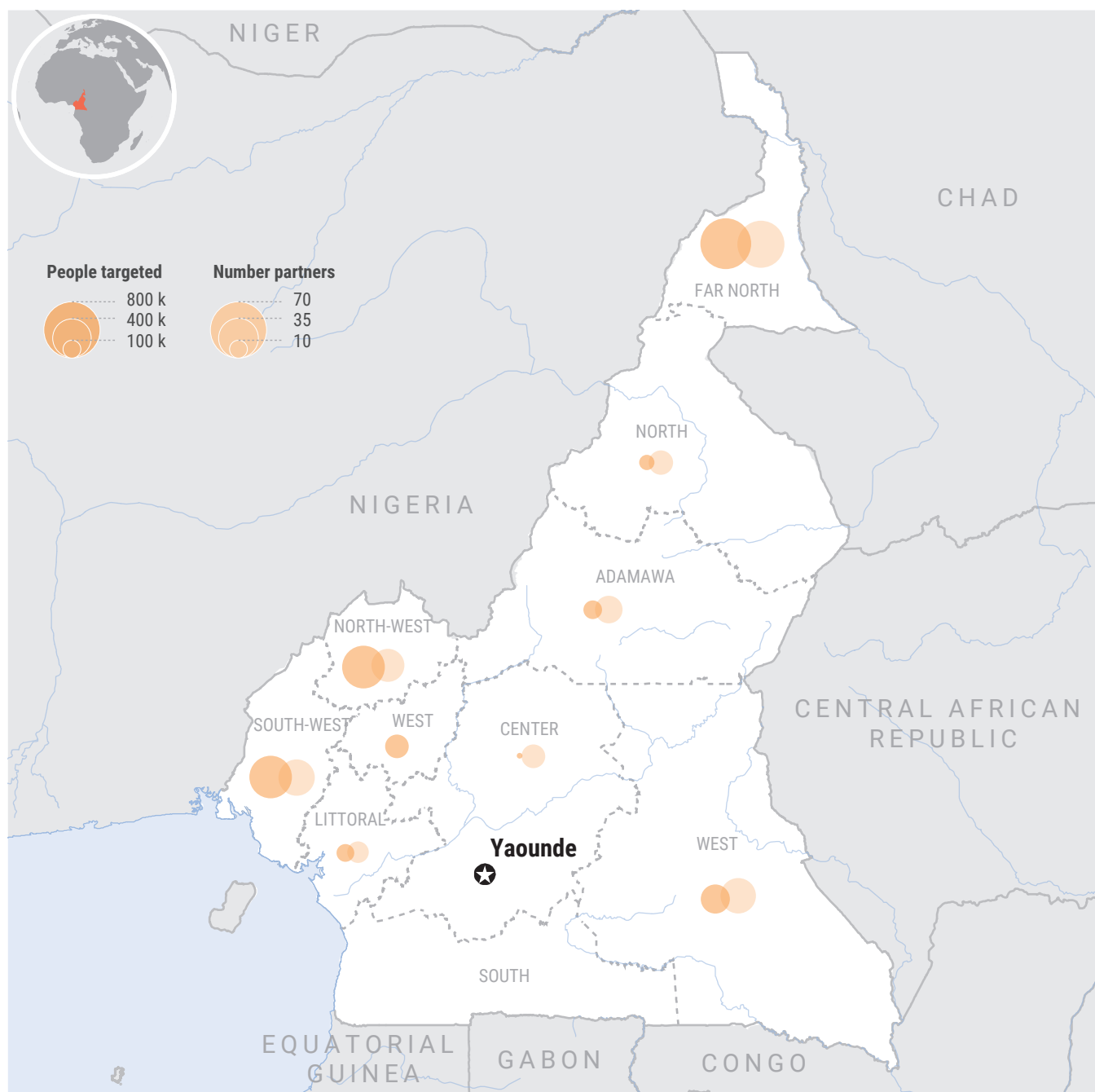
The group will finally continue to collaborate with development actors and the Government to promote the alignment of humanitarian cash transfers with the national social safety net system. In the meantime, the group will increase technical support to other humanitarian sectoral working groups in order to increase the consideration of Cash as preferred modality for assistance when possible.

In general, the capacities of the actors will be strengthened, with the support of the regional CaLP, in order to better consider cross-cutting issues including protection, gender, SGBV and accountability to affected population. For the specific case of accountability, partners will collaborate in view of setting up a joint complaints and feedback mechanism or to boost synergies or referrals between multiple feedback/complaint mechanisms that have already been put in place by different partners.

1.4

Operational Capacity and Access

**OPERATIONAL
PARTNERS**
145
TREND
(2015 - 2020)

**% OF PEOPLE TARGETED IN
HARD-TO-REACH AREAS**
38%
**SECURITY INCIDENTS
(JAN - DEC)**
850
TREND
(2015 - 2020)


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.

As of 30 April, 145 humanitarian actors, including 7 United Nations agencies, 75 national NGOs, 35 international NGOs, 3 Faith Based organizations, 16 Government Organizations and 4 members of the Red Cross / Red Crescent are involved in the humanitarian response in coordination with the State's technical line ministries. The number of humanitarian actors has remained stable in 2019. However, operational capacity must be further enhanced, and intervention areas expanded in 2020 in order to respond to the increasing needs and challenges in terms of access and acceptance related to the complex emergencies affecting Cameroon.

50% of the people in need in Cameroon are affected by the crisis in the North West and South West. As this number continued to increase, the number of humanitarian actors active in these two regions grew. This increase is mostly due to the greater involvement of national civil society and faith-based organizations in the humanitarian response. Many of these organizations provide relief to people at great risk in locations where others do not reach. The humanitarian community is committed to increase the capacity of these organizations, especially with regards to access negotiations, humanitarian principles, international law and standards, and protection mainstreaming.

In the Far North, the East, Adamawa and North, operational capacity was impacted by a decrease in funding, inter alia because of the decision of several humanitarian organizations to reassign limited staff and resources for the response in the North West and South West. Mobilizing resources for the humanitarian response in these regions remains key to ensuring the continuity of the response to the needs of all affected populations.

As of May 2020, 65 humanitarian partners, including 36 national and 15 international NGOs, 12 UN agencies and 1 member of the Red Cross Movement and 1 faith-based organization, are involved in the COVID-19 response, supporting the Governments' response in areas such as prevention, surveillance, communication and psychosocial assistance.

Access

The challenges related to humanitarian access remain acute in Cameroon. The main constraints are insecurity, poor road conditions, natural hazard such as floods and restrictions on the freedom of movement of people, goods and services. Access constraints often translate into delays, partial response to humanitarian needs and increased operational costs for humanitarian partners.

Negotiating humanitarian access with all parties, while preserving humanitarian principles, is essential to enable humanitarian actors to reach communities in a timely manner and in the safest possible environment. In this regard, civil-military coordination remains essential to create and sustain a conducive operational environment.

Humanitarian access remains a major challenge for the humanitarian community in the **North West and South West**. Access constraints identified include insecurity, physical access challenges and

bureaucratic impediments. Lockdown days, with associated movement restrictions by UN agencies and NGOs, have caused substantial interruptions in humanitarian operations. Delays and demands for payment at roadblocks by both non-state armed groups and Government forces, despite having all required authorizations, cause needless delays and insecurity for the transport of aid goods. Occasionally, these roadblocks result in kidnapping attempts, or kidnapping of aid workers in demand for ransom. In addition, the use of improvised explosive devices (IEDs), which has also caused civilian victims, remains an important risk factor for humanitarian actors. At times, non-state armed groups have confiscated branded materials (sheeting, jackets), which, if used during their operations against armed forces, may cause reputational damage for humanitarian actors. The suspension of UNHAS flights in January 2020 has seriously affected the efficient movement of humanitarian personnel.

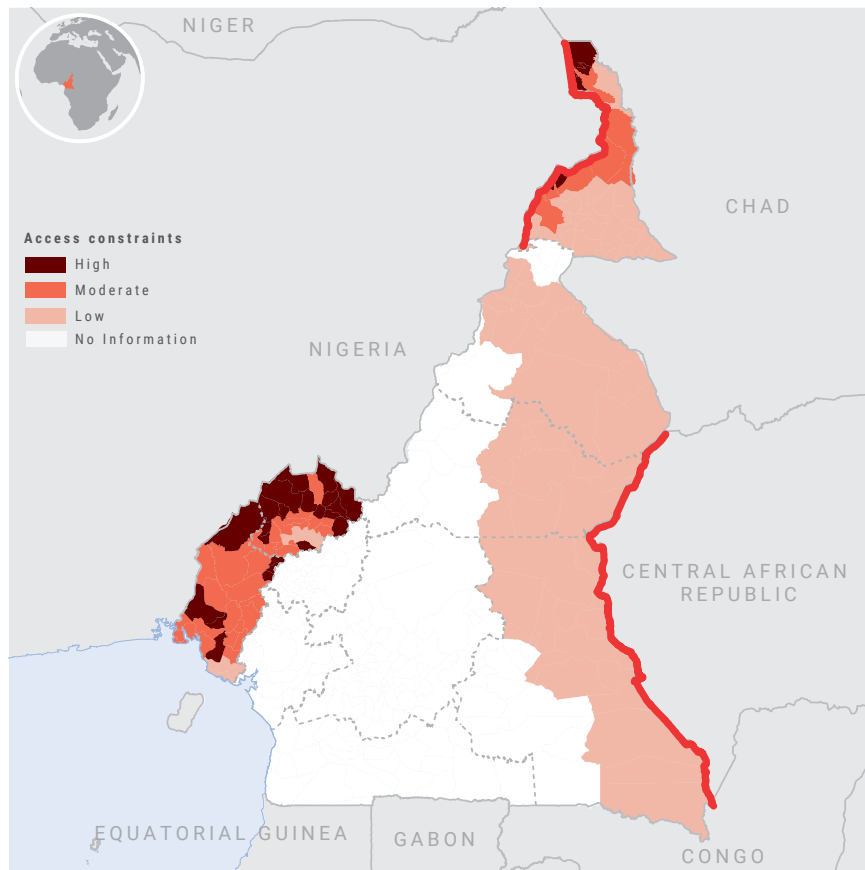
Access to basic social services by the affected population remains a critical concern in the two regions as fear of violence and lack of civil documentation limits movements (especially for men of fighting age). Disrespect for the sanctity of health care and disruption of education services is equally worrisome.

In the **Far North**, the main obstacle to humanitarian access remains the insecurity generated by Boko Haram activities. To date, no incidents directly targeting humanitarian actors have been recorded, with the majority of attacks targeting armed forces and civilian populations. A stark increase in attacks has been observed since September 2019, leading to large population movements, and a further deterioration of the security situation in 2020 is possible. Due to insecurity, some humanitarian partners rely on armed escorts – as a last resort - to access particularly insecure areas. Humanitarian actors continue to promote acceptance and rely on the strict implementation of their own security protocols and mitigation measures to guarantee the security of their movements. They maintain permanent dialogue with local authorities to preserve the neutrality and impartiality of the assistance. In addition, the poor conditions of the road network worsened during the rainy season, which is often severe in Cameroon.

The **Adamawa, North and East regions** are relatively secure, allowing them to welcome many refugees and internally displaced persons. However, there has been an increase in incidents including urban crime, kidnapping, roadblocks by bandits, and community clashes. Certain incidents such as kidnappings are mainly reported in the border area with the Central African Republic. Humanitarian actors are not deliberately targeted. Access constraints are mainly linked to criminality (attacks by road blockers) in remote areas of Adamawa and North, as well as military operations along the border between Cameroon and CAR. Meanwhile, the public authorities have increased their presence in the East and Adamawa region, thereby guaranteeing the movement of populations, even if caution is required. Most incidents take place at night, therefore outside of the period authorized for humanitarian activities. Meanwhile, the road network is

in poor condition in certain areas, making humanitarian access challenging, especially during the rainy season.

Measures taken to prevent a further transmission of the COVID-19 pandemic and Government travel restrictions affect operational mobility and constitute a further humanitarian access constraint. This concerns both movement into and within the country. In addition, access by the population to their livelihoods and to markets are also deeply affected by the pandemic, as is access to and availability of health care.



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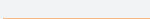





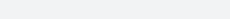


Partners by Type

TYPE	NO. PARTNERS
NNGO	75
INGO	35
UN	7
Red Cross	4
Faith Based organization	3
Government organization	16

Partners by Sector

SECTOR	NO. PARTNERS
Food Security	48
Early Recovery	43
WASH	40
Protection	33
Shelter & NFIs	30
Health	26
Education	25
Nutrition	7
Multi-Sector	3

Response reach under previous 2019 HRP

SECTOR	REQUIREMENTS 2019 (US\$)		PEOPLE IN NEED	PEOPLE TARGETED	PEOPLE REACHED	
Coordination	\$7.7 M					
Early Recovery	\$11.3 M		1.8 M	895 k	65 k	
Education	\$15.8 M		1.2 M	635 k	120 k	
Food Security	\$59.8 M		3.0 M	907 k	529 k	
Health	\$10.5 M		1.5 M	1.4 M	673 k	
Multipurpose Cash assistance	\$9.1 M		387 k	50 k		
Nutrition	\$23.3 M		557 k	343 k	307 k	
Protection	\$34.3 M		2.2 M	1.9 M	281 k	
Protection: Child Protection			2.2 M	1.9 M	234 k	
Protection: Gender Based Violence			2.2 M	1.9 M	60 k	
Refugee Response	\$99.9 M		601 k	601 k	377 k	
Shelter & NFI	\$12.1 M		1.0 M	793 k	96 k	
Water, Sanitation & Hygiene	\$15.0 M		1.8 M	882 k M	880 k	

Part 2

Monitoring and Accountability

BUEA, SOUTH WEST, CAMEROON

A local OCHA worker shows the way on a path in the hills above Buea. Photo: OCHA/GILES CLARKE



2.1

Monitoring

- Strengthening accountability towards the affected populations, donors and local partners in the framework of the humanitarian response monitoring.

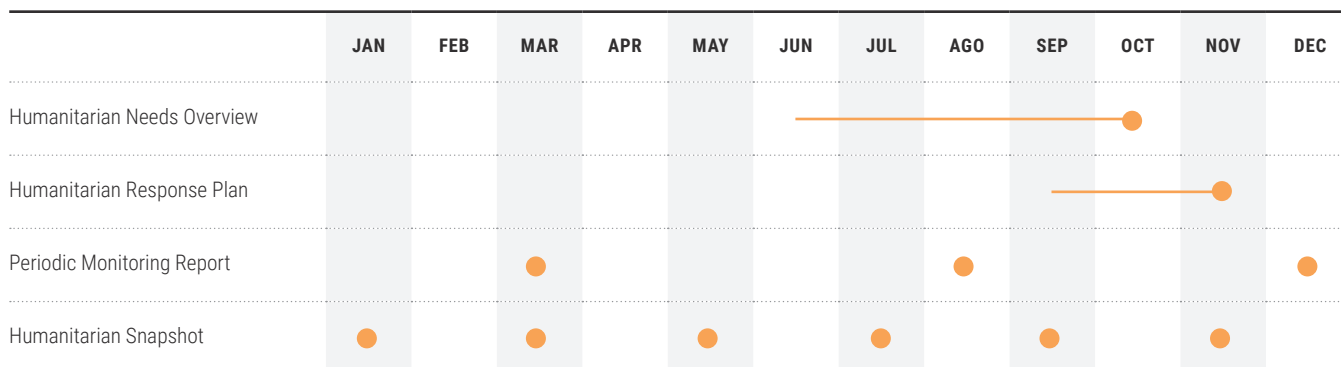
With the improved HPC approach, monitoring will be at the center of the 2020 humanitarian response in Cameroon. The response monitoring strategy aims to issue more evidence on the humanitarian situation and activities carried out by the humanitarian community through factual documents which can inform decision making. In 2020, emphasis will be placed on accountability of the humanitarian community towards the affected populations, donors and local partners. The indicators which are directly linked to the specific objectives will allow to have a multisectoral approach of the response monitoring.

Thanks to the Response and Planning Module (RPM) the sector leads will be able to provide, on a monthly basis, the results achieved within the framework of the humanitarian response. The RPM

online reporting tool, which sectors have been familiar with since 2019, will support the collection of data on the results achieved while minimizing the duplication of monitoring tasks. A periodic monitoring report will be produced on a regular basis. It will provide data on progress and gaps which will allow corrective actions to be implemented.

Financial resources will also be tracked on the online platform of the Financial Tracking Service (FTS). The production of humanitarian dashboards will be carried out based on a limited number of indicators. This will also take into consideration the monitoring of funding made through FTS. For the first time in 2020, accountability towards the affected population will be included in the response monitoring by reporting on the level of functionality of complaint mechanisms in various projects. The periodic monitoring of the response is available on-line and therewith publicly accessible.

Humanitarian Programme Cycle Timeline



2.2

Accountability to Affected Populations

Accountability towards affected people is a central approach to the activities of humanitarian actors in Cameroon. Women, men, girls and boys affected by the crises in Cameroon must be part of the response, for the response to be adequate and effective. They have the right to participate in decision-making processes that affect them and affect their daily lives and future. In 2020, this accountability will be strengthened in several ways, including the expansion of the Protection from Sexual Exploitation and Abuse (PSEA) network in Bamenda, Bertoua and Kousséri following its establishment in Yaoundé, Maroua and Buea.

As in previous years, humanitarian actors will continue to consult affected people in multisectoral needs assessments, paying attention to the needs of girls, boys, women and men, including people with disabilities or a chronic illness, and other groups with specific needs. Effectiveness of beneficiary participation in the humanitarian response will be guaranteed through several mechanisms (household level assessment, complaints mechanisms, consultation), to take place at the different phases of the humanitarian response cycle. Efforts were undertaken in 2019 to make the MIRA questionnaire more gender sensitive and will continue in 2020 to further finetune the assessment tool. Fact finding and assessment missions will continue to be carried out in remote and insecure areas; these missions are critical to receive direct feedback from the affected communities and collect evidenced-based information. The protocols and procedures of the missions are being adapted to comply with COVID-19 preventive measures.

Attention will be paid to girls and women's effective involvement in humanitarian decisions, considering the specific barriers they face to voice their concerns and be heard. In particular, the WASH Sector will

roll out the WASH minimum commitments for the safety and dignity of affected people, that emphasize the importance of consulting women and adolescent girls and stresses the importance of having feedback and complaints mechanisms in place.

Regarding the accountability of the response at the monitoring phase, humanitarian actors will strengthen the links between the various existing grievance and feedback mechanisms, in all intervention areas. For the first time in 2020, accountability towards the affected population will be included in the response monitoring by reporting on the level of functionality of complaint mechanisms in various projects.

In May 2019 the HCT decided to create a PSEA Taskforce at national level. The purpose of the Taskforce is to guide and support the design, implementation, and monitoring of a Community-Based Complaints Mechanism (CBCM) and its activities. The Taskforce is also the primary body for coordination, best practice exchange, and oversight on SEA prevention and response measures. In 2019 the Taskforce made great strides towards the establishment of a joint CBCM, to receive SEA complaints from the beneficiaries of all humanitarian actors in Cameroon. In November 2019, WFP agreed to extend the use of its hotline to the wider humanitarian community, which will come to effect during the second semester of 2020.

The PSEA Taskforce also organized a CBCM Training of Trainers (ToT) in February 2020. This capacity building event, that introduced good practices and tools to simplify inter-agency cooperation in PSEA activities, will allow establishing a joint CBCM in Cameroon. The ToT also aimed at building the capacity of PSEA focal points as trainers, allowing them to replicate the training in their respective duty stations and help establish CBCMs in all crisis affected regions.

2.3

Indicators and targets

Strategic Objective 1

Save lives, alleviate suffering and strengthen the protection of civilians, including those particularly vulnerable to the COVID-19

#	SPECIFIC OBJECTIVE	TARGETED	POPULATION GROUP	FREQUENCY
SO 1.1	870,000 vulnerable people affected by a humanitarian crisis have access to minimum food, nutrition, WASH and lifesaving health services by the end of 2020.	870,000	IDPs, Returnees, Refugees, Host Communities	Quarterly
SO 1.2	Reduce violations of international law, including IHL and HR law, (including attacks on humanitarians, education and health facilities, property destruction, extra-judicial killings, arbitrary arrests and detentions) by 25 per cent in North West and South West regions and the Far North by the end of 2020.	558,000	IDPs, Returnees, Refugees, Host Communities	Quarterly
SO 1.3	By the end of 2020, effective prevention and access to protection assistance, including psychosocial, medical and legal support, and to a protective learning environment is ensured for 724,000 vulnerable people affected by a humanitarian crisis.	724,000	IDPs, Returnees, Refugees, Host Communities	Quarterly
SO 1.4	The morbidity and mortality rate of measles, cholera, polio outbreaks and other public health threats have decreased to under 1 per cent by the end of 2020 in the regions affected by a humanitarian crisis.	1,900,000	IDPs, Returnees, Refugees, Host Communities	Quarterly

Strategic Objective 2

Contain the spread of the COVID-19 epidemic and decrease morbidity and mortality

#	SPECIFIC OBJECTIVE	TARGETED	POPULATION GROUP	FREQUENCY
SO 2.1	Adapt the humanitarian response to the context of COVID-19 and support integration of COVID-19 response activities in humanitarian action.	1,200,000	IDPs, Returnees, Refugees, Host Communities	Monthly
SO 2.2	Prepare and be ready: prepare populations for measures to decrease risks, and protect vulnerable groups, including older people and those with underlying health conditions, as well as health services and systems.	1,500,000	IDPs, Returnees, Refugees, Host Communities	Monthly
SO 2.3	Ensure essential health services and systems: secure the continuity of the essential health services and related supply chain for the direct public health response to the pandemic as well as other essential health services.	625,000	IDPs, Returnees, Refugees, Host Communities	Monthly

Strategic Objective 3

Support affected populations to meet their basic needs

#	SPECIFIC OBJECTIVE	TARGETED	SOURCE	FREQUENCY
SO 3	By the end of 2020, 3,100,000 vulnerable people affected by a humanitarian crisis have regular access to basic services (health, nutrition, education, WASH, shelter).	3,100,000	IDPs, Returnees, Refugees, Host Communities	Quarterly

Strategic Objective 3

Decrease the deterioration of livelihoods due to COVID-19 and enhance the resilience of vulnerable populations

#	SPECIFIC OBJECTIVE	TARGETED	SOURCE	FREQUENCY
SO 4.1	By the end of 2020, the use of negative coping strategies is reduced for 524,000 vulnerable people affected by a humanitarian crisis, thanks to improved access to land, inputs, capital and skills for livelihood activities.	524,000	IDPs, Returnees, Refugees, Host Communities	Quarterly
SO 4.2	By the end of 2020, 30,000 refugees were supported with durable solutions in the Far North and the East, Adamaoua and North	30,000	IDPs, Returnees, Refugees, Host Communities	Quarterly

Part 3

Sectoral Objectives and Response




















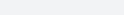




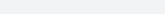
HODANGOL, FAR NORTH, CAMEROON

COVID-19 sensitization of Farmer Field School beneficiaries.

Photo: FAO/Amadou Zia Peter

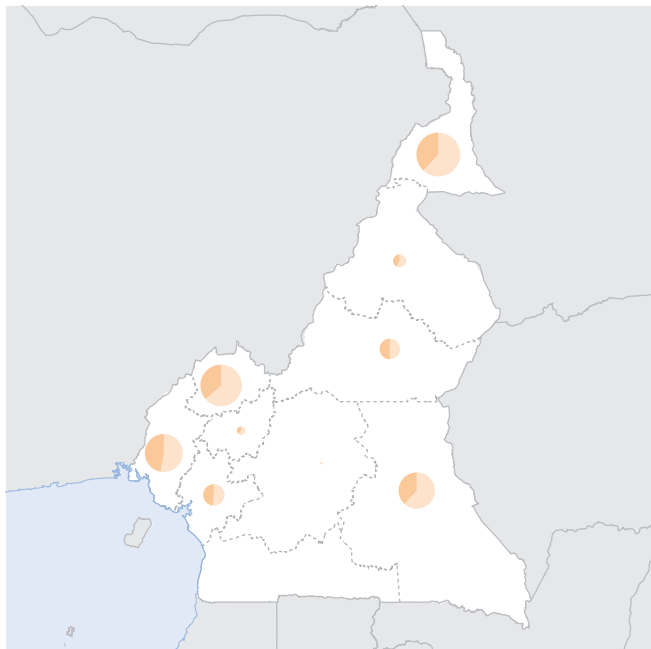


Overview of Sectoral Response

SECTOR	REQUIREMENTS (US\$)	NUMBER PROJECTS	OPER. PARTNERS	PEOPLE IN NEED	PEOPLE TARGETED
Coordination	10.8M 	6	3		
Early Recovery	7.7M 	28	17	2.2M	783k 
Education	26.9M 	40	26	3.6M	1.5M 
Food Security	87.8M 	35	23	4.9M	1M 
Health	32.2M 	36	22	2.9M	1.9M 
Multi-Purpose Cash Assistance	13.3M 	17	10	620k	620k 
Nutrition	23.7M 	18	11	585k	322k 
Protection	23.1M 	25	14	3M	2.5M 
Protection: Child Protection	16.5M 	26	18	2M	765k 
Protection: Gender Based Violence	17.4M 	35	20	2M	1M 
Refugee Response	89.9M 	8	5	419k	419k 
Shelter & NFIs	12.8M 	18	16	791k	703k 
Water, Sanitation & Hygiene	28.7M 	54	35	3.7M	3.1M 

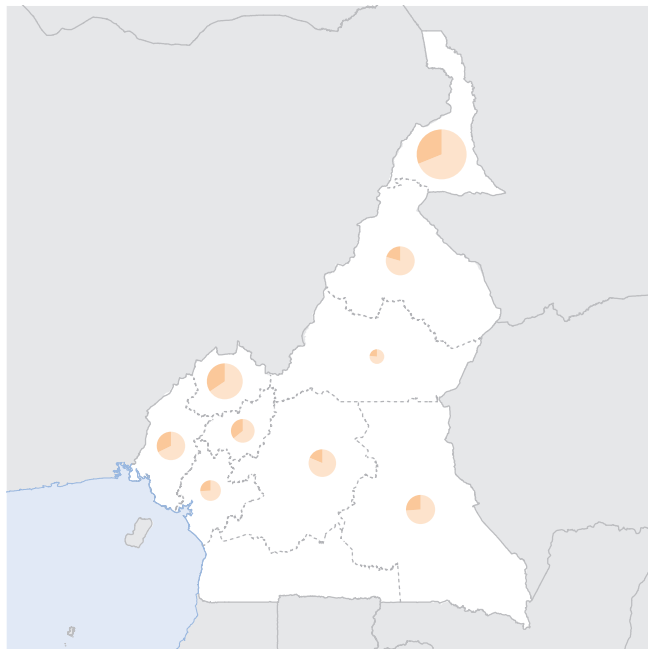
3.1 Early Recovery

PEOPLE IN NEED	PEOPLE TARGETED	REQUIREMENTS (US\$)
2.2M	783K	7.7M



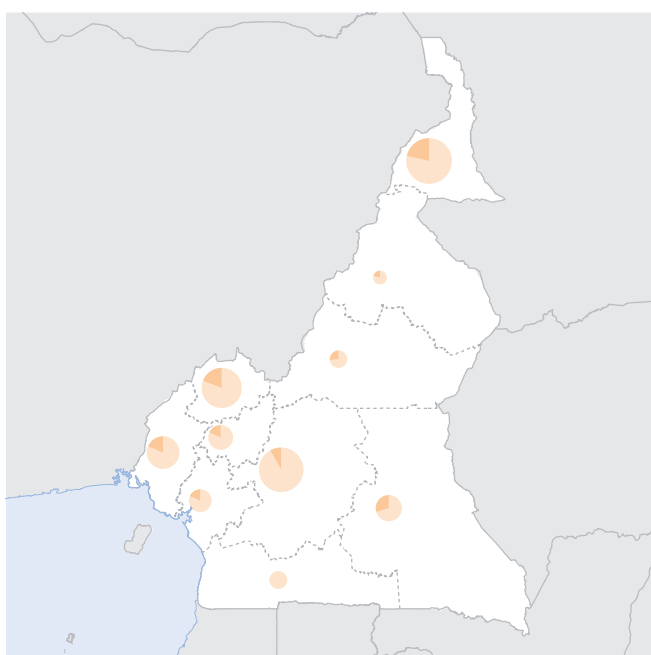
3.2 Education

PEOPLE IN NEED	PEOPLE TARGETED	REQUIREMENTS (US\$)
3.6M	1.5M	\$26.9M



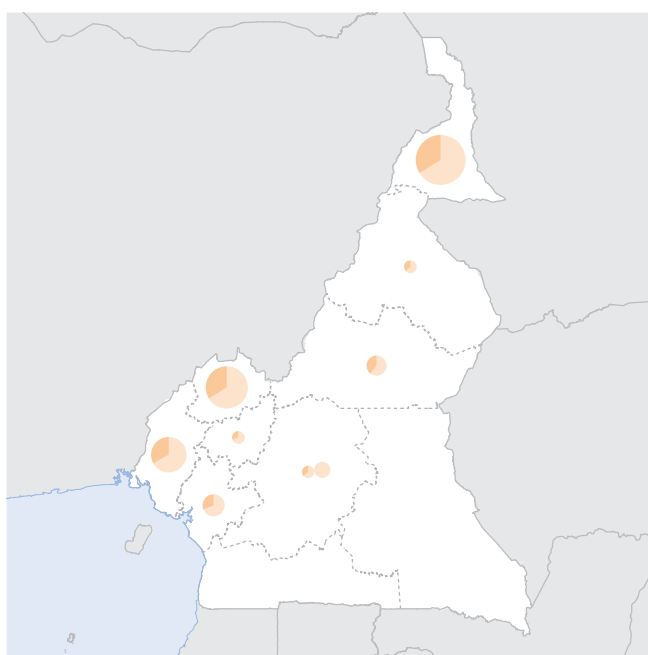
3.3 Food Security

PEOPLE IN NEED	PEOPLE TARGETED	REQUIREMENTS (US\$)
4.9M	1M	\$87.8M



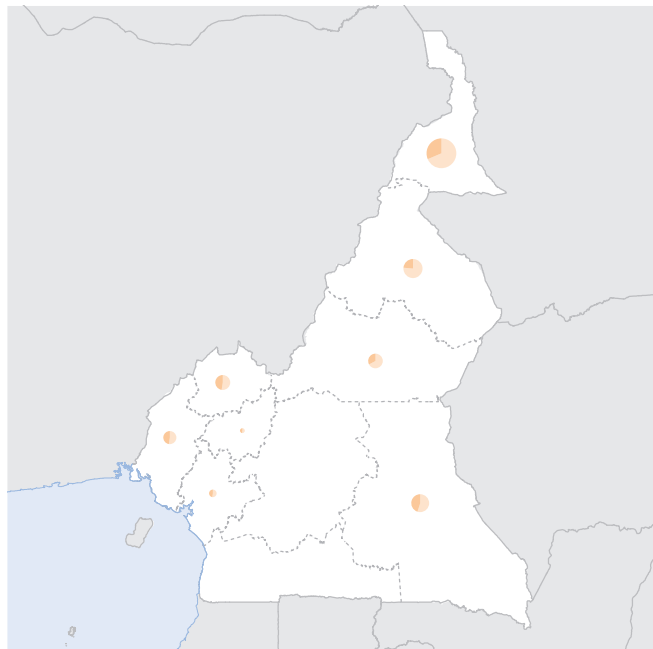
3.4 Health

PEOPLE IN NEED	PEOPLE TARGETED	REQUIREMENTS (US\$)
2.9M	1.9M	\$32.2M



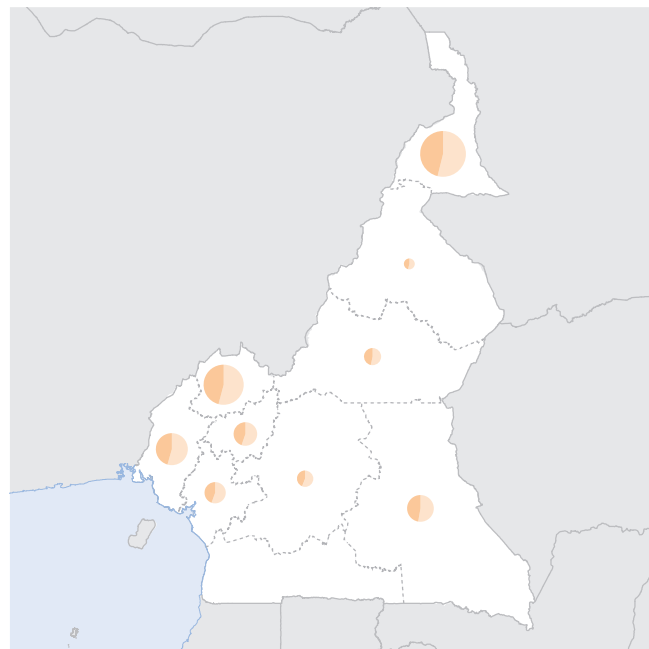
3.5 Nutrition

PEOPLE IN NEED	PEOPLE TARGETED	REQUIREMENTS (US\$)
585_K	322_K	\$23.7_M



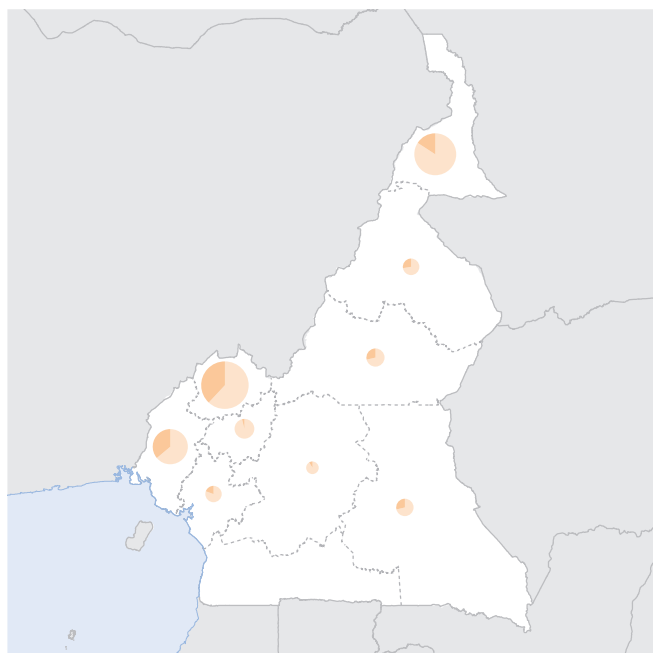
3.6 Protection

PEOPLE IN NEED	PEOPLE TARGETED	REQUIREMENTS (US\$)
3_M	2.5_M	\$23.1_M



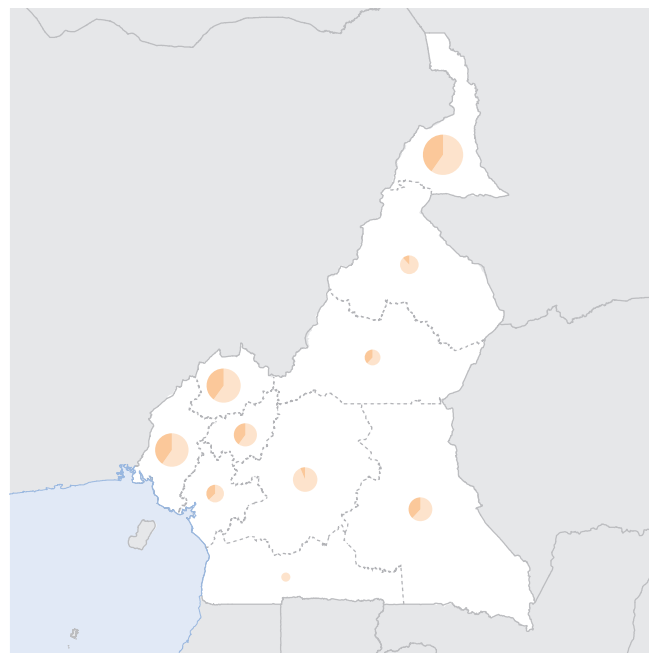
3.6.1 Protection: Child Protection

PEOPLE IN NEED	PEOPLE TARGETED	REQUIREMENTS (US\$)
2_M	765_K	\$16.5_M



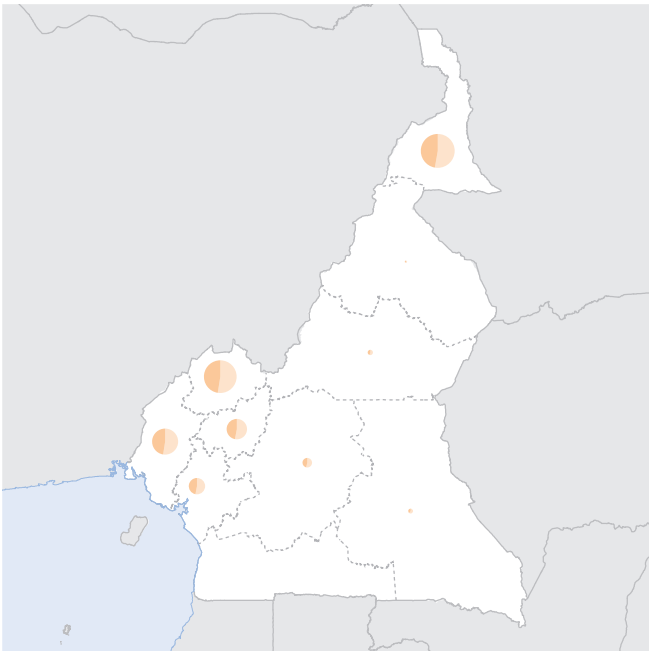
3.6.2 Protection: Gender Based Violence

PEOPLE IN NEED	PEOPLE TARGETED	REQUIREMENTS (US\$)
2_M	1_M	\$17.4_M



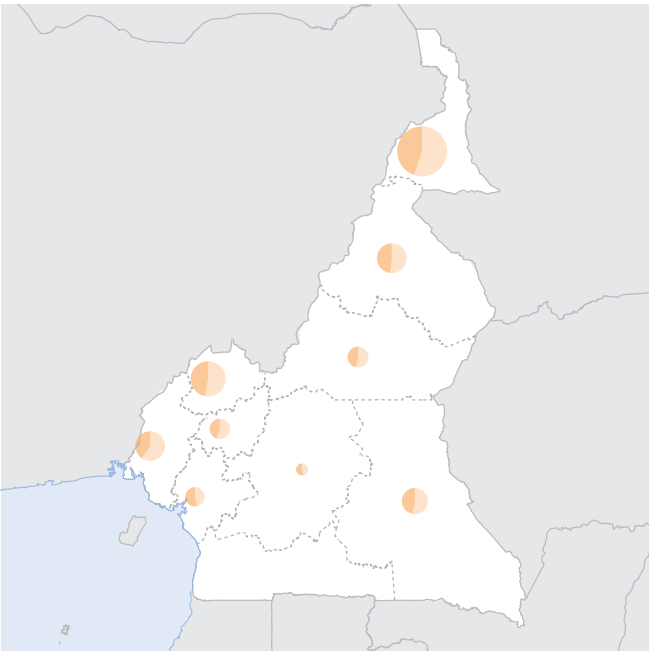
3.7 Shelter & NFIs

PEOPLE IN NEED	PEOPLE TARGETED	REQUIREMENTS (US\$)
791k	703k	\$12.8M



3.8 Water, Sanitation and Hygiene

PEOPLE IN NEED	PEOPLE TARGETED	REQUIREMENTS (US\$)
3.7M	3.1M	\$28.7M



3.1

Coordination



REQUIREMENTS NON-COVID (US\$)

\$8.8M

REQUIREMENTS COVID-19 (US\$)

\$2M

PARTNERS

3

Objectives

1. Strengthen humanitarian coordination and advocacy.
2. Adapt the humanitarian response to the context of COVID-19 and support integration of COVID-19 preparedness and response activities in humanitarian action.
3. Strengthen context analysis to improve humanitarian programming.
4. Improve access by providing efficient transport and security, safety and duty of care services to humanitarian staff.
5. Strengthen the respect of international humanitarian law and human rights law and access to humanitarian assistance.

Ensure effective and context-specific humanitarian coordination

The deteriorating humanitarian situation highlights the importance of strong coordination capable of supporting an effective emergency response in line with humanitarian principles. The increase in humanitarian needs in the North West and South West in 2019 was followed by the strengthening of coordination and access capacity in these two regions. Against the background of an increasingly challenging humanitarian operating environment in all regions affected by crises due to various access constraints (financial, insecurity, administrative), aggravated by the threat of the spread of COVID-19, OCHA's continuous work is crucial to support the various coordination mechanisms and ensure overall coherence and cooperation between operational and strategic decision-making bodies.

OCHA will continue to support the Humanitarian Coordinator, the Humanitarian Country Team, the Yaoundé and Maroua Inter-Sectoral groups, as well as the North West South West Inter-Cluster group meetings in Buea and Bamenda. OCHA will provide them with the information and tools they need to inform decision-making. It will also support their advocacy efforts among local, national and international actors while working towards the continued mobilization of financial resources from donors. The agency will continue to support the humanitarian community in Kousséri (Far North) and will focus on establishing humanitarian coordination mechanisms in locations such as Kumba and Mamfe (South West) and Kumbo and Wum (North West) to increase the engagement with local NGOs.

The arrival of the COVID-19 pandemic in Cameroon led to the necessity to dramatically change the way in which humanitarian

assistance is provided. OCHA is coordinating the humanitarian partners in the Far North, the North West and South West and at capital level to ensure humanitarian operations are adapted and re-prioritized in the light of COVID-19, to "Do No Harm" and to integrate COVID-19 preparedness and response activities in all humanitarian action. OCHA is also working closely with WHO to strengthen the Government's response coordination, to align humanitarian activities at regional level with regional government response plans and to support the response of local authorities, as appropriate. UNHCR is taking the lead to coordinate humanitarian operations, including on the COVID-19 response in the Adamawa, East and North regions.

OCHA will ensure that its support to sectoral and Cluster coordination meets the specific needs of each geographical area of intervention. While the building of capacity of local respondents was identified a priority in 2020, especially for the North West and South West regions, physical trainings will not be able to be taking place in the context of COVID-19, however online trainings might carry on. In the Far North, OCHA will continue to promote collaboration between humanitarian actors, development partners and officials to advance the implementation of sustainable solutions to protracted displacement and to ensure an integrated and harmonized COVID-19 response. In the North West and South West regions, OCHA will continue to support the humanitarian response in aid of displaced persons as well as crisis affected communities.

Overall, and in line with its mandate on the centrality of protection, OCHA will work with the sector and cluster leads to improve the mainstreaming of protection. It will also play an important role in ensuring that gender issues are regularly discussed in coordination forums and reflected in key strategies and processes, including in COVID-19 dedicated response strategies. OCHA will work to improve communication with affected populations and establish accountability mechanisms, in particular concerning Protection against Sexual Exploitation and Abuse (PSEA). OCHA will strive to ensure child protection, SGBV, PSEA and individual rights are priority concerns of the humanitarian response to a possible widespread COVID outbreak.

In order to further improve humanitarian programming, OCHA will continue to promote the development of a shared analysis of the situation, needs, vulnerabilities and risks by supporting gender-sensitive data collection and analysis. It will continue encouraging the integration of gender issues into multi sectoral needs assessments

so that the distinct effects of the crises on women, girls, boys and men can be understood and their needs adequately catered for. Multi-sector/cluster assessments will provide the necessary elements to prioritize the response according to the actual vulnerabilities of the affected people. OCHA will work with sectors, clusters and the network of gender focal points to ensure that needs assessments reflect the voices of communities and highlight the differential impact of crises on the needs of women, men, girls and boys. In particular, the agency will ensure that the response is based on evidence, thanks to regular missions close the most affected communities and the strengthened collection and use of sex and age disaggregated data. In addition, OCHA will provide the humanitarian community with information and communication products essential for their programmatic and strategic efforts (maps, SITREP, 3W, infographics, humanitarian bulletins, etc.).

Scaling up the response will be facilitated through strengthened civil-military coordination and humanitarian access in the Far North, and the North West and South West regions. Through advocacy, training and negotiation, OCHA will promote humanitarian principles and compliance by the various actors involved in the field. In this way, the Coordination Sector aims to enable humanitarian actors to deploy in a safe and secure manner to access all community in needs.

OCHA will continue to advance the implementation of the commitments made at the 2016 World Humanitarian Summit, in a manner adapted to the Cameroonian context. The goal is to achieve better complementarity between emergency actions and development programs, in order to simultaneously address humanitarian needs and their underlying causes. To this end, OCHA will continue to co-facilitate the Humanitarian-Development-Peace Nexus Taskforce and to support the operationalization of the Collective Outcome.

Ensure the safety and security of humanitarian staff

The insecurity prevailing in the North West, South West and Far North regions continues to hamper the provision of humanitarian assistance to the most vulnerable people. In both contexts, the presence of UNDSS is key to assess the security risks and threats faced by the humanitarian community. These assessments provide strategic guidance and operational advice to ensure that humanitarian organizations deploy in a safe and secure manner. In 2020, UNDSS will continue to strengthen its presence in the North West and South West.

The threat of a widespread outbreak of the COVID-19 epidemics exacerbates already stressful conditions of work of humanitarian workers. UNDSS, WHO and individual UN agencies will pay special attention to the mental and psychological health of staff, ensuring their adaptation to healthy coping mechanisms, and enabling them to stay and deliver.

Improving humanitarian access through appropriate air transport

Many humanitarian response areas are difficult for humanitarian actors to access due to the distance from Yaoundé, poor road conditions and insecurity, particularly in the North, Far North, North West and South West regions. Under these conditions, air transport provided by UNHAS is the safest and most reliable way to reach the intervention sites. Beyond operational support, UNHAS services is also a critical component of duty of care policy.

In 2020, UNHAS plans to utilize its existing air transport capacity (Cessna Grand Caravan C208B and Embraer jet EMB135) to support users' organizations air transport needs including COVID19 response. This includes the delivery of medical materials, medical samples and movement of health personnel.

UNHAS will continue to ensure security and medical evacuation capacity is made available to humanitarian workers within the limitations of the current aircraft capability (Medevac not requiring air ambulance capacity).

Current UNHAS assets in Cameroon do not offer medical evacuation capability for COVID19 patients. This requires an air ambulance equipped aircraft. In coordination with WFP HQ, UNHAS may explore air ambulance solutions, or equipment that may be required to medicalize available asset if the air operator has the capacity to do so. The Ministry of Health approval on this will need to be determined as well.

As part of the COVID-19 response, UNHAS operational procedures have been revised in order to include provisions related to prevention and protection of passengers to COVID-19 (Social distancing in checking areas, boarding procedures, hygiene kits and preventions measures as may be applicable to flights operations).

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Objectives, Indicators and Targets

OBJECTIVE	INDICATOR	IN NEED	TARGETED
Strategic Objective 1: Save lives, alleviate suffering and strengthen the protection of civilians, including those particularly vulnerable to the COVID-19.		6,200,000	3,000,000
Specific Objective 1.1: 874,000 vulnerable people affected by a humanitarian crisis have access to minimum food, nutrition, WASH and lifesaving health services by the end of 2020.			874,000
Sectoral Objective: Strengthen humanitarian coordination and advocacy.	# of Inter-Sector, OCHA-NGO and HCT meetings, taking into account the COVID-19 response		90
	# of general and thematic maps produced and shared		8
	# of humanitarian bulletins developed and shared		6
	# of trainings on HPC and RPM for humanitarian actors		5
	# of people trained on the use of HPC and RPM tools		50
	Number of people trained on the use of HPC and RPM tools		50
Sectoral Objective: Improve access by providing efficient transport and security, safety and duty of care services to humanitarian staff.	# of passengers transported		2,800
	Total Volume of Cargo transported in MT		72
	Percentage of bookings served		95
	Response to Medical Evacuations duly requested		100
	Number of Security Briefings given		72
	Number of SitReps prepared by UNDSS		24
Specific Objective 1.2: Reduce violations of international law, including IHL and HR law, (including attacks on humanitarians, education and health facilities, property destruction, extra-judicial killings, arbitrary arrests and detentions) by 25 per cent in North West and South West regions and the Far North by the end of 2020.			558,000
Sectoral Objective: Strengthen the respect of international humanitarian law and human rights law and access to humanitarian assistance.	# of working sessions organized on access		12
	# of assessments in critical areas (carried out physically or remotely)		24
	# of maps showing access constraints		6
	# of training sessions organized on CMCoord		4
	# of persons trained on civil-military coordination		150
	# of civil-military task force meetings and CMCoord		24
Specific Objective 1.3: By the end of 2020, effective prevention and access to protection assistance, including psychosocial, medical and legal support, and to a protective learning environment is ensured for 723,882 vulnerable people affected by a humanitarian crisis.			724,000
Sectoral Objective: Strengthen context analysis to improve humanitarian programming.	# of Humanitarian Response Plan (HRP)		1
	# of Humanitarian Needs Overview (HNO)		1
	# of monitoring reports on the humanitarian response, including the COVID-19 response, shared		3
	# of rapid/joint assessment missions (carried out physically or remotely)		4
	# of mission reports shared		4
Strategic Objective 2: Contain the spread of the COVID-19 epidemic and decrease morbidity and mortality		2,300,000	2,300,000
Specific Objective 2.1: Adapt the humanitarian response to the context of COVID-19 and support integration of COVID-19 response activities in humanitarian action			1,200,000
Sectorial Objective: Adapt the humanitarian response to the context of COVID-19 and support integration of COVID-19 preparedness and response activities in humanitarian action.	# of revised Humanitarian Response Plan (HRP), taking into account the context of COVID-19		1
	# of regional humanitarian response plans adapted to the context of COVID-19		2

3.2

Early Recovery



PEOPLE IN NEED	PEOPLE TARGETED	REQUIREMENTS NON-COVID (US\$)	REQUIREMENTS COVID-19 (US\$)	PARTNERS
2.2M	783K	\$5.7M	\$2M	17

Objectives

1. Strengthen the economic capacities of vulnerable people and households.
2. Strengthen the capacity of individuals, communities and institutions with a view to improve their resilience and promote the prevention and the management of risks.
3. Decrease the deterioration of livelihoods and support vulnerable people whose livelihood activities are affected by COVID19.

2.2 million people across the country are in need of early recovery assistance. The most vulnerable people are mainly IDPs (more than 108,714), Nigerian and Central African refugees (more than 292,863) and their host populations, and returnees (110,574), particularly in the Far North. Regions affected by crises have alarming rates of unemployment. Young people are particularly affected by the lack of perspective which generates resentment towards traditional authorities and institutions. This situation is more acute among young girls who are already traditionally assigned to household chores with the sole perspective of marriage.

The Far North has a poverty rate of 74.3% compared to a national average of 37.5%. The literacy rate is almost half in North and East (43%) compared to the rest of the country (72%) and the approximate ratio of health workers to the total population is almost double in the Far North and North (1,170 and 1,798 respectively) compared to the national level of 579. The current crisis continues to aggravate these vulnerabilities and more specifically populations on the move. 270,870 IDPs were registered in the Far North in August 2019 (DTM 19, IOM, August 2019), an increase of 8,039 IDPs between April and August 2019. The trend is not expected to decrease significantly in view of the increase in attacks in recent months.

Early recovery needs have increased in 2019 due to a number of aggravating factors: The upsurge in violence by non-state actors, human rights violations, especially in the North West and South West regions, Boko Haram attacks in the Far North (98 attacks were recorded between 1 September and 28 November) and the consecutive increase of displacement have resulted in considerable loss of sustainable livelihoods for the population who was previously in a process of building their resilience.

Humanitarian needs in the Far North region

The floods which occurred in the Far North in November and

December 2019 and the weak operational response mechanisms in place have caused new displacement and consequences for food security. More than 80,000 people in Logone-et-Chari (Afade - Bodo - Fotokol, Tild, Zina, Blangoua, Darak Island) and in Mayo Danay (Maga district) were affected by the destruction of shelters and the loss of income. It is essential to put in place a strategy to revitalize local economies and provide assistance in income-generating activities for households and individuals affected. The development of early warning systems to prevent risks and disasters are responses to be planned for the year 2020 (cf. HRP).

The increasing number of people displaced and the trend of return in some areas are skyrocketing the needs to access basic social services and sustainable livelihoods, among others. In addition to returning IDPs (displaced due to insecurity or the floods in late 2019), many former returnees are seeking economic assistance to facilitate their reintegration.

More than 800 former members of Boko Haram recently interviewed express a considerable need for psychosocial care, socio-professional capacity building and support for economic recovery. Affected households as well as people displaced by the Boko Haram attacks are also in need of assistance in restoring their purchasing power to opt for goods and services.

Humanitarian needs in the North West and South West regions

The emergency recovery needs of people affected by the crisis are threefold: access to temporary employment opportunities for youth and women, access to vocational training for youth, and access to a minimum of basic services.

The destruction of health centres and other public infrastructure has increased the vulnerability of the target population. Governance issues and more specifically the rule of law remain a major concern. The justice system is weak, inter alia, due to difficulties in accessing justice services. Access to vulnerable persons remains an issue of concern due to the persistent insecurity in areas of refuge.

Humanitarian needs in the eastern region

Although it is the richest region in terms of natural resources, particularly with its dense forests, access to social services remains limited. Economic activities are limited to subsistence agriculture, forestry and mining.

Agropastoral clashes between Fulani and Gbayas are on the rise and sometimes oppose refugee populations against host communities. Five sites (Gado Badzere, Mbile, Lolo, Timangolo, Ngarisingo) host refugees, but more than half of the refugees live outside these sites. This situation accentuates the structural weaknesses of these sites.

Access to land remains contentious. In addition, clashes between farmers and pastoralists who migrate to the region have worsened as a result of changes in transhumance corridors induced by climate change and insecurity. The security crisis has also affected economic activities as traders, herders and some economic operators in the region have fled.

COVID-19

Livelihood activities of small- and large-scale businesses in the formal and informal sectors have been severely affected by the COVID-19 pandemic. People affected include cross-border traders and breeders, taxi drivers, hairdressers, informal business holders, and people working in groceries, kiosks, bars and restaurants, etc. In addition to the ongoing crises, negative impacts of COVID-19 on local economies could lead the lower capacity of communities to host displaced persons and lower living standards of displaced persons (refugees, IDPs and returnees) due to less or no income through livelihood activities. The Early Recovery Sector will work at the community level to alleviate the consequences of the crisis. Temporary job creation such as cash for work, distribution of agriculture kits and the creation of mutual solidary funds will be supported. The members of the Early Recovery Sector will increase consequently their investment in livelihood and community resilience to address the effects and impacts of COVID-19. Livelihood activities will be linked to COVID-19 prevention to avoid expansion in communities. Early Recovery will target the most vulnerable, men, women, boys and girls. To “Do No Harm” in the COVID-19 context, Early Recovery will develop a strong

part of cash transfer activities to continue to support affected people. Community radio programmes such as vocational training will serve as additional means to strengthen livelihood skills of youth, women and vulnerable persons during the pandemic of COVID-19 which requires limited movement and gathering, and respects social distancing measures.

The COVID-19 pandemic has created stigmatization and discrimination among the population; already vulnerable people will be among those most exposed to the virus and excluded from employment and socio-economic integration. Lack of awareness and information about COVID-19 can spur violence, discrimination, marginalization and xenophobia among host communities, refugees, IDPs and returnees. To counter stigmatization and discrimination, the dissemination of timely and accurate information on COVID-19 through hotlines (phones, emails and SMS) and community radio programmes will be supported. Information will include messages on personal hygiene and disease management, particularly targeting women in refugee camps and settlements, whose role is traditionally that of household caregivers. Women are among those most vulnerable to the transmission of the disease, as well as to a domestic and social violence, expected to increase due to the pandemic, but also have low access to information. All activities of Early Recovery partners will include risks communication and community engagement activities.

CONTACT

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Objectives, Indicators and Targets

OBJECTIVE	INDICATOR	IN NEED	TARGETED
Strategic Objective 4: Decrease the deterioration of livelihoods due to COVID-19 and enhance the resilience of vulnerable populations		4,900,000	1,000,000
Specific objective 4.1: By the end of 2020, the use of negative coping strategies is reduced for 524,000 vulnerable people affected by a humanitarian crisis, thanks to improved access to land, inputs, capital and skills for livelihood activities.			524,000
Sectorial Objective: Strengthen the capacity of individuals, communities and institutions with a view to improve their resilience and promote the prevention and the management of risks.	# of persons who benefit from the capacity building of resilience and risk prevention and management		200,000

3.3

Education



PEOPLE IN NEED	PEOPLE TARGETED	REQUIREMENTS NON-COVID (US\$)	REQUIREMENTS COVID-19 (US\$)	PARTNERS
3.6M	1.4M	\$22M	\$4.9M	13

Objectives

1. During the COVID-19 school closure the most vulnerable children aged 3 to 17 receive access to formal and non-formal education, and learn, through various alternative learning platforms.
2. Children and teachers are protected through COVID 19 prevention and response activities (psychosocial support, risk mitigation measures, WASH in school) during school closure and upon school reopening.
3. Schools and education services serve as a platform for accessing basic Water, Sanitation, Hygiene and health promotion for crisis affected children and communities, including during the COVID-19 outbreak.
4. Evidence-based advocacy on protection of education from attacks and sustained Safe School Declaration implementation.
5. Upon school reopening, vulnerable children and teachers benefit from school feeding interventions and other humanitarian support.

About 1.8 million school aged children in the crisis affected zones of the North West, South West, Littoral, West, Far North, Adamawa and East regions need humanitarian support in education. With the 18 March Government decision to close 30,851 schools across the country, the situation not only worsened for these school aged children, but also led 7 million school children and students to lose access to education.

Partners to the five ministries of education have redirected all their efforts to the fight of COVID-19, and to mitigating the impact of the pandemic on the Education Sector. Coordination and national level planning for the COVID-19 response is led by the Local Education Group of partners and donors (LEG). Partners advocate for the resumption of the protective learning routine and for equitable access to end of year exams in all contexts, including for the most vulnerable in urban and rural zones, particularly at the border with the Central African Republic, Nigeria, and Chad.

The main strength of the 2020 humanitarian education response, adapted to the COVID-19 crisis, is that it accelerates the process of digitalizing the curriculum content and the delivery of formal education through alternative platforms which include on-line and off-line digital platforms, radio, and TV. This potentially could address the massive Out of School challenges of Cameroon, by reaching more children with education opportunities, and by making the system more flexible to the lack of infrastructures, and to the needs

of individual learners. Recognizing that there are gender disparities in access to technology and that literacy is gendered, boys being more often enrolled in primary and secondary schools than girls are, mixed methods that utilize multiple media options will be used. The Sector will ensure that girls and boys are equally involved in alternative, remote learning initiatives, while monitoring the regular participation of girls in these activities.

Response strategies for HRP 2020 will be harmonized throughout the different crisis' contexts. The COVID-19 Education response is a national response that requires coordination and content production at the national level.

In the various contexts the response will consist in ensuring that the most vulnerable children have access to the input provided: tablets, radios, and paper materials will have to be distributed, and their use monitored. If the situation allows, if total confinement is not applied and teachers can move around, teachers and education authorities will monitor child learning through home visits and support home schooling through coaching. In contexts of insecurity, especially where education is under attack, the Sector will reinforce advocacy on the protection of education, including by monitoring and reporting violations.

Psychosocial support and risk mitigation (including COVID-19 prevention) will be integrated in the education services offered by various platforms. Students and teachers will have access to Mental Health and Psychosocial support through joint coordinated action between Education and Child Protection sectors. The digital platforms will allow to maintain a database of Mental Health issues faced by teachers and students.

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

The Sector has integrated gender, disability, conflict analysis and humanitarian principles into its interventions to consider all children (leave no child behind). The principle of "do no harm" will be applied and sustained in all proposed interventions of the Sector, including for the COVID-19 response, particularly in the North West and South West, to ensure that actions do not negatively affect the beneficiaries.

Themes related to the environment and climate change will be included in all training courses for teachers and school principal and in access interventions.

Humanitarian – Development Nexus

The Education Sector response plan is aligned with the objectives and activities included in the Strategy for peace raising and consolidation (2018-2022), the Strategy of the Education and Training Sector, and the SDGs, in line with the global objectives. While HRP interventions aim to ensure that children have access to protective learning environments in crises-affected areas, complementary activities will be carried out in the same areas within the UNDAF framework and Sector Planning processes – under the aegis of the Local Education Group (LEG), to further enhance the quality and inclusiveness of education for all children, including those affected by humanitarian crises.

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

CONTACT

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Objectives, Indicators and Targets

OBJECTIVE	INDICATOR	IN NEED	TARGETED
Strategic Objective 1: Save lives, alleviate suffering and strengthen the protection of civilians, including those particularly vulnerable to the COVID-19.		6,200,000	3,000,000
Specific Objective 1.3: By the end of 2020, effective prevention and access to protection assistance, including psychosocial, medical and legal support, and to a protective learning environment is ensured for 723,882 vulnerable people affected by a humanitarian crisis.			724,000
Sectorial Objective: Upon school reopening, vulnerable children and teachers benefit from school feeding interventions and other humanitarian support.	# of vulnerable children and teachers benefit from school feeding interventions and other humanitarian support.		724,000
Strategic Objective 2: Contain the spread of the COVID-19 epidemic and decrease morbidity and mortality		2,300,000	2,300,000
Specific Objective 2.2: Prepare and be ready: prepare populations for measures to decrease risks, and protect vulnerable groups, including older people and those with underlying health conditions, as well as health services and systems.			
Sectorial Objective: During the COVID-19 school closure the most vulnerable children aged 3 to 17 receive access to formal and non-formal education, and learn, through various alternative learning platforms.	# of out of school boys and girls accessing formal and non-formal learning through alternative learning platforms such as internet, radio and tablets.		1,500,000
Sectorial Objective: Children and teachers are protected through COVID 19 prevention and response activities (psychosocial support, risk mitigation measures, WASH in school) during school closure and upon school reopening.	# of children (girls and boys) benefiting from PSS, WASH, and COVID-19 prevention kits		742,000
Sectorial Objective: Schools and education services serve as a platform for accessing basic Water, Sanitation, Hygiene and health promotion for crisis affected children and communities, including during the COVID-19 outbreak.	# of schools/NFE that received WASH kits including COVID-19 prevention materials		5,900
Strategic Objective 3: Support affected populations to meet their basic needs		5,700,000	3,400,000
Specific objective 3: By the end of 2020, 3.100,000 vulnerable people affected by a humanitarian crisis have regular access to basic services (health, education, WASH, shelter).			3.100,000
Sectorial Objective: Evidence-based advocacy on protection of education from attacks and sustained Safe School Declaration implementation.	Advocate for protection of education in all of its forms		291,000

3.4

Food Security



PEOPLE IN NEED	PEOPLE TARGETED	REQUIREMENTS NON-COVID (US\$)	REQUIREMENTS COVID-19 (US\$)	PARTNERS
4.9M	1M	\$76.3M	\$11.5M	23

The Food Security Sector is concerned about the potential impact of COVID-10 and related containment efforts on the food security and livelihoods in contexts of high vulnerability and where populations are already experiencing food crises. COVID-19 containment measures put in place by the Government, including movement restrictions, lead to significant impact on the availability, access and production of food commodities. Maintaining and upscaling humanitarian food security interventions for the most vulnerable populations, alongside the Health Sector's efforts to counter the spread of the disease, is therefore of utmost importance. The Sector reviewed and analyzed the potential impact of COVID-19 in order to ensure continued support to the most vulnerable and anticipate actions to address the secondary effects of the pandemic disease.

Within the Humanitarian Response Plan, the Sector's efforts will focus on four main activities:

1. Ensure continuity of live saving food security and livelihood programs for the most vulnerable populations (local population, IDPs, returnees and refugees), including people living in urban, peri-urban and rural areas, through inclusive, coordinated and integrated assistance, while observing prevention measures to avoid COVID-19 contamination;
2. Stabilize incomes and access to food while preserving ongoing food assistance, livelihood and food production support for the most acutely food insecure populations;
3. Ensure people benefiting from food assistance are not at risk of COVID 19 transmission by raising awareness about food safety and health regulations, including rights, roles and responsibilities of workers, together with national authorities and the World Health Organization (WHO);
4. Set up a global data facility – in close collaboration with key partners - to support assessment analysis and inform programming within a context already experiencing humanitarian crises for a better humanitarian planning and to reinforce the Humanitarian-Development and Peace Nexus.

The Sector response will consider the impact of COVID-19 on already vulnerable people affected by one of the three current humanitarian crises in Cameroon: the Lake Chad Basin conflict in the Far North, the North West and South West crisis and the Central African Republic (CAR) refugee crisis in the eastern part of the country. In collaboration with local partners and based on available resources, food and livelihood assistance will be provided according to the vulnerability

of beneficiaries in urban, peri-urban and rural as well as in the most hard-to-reach areas.

With regards to the COVID-19 impact, the Sector will target the most vulnerable people in need of assistance in the Littoral, North West, South West, North, East, Adamawa and Far North regions. Targeted households will be selected in urban, semi-urban and rural areas.

The Food Security Sector will monitor how the epidemic distinctly affects women's and men's livelihood activities and food security and how certain groups may find it more difficult than others to access agricultural and livelihoods services, which will allow addressing existing barriers.

The revised budget has been calculated based on planned interventions for 2020, the recent food security and nutrition analysis (the March 2020 Cadre Harmonisé) and taking into account the possible impact of COVID-19 on vulnerable population already identified as food insecure. The food assistance will increase the access of households to adequate and nutritious food, thus preventing them from adopting negative coping strategies. The assistance will help ensure household food security during the lean season. During food distributions, special attention will be paid to households with special needs, and the status of the head of household (whether man, woman or child) and people with special needs (pregnant women, the elderly, persons with disabilities, etc.). In order to support agricultural and livestock production, these different vulnerable populations groups will benefit from multifaceted support, in cash and in kind, as well as capacity building for a better agricultural and livestock production.

Coordination with other sectors

In a coordinated approach with other sectors such as Nutrition, Health, Early Recovery, WASH, the Food Security Sector response will be diversified with an emphasis on strengthening complementarity and synchronization of interventions in common geographical areas. In addition, the promotion and rehabilitation of productive or community assets or livelihoods will be achieved through food-for-work activities in favor of beneficiaries not prioritized for unconditional assistance.

The distribution of humanitarian assistance and the support of beneficiaries in early recovery, rebuilding and strengthening of livelihoods will promote the empowerment of beneficiaries and contribute to improving food availability. Through joint projects

beneficiaries will receive agricultural inputs and tools, small ruminants and poultry as well as support in terms of rural infrastructure and services (such as animal health) accompanied by technical support and capacity building through training sessions.

Accountability to affected populations

Accountability to affected populations will be ensured through the strengthening of community and beneficiary complaints mechanisms. At the level of the various project sites, particularly food distribution sites, mechanisms will be strengthened through the effective involvement of communities and through awareness and information sessions to strengthen the capacity of beneficiaries to express themselves freely on the functioning of humanitarian assistance. The green telephone line is available to beneficiaries to submit their complaints anonymously. Complaints will be dealt with expeditiously and appropriate responses will be provided to complainants.

Gender mainstreaming and the protection of beneficiaries and social inclusion are the watchwords of the Sector. In a "leave no one behind" approach, the most vulnerable beneficiaries will be assisted as far as security and resources allow.

Cash transfer modality

The transfer modalities will be in-kind food and/or cash transfers and agricultural inputs. The default modality is conditional and unconditional cash or food vouchers when markets are functional, and the economic environment is favorable. Similarly, the Multifunctional Cash Modality (MCM) will be preferred where circumstances allow. This modality offers beneficiaries not only the latitude to freely acquire the foodstuffs of their choice but also to meet other non-food needs not covered by other interventions, while respecting their dignity. Cash and voucher assistance modalities will consider how to mitigate risks of gender-based violence.¹³ Cash-based programming will also consider women's ability to safely access markets so that

¹³ <https://www.calpnetwork.org/publication/cash-voucher-assistance-and-gender-based-violence-compendium>

they can spend the money on items they need.¹⁴

Humanitarian – Development - Peace Nexus

The Food Security Sector intends to collaborate closely with other sectors as well as with the governmental line ministries in order to ensure maximum impact on the target populations. Synergies of interventions will be developed with humanitarian and development actors as well as peacebuilding actors at the national and regional levels. As far as possible, consultations will be held between the actors and points of convergence will be identified during both planning and implementation activities.

Improving the incomes of small rural producer households is one of the concerns of the Sector. Thus, attention will be paid to small farmers' cooperatives, especially women's cooperatives, with capacity building actions and the development of new activities.

¹⁴ <https://interagencystandingcommittee.org/inter-agency-standing-committee/interim-guidance-gender-alert-COVID-19-outbreak-developed-iasc>

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Objectives, Indicators and Targets

OBJECTIVE	INDICATOR	IN NEED	TARGETED
Strategic Objective 1: Save lives, alleviate suffering and strengthen the protection of civilians, including those particularly vulnerable to the COVID-19.		6,200,000	3,000,000
Specific Objective 1.1: 874,000 vulnerable people affected by a humanitarian crisis have access to minimum food, nutrition, WASH and lifesaving health services by the end of 2020.			874,000
Sectorial Objective: Ensure continuity of live saving food security and livelihood programs for the most vulnerable populations (local population, IDPs, returnees and refugees), including people living in urban, peri-urban and rural areas, through inclusive, coordinated and integrated assistance, while observing prevention measures to avoid COVID-19 contamination.	# of targeted food insecure people (female and male) that received unconditional food support through food and cash transfers		874,000
	# of targeted people (female and male) that received in kind unconditional food support		188,000
Sectorial Objective: Stabilize incomes and access to food while preserving ongoing food assistance, livelihood and food production support for the most acutely food insecure populations.	# of targeted people (female and male) that received agricultural support		162,000

3.5

Health



PEOPLE IN NEED	PEOPLE TARGETED	REQUIREMENTS NON-COVID (US\$)	REQUIREMENTS COVID-19 (US\$)	PARTNERS
2.9M	1.9M	\$14M	\$18.2M	22

Objectives

1. Ensure safe delivery for all women of childbearing age targeted.
2. Provide equitable access to essential health care services to the population affected by crisis.
3. Reinforce the management of physical and psychological trauma for people affected by crises.
4. Reduce the risk and / or the impact of epidemics by early detection and effective response.
5. Provide comprehensive health response for the COVID-19 disease outbreak.

2019 has witnessed an increase in the adverse effects of the humanitarian crises on people's health. Regarding the crisis in the **Lake Chad basin**, cholera, measles and polio epidemics were recorded with a very high risk of resurgence in 2020. Similarly, attacks by Boko Haram continue to generate injured and dead, and also target the livelihoods of populations, thereby reducing their ability to meet their health expenses, in an environment with the highest morbidity rates linked to diseases and climatic hazards in the country. Furthermore, the rate of births attended by qualified personnel remains very low in the Far North region (less than 35%) thus increasing the rate of maternal and neonatal deaths.

For the crisis in the **Adamawa, East and North** regions, the situation is marked by a large cholera epidemic which affects the North region with a high risk of resurgence in 2020. The region also witnessed polio and measles epidemics in the first quarter of 2020. Although the rates of births attended by skilled birth attendants are the highest in the country (51.5% in Adamawa, 30.5% in the North and 28.9% in the East. The national average is 29%), they remain below acceptable minimal standards.

In addition, the crisis in the **North West and South West** regions which negatively impacts on epidemiological surveillance, access to essential health care and reproductive health is gaining in intensity requiring rethinking equitable access to care and prevention of epidemics. In 2019, cholera, monkey pox and measles epidemics were recorded in these two regions and continue in 2020 for the South West region. In these regions in 2019, numerous attacks on health facilities targeting both infrastructure and health staff were recorded, thus reducing the number of staff going to work in the insecure areas.

Finally, the COVID-19 disease outbreak has completely disrupted the health system in the entire country. As of 13 June, 9,572 cases including 275 deaths has been registered. The most affected regions are the Centre (1,152 cases with 19 deaths), the Littoral (739 cases with 39 deaths) and the West (103 cases with 2 deaths). As of 30 April, 2020, all regions of Cameroon already have at least one case of COVID-19. A total of 339 infected health personnel has been recorded (74 in the Littoral, 61 in the West, 49 in the Center, 44 in the East, 34 in the North West, 30 in the South, 22 in the North, 18 in the South West, 5 in the Far North, and 2 in Adamawa). Around 850,477 people don't access health care out of fear of getting infected if they go to health facilities where COVID-19 cases have been detected or because some health facilities deny services to people who present flu-like symptoms. COVID-19 needs a specific health material that is not available in most of the regions.

In 2020, the actors of the Health Sector will focus on the following activities:

- Ensure equitable access to essential healthcare for 867,705 people affected, namely 485,915 people in the North West and South West crisis, 95,448 people in the Central African refugee crisis and 286,343 people in the Far North region.
- Ensure safe deliveries for 85,652 vulnerable women: 36,008 women in the North West and South West regions, 28,292 women in the Far North region and 19,352 women affected by the Central African refugee crisis. In particular, the Sector will ensure that there is a continuity for the provision of life-saving sexual and reproductive health and rights services during the COVID-19 crisis, in line with the Minimum Initial Service Package for SRH in Crisis-settings.
- Continue to set up an early warning and rapid response mechanism (EWARS) in the North West, South West and Far North regions, and develop EIOS (Epidemic Intelligence from Open Sources) in all areas affected by crises.
- Strengthen preparedness and response to epidemics in order to reduce their impact on 1,117,000 people including 361,619 in the Far North, 625,535 in the North West and South West region and 122,873 people affected by the CAR refugee crisis.
- Strengthen the management of physical and psychological trauma for people affected by crises in the Far North, North West and South West regions.

- Prepare populations for resilience 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 care in emergency situations to further preserve the dignity of the beneficiary populations.
- Support the COVID-19 response (case management, infection prevention and control, contacts tracing and investigations, epidemiological surveillance, risk communication) by providing a coordinated health response in collaboration with the Ministry of Health. This will focus mainly on free and equitable access to case management for positive COVID-19 cases and reinforcement of capacities (materials and human resources) of public health facilities for COVID-19 specific care. The coordinated approach will target the entire population with additional care for vulnerable population (IDP, refugees, returnees, people living with disabilities).
- Support health systems in COVID-19 affected areas to grant access to essential care for 850,477 individuals with an emphasis on women, adolescents and people living with disabilities.
- As part of its prevention and surveillance of epidemics, the Sector will also prioritize women's participation and ensure they are in a decision-making position for outbreak preparedness and response: Given their care giving and nursing role, women are well placed to exercise local surveillance, helping signal the start of an outbreak. Incorporating women's voices and knowledge at all stages of the outbreak preparedness and response will allow understanding how different categories of the population are affected. It will also ensure their specific needs are taken into consideration.

Data from multiple countries suggest men are considerably more likely than women to suffer a serious case of COVID-19, and to die from it. In Cameroon, the sex-ratio between men and women of confirmed cases stands at 2.5. The Sector will collect and use sex and age-disaggregated data to understand how COVID-19 impacts individuals differently. This will enable the Sector to appreciate the process of exposure and transmission and to identify differences in terms of infection and mortality rates. Information on the biological and social factors causing the spread and vulnerability to the disease will allow developing adequate prevention measures as well as care and treatment protocols.

Keeping in mind that women's health care is not just determined by the availability of health-care services and treatments, the Sector will pay attention to understanding the dynamics at play within the home and the community and the challenges women can face in freely accessing and using services. It will regularly track women's and men's access to services set to address the epidemic, thanks to disaggregated admission data and through spot checks and discussions with the communities.

The regions concerned by the Sector's response are primarily the North West and South West, the Littoral, the West, the East, Adamawa, Centre, the North and the Far North where the vast majority of displaced persons (IDPs, refugees, returnees) and the vulnerable host populations which constitute the target chosen for the 2020 response plan, are found. Specifically, the Sector targets firstly children, women of reproductive age and the elderly, as well as people with specific health needs such as the chronically ill (HIV, diabetes, cardiovascular disease, etc.) and the disabled. In order to effectively respond to the COVID-19 disease outbreak, the Health Sector, in coordination with the WASH Sector, will provide assistance to national health authorities to update response plans for affected regions. Specific attention will be given to the response in IDP and refugees sites in coordination with the Protection Sector/Cluster.

Monetary Assistance

For the 2020 response, no cash assistance is envisaged for humanitarian action in the Health Sector in 2020.

Humanitarian – Development Nexus

This strategy is part of the country's sectoral health strategy,¹⁵ namely, "Guarantee equitable and universal access to basic health care services and quality priority specialized care, with the full participation of the community and the involvement of other related sectors". This is to prepare people to find solutions to their own health problems by providing essential information enabling them to identify and access the health services they need (like motorbike ambulance in areas of insecurity and hard to reach areas). Similarly, it will entail soliciting the collaboration of the community in the establishment of an early notification system of events (illness, birth, death, etc.) in order to deploy mobile clinics and / or intervention teams in time. Also, certain development actors will be able to extend the cash modality in certain health districts in the Far North which have much safer access.

¹⁵ <https://www.minsante.cm/site/?q=fr/content/strat%C3%A9gie-sectorielle-de-sant%C3%A9-2016-2027-1>

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Objectives, Indicators and Targets

OBJECTIVE	INDICATOR	IN NEED	TARGETED
Strategic Objective 1: Save lives, alleviate suffering and strengthen the protection of civilians, including those particularly vulnerable to the COVID-19.		6,200,000	3,000,000
Specific Objective 1.1: 378,715 vulnerable people affected by a humanitarian crisis have access to minimum food, nutrition, WASH and lifesaving health services by the end of 2020.			874,000
Sectorial Objective: Ensure safe delivery for all women of childbearing age targeted.	# of birth assisted by skilled attendant		116,000
Specific Objective 1.3: By the end of 2020, effective prevention and access to protection assistance, including psychosocial, medical and legal support, and to a protective learning environment is ensured for 723,882 vulnerable people affected by a humanitarian crisis.			724,000
	# of people receiving mental health assistance		247,000
Sectorial Objective: Reinforce the management of physical and psychological trauma for people affected by crises.	# of persons having benefited of surgical care for a trauma caused by a weapon		247,000
Specific Objective 1.4: Specific Objective 1.4.: The morbidity and mortality rate of measles, cholera, polio outbreaks and other public health threats have decreased to under 1 per cent by the end of 2020 in the regions affected by a humanitarian crisis.		1,900,000	1,900,000
	# of recorded diseases outbreaks		3
	% of diseases outbreaks investigated within the 72 hours		90
Sectorial Objective: Reduce the risk and / or the impact of epidemics by early detection and effective response.	Measles vaccination coverage (%)		80
	Case fatality rate due to cholera		1
	Number of people sensitized to all kinds of epidemics		1,900,000
Strategic Objective 2: Contain the spread of the COVID-19 epidemic and decrease morbidity and mortality		2,300,000	2,300,000
Specific Objective 2.2: Prepare and be ready: prepare populations for measures to decrease risks, and protect vulnerable groups, including older people and those with underlying health conditions, as well as health services and systems.			1,500,000
Sectorial Objective: Reduce the risk and / or the impact of epidemics by early detection and effective response.	# of people who benefited of prevention measures or care on COVID-19		130,000
Specific Objective 2.3: Ensure essential health services and systems: secure the continuity of the essential health services and related supply chain for the direct public health response to the pandemic as well as other essential health services.			625,000
Sectorial Objective: Provide comprehensive health response for the COVID-19 disease outbreak.	# of outpatient's consultation performed		625,000
Strategic Objective 3: Support affected populations to meet their basic needs		5,700,000	3,400,000
Specific Objective 3.1: By the end of 2020, 3,100,000 vulnerable people affected by a humanitarian crisis have regular access to basic services (health, education, WASH, shelter).			3,100,000
Sectorial Objective: Provide equitable access to essential health care services to the population affected by crisis.	# of outpatient's consultation performed		868,000

3.6

Nutrition



PEOPLE IN NEED	PEOPLE TARGETED	REQUIREMENTS NON-COVID (US\$)	REQUIREMENTS COVID-19 (US\$)	PARTNERS
585k	322k	\$21.5M	\$2.2M	11

Objectives

1. Improve access to malnutrition prevention and micronutrient deficiency control programs for the most vulnerable populations (children under five and pregnant and lactating women).
2. Improve access to Integrated Severe Acute Malnutrition (PCIMAS) programs for at least 75% of vulnerable populations (children under five, pregnant and lactating women).
3. Ensure a coordinated and effective nutritional response to all populations in need.

The Nutrition Sector's response must make it possible to reduce the mortality and morbidity linked to acute malnutrition and to protect the nutritional status of the most vulnerable people, namely children under 5 and pregnant and lactating women. Based on the humanitarian needs analysis, six priority regions - the Far North, the North, Adamawa, the East, the North West and the South West - will be targeted by the response plan. However, due to the unpredictable impact of the COVID-19 pandemic in the affected areas, the Nutrition Sector will improve preparedness and monitoring activities in other affected regions. Analysis of recent SMART surveys on the percentage change in cases of undernutrition according to the age of children (0 and 59 months) for priority regions (Far North, North, Adamawa, East) shows an increase in child growth retardation between the age of 4 and 5 months and up to around 24 months which corroborates scientific publications (in particular Lancet series 2011) on the need to act during the 1,000 days window of opportunity through preventive actions. The Far North remains the most vulnerable area with one out of two severely acute malnourished children in this area. However, the nutritional situation has not yet been fully assessed in the North West and South West regions. The Sector will work with the various partners to better clarify needs and adapt response strategies.

Nutritional interventions are considered vital and will be adapted and maintained in the context of COVID-19, in the application of the "Do No Harm" principle. The COVID-19 epidemic will have an impact on the implementation of nutrition programs at all levels. However, nutrition programmes, through their wide presence in health structures and communities, can play an important role in the prevention and attenuation of the transmission of COVID-19, in conjunction with stakeholders from the Health and WASH sectors.

- i. Nutrition activities will be prioritized and adapted so as not to become vectors for the transmission of the epidemic.

- ii. Programmatic adaptations will be made to avoid that health facilities become transmission centers for COVID-19 due to insufficient or inappropriate IPC measures.
- iii. Nutrition interventions will try as much as possible to reduce the burden on health structures, as they, particularly hospitals, can be quickly overloaded in the event of an epidemic peak.
- iv. Communities are considered as key players in the nutrition response. Their involvement at all levels, whether at the level of the health system and at the community level, will ensure better ownership and a better impact of the interventions that will be implemented.
- v. Beneficiaries will be informed about current projects and available services, as well as adaptations due to COVID-19.
- vi. The protection of health staff, implementing staff and staff of implementing partners is a priority and appropriate procedures will be put in place to do so, such as evacuation procedures, the identification of potentially vulnerable staff, etc.

Certain generic measures will be taken into account in the way nutrition activities will be carried out:

- Prevention of mass gatherings at any time. Door-to-door approaches will be favored in opposition to mass campaigns and large group counseling sessions.
- Promotion of barrier measures, such as physical distance of 1 meter, during all implemented activities
- Provision of trainings to health workers and community health workers on essential actions to prevent the contamination and spread of the epidemic by applying precautionary measures and encouraging online training, consistent with national messages.
- Ensure the simplification of selection, monitoring and discharge procedures by using the Mid upper Arm circumference (MUAC) in order to limit the risks of contagion of patients and caregivers and to accelerate the flow of patients, particularly in areas of virus circulation.
- Intensification/encouragement of the outpatient management of cases, and the decentralization of care in order to limit contact between cohorts of malnourished people and health structures also welcoming suspected cases, especially in circulation areas of the virus.

- Production and dissemination of key messages on COVID-19 (symptoms, transmission and barrier measures) as well as on the reduction of stigma associated with COVID-19 through secure communication channels (radio, television, cellphones).
- Provide specific advice for men on how to support as care takers and the necessity of doing so for the entire family and community's health.
- The sanitary crisis is likely to affect the population's economic well-being, with levels of food insecurity on the rise. In this context, the Nutrition Sector will seek to understand what decisions by women and men affect family nutrition (for example, who eats first and most, spending on food and health care, mobility restrictions and domestic responsibilities not allowing to seek nutritional assistance).
- Considering that, while prevention protocols recommend avoiding contacts with people infected by COVID-19, women are typically expected to care for the sick and malnourished at home and/or accompany them to the hospital/national center, it will be important to develop effective prevention and response measures that take into account the distinct roles and responsibilities of women, not able to avoid close contact with those they care for, even when those are affected by coronavirus. Women's advice will be sought on how to support them with care responsibilities and with guidance on protective measures they consider feasible to adopt.
- Inclusion of key messages on COVID-19 symptoms and infection prevention and control (IPC) in all communications aimed at health workers, community health workers and communities.
- Pre-positioning of nutritional inputs at all levels of the health pyramid (at the national, district, divisional and community level).

In the COVID-19 context, the Sector will try to maintain a response based on the reduction of risks and vulnerabilities in the Far North, the North, Adamawa and the East.

The strategies implemented will aim to reinforce the capacities in terms of screening and management (hospitalisation and ambulatory) of acute malnutrition for the most vulnerable populations (children under 5 years and pregnant / lactating women), with a strengthening of community-based strategies.

In this context, monitoring and evaluation and supply mechanisms for intrants are strengthened and adapted to ensure an effective response. To continue with the long-term recovery of the affected populations, the actors will adapt the humanitarian-development agenda.

These strategies will revolve around Blanket Supplementary Feeding Programs serving as a platform integrating various promotional activities adapted to the context (vaccination, MILDA, awareness-raising, etc.) and home-based Food Fortification (FAD) programs based on micronutrient powder. All the prevention activities and programs will include the promotion of infant and young child feeding practices in emergencies as a common thread.

Ensure surveillance in a context of reduced access in the North West and South West.

The Nutrition Cluster response plan proposes to expand and strengthen coverage of services in order to reduce the mortality and morbidity related to acute malnutrition and protect the nutritional status of the most vulnerable people which are children under 5 years and pregnant and lactating women.

The Cluster aims at strengthening the capacity of existing local partners on early identification, referral and treatment, optimal IYCF-E and nutrition assessment activities. Trainings (via distance learning) will integrate concepts of humanitarian principles, protection from sexual abuse and exploitation (PSEA), disability inclusion and accountability to affected population (AAP). The Cluster will continue to improve early case detection of acute malnutrition and provision of quality care and treatment for acute malnutrition. Actions that are geared towards prevention and protection of vulnerable groups, against the deterioration of nutrition status will be scaled up and strengthened. This includes IYCF-E programming, appropriate BSFP and Vitamin A supplementation. To improve the nutrition information systems, a robust nutrition surveillance system will be established to monitor the nutrition situation for early warning and decision making. Intervention strategies will adopt strategies such as rapid response mechanism (RRM), mobile clinics etc. to access the affected population that are in hard to reach areas. Lastly, due to the nature of the crisis, the responses will consider protection concerns to promote the safety, dignity and integrity of the people receiving assistance.

Monetary assistance

The Sector's response plan will incorporate a first experience of monetary assistance in 2019 for support to maternal nutrition in the context of the CAR crisis. The Sector, in collaboration with the Cash group, will work on capitalizing and replicating the activity by looking for best practices that can be contextualized in other interventions. The Sector will conduct further analysis and studies to expand monetary assistance activities in 2021. In the context of COVID-19, and if nutrition situation would have to deteriorate in urban areas, monetary assistance will be considered for intervention.

Accountability towards Affected Populations

The Nutrition Sector partners will endeavor to promote the important principles of all humanitarian assistance: (i) Integrate humanitarian principles and the Do No Harm approach, (ii) promote accountability to affected populations (AAP) and (iii) guarantee the participation, implication and empowerment of populations.

In 2020, an assessment is planned of existing systems of community participation and representation to ensure they are fair, truly representative and accountable, and ensure all segments of the communities have a say.

Humanitarian – Development Nexus

The response plan is part of the overall operational plan for the Nutrition Sector in Cameroon. This plan is anchored on sustainable operational mechanisms based on strengthening the capacity of Government actors and civil society at the local level (delivery of

activities through regional health delegations, capacity building of health personnel, durable equipment supplies and structural rehabilitation, etc.). The activities are designed to allow continuity with the actions of local partners prior to the crisis. The Nutrition Sector has developed a response plan to adapt the implementation of activities in the context of the COVID-19 epidemic – the main aspects are listed above.

The response plan is also in synergy with pillar 2 health-nutrition of the UNDAF 2018-2020, effect 2.3: By 2020, children under 5 and women in vulnerable areas have access to services for the prevention and treatment of malnutrition and use them in an increased and equitable way to improve their nutritional status.

Costing methodology

Costing of the projects has taken into consideration the cost of supplies, human resources (staff), capacity building/ development, administrative, monitoring and evaluation (M&E) and promotional activities cost (eg.: communication costs). For example, for

management of severe acute malnutrition the unit-based cost of 100 USD per child treated is usually considered (PCIMAS costing study – UNICEF 2015).

Considering the implementation of activities in the context of COVID-19, the partners have estimated an extra 15% budget related to adaptation of implementing strategies, mainly the procurement of protection equipment at both health center and community level.

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Objectives, Indicators and Targets

OBJECTIVE	INDICATOR	IN NEED	TARGETED
Strategic Objective 1: Save lives, alleviate suffering and strengthen the protection of civilians, including those particularly vulnerable to the COVID-19.		6,200,000	3,000,000
Specific Objective 1.1: 874,000 vulnerable people affected by a humanitarian crisis have access to minimum food, nutrition, WASH and lifesaving health services by the end of 2020.			874,000
Sectorial Objective: Improve access to malnutrition prevention and micronutrient deficiency control programs for the most vulnerable populations (children under five and pregnant and lactating women).	# of children aged 6-23 months receiving a BSFP complementary ration		135,000
Sectorial Objective: Improve access to Integrated Severe Acute Malnutrition (PCIMAS) programs for at least 75% of vulnerable populations (children under five, pregnant and lactating women).	# of children aged 6-59 months suffering from SAM have access to treatment in the NWSW		2,600
Sectorial Objective: Ensure a coordinated and effective nutritional response to all populations in need.	# Number of new admissions of children aged 6 to 59 months in the PCIMAS		65,000

3.7

Protection



PEOPLE IN NEED	PEOPLE TARGETED	REQUIREMENTS NON-COVID (US\$)	REQUIREMENTS COVID-19 (US\$)	PARTNERS
3M	2.5M	\$19.7M	\$3.4M	14

Objectives

1. Improve the protection and respect of fundamental rights for persons affected by crises and the COVID-19 pandemic, prioritizing vulnerable groups including the elderly, women and children exposed to risks of violence, social exclusion and stigma, abuse, sexual exploitation and family separation.
2. Build capacity of Cameroonian authorities and civil society actors on the protection of affected populations to ensure respect for rights.
3. Reduce the vulnerability of populations affected by crisis, including the COVID-19 pandemic, by ensuring non-discriminatory access to basic and specialized services and by building communities' protection capacity.
4. Promote the centrality of protection and engage first respondent actors to mainstream protection principles into programming, preparedness and responses to the needs of populations affected by crisis and COVID-19 or at risk of being affected by COVID-19.

In light of the COVID-19 pandemic, it is important to prevent the violation of refugee and human rights legal provisions, including the right to asylum. Protection actors will continuously monitor activities to ensure that asylum seekers and refugees have access to the territory and to available services, including to information about COVID-19. Continuous advocacy on refugees' inclusion in the Governments' COVID-19 response is paramount.

The armed conflict in the **Far North** region continues to impact the protection of civilian populations, with multiple attacks and incursions by armed elements, kidnappings and killings, as well as the destruction and theft of property, all causing new displacement. The population of internally displaced persons stands at about 300,000 as of 31 March 2020, compared to 270,000 in November 2019 and 244,000 at the end of 2018. IDPs face risks of violence, limited freedom of movement, difficult living conditions and inadequate access to basic services. At the same time, the increase in the number of returnees, which has reached 117,000 individuals as of 31 March 2020, requires coordinated support for these people in order to meet their needs and help them achieve a durable solution, especially in light of the COVID-19 pandemic. Indeed, returnees face specific risks and vulnerabilities in terms of protection, including those related to civil documentation, the security of property and persons and equitable access to basic social services and land in their location of origin or return. The Sector will work with the Government and

partners to ensure that these specificities are duly taken into account in the support and assistance provided to returnees. The Sector will also focus on building the capacity of authorities, communities and humanitarian actors to better understand and address cross-cutting protection and humanitarian principles and to address COVID-19 related needs. Finally, it is imperative that the Sector improve the accountability of stakeholders in a coordinated way by training and ensuring that appropriate feedback mechanisms are in place.

In 2020, the work of the Sector in the **Far North** will therefore focus on prevention and response actions, as well as capacity building and increased coordination, particularly in the following areas:

- Consolidate protection monitoring systems through remote management in the Far North and strengthen referral and care mechanisms to facilitate access to appropriate services for affected people, with particular attention to children and survivors of violence;
- Strengthen the centrality of protection in all humanitarian interventions and build the capacity of authorities to mitigate the risk of discrimination and reduce risks linked to COVID-19;
- Promote core protection principles such as Do No Harm, enhanced accountability to affected populations, and beneficiary participation and empowerment;
- Contribute to systematic psychosocial support (mass and individual) to communities affected by the COVID-19 pandemic in order to reduce the risk of trauma for the victims, their families and the community;
- Through the Camp Coordination and Camp Management (CCCM) community-based approach, engage community mobilizers, workers and leaders in raising awareness on COVID-19 by enhancing their capacity with the aim of making displaced people responsible for their self-care in their displacement situation;
- Strengthen the identification, documentation and referral of people with specific needs affected by COVID-19 within the IDP sites as well as in host families in the community to appropriate to service providers;
- Ensure regular and active advocacy with the authorities on priority protection issues;
- Contribute to the strengthening of community protection by building on existing self-protection capacities and develop prevention strategies including awareness campaigns;

- Ensure predictable coordination and contribute to the consideration of transversal protection in all interventions, with awareness-raising and/or training. Develop a strategy to improve the accountability of humanitarian actors to affected populations.

In the **North West and South West** regions, protection is at the heart of this crisis. As of August 2019, at least 450,300 people have been displaced within the two regions as a result of violence and serious human rights violations attributed to all parties, in addition to over 200,000 people who have been displaced to neighbouring regions. The displacement situation remains dynamic with new displacements on a daily basis, including multiple displacements of the same persons. Moreover, it has been estimated that the number of affected host populations within the North West and South West is exceeding 741,000. Populations face various risks, such as kidnapping, murder, arbitrary detention, attacks on property, sexual violence, loss of essential documents and family separation. Tense and volatile security situation in the region was deteriorating in light of the upcoming February 2020 elections, negatively affecting access to beneficiaries in affected areas and posing a threat to humanitarian activities. Displacement continues as a result of the violence that continues on an almost daily basis. Furthermore, more than 10,000 individual have spontaneously returned from locations in the West, Littoral, Centre regions, out of fear of contracting the virus, as some cases have been confirmed in these regions and following a State decision to close all schools in order to prevent the spread of the COVID 19.

Although some individual spontaneous returns to area of origin have been registered, the protection environment remains complex and volatile. Early return to areas of origin will not be sustainable and IDPs must be able to make an informed and voluntary choice about alternatives.

The COVID-19 pandemic has put a strain on the already complex protection environment which is further weakened by the limited protection capacity to address protection challenges and to reduce or mitigate protection risks. The situation has disrupted individuals' and community protection capacities as well as humanitarian and community support to displaced persons at risk and those with specific needs and has increased gender inequalities and vulnerabilities on the other hand.

In line with the national COVID-19 response strategy and WHO guidance on prevention and mitigation measures that ensure the safety, security and health of staff and affected populations the following activities were identified as the main intervention axes to mitigate risks and the further propagation of the pandemic: the strengthening of the capacity of community members, state, protection and other humanitarian actors; reinforcing the protection mainstreaming in all interventions; enhancing protection analyses to inform the humanitarian response, including the protection response.

The Protection Cluster will continue to monitor the impact of the humanitarian response in order to guide advocacy efforts, not only with regards to resource mobilization and respect for humanitarian principles but also with regards to the COVID-19 pandemic.

While at least over one million people are in critical need of protection in the North West and South West regions, the Cluster targets 927,000 persons (90% of the PIN) in 2020 for direct protection assistance.

In order to meet the needs of the affected populations, the Cluster will focus on the following areas:

- Reinforce protection monitoring networks and community-level protection assessments to ensure information gathering and identification of protection risks as well as coping mechanisms adopted by community members given the insecurity and the COVID-19 pandemic. The protection risk analysis will concentrate on marginalized groups. Advise other sectors on ways to provide services that are safe, dignified and welcoming to minorities.
- While women will face increased protection risks, they are likely to be excluded from community consultation and decisions. The Sector will ensure that women are fully and meaningfully engaged in the prevention and protective measures that will be supported. This will be done by:
- Ensuring that community engagement teams are gender balanced and that messaging and information on protection as part of the COVID-19 response is relayed through local networks, such as women's and youth groups.
- Prioritizing women's meaningful participation and ensuring they are in a decision-making position: Given their care giving and nursing role, women are well placed to know how rights of individuals, be they children, elder people, or people with disabilities, are violated. This can be done by engaging existing formal and informal women's groups, civil society organizations and women's rights organizations. Incorporating women's voices and knowledge at all stages of the response will allow understanding how specific groups are facing stigma and isolation. It will ensure their specific protection needs are taken into consideration.

A strengthened protection monitoring mechanism will also ensure that referral pathways are known and functional and that appropriate responses are provided (by other humanitarian actors or public institutions) where existent, or accessible:

- Strengthen referral and holistic care mechanisms to enable affected people to access appropriate services, with a focus on protecting children and survivors of sexual violence.
- Prioritise capacity building of partners, protection monitors and relevant social workers on the COVID-19 pandemic in order to disseminate relevant message in localities affected by displacement through campaigns on mitigation measures to combat the COVID-19 pandemic, availability of services to respond to protection needs and provide psychological support as part of the case management process.
- Support the replacement of lost or destroyed documents in order to strengthen freedom of movement, reduce the risk of statelessness and facilitate access to services in a context where public institutions may be fully or partially disrupted due to the COVID-19 pandemic.
- Develop a strong advocacy agenda based on data analysis on priority protection issues and addressing COVID-19 protection.

- Ensure protection is mainstreamed in all interventions and across clusters focussing on the following: prioritize safety, dignity, meaningful access, accountability, participation and empowerment and avoid causing harm.

Specific strategies for Child Protection and Gender-based Violence are detailed on the following pages. An overview of refugee protection interventions is available in the chapter on refugee response in this document and in the RRRP for Nigerian refugees.

Accountability towards Affected Populations

The Protection Sector works with all partners to ensure that the response is based on transparency and participation, giving affected populations the opportunity to be involved in decisions that affect them and allowing them to provide feedback or complaints where appropriate. Inclusive and participatory approaches are encouraged in order to identify the priority needs of affected populations and to ensure that they participate in the implementation, monitoring and evaluation of interventions.

Cash assistance

The protection sector offers several non-monetizable services (training, monitoring, advocacy, awareness-raising). In 2020, the Sector will work with the Cash working group to ensure that protection considerations are at the heart of monetary interventions (complaints and feedback mechanisms, consideration of specific needs, etc.). This is particularly relevant with regards to the heightened risk of negative coping mechanisms that may result from reduced access to assistance and services, as well as reduced economic opportunities due to the COVID-19 pandemic.

Humanitarian – Development Nexus

The Protection Sector will continue to encourage the participation of development actors in coordination forums and strengthen collaboration on key issues on the humanitarian and development nexus, including access to identity and civil status documentation, legal assistance services and advocacy for access to basic social services, when the COVID-19 crisis will permit. In the interim, the Sector will seize every opportunity to advocate for due consideration of people affected by COVID-19 or at risk of being affected by the pandemic in their programming and plans.

Costing methodology

The budget for the Protection Sector is calculated based on the cumulative number of projects submitted and validated by the Sector, including COVID-19 projects in locations affected by forced displacement. Protection activities require significant investments in human resources, with, for example, the need to have a sufficiently equipped network of protection monitors to ensure effective monitoring and community mobilisers and workers for messaging dissemination in conjunction with the COVID-19 pandemic. Moreover, the security situation and access constraints in certain areas, such as in some divisions in the North West and South West and certain localities in the Far North, make interventions considerably more expensive. Because of their sensitivity, these interventions require a gradual approach aimed at building trust with the populations over the long term.

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Objectives, Indicators and Targets

OBJECTIVE	INDICATOR	IN NEED	TARGETED
Strategic Objective 1: Save lives, alleviate suffering and strengthen the protection of civilians, including those particularly vulnerable to the COVID-19.		6,200,000	3,000,000
Specific Objective 1.2: Reduce violations of international law, including IHL and HR law, (including attacks on humanitarians, education and health facilities, property destruction, extra-judicial killings, arbitrary arrests and detentions) by 25 per cent in North West and South West regions and the Far North by the end of 2020.			558,000
Sectoral Objective: Improve the protection and respect of fundamental rights for persons affected by crises and the COVID-19 pandemic, prioritizing vulnerable groups including the elderly, women and children exposed to risks of violence, social exclusion and stigma, abuse, sexual exploitation and family separation.	# of persons covered by protection monitoring activities		442,000
	# of persons sensitized on GBV at the community level		558,000
Sectoral Objective: Build capacity of Cameroonian authorities and civil society actors on the protection of affected populations to ensure respect for rights.	# of persons trained		1,955
	# of awareness-raising sessions organised		257
Specific Objective 1.3: By the end of 2020, effective prevention and access to protection assistance, including psychosocial, medical and legal support, and to a protective learning environment is ensured for 724,000 vulnerable people affected by a humanitarian crisis.			724,000
Sectoral Objective: Improve the protection and respect of fundamental rights for persons affected by crises and the COVID-19 pandemic, prioritizing vulnerable groups including the elderly, women and children exposed to risks of violence, social exclusion and stigma, abuse, sexual exploitation and family separation.	# of persons sensitized on the prevention of violence, abuse and exploitation against children (men, women, girls, boys)		97,600
Strategic Objective 2: Contain the spread of the COVID-19 epidemic and decrease morbidity and mortality		2,300,000	2,300,000
Specific Objective 2.2: Prepare and be ready: prepare populations for measures to decrease risks, and protect vulnerable groups, including older people and those with underlying health conditions, as well as health services and systems.			724,000
Sectoral Objective: Promote the centrality of protection and engage first respondent actors to mainstream protection principles into programming, preparedness and responses to the needs of populations affected by crisis and COVID-19 or at risk of being affected by COVID-19.	# of advocacy interventions conducted on specific protection issues including related prevention and responses measures to COVID-19		83
Strategic Objective 4: Decrease the deterioration of livelihoods due to COVID-19 and enhance the resilience of vulnerable populations		4,900,000	1,000,000
Specific Objective 4.1: By the end of 2020, the use of negative coping strategies is reduced for 524,000 vulnerable people affected by a humanitarian crisis, thanks to improved access to land, inputs, capital and skills for livelihood activities.			524,000
Sectoral Objective: Reduce the vulnerability of populations affected by crisis, including the COVID-19 pandemic, by ensuring non-discriminatory access to basic and specialized services and by building communities' protection capacity.	# of persons having benefited from civil or identity documentation support		102,000
	# of persons including victims of social exclusion and stigma, with identified legal protection needs who received support		7,800

3.7.1

Protection: Child Protection

PEOPLE IN NEED	PEOPLE TARGETED	REQUIREMENTS NON-COVID (US\$)	REQUIREMENTS COVID-19 (US\$)	PARTNERS
2M	764K	\$9.6M	\$6.9M	18

Objective

1. Improve the protection and respect of fundamental rights for persons affected by crises, prioritizing vulnerable groups including women and children exposed to risks of violence, abuse, sexual exploitation and family separation.

While populations in Cameroon, including their children, continue to be affected by the direct and indirect consequences of protracted humanitarian crises in the Far North, West and Adamawa, and in the North West and South West regions, they are also hit by the COVID-19 outbreak since early 2020. This outbreak sharply impacts the close environment in which children are living in a negative way: it increases the risks for children and women of being victims of physical, verbal and emotional violence, abuse, exploitation, and neglect as well as the risk of discrimination and family separation or dislocation.

The following areas were identified as priority interventions in the Child Protection response to COVID-19:

1. **Mental health and psychosocial support (MHPSS)** for children directly affected by COVID-19 (loss of one or both parents, children who are separated from parents or unaccompanied, children placed in institutions, children victims of stigmatization) or those who are affected by the consequences of the pandemic (stress at the family level related to diminished resources, risks of neglect and lack of stimulation, reduced access to services, increased risk of domestic violence and child physical and sexual abuse, etc.) but also for their caregivers and women affected by gender-based violence, in coordination with the GBV sub-Sector.
2. **Prevention of family separation and provision of adequate alternative care measures:** prevent child-family separation through a) the prevention of unnecessary separations through adequate capacity building of frontline workers in verifying the child's situation and determining if they have current caregivers, b) the targeting of at-risk families by humanitarian interventions. Establishing safe, family-based alternative care arrangements (preferably kinship care) will also be a priority, as well as supporting the tracing of extended family members as needed, identification and training of foster families, including in measures for infection control.
3. **Child protection case management:** establish mechanisms to ensure that children and women facing restrictions on movement have continued access to child and gender-friendly, holistic care for children and women experiencing violence and trauma. This will be done

in close collaboration with the GBV sub-Sector. Develop SOPs with the Health Sector and others to ensure the safe identification and referral of children and women at risk; facilitate referral to specialized services, including GBV services; ensure frontline workers have necessary knowledge and skills related to GBV risk mitigation, active listening, PSEA, child safeguarding, and safe referral practices; ensure frontline services providers have necessary skills and knowledge to adequately provide available, accessible, acceptable, quality (AAAQ) and dignified services to children with disabilities during COVID-19.

4. **Risk reduction and care for certain categories of children because of their vulnerability**, and specifically: internally displaced children, street children, children in detention, children in institutions, unaccompanied children and children with disabilities. Specific attention will be paid to girls who will most probably be even more impacted during this crisis. Strengthening family and community environments will be a key focus of the CP response in order to prevent violence against children, abuse and exploitation. Positive parenting in order to emotionally support children and engage in appropriate self-care, as well as mass communication and community sensitization on the risks for children to be affected by violence, abuse and exploitation during an epidemic will also be part of the risk reduction intervention. Broadcast and disseminate child-friendly messages on COVID-19, associated risks and referral pathways; promote and use flexible strategies to communicate with communities remotely; carry out activities to end stigmatization, promote safe coping mechanisms, and support affected populations.
5. **Ensure continuity of birth registration as an essential right and service:** ensure any new birth occurring during the COVID-19 pandemic can be registered and the parents obtain their child's birth certificate.

In addition to these priority focus areas linked to the COVID-19 pandemic, taking into account the vulnerability of populations who are directly affected by conflict, the response to children affected by lasting humanitarian situations (see above) in Cameroon will be maintained, to the best extent possible, taking into consideration the limitations of the operating environment due to the COVID-19 outbreak and subsequent prevention measures.

Below is the detailed response strategy to conflict-affected children by region.

In the **Far North** region, the following priorities will continue to be addressed by Child Protection actors:

- The provision of psychosocial services for internally displaced children, children from host communities and returned children affected by the armed conflict, including children victims of gender-based violence, children formerly associated with armed forces and non-state armed groups as well as unaccompanied and separated children;
- Holistic support, including the sustainable reintegration of children formerly associated with non-state armed groups, ex-hostage children, with particular attention to young girls;
- The development of the approach to engage adolescents as agents of behavior change and the promotion of children's rights, with particular attention to the girl child, with a view to strengthening the resilience of vulnerable populations, consolidating peace and stability in communities;
- Strengthening intergenerational and inter-religious dialogue in communities affected by the crisis and those at risk of attack;
- The issuance of birth certificates to girls and boys affected by the armed conflict who do not have them or who have lost them while travelling;
- Strengthening the capacities of Government child protection structures for better decentralized coordination of child protection interventions at all levels (regional, departmental and communal) and optimal functioning of the child protection system.

As for the **North West and South West** regions, the following priorities will continue to be addressed by Child Protection actors:

- Prevent future risks of violence, exploitation and abuse through community-based child protection mechanisms assisting in psycho-social support, GBV prevention, family separation prevention and reunification when addressing parents, communities and children themselves;
- Respond to cases of violence and abuse identified by Child Protection partners in the field through the provision of psycho-social support to children and their caregivers when needed, identification, tracing and reunification of separated or unaccompanied children; temporary alternative care and comprehensive child protection case management services and referral;
- Strengthen advocacy and inter-sector/inter-cluster collaboration, particularly on the cross-cutting issues, such as age and gender diversity, inclusion of children and people with disabilities, data collection, access and inter-cluster referral mechanisms.
- Sensitize communities on child rights and violations and strengthen community-based child protection mechanisms to ensure communities can provide a protective environment to children by monitoring, identifying, reporting and/or referring cases of child protection violations to the relevant actors through referral pathways.

In the eastern part of the country (**East, Adamawa, North**), Child Protection actors will continue to work through a community-based approach, as long as the context allows, through the strengthening of community child protection networks, while strengthening the capacities of Government child protection structures in a humanitarian-development nexus approach.

The strategic priorities for the intervention of Child Protection actors remain:

- Involvement of endogenous child protection systems in detection, referrals, psychosocial emergency support and monitoring;
- Continuous mapping of service providers and strengthening referral and case management mechanisms for child protection;
- Development of positive parenting skills to ensure an optimal family protective environment for children;
- Anchoring the humanitarian response in the child protection system within the nexus and building the capacity of child protection system actors on emergency preparedness and response.

Accountability towards Affected Populations

Child Protection actors who will implement activities within the framework of the humanitarian response to COVID-19 will be prioritized for the assessment of their organizational capacities in terms of PSEA, since they will be in direct contact with affected communities. The weaknesses identified through these assessments will contribute to better adapt the measures to be taken to integrate the PSEA component in the response to COVID-19. Interventions designed to respond to COVID-19 and its indirect impacts will mainstream key measures to mitigate risks of SEA and provide protection against SEA. Child Protection partners will provide training for their staff on protection against exploitation and sexual abuse. Other key activities will include sensitization on SEA among targeted communities and beneficiaries; establishing confidential, safe and accessible community reporting channels to report SEA. They will coordinate to set up a referral pathway to provide holistic assistance to beneficiaries. To this end, it will be useful for each partner to designate a PSEA focal point who will ensure the proper functioning of the CBCM and the referencing circuit.

The AAP dimension requires further strengthening in capacity building of stakeholders and planning to ensure more analytical, qualitative and systematic application consistent with the IASC Commitments to Accountability to Affected Populations. Though several community-based complain mechanisms have been set up by different partners, it is required to ensure it is systematically put in place alongside accountability to affected populations and prevention of sexual exploitation and abuse following the international standards and allowing clarity and knowledge of populations to use it. Efforts will continue to be deployed in 2020 to ensure these are implemented in a coordinated inter-agency approach.

Cash assistance

Unconditional cash transfers may be considered as a way to strengthening vulnerable households (thus preventing future protection risks children may face) and families at risk of separation or those who have taken in additional children as a result of COVID-19.

Humanitarian - Development Nexus

The humanitarian child protection response will be anchored in the child protection system as part of the nexus.

Costing Methodology

The sub-Sector has established unit costs per child, per type of response activity and per crisis. These costs were developed in consultation with Child Protection actors in the different regions concerned and were then adapted to the COVID-19 pandemic context. These costs take into account the quality and modalities of services to be provided to the different categories of children, but also physical access to the intervention areas and security constraints.

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Objectives, Indicators and Targets

OBJECTIVE	INDICATOR	IN NEED	TARGETED
Strategic Objective 1: Save lives, alleviate suffering and strengthen the protection of civilians, including those particularly vulnerable to the COVID-19.		6,200,000	3,000,000
Specific Objective 1.3: By the end of 2020, effective prevention and access to protection assistance, including psychosocial, medical and legal support, and to a protective learning environment is ensured for 724,000 vulnerable people affected by a humanitarian crisis.			724,000
	# children [and caregivers] provided with mental health and psychosocial support, including children who are directly or indirectly affected by COVID-19		263,000
	# of persons including victims of social exclusion and stigma, with identified legal protection needs who received support		7,800
Sectoral Objective: Improve the protection and respect of fundamental rights for persons affected by crises, prioritizing vulnerable groups including women and children exposed to risks of violence, abuse, sexual exploitation and family separation.	# of unaccompanied and separated children identified and/or having benefited from alternative care arrangements and/or individual follow-up, including in relation to COVID-19 or related control measures		4,800
	# of unaccompanied and separated children reunified with their family, including when the separation occurred because of COVID-19 or its related control measures		1,600
	# of children associated with armed groups (including children released from detention and/or suspected of association) provided with temporary care or family/community- based reintegration support		300

3.7.2

Protection: Gender Based Violence

PEOPLE IN NEED	PEOPLE TARGETED	REQUIREMENTS NON-COVID (US\$)	REQUIREMENTS COVID-19 (US\$)	PARTNERS
2M	1.1M	\$10.7M	\$6.7M	20

Objective

1. Reduce the vulnerability of affected populations by ensuring non-discriminatory access to basic and specialized services and by building communities' protection capacity.

Gender-based violence, such as rape, child marriage and sexual exploitation physical assault, inflicted by intimate partners, is perpetrated overwhelmingly against women, girls and adolescents, regardless of the context of the crisis. Women and children are highly affected by conflict and are exposed to violence, abuse and exploitation, family separation and have significant psychosocial needs.

To prevent and mitigate GBV risks, it is important to involve men in community-based prevention mechanisms through specific programs for men; given that on the socio-cultural level men are power holders and responsible for family safety and protection. Research shows, men's involvement in preventing and responding to GBV has proven successful in several crisis settings.

The paradigm must change through the partnership between men and women and through the involvement of men as agents of change in favor of respecting the rights of women and girls.

Within the protection mainstreaming framework, the GBV Sub-Sector will work with the other sectors to integrate a GBV response through the safe referral of the survivors and the provision of psychological first help.

As the context has evolved with the COVID-19 outbreak, coupled with a potential rise in the number of GBV cases, especially domestic violence, due to the rise in stress levels, the GBV sub-Sector will work with relevant partners on the integration of the Government's mitigation measures and orientations on the pandemic in their interventions. This includes facilitating the access of survivors to services through mobile or on-line services. Given that confinement measures may negatively impact on the occurrence of GBV incidents, it is necessary to support the set up and functioning of one-stop-centers where GBV survivors and their children, including girl survivors, can be received on the one hand and to develop phase-out strategies that will take into account their specific needs on the other hand.

Regarding the fight against sexual exploitation and abuse, the Sector will focus on the following aspects:

Empowerment of local populations through:

- Cooperation with local communities to establish common complaint mechanisms in each community where humanitarian actors work.
- Sensitization of local communities on their rights, the standards of conduct expected of UN, NGO and IGO staff as well as through the provision of contacts where they can submit a complaint / discuss an incident.
- Informational sessions with community-based structures on the code of conduct, humanitarian principles and accountability towards the affected population.
- Production and vulgarization of flyers in local languages on the topic « no excuse to sexual exploitation and abuse ».
- Establishment of community-based feedback mechanisms through the suggestion boxes to facilitate reporting on sexual exploitation and abuse.

Prevention by:

- Ensuring and, if necessary, coordinating, awareness-raising activities on exploitation and sexual abuse for all members of the GBV sub-Sector.
- Sharing information on potential risk factors and areas of concern and putting in place strategies to minimize them.
- Response:
- Establishing local mechanisms to handle complaints Irrespective of the organization involved.
- Establishing and coordinating the implementation of an assistance mechanism for victims.

In the **Far North** region, the socio-cultural system does not promote girls' education and women's socio-economic development, hence the need to set up information and functional training mechanisms, to strengthen existing social cohesion mechanisms to raise the level of education, which will have a major impact on access to protection services, the value of the services offered and the proper use of the assistance offered by providers. Entrepreneurship and small-scale businesses will support vulnerable women to be more protective and self-reliant.

In the **North West and South West** regions, it is essential to improve access to and availability of essential services for holistic GBV case management in order to save lives. Of particular concern is the establishment of safe shelters for women and girls. The two regions

are lacking safe homes, and as a result of this, women remain in abusive relationships. The safe shelters in North West are almost dysfunctional due to limited funding to sustain them.

In light of the GBV risks resulting from the violence and COVID-19 in the North West and South West regions as described above, the GBV sub-Cluster will prioritize new modalities¹⁶ of GBV prevention and response in the context of COVID-19.

The strategy planned for 2020 will focus on the following areas:

- Ensure holistic support of GBV survivors (case management, medical, MHPSS, legal assistance, safe shelter, livelihood support), including online psychosocial support through the establishment of referral pathways to link GBV survivors to multi sector services.
- GBV awareness activities will integrate COVID-19 information and be carried out mainly through community radios, social media, and focus group discussions, updating and dissemination the GBV referral pathways.
- Psychosocial support, including GBV case management services, will be adapted and supported remotely (hotlines) and through mobile clinics, and through community-based protection committees and community health workers.
- A particular focus will lay on the provision of adequate trainings on GBV and psychosocial support to health workers as well as a strong collaboration to ensure provision of quality clinical management of rape and other health care to GBV survivors.
- Support the distribution of dignity kits, adapted to COVID-19, to women and girls as well as the establishment of safe spaces to women and girls where they can access lifesaving information and psychosocial support.
- GBV actors will be supported with required equipment and kits to mitigate COVID-19 risks in their interventions and service delivery points.
- Capacity building to GBV actors is also a priority need and trainings will be provided in form of online trainings, Training of Trainers with a focus on capacity building of community members on GBV issues. This will help improve the quality of service provision in line with the GBV minimum standards and other GBV related guidelines. Target actors include GBV actors, and actors from other clusters, community focal points/volunteers, community health workers, nurses, midwives, etc.
- Support GBV integration into other clusters and COVID-19 response pillars to mitigate GBV risks across all clusters (especially Health, WASH, Food Security, Shelter and Education) and pillars of the COVID 19 response to ensure the safety of women and girls and support GBV survivors' access to specialized GBV services.
- Support the establishment of a safe and ethical GBV data management system through the implementation of the GBVIMS and

GBV assessments to ensure collection of reliable GBV data to inform strategic decision making.

- Conduct safety audit and GBV service mapping in crises-stricken areas.
- Update referral pathways in the light of changes in service provision mechanisms and structures adopted during the COVID 19 pandemic.
- Provide equipment to safe spaces, including COVID -19 information and hygiene equipment;
- Provide a hotline for GBV safe spaces and facilities for online support (counselling, psychosocial support, mental care).
- Ensure access of people with special needs (people living with disabilities, elderly people), adolescents and young people and pregnant women to live-saving GBV and COVID-19 information and services adapted to their needs.
- Support coordination of GBV prevention and response interventions through information sharing, capacity building, advocacy and resource mobilization to reinforce the GBV response.
- Prepare for an increase in GBV cases, and/or an increase in vulnerability and needs of GBV survivors, including through the following activities: i) Reach out to local women's rights organizations to set referral mechanisms; ii) Liaise with GBV service providers in affected areas to update referral pathways and reflect changes in available services; iii) Strengthen and fill gaps in the provision of local survivor-centered referral systems and services.

Combine public health education or health outreach initiatives with GBV prevention and response activities. Cash assistance

In 2020 the sub-Sector will explore the possibilities of cash transfers in order to meet the needs of survivors for access to quality services in the field of gender-based violence while taking into account the potential barriers due to remoteness and isolation of localities. Emphasis will be placed on the cost of caring for survivors as well as covering their transportation cost to available services.

Accountability towards Affected Populations

The sub-Sector will work with all partners to ensure that the response is based on transparency and participation, giving all stakeholders and beneficiaries the opportunity to be involved in decisions that affect them and allowing them to provide feedback or complaints as appropriate. Inclusive and participatory approaches are encouraged to identify the priority needs of survivors and to ensure that they are involved in the implementation, monitoring and evaluation of interventions.

Humanitarian – Development Nexus

The involvement and commitment of communities in the prevention and response to gender-based violence will be placed at the center of interventions with a view to contributing to the establishment of a solid and lasting community mechanism. Government leadership in coordination at the national, regional and departmental levels will help

¹⁶ Guidance Note - GBV-COVID-19_V2. GBVSC_NWSW_Cameroon

strengthen the national ownership system. Safe spaces and centers for the advancement of women are real gateways for restoring women and girls' self-esteem with a view to empowerment. The coordination of multi-sectorial interventions and the synergy between the actors are determining components for an effective referral system which takes into account the specificities of each actor.

Costing Methodology

The budget estimate was made based on the unit cost and the total number of medical inputs/equipment and didactic material to be placed in the health facilities and safe spaces for GBV services (for example, the unit cost of a dignity kit, post-rape kits) thus taking into account the specifics of each crisis context and region. The budget estimate took into account the fact that in a COVID-19 situation, additional equipment allowing remote service delivery and the backup of survivors' files for better confidentiality will be necessary. In particular, telephones, including their maintenance, internet packages where possible, the setup of hotlines, additional items for dignity kits

in case of shutdown situations, including hygiene kits in safe spaces or health facilities, need to be purchased. This costing within the sub-Sector also took into consideration the cost of GBV awareness raising activities and campaigns, such as the 16 days' campaign against GBV, the cost of a mobile clinic, the identification of survivors and the mapping of areas at risk of GBV through security audits. The cost of human resources, capacity building, including training, monitoring and evaluation, communication and visibility. The increase of costing is taking also into consideration COVID-19 mainstreaming in the projects already posted in HPC and new projects.

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Objectives, Indicators and Targets

OBJECTIVE	INDICATOR	IN NEED	TARGETED
Strategic Objective 1: Save lives, alleviate suffering and strengthen the protection of civilians, including those particularly vulnerable to the COVID-19.		6,200,000	3,000,000
Specific Objective 1.3: By the end of 2020, effective prevention and access to protection assistance, including psychosocial, medical and legal support, and to a protective learning environment is ensured for 724,000 vulnerable people affected by a humanitarian crisis.			724,000
Sectorial Objective: Reduce the vulnerability of affected populations by ensuring non-discriminatory access to basic and specialized services and by building communities' protection capacity.	# of GBV survivors identified and receiving appropriate support including in the COVID 19 context		7,270

3.8

Shelter & NFI



PEOPLE IN NEED	PEOPLE TARGETED	REQUIREMENTS NON-COVID (US\$)	REQUIREMENTS COVID-19 (US\$)	PARTNERS
791k	703k	\$11.2M	\$1.6M	16

Objectives

1. The most vulnerable displaced population and host families are reached with timely, appropriate life-sustaining emergency shelter support, including for the prevention of COVID-19 transmission.
2. The most vulnerable displaced population are reached with rental subsidies, including for the prevention of COVID-19 transmission.
3. The most vulnerable displaced population and host families are reached with timely, appropriate life-sustaining NFIs support, integrated with public health measures for the prevention of COVID-19 transmission.

The lack of shelter and essential household items (NFI) are pressing needs faced by the internally displaced people, the refugees, the returnees, and the host populations. The host population has become as vulnerable as the displaced for having shared the few resources they have and at risk especially due to the COVID-19 outbreak. The most vulnerable are the elderly without family support, overcrowded households, children, female headed households, people living with disabilities, and the chronically ill.

The following activities will be implemented in areas hosting refugees to prevent the transmission of COVID-19 inter alia by allowing for social distancing and hygiene measures:

- Provision of materials for households in need of shelter assistance. Technical assistance will also be provided to groups unable to build their shelters (e.g. female headed households, older people, people with disabilities, child headed households) in order to prevent risks of sexual exploitation and abuse.
- Distribution of shelter kits
- Distribution of shelter kits for households indicating shelter as a priority need.
- Provision of shelter assistance for households living in urban areas.
- Distribution the NFIs to vulnerable households in need of core relief items, including soap.

In the Far North, the activities of Boko Haram have caused the flight of 112,000 Nigerians to Cameroon and the internal displacement of over 413,000 Cameroonians. In addition to the insecurity, the population is exposed to risks in connection to climatic aspects such as the lack of plant cover, rains with strong winds and flooding. All this thus contributes to the deterioration of their health and their dignity.

In the eastern, northern, and Adamawa regions, the problem arises more at the level of the economically vulnerable. The majority of the displaced have arrived in their current areas of livelihood without any means of subsistence, and it is with humanitarian aid that they have been able to obtain shelter and household items to cope with an austere life.

In a context where refugees cannot easily find employment, given the localities in which they live and which lack daily economic activities, these people depend on humanitarian aid for their basic needs.

Activities in this Sector will, therefore, be based on facilitating access to shelter and infrastructure through the construction of new shelters and the maintenance/rehabilitation of existing structures in the Far North and East of Cameroon.

In the North West and South West regions, the situation of violence in the regions forces the internally displaced to live in forests without permanent/adequate housing. Assessments of shelter / non-food items show that most IDPs live dispersed in spontaneous sites within forests. Some live with host families, while others move to large cities / urban centers where they rent a house or an apartment. Even when displaced people are housed with host families or in an urban area, they often live in precarious sanitary conditions in overcrowded accommodations.

These same assessments show that their needs for shelters and essential household items will remain a priority in the coming months. Secured access to the communities where the displaced live is a real challenge due to the ongoing fighting and the continuous displacement of populations from one point to another. Furthermore, there are safety and security concerns with regards to response activities.

The strategy will be different in the North West and the South West. In these two regions, displacements are more fluid and recent and there are few intentions to return. In 2020, the Cluster response will, therefore, focus on providing NFI emergency shelters to the most vulnerable IDPs and host families. This will also ensure the Implementation of a Cluster risk-communication and community engagement plan for COVID-19, including details of anticipated public health measures in the responses under shelter. Attention will be paid to women's meaningful inclusion in community mobilization, risk communications, and surveillance mechanisms.

The security situation in the North West and South West regions is characterized by escalating violence forcing the internally displaced to live in forests without permanent or adequate housing. The findings of field assessments highlight gaps related to shelter, especially where the IDPs had fled for safety to live in the bushes. Most of the information indicated that IDPs living in the bush are in dire need of shelter and non-food items to protect themselves from the harsh weather conditions, alongside improving on the household items in situations where they are forced to share their meager resources with families and friends.

Shelter/NFI assessments will continue to be carried out in spontaneous IDP sites within forests and with host families in overcrowded spaces, with due attention to the distinct NFI and shelter needs of the female and male population.

All shelter/NFI activities to the benefit of IDPs in the North West and South West regions will include COVID-19 prevention measures.

The Cluster brings together 16 organizations (UN agencies and international and national NGOs) to coordinate and improve the provision of emergency shelter and NFIs. The result is a harmonized effort to support affected people to claim their right to adequate shelter and life in dignity. Cluster members distribute NFIs, such as plastic sheeting, cooking sets, blankets, jerry cans, sleeping mats, and shelter to the most vulnerable population. The Cluster provides minimum standards that guide members in the provision of NFIs and shelter-related interventions. COVID-19 awareness activities will be carried out in all the categories of shelter and NFI response.

Accountability to Affected Populations

For all interventions in the Sector, through any actor, the Shelter/NFI Sector will consider the issue of gender, the dignity of the beneficiaries as well as accountability to populations in need. The strategy will be guided by the principle of 'do no harm' in all the activity, through awareness sessions throughout our interventions.

The COVID-19 pandemic is causing additional displacement of populations. Many of those that have previously settled in urban areas are moving or returning to rural areas. Taking into account this new dynamic, the Sector increased its target from 419,000 to 668,000 for shelter and NFI assistance.

The Sector contributes to the protection of displaced and other vulnerable groups from life-threatening elements through the distribution of Emergency Assistance Packages (EAPs), improve living conditions, and facilitate access to durable solutions for displaced people.

The Sector's response strategy will reflect different shelter-related needs:

- Emergency response - Enhancing the Sector's capacity to respond to new displacements in a timely, transparent, and accountable manner;
- Transitional shelter: Provision of transitional shelter to stabilized IDP settlements mainly in the Far North Region and part of the Southwest and Northwest regions;
- Support for durable solutions - When conditions are conducive, support a voluntary return to the place of origin or voluntary relocation, and help with settlement planning and realization;
- The Emergency Shelter/NFI Sector also advocates that all members conduct post-distribution Monitoring exercises to measure the appropriateness of the items distributed, the effectiveness of the distribution methodology, and the possible protection risks encountered during and after the distributions.

Monetary assistance

The Shelter / NFI Sector provides for the use of the cash approach in the three intervention zones, especially in the eastern region of Cameroon sheltering Central African refugees, where the environment is already favorable for the expansion of aid through this assistance modality. For the Far North and South West / North West, the Shelter/NFI Cluster continues to explore the possibility of cash assistance. Once the necessary prerequisites are in place, the Cluster will gradually introduce cash assistance (voucher or cash) as a pilot project to assist the population living in the urban area.

For security and financial system reasons, the Sector prefers to use cash transfer accompanied by coupons. To be more flexible and to ensure the dignity of the beneficiaries, the use of non-conditional Cash / Coupons assistance will be prioritized. Cash assistance modalities will consider how to mitigate risks of gender-based violence.¹⁷

Humanitarian – Development Nexus

The Sector intends to engage with development partners and other stakeholders, to ensure that there is a collaboration that will drive humanitarian assistance to complement the development. In this sense, joint humanitarian / development projects which will provide lasting solutions will be prioritized.

¹⁷ <https://www.calpnetwork.org/publication/cash-voucher-assistance-and-gender-based-violence-compedium/>

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Objectives, Indicators and Targets

OBJECTIVE	INDICATOR	IN NEED	TARGETED
Strategic Objective 1: Save lives, alleviate suffering and strengthen the protection of civilians, including those particularly vulnerable to the COVID-19.		6,200,000	3,000,000
Specific Objective 1.1: 724,000 vulnerable people affected by a humanitarian crisis have access to minimum food, nutrition, WASH and lifesaving health services by the end of 2020.			724,000
Sectorial Objective: The most vulnerable displaced population and host families are reached with timely, appropriate life-sustaining emergency shelter support, including for the prevention of COVID-19 transmission.	# of HH living in damaged shelters assisted taking into consideration COVID-19 prevention measures e.g: Social distancing		9,500
	# of vulnerable IDP households in self settled receive Shelter kits taking into consideration COVID-19 prevention measures e.g: Social distancing		38,000
Strategic Objective 3: Support affected populations to meet their basic needs		5,700,000	3,400,000
Specific objective 3: By the end of 2020, 3,100,000 vulnerable people affected by a humanitarian crisis have regular access to basic services (health, education, WASH, shelter).			3,100,000
Sectorial Objective: The most vulnerable displaced population are reached with rental subsidies, including for the prevention of COVID-19 transmission.	# of HHs assisted with shelter rental subsidies		8,600
Sectorial Objective: The most vulnerable displaced population and host families are reached with timely, appropriate life-sustaining NFIs support, integrated with public health measures for the prevention of COVID-19 transmission.	# of vulnerable IDP households assisted with core relief items: Inclusion of soap in the NFI kit for the period of COVID-19		63,000

3.9

Water, Hygiene and Sanitation



PEOPLE IN NEED	PEOPLE TARGETED	REQUIREMENTS NON-COVID (US\$)	REQUIREMENTS COVID-19 (US\$)	PARTNERS
3.7M	3.1M	\$17.3M	\$11.4M	35

Objectives

1. Improve sustainable access to adequate water, hygiene and sanitation services for crisis affected and COVID-19 risk populations taking into consideration specific vulnerabilities;
2. Reduce the risk of disease (COVID-19) transmission, morbidity and mortality due to non-compliance with hygiene rules and an unhealthy environment for populations affected by crises;
3. Strengthen the capacities of national stakeholders (Government, municipalities, civil society and communities) to efficiently and effectively improve the delivery of basic WASH services and the resilience of vulnerable populations to shocks.

A degraded situation and increased needs

Access to potable water, hygiene and sanitation services remains insufficient in Cameroon with important disparities between regions. For instance, 77.4% of the population have access to drinking water in the Center region against 56.5% in the North, while open defecation is practiced by 22% of the population in the Far North against 0.2% in the West.

Cholera : Prevention, Preparedness and Response

Since May 2018, Cameroon has been affected by a cholera epidemic. Prevention interventions include the promotion of good WASH practices using cholera awareness tools during community sensitization, the rehabilitation and construction of drinking water facilities in villages that have reported cases of cholera.

Up to 18% of the households do not have soap or any disinfectant in their premises (3% in the South region, 10.8% in the South West and 42% in Far North region). Potable water is needed not only for drinking but also for good hygiene practices mainly handwashing in order to prevent and reduce the risk of COVID19 transmission. Despite the efforts of the Government and the humanitarian community, it is estimated that in 2020, a total of 3.7 million people (25% adult women, 51% children consisting mainly of girls, 4% women and elderly men) will be in need of assistance of Water, Hygiene and Sanitation (WASH) services. Out of the 3.7 million people in need, 3.1 million

are targeted for WASH assistance by Sector partners. The number of people in need and targeted has increased due to the COVID-19 pandemic.

COVID19: An historic hygiene challenge

The COVID19 pandemic represents a historic challenge for the WASH Sector worldwide and particularly in Cameroon. The need for the population to strictly adopt good hygiene practices and other measures is vital for the whole country. The WASH response to COVID-19 aims to ensure that each person and mainly most vulnerable people are able to maintain safe and clean hands anywhere including at home and in public places such as markets, schools and health centers. Handwashing stations will be installed in public places. Based on assessment, interventions will be conducted at health centers to prevent and control infection. This includes the training of hygienists, the provision of WASH kits and ensuring access to safe drinking water for health care facilities and treatment centers, mainly in remote areas. At community level, community health workers will be trained to conduct intensive awareness raising campaigns on COVID-19, including Risk Communication and Community Engagement. Specific WASH kits will be provided to household to facilitate handwashing and prevent the transmission of diseases. The issue of provision of safe water for handwashing will also be addressed.

The WASH response will target both urban and rural areas including communities hosting IDPs and refugees. Frequent online meetings will be held among WASH actors to capture difficulties, lessons learnt, and improve the WASH response.

A sector response reinforcing resilience of affected populations

The response strategy plans to facilitate and increase access of affected and vulnerable people to drinking water supply infrastructures for their essential needs; basic hygiene and sanitation services; better waste management and communication for behavior changes.

The water supply will consist of the construction of new infrastructures in communities affected by the various crises. Non-functional water facilities will be rehabilitated and if possible transformed into small scale water supply networks. In communities hosting displaced people and in refugee sites with a low level of autonomy. Water trucking will only be used to supply handwashing equipment in public places and health centers, in sites hosting new IDPs and should be limited to a period of up to 3 months from the start of the influx. For the sites of more than 2,000 people, it is recommended to envisage the establishment of small-scale networks powered by solar energy or hybrid systems. To reduce the workload related to the collection of water and the risk of gender-based violence, women and girls will have a meaningful say about the location and design of the facilities. (latrines, showers, garbage bins). Particular attention will be paid to ensuring that women and girls are part of the consultations and the decisions made for the outbreak preparedness and response. This will allow understanding cultural WASH practices to identify what habits prove problematic to stop the spread of the virus. This will help identify those that need to be influenced and how to effectively promote public health through hygiene. It will also allow understanding women's and girls' assistance and protection needs in relation to WASH.

Sanitation interventions will be limited to the construction of sex segregated emergency latrines, which will respond to safety and dignity needs of women and girls and that will be accessible and adapted to the needs of people living with disabilities. The construction of family latrines will be promoted through community led total sanitation (CLTS) and participatory hygiene and sanitation transformation (PHAST) in communities hosting internally displaced persons, returnees and refugees and in sites hosting displaced persons for more than three months. The promotion of safe water and good hygiene and sanitation practices will continue through community mobilizers, with due attention to having gender-balanced teams in order to be able to effectively reach the female and male members of the communities. As good hygiene practices require the engagement of each and everyone, the Sector partners will specifically target and mobilize men and boys about the role they should play in hygiene maintenance and hygiene promotion to limit the spread of the virus. It is recommended to intervene via mixed groups (newcomers and host community) by building on existing and already established groups to strengthen social cohesion in host communities. Healthy menstrual hygiene management among the displaced population will be promoted through the provision of usable / reusable menstrual hygiene kits according to the results of rapid preliminary and post-distribution surveys. In the host communities and sites, emphasis will be placed on the ecological management of the waste produced, including recycling / recovery initiatives.

Procurement and distribution of WASH Kits: Priority to the Cash Approach

For 2020, WASH stakeholders agreed to use the cash approach as a priority in areas where markets are functional for the supply of WASH kits, including kits for menstrual hygiene management in the various affected regions. They recognize the existence of capacity challenges with regards to the implementation of this approach. However, actors will build on existing initiatives both within the WASH Sector and in other sectors and on the support from the cash working group. Priority will be given to capacity building of different actors to implement the approach.

A coordination system that is more effective and focused on service provision

With an ever-increasing number of actors and unprecedented national humanitarian crisis and the persistence of the country's humanitarian situation, the sectoral / cluster coordination platforms will be maintained at national, regional and where necessary at the divisional level (Logone-et-Chari). Enough resources must be mobilized for the proper functioning of these platforms and for effective coordination. The lead will be reinforced with the mobilization of NGOs to ensure the functions of Co-Lead and the establishment of new bodies (SAG, TWG) where necessary. Bridges will be established for better coordination with the other sectors (education, nutrition and health). Due to COVID-19, online meetings will be prioritized. In order to consolidate the capacity of WASH partners to strengthen the resilience of affected people, capacity building mechanisms in the implementation of the WASH response will be ensured throughout the year.

Target of interventions: The typology of men, women, girls and boys beneficiaries of the interventions varies according to the crisis. Special attention will be paid to people living in the bush, in destroyed villages, and those displaced in peri-urban areas without access to safe drinking water and sanitation services. Poor families will receive support for WASH services during the COVID 19 response both in urban and rural areas. As part of the support provided to these different groups, the focus will be placed on ensuring that women and adolescent girls have a meaningful say, in line with the global WASH minimum commitments for the safety and dignity of affected people the sector in Cameroon is rolling out.

Budgeting and follow-up of Sector response integrating feedback mechanisms

The budgeting of this plan is based on the cost-by-activity approach. For better monitoring of assistance, indicators disaggregated at least by sex and age will guide mechanisms for monitoring the situation and the humanitarian assistance provided. The monitoring system adopted by WASH actors includes the collection of feedback from

beneficiaries and the establishment of complaint mechanisms in the various interventions and the use of the monitoring tool for the 5 commitments. For better accountability, the WASH Cluster/Sector will pay attention to strengthening accountability to affected people by making PDM (Post Distribution Monitoring) systematic.

For more information: cf. WASH Sector Strategy 2019 and Cameroon COVID19 technical Orientation Notes.

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Objectives, Indicators and Targets

OBJECTIVE	INDICATOR	IN NEED	TARGETED
Strategic Objective 1: Save lives, alleviate suffering and strengthen the protection of civilians, including those particularly vulnerable to the COVID-19.		6,200,000	3,000,000
Specific Objective 1.4: The morbidity and mortality rate of measles, cholera, polio outbreaks and other public health threats have decreased to under 1 per cent by the end of 2020 in the regions affected by a humanitarian crisis.			1,900,000
Sectorial Objective: Reduce the risk of disease (COVID-19) transmission, morbidity and mortality due to non-compliance with hygiene rules and an unhealthy environment for populations affected by crises	# affected population gaining access to sustainable basic sanitation services		1,200,000
Strategic Objective 2: Contain the spread of the COVID-19 epidemic and decrease morbidity and mortality		2,300,000	2,300,000
Specific Objective 2.1: Adapt the humanitarian response to the context of COVID-19 and support integration of COVID-19 response activities in humanitarian action			1,200,000
Sectorial Objective: Improve sustainable access to adequate water, hygiene and sanitation services for crisis affected and COVID-19 risk populations taking into consideration specific vulnerabilities	# of affected population with sustainable access to safe drinking water.		1,200,000
Strategic Objective 3: Support affected populations to meet their basic needs		5,700,000	3,400,000
Specific Objective 3.1: By the end of 2020, 1,207,056 vulnerable people affected by a humanitarian crisis have regular access to basic services (health, education, WASH, shelter).			3,100,000
Sectorial Objective: Improve sustainable access to adequate water, hygiene and sanitation services for crisis affected and COVID-19 risk populations taking into consideration specific vulnerabilities	# affected population with sustainable access to safe drinking water		1,200,000
	# of people benefiting from a minimum WASH package based on their vulnerability		2,964,000
	Beneficiaries of a minimum WASH package based on their vulnerability		3,100,000

3.9

Multi-Purpose Cash Assistance

REQUIREMENTS NON-COVID (US\$)
\$11.8M
REQUIREMENTS COVID-19 (US\$)
\$1.5M
PARTNERS
10

1. Ensure the availability of quality information on the functioning of markets (availability of goods and prices) for better humanitarian planning and strengthen the humanitarian-development nexus.
2. COVID/crisis-affected households and populations have safe access to a range of goods and services to meet their basic multisectoral core needs
3. The purchasing power of targeted populations is increased to meet their basic multi-sectoral needs and develop assets.

Objectives, Indicators and Targets

OBJECTIVE	INDICATOR	IN NEED	TARGETED
Strategic Objective 1: Save lives, alleviate suffering and strengthen the protection of civilians, including those particularly vulnerable to the COVID-19.		6,200,000	3,000,000
Specific Objective 1.1: 874,000 vulnerable people affected by a humanitarian crisis have access to minimum food, nutrition, WASH and lifesaving health services by the end of 2020.			874,000
Sectorial Objective: Ensure the availability of quality information on the functioning of markets (availability of goods and prices) for better humanitarian planning and strengthen the humanitarian-development nexus.	% of cash transfers aligned on the MEB		
Strategic Objective 2: Contain the spread of the COVID-19 epidemic and decrease morbidity and mortality		2,300,000	2,300,000
Specific Objective 2.1: Adapt the humanitarian response to the context of COVID-19 and support integration of COVID-19 response activities in humanitarian action			1,200,000
Sectorial Objective: COVID-affected households and populations have safe access to a range of goods and services to meet their basic multisectoral core needs	# Number of COVID-affected non-refugees (IDPs, returnees, Vulnerable local populations etc.) who receive and use multifunctional cash transfers		101,000
Strategic Objective 3: Support affected populations to meet their basic needs		5,700,000	3,400,000
Specific Objective 3.1: By the end of 2020, 3,100,000 vulnerable people affected by a humanitarian crisis have regular access to basic services (health, education, WASH, shelter).			3,100,000
Sectorial Objective: Crisis-affected households and populations have access to a range of goods and services to meet their basic multisectoral core needs	# of vulnerable non-refugees (IDPs, returnees, Vulnerable local populations etc.) who receive and use multifunctional cash transfers		574,000
	# of persons consulted (disaggregated by sex/age) before designing a program/project		1,600
Strategic Objective 4: Decrease the deterioration of livelihoods due to COVID-19 and enhance the resilience of vulnerable populations		4,800,000	1,000,000
Specific Objective 4.1: By the end of 2020, the use of negative coping strategies is reduced for 524,000 vulnerable people affected by a humanitarian crisis, thanks to improved access to land, inputs, capital and skills for livelihood activities.			524,000
Sectorial Objective: The purchasing power of targeted populations is increased to meet their basic multi-sectoral needs and develop assets	% Proportion of households of non-refugee vulnerable people (IDPs, returnees, vulnerable local populations) beneficiaries of multifunctional cash transfers who do not use negative coping mechanisms		19,000

Part 4

Refugee Response Plan

EAST REGION, CAMEROON

A refugee family returning to Central African Republic under a voluntary repatriation programme.

Photo: UNHCR/Berthe BILOA



4.1 Multisectoral Response for Nigerian Refugees

PEOPLE IN NEED	PEOPLE TARGETED	REQUIREMENTS NON-COVID (US\$)	REQUIREMENTS COVID-19 (US\$)	PARTNERS
112k	112k	\$32.8M	\$3.2M	5

Multisectoral Objectives

1. Improvement of food security for the most vulnerable people and host population including during the COVID-19 outbreak;
2. Strengthen and maintain critical protection services such as registration, documentation, protection and detention monitoring.
3. Ensure protection by presence (inter alia through hotlines installed to maintained contacts with persons of concern and the revitalization of all community outreach structures).
4. Ensure and strengthen refugees' access to basic services (Water, Health, Hygiene, Education etc.).
5. Support refugees in accessing Income Generating Activities, Microcredits, Skills trainings.
6. Pursue assistance and support to people with specific needs.
7. Ensure potential voluntary return, reintegration or resettlement of Nigerian refugees.

As in 2018, recurrent attacks by Boko Haram in the Far North region of Cameroon continued in 2019. Crime is increasing in almost all the localities bordering Nigeria, particularly in the Logone-et-Chari, Mayo-Tsanaga and Mayo-Sava divisions. Estimated at 91,176 individuals as of December 2018, the Far North region counted 107,423 Nigerian refugees as of 30 November 2019 and is projected at more than 107,800 as of 31 December 2019. Many efforts are being made by the humanitarian community (UN agencies and NGOs) to improve the refugee protection environment in this part of Cameroon, but the needs are increasing as people continue to cross borders.

The context of COVID-19 could make Nigerian refugees residing in border areas of Cameroon even more vulnerable, particularly those in Minawao camp and those living outside the camp in the departments of Logone-et-Chari, Mayo-Tsanaga and Mayo-Sava. They are likely to be affected by stigma, discrimination and even refoulement. In addition to the fact that they have limited access to basic services because of their status, different groups of women, girls, boys and men, particularly from marginalized communities (e.g. LGBTIQ+ individuals), will be affected by stigma associated with the outbreak. The fear of discrimination or experience of actual discrimination can affect health-seeking behavior as well as health service provider attitudes. Certain groups may avoid surveillance, testing and care. These concerns will be particularly acute for refugees, migrants

and IDPs who are already facing xenophobic attitudes. Prejudice could take the shape of racism, expanding to specific ethnic groups erroneously associated with the virus.

UNHCR continues to receive refugees, also because no repatriation operation will be envisaged. Efforts are being made by the humanitarian community to improve the refugee protection environment in this part of Cameroon during the COVID-19 pandemic.

Protection and durable solutions

The operation of biometric registration of Nigerian refugees outside the camp organized in mid-2019 reached 77% of the individuals. A minimum of 20% remains to be reached (excluding births). Another exercise is planned in 2020 in localities that were not accessible in 2019, as well as the physical verification of the refugees in the Minawao refugee camp. All these exercises will lead to maintaining an acceptable quality of data, and reliable and credible statistics following registration standards. Particular emphasis will be placed on the identification and psychosocial care of refugee children with special needs. Activities for the issuance of refugee identity cards are also planned, depending on the outcome of advocacy.

Legal and judicial assistance programs, as well as resilience support, will be extended to host communities. The holistic approach to child protection, and survivors of Gender-based Violence (GBV), will be strengthened with the involvement and commitment of men and young people in the mechanisms of prevention, responses, and risk mitigation of GBV. Information sharing on serious violations of refugee rights will be organized, supported, and monitored daily.

The voluntary return of Nigerian refugees will continue in line with the 2017 Tripartite Agreement between the Governments of Cameroon, Nigeria and the UNHCR. The continuity of this operation will depend on the evolution of the security situation in the areas of return in the country of origin, and the functioning of basic social services. This operation will always be organized safely and with dignity. Local integration activities for refugees wishing to settle in Cameroon will be supported pending other durable solutions.

Social needs

A holistic approach will be adopted to strengthen refugees access to basic social services, in order to facilitate the inclusion of refugee needs in state services (Health, WASH and Education, etc.). The partners will collaborate with development actors for integrated

programs in the localities that welcome refugees. Existing basic social services will be improved and will continue for the benefit of refugees and host communities.

Although the health centers in the Minawao camp are supported by the humanitarian community, these contributions remain insufficient compared to the number of refugees and host population benefiting from the health services of these structures. Therefore, support in drugs, medical equipment, human resources, etc. is of great necessity for the strengthening of health services for these groups of persons in need. Also, the capacities of health workers need to be supported and strengthened. Access to secondary or tertiary health services is extremely limited.

To respond to the COVID-19 crisis, sensitization and demonstration campaigns will be carried out. This sensitization will also aim at mobilizing communities to counter stigmatization and xenophobia. The Sector will assist in the reintegration and acceptance of people of concern into their communities, households and schools. The communication tools that will be developed will be understandable by all, translated into local languages and suitable for people with low literacy levels. Communication products will be adapted for people with disabilities and for older people.

Furthermore, quarantine and/or isolation systems are put in place in existing health facilities at health centers and/or at district hospitals in the different health zones for the management of simple cases of COVID-19, to limit the spread of the disease. Health facilities are being constructed or rehabilitated and equipped with reanimation equipment, respirators, oxygen concentrators, ambulances, drugs, protective equipment, etc., and capacities to manage COVID-19 cases strengthened at regional hospitals, such as through trainings for health workers. Water pumps will be installed to facilitate the implementation of basic hygiene measures.

COVID-19 patients who are quarantined and/or in solitary confinement for the duration of their medical care must be fed in order to reduce the risks of spread/contamination of the disease. The nutritional needs of the chronically ill, in particular, and cases of malnutrition will be monitored given their vulnerability to the risk of COVID-19.

The water supply in the Minawao camp is on average 14 liters per person per day, which is below the standard of 20 liters. It is likely that this quantity will decrease in 2020 due to recurrent failures of the water distribution network. Humanitarian actors will work in close collaboration with State structures for partial control of water and strengthening of partnership.

Livelihoods

Empowerment remains a challenge for refugees and their host communities. Empowerment activities will be promoted, supported and strengthened to facilitate peaceful coexistence between the refugees and host communities. As this is highly dependent on agriculture, continuous advocacy will be made with local administrative authorities for access to arable land, pasture, and hydro-agricultural development sites in the valleys. Stakeholders will also support capacity building for self-reliance / empowerment of refugees, through the food security and livelihood sectors.

In addition, financial inclusion will be promoted as a key factor for economic growth and poverty reduction. Access to finance will be supported to promote the development of micro-enterprises and the promotion of trade and jobs-generating trades with the support of state structures. To this end, it will involve negotiating partnerships with financial institutions and supporting groups of joint initiatives (GIC) of producers, breeders and entrepreneurs in setting up savings plans. In addition, vocational training will be diversified to create access to the labor markets, while value chains will also be explored to create new opportunities.

The presence of refugees has had a negative impact on the natural environment of the host areas. The actors will continue to support and develop community mechanisms for managing woodland and reforestation to promote best agricultural and agroforestry practices. Thus, joint initiative groups (CIG) of young people will be trained in the production of fruit, nutritious and forest plants. Joint committees (refugees and host communities) will be set up to raise awareness of environmental issues.

Access to energy is a major concern for the refugees, the promotion of alternative energies in particular the use of ecological briquettes, the fire starter cube as fuel for cooking will be an effective alternative to wood energy which arises with acuity in the region. The promotion and valorization of the domestic production of ecological briquettes within refugee and host households (multiplication of home production centers) will be a favorable asset to meet the needs of communities in terms of energy. In addition, equipment, such as improved metal stoves, improved traditional stoves, will be manufactured locally for distribution and marketing.

Monetary assistance

Most of the actions will be carried out through Cash Based Interventions (CBI) by the shelter, livelihoods sectors, etc. The use of this tool will gradually evolve considering the elements based on

the context of the operation. Emphasis will be placed on monitoring tools to assess the impact of current activities and to frame future interventions.

Humanitarian Development Nexus

As part of the Refugee Response Plan, the humanitarian development nexus approach is in its second year in the Far North. All actions will be supported and reinforced through a synergy of all actors. The link between humanitarian and development assistance will be strengthened to benefit the refugee and host communities. In this regard, the coordination mechanism for the needs of Nigerian refugees will be integrated in development programs/projects of institutions such as the World Bank / IDA, AFD, JICA, etc. The coordination mechanism will ensure that the needs of Nigerian refugees are included in national development programs. This synergy of actions will contribute to the prevention and resolution of community conflicts, and to the achievement of the main key objectives of sustainable development.

In a nutshell, responding to the needs of refugees will take a centralized approach to protection, mindful of age, gender and diversity. The beneficiaries will be strongly involved in all activities and decisions that concern them. They will participate in the

needs assessment phases (eg: AGDM- Age, Gender and Diversity Mainstreaming). They will continue to be part of the Multifunctional teams (MFTs) which monitor and evaluate activities. Support for local communities will be an integral part of the response strategy for refugees with the involvement of development actors and the private sector in areas hosting refugees.

Response mechanisms regarding protection from sexual exploitation and abuse (PSEA)

Building on the actions of the National Taskforce for PSEA established in 2019, it is planned in 2020 to strengthen the capacity of actors providing protection and assistance to refugees on PSEA, by organizing an interagency training of trainers on community complaint mechanisms. Awareness-raising activities on these issues, as well as the related response mechanisms will also continue to be developed and consolidated in accordance with relevant directives and standards, including using a hotline and a referral system responding to the needs of survivors of sexual exploitation and abuse, and the need for investigation vis-à-vis the alleged perpetrators.

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4.2 Multisectoral Response for Central African Refugees

PEOPLE IN NEED	PEOPLE TARGETED	REQUIREMENTS NON-COVID (US\$)	REQUIREMENTS COVID-19 (US\$)	PARTNERS
307K	272K	\$18M	\$10.7M	35

Multisectoral Objectives

The continuing crisis in the Central African Republic (CAR) has seriously affected the eastern part of Cameroon, specifically the eastern, Adamawa and northern regions. In addition to 28,578 Central African refugees in urban areas, at the end of November 2019, there were also 271,566 who reside in the eastern region of Cameroon. In 2019, there were signs of appeasement on the CAR side, reinforced by the signing of a peace agreement in Khartoum in Sudan in February 2019. Cameroon, however, registered 4,163 new Central African refugees in course of the year 2019 and it is not excluded that it will still host more in 2020, in parallel with a process of voluntary repatriation which began in the second half of 2019 and which will continue in the years to come.

The presence of such a large number of refugees puts additional pressure on basic services and natural resources, further limiting access to energy. The answer will therefore consist in continuing to introduce alternative energies to wood, in particular the use of briquettes in households and in community centers. There will also be a question of favoring multiple-use plantations and promoting community-managed agroforestry activities. Although humanitarian interventions in these regions have helped to strengthen reception capacities and improve the living conditions of refugees and host communities, multisectoral activities must be maintained in order to improve reception conditions in developed sites and in the host localities.

To reduce the dependence of refugees on humanitarian aid, promote peaceful coexistence and encourage the development of areas hosting refugees, projects for Central African refugees and their host communities will focus on the following pillars:

1. Improvement of food security for the most vulnerable people and host population including COVID-19 period;
2. Strengthen and maintain critical protection services such as registration, documentation, protection and detention monitoring.
3. Ensure protection by presence (inter alia through hotlines installed to maintained contacts with persons of concern and the revitalization of all community outreach structures).
4. Ensure and strengthen refugees' access to basic services (Water, Health, Hygiene, Education etc.).

5. Support refugees in accessing Income Generating Activities, Microcredits, Skills trainings.

6. Pursue assistance and support to people with specific needs.

7. Ensure Potential voluntary return, reintegration or resettlement of CAR refugees

Protection and durable solutions

To guarantee the civilian and humanitarian character of asylum, border monitoring must be maintained. Advocacy will continue with local authorities in addition to strengthening gendarmerie posts to reduce insecurity and the risk of arms trafficking at the sites. Awareness raising of refugees and the local authorities will also continue to allow refugees to move through settlement areas and thereby facilitate their socio-economic integration. Legal aid will also be provided to refugees in cases of arbitrary arrests and to avoid the risk of detention for illegal immigration. In addition, referral and support mechanisms to facilitate access for those affected to appropriate services, including children and survivors of gender-based violence, will continue to be strengthened, as will community protection by building on existing self-protection capacities and developing prevention strategies including awareness campaigns. Activities to promote cross-cutting protection and accountability to affected populations across all interventions will also be implemented.

The signing in 2019 of the Tripartite Agreement for the voluntary repatriation of Central African refugees made it possible to establish the legal framework for this activity. The repatriation process was launched with 3,309 refugees repatriated as of 18 December 2019, a process that will continue in 2020 and in the years to come. In 2020, the aim will be to continue to organize the material repatriation of volunteers and to promote repatriation according to the evolution of the situation in CAR, by raising awareness on the situation and the conditions of return. On the other hand, resettlement activities in a third country will continue for eligible cases, just as actions will continue to be carried out for the local socio-economic integration of refugees, and the facilitation of the full enjoyment of their rights, pending a more appropriate durable solution.

To respond to the COVID-19 crisis, sensitization and demonstration campaigns will be carried out. Furthermore, quarantine and/or

isolation systems are put in place in existing health facilities at health centers and/or at district hospitals in the different health zones for the management of simple cases of COVID-19, to limit the spread of the disease. Health facilities are being constructed or rehabilitated and equipped with reanimation equipment, respirators, oxygen concentrators, ambulances, drugs, protective equipment, etc., and capacities to manage COVID-19 cases strengthened at regional hospitals, such as through trainings for health workers. Water pumps will be installed to facilitate the implementation of basic hygiene measures.

Food will be distributed/provided to the most vulnerable people and host population, in particular during the COVID-19 outbreak. COVID-19 patients who are quarantined and/or in solitary confinement for the duration of their medical care must be fed in order to reduce the risks of spread/contamination of the disease. The nutritional needs of the chronically ill, in particular, and cases of malnutrition will be monitored given their vulnerability to the risk of COVID-19.

Livelihoods

In 2019, several actions were taken to improve the self-sufficiency of refugees, encourage their empowerment and reduce their dependence on humanitarian aid. Thus, refugees' access to finance and micro-credits has been strengthened through the signing of a partnership agreement with a microfinance institution; similarly, their integration into the agricultural value chain has been improved. In 2020, the response will focus on increasing the target populations for access to finance, micro-credits, vocational training and small trades, on the diversification of innovative partnerships with banks open to exercising rural financing. It will also involve working for the economic inclusion of refugees in national and private systems, as well as for their socio-professional integration, through the strengthening of partnerships with the private sector, the National Employment Fund (NEF), national agro-pastoral development projects and programs with ILO, FAO and WFP.

Monetary Assistance

Multipurpose monetary interventions will continue and increase over time, especially in sectors with opportunities to facilitate access to aid through cash transfer, coupons and other available modalities. For example, for the most vulnerable and people with specific needs, monetary assistance will be used for other assistance programs such as shelter, assistance to women or adolescent girls of reproductive age, education, livelihoods, health, etc. Depending on the context, cash transfers could be for multiple purposes or restrictive, conditional or unconditional. Also, advocacy actions will be strengthened for the gradual inclusion of refugees in national social assistance programs based on cash transfers, in order to align with the national strategy of Social Safety nets and promote shared prosperity.

Humanitarian Development Nexus

In 2019, collaboration with municipalities seriously affected by the presence of refugees was further strengthened through advocacy and facilitation of consideration of the needs of refugees and their host communities in national and local development planning processes. This has made it possible, in particular, at local level, to draw up municipal development plans which include the priority needs of these populations, priority needs identified in the Support Plan for areas receiving CAR refugees and which provides a detailed assessment of the needs covering access to basic social services and livelihoods in 17 municipalities hosting the majority of CAR refugees. Advocacy will continue in 2020, with a focus on the coordination issues of the various actors for better synergy of actions on the ground.

Likewise, the four projects (education, health, social safety nets and community development) of the IDA18 refugee sub-window of the World Bank dedicated to areas affected by an increased and prolonged presence of refugees have been launched. The activities will be implemented from 2020 on and the multisectoral response will consist here of strengthening collaboration between the different parties (project coordination units, Government, World Bank, UNHCR) and humanitarian partners in order to maintain an integrated approach that will strengthen the complementarity of actions of each partner. Emphasis will therefore be placed on coordination at the national, regional and municipal levels. The actors of the response to the CAR refugees remain fully mobilized in activities that contribute to the achievement of broader objectives, notably of the 2018-2020 UNDAF and of the development of the post Growth and Employment Strategy Paper.

Response mechanism regarding protection from sexual exploitation and abuse (PSEA)

Building on the actions of the National Taskforce for PSEA established in 2019, it is planned in 2020 to strengthen the capacity of actors providing protection and assistance to refugees on PSEA, by organizing an interagency training of trainers on community complaint mechanisms. Awareness-raising activities on these issues, as well as the related response mechanisms will also continue to be developed and consolidated in accordance with relevant directives and standards, including using a hotline and a referral system responding to the needs of survivors of sexual exploitation and abuse, and the need for investigation vis-à-vis the alleged perpetrators.

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Objectives, Indicators and Targets

OBJECTIVE	INDICATOR	IN NEED	TARGETED
Strategic Objective 1: Save lives, alleviate suffering and strengthen the protection of civilians, including those particularly vulnerable to the COVID-19.		6,200,000	3,000,000
Specific Objective 1.1: 874,000 vulnerable people affected by a humanitarian crisis have access to minimum food, nutrition, WASH and lifesaving health services by the end of 2020.			874,000
	# of health facilities capacities are strengthened for management of COVID-19		379,000
	# of health facilities equipped/constructed/rehabilitated		379,000
	# of quarantine center installed to prevention COVID-19		379,000
Sectorial Objective: Ensure and strengthen refugees' access to basic services (Water, Health, Hygiene, Education etc.)	# of signboards displayed in locations such as churches, mosques, markets, schools, other public and gathering places to prevent COVID-19 in communities		379,000
	# of water pumps installed to prevent COVID-19		379,000
	# workers trained for respond to COVID-19		379,000
	% of households with drop-hole latrine or drop-hole toilet		379,000
	# of PoC receiving production kits or inputs for agriculture/livestock/fisheries		0
Sectorial Objective: Improve food security for the most vulnerable people and host population	# of targeted food insecure people (female and male) that received unconditional food support through food and cash transfers		
	% of food assistance distributions in which the composition of the food basket meets the recommendations of the latest needs assessment including a JAM		384,000
	Prevalence of global acute malnutrition (6-59 months)		379,000
	# of person with specific needs assisted		64
Sectorial Objective: Pursue assistance and support to people with specific needs	# de groupes communautaires opérationnels travaillant sur la prévention et la réponse aux VBG		92
	% de survivants ayant un accès à une prise en charge médicale appropriée		100
Sectorial Objective: Decrease the deterioration of livelihoods and support vulnerable people whose livelihood activities are affected by COVID19	# d'incidents de VBG pour lesquels le/la survivant(e) a reçu une prise en charge psychosocial		1,600
Specific Objective 1.2: Reduce violations of international law, including IHL and HR law, (including attacks on humanitarians, education and health facilities, property destruction, extra-judicial killings, arbitrary arrests and detentions) by 25 per cent in North West			524,000
	# de personnes relevant de la compétence du HCR ayant reçu une assistance juridique		10,600
	# de personnes relevant de la compétence du HCR ayant reçu une documentation civile (procédure régulière et hors délai)		45,000
Sectorial Objective: Strengthen and maintain critical protection services such as registration, documentation, protection and detention monitoring etc.);	# de réfugiés enregistrés individuellement et ayant été documentés		379,000
	# représentants des autorités gouvernementales, des organisations internationales et de la société civile formés sur la protection des réfugiés		1,000
Sectorial Objective: Ensure protection by presence (hotlines installed to maintained contacts with PoCs, revitalization of all community outreach structures);	# d'espaces amis des enfants/autres espaces sécurisés fonctionnels		64
	% d'ESNA pour qui une procédure relative à l'intérêt supérieur de l'enfant a été initiée ou finalisée		100

OBJECTIVE	INDICATOR	IN NEED	TARGETED
Strategic Objective 4: Decrease the deterioration of livelihoods due to COVID-19 and enhance the resilience of vulnerable populations		4,800,000	1,000,000
Specific Objective 4.1: By the end of 2020, the use of negative coping strategies is reduced for 524,000 vulnerable people affected by a humanitarian crisis, thanks to improved access to land, inputs, capital and skills for livelihood activities.			524,000
Sectorial Objective: Support refugees in accessing IGAs, Microcredits, Skills trainings;	% de femmes actives dans les structures de gestion et de leadership		100
Specific Objective 4.2: Support refugees in accessing IGAs, Microcredits, Skills trainings;			524,000
Sectorial Objective: Ensure potential of voluntary return, Reintegration or resettlement of CAR and Nigerian refugees	# de personnes recevant un transport de retour dans la sécurité et la dignité		30,000
	# d'ESNA ayant accès aux placements en famille ou à des services de prise en charge alternative appropriés		877

Part 5

Annexes

5.1

Response Analysis

Based on the main issues affecting the humanitarian situation as well as key drivers identified, the humanitarian community of Cameroon identified target population groups, the three humanitarian consequences, key response options and the HRP strategic elements.

Partners will continue striving to develop an efficient response strategy and to maximize effectiveness through coordination, by:

- Continuing the promotion of cross-sectoral and whole-system action, including through support for multisectoral responses when and where possible.
- Empowering and strengthening field-level coordination and strengthening engagement between national and sub-national coordination structures.
- Strengthening the engagement of humanitarian and development partners to ensure complementarity in planning and response.
- Promoting the use of multi-purpose cash to maximize efficiency gains.
- Continued focus on localization in line with the Grand Bargain..

The Centrality of Protection will continue to be central in designing the different interventions and programmes throughout Cameroon, through action and advocacy, including by:

- Ensuring the proactive engagement and prioritization of protection issues by humanitarian leadership.
- Strengthening evidence – based protection advocacy at both, national and local levels.
- Proactively monitoring, recording, tracking protection concerns and rights violations.
- Consulting, engaging and working with all groups within affected communities to improve understanding of patterns of exclusion and marginalization; protection threats, vulnerabilities, coping capacities and priorities
- Identifying, within each Sector/Cluster, contributions to protection efforts and prioritizing projects that will help address protection risks and rights violations.

Humanitarian actors in Cameroon will continue to be committed to advocate and bring forward a principled humanitarian action, by:

- Advocating for safe access by people in need to assistance and protection, as well as for safe access to people in need by humanitarians.
- Continue promoting knowledge and respect of humanitarian principles among all stakeholders.
- Strengthen efforts to increase acceptance of humanitarian action among the affected population.
- Promoting best response options in any given situation, avoiding a transfer of risk to local partners.

In developing their response programmes and activities, humanitarians will continue to place communities at the center of response and increase accountability to affected people, through:

- Ensuring effective and transparent two-way communication and inclusive participation from information-sharing to informed decision making by all social groups among the affected communities.
- Building on, and integrating wherever possible, feedback mechanisms to strengthen accountability and inform adjustments in the response, including the establishment of a joint community-based complaint mechanism to receive SEA complaints from the beneficiaries of all humanitarian actors in Cameroon.
- Providing for meaningful participation and engagement of community groups in all aspects of the Humanitarian Programme Cycle (needs assessment, response planning and monitoring).

5.2

Costing Methodology

The inter-sector group discussed on different occasions which costing methodology to use to calculate the financial requirements of the 2020 HRP. In light of the variety of methodological changes of the approved HPC approach, it was agreed not to transition to a new costing methodology for the 2020 HRP. However, in order to follow the previous HC's request to use activity-based costing, it was

agreed to build an inter-sector working group which would in 2020 prepare the change of costing methodology for the HRP 2021. This will give sector leads and partners a year to familiarize themselves with the new costing methodology. Thus, for the HRP 2020, partners agreed to continue using the project-based methodology, summing the funding requirements of all projects submitted in the Project Module by different

agencies and NGOs, by Sector/Cluster. However, the sector leads had made a projection of the costs necessary to reach the people targeted with humanitarian assistance in 2020 and prioritized projects to be within this foreseen budget envelope and in line with priority needs and locations and targets.

More information on the costing methodology by Sector can be found in the sectoral narratives.

5.3

Participating Organizations

ORGANIZATION	NUMBER OF PROJECTS	TOTAL BUDGET (US\$)
ACT Alliance / Lutheran World Federation	1	595,000
Action Against Hunger	4	5,002,949
Adventist Development and Relief Agency	1	75,000
Africa Millennium Development Network	2	463,275
African Justice 4 Peace Association	1	235,000
Afrique Solidarités	1	67,000
Agence Humanitaire Africaine	4	2,600,000
Alliance for International Medical Action	3	3,977,233
Aspired Women Empowerment and Development Organization	3	485,360
Association d'Assistance au Développement	1	95,000
Association pour la Promotion du Développement Local	2	261,858
Association Serbowel Facilitateur pour les Humanitaires	2	141,914
Authentique Memorial Empowerment Foundation	3	1,165,500
BAC International Cameroon	2	221,500
Cameroon Baptist Convention Health Services	2	1,053,535
Cameroon Gender and Environment Watch	2	250,000
Cameroon Humanitarian, Educational Leadership for Peace and Development	1	47,200
CARITAS / Catholic Relief Services	1	2,186,250
Caritas Kumbo	2	66,513
Center for Rural Action	1	216,000
Centre for Human Rights and Democracy in Africa	1	92,724
Centre for Human Rights and Peace Advocacy	3	800,000
Codas Caritas Yagoua	1	108,867
Comité Diocésain des Activités Sociales et Caritatives de Yagoua	1	108,867
Community Agriculture and Environmental Protection Association Cameroon	1	600,000
Community Health And Social Development For Cameroon	2	33,334
Community Initiative for Sustainable Development Cameroon	1	200,000
Coordinating Unit of Association of Persons with Disabilities	4	644,416
Danish Refugee Council	3	5,280,900
DEMTOU Humanitaire	1	68,500
Empowerment Corner Cameroon	5	778,317
Environmental Protection and Development Association	1	700,000
FAIRMED Foundation	1	76,253

ORGANIZATION	NUMBER OF PROJECTS	TOTAL BUDGET (US\$)
Finders Group Initiative	1	252,216
Food & Agriculture Organization of the United Nations	6	14,061,601
Forest and Agroforestry Promoters	1	271,000
Foundation for Inclusive Education	2	142,000
FOWECAM	1	10,000
Global Community Rescue	2	756,078
Global Forum for the Defence of the Less Privileged	4	1,140,984
Global Welfare Association	2	90,375
Grace Chin Foundation	1	225,000
Green Partners Association	1	123,568
Greenery Association	1	47,600
Hope for a better Future	4	491,100
Humanitarian Association of Dynamic Youths Guiding Services	1	219,000
Indigenous Volunteers for Sustainable Peace and Development	3	240,000
Integrated Youth Empowerment Center	2	331,939
International Medical Corps UK	1	2,612,277
International Organization for Migration	5	2,707,000
International Rescue Committee	18	13,120,842
Jesuit Refugee Service	2	1,865,660
Light Bearers Foundation	1	25,000
Link-Up Development and Humanitarian Group	1	83,000
Manyu circle association for the Blind	1	50,000
Martin Luther King Jr Memorial Foundation	5	2,269,993
Mbonweh Women's Development Association Cameroon	1	68,328
Miracle Charity Foundation	5	597,561
National Youth Development Organization	1	44,500
Nkong Hill Top Association for Development	2	222,512
Norwegian Refugee Council	16	15,363,122
Office for the Coordination of Humanitarian Affairs	3	3,925,552
Organization for Women Empowerment and Development	1	280,635
Organisation du Flambeau de la Protection Maximale des Âmes en Souffrance	2	518,724
Pan African Institute for Development West Africa	1	54,373
People Empowering People Africa	3	615,000
Plan International	14	12,875,935
Première Urgence Internationale	4	2,675,000
Presbyterian Church of Cameroon Health Services	2	95,781
Reach Out NGO	5	1,994,567
Refugee Welfare Association Cameroon	1	52,000
Solidarités d'Afrique	2	1,145,000
Solidarités International (SI)	3	1,836,365
SOS Villages d'Enfants	3	377,678
Strategic Humanitarian Services	4	905,771
Street Child	1	300,000
Superior Health Foundation	1	39,550
Sustainable Development and Humanitarian Services Foundation	5	931,633

ORGANIZATION	NUMBER OF PROJECTS	TOTAL BUDGET (US\$)
Sustainable Run for Development	1	30,000
The Mentor Initiative	1	36,365
UN Women	4	2,965,025
United Nations Children's Fund	25	40,531,432
United Nations Department of Safety and Security	2	208,000
United Nations Development Programme	3	3,150,000
United Nations Educational, Scientific and Cultural Organization	7	7,596,319
United Nations High Commissioner for Refugees	5	66,068,666
United Nations Population Fund	4	8,767,930
Value Heath Africa	4	86,250
Women in Action against Gender Based Violence	1	378,424
Women's Agricultural and Rural Development Association	1	12,750
World Food Programme	15	123,047,076
World Health Organization	5	15,107,679
Women in Action against Gender Based Violence	1	378,424
Women's Agricultural and Rural Development Association	1	12,750
World Food Programme	15	123,047,076
World Health Organization	5	15,107,679

5.6

What if We Fail to Respond?

Protection

VIOLENCE WILL CONTINUE TO DISPLACE THOUSANDS OF PEOPLE

Without continued advocacy and coordinated efforts to prevent and reduce violations of international law, including International Humanitarian Law and Human Rights Law, the civilian population will continue to flee. Continuous displacement, even if temporary, is forcing the chronically displaced to sell their assets to survive, further increasing their vulnerability. Without protection monitors and workers on the ground, vulnerable people remain invisible within their communities, continue to be exposed to abuses and have no access to lifesaving services. Protection concerns relating to armed conflict and violence are not necessarily reported and humanitarians and other actors risk further aggravating these concerns if not adequately identified and addressed.

Child Protection

CHILDREN LEFT IN DISTRESS

Unaccompanied or separated children will not be reunified with their families and be left without support and face severe risks of exploitation, abuse and violence. Children released from armed groups and forces will remain excluded from communities and risk being recruited or used again by parties in conflict, fueling further armed violence. Children victims of abuse and trauma will not be protected and will be deprived of psychosocial support, education and will in the future not be able to have a normal productive and dignified life again. With the spread of the COVID-19 pandemic, children's right to be safe will be profoundly at risk, especially in conflict-affected areas. Children's environment (families, communities) will be disrupted, with harmful consequences for the children's protection, well-being, and development. Children will be at risk of discrimination as well as of all forms of abuse, neglect, exploitation, and violence.

Education

1.8 MILLION CHILDREN WILL NOT HAVE SAFE ACCESS TO EDUCATION

Life for a child in Cameroon can be very challenging. Children are recruited into armed groups, killed or maimed. Going to school in the North West and South- West regions is a dangerous business for both parents and their children. Providing safe and protective learning

environment for children through PSS and C/DRR strategies can equip them with the knowledge and skills to be able to minimize the impacts of these conflicts on them. Without adequate funding, more than 290,000 children will not be able to access education, be it formal or non-formal, thereby making them even more vulnerable to forced recruitment, child labor, early marriage, early unwanted pregnancies and a life in poverty.

Food Security

THE NUMBER OF FOOD INSECURE PEOPLE WILL FURTHER INCREASE

4.8 Million people are estimated to be in acute food insecurity in Cameroon by the end of December 2019. With COVID-19 containment measures put in place by the Government, climatic shocks an ever-lasting threat and continued fighting hindering the population to access fields and livelihoods, sustained humanitarian food and livelihood response is required to save them from peril; without the necessary resources and response activities, the number of people in need will certainly increase and further need of response resources will be more important and this deterioration will conduct to food insecurity and nutrition status of more vulnerable people.

Health

LACK OF ADEQUATE HEALTH SERVICES AND CARE WILL LEAD TO EXCESS DEATHS AND DISEASES OUTBREAK.

Without assistance, the risk of contamination with the COVID-19 will increase, with approximately 850,477 infected people who will not have access to medical assistance. More than 50% of health personnel will be at risk of the COVID-19 contamination, including humanitarian personnel, increasing the number of maternal deaths due to women who give birth without proper assistance. The injured people will not receive timely surgical medical assistance to save their lives and ultimately 1.9 million people will not have access to adequate and equitable health care. Also, survivors of GBV will not have access to the necessary health care. The stigma of the COVID-19 for confirmed people, although cured, mental health problems and disabilities will worsen people's well-being in the long run.

Water, Sanitation and Hygiene

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

Without sustainable access to adequate water, hygiene and sanitation services, risks of morbidity and mortality will continue to increase, particularly in the context of a cholera epidemic and the COVID-19 pandemic. Furthermore, if we fail to provide a gender-sensitive WASH response, especially in areas of displacement, incidents of GBV will increase in 2020 and more displacement is likely to happen among displaced populations. Proper sanitation, hygiene and safe drinking water will reduce undernutrition and stunting in children by preventing diarrheal and parasitic diseases, and damage to intestinal development.

Nutrition

LACK OF NUTRITION SERVICES WILL COST THE LIVES OF CHILDREN AND STUNT THEIR FUTURE

Nutritional vulnerability of children under 5 years and pregnant and lactating women will deteriorate in the most affected areas. Acute malnutrition is a major cause of death in children under 5, and its prevention and treatment are critical to child survival and development. Estimates indicate that over 150,000 children will be acutely malnourished in Cameroon in 2020. Children with acute malnutrition are nine times more likely to die than well-nourished children. If we fail to respond, there will be direct deaths as a result of the malnutrition, as well as indirect deaths as a result of childhood illnesses, like diarrhea and pneumonia.

Shelter/NFI

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

The shelter needs of the targeted 703,000 people will not be met, resulting in people living in makeshift shelters with no adequate privacy or protection from weather elements such as rain, sun, wind and heat. The lack of adequate shelter and basic non-food items adversely affects the health, dignity and well-being of households and in particular, the security and safety of women and girls.

EARLY RECOVERY

LACK OF RECOVERY AND INCOME GENERATING ACTIVITIES WILL LEAD TO THE ADOPTION OF NEGATIVE COPING MECHANISMS

Without recovery and income generating activities, affected populations potentially adopt negative coping strategies, such as prostitution, and irreversible emergency coping strategies, such as selling productive assets, compromising their productivity and future ability to cope with shocks. Early recovery, livelihoods and economic inclusion are often the bridge between the silos of humanitarian and development interventions, capacitating people to benefit from development interventions while humanitarian activities are scaling down.

5.6

How to Contribute

Support for activities within the Cameroon Humanitarian Response Plan

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

www.humanitarianresponse.info/en/operations/cameroon.

Contribute through the Central Emergency Response Fund

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

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FAR NORTH REGION

Pupils receive their food rations in a school participating in the school canteen programme. Photo: WFP



Acronyms

AAP	Accountability to Affected Populations	IYCE-E	Infant and Young Child Feeding in Emergencies
AFD	Agence Française de Développement	JICA	Japan International Cooperation Agency
AoR	Area of Responsibility	MEB	Minimum Expenditure Basket
BSFP	Blanket Supplementary Feeding Program	MIRA	Multi-Cluster/Sector Initial Rapid Assessment
CAR	Central African Republic	MPC	Multipurpose Cash
CBI	Cash Based Interventions	MSA	Multisectoral Assessment
CBCM	Community-based Complaints Mechanism	MSNA	Multi-Sector Needs Assessment
CVA	Cash and Voucher Assistance	NFI	Non-Food Items
CWG	Cash Working Group	NGO	Non-Governmental Organization
DTM	Displacement Tracking Matrix	PDM	Post Distribution Monitoring
EIE	education in emergencies	PSEA	Protection from Sexual Exploitation and Abuse
EIOS	Epidemic Intelligence from Open Sources	RPM	Response and Planning Module
EWARS	Early Warning and Rapid Response System	RRM	Rapid Response Mechanism
FAO	Food and Agriculture Organization	SGBV	Sexual and gender-based violence
FCS	Food Consumption Score	SMART	Standardized Monitoring and Assessment of Relief and Transitions
FTS	Financial Tracking System	ToT	Training of Trainers
GBV	Gender-based violence	OCHA	United Nations Office for the Coordination of Humanitarian Affairs
HIV	Human Immunodeficiency Virus	OPS	Online Projects System
HNO	Humanitarian Needs Overview	UN	United Nations
HPC	Humanitarian Programme Cycle	UNDP	United Nations Development Programme
HR	Human Rights	UNDS	United Nations Department of Safety and Security
HCT	Humanitarian Country Team	UNICEF	United Nations Children's Fund
IDA	International Development Association	UNHAS	United Nations Humanitarian Air Service
IDP	Internally Displaced Person	UNHCR	United Nations High Commissioner for Refugees
IDTR	Identification, Documentation, Tracing and Reunification	WASH	Water, Hygiene and Sanitation
IHL	International Humanitarian Law	WHO	World Health Organization
ILO	International Labour Organization	WFP	World Food Programme
IMAM	Integrated Management of Severe Acute Malnutrition		
IOM	International Organization for Migration		
IPC	Integrated Food Security Phase Classification		

