

# HUMANITARIAN RESPONSE PLAN CAMEROON

HUMANITARIAN  
PROGRAMME CYCLE  
2024  
ISSUED APRIL 2024



# About

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

## PHOTO ON COVER

Children at Bogo IDP site, Far North region  
Photo: OCHA/Bibiane Mouangue

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## Notice on population movements/displacement

The Humanitarian Needs Overview (HNO) and the Humanitarian Response Plan (HRP) 2023 have been developed in a collective and collaborative manner with relevant stakeholders. The figures of internally displaced persons have been collected through Displacement Tracking Matrix (DTM) and multi-sectoral needs assessments (MSNAs) in consultation with local authorities.

Movements of populations linked to the impact of the various crisis continue to be dynamic, wherefore the IDP figures used refer to a certain moment in time.

A number of displacements are protracted displacements. In certain non-crises areas, IDPs have started to integrate in the socio-economic fabric and some programmes have been put in place by national institutions and other actors to support their economic resilience and livelihoods. In 2024, the humanitarian community will continue to engage and work with the Ministry of Territorial Administration (MINAT), relevant sectoral ministries and development actors who play a central role in efforts to advancing durable solutions (return, local integration, installation elsewhere) to internal displacements where conditions permit.

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

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ANALYSING NEEDS AND RESPONSE

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<https://humanitarianaction.info>



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

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# Foreword

## by the Humanitarian Coordinator

The 2024 Humanitarian Response Plan (HRP) for Cameroon will contribute to provide response to needs of populations affected by shocks and disasters in support of Government's action and communities' efforts.

In 2024, an estimated 3.4 million people in Cameroon will need lifesaving assistance and protection due to the impact of the humanitarian crises.

The HRP aims to provide support to women and girls, men and boys who are facing daily realities' struggles and protection risks caused by armed violence, fear of violence, climate shocks and health epidemics in affected areas. With displacement, the resources of host communities and those on the move are rapidly depleted. Affected communities lack medicines and life-saving treatment because of health service interruptions, with major concerns for persons living with disabilities and older people. Parents are worrying about their children's future after years of interrupted schooling. Civilian populations continue to face restrictions of movements and limited access to basic social services that have left them in need of aid for survival and to meet their most urgent needs.

"My wife, my junior sister, my uncle, my 21-year-old child, all killed." Mohammed went to buy fish and when he returned, he found his family dead. He retold the story in tears. He lost everything in his house as non-state armed group looted and destroyed everything before leaving. Mohammed lives in Zamay Internally Displaced Persons (IDPs) site in Mayo-Tsanaga division, in the Far North region. This is just one of the many testimonies I could witness during my visit to the Far North, in October 2023.

The 2024 Humanitarian Response Plan is a collective and comprehensive strategic plan developed under

the leadership of the Humanitarian Coordinator and the Humanitarian Country Team, in consultations with national and local authorities, humanitarian actors and partners, and crises-affected populations, whose voices are paramount. It is an evidence-based and people-centred response plan that request US\$ 371,4 million to reach 2.3 million people facing life-threatening and urgent needs. The HRP 2024 has prioritized the epicenters of the emergencies with higher severity needs in affected areas. Humanitarian response activities will take place in the Far North, North-West and South-West and Eastern regions.

The humanitarian community continues to show its commitment to deliver aid assistance to crises affected populations, in support of the government efforts and outstanding local communities' solidarity. In 2023, the HRP was funded at 31 per cent thanks to the generous support of donors. However, this level of funding is severely insufficient, and continue decreasing. Despite the best efforts by our partners, hundreds of thousands of people are still without homes, missing food and access to protection, nutrition, and medical services, drinking water and appropriate education.

The renewed commitment of the whole humanitarian community and donors is urgent to address critical humanitarian needs. Innovative and sustainable solutions should be explored to timely and effectively address complex and protracted displacement effects in cooperation with national authorities, development actors and international financial institutions.

Millions of lives depend on our continued solidarity with those in need and I urge all of us to consider how we can do more to step up and reduce sufferings.

Mohammed is missing the life he had in his village before the attack and today his greatest desire is to live with dignity and in peace. Let's make sure we all do our best to support him and the most vulnerable populations going through shocks. It is our role, and we must be able to deliver to continue serving and better serve populations in need.

The humanitarian community is renewing its joint commitment and engagement for an effective, principled, inclusive and accountable response to affected-people in support of Government's action. Let's us all join and redouble our efforts to mobilize the necessary resources to stand alongside people in need.

**Siaka COULIBALY**

**Humanitarian Coordinator a.i.**

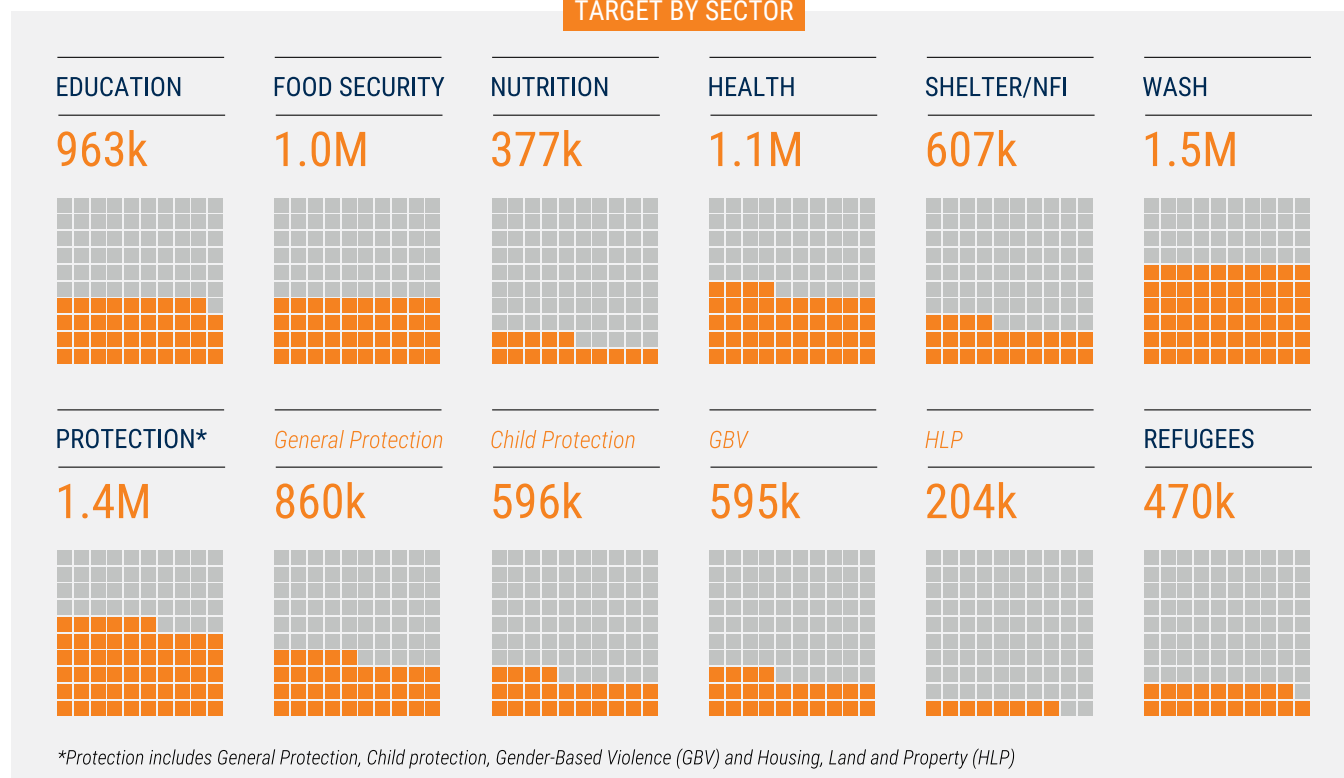
# Response plan overview

PEOPLE IN NEED	PEOPLE TARGETED	REQUIREMENTS (US\$)	OPERATIONAL PARTNERS
<b>3.4M</b>	<b>2.3M</b>	<b>\$371.4M</b>	<b>88</b>

In 2024, 3.4 million people will need humanitarian assistance, out of which 2.3 million are targeted by the Humanitarian Response Plan (HRP) with projects aiming to support internally displaced persons (IDP), returnees, refugees, host communities and those left behind. The humanitarian community prioritizes life-saving assistance (strategic objective 1), protection interventions (strategic objective 2), and strengthening of resilience capacities of affected population, including livelihood activities (strategic objective 3). Resilience capacities to withstand future stresses and shocks in the short and medium term, and their associated causes, will be analyzed, particularly in

the context of the Humanitarian-Development-Peace (HDP) nexus, to inform joined up planning between humanitarian, development, and peace actors, where appropriate. The objectives contribute to the achievement of collective outcomes and consider coordinated and/or complementary actions with State and development actors. The humanitarian stakeholders will ensure that gender, age, and diversity considerations, including on disability, are part and parcel of humanitarian assessments and that humanitarian actors have the capacity to provide a response that is inclusive and adequate.

## TARGET BY SECTOR





## Crisis context and impact<sup>1</sup>

Some 3.4 million people living in Cameroon are in need of humanitarian assistance and protection in 2024 due to the effects of conflict and violence, climate shocks, and disease outbreaks on their lives and living conditions. Populations in nine out of ten regions of Cameroon continue, to various extents, to be impacted by three complex and prolonged humanitarian crises: the Lake Chad basin conflict, the North-West and South-West (NWSW) socio-political crisis and the impact of influx of Central African Republic (CAR) refugees in the eastern regions. Over 2.5 million people are projected to face acute food insecurity in 2024.

There are nearly one million IDPs and half a million returnees. The country is also generously hosting nearly half a million refugees and asylum seekers. New or repeated displacement contribute to enduring humanitarian needs and to the considerable erosion of the already limited resilience of the affected population. Protection needs are widespread: women and girls are at high risk of gender-based violence and men and boys are more exposed to death, injury, arbitrary arrest and detention. Humanitarian needs are compounded by structural development weaknesses and chronic vulnerabilities.

In the Far North, 573,263 people are displaced due to violence and natural disasters including IDPs, and refugees from Nigeria. There are also nearly 200,000 returnees. The main humanitarian needs are protection, food, shelter/ Non-Food Items (NFIs) and access to Water, Sanitation and Hygiene (WASH) services. Civilians in conflict-affected areas continue to be

killed, injured, and kidnapped and their belonging and livelihoods damaged or destroyed and looted. Only 40 per cent of the population has access to safe drinking water and more than 600,000 people lack adequate shelter. Hundreds of thousands of children are exposed to critical protection risks, including family separation and school dropout, among others.

The crisis in the North-West and South-West remains characterized by human rights violations and abuses, multiple and short-term displacements as well as pendular movements because of violence, fear of attacks, and hostilities between parties. There are 648,421 internally displaced people from the crisis, in the two regions as well as in neighboring regions. Protection, food security, access to education and drinking water are the most acute needs in these regions. Almost 500,000 people are lacking adequate shelter, and 36 per cent of schools are not functional. Educational facilities, staff and school children continue to be targeted by non-State Armed Groups (NSAGs). There is continuous destruction of houses and farms as well as looting of properties, which limits access of affected people to adequate housing and food.

Cameroon is hosting over 353,000 refugees from CAR, 94 per cent of which live in the country's eastern regions (Adamawa, North, East). Access to livelihoods, food, WASH services and education remains limited for them and host communities. The number of refugees continues to exert significant pressure on natural resources and basic social services in the host areas, which often creates conflicts between the refugees and host populations over the use of scarce resources, including land.

## Strategic objectives

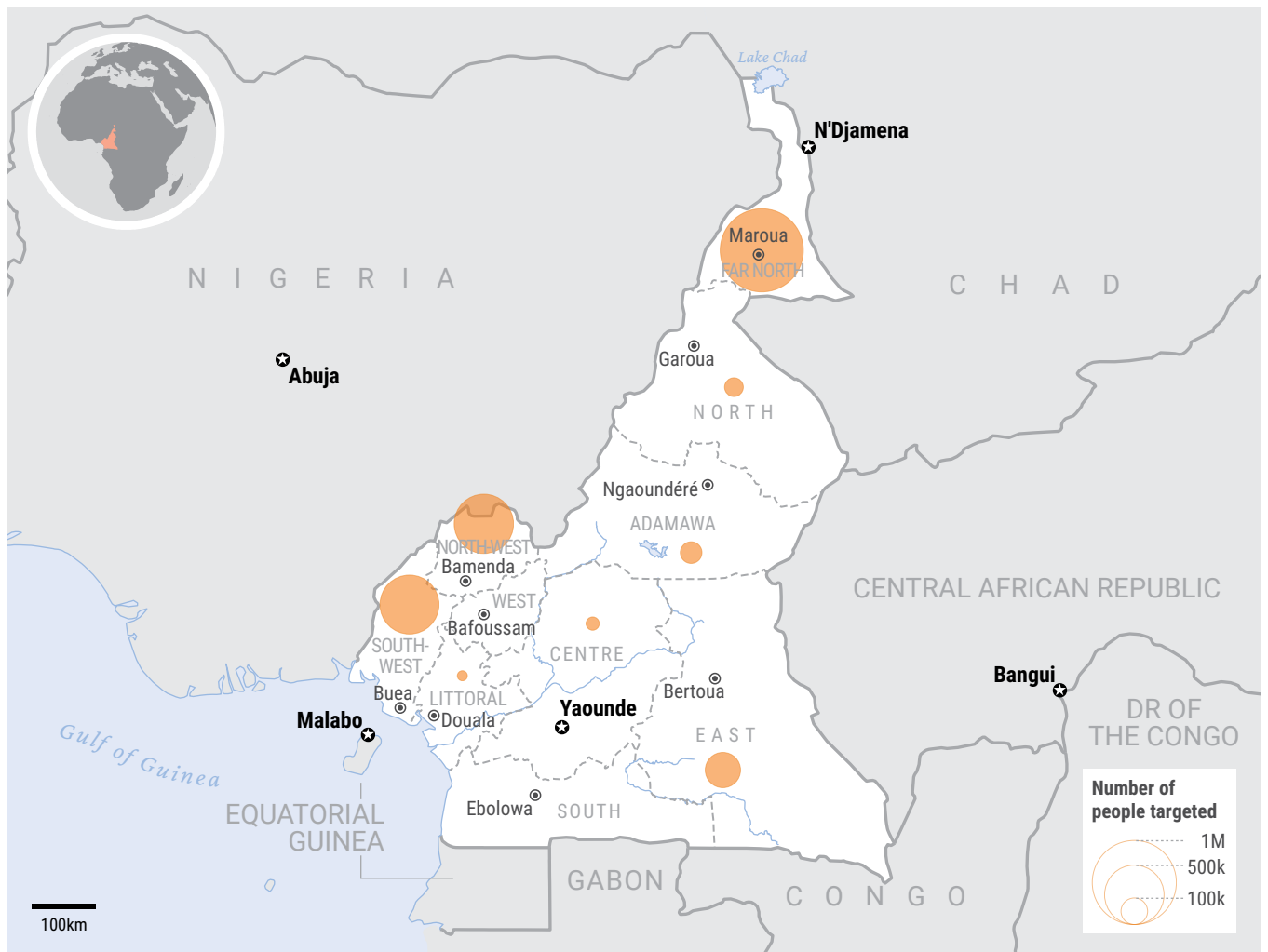
**S01: Reduce the mortality and morbidity of 1.5 million people affected by crisis.**

**S02: Improve the respect of the fundamental rights of 1.3 million vulnerable people affected by crisis.**

**S03: Reduce vulnerabilities and strengthen resilience of 620,000 people affected by crisis.**

## Planned response

PEOPLE IN NEED	PEOPLE TARGETED	WOMEN	CHILDREN	WITH DISABILITIES
<b>3.4M</b>	<b>2.3M</b>	<b>52%</b>	<b>57%</b>	<b>15%</b>





## HRP key figures

### Humanitarian response by targeted groups

POPULATION GROUP	PEOPLE IN NEED	PEOPLE TARGETED	■ IN NEED ■ TARGET
Internally displaced people	929.7k	689.7k	
Returnees	556.5k	444.4k	
Refugees	486.3k	389.1k	
Host communities	1.4M	801.2k	

### Humanitarian response by gender

GROUP	PEOPLE IN NEED	PEOPLE TARGETED	■ IN NEED ■ TARGET	% TARGETED
Men	1.6M	1.1M		68%
Women	1.8M	1.2M		68%

### Humanitarian response by age

AGE	PEOPLE IN NEED	PEOPLE TARGETED	■ IN NEED ■ TARGET	% TARGETED
Children (0 – 17)	1.9M	1.3M		70%
Adults (18 – 59)	1.3M	874k		67%
Older People (59+)	168k	115k		68%

### Humanitarian response for persons with disability

	PEOPLE IN NEED	PEOPLE TARGETED	■ IN NEED ■ TARGET	% TARGETED
Persons with disability	505.4k	345.1k		68%

### Financial requirements by sector and multi-Sector

More on [page 31](#)

SECTOR/MULTI-SECTOR	FINANCIAL REQUIREMENTS (US\$)
Refugee Response	103.5M
Food Security	84.2M
Protection	49.0M
General Protection	9.7M
Child Protection	17.1M
Gender-based violence	18.4M
Housing, Land and Property	3.8M
Health	30.5M
Shelter & Non-food items	29.1M
Nutrition	27.9M
Water, Sanitation & Hygiene	16.6M
Education	16.3M
Coordination	14.0M

# Part 1: Strategic response priorities

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**BOGO IDP SITE, FAR NORTH**

Photo: OCHA/Bibiane Mouangue



## 1.1 Planning assumptions and scope of the HRP

In 2024, violence, natural disasters and epidemics will continue to lead in affected areas, to loss of life, protection incidents, including Gender Based Violence (GBV), loss of livelihoods, displacement and degradation of living conditions. In addition, the severity of needs in those areas will remain acute due to a continual reduction of household purchasing power and the limited provision of humanitarian assistance due to underfunding and other access challenges. At the same time, considering the nature of the current crises, a significant increase of needs in 2024 is unlikely, thanks also to disaster risk reduction and preparedness efforts, the adoption of positive coping mechanisms, resilience, and social cohesion initiatives.

### Scope of HRP

The Humanitarian Country Team (HCT) agreed to further prioritize the response strategy in 2024. Humanitarian response will focus on areas where people face the most life-threatening and severe needs, in the epicentres of the crises, with better distinction made between humanitarian and more development needs. It agreed on clearer analysis between needs resulting from humanitarian shocks and those caused by structural lack of access to basic socio-economic services.

The HRP 2024 will thus target 2.3 million people affected by crisis in the Far North, the North-West and the South-West, as well as the most vulnerable refugees and their host communities in the East, Adamawa, North, and urban centers. While the HRP 2024 target has slightly decreased in comparison to 2023, the humanitarian community is targeting more people in need in 2024, to focus and scale up response in most affected areas. Engagement and linkages with Government and development actors will continue to be reinforced to best advocate for and support populations which are not targeted by humanitarian

assistance.

Thousands of people in Cameroon are affected by increased mortality and morbidity due to communicable diseases and other public health threats and a lack of access to minimum food, nutrition, Water, Sanitation, and Hygiene (WASH), shelter, and life-saving health services. A lack of adequate food and nutrition services negatively impacts the quality of diets and nutritional practices, which translate into an increase in mortality, morbidity, and malnutrition among the population groups with the highest nutrition needs. According to the Cadre Harmonisé analysis of October 2023, over 2.5 million people are projected to be acutely food insecure in 2024 (food insecurity phase 3 and over). The lack of adequate shelter exposes thousands of people to harsh weather conditions, increasing the chances of sickness. Limited access to basic resources and services leads to the use of negative coping mechanisms, including child marriage and survival sex. **Partners will be working together to provide and increase access to services to reduce the mortality and morbidity of 1.5 million people affected by crisis.**

Cameroon continues to be confronted to crises marked by violations of human rights and international humanitarian law. The insecurity and violence experienced by people, especially in the Far North, North-West, and South-West regions, have led to death and injuries, physical and mental disabilities, and are hampering the people's ability to move, communicate, and learn. Thousands of people suffer from abuses, such as targeted violence, killings, GBV, kidnapping, arbitrary arrest and detention. As a direct consequence of attacks on their villages, family members are forced to flee to safety, to scatter, children get separated from their families, children are sent away to continue their education. **Protection monitoring, prevention, and mitigation action in 2024 will target 1.3 million people.**

Low living standards and reduced resilience of people affected by crises lead to different types of deficits and to the use of various, mostly negative, coping mechanisms to meet basic needs. Many in affected areas cannot attain minimum living standards. Violence and insecurity in the Far North, North-West



and South-West regions have limited access to land and livelihoods. In the eastern regions, most refugees from the Central African Republic (CAR) do not have access to land, while other economic opportunities remain also limited due to their refugee status and the lack of proper documentation.

Furthermore, many of the regions affected by the different crises are chronically and structurally underdeveloped: symptoms of this situation are illustrated by the poor infrastructure and lack of basic services. For this reason, several sectors include income generating activities and vocational trainings in their response priorities, to **decrease negative coping mechanisms and strengthen the resilience of 620,000 people affected by shocks.**

While structural problems lay outside of the scope of a humanitarian response and should be addressed by development actors, coordination towards the achievement of the collective outcome to reduce needs, risks, and vulnerabilities over the long-term was identified as an underlying response priority, especially in the Far North and for the refugee response in the eastern regions.

### Targeting considerations:

The severity and magnitude of humanitarian needs of the affected population groups were assessed by geographical areas, as presented in the Humanitarian Needs Overview (HNO). Based on the needs and severity analysis, people targeted, include IDPs, returnees, refugees, host communities, and 'those left behind'. Those left behind refer to persons who are affected by a shock but who do not flee their area of origin, nor host IDPs and/or refugees. Those left behind often were not able or willing to flee because of old age and disabilities for instance, and they have been identified as one of the most vulnerable groups.

With regards to gender, age and disability, the analysis in the HNO illustrated that specific population

groups are most vulnerable to different humanitarian consequences, leading to the prioritization of different sub-groups by different sectors in different regions.

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

While people on the move, including IDPs, returnees, and refugees, account for 59 per cent of the 3.4 million people in need in Cameroon in 2024, they make up for 66 per cent of the 2.3 million people targeted by the humanitarian response plan.

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

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

## 1.2 Strategic objectives and response approach

The HRP 2024 targets of 2.3 million people is the result of the prioritization of the most acute needs in most affected areas. Geographically, the most severely affected populations are in the Far North, North-West,

and South-West regions as well as eastern regions for CAR refugees. These areas are prioritized by the humanitarian community for response.

Targeting also considers complementary response efforts by the Government, the Red-Cross and Red-Crescent Movement, and other international organizations, as well as development partners, while also illustrating realistic planning by considering operational and access challenges.

### Strategic Objective 1

## Reduce the mortality and morbidity of 1.5 million people affected by crisis.

WOMEN

52%

CHILDREN

57%

WITH DISABILITY

15%

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

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

The target population comprises the most vulnerable groups of the affected population identified in the HNO

2024, which include IDPs, host communities, returnees, refugees, and those left behind, especially those who are living in areas that are hard to reach, either because of insecurity or difficult road conditions, with little or no access to basic services.

IDPs, returnees and their host communities in the Far North, North-West and South-West, and vulnerable refugees will benefit from multisectoral life-saving response activities for them to have access to and benefit from minimum basic services.<sup>2</sup> Almost one million people will receive unconditional food and agricultural assistance through cash, cash plus<sup>3</sup> or in-kind assistance. Over 105,000 children will be treated for severe acute malnutrition and almost 100,000 girls and boys aged 6 to 23 months will receive micronutrient powders for home-based food fortification. Over 777,000 people will benefit from outpatient consultations for the main causes of morbidity and mortality and around 100,000 people who suffer from trauma due to violence will benefit from mental and psychological care. Some 60,000 people will receive health care in mobile clinics. In addition, 210,000 people will benefit from sexual and reproductive health services. About half a million people affected by crisis are targeted to benefit from sustainable access to safe drinking water and almost

1.5 million people will be provided with a minimum WASH kit. Thousands of households, including 14,500 refugee households, will be provided with shelter assistance, including emergency shelter material, kits or cash.

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

## Strategic Objective 2

### **Improve the respect of the fundamental rights of 1.3 million vulnerable people affected by crisis.**

WOMEN

**52%**

CHILDREN

**57%**

WITH DISABILITY

**15%**

Considering that the three humanitarian crises in Cameroon are protection-related, a dedicated objective was incorporated to highlight the centrality of protection, even though protection is mainstreamed into all activities. The humanitarian consequences targeted under this objective include human rights violations and abuses as well as impediments to people's ability to move freely, to communicate and learn and to engage in socio-economic activities. Response activities contributing to achieving this objective focus on improving the protection environment and the respect of fundamental rights of persons affected by crisis, with a focus on the most vulnerable, including persons living with disabilities, older people, women, and children. Other sectors are equally committed to contributing to the improvement of the protection environment for people affected by crisis and developed specific indicators to measure their contribution. In 2024, Protection partners aim to support around 27,000 conflict-affected persons in (re)acquiring civil and legal documentation, which will protect men and boys from arbitrary detention, and facilitate access to education for girls and boys. Considering that the lack of civil documentation is a structural problem in Cameroon, which development and Government actors are more adapted to address, the Protection Sector is engaging with local partners and Government actors to advocate for legal reforms of the civil documentation system and entry points to facilitate birth registration, for example in healthcare

centres. Some 570 awareness sessions on civil documentation will be organized in 2024, about 38,000 people will be sensitized on the importance of birth registration and 6,800 crisis-affected children are targeted to receive birth certificates. In addition, 80,000 refugees are targeted to receive civil documentation. In general, 25,000 people will be reached with sensitization sessions on their rights and obligations.

In addition, 23,850 vulnerable people will be supported with protection assistance and an additional 21,500 persons with disabilities will be provided with specialized assistance. Almost 1,000 community-based individuals will be trained on protection standards and policies. Around 412,000 people will be covered by monthly protection monitoring activities.

Considering the high number of GBV survivors, the challenges in accessing GBV services, and the roots of GBV in pre-existing social and cultural discriminatory norms, GBV partners will concentrate efforts on improving the availability of multisectoral quality services, increasing the provision of mental health, psychosocial and legal support, creating safe spaces for women and girls, reducing risks through the distribution of dignity kits and improving access to income generating activities, raising awareness, and implementing prevention activities at community level. Around 14,000 GBV survivors will receive at least one form of assistance, including medical,



psychological, and legal support. Some 12,000 children and caregivers will access GBV risk mitigation, prevention, or response interventions. Around 300 GBV actors from the government and civil society will receive capacity strengthening to ensure that services are rendered in respect of the international standards. Collaboration between the Health Sector and the GBV Area of Responsibility (AoR) will continue to address the medical needs of GBV survivors. The Health Sector targets 2,000 GBV survivors for physical and mental health assistance and aims to ensure that 100 per cent of GBV cases identified are referred to other sectors or service providers, as appropriate.

Child Protection actors will focus on providing psychosocial support to displaced children, including unaccompanied and separated children (UASC), and on preventing family separation during conflict through community-based approaches. Almost 600,000 children and their caregivers will access mental health or psycho-social support, 38,000 UASC will be reunified or put in contact with their families or access appropriate alternative care arrangements. Over 1,200 community-based child protection mechanisms will be functional in 2024 thanks to partners' support.

The Health Sector will continue to report and document attacks on healthcare and promote the safe delivery of and access to medical assistance for all without being hampered by acts of violence or obstructions.

Education partners will also continue to advocate for the implementation of the "Safe Schools" declaration and for the protection of education from attacks, while supporting the monitoring and documentation of attacks against education. The Education Sector aims to support access to quality education in a safe protective learning environment, including through building of inclusive classrooms and temporary safe learning spaces, training education staff on psychological support and inclusive education. Thanks to partners' interventions, almost one million children will report feeling safer in schools, learning and training spaces, and 4,800 teachers, supervisors and other education staff will be trained in life skills, psychosocial support and other topics related to education in emergencies.

Almost 3,700 persons will be trained on matters relating to Housing, Land, and Property (HLP), 115,000 people will be sensitized on HLP rights and obligations and 36,500 people will receive counseling services on HLP related matters. Over 27,300 persons will be provided with case-specific legal assistance on HLP.

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

## Strategic Objective 3

### Reduce vulnerabilities and strengthen resilience of 620,000 people affected by crisis.

WOMEN

52%

CHILDREN

57%

WITH DISABILITY

15%

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

Activities that will contribute to affected populations' equitable, regular, appropriate, and safe access to quality inclusive services include livelihood support, including through the provision of agricultural input.

Around 11,400 pregnant and lactating women (PLW) and almost 100,000 boys and girls aged 6 to 23 months will receive a supplementary ration under the Blanket Supplementary Feeding Programme (BSFP). Some 165,000 girls and boys aged 6 to 23 months will receive micronutrient powders for home-based food fortification. Almost 237,000 adolescent girls and 197,000 pregnant women are targeted to receive weekly iron and folic acid supplements. Health

partners aim to have 70 per cent of births attended by skilled health personnel.

Almost one million girls, boys and adolescents affected by the crisis will have access to formal and non-formal education, including 289,000 girls, boys and adolescents who will have access to alternative education platforms. In addition, 52,000 children will be enrolled in nationally recognized primary schools, and 30,000 refugee children will be enrolled in nationally recognized secondary schools. Almost 145,000 refugee children and adolescents will be supported with learning materials and 38,500 with financial support to access education. Also, over 4,800 education staff will be trained on inclusive education and 337,000 children affected by crisis will benefit from school feeding.

Over 1.1 million men, women, girls, and boys will be provided with sustainable basic sanitation services. Water user committees will be established or revitalized, and their members trained.

Some 38,500 refugees and members of their host community will access quality basic social services in an equitable and sustainable manner to realize their full human potential and enhance their social and economic well-being. Over 100,000 refugees will be supported with transitional shelter or cash support. Finally, 12,650 refugees will benefit from a durable solution through resettlement or repatriation.

#### Response approach

In 2024, the humanitarian actors' response will

prioritize people with inter-sectoral needs at severity 3 (severe) and 4 (extreme) levels.<sup>4</sup> The response will be developed in close consultation with the affected populations, fully considering their concerns and priorities, and will be implemented in respect of the humanitarian principles. Interventions will be adapted to the distinct protection and assistance needs of women, girls, men, boys, older people, and persons with disabilities. Awareness of Prevention of Sexual Exploitation and Abuse (PSEA) standards, including access to reporting mechanisms and assistance for survivors, will be mainstreamed in humanitarian response programming.

### **Enhanced coordination and linkages**

To implement the 2024 HRP, the humanitarian community will continue to coordinate with all relevant stakeholders, including the Government of Cameroon, affected populations, donors, and development actors, recognizing that the primary responsibility for the well-being of its populations lies with the Government. Existing coordination and accountability mechanisms will be strengthened to enhance the quality, effectiveness, and timeliness of the response, respecting humanitarian principles, and ensuring full transparency of humanitarian activities.

### **Increased funding advocacy**

Cameroon's humanitarian response has been underfunded for several years,<sup>5</sup> leaving humanitarian organizations lacking the human, financial and material resources which would be necessary to respond adequately to all the needs identified in the HNO. Limited funding also reduces the capacity to plan interventions with a medium- to longer-term approach aiming at sustainable solutions, since there is no guarantee that funding for these interventions will continue. Advocacy to increase donor commitment to enable the humanitarian community to respond to the needs in Cameroon remains a key priority in 2024.

### **A multisectoral approach**

To improve the efficiency of the response by addressing the needs of the population holistically, intersectoral coordination will be further improved

in 2024. Many sectors have already developed inter sectoral response strategies.<sup>6</sup> All sectors are committed to contributing to the protection of the affected population. It is understood that protection is a shared responsibility for all humanitarian actors engaged in the response in Cameroon.<sup>7</sup>

Multisectoral needs assessments (MSNAs) will continue to provide a holistic view of the crises' impacts and resulting needs in the affected regions, improving response programming, while multisectoral and/or integrated initiatives, such as the Rapid Response Mechanism (RRM), will continue to be operational in the Far North through a multi-sectoral assessment tool that facilitates a standardized analysis of community needs. In the North-West and South-West regions, OCHA will continue to facilitate inter-sectoral missions to maximize the impact of multisectoral response activities in a challenging access environment.

### **The Humanitarian-Development-Peace Nexus approach**

Following initial work, a national Nexus Taskforce was created in May 2019, mandated with the development of the HDP Nexus approach in Cameroon and its operationalization at the community level. Two regional Taskforces were also created covering respectively the Far North region and the eastern front (North, Adamawa, and East regions). The HDP Nexus Taskforces, at national and sub-national levels, are composed of representatives from the Government, United Nations (UN) agencies, international and national Non-Governmental Organizations (NGO), as well as technical and financial partners.

"Peace" in the triple Nexus in Cameroon refers to the inclusion of activities promoting social cohesion and peacebuilding and serves as a reminder that all interventions must be conflict-sensitive.<sup>8</sup> The goal of the HDP Nexus is captured in the HDP collective outcome.<sup>9</sup> The collective outcome intends to reduce needs, risks, and vulnerabilities of affected populations and to provide durable solutions to communities affected by forced displacement in selected municipalities by 2026. The strategic objectives of the HRP were formulated to align with the collective

outcome and they will contribute to the achievement of the Government's National Development Strategy 2020 - 2030.

### **HDP collective outcome**

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

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

#### **Pillar 1: Basic social services**

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

#### **Pillar 2: Sustainable livelihoods and economic opportunities**

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

#### **Pillar 3: Protection, social cohesion, and local governance**

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

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

The selection of convergence areas is based on criteria that the Nexus Taskforce has defined and on an approach which considers the ability and potential to achieve collective results.<sup>10</sup> Twelve convergence areas were selected by the end of 2022: six in the Far-North (Mokolo, Koza, Mora, Makary, Logone Birni,

and Fotokol), one in the North (Touboro), two in the Adamawa (Meiganga and Djohong) and three in the East (Kette, Mandjou and Garoua-Boulai). Recognizing the commitment to 'leave no one behind', the roll out of the HDP Nexus in the convergence areas in crisis-affected regions will achieve greater impact by responding to immediate needs whilst building the resilience of the most vulnerable people, preventing conflict and disasters, reducing poverty, promoting shared prosperity, and sustaining peace.

The municipality of Logone Birni is the first convergence area which benefitted from a HDP joint analysis in 2022. Based on this analysis and under the leadership of the Far North Nexus Taskforce, a joint action plan was developed for Logone Birni. Alongside, a coordination structure for the HDP Nexus in Logone Birni was also set up with local authorities and partners. In 2024, the Nexus Taskforce intends to build on the Municipal Development Plan of Mokolo to develop a HDP joint action plan for that convergence area.

In 2023, some joint initiatives were successfully implemented in the Far North region, such as the "Health for peace" project funded by the Peace Building Fund and human security projects funded by the UN Trust fund. The Peace through Health project, which aimed to contribute to the reduction of violence through inclusive health and social interventions, used health interventions as an entry point to open dialogue on health and other social issues at the community level and to build trust and social cohesion in the Far North Region.

In 2024, partners plan to develop the HDP joint analysis for the convergence area of Mandjou in the East region and to revitalize a joint livelihood program. In addition, in 2024, the national NEXUS Taskforce is planning the update of the national workplan covering the period from 2024 – 2026, which will be completed by the development of detailed annual working plan. Under the leadership of the Prime Minister's office, joint missions to the Far North and East are planned for early 2024.

HDP Nexus convergence areas in the Far North region.	<a href="https://reliefweb.int/map/cameroon/cameroun-extreme-nord-carte-des-zones-de-convergence-nexus-HDP">https://reliefweb.int/map/cameroon/cameroun-extreme-nord-carte-des-zones-de-convergence-nexus-HDP</a>
HDP Nexus convergence areas in the eastern regions.	<a href="https://reliefweb.int/map/cameroon/cameroun-facade-est-carte-des-zones-de-convergence-HDP-nexus">https://reliefweb.int/map/cameroon/cameroun-facade-est-carte-des-zones-de-convergence-HDP-nexus</a>

## Localization

The Localization Working Group, under the leadership of the Inter-Sector Working Group (ISWG), is supporting the HCT to progress on the operationalization of global commitments on localization<sup>11</sup> in humanitarian action, since 2022. The Working Group's Action Plan focuses on strengthening the capacity of national and local organizations, including their coordination platforms, and advocating for their increased participation and leadership in humanitarian response. While significant progress has been made in less than two years, much remains to be done for many of the global commitments, particularly in terms of leadership, achieving equal partnerships and increasing multi-year and flexible funding. The organization of the Localization Leadership Laboratory at the end of 2022 marked the HCT's commitment to advancing the localization agenda in Cameroon.

In 2023, the Localization Working Group worked on increasing the visibility of local actors and strengthening their presence and leadership in coordinating bodies. Thanks to its advocacy, three additional seats for local actors have been granted at the HCT. Moreover, five national organizations ascended to leadership roles in humanitarian coordination fora, and they received small grants from the 'Empower' project of the International NGO Catholic Relief Services to support these positions. In November 2023, the Localization Working Group also organized the first edition of "Localization Days" in Cameroon, which enabled more than 30 organizations to showcase their expertise to a public audience comprised of UN agencies, international organizations, government officials, and donors. A key component of this event was promoting the visibility of local actors and facilitating discussions with donors and other key national and international stakeholders, public and private sectors, through a two-day active collaboration.

In 2024, the focus will be on consolidating what has been achieved in terms of leadership and active participation in the humanitarian coordination mechanisms. To ensure continuity with 2023 and capitalize on lessons learnt from the previous years, the Localization WG will work on the update of the annual working plan at the beginning of 2024. An emphasis will also be placed on implementation of the commitments made by several donors for 2024, in particular on facilitating procedures and creating funding windows for local and national NGOs, as well as providing additional training opportunities in collaboration with different national and international entities.

## Geographic coordination: three distinct crises, three response strategies

In 2023, nine out of ten regions in Cameroon were affected by the three concurrent humanitarian crises, namely the Far North, Adamawa, East, North, North-West, South-West, Littoral, West, and Centre regions.

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

In the **Far North**, response priorities are the protection and assistance of newly displaced people and the promotion of durable solutions for long-term IDPs. People who displaced years ago were identified as among the most vulnerable,<sup>12</sup> as they stopped receiving humanitarian assistance a long time ago but did not benefit from any development interventions since. Furthermore, these displaced people often don't intend to return to their area of origin in the short term. Collaboration with affected communities and local authorities and coordination with peacebuilding and development partners to help create conditions conducive to durable solutions to displacement was thus identified as key priority for 2024.

### Far North response priorities

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



prioritizing new displacements.

Promote and create conditions conducive to sustainable solutions through coordination with local authorities, communities, peacebuilding, and development actors and by enhancing the participation of displaced persons and host communities in humanitarian programming.

In the **North-West and South-West** regions, the priorities remain to protect people affected by violence and to ensure appropriate emergency assistance in protection, food, nutrition, health, WASH, shelter, and education. To do so, efforts will continue to improve humanitarian access to populations and access of populations to assistance and basic services.

### **North-West and South-West response priorities**

Protect people affected by violence and ensure appropriate emergency assistance in protection, food security, nutrition, health, WASH, shelter, and education.

In the **East, Adamawa and North** regions, the main objective of the humanitarian community is to find durable solutions for refugees and to promote the development of refugee hosting areas in collaboration with the authorities and development actors, to ensure equal access to basic services for refugees and their host communities. More details on the response priorities and strategies are included in Part 4 on the Multi-Sector Refugee Response.

### **CAR refugee response priorities**

Find durable solutions for refugees and promote the development of refugee hosting areas to ensure equal access to basic services.

## **The centrality of protection**

The HCT is committed to addressing protection as a collective responsibility, in line with the Inter Agency Standing Committee (IASC) commitments. Recognizing the complexity of the humanitarian situation in a country affected by three major crises in different areas, the HCT reviewed its protection strategy in 2023, with the support of the Inter-agency Protection Stand-by Capacity (ProCap).

**The 2023 – 2024 HCT protection strategy identifies three specific objectives, responding to the overall objective to improve the capacity of the crisis-affected populations to enjoy their fundamental rights and dignity. The three objectives are:**

To improve emergency access to civil documentation for crises-affected populations.

To reinforce the capability of crises-affected populations to safely move and access humanitarian assistance, basic services and livelihoods.

To better prevent, mitigate and respond to GBV risks.

The strategy is accompanied by a detailed operational plan for the strategy to regularly monitor progress on the implementation of the strategy.

The Protection Sector will continue to take the lead on the centrality of protection activities, with proactive engagement from other sectors.

## **Addressing gender inequalities**

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

The humanitarian community in Cameroon has benefitted from the support of a GenCap advisor from 2019 to mid-2023, which allowed to improve the understanding and to strengthen the implementation of a response that considers the distinct effects of the crises on women, girls, boys, and men. For example, while data on how women and girls are affected by the North-West and South-West crisis was available, there was a glaring gap of information about the male population. The GenCap advisor conducted a gender and protection analysis, focusing on how adolescent boys and men are affected by the crisis. The report also analysed how men's needs are understood and addressed by the humanitarian community. This



opened room for reflections with donors, leadership, and front-line humanitarian organizations and revised strategies and programming in this regard.

### 1.3 Accountability to affected populations and protection from sexual exploitation and abuse

#### Accountability to Affected Populations (AAP)

To enhance collective Accountability to Affected Populations (AAP) in Cameroon and ensure that feedback data is regularly analyzed and used to inform humanitarian decision-making and learning, a culture of accountability at all levels of humanitarian action has been enhanced and fostered. Through the AAP Working Group there has been increasing support to various partners to develop and implement approaches to giving, holding, and taking account, including through response-wide beneficiary perspectives and preferences assessments which paid special consideration on improving the participation of women, children, and marginalized groups.

A collective monitoring tool was established in 2023 to better understand existing Complaint and Feedback

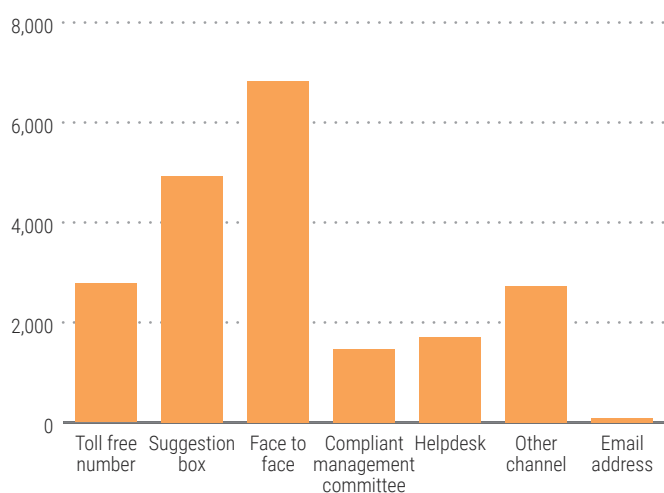
Mechanisms (CFM) among partners. The information collected through this tool is not only analyzed to inform the response, but also to help develop a joint CFM mechanism. Following the results of the monitoring, the numbers of the most active hotlines were included in the communication and outreach material of a **Protection from Sexual Exploitation and Abuse (PSEA)** and CFM sensitization mission, reaching 450 frontline humanitarian staff and 1,500 affected people.

The monitoring tool, which captured the provision of 25,641 feedback reports and 117,616 complaints between January and September 2023, has also been used to inform partners on areas requiring improvement in the planning and implementation of the humanitarian response.

Through the different complaints and feedback mechanisms, beneficiaries expressed their views on the quality of the response, highlighting areas for improvement, in particular the need for timely and accurate information about the different aspects of humanitarian assistance. The joint survey on the functionality of the different complaints and feedback mechanisms showed that most calls received were to express satisfaction with regards to assistance received. Complaints from beneficiaries mainly concerned programme implementation (18 per cent) and planning (10 per cent). The results of the analysis

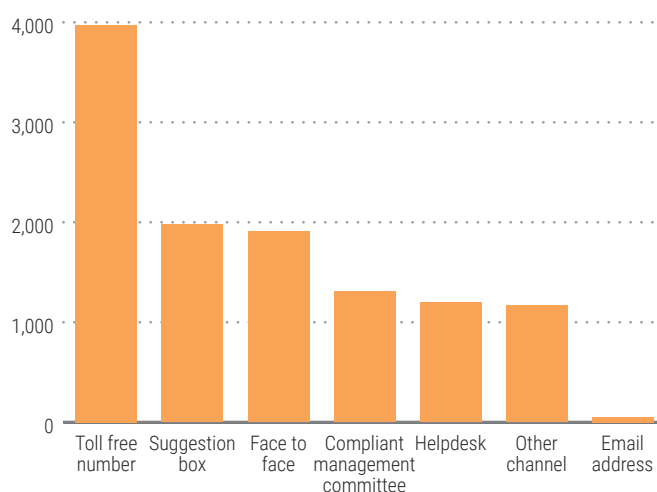
#### Number of feedback

Per type of channels



#### Number of complaints

Per type of channels



of the complaint and feedback mechanisms were presented and discussed with the ISWG to inform sectoral and inter sectoral operations strategy. The AAP CFM dashboard has also been shared with HCT members to inform leadership strategic decisions on humanitarian programming.

The mapping exercise will continue in 2024 with a focus on the sectoral response, and the formalization of the joint complaint mechanism, whose pilot initiative was developed in 2023. The standard operating procedure (SOP) for the joint CFM will be developed based on the communication channels preferred by the beneficiaries and identified as most frequently used in the MSNA and CFM mappings.

The HCT has encouraged joint data collection approaches on humanitarian needs and humanitarian response, to promote delivering as one and cost efficiency while ensuring that all members of the community, men, women, children, older people, and persons living with disabilities, are reached and consulted to better express their views on the humanitarian response.

### **Protection from Sexual Exploitation and Abuse (PSEA)**

Following the signing of the SOP on community-based complaint mechanisms (CBCM) regarding Sexual Exploitation and Abuse (SEA), the PSEA Network in Cameroon, under the leadership of the Humanitarian Coordinator and in accordance with the validated action plan, launched the deployment of the World Food Programme Green Line, which had been identified for the joint mechanism to report SEA complaints.

In line with the Secretary General's (SG) bulletin, the Inter Agency Standing Committee (IASC) PSEA Strategy and the Cameroon PSEA Network's 2023 action plan, awareness-raising and refreshment

courses have been organized in all regions where humanitarian action is implemented. More than four types of visibility tools, including picture boxes and posters, and roll-up posters have been developed. To facilitate communication with frontline workers and beneficiaries, more than 3,000 of those tools have been printed and distributed in all humanitarian settings.

Over 40 PSEA focal points completed a training of trainers organized by the PSEA Network. The trainers provided training sessions and briefings to more than 6,000 people, including staff from UN agencies, international and national NGOs, service providers and beneficiaries.

In 2024, the PSEA Network will strengthen the survivor-centered approach through the reinforcement and restructuring of the referral pathway. This survivor-centered approach will further be reinforced through the PSEA capacity mapping of implementing partners. The assessment will be carried out online, and the members of the Network will ensure that those organizations which have not reached the required score will develop an Action Plan to reinforce their capacity, including but not limited to regular training of their staff.

The Network will ensure that its members and all humanitarian actors continue the ZERO tolerance policy to SEA with clear guidelines on handling SEA cases. The Network will also ensure that all complaints received through existing channels are handled in strict compliance with the CBCM SOP.

Awareness raising activities will be planned in line with identified gaps through several assessments and consultations for frontline workers and beneficiaries. Additional sensitization tools will be printed to raise awareness on the toll-free line.

## 1.4 Operational capacity and access

### Operational capacity

As of September 2023, 251 humanitarian actors, including 12 UN agencies, 39 international NGOs, 178 national NGOs, 20 Government actors were involved in the humanitarian response as well as 4 members of the Red Cross/ Red Crescent Movement (who operate through their own mechanisms).

The number of actors operating in Cameroon remained stable over the years, with a slight decrease in the number of international NGOs due to funding constraints. Furthermore, several international NGOs and UN agencies, while remaining operational, had to close field offices and reduce/terminate activities in certain locations in Cameroon due to a lack of funding. To be able to respond to the needs and challenges related to the complex emergencies affecting Cameroon, it would be necessary to significantly enhance the operational capacity in 2024.

### Access

The main constraints to humanitarian access in Cameroon are underfunding, insecurity, road conditions, natural hazards, such as floods, and restrictions imposed by parties on movements of people, goods, and services as well as other bureaucratic access impediments. Access constraints often translate into delays, partial response to humanitarian needs, and increased operational costs for humanitarian partners.<sup>13</sup>

In the Far North, the main obstacle to humanitarian access remains the insecurity generated by NSAG activities and impassable roads, especially during the rainy season. Most attacks by NSAGs target civilian populations and State security forces (SSF). Partners continue to promote acceptance as a security management strategy, rely on the strict implementation of their security protocols and mitigation measures,

and maintain permanent dialogue with local authorities and communities. Meanwhile, UN agencies rely on armed escorts, as a last resort, to access particularly insecure areas. Alternatives to the use of armed escorts are reviewed on a continuous basis.

Access to the population in need in the North-West and South-West regions remains difficult and volatile. However, access in these two regions is possible if resources are made available and dedicated to facilitating safe access. Furthermore, local partners often have access to remote areas in these two regions thanks to community acceptance and in-depth knowledge of the local context. Partnerships and role of these actors have been enhanced in 2023, to provide relief in hard-to-reach communities.

Lockdown days, with associated movement restrictions for humanitarian actors, have caused substantial interruptions to humanitarian operations. Roadblocks and demands for payment cause needless delays and insecurity for the transport of aid goods, despite having all required authorizations. Occasionally, these roadblocks result in attempts to kidnap aid workers, including demands for ransom.

Humanitarian organizations and vehicles transporting humanitarian supplies are regularly and illegally requested to pay money or to hand over humanitarian supplies at checkpoints, during distributions, or when illegally/arbitrarily detained or kidnapped. These demands include those by criminal groups, NSAGs and State security forces.

The Access Working Group, which is chaired by OCHA and includes UN agencies, international and national NGOs, continues to advocate with all partners and interlocutors for the respect of principles guiding the Access strategy endorsed by the HCT and of the Compact to End Demands for Illegal Payments from Humanitarian Organizations in the North-West and South-West, endorsed by the HCT in October 2020.

International and national organizations contribute to supporting humanitarian access and play an important role in providing contextualized information and advice.

The East, Adamawa, and North regions are relatively

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

The United Nations Humanitarian Air Service (UNHAS) plays a crucial role in reaching sub-national coordination hubs in a safe and reliable way and in providing medical and security evacuations. UNHAS operations resumed in 2023, after more than one year of suspension and it was able to maintain regular weekly flights. Meanwhile, the flight approval process involves multiple stakeholders, which can lead sometimes to delays in the clearance of flights.

### **Non-discriminatory access to essential services will remain a priority in 2024**

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

In the Far North, access is a standing agenda item at Inter-Sector Working Group (ISWG) meetings, and an Access Working Group was established in February 2023. The Civil-Military Coordination (CMCoord) platform in the Far North provides further opportunities to directly engage with security bodies on access issues.

Coordination platforms between humanitarians and local authorities, chaired by the Senior Divisional Officers of Mayo-Sava and Logone et Chari, respectively, continue to be held monthly. The Mayo-Tsanaga platform also resumed its meetings in July 2023. In November 2021, a regional humanitarian coordination forum for the whole region, chaired by the

Governor of the Far North, was established. Its meeting, held in November 2023, assembled again a variety of stakeholders, including the Senior Divisional Officers from the three conflict-affected divisions, the regional councilors, representatives of the decentralized state services, national and international NGOs, and UN agencies.

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

In the North-West and South-West, different procedures are in place to obtain authorizations from local authorities for the implementation of activities. In 2023, a Dialogue Framework was also established with authorities in the North-West and a first meeting was held in Bamenda in March 2023, chaired by the Governor. Participants agreed to enhance communication between humanitarians and government technical entities in the region. It was not possible to hold more meetings in 2023. The efforts for the establishment of a similar dialogue platform for the South-West did not materialize in 2023. However, in both regions, engagements continue and take place through bilateral or specific meetings. OCHA, in support of the humanitarian community, will continue to engage with local authorities to facilitate dialogue and establish clear and practical procedures in 2024.

Negotiating humanitarian access with all parties, while preserving humanitarian principles, is essential to enable humanitarian assistance to reach communities in a timely manner and in the safest environment possible. In this regard, Civil-Military coordination (CMCoord) remains essential to create and sustain a conducive operational environment. CMCoord Working Groups bringing together representatives from State Security Forces and from the humanitarian community meet monthly in the North-West and South-West to exchange relevant information in a conducive climate, to help address challenges and to raise questions of concern for more in-depth discussions.

The humanitarian community in the North-West and South-West regions applies a strict no-armed

escort policy. Proximity to armed actors poses a major security risk during humanitarian operations. Humanitarian partners, agencies and NGOs continue to refrain from being escorted by armed actors, will not accept armed presence during humanitarian activities, and will halt such activities whenever armed actors show up. This no-armed escort policy applies to all parties.

In the North-West and South-West, meetings of the Access Working Group allow for discussion and analysis of humanitarian access constraints. Access is also a standing agenda item at meetings of the Inter-Cluster and the Protection Cluster.

## 1.5 Costing methodology

Cameroon applies a project based HRP costing approach.

About 371,4 million USD are required to reach 2.3 million people in 2024. This is the sum of all the projects validated by the sector coordinators and the Humanitarian Coordinator (HC) on behalf of the HCT. Projects included in the 2024 HRP were elaborated based on needs, and sector coordinators validated them considering alignment with HRP objectives and strategic orientations and their respective related sectoral strategies, targets, and frameworks. The 2024 HRP budget, in comparison with the 2023 HRP, represents a decrease of over US\$ 36 million. This represents a 9 per cent decrease compared to 2023. The budget decrease results from the combination of several factors, the reduction of the target caseload due to the revised scope of the HRP, which focus on the most affected areas, and the prioritization of the response strategy in alignment with HCT strategic recommendations.

## 1.6 Consolidated overview on the use of multi-purpose cash

In line with the preferences expressed by affected populations and commitments made in the Humanitarian Response Plan (HRP) 2023 to adopt the cash and voucher response modality, where feasible, humanitarian actors continued to diversify and strengthen Cash-based interventions (CBI) across the response in Cameroon. Most reported cash interventions were implemented as part of the food security response. The humanitarian response in Cameroon using the cash approach is estimated at \$55.4M. For multi-sector responses requiring the use of MEB transfer values, it is estimated at \$10.5M.

Multipurpose cash continues to be applied across the response, particularly by the Rapid Response Mechanism (RRM) in the Far North and by UNHCR in the East, North-West, and South-West regions to address the protection needs of very vulnerable cases. To harmonize multipurpose cash interventions, the Cash Working Group (CWG) has supported the definition of the Minimum Expenditure Basket (MEB) and the transfer values for the distinct response areas (Far North, NWSW, CAR refugees). The use of the MEB and transfer values for multipurpose cash interventions reinforces the multisectoral nature of humanitarian intervention as promoted globally by the IASC and in the country by the HCT. It also enables partners to provide regular, one-off and/or seasonal humanitarian financial assistance in a harmonized way based on an understanding of household basic needs from a market-based perspective.

Since the 2nd semester of 2023, the CWGs are also conducting joint multifunctional capacity assessments in each crisis, to produce an evidence-based map indicating which modalities and/or delivery mechanisms are feasible and appropriate in each assessed locality, including guidance on how to best deliver the preferred modality. The assessment is

finalized by the sub-national CWGs in the Far North and East and will be concluded in the North-West and South-West in 2024. Successful engagement and advocacy with Government for further cash acceptance has been maintained throughout the year, with response and follow-up of recommendations commonly agreed during the national workshop held in April 2023.

In 2024, the CWG will continue to provide evidence-based advocacy and promote use and acceptance of cash and voucher programming by all actors of the humanitarian response, including national and local authorities, by showcasing its cost-efficiency, effectiveness, and impact in alleviating the affected populations' suffering. The CWG will promote a

harmonized approach towards the use of cash and voucher assistance including through coordination with national and local actors, as well as through collaboration on technical aspects such as the updating of the MEB, joint markets assessments and analysis, joint monitoring, and impact assessments, among others. As recommended by the Grand Bargain 2.0, greater support will be provided to enhance leadership, delivery and capacity of local responders and the participation of affected communities in addressing humanitarian needs. To avoid overlap, duplication and to improve humanitarian efficiency, accountability and visibility of cash and voucher assistance, efforts will be redoubled to improve reporting to the 5Ws at national and sub-national levels.

### Consolidated overview on the use of multi-purpose cash

*In 2023 and 2024*





## Part 2: Response monitoring

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### MINAWAO REFUGEE CAMP, FAR NORTH REGION

Nutrition screening

Photo: OCHA/Bibiane Mouangue



## 2.1 Monitoring approach

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

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

Thanks to the Response Planning and Monitoring (RPM) module, the sector coordinators will be able to provide, monthly, the results achieved within the

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

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

The periodic monitoring of the response is available online and publicly accessible on ReliefWeb on the page dedicated to Cameroon.

## 2.2 Strategic objectives: indicators and targets

<b>Strategic Objective SO1</b>		<b>TARGET</b>
Reduce the mortality and morbidity of 1.5 million people affected by crisis		1.52M
<b>INDICATORS</b>		
	Number of men, women, girls, and boys provided with a minimum WASH kit based on their vulnerabilities	1.46M
	Number of multi-donor discussions organized to promote the funding of an HRP which is published in a timely manner and adequately addressing the distinct assistance and protection needs of women, girls, men, and boys, including older people and people living with disabilities	4
	Number of targeted people (disaggregated by sex and status) that received assistance through agricultural, livestock and fishery support (small ruminant, local poultry, table birds, piggery, fishery and agriculture)	847k
	Percentage of humanitarian actors who consider gender, age and diversity in their needs analysis and response reports.	80%
	Number of Infant and Young Child Feeding (IYCF) supported	122k
	Number of women, men, girls and boys reached by awareness raising campaigns on the promotion of good hand washing practices	1.46M
	Number of boys and girls aged 6-23 months enrolled in the Blanket Supplementary Feeding Programme (BSFP)	99k
	Number of people by sex, age and vulnerability in outpatient consultations	777k
	Number of women and girls who benefited from sexual and reproductive health services	209k
	Number of women, men, boys and girls who received trauma care or specialized mental health and psychosocial support care	99k
	Number of pregnant and lactating women enrolled in the Blanket Supplementary Feeding Programme (BSFP)	11k
	Number of targeted food insecure people (female and male by age group and vulnerability) that received unconditional food support through food and cash transfers/Cash+ (emergency agricultural assistance)	978k
	Number of new admissions of Severe and Acute Malnutrition (SAM)	105k
	Number of households, including those in protracted displacement, returnees, and non-displaced people including host communities, are provided with core and essential non-food items	48k
	Number of households, including those in protracted displacement, returnees, and non-displaced people including host communities, are provided with timely life-saving emergency shelter kits	31k
	Number of households are provided with safe and sustained shelter support, including those in protracted displacement, returnees, and non-displaced people including host communities	19k
	Number of people, by sex and age group, especially the most vulnerable, including refugees and host community, using quality basic social services in an equitable and sustainable manner to realize their full human potential and enhance their social and economic well-being	38k

<b>Strategic Objective SO2</b>		<b>TARGET</b>
Improve the respect of the fundamental rights of 1. 3 million vulnerable people affected by crisis		1.28M
<b>INDICATORS</b>		
	Number of men, women, girls, and boys with sustainable access to safe drinking water	444k
	Number of men, women, girls and boys provided with sustainable basic sanitation services	1.1M
	Number of GBV survivors (women, men, girls, boys, people with disabilities) who have received at least one form of (lifesaving) assistance	14k
	Number of conflict-affected persons having benefited from civil or identity documentation support (including birth certificate for crisis-affected children)	27k
	Number of individuals from local and national authorities as well as civil society trained on protection standards and policies (sector/cluster and AORs)	18k
	Number of men, women, boys and girls reached through sensitization and capacity building on GBV principles, response, and prevention	216k
	Number of people trained on centrality of protection and mainstreaming of protection	36k
	Number of persons (disaggregated by sex and disability) receiving legal assistance in relation to housing, land, and property disputes	39k
	Number of sectors who designated a focal point to reinforce the Centrality of protection	12
	Percentage of new emergencies which are followed by prompt inter-sectoral meetings, missions, and the issuance of timely Situation Reports (SitReps)	70%
	Percentage of sector strategies including protection mainstreaming measures	33%
	Average number of persons covered by protection monitoring activities on monthly basis	748k
	Number of girls, boys and adolescents affected by crisis who benefit from the school feeding program	337k
	Number of girls, boys and adolescents affected by crisis who have access to alternative Education platforms	289k
	Number of girls, boys and adolescents living with disabilities & affected by crisis who have access to Inclusive Education	39k
	Number of girls, boys and adolescents affected by crisis who have access to formal and non-formal Education	963k
	Number of girls, boys and adolescents affected by crisis who report feeling safer in schools, learning & training spaces	963k
	Number of teachers, supervisors and other Education staff trained in life skills, psychosocial support or other topics related to education in emergencies	5k
	Percentage of cases referred to another sector for further management	100%
	Number of Refugees population registered, documented, and who benefit from a strengthened asylum offer in a favorable protection environment.	27k

<b>Strategic Objective SO3</b>		<b>TARGET</b>
Reduce vulnerabilities and strengthen resilience of 620,000 people affected by crisis		618k
<b>INDICATORS</b>	Number of children, caregivers, and persons with disabilities (included their caregivers) accessing mental health or psychosocial support	595k
	Number of people by sex, age and vulnerabilities benefiting from integrated sets of interventions in the Logone Birni and Mokolo convergence zone	1k
	Percentage of HCT meetings in which at least 3 NNGO members participated	80%
	Percentage of complaints submitted through community-based feedback and complaints mechanisms that have been responded to	80%
	Percentage of households with acceptable Food Consumption Scores (FCS) out of the total targeted severely food insecure households from returnees, IDP and host community	80%
	Percentage of targeted households meeting minimum requirements for Household Dietary Diversity Scores (HDDS)	80%
	Percentage of targeted households meeting minimum requirements for Household Hunger Scale (HHS)	80%
	Percentage of targeted households with Reduced Coping Strategies Index (rCSI) (0-3 coping strategies)	25%
	Number of household, including integrated IDPs, returnees and not displaced people including host communities with adequate housing stock available	10k
	Number of people in the communities with increased capacity of construction skills	1.5k
	Number of men participating in nutrition programmes	50
	Number of functional sectorial group/cluster	5
	Number of girls, boys and adolescents affected by crisis who received financial support or learning materials	144k
	Number of refugee population who benefited to durable solution (resettlement, Repatriation)	13k
	Number of teachers, supervisors and other Education staff trained in the minimal standards for Protection and Education in Emergencies, Coordination & Information Management	5k
	Number of teachers, supervisors and other Education staff trained in the mission of School Management Committees or other topics related to school governance	14k
	Percentage of Nutrition sector's organizations with an existing PSEA policy, stating standards of conduct, including a work plan, and that have been conveyed to current staff on repeated occasions (such as inductions and refresher trainings).	75%
	Percentage of epidemic alerts investigated within 24 hours	80%
	Number of vulnerable people, in different agro-ecological zones, including youth, women and socially vulnerable groups, live in a healthier environment, sustainably manage environmental resources, including biodiversity, and are more resilient to disaster and climate change shocks	27k



# Part 3: Cluster/sector objectives and response

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## FOTOKOL, FAR NORTH REGION














An IDP and her child.

Photo: OCHA/Bibiane Mouangue





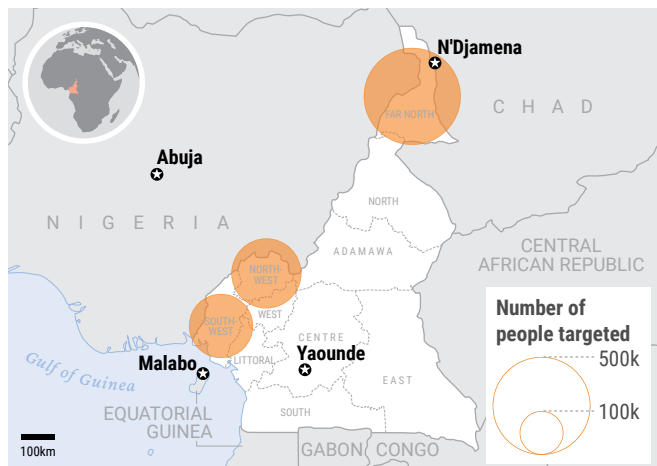
## Overview of sectoral response

SECTOR/MULTI-SECTOR	FINANCIAL REQUIREMENTS (US\$)	OPERATIONAL PARTNERS	NUMBER OF PROJECTS	PEOPLE IN NEED	PEOPLE TARGETED
Refugee Response	103.5M 	9	8	587.8k	470.3k
Food Security	84.2M 	26	39	2.5M	1.0M
Protection	49.0M 	56	75	2.0M	1.4M
<i>General Protection</i>	9.7M 	23	27	1.7M	860.2k
<i>Child Protection</i>	17.1M 	39	40	974.2k	596.4k
<i>Gender-based violence</i>	18.4M 	32	42	927.9k	594.7k
<i>Housing, Land and Property</i>	3.8M 	14	16	468.5k	204.1k
Health	30.5M 	17	21	1.7M	1.1M
Shelter & Non-food items	29.1M 	23	25	1.1M	606.8k
Nutrition	27.9M 	14	20	635k	377.2k
Water, Sanitation & Hygiene	16.6M 	18	24	2.3M	1.5M
Education	16.3M 	22	29	1.4M	962.6k
Coordination	14.0M 	9	9	-	-

## 3.1 Education



### Number of people targeted by region



Conflict, climate change, natural hazards, especially floods, disease outbreaks and economic deterioration continue to plague Cameroon, leading to severe humanitarian risks and needs. In 2024, humanitarian education needs are still pressing with approximately 1.4 million school-age children affected by the crises in the North-West, South-West, Littoral, West, Far North, Adamawa, and Centre regions in need of humanitarian education support. In addition, about 15,000 education staff and community members need support to cope with the influx of refugees and IDPs, widespread mental distress, and insecurity.

In 2024, the Education Sector targets approximately 960,000 school aged children (four to seventeen years) and 10,000 teachers in the North-West, South-West and Far North regions of Cameroon. The response activities are adapted to consider the different vulnerabilities and needs of boys, girls, and children living with disabilities.

### Objectives

In complementarity to the Government's efforts to cope with the various education-related needs, Education Sector partners propose an action in line with the ongoing Education Cannot Wait Multi-Year Resilience Program, where girls and boys aged four

<b>PEOPLE IN NEED</b>	<b>PEOPLE TARGETED</b>
<b>1.4M</b>	<b>963k</b>
<b>REQUIREMENTS (US\$)</b>	<b>NUMBER OF PARTNERS</b>
<b>\$16.3M</b>	<b>22</b>
<b>CONTACT PERSONS</b>	
Georges Bissiongol Education Sector Coordinator. UNICEF Cameroon <a href="mailto:gbissiongol@unicef.org">gbissiongol@unicef.org</a>	Sharmila Pillai Education Sector Coordinator alternate UNICEF Cameroon <a href="mailto:spillai@unicef.org">spillai@unicef.org</a>

to seventeen from displaced populations (IDPs and returnees), as well as children from host families:

- Have access to an improved learning and gender sensitive environment, including through the construction and/or rehabilitation of infrastructure (classrooms, latrines, water points, temporary learning spaces).
- Have access to quality inclusive education in a safe, protective and gender sensitive learning environment.
- Are protected from risks and hazards by having access to alternative learning opportunities in a safe and protected environment including accelerated education programmes.
- Are taught by teachers trained in key topics including psychosocial support and mental health, peace education, conflict and disaster risk reduction, inclusive education in crisis contexts, protection from sexual exploitation and abuse, learner-centered pedagogy as well as the safeguarding and child participation in school settings.
- Receive appropriate teaching and learning materials to facilitate their education, as will their teachers.
- Have access to school programs that support children's interest in school and their retention in education (school feeding, cash-based interventions, etc.).

## North-West and South-West crisis

The education response in the North-West and South-West regions will be tailored to the evolution of the context and will be divided into two different sets of support in alignment with the newly approved Education Cluster Strategy for 2023 - 2025. In urban centres where schools are operational, the Education Sector, in coordination with relevant ministries and municipalities, will support school-based resilience and risk mitigation, inclusive education, quality of teaching and learning, and enhanced school governance. The intervention package will be diversified by integrating formal education in addition to non-formal learning opportunities for out-of-school children from internally displaced communities as well as for children from the host community. In rural or insecure zones and hard to reach areas without functioning schools, non-formal education interventions will be strengthened through the improvement of quality alternative learning opportunities to enable all out-of-school children, girls and boys to access learning and protection messages. The program will primarily include radio education, digital learning and support to community learning spaces.

## Lake Chad basin crisis (Far North)

In the Far North, accelerated reintegration of out-of-school children and accelerated education programmes, to enable children who have been out-of-school due to conflict and climate change to catch up, will be expanded with the construction of temporary learning spaces and gender-sensitive latrines, as well as through the distribution of training and recreational kits. The Sector will be included in the Rapid Response Mechanism to ensure education continuity for children impacted by violence, intercommunal clashes, or floods.

In all crisis affected areas, including the North-West and South-West, the Education Sector will facilitate access to learning for vulnerable children, unaccompanied children, children with disabilities, and girls, and boys' heads of households. An analysis of alternative learning options for these children and youth, including those with disabilities, will be conducted to direct them to opportunities that best

meet their needs and aspirations. These include accelerated education programs, literacy and numeracy, life skills training, etc. Similarly, the aspect of child protection in schools will be strengthened through capacity building of teachers on Protection from Sexual Exploitation and Abuse (PSEA), establishment of feedback and accountability mechanisms, and the referral of protection cases. Incentive measures for parents and teachers will be taken to encourage girl education and advocacy carried out toward religious and traditional leaders for the same purpose. The protective learning environment will be regularly assessed to measure the perception of safety in schools and the knowledge on safety. Child participation will be ensured for the feedback on safety and the protective learning environment.

Using the municipality approach, the Education Sector will work and strengthen its multi-sectoral synergy with the WASH, Health, Food Security, Nutrition and Child Protection AoR, to combine efforts by providing a holistic intervention and ensure that the life-saving and protection needs of students affected by the humanitarian crises are met, as well as the ones of teachers and facilitators, and to ensure that the most vulnerable children and particularly girls are not left behind. There will be a strong focus on mental health and psychosocial support.

## Response approach

In both contexts (the North-West, South-West and the Far North crises) the protective learning environment will be enhanced and monitored by the Education Cluster and Education Sector, respectively. Education partners will continue to advocate for the compliance with the Safe Schools declaration guidelines, and the protection of education from attacks, and will support monitoring and documentation of attacks on education in close collaboration with the Child Protection AoR.

The minimum package of activities for the immediate response will aim to ensure access to a safe, gender responsive, protective, and accessible learning environment to protect children and ensure their physical, moral, psychological, and social well-being. It includes the provision of semi-temporary learning spaces to increase school capacity, as well as latrines

and water points accessible to all children, including those living with disabilities. In addition, learning materials will be distributed to all students, teaching and learning materials to teachers, and recreational materials to targeted schools. Teachers will receive capacity building to address the specific needs of crisis-affected children through minimal training in psychosocial and mental health support, peace education, disaster risk reduction, catch-up classes and multi-grade pedagogy.

### Monitoring and accountability

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

The Education Sector will continue the capacity building system put in place for all Education

Sector members in various areas related to project management, data collection and management, protection, GBV, PSEA, Cash Transfers, as well as other cross-cutting issues. This will improve the quality of interventions while ensuring that children and other beneficiaries are protected and that partners' actions do not contribute to increasing beneficiaries' protection risks.

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

While many Education Sector partners have their own feedback and complaints mechanisms, a joint complaints system and feedback mechanism will be put in place to allow children and other members of beneficiary communities to report on their perceptions of the interventions. They will have the opportunity to express their concerns, which will be collected according to the established plan. Received concerns will be analyzed and corrective actions will be taken. Children will be placed at the center of all interventions in the Education Sector.

<b>Sector Objectives</b>		<b>TARGET</b>
Improvement of school and training host structures capacities Contributes to Strategic Objective 2		
<b>INDICATORS</b>	Number of girls, boys and adolescents affected by crisis who have access to formal and non-formal Education	962.5k
<b>Sectoral activities</b> Construction of school and training infrastructure (classrooms, latrines, water points, temporary learning spaces)		
<b>INDICATORS</b>	Number of classrooms & temporary spaces built	1.8k
	Number of latrines built	3.6k
<b>Sectoral activities</b> Construction of housing for teachers working in remote & difficult areas		
<b>INDICATORS</b>	Number of teachers, supervisors & other Education staff who benefited from housing	530

**Sector Objectives**

Cash-based interventions in support to families  
Contributes to Strategic Objective 3

**TARGET**

<b>INDICATORS</b>	Number of girls, boys and adolescents affected by crisis who received financial support or learning materials	144.4k
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**Sectoral Activities**

Purchase & distribution of learning materials (bags, books, pens, pencils, etc.)

<b>INDICATORS</b>	Number of girls, boys and adolescents affected by crisis who received learning materials	144.4k
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**Sectoral Activities**

Provision of grants to schools, training institutions to the most vulnerable families & children

<b>INDICATORS</b>	Number of girls, boys and adolescents affected by crisis who received financial support	38.5k
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**Sectoral Activities**

Implementation of a school feeding program

<b>INDICATORS</b>	Number of girls, boys and adolescents affected by crisis who benefit from the school feeding program	337k
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**Sector Objectives**

Provision of alternative education platforms  
Contributes to Strategic Objective 2

**TARGET**

<b>INDICATORS</b>	Number of girls, boys and adolescents affected by crisis who have access to alternative Education platforms	288.8k
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**Sectoral Activities**

Implementation of Radio Education Programmes & digital learning platforms

<b>INDICATORS</b>	Number of girls, boys and adolescents affected by crisis who have access to alternative Education platforms	288.8k
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**Sector Objectives**

Strengthening of advocacy and social dialogue with stakeholders in the education system (communities, teachers, administrative and school officials, partners, etc.) to foster access of all children to education, including girls and children with disabilities  
Contributes to Strategic Objective 2

**TARGET**

<b>INDICATORS</b>	Number of girls, boys and adolescents affected by crisis who have access to formal and non-formal Education	962.5k
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**Sectoral Activities**

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

<b>INDICATORS</b>	Number of girls, boys and adolescents affected by crisis enrolled in preprimary, primary, secondary, professional or vocational training schools	962.5k
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<b>Sector Objectives</b>		
Improvement of inclusive education supply Contributes to Strategic Objective 3		<b>TARGET</b>
<b>INDICATORS</b>	Number of girls, boys and adolescents with disabilities, affected by crisis who have access to Inclusive Education	38.5k
<b>Sectoral Activities</b>		
Capacity building of teacher in inclusive education		
<b>INDICATORS</b>	Number of teachers, supervisors and other education staff trained in inclusive education	4.8k
<b>Sectoral Activities</b>		
Purchase and distribution of inclusive and sexes specific supplies to children with disabilities		
<b>INDICATORS</b>	Number of girls, boys and adolescents with disabilities, affected by crisis who receive adequate learning materials	38.5k
<b>Sector Objectives</b>		
Strengthening protection and security/safety of children and teachers for a protective learning environment Contributes to Strategic Objective 2		<b>TARGET</b>
<b>INDICATORS</b>	Number of girls, boys and adolescents affected by crisis who report feeling safer in schools, learning and training spaces	962.5k
<b>Sectoral Activities</b>		
Training of teachers & supervisors in Psychosocial Support, Conflict & disaster risk management & Child Protection		
<b>INDICATORS</b>	Number of girls, boys and adolescents affected by crisis who report feeling safer in schools, learning and training spaces	962.5k
<b>Sector Objectives</b>		
School feeding program Contributes to Strategic Objective 2		<b>TARGET</b>
<b>INDICATORS</b>	Number of girls, boys and adolescents affected by crisis who benefit from the school feeding program	337k
<b>Sectoral Activities</b>		
Training of teachers, supervisors and other education staff in life skills, psychosocial support or other topics related to education in emergencies		
<b>INDICATORS</b>	Number of teachers, supervisors and other education staff trained in life skills, psychosocial support or other topics related to education in emergencies	4.8k
<b>Sector Objectives</b>		
Quality Education inputs and facilities Contributes to Strategic Objective 2		<b>TARGET</b>
<b>INDICATORS</b>	Number of teachers, supervisors and other education staff trained in life skills, psychosocial support or other topics related to education in emergencies	4.8k



**Sectoral Activities**

Revitalization of School Management Committees

<b>INDICATORS</b>	Number of School Management Committees revitalized	550
	Number of parents, teachers, supervisors and other education staff trained in the mission of School Management Committees or other topics related to school governance	13.5k

**Sector Objectives**Capacity building of school Governance mechanisms  
Contributes to Strategic Objective 3**TARGET**

<b>INDICATORS</b>	Number of teachers, supervisors and other education staff trained in the mission of School Management Committees or other topics related to school governance	13.5k
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**Sectoral Activities**

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

<b>INDICATORS</b>	Number of teachers, supervisors and other Education staff trained in the minimal standards for Protection and Education in Emergencies, Coordination and Information Management	4.8k
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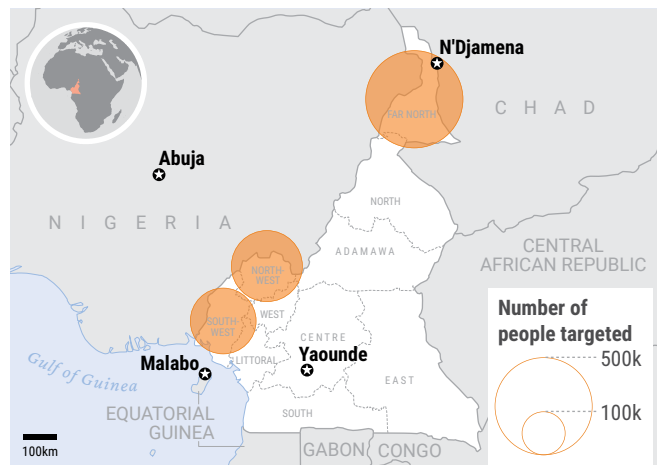
**Sector Objectives**Strengthening coordination and Information Management in Education in Emergencies  
Contributes to Strategic Objective 3**TARGET**

<b>INDICATORS</b>	Number of teachers, supervisors and other education staff trained in the minimal standards for Protection and Education in Emergencies, Coordination and Information Management	4.8k
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## 3.2 Food security



### Number of people targeted by region



### Objectives

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

During 2023, the food security of Cameroonian households continued to be affected by the three humanitarian crises. This disruption, which also affected livelihood activities, was caused by a certain number of factors, including climatic shocks such as pockets of drought and flooding, attacks on crops by caterpillars, the destruction of fields by pachyderms, and persistent insecurity in the North-West, South-West and Far-North regions. There has also been a rise in food prices because of the global economic crisis. Despite the efforts of the Government and humanitarian partners, access to food remained one of the main concerns of vulnerable communities. Limited funding for the Food Security Sector has not enabled a comprehensive response to achieve the objectives set for the Sector in 2023.

#### PEOPLE IN NEED

**2.5M**

#### PEOPLE TARGETED

**1.0M**

#### REQUIREMENTS (US\$)

**\$84.2M**

#### NUMBER OF PARTNERS

**26**

#### CONTACT PERSONS

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### Sector response strategy

In 2024, the response to the various crises will be implemented through cooperating partners with an approach aimed at reducing needs. Emergency food assistance will be tailored to satisfy the direct needs of the targeted crisis-affected vulnerable people, who are refugees, IDPs, returnees, and local host populations. The response strategy of the Food Security Sector will consist of prioritizing life-saving emergency interventions targeting the most vulnerable households to improve their food security status. Attention will be paid to people in crisis and emergency food insecurity phases 3 to 5, as identified in the October 2023 Cadre Harmonisé analysis. Simultaneously, a strong package of livelihood and resilience activities will be implemented to support the beneficiaries' self-reliance.

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

- Unconditional and conditional support through food, cash and timely emergency food production for the most vulnerable people newly affected by the recent crises.

- Implementation of projects for sustainable livelihood, resilience and capacity strengthening of the communities for climate change adaptation.
- Transitioning target beneficiaries from unconditional support to livelihoods and resilience building programmes.

Simultaneously, specific livelihoods and resilience activities will be carried out to consolidate and protect the gains of previous interventions and to prevent the deterioration of their food security status.

### **Cash and voucher assistance**

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

### **Coordination**

In terms of coordination, the Sector will continue to work in synergy with other sectors including the Nutrition and WASH sectors, to strengthen complementarities and to capitalize on limited access, especially in hard-to-reach areas. The Sector will actively participate in joint and multi-sectoral assessments and support the rapid response mechanism (RRM) for a quick response to sudden onset crises such as new displacements, floods, and climate-driven conflicts. With a view to focusing aid on people and their needs, the Sector will ensure that the factors that trigger natural disasters are considered by building the capacities of stakeholders and communities in preparation and anticipation.

Information management will be reinforced among food security actors within the Food Security Sector and the Food Security Cluster in the North-West and South-West.

The North-West and South-West Food Security Cluster will continue to support the Far North Sector to strengthen the coordination mechanisms and to produce IM products (Dashboards, Operational

Partners Presence and Gap Analysis).

### **Localization**

Actions will be engaged to reinforce the partnership and collaboration. In line with the localization agenda, field level agreements will be signed with national NGOs and regular capacity strengthening actions will be reinforced. Various technical support will be provided for an improved performance in humanitarian operations and adherence to humanitarian principles, and a better monitoring of food security relevant developments to adapt response activities.

The Sector will encourage and ensure that partners integrate the notion of seasonality into their planning to ensure food availability for the assisted populations, and thus avoid food shortages with numerous consequences.

### **Accountability to Affected Populations**

To ensure accountability, the participation of affected populations in all stages of the different interventions will be reinforced. Beneficiaries and communities will be informed and sensitized on a regular basis at each stage of each project. This includes assessments, beneficiaries' prioritization and targeting, verification, planning, implementation, monitoring, and evaluation. A toll-free hotline will remain available 24h/7 days to beneficiaries and non-beneficiaries for anonymous complaints and feedback. In addition to the toll-free hotline, other modalities for Complaints and Feedback data collection will be provided to facilitate access to the different population groups, according to their needs and preferences. These complaints will be dealt with diligently, and an appropriate and timely response will be provided to all concerns. Collaboration with the AAP Working Group will be strengthened to enable the Sector to raise the level of community involvement and accountability at all levels.

### **Target population**

In the Far North, North-West and South-West regions, the interventions of the Food Security Sector and Cluster will focus on vulnerable people identified by the Cadre Harmonisé analysis in October 2023, which

are populations in phase 3 in each division. In terms of targeting, the most vulnerable households will be selected based on socio-economic vulnerability criteria such as women head of household, households with children under five years old, household with pregnant and lactating women, households with persons with disabilities, households with vulnerable old people, households with food expenditures representing more than 65 per cent of their expenditure basket. It is important to highlight that the Food Security response strategy will define the continuum between food assistance and agriculture/livelihoods assistance. That means that in addition to the food assistance, beneficiaries will also receive agriculture/livelihoods assistance.

### **Lake Chad basin crisis**

In the Far North, the Food Security Sector will provide in kind, cash, and agricultural support to refugees, IDPs, returnees, and vulnerable host populations.

Throughout the year 2024, unconditional food assistance will be provided to 64,000 targeted refugee men, women, and children of all age groups in the Minawao camp through monthly in-kind food distribution. Extremely food insecure people will be provided with humanitarian food assistance at 100 per cent of the ration for 2,100 kcal of energy per day per person. This includes beneficiaries to be covered under the Rapid Response Mechanism. The food basket and daily rations will include 350g of cereals, 100g of legumes, 35g of vegetables and 5g of salt. The food insecure people will be provided with 70 per cent of the daily ration.

A total of 60,000 vulnerable food insecure IDPs and returnees of all sex and age groups will receive food assistance through in kind and cash transfers throughout the year. Those living in areas where markets are functional will receive monthly cash transfers.

In addition, to prevent local vulnerable households from adopting negative coping strategies and maintain their food security status during the lean season, food support will be provided to the most vulnerable local host populations through a six-month seasonal food

assistance. Some 40,000 people are targeted for that period. Food insecure households in the Far North will have access to adequate and nutritious food. Food assistance will be transferred through unconditional in-kind or cash food distributions at 100 per cent rations, providing 2,100 kcal of energy per day per person. The food basket and daily rations are 350g of cereals, 100g of legumes, 35g of vegetables and 5g of salt.

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

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

### **North-West and South-West crisis**

Assistance will be provided to IDPs and the host population. Attention will be paid to the most vulnerable people in hard-to-reach areas and to people whose livelihood activities are disrupted due to insecurity. These two population groups will receive food assistance throughout the year. A total of 352,401 people is targeted for unconditional and conditional food/cash/voucher support. The ration for in-kind food distribution will provide 2,100 kcal of energy per day per person. The daily food basket and rations will include 350g of cereals, 100g of pulses, 35g of vegetables and 5g of salt.

Emergency agriculture and livelihoods activities are targeting 24,000 households. In addition, agricultural and livestock support will be provided to households to improve their food production and productivity. This will be provided through different modalities of assistance, in cash and in kind, as well as through capacity building for better production of agricultural and livestock projects. Livelihoods activities will

contribute to reinforce the resilience of vulnerable households.

### Humanitarian-Development-Peace Nexus

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

Within the identified Nexus convergence areas, interventions of the Food Security Sector will be

developed in synergy with humanitarian, development, and peacebuilding actors at national, regional, and local levels.

To strengthen the resilience of the smallholder farmers through the improvement of their production, productivity and revenue, the Sector will focus on technical support and the provision of equipment, agricultural inputs and capacity building actions geared towards value chains development for specific crops according to the agroecological zones.

#### Sector Objectives

Save the lives of food-insecure people through coordinated, integrated and inclusive assistance  
Contributes to Strategic Objective 1

**TARGET**

INDICATORS		
	Number of targeted people (disaggregated by sex and status) that received assistance through agricultural, livestock and fishery support (small ruminant, local poultry, table birds, piggery, fishery, and agriculture)	847.4k
	Number of targeted food insecure people (female and male) that received unconditional food support through food and cash transfers/Cash+ (emergency agricultural assistance)	978k

#### Sectoral Activities

(Agriculture) Provide assistance to IDPs and host population to improve their food and nutrition security through agricultural livestock and fishery support (small ruminant, local poultry, table birds, piggery, fishery and agriculture)

INDICATORS		
	Number of targeted people (female and male) that received assistance through agricultural, livestock and fishery support (small ruminant, local poultry, table birds, piggery, fishery, and agriculture)	978k

#### Sectoral Activities

Provide unconditional food, cash transfers/Cash+ (emergency agricultural assistance) to returnees, IDPs and host community

INDICATORS		
	Number of targeted (male and female) returnees, IDPs and host community that received unconditional food assistance food, cash transfers/Cash+ (emergency agricultural assistance)	978k

#### Sectoral Activities

(Food in-kind) Provide seasonal food transfers to targeted local vulnerable population

INDICATORS		
	Number of targeted beneficiary local vulnerable population (disaggregated by sex and status) that received seasonal food support in-kind	978k
	Quantity of food distributed as seasonal support to targeted beneficiary local vulnerable population (returnees, IDP and host community)	



**Sector Objectives**

Improving food security (access and use) for returnees, internally displaced persons, and host populations (men and women)

Contributes to Strategic Objective 3

**TARGET**

INDICATORS		TARGET
	Percentage of households with acceptable Food Consumption Scores (FCS) out of the total targeted severely food insecure households from returnees, IDP and host community	80%
	Percentage of targeted households meeting minimum requirements for Household Dietary Diversity Scores (HDDS)	80%
	Percentage of targeted households meeting minimum requirements for Household Hunger Scale (HHS)	80%
	Percentage of targeted households with Reduced Coping Strategies Index (rCSI) (0-3 coping strategies)	25%

**Sectoral Activities**

Conduct food security assessments (CH, mVAM, FSMS, JAM, Multisector, ENSAN) to support and reinforce humanitarian planning the Nexus Humanitarian-Development and Peace

INDICATORS		TARGET
	Number of targeted people (female and male) that received assistance through agricultural, livestock and fishery support (small ruminant, local poultry, table birds, piggery, fishery, and agriculture)	978k

**Sectoral Activities**

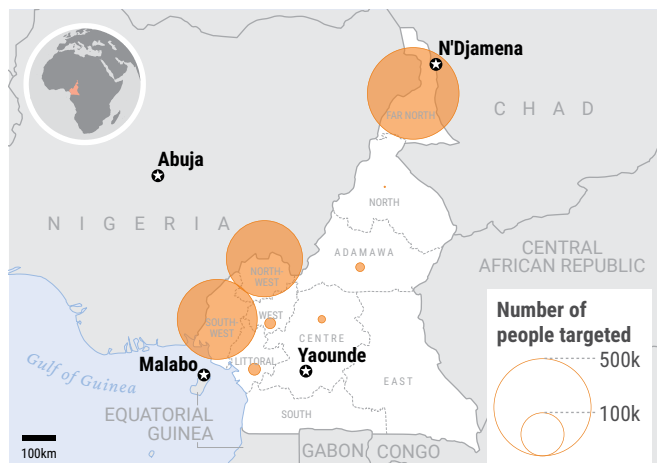
Provide unconditional food, cash transfers/Cash+ (emergency agricultural assistance) to returnees, IDPs and host community

INDICATORS		TARGET
	Total number of assessments conducted on food security assessments (CH, mVAM, FSMS, JAM, Multisector, ENSAN) to support and reinforce humanitarian operations planning the Nexus Humanitarian-Development and Peace	4

## 3.3 Health



### Number of people targeted by region



#### PEOPLE IN NEED

**1.7M**

#### PEOPLE TARGETED

**1.1M**

#### REQUIREMENTS (US\$)

**\$30.5M**

#### NUMBER OF PARTNERS

**17**

#### CONTACT PERSONS

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### Objectives

- Improve access to specialized health services including trauma and mental health care and psychosocial support for people affected by the crises.
- Enhanced epidemic preparedness through vaccination, prevention, detection, response, and resilience in areas affected by the crises.
- Ensure access to essential healthcare for vulnerable populations including in hard-to-reach areas for the mother, newborn, child, GBV survivors and the general population.
- Ensure availability of Minimum Initial Services Package for Sexual and Reproductive Health (MISP-SRH) in affected areas.
- Ensure health protection for vulnerable populations.

The epidemiological situation in 2023 was marked by numerous outbreaks especially in crisis affected areas due to poor vaccination coverage (reached 22.7%). Cholera, Measles, Yellow Fever and Monkeypox continued to spread in crisis-affected areas where the security situation and available resources had an impact on the response.

In the Far North, climate fragility, community clashes and attacks by NSAGs continue to lead to injuries,

sexual violence, and deaths. It also negatively affects the livelihoods of the populations, reducing their capacity to afford their health expenses, in a region that records the highest morbidity rates linked to diseases and climatic hazards in the country. The rate of births attended by skilled personnel has remained very low in the Far North region (33 per cent) with an increasing rate of maternal and neonatal deaths, “Period poverty” and access to menstrual health is exacerbated for more than 1.1M menstruating girls and women.

The North-West and the South-West continue to report outbreaks. The South-West region has reported cholera cases in 3 health districts in 2023. In addition to cholera, both regions continue to report Measles, Yellow fever, and Monkey Pox cases.

Around 12 attacks on health facilities, targeting both infrastructure and health personnel, were recorded throughout 2023, thus leaving more than five health facilities non-functional or partially functional among which key referral hospitals. Persistence of insecurity and attacks on healthcare have caused many qualified health personnel to move from insecure areas. Armed attacks on civilians have also increased in places

where adequate surgical assistance is not available. Equitable access to health care and epidemiological surveillance urgently needs to be strengthened in the regions affected by this crisis.

The need of providing more capacities to guarantee the quality of health assistance provided to vulnerable people will lead the Health Sector in designing intersectoral referral mechanisms with an emphasis on GBV survivors, children, and persons with disabilities.

The main priorities for 2024 are as follows:

- Support health care in all affected areas (direct support to health facilities, medical kits and staff, mobile clinics, ensure availability of treatment for chronic diseases).
  - Strengthen trauma care, mental health, and psychosocial support interventions.
  - Support epidemics preparedness and response in all affected areas.
  - Support emergency vaccination for newborns, women, and the general population.
  - Enhance access to emergency health care including referrals and counter referrals.
  - Support obstetric and neonatal health care including other reproductive health services.
  - Provide Clinical Management of Rape and Medical Care to women subject to violence.
  - Implement cash for health (vouchers) to enhance access to essential health care.
  - Develop referral mechanisms with other sectors for vulnerable people (Persons with Disability) where appropriate to ensure protection for the affected population.
- Reinforce availability and quality of Sexual and Reproductive Health (SRH) Services in affected areas according to the MISP-SRH and Rights, including for clinical management of rape and medical cares of women victims of violence.
  - Reinforce the inter-sectoral referral mechanism for comprehensive case management of affected population.
  - Support health facilities with medicines and basic medical equipment.
  - Strengthen community-based surveillance and education programs toward epidemic burden.
  - Increase availability, adequacy, and quality of mental and trauma healthcare.
  - Reinforce accountability to affected population with increased GBV and PSEA monitoring.
  - Reinforce menstrual health management in emergencies in collaboration with the GBV AoR.
  - Reinforce the health information system for timely reporting.

### **Sector response strategy**

- Provide emergency health transportation for referral and counter referral of obstetric and trauma emergencies.
- Reinforce support routine vaccination in hard-to-reach areas to prevent the occurrence and spread of epidemics.
- Deploy healthcare and/or trained personnel (including midwives) working in health facilities to ensure availability of minimum package of essential healthcare.

### **Cash assistance**

The Health Sector has plans to enhance the provision of vouchers for health in 2024, aiming to ensure access to essential healthcare. The primary focus will be on areas with operational health facilities, specifically targeting internally displaced persons (IDPs), returnees, and host communities in the North-West, South-West, and Far North regions.

### **Humanitarian-Development-Peace Nexus**

In 2024, the Health Sector will strengthen its commitment towards the Humanitarian-Development-Peace (HDP) Nexus approach. This will involve supporting the development actions for reinforcing the health system in affected areas. For instance, to ensure sustainability of health services, development and health sector actors will focus on the provision of training programs for the health workforce in remote areas in key thematic areas such as trauma care, obstetrical services, neonatal care, and specialized services for adolescent health. These training courses will be performed by emergency teams deployed in the field and development actors will ensure identification and coverage of all expenses for the workforce to be trained. In the Far North region, The Peace Building

Fund program (PBF) and health sector interventions will be mainstreamed for adequate mental health care. Health partners will continue to use health interventions as an entry point to open dialogue on health and other social issues at the community level and to continue building trust and social cohesion. This will help to prevent or mitigate potential sources of conflict or social tension and contribute to lasting peace through strengthening social cohesion and trust, reducing exclusion and marginalization and improving resilience. The health sector and development

actors will also together prepare advocacy for the mobilization of necessary materials and resources to ensure adequate healthcare at key reference points. To mitigate the impact of disease outbreaks, the activity of community health workers hired by the health sector will be transferred to development for ensuring continuity of community-based early warning, alert and response systems, and adherence to best practices for maintaining good health.

### Sector Objectives

Improve access to specialized health services including trauma and mental health care and psychosocial support for people affected by the crisis  
Contributes to Strategic Objective 1

**TARGET**

<b>INDICATORS</b>	Number of people who received trauma care or specialized mental health and psychosocial support care	99.9k
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### Sectoral Activities

Ensuring availability of mental health care and psychosocial support

<b>INDICATORS</b>	Number of people who received care	55k
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	Number of human resources deployed	50
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### Sectoral Activities

Ensuring availability of trauma care

<b>INDICATORS</b>	Number of Kits deployed	36
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	Number of Surgeons deployed	3
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### Sector Objectives

Enhanced epidemic preparedness and response in areas affected by the crisis  
Contributes to Strategic Objective 3

**TARGET**

<b>INDICATORS</b>	Percentage of epidemic alerts investigated within 24 hours	80%
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### Sectoral Activities

Enhancing community engagement and adherence to vaccination in affected areas

<b>INDICATORS</b>	Number of community health workers trained and/or supported for epidemic surveillance	1.5k
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	Percentage of Vaccination coverage of Measles/Rubella	80%
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**Sector Objectives**

Ensure access to essential healthcare to vulnerable population including in hard-to-reach areas  
Contributes to Strategic Objective 1

**TARGET**

**INDICATORS**    Number of people in outpatient consultations    777k

**Sectoral Activities**

Ensuring availability of essential healthcare in areas affected by the crisis

**INDICATORS**    Number of people in outpatient consultations for main morbidity and mortality causes    777k

Number of health facilities supported    60

**Sectoral Activities**

Providing health care in hard-to-reach areas

**INDICATORS**    Number of mobile clinics deployed    60

Number of people who received care in mobile clinics    60k

**Sector Objectives**

Ensure availability of sexual and reproductive health services in affected areas  
Contributes to Strategic Objective 1

**TARGET**

**INDICATORS**    Number of girls and boys who benefited from sexual and reproductive health services    209.3k

**Sectoral Activities**

Providing safe pregnancy and delivery

**INDICATORS**    Percentage of high-risk pregnancies referred    80%

Number of women who benefited from dignity kits    180k

**Sector Objectives**

Ensure health protection to vulnerable populations  
Contributes to Strategic Objective 2

**TARGET**

**INDICATORS**    Percentage of cases referred to other sector for further management    100%

**Sectoral Activities**

Providing referral to other sectors

**INDICATORS**    Number of cases referred    2k

Number of cases received from other sectors    2k

**Sectoral Activities**

Availability of emergency transportation

**INDICATORS**    Number of ambulances deployed    35

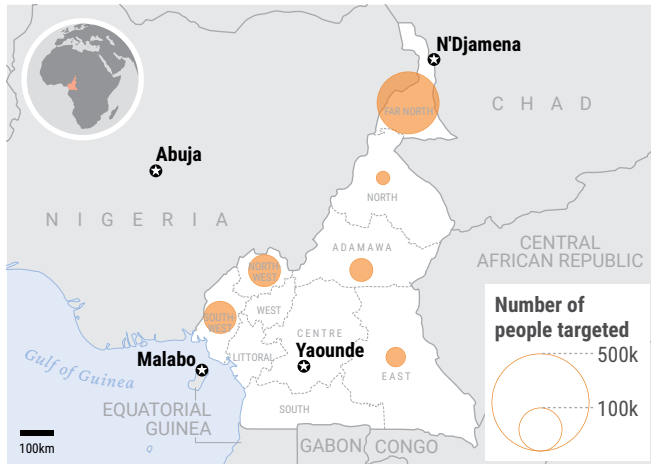
Number of patients who benefited from ambulances    8k





## 3.4 Nutrition

### Number of people targeted by region



PEOPLE IN NEED

**635k**

PEOPLE TARGETED

**377k**

REQUIREMENTS (US\$)

**\$27.9M**

NUMBER OF PARTNERS

**14**

CONTACT PERSON

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### Objectives

- Boys and girls aged under five benefit from services for the early detection and treatment of all forms of life-threatening acute malnutrition.
- Boys and girls aged under five years benefit from diets, practices and services that prevent stunting, wasting, micronutrient deficiencies and overweight in humanitarian contexts.
- Boys and girls in middle childhood (5 to 9 years) and adolescent girls and boys (10 to 19 years) benefit from diets, practices and services that protect them from undernutrition, micronutrient deficiencies and anemia in humanitarian contexts.
- Pregnant women and breastfeeding mothers' benefit from diets, practices and services that protect them from undernutrition, micronutrient deficiencies and anemia in humanitarian contexts.
- People living with HIV/AIDS in conflict affected areas benefit from Nutrition Assessments, Counseling, and Support (NACS) services to prevent and treat acute malnutrition and improve adherence to antiretroviral therapy.
- Effective leadership and coordination, monitoring, and information systems on nutrition, including nutrition assessments, provide timely and quality data and evidence to guide coordination, policies, strategies, programmes, and advocacy in humanitarian contexts.
- At-risk and affected populations have timely access to culturally appropriate, gender and age sensitive information, participate in decisions on interventions, and access complaints and feedback mechanisms in humanitarian contexts.

### Sector response strategy

The aim of the Nutrition Sector response is to reduce the mortality and morbidity linked to life threatening forms of malnutrition by ensuring that boys and girls under 5, adolescent girls, boys, pregnant and lactating women have access to diets, services and practices that can improve their nutritional status. For these vulnerable groups, their increased physiological needs are further aggravated by repeated displacement, food insecurity, increased morbidity, lack of access to clean water and sanitation and basic health services. Priority regions for intervention include the Far North, North, Adamawa, East, North-West and South-West.

The response plan is designed around the 'first 1,000 days' which offers a unique window of opportunity from pregnancy until a child's second birthday to ensure optimal growth, cognitive development, and overall health. This will be carried out through a comprehensive strategy that encompasses both

preventive and curative measures to protect the nutritional status of children and women and ultimately save lives. Preventive actions will focus on promotion of optimal infant and young child feeding practices in emergencies, Blanket Supplementary Feeding (BSF) and micronutrient supplementation. Curative measures will comprise the early detection and treatment of children with Severe Acute Malnutrition (SAM).

Main activities of the response plan are:

- Set up preparedness mechanisms and systems to enable an effective and timely humanitarian response to humanitarian crises, based on risk analyses and considering national and regional capacities.
- Support Infant and Young Child Feeding (IYCF) in emergencies: protection, promotion, and support of early initiation of breastfeeding within one hour of birth, exclusive breastfeeding for the first six months of life, timely introduction of diverse complementary foods and age-appropriate complementary feeding practices along with continued breastfeeding for two years or beyond.
- Implement activities that promote age-appropriate nutrient-rich diets, micronutrient supplementation, home-fortification of foods and deworming prophylaxis.
- Implement a community-based package of interventions for children in middle childhood and adolescent girls and boys that includes at a minimum iron and folic acid supplementation, deworming prophylaxis, nutrition education; including harmful tradition and taboos, counseling, and support.
- Implement a community-based package of interventions for pregnant women and breastfeeding mothers, with special attention to pregnant adolescent girls and other nutritionally at-risk mothers that includes at a minimum iron and folic acid/multiple micronutrient supplementation, deworming prophylaxis, weight monitoring, nutrition counseling, and nutrition support.
- Conduct regular screening of all children under 5 years old in affected areas for the early detection of wasting and refer as appropriate for treatment.
- Implement wasting and other forms of life-threatening acute malnutrition interventions through

facility and community services (Integrated in health centers or mobile units).

### **North-West and South-West regions**

The specific response plan for the North-West South-West Nutrition Cluster will focus on increasing access, coverage and use of lifesaving nutrition services and enhance protection of the nutrition status. A comprehensive package of treatment and preventive actions will be delivered through mobile clinics, community platforms and health facilities when feasible. In selecting priority areas, several parameters were considered including expected SAM caseloads, severity of food insecurity (based on the Cadre Harmonisé analysis) and access to health care and global access (security).

A key objective will be to enhance the detection of high-malnutrition hotspots in both regions through comprehensive Mid-Upper Arm Circumference (MUAC) screenings and targeted rapid evaluations. These efforts will further inform the prioritization of the response, ensuring that interventions effectively reach the most vulnerable and hard-to-reach populations.

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

### **Strategies and approaches for quality and inclusive programming**

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

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

- Localization: Nutrition partners will promote the participation of national and local actors in the humanitarian response. The main objective is to engage with these actors in a spirit of partnership and to build their capacity.
- Work with GBV actors to reduce GBV risks related to nutrition programmes. If there are no GBV actors available, train nutrition staff on the GBV Pocket Guide.
- Include the needs of children with disabilities and their caregivers in assessments and the design of preparedness and response actions for nutrition.
- Advocate for the protection of breastfeeding from unethical marketing practices in line with the International Code on the Marketing of Breastmilk Substitutes, and subsequent World Health Assembly resolutions and international guidance. Discourage the donation of breastmilk substitutes or feeding equipment.

### Humanitarian-Development-Peace Nexus

The Nexus programming is tailored to the specific context of each crisis. The response to the CAR crisis is deeply rooted and linked to the development agenda, whereas the North-West and South-West response is facing continuous aggravating factors and access constraints limiting the Nexus agenda. Where possible, the humanitarian response plan is part of the overall operational plan for the Nutrition Sector. This plan is anchored in sustainable operational mechanisms based on strengthening Government actors and civil society capacities at the local level with focus on: establishing, strengthening and investing in information and monitoring systems for sex, age, and disability disaggregated (SADD) nutrition data; embedding emergency preparedness and response actions in development coordination platforms; developing risk-informed systems and programs and supporting capacity building efforts; and strengthening nutrition supply chains to improve integrated forecasting, costing, procurement, storage (including contingency stocks), and delivery of nutrition commodities.

### Costing methodology

Costing takes into consideration the cost of supplies (ready-to-use therapeutic foods, therapeutic milks, specialized nutritious foods, vitamin and/or mineral supplements, essential medicines for the treatment of infectious diseases associated with malnutrition), human resources (staff), capacity building, administrative, monitoring and evaluation and promotional activities cost (e.g., communication costs). For example, for management of severe acute malnutrition the unit-based cost of US\$100<sup>14</sup> per child treated is usually considered. However, considering the operational constraints and the necessity to support more implementing partners in the North-West and South-West regions, a cost of US\$150 per child is considered.

### Monitoring

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

existing reporting system by incorporating a component on AAP and access.

### Sector Objectives

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

Contributes to Strategic Objective 1

**TARGET**

<b>INDICATORS</b>	Number of boys and girls aged 6-23 months enrolled in the Blanket Supplementary Feeding Programme (BSFP)	99.5k
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### Sectoral Activities

Ensuring availability of mental health care and psychosocial support

<b>INDICATORS</b>	Number of pregnant women and breastfeeding mothers registered in the baby corners/baby tents	48.4k
	Number of follow-up reports on the implementation of the code on the marketing of breastmilk substitutes available	10

### Sectoral Activities

Ensure targeted implementation of activities to promote infant and young child feeding in emergencies for Complementary Feeding (including breastfeeding)

<b>INDICATORS</b>	Number of people (M / F) who received IYCF counseling / awareness	472.4k
	Availability of gender sensitive sensitization materials/strategies	

### Sectoral Activities

Implementation of Blanket Supplementary Feeding Programme (BSFP)

<b>INDICATORS</b>	Number of children aged 6-23 months receiving a BSFP supplementary ration	99.5k
	Number of pregnant and lactating women receiving a BSFP supplementary ration	11.4k

### Sectoral Activities

Implementation of micronutrient supplementation programs for Children under five years

<b>INDICATORS</b>	Number of boys and girls 6-23 months who received micronutrient powders for home-based food fortification in humanitarian context	165.4k
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### Sectoral Activities

Integrated management of severe acute malnutrition (PCIMA-S)

<b>INDICATORS</b>	Percentage of children 6-59 months admitted for SAM management and discharge as cured (Recovery rate)	75%
	Number of mobile units established (Child Comprehensive response, mobile clinics...)	20

**Sector Objectives**

Boys and girls under five years benefit from services of early detection and treatment of all forms of life-threatening acute malnutrition

Contributes to Strategic Objective 1

**TARGET**

<b>INDICATORS</b>	Number of new admissions of Severe Acute Malnutrition (SAM)	105.3k
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**Sectoral Activities**

Implementation of micronutrient supplementation programme for adolescent and pregnant women

<b>INDICATORS</b>	Number of adolescent girls receiving weekly iron and folic acid supplements	237k
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	Number of pregnant women receiving weekly iron and folic acid supplements	197k
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**Sectoral Activities**

Ensure implementation of Nutrition Assessment, Counseling, and Support (NACS) to PLHIV/AIDS

<b>INDICATORS</b>	Number of acutely malnourished ART clients enrolled into NACS in the Conflict affected areas of the East and Adamawa regions	2.6k
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	Percentage of ART clients discharged cured from NACS Programme (Nutritional recovery rate)	75
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**Sectoral Activities**

Strengthen nutritional surveillance mechanisms

<b>INDICATORS</b>	Number of SMART surveys carried out during the lean season	5
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	Number of rapid nutritional assessments conducted	37
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**Sector Objectives**

At-risk and affected populations have timely access to culturally appropriate, gender and age sensitive information, participate in decisions on interventions and access complaints and feedback mechanisms in humanitarian context

Contributes to Strategic Objective 3

**TARGET**

<b>INDICATORS</b>	Number of men participating in nutrition programmes	50
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	Percentage of Nutrition sector's organizations with an existing PSEA policy, stating standards of conduct, including a work plan, and that have been conveyed to current staff on repeated occasions (such as inductions and refresher trainings).	75%
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**Sectoral Activities**

Support Community engagement for behavior and social change

<b>INDICATORS</b>	Number of mothers and other caretakers trained on family MUAC activity	134k
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	Number of people (M/F/Age) attending participatory session on programme design/evaluation	8.8k
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**Sectoral Activities**

Establish and strengthen national and regional capacities for the coordination of the nutrition sector group, other sectors and information management that mainstreams protection and AAP

<b>INDICATORS</b>	Number of information products distributed to the affected population through a variety of mechanisms on humanitarian program planning, functioning and progress	58
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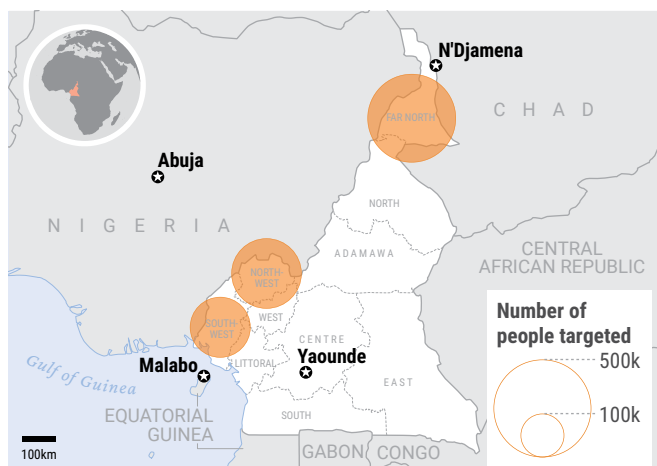
	Number of capacity building sessions on gender/protection/disability mainstreaming organized	11
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## 3.5.1 General protection



### Number of people targeted by region



#### PEOPLE IN NEED

**1.7M**

#### PEOPLE TARGETED

**860k**

#### REQUIREMENTS (US\$)

**\$9.7M**

#### NUMBER OF PARTNERS

**23**

#### CONTACT PERSON

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### Overall response approach

Protection analyses show that the community can effectively contribute to the protection response. Community structures such as committees, village councils, community representatives and traditional leadership bodies, community-based organizations, and faith-based organizations were identified by actors as platforms with the capacity to help inform and implement the protection response. As in 2023, Protection actors will cultivate a community-based protection approach to implement the 2024 response plan and to support existing structures as well as the establishment of additional Women and Girls Safe Spaces. Some 684 community-based complaints and feedback mechanisms will be established across the three targeted crises-affected regions, some 1,500 focal points, including 765 women, will also be selected and trained to enable them to monitor, report and refer persons in need of services.

The Sector will adopt and maintain a participative process that is localized and geared towards capitalizing on the existing capacities in the community. This will include tapping into local knowledge and capacities of the crisis-affected populations and communities, engaging with traditional leaders and

elders, and choosing volunteers and social workers drawn from the local resources and networks. For example, one of the largest vulnerabilities is the lack of or limited access to civil documentation. While some communities fear accessing such documents for fear of reprisals, others lack the information or awareness to access these structures meaningfully. Engaging local leaders, networks, and State structures, such as the National Office of Civil State (BUNEC), is key to ensuring sustainability of projects and can offer unique opportunities to join forces in the creation of important literature and to ensure that they are as far reaching as possible.

Protection actors will reinforce assistance in accessible divisions and increase work with local partners and other sectors to expand the service map. This is to ensure that previously uncovered, as well as hard-to reach areas could receive services, facilitating timely responses to identified protection cases.

### Lake Chad basin crisis (Far North)

In 2024, around 1.4 M people will be targeted with protection assistance overall in the three crises. Out of this number, 519,000 persons are in the Far North alone, all in the three conflict-affected divisions of

Mayo-Sava, Mayo-Tsanaga, and Logone et Chari. These three divisions are also the ones where most protection and humanitarian programmes are carried out.

To respond to the identified protection risks, actors will focus on two main pillars of interventions: advocacy to reinforce security of civilians and the strengthening of community-based structures, including through activities promoting social cohesion. To prevent, mitigate and respond to the immediate protection risks of killings, injury, arbitrary arrests, destruction and/or extortion of goods, protection partners will sensitize beneficiaries on legal rights and obligations, provide individual legal assistance to adults as well as psychosocial support at the community and individual level. Furthermore, the Protection Sector will support the affected communities with livelihood, socioeconomic and vocational training projects to empower and alleviate the dependency of humanitarian assistance.

The response will be guided by the trends of the protection monitoring and focus on strong advocacy and the strengthening of systems to offer more protection to the conflict affected populations. Protection actors will target some 142,000 people each month in the Far North to collect data on incidents and refer the affected persons to relevant actors in accordance with the existing referral pathways. Local NGOs will play a key role in the Protection Sector in the Far North, and they will be through capacity-building activities, in line with the national localization agenda.

In 2024, protection actors will assist some 10,500 persons from the affected communities in the Far North in recovering the civil documentation and will sensitize thousands on the importance of civil registration. Besides that, the Protection Sector will continue to work closely with the National Office of Civil State (BUNEC) to reinforce their leadership and their services. The weaknesses related to the civil documentation system are pre-existing the crisis but aggravated by the forced displacement and inadequacy of the legal framework and its implementation.

Activities to increase mine risk awareness will be

increased in 2024 given the resurgence of Improvised Explosive Devices (IEDs) in 2023. In addition, in 2024, the Protection Sector will support efforts to reduce the harmful effects of war on children. For example, boys and girls and their caregivers will benefit from Mental Health and Psychosocial Support (MHPSS) and unaccompanied or separated children will be supported with alternative care arrangements or family reunification.<sup>15</sup> In responding to GBV, partners will work together to support the referral of GBV survivors to specialized services and some 500,000 women, girls, boys, and men will be targeted with awareness raising and outreach activities on GBV.<sup>16</sup> Awareness raising and advocacy will also be carried out to sensitize affected populations, and in particular women, on housing, lands and property rights. This will be done in close collaboration with local authorities, traditional and religious leaders.<sup>17</sup>

In 2024, the Protection Sector will work with key development and peace actors to promote the HDP Nexus approach and durable solutions in the designated convergence zones. This includes advocacy for more sustainable solutions for IDPs, including a revision of the legal framework, the strengthening of basic social services, and the implementation of behavioral change programmes by development and peace actors.

### **North-West and South-West crisis**

In the North-West and South-West regions, some one million people were assessed by the Sector as needing critical protection assistance. Out of these, the protection actors will target some 607,000 with protection services. The protection environment in the North-West and South-West regions remains characterized by regular armed clashes between SSF and NSAGs, causing widespread human rights violations against civilians. The protracted crisis puts the civilian populations at risk with many civilians impacted in the crossfire, killed as collateral damage, or systematically targeted by both parties to the crisis, resulting in attacks on the person, physical violence, extra-judicial killings, extortion and destruction of property, unlawful arrest and arbitrary detention, and the restriction of the freedom of movement. The

volatile security environment has caused important displacement, family separations, and affected access to basic services, including civil documentation services.

It is projected that in 2024 the prevailing insecurity, frequent lockdowns, “ghost towns” and insecurity will continue to hinder humanitarian assistance in some hard-to-reach areas as seen in 2023. The protection response will focus on identification, analysis and reporting on critical protection risks, from harmonized protection monitoring tools; report on the human rights situation, violations against civilian populations, and update on the protection of civilians in keeping with international human rights law, international humanitarian law and refugee law through community-based protection monitoring activities and building the capacity of local actors. The use of mobile monitoring units through local networks already established will be strengthened and will include deploying indigenes of the hard-to-reach areas for greater coverage and reach.

More efforts will be focused on the provision of MHPSS to those most in need. It is critical to respond to the stress and trauma suffered by the affected population, following attacks on villages, raids or schools, the kidnappings for ransom, as well as the abductions and arbitrary arrests and detention faced by the civilian population. Protection actors will systematically include MHPSS activities in their programming to respond to the needs of the people who suffered protection incidents and of the individuals, families and communities that suffered the impact of such incidents. These activities will target boys, girls, women, and men, considering their specific needs and experiences of trauma.

The Cluster will also work with local leaders in the community on peaceful resolution of conflicts and using traditional dispute resolution mechanism to advocate for peaceful co-existence among different groups which sometimes entertain traditional rivalries triggering recurrent intercommunal conflicts. The protection monitors will report on the cross-border incursions of the communities spread across the Cameroonian border with Nigeria. This means that in

2024, the protection actors will also respond to the needs of the newly displaced who are increasingly facing hostility from host communities who sometimes blame the IDPs for exposing them to attacks by NSAGs. Cases have been reported of IDPs being chased away by community leaders in some villages and the refusal to rent houses to the IDPs by host community. Increasingly, the assistance provided to the beneficiaries could also expose them to more attacks as there are no safe places to keep these items. There is therefore an inherent need to ensure that the services provided do not expose the beneficiaries to harm. In this regard, the Protection Cluster will work with the local administrative authorities to carry out profiling for the affected populations and to put in place safety measures for the assistance provided.

With more partners trained in protection activities for the crisis-affected populations, many response activities are planned in 2024 to respond to legal and physical protection risks prevalent in the North-West and South-West regions. These responses will include the provision of legal services for persons arbitrarily arrested and/or illegally detained. Advocacy and awareness campaigns with local authorities will improve access to services for the affected populations, including assistance in accessing civil documentation, detention monitoring, sensitization with judicial authorities on access to justice, as well as sensitization and awareness-raising on human rights and humanitarian law with parties to the crisis and affected civilian population. Cases of physical violence and torture will be referred for medical assistance and psychosocial support. As these various risks primarily affect adolescent boys and men, awareness raising activities will articulate how men are affected and what are the implications of such violations and abuses for them and for the broader community. Through gender sensitive programming, response activities will be designed in a way that is accessible to boys and men and tailored to their specific needs. The humanitarian protection response shall be accompanied by strong advocacy for the domestication of the Kampala Convention and other legal reforms of the civil documentation system and legislation on lands and properties. It is envisaged that the civilian populations will be better protected with increase advocacy and

legal reforms aimed at addressing the needs of the displaced populations in Cameroon.

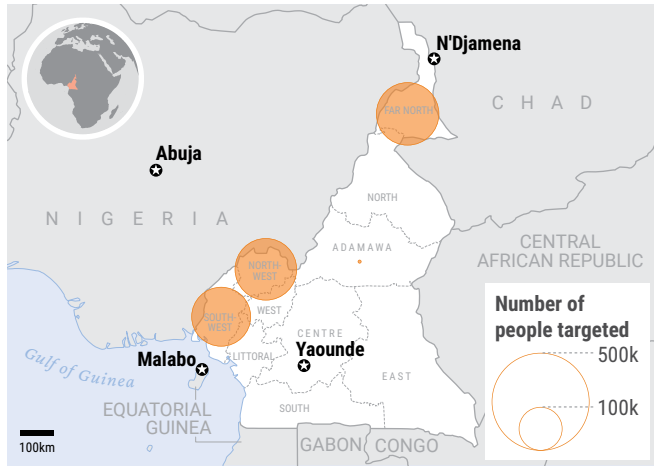
To respond to cases of exploitation and abuse of IDPs, protection actors will strengthen referral mechanisms

and will provide legal assistance and psycho-social support to those affected. Linkages with ongoing livelihood programs and vocational training, including those provided by other clusters, will also be created.

## 3.5.2 Child protection



### Number of people targeted by region



PEOPLE IN NEED	PEOPLE TARGETED
<b>974k</b>	<b>596k</b>
REQUIREMENTS (US\$)	NUMBER OF PARTNERS
<b>\$17.1M</b>	<b>39</b>
CONTACT PERSONS	
Alexis Mayang Child Protection AoR Coordinator <a href="mailto:malexis@unicef.org">malexis@unicef.org</a> UNICEF Cameroon	Saly Diankon-Mbaye Child Protection Specialist <a href="mailto:sdiankon@unicef.org">sdiankon@unicef.org</a> UNICEF Cameroon

### Objective

Improve the protective environment to ensure that every child, including adolescents, is protected from violence, exploitation, abuse, neglect, and harmful practices, including in emergency contexts.

### Lake Chad basin crisis (Far North)

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

In 2024, key child protection activities will include case

management, the strengthening of Community-Based Child Protection Mechanisms (CBCPMs), provision of psychosocial support to children, adolescents, and caregivers to prevent violence, negligence, and abuse against children in all three divisions affected by the conflict (Logone et Chari, Mayo-Sava and Mayo-Tsanaga). Child Protection partners will assist children and caregivers with mental health and psychosocial support, including through the identification, referral, and individual case management of vulnerable children. A dedicated and specialized support will be provided to children formerly associated with armed groups to facilitate their reintegration into the community. The Child Protection AoR will also support the implementation of the relevant action plan<sup>18</sup> and the Handover Protocol<sup>19</sup>, this will address the needs of children who were allegedly associated with armed groups, in synergy with the other AoRs and sectors.

Family separation will also be addressed. Unaccompanied and separated children will be identified and assisted, including through alternative care arrangements and family reunification. All children and caregivers will be sensitized on key child protection messages, including positive parenting and prevention of violence and abuse. To support the prevention of family separations, religious and

traditional leaders will be sensitized on the child protection minimum standards.

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

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

As development actors continue to support the Government in strengthening its civil documentation strategy and vital statistics system, Child Protection partners will support the birth registration process and the creation of civil documentation services in health facilities in the three conflict affected divisions, including in the convergence area of Mokolo.

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

### **North-West and South-West crisis**

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

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

With many schools closed or under attack due to the crisis, many children lack access to education and are instead engaged in work for food and to supplement their families' incomes.

In 2024, the Child Protection AoR plans to assist children and caregivers affected by the North-West and South-West crisis with prevention, sensitization, and awareness-raising activities, as well as to provide individual assistance to children victims of violence and abuse. There will be a focus on Case Management for most vulnerable children, on addressing family separation, including through the improvement of alternative care and/or reunification services, the reintegration of children exited from armed groups as well as the response for child survivors of GBV. The provision of mental health and psychosocial support services to all targeted children and caregivers will be a key prevention, mitigation, and response activity in 2024, in continuation of previous years approach.

To respond to the most pressing child protection risks and needs, the actors will first and foremost prevent future risks of violence, exploitation, and abuse through continuous and increased strengthening of community-based child protection mechanisms, GBV prevention, family separation prevention, and by strengthening positive parenting, community engagement and empowerment as well as children's self-resilience.

Child Protection actors will strengthen Government partners and other local authorities/actors to provide a protective environment and promote accountability to affected populations. It will be achieved mainly by mainstreaming child protection, training child protection workers and improving their technical capacities to monitor, report, and respond to child rights violations, sensitizing communities and raising their awareness to identify, monitor and respond to child protection issues.



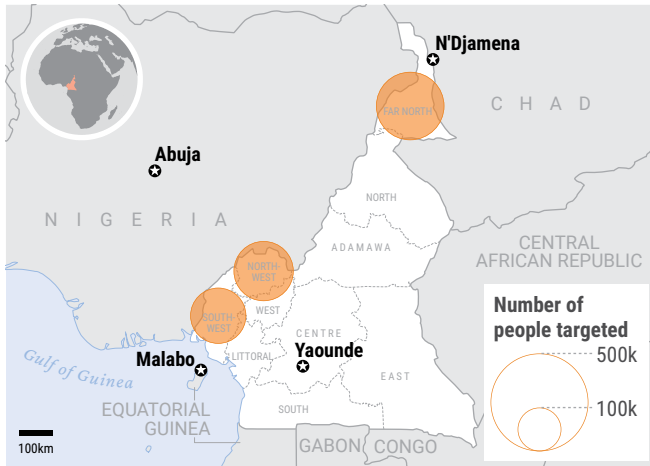
This, consequently, ensures sustainability as these structures will continue to function even after projects have come to an end. In rural areas under the control of armed groups, where the legitimacy of decentralized State structures might be challenged, influential

community members can be identified and trained to respond to the needs of children.



### 3.5.3 Gender-based violence

#### Number of people targeted by region



<b>PEOPLE IN NEED</b>	<b>PEOPLE TARGETED</b>
<b>928k</b>	<b>595k</b>
<b>REQUIREMENTS (US\$)</b>	<b>NUMBER OF PARTNERS</b>
<b>\$18.4M</b>	<b>32</b>
<b>CONTACT PERSON</b>	
Liliane Munezero GBV AoR Coordinator UNFPA Cameroon <a href="mailto:lmunezero@unfpa.org">lmunezero@unfpa.org</a>	

#### Overview

In 2024 the GBV AoR plans to reach 594,728 people with GBV response, prevention, and risk mitigation across the Far North, North-West and South-West regions. This target was calculated based on the severity of the needs, availability, and quality of core services. The GBV response aims to ensure that survivors of GBV can access quality specialized/ response services in line with best standards.

The GBV AoR and its partners will continue to ensure the provision of a survivor centered multisectoral response including case management, mental health, and psychosocial support (MHPSS), health, legal and other services to GBV survivors, as needed. The GBV AoR will continue to lead the update and dissemination of services mapping and referral pathways and the roll out of the GBV SOP<sup>20</sup>, to ensure services are well coordinated in line with guiding principles and known by both community members and service providers. The GBV AoR will ensure that the GBV minimum standards are known, understood, and applied by different actors to increase services quality. The GBV AoR will continue to engage with diverse partners to identify potential operational solutions in areas with limited or no presence of GBV actors. They will also provide technical support to expand coverage and

reach to meet the humanitarian needs. Collaboration and partnership with community-based organizations and women-led organizations and groups will be strengthened and the GBV AoR will continue working on the improvement of humanitarian access, particularly in the North-West and South-West, and to be able to provide services to people in need in hard-to-reach areas. The GBV AoR will continue collaboration with the PSEA network to ensure SEA survivors can access services as required.

The GBV AoR will reinforce GBV risk mitigation through reinforced support to other humanitarian sectors as per IASC guidelines. Services will be inclusive and will consider the specific needs, priorities, and vulnerabilities of both women, girls, men, and boys. However, the main target of GBV AOR is women and girls as they remain the most affected by GBV. Particular attention will be paid to women and girls with disabilities, adolescent girls, and women and girl heads of household.

As per the GBV AoR capacity strengthening survey, insufficient technical capacity continues to affect the quality of services and discourage survivors from seeking those services. In 2024, the GBV AoR will continue to provide technical support for GBV actors to

increase the quality of services.

Menstrual hygiene continues to be a big challenge jeopardizing women and girls' safety, dignity, and well-being. Education and sensitization are crucial solutions, along with the provision of accessible menstrual products. Additionally, community and family involvement, tackling stigma, and providing practical guidance are identified as key elements in fostering menstrual well-being and reducing the associated challenges.

The GBV AoR will continue to strengthen safe and ethical data collection, analysis and utilization for advocacy and programming purposes, including the strategic use of the GBV Information Management System (GBVIMS), and safety audit findings, in line with global best practice and the Information Sharing Protocol. The GBV AoR will continue to conduct the "Voices from Cameroon" assessment to ensure the needs of women and girls are known and well addressed to minimize GBV risks.

### **Lake Chad basin crisis (Far North)**

The ongoing insecurity that prevails in the Lake Chad basin continues to expose women and girls to increased GBV while access to services remains challenging as seen in the figure below.<sup>21</sup>

GBV life-saving services remain critical in this context to ensure the safety of the most exposed and safe access to other available basic services. The crisis in the Far North region affects the availability, accessibility, and efficiency of services, leaving survivors with no one to turn to. In 2024, the GBV AoR will continue to ensure GBV services are available, comprehensive and of quality. The GBV AoR will focus on service providers' attitudes, skills, and knowledge for an improvement of the supportive environment that encourages survivors to access services without fear of stigma.

In 2024, GBV actors will provide holistic care (medical, psychosocial, and legal) to all GBV survivors. Prevention activities through large-scale awareness campaigns, educational talks, and discussion groups will continue to ensure key messages on GBV are well

disseminated and understood by community members. The GBV AoR will reinforce collaboration with other humanitarian sectors particularly WASH, Shelter, Food Security and Health to ensure GBV mainstreaming as per IASC guidelines. This will be based on GBV safety audits that will continue to be conducted for evidence-based risk mitigation strategies.

### **North-West and South-West crisis**

GBV remains rampant in the North-West and South-West regions and is affecting disproportionately women and girls. In 2024, the GBV AoR will reinforce access to and availability of comprehensive lifesaving GBV services including MHPSS, health and legal services. The GBV AoR will collaborate with the Child Protection Cluster to ensure quality referral for Child survivors of GBV. Collaboration with other protection and non-protection actors will be reinforced to ensure survivors can access a comprehensive package of services. Considering the challenging access environment in the North-West and South-West regions, the GBV AoR will strive, whenever possible, to work on improving humanitarian access to ensure survivors can access services even in hard-to-reach areas. The GBV AoR will continue to build capacity around the survivor centered approach to ensure all survivors – including men and boys - are able to safely access services and receive support tailored to their needs and wishes.

To ensure adequacy and quality of the GBV response, risk mitigation, and prevention programming, GBV actors will regularly conduct safety audits and vulnerability mapping exercises by involving the community. The safety audits, jointly with data on the response collected through GBVIMS, will guide an evidence-based response, including the formulation of trends and analysis.

Prevention will be conducted through awareness raising, including contextualized gender transformative approaches. To prevent and respond to survival sex as a negative coping mechanism, priority will be given to skills training and socio-economic empowerment, especially to women and girls most at risk. The GBV AoR will collaborate with other humanitarian clusters to ensure women and girls at risks are prioritized to receive available services.

## Basic principles of GBV response

**Survivor centered approach:** Responding to GBV requires a tailored approach to meet the needs and the wishes of all survivors, considering their sex, age, physical and mental status, and marital status as well. This approach will be prioritized and applied at the maximum level to ensure service delivery is tailored to the needs of the survivors. The survivor centered approach seeks to empower survivors by prioritizing their rights. This will be critical to ensuring that service providers' attitudes, knowledge and skills prioritize the survivors' choices and well-being. This will contribute to creating a supportive environment in which survivors are treated with dignity and respect.

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

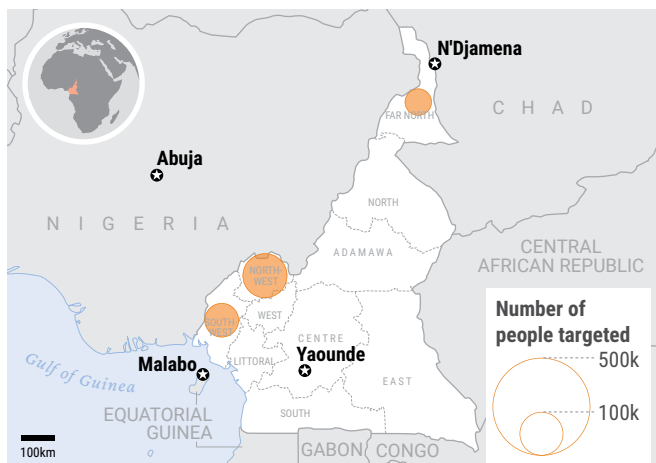
**Accountability:** By adopting a community-based approach, ensuring the participation of beneficiaries - in particular women and girls - in decision-making, as well as their influence on and active role in the humanitarian response. Interventions will be implemented after field assessments, consultations, and periodic reviews based on the complaints and feedback mechanisms to foresee any potential harmful consequences. Regular safety assessments will be undertaken by partners to periodically map and monitor safety risks and action plans developed to address them. Partners are encouraged to follow the standardized operating procedures developed by the AoR which promote the privacy, safety, and dignity of survivors. This will include specific measures to ensure that women and girls are protected from SEA, including appropriate and accessible channels to report incidents and access services.

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

## 3.5.4 Housing, land and property



### Number of people targeted by region



The Housing, Land and Properties (HLP) priorities for 2024 remain the same as for 2023, as needs and challenges in accessing HLP rights remained the same. In 2024, HLP interventions will focus on improving access to adequate housing and land for displacement affected populations in the Far North, North-West and South-West regions. In line with the decision of the HCT to prioritize the scope of this HPR to the epicenters of the crises, no activities are included in the HLP response plan for the Littoral and West regions. However, advocacy with other actors, including local authorities, is ongoing to engage on preventing forced eviction of IDPs living in those regions.

While the HLP AoR will scale up interventions on awareness raising and legal support to people facing HLP rights violations and abuse in the Far North, North-West and South-West regions, special interventions in collaboration with local and traditional authorities will target returnees to recover their houses and lands from secondary occupants, and to address HLP conflicts. Some 468,000 persons are in need of assistance on HLP matters in the Far North, North-West and South-West regions, out of which the HLP AoR will target 204,148 most affected people through awareness raising on rights and responsibilities, capacity building, individual counseling, and legal assistance on rights

#### PEOPLE IN NEED

469k

#### PEOPLE TARGETED

204k

#### REQUIREMENTS (US\$)

\$3.8M

#### NUMBER OF PARTNERS

14

#### CONTACT PERSON

Julius Bantar  
HLP AoR Coordinator  
NRC Cameroon  
[julius.bantar@nrc.no](mailto:julius.bantar@nrc.no)

violations and abuse. This target is taking into account the limited capacity of partners to carry out HLP interventions.

The HLP AoR will scale up advocacy at national level for land reforms and increased protection of the HLP rights of displaced people, including advocacy for the domestication of the Kampala Convention.

### Lake Chad basin crisis (Far North)

In the Far North, interventions will target 38,161 people most in need of HLP assistance, especially in the Logone et Chari and Mayo-Sava divisions. HLP actors will raise awareness on rights and responsibilities, build capacities and provide counseling and legal assistance to enable the enjoyment of HLP rights. Legal assistance to property owners will enable them to recover title deeds and other official documents that were destroyed by flooding or went missing during attacks and displacement. Assistance will be provided to displaced persons in rented accommodations and those on rented farmlands, for them to obtain legally binding tenancy or lease agreements to mitigate risks of double tenancy, extortion, and to prevent forced eviction, but also protection risks related to inadequate housing and exploitation by landlords

and communities hosting the most vulnerable IDPs. Specific interventions will be tailored to increase women's access to HLP, and to prevent gender discrimination against women and girls when it comes to access to land and inheritance of property. Awareness raising activities will target a total of 24,041 individuals (11,780 men and 12,261 women) who will receive information on HLP rights and responsibility in sessions conducted in target communities while 5,724 persons (2,805 men and 2,919 women) will receive legal assistance on HLP cases, relating to secondary occupation, forced eviction and other HLP threats. Some 7,632 others (3,740 men and 3,892 women) will benefit from individual case-specific counseling to help them find solutions to their HLP issues. Counseling on HLP issues is one-to-one advice to a beneficiary or beneficiary group on how to overcome obstacles to durable solutions, what institutions can assist in addressing protection gaps and/or how to address legal issues. In some cases, counseling may be provided to a group of beneficiaries that share a specific issue.

As in 2023, the provision of individual legal assistance will be a key activity for HLP actors in 2024. This will complement the interventions aimed at raising awareness on the rights and obligations of local administrative and traditional authorities as well as communities themselves, including to address cultural norms that impede women's rights to land. Over 75 per cent of HLP disputes reported by the AoR in 2023 involved women who are often denied resources due to pre-existing cultural norms and practices and are left without sustainable livelihoods because they cannot own property or inherit land.

In 2024, HLP actors will train 763 members of the local authorities and traditional leadership on HLP rights and collaborative disputes resolution, twice the number of individuals targeted in 2023. HLP partners will build upon existing capacities among the local administrative and traditional authorities and reinforce community-based mechanisms. Issues related to access to HLP are deeply linked to the legal reforms required to integrate the protection and assistance of IDPs into the legal framework, and to the development of the civil documentation system. This will require

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

### **North-West and South-West crisis**

Persistent violence in the North-West and South-West has had devastating impact on the lives of people with many forced to abandon their houses, lands, and personal properties. With the destruction of properties, many people face secondary displacements and occupation, inadequate housing, and insecurity of tenure, with heightened risks of eviction and instances of land grabbing. Both IDPs and returnees struggle to claim their rights to land and housing, as most of them do not hold property deeds and as traditional dispute resolution mechanisms were weakened by the crisis. Many cases of extortion and appropriation of property remain widespread. Protection partners estimate that 306,267 individuals are currently in need of HLP assistance, including sensitization on rights and obligations, advocacy with authorities and at individual level, counseling, and case-management in the North-West and South-West regions. In 2024, the HLP partners will aim at targeting some 165,986 individuals through HLP activities. The AoR will step up capacity-building and strengthen advocacy and fundraising to aid those in need of HLP support and, by doing so, to bring more visibility to this essential aspect of the protection. Specifically, HLP partners will provide individual legal assistance to 21,629 people (10,598 men and 11,031 women) in both regions, including on cases of secondary occupation suffered by returnees, land grabbing and forced eviction for instance, while 28,839 individuals (14,131 men and 14,708 women) will benefit from HLP counseling. Sensitization on HLP rights and obligations will be the main tool to prevent violations and abuses from occurring, and timely collaborative resolution of disputes through strengthened community-based mechanisms. HLP awareness will be conducted through targeted actions to the benefit of 112,635 people (55,191 men and



57,444 women), such as local authorities, traditional leaders, owners, and the communities themselves. HLP partners will work closely with the Shelter Cluster to provide rental support to displaced persons to help them secure tenure and prevent forced eviction. In addition, 2,884 members of local administrative and traditional authorities will be trained on HLP rights and obligations and supported with tools to protect HLP rights in their different communities. HLP partners will build upon existing capacities among the local

administration and authorities, while also reinforcing community-based mechanisms for prevention and timely collaborative resolution of HLP disputes. Actors intervening in different sectors will be encouraged to integrate HLP in their response. Issues related to access to HLP are strongly linked to the legal reforms required to integrate the protection and assistance of IDPs into the legal framework, and to strengthen a civil documentation system. This will require synergies with development actors.

### Sector Objectives

CP - Improve the protective environment to ensure that every child, including adolescents, is protected from violence, exploitation, abuse, neglect and harmful practices, including in emergency contexts  
Contributes to Strategic Objective 3

**TARGET**

INDICATORS		TARGET
Number of children, caregivers, and persons with disabilities (included their caregivers) accessing mental health or psychosocial support		595.7k

### Sectoral Activities

CP Provide mental health and psychosocial support to

INDICATORS	Number of functional child friendly spaces/other safe spaces	1.2k
	Number of children [and caregivers] accessing mental health or psychosocial support	595.7k

### Sectoral Activities

CP - Comprehensive Case Management provided to vulnerable children

INDICATORS	Number of UASC benefiting from alternative care and/or family reunification	37.7k
	Number of boys and girls exited from armed groups reached through reintegration services	341
	Number of girls and boys survivors of GBV and other child protection risk who benefited from appropriate case management.	6.8k

### Sectoral Activities

CP - Provide support to families to better protect their children

INDICATORS	Number of caregivers (women, men) sensitized on positive parenting	38.3k
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### Sectoral Activities

CP -Build the capacity of Community-Based Child Protection Mechanisms

INDICATORS	Number of functional community-based child protection mechanism	1.2k
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**Sectoral Activities**

CP - Provide support to issue birth certificates to conflict-affected children

<b>INDICATORS</b>	Number of conflict-affected girls and boys receiving birth certificates	6.8k
	Number of women, men, girls and boys sensitized on birth registration	38.3k

**Sectoral Activities**

CP - Provide interventions for the prevention and mitigation of risks and response to GBV affecting children

<b>INDICATORS</b>	Number of girls, boys men and women accessing GBV risk mitigation, prevention or response interventions	11.9k
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**Sectoral Activities**

CP - Provide Humanitarian beneficiaries with PSEA measure

<b>INDICATORS</b>	Number of women, men, girls and boys accessing safe channels to report SEA	11.9k
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**Sector Objectives**

Improve the protection and respect of fundamental rights for persons affected by crises, prioritizing the most vulnerable groups and persons with specific needs  
Contributes to Strategic Objective 2

**TARGET**

<b>INDICATORS</b>	Number of conflict-affected women, men, girls and boys having benefited from civil or identity documentation support (including birth certificate for crisis-affected children)	26.8k
	Number of individuals from local and national authorities as well as civil society trained on protection standards and policies (sector/cluster and AORs) (sector/cluster and AORs)	17.6k
	Number of persons (disaggregated by sex and disability) receiving legal assistance in relation to housing, land and property disputes	39k
	Average number of persons covered by protection monitoring activities on monthly basis	747.5k

**Sectoral Activities**

HLP - Provision of individual legal assistance to beneficiaries for exercise and enjoyment of HLP rights

<b>INDICATORS</b>	Number of women, men, girls and boys receiving case-specific legal assistance on HLP	27.3k
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**Sectoral Activities**

HLP - Provision of individual counseling on HLP related issues

<b>INDICATORS</b>	Number of women, men, girls and boys receiving case-specific counseling on HLP	36.5k
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**Sectoral Activities**

HLP - Sensitization of community, local authorities, and traditional leaders on HLP rights and obligations

<b>INDICATORS</b>	Number of women, men, girls and boys sensitized on HLP rights and responsibilities	114.8k
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**Sectoral Activities**

HLP - Training of local authorities, traditional leaders and civil society actors to effectively address HLP related disputes

<b>INDICATORS</b>	Number of women, men, girls and boys trained on HLP related matters	3.6k
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**Sectoral Activities**

PRO - Strengthening the process of issuance of civil documentation to conflict-affected people

<b>INDICATORS</b>	Number of conflict-affected persons having benefited from civil or identity documentation support	25.6k
	Number of awareness-raising sessions on civil documentation	571

**Sectoral Activities**

PRO - Provide targeted protection assistance to the most vulnerable people (men, women, boys and girls, PWD)

<b>INDICATORS</b>	Number of conflict-affected women, men, girls and boys having benefited from targeted protection assistance	23.8k
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**Sectoral Activities**

PRO - Conduct protection monitoring in crisis-affected areas

<b>INDICATORS</b>	Number of persons of concern covered by protection monitoring	412k
	Number of referrals to specialized services	4.2k
	Number of protection incidents reported through protection monitoring	30.5k

**Sectoral Activities**

PRO - Providing legal assistance to crisis-affected people on the protection of their rights

<b>INDICATORS</b>	Number of women, men, girls and boys receiving case-specific legal assistance on HLP	27.3k
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**Sectoral Activities**

HLP - Provision of individual counseling on HLP related issues

<b>INDICATORS</b>	Number of women, men, girls and boys reached with sensitization sessions on rights and obligations of women and children	25.1k
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**Sectoral Activities**

PRO - Providing targeted protection assistance to the most vulnerable people (persons with disabilities to be included in social and economic support to livelihood)

<b>INDICATORS</b>	Number of specialized services provided to persons with disabilities	21.5k
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**Sectoral Activities**

PRO - Sensitization on peace building, peaceful coexistence between IDPs, returnees and host communities

<b>INDICATORS</b>	Number of people actively engaged in peace building and social cohesion activities	79.6k
	Number of people actively engaged in conflict resolutions	83.3k

**Sectoral Activities**

PRO - Advocacy for people living with disabilities to be included in national programmes

<b>INDICATORS</b>	Number of women, men, girls and boys from civil society trained on disability inclusion based on the IASC guidelines	33
	Number of men and women from local and national authorities trained on disability inclusion based on the IASC guidelines	16

**Sectoral Activities**

PRO - Strengthening the capacity of national actors on protection standards and policies

<b>INDICATORS</b>	Number of community-based women, men, girls and boys trained on protection standards and policies	960
	Number of training sessions organized	34

**Sectoral Activities**

PRO - Establishing and supporting the community based complains and feedback mechanisms

<b>INDICATORS</b>	Number of community-based mechanisms established	684
	Number of focal points appointed	1.5k

**Sector Objectives**Reduce GBV risks and impacts for men, women, boys and girls  
Contributes to Strategic Objective 2**TARGET**

<b>INDICATORS</b>	Number of GBV survivors (women, men, girls, boys, persons with disabilities) who have received at least one form of (lifesaving) assistance	14.2k
	Number of men women boys and girls reached through sensitization and capacity building on GBV principles, response, and prevention	215.5k

**Sectoral Activities**

GBV - Provide holistic support to survivors of gender-based violence

<b>INDICATORS</b>	Number of GBV survivors disaggregated by sex and age accessing mental health or psychosocial support	10.3k
	Number of GBV survivor disaggregated by sex and age received medical support	10.3k
	Number of GBV survivor disaggregated by sex and age supported with Post Rape Kit	432
	Number of GBV survivor disaggregated by sex and age who received legal assistance	1.0k
	Number of GBV survivor disaggregated by sex and age referred to other service providers for service provision	1.9k

**Sectoral Activities**

GBV - Strengthening capacity of GBV service providers in case management including MHPSS

<b>INDICATORS</b>	Number of service providers trained in GBV case management	1.0k
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**Sectoral Activities**

GBV - Conduct safety audits and risk and vulnerability mapping for GBV

<b>INDICATORS</b>	Number of GBV safety audits conducted	90
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**Sectoral Activities**

GBV - Strengthen GBV prevention activities at community-level including sensitization of conflict-affected communities, local authorities, traditional leaders, and religious leaders

<b>INDICATORS</b>	Number of outreach sessions conducted at community level.	1.0k
	Number of people reached out during awareness raising and sensitization activities at the community level	284.4k

**Sectoral Activities**

GBV - Capacity building for women led organization (WLO) on GBV response, prevention and coordination in humanitarian context

INDICATORS		
	Number of WLO trained	55
	Number of women members of WLO's trained	232

**Sector Objectives**

Promote the centrality of protection and engage the humanitarian community (including local organizations) to mainstream protection across the humanitarian response cycle  
Contributes to Strategic Objective 2

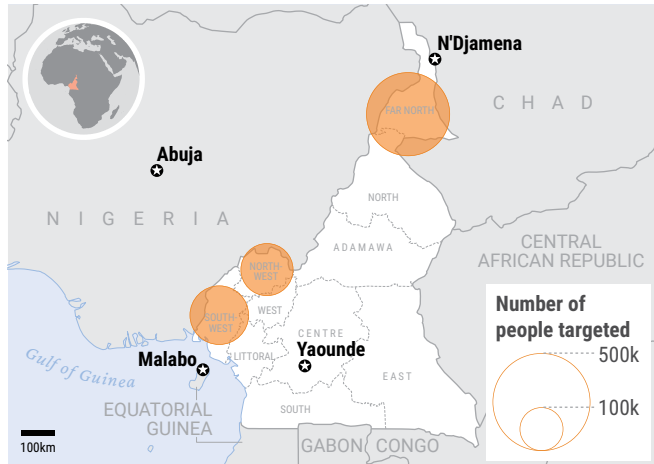
**TARGET**

INDICATORS		
	Number of people trained on centrality of protection and mainstreaming of protection organized	35.8k
	Number of sectors who designated a focal point to reinforce the Centrality of protection	12
	Percentage of sector strategies including protection mainstreaming measures	33%

## 3.6 Shelter and non-food items



### Number of people targeted by region



PEOPLE IN NEED	PEOPLE TARGETED
<b>1.1M</b>	<b>607k</b>
REQUIREMENTS (US\$)	NUMBER OF PARTNERS
<b>\$29.1M</b>	<b>23</b>
CONTACT PERSON	
Francesca Lubrano Shelter/NFI Sector Coordinator UNHCR Cameroon <a href="mailto:lubranod@unhcr.org">lubranod@unhcr.org</a>	

### Objectives

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

In the Far North, North-West, South-West, West, and Littoral, a total of 1.1 million people are in need of adequate shelter and essential household items.<sup>22</sup> In 2024, 23 partners are planning to assist 1.1M people in need in the Far North, North-West, South-West through Shelter and NFI activities. This sectorial plan overall is estimated to cost US\$ 29.1 million.

Logone et Chari (Far North), Bui, Donga-Mantung, Menchum, Ngo-Kenujia (North-West) and Lebialem (South-West) are the divisions with the highest severity of needs in shelter and household items.<sup>23</sup> The fact that people in these divisions experience more severe inadequacy is mainly due to access constraints, logistic challenges due to the status of infrastructures, operational partners' capacity, and the high number of security accidents causing displacement.

In the North-West and South-West regions, due to the deteriorating security environment, the

humanitarian community has gradually continued to lose protection by presence in the areas where the affected communities reside. This loss of humanitarian presence has been particularly devastating on shelter programming which requires close and long monitoring during construction phases and implementing partners need to be physically present in the field. Security limitations have resulted in many humanitarian partners not being able to go beyond the distribution sites to conduct good shelter programming. As the crisis has grown protracted, the need for more adequate shelter response options is continuing, however partners are lacking both the human resources and the capacity to work at the household level. Since the start of the crisis, partners are also confronted with several lockdowns and general insecurity. In the North-West, and South-West, many of the displaced have settled in urban areas and are renting their accommodation or are staying with host families. Meanwhile, in the Far North the crisis is predominantly evolving in rural settings and most displaced people are staying with host families or at informal sites.

The Far North, the North-West and South-West regions are also seasonally subjected to heavy rains, landslides, and floodings which exacerbate shelter conditions and



force people to repeatedly displace.

The Shelter Sector continues to envisage emergency shelter kits for situations where a population has recently been displaced to the bush/informal site, or as partitions in collective centers, in hosting situations to increase privacy, or where a shelter is newly damaged.<sup>24</sup>

Beyond the emergency for forcibly displaced persons in protracted situations, for returnees who find their house damaged/destroyed or for vulnerable populations who are left behind in damaged shelters, the Shelter Sector is advocating to provide more sustainable materials and tools that will help them meeting their shelter needs.

## Response approaches

The Shelter Sector is also encouraging the mainstreaming of environmental considerations.<sup>25</sup> Common shelter types throughout the targeted regions rely on natural resources such as mud,<sup>26</sup> wood, and bamboo and provide better shelter than emergency shelter kits. Shelter repairs by skilled labors employment is proven to be the most effective way to address shelter needs particularly for persons with disabilities left behind in damaged shelters. The Shelter Sector also continues to advocate for the reduction of plastic packaging in its kits and encourages partners to mainstream this practice when working with vendors in market-based programming for access to items.

Market-based approaches are encouraged such as supporting the production of local materials and the engagement of the population<sup>27</sup> that also lead to improved shelter solutions.

Lessons learned during 2023 reveal that rental assistance can support households in moving to safer and more habitable shelter and in providing secure enough tenure for 3 to 6 months. Such programs require close monitoring and can be coupled with repair support to ensure that the shelter is meeting minimum standards.

Rental interventions can also be seen as part of GBV case management, moving GBV survivors from

overcrowded shelters where abuse has happened to a safer environment, and is carried out in close coordination with members of the GBV AoR. Lack of living space is widely reflected in shelter assessments and Post Distribution Monitoring (PDM), and it is crucial that shelter interventions mitigate the risk of GBV<sup>28</sup> by seeking privacy for those living in hosted or rental type scenarios.

In 2022, the Shelter Cluster revised its standard NFI kit<sup>29</sup> to provide more dignified living conditions. Family size sleeping mattress replaced sleeping mats in the North-West and South-West. Larger household sizes with many hosts and displaced persons may receive more than one kit to ensure protected sleeping space under mosquito nets on the mattress.

In terms of modality of implementations, cash is the preferred modality of most beneficiaries. However, when it comes to shelter repairs and use of shelter kits, partners report through both the Standardized Household Assessment and PDM tool that beneficiaries would prefer a combination of cash and in-kind support. This is also in line with the Shelter Sector guidelines to ensure technical monitoring of any repair or cash for repair interventions.

Although cash and voucher activities for the purchase of household items are meeting beneficiary satisfaction, a challenge frequently reported is the rising of prices due to the financial crisis on global markets. Partners have voiced concerns that prices may continue rising with the new year period, which would mean that partners may not be able to reach as many households as originally planned. In the North-West and South-West, the Shelter Cluster has set up a market monitoring tool to help the partners jointly monitor changes in market prices.

## Sector guiding principles

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

Shelter and household items should be accessible to all individuals in equal and sustained manner.

Otherwise, the deterioration of social cohesion, misperception of social justice, criminality, violence, stigmatization, isolation, discrimination, eviction and poverty will arise. For example, gender-specific differences require special measures to enhance gender equality in HLP through ensuring better access for women.

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

Overall, the Shelter/NFI Sector encourages partners to provide Cash-Based Interventions when “do no harm” risk analyses and market surveys show relatively low impact risks.<sup>30</sup> The cash modality empowers displaced populations and limits burdening them with carrying heavy items back to their shelters following distributions. Some contexts are more conducive to a monetization of aid support and therefore, systematic market monitoring should take place together with do not harm assessments to establish feasibility<sup>31</sup> and verify the price’s fluctuation. The sustainability of intervention will have to be consulted with local authorities and coordinated with other similar social protection systems already in place.

## Monitoring

Evidence-based activities are encouraged to inform compelling programming for the Shelter/NFI Sector to capitalize on assessments conducted by partners during the previous years. The Shelter/NFI needs assessment concluded in January 2022<sup>32</sup> in the North-West, South-West, and West regions, together with the UNHCR sites profiling exercise launched in the Far North region, set a baseline to quantify damages caused by displacement and impacts of shelter interventions. The progress towards the objectives of the 2024 sectorial plan will be verified through partners’ monthly reports and monitoring activities, including post distribution monitoring.

Shelter action should be accountable and encourage

the set-up of appropriate mechanisms, through which affected populations can measure the adequacy of interventions, address concerns, complaints and apply corrective action. Partners have put in place complaints and feedback mechanisms and will carry out PDM<sup>33</sup> and/or post-construction monitoring to assess the quality of the response, adapt future activities to changed needs of affected populations, and improve the effectiveness of the response. The Sector will continue encouraging partners in sharing lessons learned, trends from the PDM and complaints from the feedback mechanisms by fully standardizing systems and tools and thus enhance the members’ complementarity of their Shelter and NFI interventions.

A gender-sensitive, participatory approach, involving women, girls, men, and boys, at all stages of the project cycle, will help ensure that an adequate and efficient response is provided. In addition to evaluating shelter vulnerabilities for beneficiary selection, priority will be given to persons with disabilities, separated children, unaccompanied minors, and child headed households, single female headed households, elderly headed households, single male headed households, victims of protection incidents, the chronically ill, jobless because of the crisis, pregnant/lactating women, albino, and people suffering from trauma due to the crisis.

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

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

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

Overall, middle- and long-term solutions will be promoted through a transfer of capacity to local authorities and civil society and resilience strengthening in the following domains: camp

management and camp coordination; disaster risk reduction; house land and property, and urban planning. These activities would lay down the basis for sustainable long-term solutions and consolidating a safer environment, security around land and properties tenure, and equitable and inclusive governance. Effective synergies with development actors and local stakeholders will be enhanced through the Nexus platform.

<b>Sector Objectives</b>		<b>TARGET</b>
Provide life-saving shelter and non-food item (NFI) support Contributes to Strategic Objective 1		
<b>INDICATORS</b>	Number of households, including those in protracted displacement, returnees, and non-displaced people including host communities, are provided with core and essential non-food items	48.7k
	Number of households, including those in protracted displacement, returnees, and non-displaced people including host communities, are provided with timely life-saving emergency shelter kits	31.0k
<b>Sectoral Activities</b>		
Provision essential non-food items, e.g. mattress, plastic sheeting, blankets, jerry cans, kitchen sets, solar lamps; including market-based interventions for these items		
<b>INDICATORS</b>	Number of Households (HH) assisted with core and essential Non-Food Items	32.0k
	Number of HHs reached with core and essential Non-Food Items that meet environmental criteria	16.7k
<b>Sectoral Activities</b>		
Provision of emergency shelter items and kits; including market-based interventions for these items		
<b>INDICATORS</b>	Number of HHs assisted with distributed/installed emergency shelter materials/kits	23.2k
	Number of HHs assisted with distributed/installed emergency shelter materials/kits that meet environmental criteria	7.7k
<b>Sector Objectives</b>		<b>TARGET</b>
Provide sustained access to shelter Contributes to Strategic Objective 2		
<b>INDICATORS</b>	Number of households are provided with safe and sustained shelter support, including those in protracted displacement, returnees, and non-displaced people including host communities	19.7k
<b>Sectoral Activities</b>		
Provision of shelter support, e.g. emergency/transitional shelter construction, provision of construction materials including market-based interventions for these items		
<b>INDICATORS</b>	Number of HHs assisted with shelter	9.9k
	Number of HHs assisted with shelter that meet environmental criteria	6.6k
<b>Sectoral Activities</b>		
Provision of rental assistance (cash-for-rent, or subsidy)		
<b>INDICATORS</b>	Number of HHs assisted with rental assistance	3.1k

**Sector Objectives**

Support an enabling protection environment and social cohesion by improving housing and related community/public infrastructure

Contributes to Strategic Objective 3

**TARGET**

<b>INDICATORS</b>	Number of households, including integrated IDPs, returnees and not displaced people including host communities with adequate housing stock available	10.3k
	Number of people in the communities with increased capacity of construction skills	1.5k

**Sectoral Activities**

Support to sustainably construct/repair/rehabilitate housing and related community/public infrastructure and facilities

<b>INDICATORS</b>	Number of HHs assisted by constructed/repared/rehabilitated house/apartment	7.3k
	Number of HHs assisted by constructed/repared/rehabilitated community/public infrastructure and facilities	5
	Number of HHs assisted by constructed/repared/rehabilitated house/apartment that meet environmental criteria	3.1k
	Number of HHs assisted by constructed/repared/rehabilitated community/public infrastructure and facilities that meet environmental criteria	18

**Sectoral Activities**

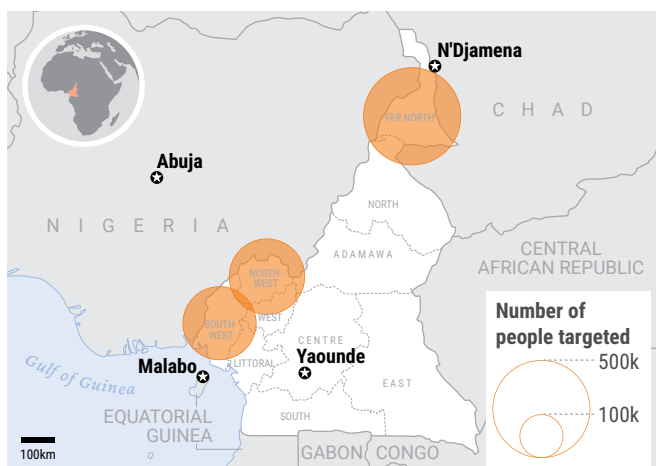
Training of targeted households and communities on disaster risk reduction and construction related skills and capacities

<b>INDICATORS</b>	Number of people trained in construction	956
	Number of people trained in disaster risk reduction	529

## 3.7 Water, sanitation and hygiene



### Number of people targeted by region



#### PEOPLE IN NEED

**2.3M**

#### PEOPLE TARGETED

**1.5M**

#### REQUIREMENTS (US\$)

**\$16.6M**

#### NUMBER OF PARTNERS

**18**

#### CONTACT PERSON

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### Objectives

In 2024, about 1.5 million among the 2.3 million people in need of humanitarian WASH assistance are targeted. This includes about 400,000 IDPs, 300,000 returnees and 700,000 host community members.

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

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

### Response priorities

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

- Access to sustainable safe drinking water in affected communities will be increased through the construction of water points, such as solar powered water supply systems or water catchment systems. Water trucking will be used only at the onset of new

displacement of population. To contribute to climate change mitigation measures, priority shall be given to small solar powered water supply systems which will incorporate lighting for water points to prevent GBV and improve quality of services.

- Community mobilization in addressing sanitation needs will be strengthened by considering lessons learnt from sanitation projects in the South-West, North-West and Far North regions, which showed that the WASH strategy to address aspects of improving access to sanitation services required adaptation. Rather than constructing community latrines, communities and households will be supported to build family latrines. Community latrines will only be built during a rapid and large onset of new displacement.
- Integrated cholera response. For more efficiency, cholera risks will be integrated in all WASH interventions. This will entail the use of cholera tools during awareness raising campaigns, promotion of handwashing with soap, and/ or the systematic control of water quality at household level.
- Innovations: The improvement of water and sanitation services, especially in insular areas in the South-West region, has been limited by technical challenges such as high-water table, salinity of water, rocky formation of the soil affecting the

construction of water and sanitation facilities, as well as social challenges including lack or reluctance to provide land spaces for construction of community latrines in some IDP sites. To mitigate these challenges, innovative technologies such as biofil latrines, ecosan latrines, and desalinization of water will be piloted in these areas.

### Humanitarian-Development-Peace Nexus

It has been noted that in some regions, such as in the Far North, there is the need to link the sustainability of interventions and investment of humanitarian actors with municipal development plans. In 2024, the WASH Sector will put an emphasis on the collaboration between humanitarian WASH actors and municipalities for the delivery of WASH interventions. Notably, for interventions such as water point management, the beneficiary community will be implicated in the methodologies and mechanisms adopted by the concerned municipality.

### Monitoring

The WASH Sector will monitor the response and its progress through a decentralized approach. The regional sector (in the Far North) and cluster (in the South-West and North-West) coordination platforms will be strengthened to monitor the response using the 5W matrices. The WASH Sector's Information

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

### Financial requirements

The WASH Sector will require US\$16.6 million for its 2024 humanitarian response. The funds requirements have been estimated on the basis of the project-based cost methodology. The reasons for the budget decrease from US\$ 28.8 million in 2023 are related to the strategy adopted by the WASH Sector which has focused investments on sustainable WASH infrastructure due to the climate change challenge. These innovations do not merit large-scale implementation in this first year of experimentation. They therefore concern only a little number of infrastructures such as solar powered water systems rather than manual pump, and the management of WASH services at the municipality level rather than at the community level. In some areas, such as in insular areas, the operating environment requires a few innovative drinking water provision and sanitation services. If these innovations are well managed this year, they will be scaled up next year.

#### Sector Objectives

Improve sustainable access to basic sanitation and safe drinking water to vulnerable people  
Contributes to Strategic Objective 1

**TARGET**

<b>INDICATORS</b>	Number of men, women, girls, and boys with sustainable access to safe drinking water	443.5k
	Number of men, women, girls, and boys provided with sustainable basic sanitation services	1.1M

#### Sectoral Activities

Construction of water points (boreholes, small water supply network...)

<b>INDICATORS</b>	Number of taps constructed or rehabilitated	4.6k
	Number of boreholes constructed or rehabilitated	2.3k
	Number of men, women, boys, and girls provided with sustainable access to safe drinking water (disaggregated by geographical area)	443.5k



**Sectoral Activities**

Construction of gender-sensitive latrines in IDP sites host communities

<b>INDICATORS</b>	Number of gender-segregated community latrine cubicles built in IDP sites and host communities	2.7k
	Number of gender-segregated family latrine cubicles built in IDP sites and host communities	68.2k
	Number of men, women, girls and boys beneficiaries of newly constructed latrines	1.1M

**Sectoral Activities**

Construction of gender and disability sensitive latrines

<b>INDICATORS</b>	Number of latrine cubicles constructed	500
	Number of health facilities that benefited of latrine constructions	150

**Sectoral Activities**

Support solid waste management in IDP sites

<b>INDICATORS</b>	Number of waste bins distributed	2.2k
	Number of bathroom cubicles constructed in sites	2.7k
	Number of waste pits constructed	545

**Sector Objectives**

Reduce the risk of poor hygiene-related morbidity and mortality of affected population in crisis affected areas

Contributes to Strategic Objective 1

**TARGET**

<b>INDICATORS</b>	Number of men, women, girls, and boys provided with a minimum WASH kit based on their vulnerabilities	1.4M
	Number of people reached by awareness raising campaigns on the promotion of good hand washing practices	1.4M

**Sectoral Activities**

Distribution of WASH kits to boys, girls, men, women, families, PWD and old people

<b>INDICATORS</b>	Number of girls and women benefiting from menstrual hygiene management kit	762.3k
	Number of kits distributed to vulnerable households	291.8k
	Number of men, women, boys and girls who received a WASH kit	1.4M

**Sectoral Activities**

Promotion of safe hygiene and sanitation practices amongst vulnerable people

<b>INDICATORS</b>	Number of affected populations who know how to provide feedback and complaints to humanitarian actors	1.4M
	Number of people reached along awareness raising campaigns or hygiene promotion of good wash practices	1.4M

**Sectoral Activities**

Emergency WASH needs assessments, surveys, studies, and others

<b>INDICATORS</b>	Number of divisions covered by WASH assessment	19
	Number of KAP studies conducted	38
	Number of WASH needs assessments in affected areas	38

**Sector Objectives**Reinforce the capacity and coordination of local actors to improve WASH services and resilience of affected populations  
Contributes to Strategic Objective 1**TARGET**

<b>INDICATORS</b>	Number of functional sectorial group/cluster	5
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**Sectoral Activities**

Capacity-building of WASH actors in WASH relative issues

<b>INDICATORS</b>	Number of organizations trained on WASH themes	78
	Number of water user committees trained	2.3k
	Number of water user committees established / dynamized	2.3k
	Number of community mobilisers (community health workers, volunteers, animators...) trained on WASH issues	7.5k

**Sectoral Activities**

Coordination of WASH activities actors in emergency situations

<b>INDICATORS</b>	Number of lessons learnt documents produced	3
	Number of Quarterly productions of sectoral information management (IM) products (3W, contact lists, factsheets)	4
	Number of functional regional sectoral/cluster groups	4

## 3.8 Coordination and support services



PEOPLE IN NEED	PEOPLE TARGETED	REQUIREMENTS (US\$)	NUMBER OF PARTNERS
N/A	N/A	\$14.0M	9

### CONTACT PERSONS

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### Objectives

- Strengthen inclusive humanitarian coordination and advocacy.
- Improve the quality of humanitarian action through strengthened evidence-based, gender, age and diversity sensitive analysis and programming.
- Strengthen safe humanitarian access, including by promoting the respect of international law.
- Increase the reach, effectiveness, and accountability of humanitarian action by increasing meaningful collaboration with and respect for the role of local actors.
- Strengthen engagement for accountability to affected populations by all stakeholders.
- Strengthen the HDP collaboration to support sustainable solutions for communities affected by crisis.

### Ensure effective and context-specific humanitarian coordination

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

expanded, and humanitarian principles are respected.

The HCT will maintain and reinforce high-level engagement with relevant Government interlocutors and UN member states. The HCT is committed to further strengthen intersectoral, inter-cluster and sectoral coordination mechanisms at the national and sub-national levels to support the implementation of the 2024 HRP.

OCHA continues to be crucial in supporting the various coordination mechanisms at national and sub-national levels and to ensure overall coherence between strategic and operational decision-making bodies. UNHCR will continue to lead the multisectoral refugee response coordination.

The participation of the NGOs in the coordination forums is key to improve the understanding of the situation and challenges, and to ensure an effective and well-coordinated humanitarian programming and response. At national level, international NGOs, their platform CHINGO, and the platform of national NGOs CHOI are members of the HCT and observers of the Inter-Sector. At sub-national levels, different NGOs, including national NGOs, play the role of Sector/Cluster co-leads. The OCHA-NGO meetings at national and sub-national levels will continue facilitating information sharing and the identification of joint solutions to operational challenges.

Coordination actors and partners, in consultation with the Inter-Sector and Inter-Cluster groups and with the support and full engagement of the Cluster and Sector coordinators, will continue to carry out inter-sectoral vulnerability and needs analyses, including rapid assessments, displacement tracking, and return intention monitoring, to ensure evidence based and context specific responses. Data collection, analysis and response planning are considering the distinct risks, needs and vulnerabilities of women, girls, men, boys, older people, and persons with disabilities. Christian Blind Mission (CBM) will continue to support the humanitarian community in mainstreaming disability inclusion in humanitarian action.

It is a priority of the humanitarian community in Cameroon to increase Accountability to Affected Populations, the Protection from Sexual Exploitation and Abuse, Localization, and the HDP Nexus as outlined in chapters 1.2 and 1.3. Coordination actors will contribute to and try to measure progress on these important issues, as evidenced by the coordination objectives 4 to 6 and the attached indicators included in the coordination framework.

As indicated in sectoral objective 3, coordination actors

are committed to support the humanitarian community in promoting and reinforcing safe humanitarian access. This will be achieved through efficient information sharing, including on security context and threats, robust civil-military coordination, principled access negotiations, and effective and efficient air transport, as outlined in chapter 1.4 of this HRP.

## Costing

The Coordination Sector needs 14 million USD to implement the activities planned in 2024.

The main costs for this sector are related to facilitating national and sub-national inter-sectoral and sectoral coordination, undertaking multi-sectoral assessments and displacement tracking. Humanitarian access will be supported through sharing of security information, sensitization and training on humanitarian principles, access negotiations and civil-military coordination, field missions, and the transport of staff and cargo through UNHAS.

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

<b>Sector Objectives</b>		<b>BASELINE</b>	<b>NEED</b>	<b>TARGET</b>
Strengthen inclusive humanitarian coordination and advocacy Contributes to Strategic Objective 1				
<b>INDICATORS</b>	Number of multi-donor discussions organized to promote the funding of an HRP which is published in a timely manner and adequately addressing the distinct assistance and protection needs of women, girls, men and boys, including older people and people with disabilities	4	4	4
<b>Sectoral Activities</b>				
Coordinate an inter-sectoral response to new emergencies				
<b>INDICATORS</b>	Percentage of new emergencies which are followed by prompt inter-sectoral meetings, missions, and the issuance of timely situation reports	NA	100%	80%

<b>Sector Objectives</b>				
Improve the quality of humanitarian action through strengthened evidence-based, gender, age and diversity sensitive analysis and programming Contributes to Strategic Objective 1				
		<b>BASELINE</b>	<b>NEED</b>	<b>TARGET</b>
<b>INDICATORS</b>	Percentage of humanitarian actors who consider gender, age and diversity and in their needs analysis and response reports	NA	100%	70%
<b>Sectoral Activities</b>				
Enhance consideration of gender, age, and diversity to reinforce the quality and effectiveness of humanitarian programming				
<b>INDICATORS</b>	Percentage of commitments made during disability inclusion trainings followed up on	NA	100%	60%
<b>Sectoral Activities</b>				
Organize or facilitate displacement tracking and joint needs assessment exercises				
<b>INDICATORS</b>	Number of Multisector Needs Assessments conducted	5	3	3
<b>Sector Objectives</b>				
Strengthen safe humanitarian access, including by promoting the respect of international humanitarian and human rights law Contributes to Strategic Objective 1 and 3				
		<b>BASELINE</b>	<b>NEED</b>	<b>TARGET</b>
<b>INDICATORS</b>	Percentage of new emergencies which are followed by prompt inter-sectoral meetings, missions, and the issuance of timely situation reports	NA	100%	80%
<b>Sectoral Activities</b>				
Improve humanitarian access through information sharing and advocacy, the development of context specific access strategies, access missions, access and CMCoord WG meetings and trainings/sensitizations on humanitarian principles and CMCoord				
<b>INDICATORS</b>	Number of people sensitized/trained on CMCoord, humanitarian principles and access	300	360	360
<b>Sectoral Activities</b>				
Provision of Humanitarian Air Service in Cameroon				
<b>INDICATORS</b>	Number of flights (Yaounde-Maroua-Ndjamena and back) conducted	96	156	150
<b>Sectoral Activities</b>				
Collect, analyze and disseminate critical security and safety information				
<b>INDICATORS</b>	Number of quarterly access analysis reports covering the Far North and the NW and SW produced	4	4	4

<b>Sectoral Activities</b>				
Improve respect of International Humanitarian Law through engagement with civilian authorities		<b>BASELINE</b>	<b>NEED</b>	<b>TARGET</b>
<b>INDICATORS</b>	Number of meetings of consultation framework with government authorities	25	40	30
<b>Sector Objectives</b>				
Increase the reach, effectiveness, and accountability of humanitarian action by raising investment and respect for the role of local actors Contributes to Strategic Objective 3				
<b>INDICATORS</b>	Percentage of HCT meetings at least 3 NNGO members participated	NA	100%	80%
<b>Sectoral Activities</b>				
Give greater recognition and visibility to the efforts, roles, and contributions of local actors				
<b>INDICATORS</b>	Percentage of operational humanitarian NNGO who report on the 5W	NA	NA	60%
<b>Sector Objectives</b>				
Strengthen engagement for accountability to affected populations by all stakeholders Contributes to Strategic Objective 3		<b>BASELINE</b>	<b>NEED</b>	<b>TARGET</b>
<b>INDICATORS</b>	Percentage of complaints submitted through community-based feedback and complaints mechanisms have been responded to	68%	100%	80%
<b>Sectoral Activities</b>				
Strengthen accountability through community-based feedback and complaint mechanisms, including on protection from sexual exploitation and abuse				
<b>INDICATORS</b>	Percentage of people interviewed for the MSNA who feel that the information they receive from humanitarian actors is communicated clearly	27%	100%	50%
<b>Sector Objectives</b>				
Strengthen the HDP collaboration to support sustainable solutions for communities affected by crisis Contributes to Strategic Objective 3		<b>BASELINE</b>	<b>NEED</b>	<b>TARGET</b>
<b>INDICATORS</b>	Number of people benefiting from integrated sets of interventions in the Logone Birni convergence zone	NA	NA	1.0k
<b>Sectoral Activities</b>				
Mobilize HDP actors and prepare tools to carry out joint analyzes in at least two priority convergence zones				
<b>INDICATORS</b>	Number of areas of convergence with a completed joint analysis to inform a coherent planning and delivery of services by HDP stakeholders	1	12	2



## Part 4: Multi-sector refugee response

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### MINAWAO, FAR NORTH REGION

Refugees waiting for the registering at the Gourounguel transit centre

Photo: OCHA/Bibiane Mouangue



PEOPLE IN NEED	PEOPLE TARGETED	REQUIREMENTS (US\$)	NUMBER OF PARTNERS
588k	470k	\$103.5M	9

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**Country Refugees Response Plan (CRRP) strategic objectives within the framework of the HRP**

- Carry out protection and coordination in accordance with international standards.
- Gradually improve access to basic social services.
- Strengthen resilience and social cohesion.
- Explore and support specific stages of implementation of durable global solutions.

The humanitarian situation continues to be fragile in Cameroon. The country hosts more than 484,969 refugees and asylum seekers,<sup>34</sup> mainly from Nigeria and the Central African Republic (CAR). Figures are on the rise, with unexpected new crises such as climate change effects, conflict because of resources e.g between farmers and herders, and the arrival of Nigerian and Chadian refugee victims of floods. The people we care for already live in a context of vulnerability, which is exacerbated by the impact of the Russian-Ukrainian crisis on the global economy, which has manifested itself in Cameroon through a significant increase in raw material prices. This accentuates household poverty as well as food insecurity.

The Refugee Response Plan will rely on the following three areas of intervention to help achieve its strategic objectives within the HRP framework:

- Strengthen the protection response to ensure the response is predictable, effective, evidence-driven, community-based, and impactful.
- Strengthen the coordination of the refugee response as per the Refugee Coordination model.
- Finding solutions for the most vulnerable refugees

(self-reliance, government capacity building, repatriation, resettlement, legal integration, socio-economic inclusion, access to credit and capital, savings, entrepreneurship).

**Operationalization of the Refugee Response Plan**

The emphasis will be placed on achieving the three strategic axes of the Multi-Year Multi-Partner (MYMP) strategy 2022-2026, with the aim of making significant progress in improving the lives of refugees and people at risk. For the sake of consistency, the results framework linked to this Refugee Response Plan is designed according to the requirements of the new results-based planning approach, in line with the five strategic orientations of the High Commissioner, namely Protect, Assist, Include, Empower and Solve. It is also aligned with Humanitarian Response Plan, the UN Agenda on internal displacement, the United Nations Development Cooperation Framework (UNSDCF) and fits perfectly into the National Development Strategy SND 30.

- Protection carried out in accordance with international standards: strengthening the Government's capacity to provide effective protection to refugees and asylum seekers while providing a more predictable response to critical protection needs. This also includes all activities which are life-saving such as registration, documentation, gender-based violence, legal protection, child protection, social cohesion.
- Gradually improve access to basic social services: UNHCR and its partners, with the support of the Government, will work to ensure that more people, by age group, particularly the most vulnerable refugees, use quality basic social services in an

equitable and sustainable manner to realize their full human potential and improve their social and economic well-being: health, education, WASH, NFI, livelihood and resilience activities.

- In addition to its core protection and humanitarian activities, in conformity with the Global Compact on refugee and its supervisory role, UNHCR will encourage development actors and government to include refugees in their country plans, which will facilitate their social and economic integration and their transition from humanitarian assistance to self-reliance.
- Implementing durable solutions: In 2024, UNHCR will facilitate the submission of 1,000 refugees with specific and urgent protection needs to various resettlement countries. Focus will be on refugees who have resettlement needs and who live in rural areas where the majority of refugees in Cameroon reside. UNHCR and its partners, in close collaboration with the Government of Cameroon, are planning the facilitated repatriation of 5,000 Central African refugees in 2024 and the same number for those from Nigeria. Although the legal framework for the return of Cameroonian refugees is not yet in place, UNHCR and its partners will continue to advocate with the Governments of

Cameroon, Chad and Nigeria for the finalization of tripartite agreements to facilitate the repatriation of Cameroonians in exile and advocate with development actors to increase development aid in areas of return.

### The priority areas for 2024 within the HRP framework are as follows:

- Improving access to registration and civil documents.
- Improving the institutional framework for the management and coordination of refugees.
- Intensifying efforts to strengthen prevention, risk mitigation and response to sexual and gender-based violence, child protection.
- Improving access to basic social services.
- Strengthening social cohesion between refugees and host communities.
- Preparing for influxes of refugees (preparedness activities).
- Exploration of all opportunities for durable solutions (Repatriation, Resettlement, and complementary pathways).

#### Sector Objectives

Carry out protection and coordination in accordance with international standards  
Contributes to Strategic Objective 2

**TARGET**

INDICATORS		TARGET
	Number of refugees population are registered, documented, and benefit from a strengthened asylum offer in a favorable protection environment	26.7k

#### Sectoral Activities

Persons of Concern(PoC) access individual documentation

INDICATORS	Number of PoC registered on an individual basis with minimum set of data required	20.0k
	Number of persons we serve provided individual documentation	80.0k

#### Sectoral Activities

Potential for voluntary repatriation realized

INDICATORS	Number of refugees who voluntarily returned in safety and dignity to their country of origin	3.0k
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<b>Sector Objectives</b>		
Gradually improve access to basic social services Contributes to Strategic Objective 1		<b>TARGET</b>
<b>INDICATORS</b>	Number of people, by age group, especially the most vulnerable, including refugees and host community, use quality basic social services in an equitable and sustainable manner to realize their full human potential and enhance their social and economic well-being	38.5k
<b>Sectoral Activities</b> Nutritional well-being improved		
<b>INDICATORS</b>	Percentage Children under age 5 with severe acute malnutrition (SAM)	2%
	Prevalence of severe acute malnutrition treated each year in targeted areas	2%
<b>Sectoral Activities</b> Women, men, girls, and boys of concern to UNHCR who are GBV survivors benefit from survivor-centered services		
<b>INDICATORS</b>	Percentage of identified survivor of GBV assisted according to their need	80%
	Number of reported GBV cases	500
<b>Sectoral Activities</b> Refugee children and youth are included in a sustainable and equitable way in the national education system		
<b>INDICATORS</b>	Number of refugee children enrolled in nationally recognized primary schools	52.0k
	Number of refugee children and youth enrolled in nationally recognized secondary schools	29.5k
<b>Sectoral Activities</b> Supply of potable water increased or maintained		
<b>INDICATORS</b>	Average of liter of potable water available per person per day	15
	Number of PoCs per water tap/hand	460
<b>Sectoral Activities</b> Emergency, transitional and durable shelter provided		
<b>INDICATORS</b>	Number of PoC receiving emergency shelter in kind or cash	14.5k
	Number of PoC receiving transitional shelter in kind or cash	103.0k
<b>Sectoral Activities</b> Specific services for persons of concern with disabilities provided		
<b>INDICATORS</b>	Number of PoC with disabilities receiving specific support in -kind or Cash	27.0k
	Number of new PSN identified and follow-up	39.0k



**Sectoral Activities**

Preventative and community-based health care services provided

<b>INDICATORS</b>	Number of persons referred to secondary and tertiary medical care	3.0k
	Number of PoCs with access to MHPSS (Mental Health Psychosocial Services)	3.0k

**Sector Objectives**

Strengthen resilience and social cohesion

Contributes to Strategic Objective 3

**TARGET**

<b>INDICATORS</b>	Number of vulnerable people, in different agro-ecological zones, including youth, women and socially vulnerable groups, live in a healthier environment, sustainably manage environmental resources, including biodiversity, and are more resilient to disaster and climate change shocks	26.7k
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**Sectoral Activities**

Community based protection committees and working groups are established and efficient

<b>INDICATORS</b>	Number of functional feedback and response mechanisms established/ strengthened	50
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**Sectoral Activities**

Access to market oriented vocational training provided

<b>INDICATORS</b>	Number of PoCs having benefited from professional training and / or capacity building	350
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**Sector Objectives**

Explore and support specific stages of implementation of durable global solutions

Contributes to Strategic Objective 3

**TARGET**

<b>INDICATORS</b>	Number of refugee population who benefited to durable solution (resettlement, Repatriation)	12.6k
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**Sectoral Activities**

Access to improved agriculture, livestock and fish production

<b>INDICATORS</b>	Number of supported PoCs operating in the identified promising agro-pastoral and fisheries value chains	350
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**Sectoral Activities**

Alternative or renewable energy promoted

<b>INDICATORS</b>	Percentage of household using alternative and/or renewable energy (e.g. solar, biogas, ethanol, environmentally friendly briquet, wind)	50%
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	Percentage of household trained on energy saving practices	50%
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BAMENDA, NORTH-WEST REGION

WFP warehouse  
Photo: OCHA/Liz-Loh taylor



# Part 5: Annexes

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## MAMFE, SOUTH-WEST REGION

Rooms hosting IDPs from the NWSW crisis

Photo: OCHA/Bibiane Mouangue



## 5.1 What if we fail to respond?

### Education

Over 960,000 girls, boys and adolescents will not have access to learning opportunities and will be exposed to more protection risks.

The failure to provide access to formal and non-formal education to girls and boys affected by crises could leave thousands of children exposed to a myriad of protection risks including violence, drugs, recruitment into armed groups, family separation, Gender-Based Violence, and early pregnancies. Some 38,000 crisis-affected children and adolescents living with disabilities will not receive adequate materials to facilitate their access to quality education. More than 288,000 girls, boys, and adolescents will not have access to alternative education platforms, leading to a deterioration of their wellbeing by not receiving education in a safe and protective learning environment that is responsive to their specific needs. Some 38,000 crisis-affected children and adolescents will not receive cash transfers needed to support their schooling and more than 330,000 children affected by crisis will not benefit from school feeding.

### Food security

The sector estimates that the 1,020,000 people most vulnerable to food insecurity may have to resort to negative coping mechanisms to meet their food needs.

Worse still, a reduction in funding would further weaken their food security situation, which is heavily dependent on humanitarian aid, with women and children hardest hit. In the absence of sufficient funds, rations will be reduced, and some beneficiaries will receive no aid at all. This will exacerbate food insecurity and malnutrition among vulnerable populations. People affected by crises and emergencies will not receive adequate assistance and are therefore likely to resort to extremely negative coping mechanisms to access food, including the sale of goods, theft, survival sex and reduced meals,

with serious consequences for their food security and nutritional status. Pressure on the already limited natural resources of host communities could increase, with the risk of exacerbating conflicts between different communities.

### Health

Without Health Sector intervention in 2024, 777,300 people including 205,000 children, 12,000 older people, and 11,000 persons with disabilities will not receive essential healthcare exposing them to death or severe disabilities. There will be a surge in morbidity and mortality among Internally Displaced Persons (IDPs) with a sharp rise in cases of malaria, respiratory infections, diarrheal diseases, as well as other infectious and epidemic diseases like cholera, due to low vaccination coverage in hard-to-reach areas. The absence of adequate health personnel, equipment, and medicines in health facilities will hinder their ability to provide quality care. The consequences are dire for vulnerable women as well. Approximately 62,000 women at risk will not receive antenatal consultations or have access to safe deliveries. The absence of emergency transportation will lead to preventable death of women from delivery complication. Epidemics outbreak will cause high case fatality and excessive morbidity due to late detection at community level. Fear will hinder people in accessing healthcare even in places with improved security situations.

### Nutrition

Lack of nutrition services will cost the lives of most vulnerable children and stunt their future. Over 105,000 children under five years will not receive life-saving treatment for Severe and Acute Malnutrition, 100,000 boys and girls aged 6 to 23 months and more than 12,000 pregnant and lactating women will not be enrolled in the BSFP.

The protracted crises in Cameroon are exacerbated by underlying structural problems that trap populations

in a state of constant precariousness, causing spikes in acute malnutrition and stalling progress against stunting despite humanitarian assistance. Stunting in early childhood affects child development and future economic potential. A child with severe stunting is 5.5 times more likely to die than a healthy child, and when stunting and wasting are both present, the risk is 12.3 times higher. This highlights the need well-coordinated humanitarian and development actions that address food insecurity and malnutrition to save lives and build resilience. In absence of at scale and coherent nutrition package in the response, 105,000 boys and girls aged 6 to 59 months will not receive life-saving treatment for SAM, 100,000 boys and girls aged 6 to 23 months and over 12,000 pregnant and lactating women will not be enrolled in the BSFP, and 165,000 boys and girls 6-23 months will not receive micronutrient powders for home-based food fortification in humanitarian context.

## Protection

Some 1.4 million crisis-affected persons will continue to be exposed to greater human suffering, human rights violations, and face serious challenges in accessing basic services.

Should we fail to respond as protection actors, the most vulnerable populations will be placed at heightened risk of further attacks and threats to lives. Freedom of movements will be further curtailed thus effectively destroying the ability of affected populations to build resilience and rebuild their lives. This inability will further expose girls, women, boys and men to exploitation and abuse. Additionally, affected populations will not be able to access certain life-saving services, notably referrals to specialized services.

If we fail to implement protection activities such as rights awareness and sensitization campaigns, the communities will be rendered incapable of claiming and defending their rights. Some 26,700 crisis-affected people will not benefit from the issuance of civil identity documentation, 25,150 persons will not receive legal assistance to address the violation of their rights and 23,850 persons will not benefit from targeted protection assistance which is geared towards improving their lives and wellbeing. The

Protection Sector will not reach 21,550 persons living with disability in need of critical assistance. Without protection monitors and workers on the ground, vulnerable people remain invisible within their communities, continue to be exposed to abuses and have no access to life-saving services.

## Child protection

If we fail to respond, the child protection system will be weakened, children's protective environment will be threatened, vulnerabilities will increase, forcing children and caregivers to adopt negative coping mechanisms (enrollment in armed groups, sexual exploitation, child labor, early pregnancy, school dropout etc.) and long-term traumas for children and their communities. 596,000 children and their caregivers will not access mental health or psychosocial support.

In fact, children at risk of violence, abuse and exploitation will not receive appropriate case management services. Children affected by ongoing crises, living with emotional scars and lasting psychological trauma will be deprived of psychosocial support, education in safe and protected environment and will, in the future, not be able to have a normal, productive, and dignified life again. Over 18,000 Unaccompanied and Separated Children (UASC) will be left without support if we fail to respond, which is a major risk for children and their communities. They will not be reunified with their families or even access family-based care or appropriate alternative services. Furthermore, over 2,000 survivors of GBV will not be able to access to special care and more than 1,400 children exited from armed groups will not benefit from reintegration services. Children escaping armed groups and forces, going into hiding because of fear of reprisals against them or against their families will remain excluded from communities and will risk being re-recruited and used again by parties to conflict, fueling further armed violence against civilians.

If we fail to respond, the efforts and results obtained previous years with government partners, local organizations, including the Community Based Child Protection Mechanisms, will not be capitalized. This will fragilize the frontline actors in the prevention and response to violence against children.



## Gender-based violence

600,000 women and girls will be left exposed to Gender Based Violence and 10,000 survivors would not have access to critical GBV life-saving services.

GBV violates fundamental human rights, affecting disproportionately women and girls with life-threatening consequences to survivors physical, emotional, and social well-being. If we fail to provide GBV services, survivors will be exposed to greater harm, including fatal consequences. Their safety, dignity and well-being will continue to deteriorate and their ability to access critical lifesaving services jeopardized. Gender-based violence affects survivors' physical, emotional well-being and capacities and will constitute a barrier for survivors to access other community services, opportunities, and resources. Unaddressed GBV impacts families' members, communities and the whole nation creating cycles of violence in abusive families and communities which will normalize violence.

If we fail to implement GBV prevention activities, communities' members will further tolerate violence and women and girls will not have information on why, where, and how to access services. Survivors will continue to suffer in silence without knowing they have the right and possibility to be supported and heal. In addition, community members will further normalize violence ignoring it is a violation of human rights. The attitude of service providers, family and community will continue to discourage survivors to speak and to seek services. Some 284,395 community members as well as traditional and religious leaders will not benefit from GBV awareness and prevention activities and 1,008 services providers will not be trained on GBV service provision, leaving survivors without adequate care and leading to an uncondusive environment for GBV prevention and response among decision makers and services providers.

## Housing, land, and property

204,000 people will not be able to enjoy HLP rights. Returnees need support to access land and resume agricultural activities as their main source of livelihood and to recover property from secondary occupants.

Forcibly displaced populations do not have secure tenure and are at risk of forced eviction. Without assistance, over 39,000 people will not be able to receive the legal assistance required to restore their land, housing, and property rights, some 115,000 people will not be able to benefit from individual and community sensitization on their rights and obligations regarding housing, land, and property with long term negative impact on their capacity to solve arising land disputes and protect themselves from exploitation. Without the support and counseling of the HLP actors, women, and girls, especially, will continue resorting to negative coping mechanisms to pay their rent.

## Shelter/non-food items

Adequate housing is a fundamental human right and essential contributor to health. If we do not respond, then 1,1 million people will be more exposed to negative physical and mental health, food insecurity, discrimination, isolation, violence.

IDPs sharing accommodation with host families in overcrowded conditions will suffer from improper sanitation and inadequate ventilation risking the transmission of diseases or chronic conditions brought on by stress and trauma. The lack of privacy exposes especially women and girls to serious risks of GBV. Households displaced to areas with limited services and no access to shelter and NFI are at risk of further displacement as they continue to search for alternative locations where basic social services and structures are available, postponing medical care and education. At the environmental level, housing challenges impact acquisition, storage, and preparation of healthy foods. Without proper bedding, the affected people are left to sleep on the floor or outside, where they are exposed to vector-borne diseases or the risk of GBV. The lack of shelter could lead to death for the most vulnerable or the adoption of negative coping strategies such as early marriage and economic exploitation. For those who are living in, or who have returned to damaged or burnt shelters, lack of immediate repairs further degrades living conditions causing foundations and structures to decay and serve as a debt obstacle to resuming lives delaying recovery. The financial burdens on populations rendered homeless, lacking means to

purchase property, or pay hefty rents charges, put them at heightened risk of forced evictions.

### **Water, sanitation, and hygiene**

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

While it is acknowledged that proper sanitation, hygiene, and safe drinking water reduce undernutrition

and stunting in children by preventing diarrheal and parasitic diseases, equally, insufficient access to WASH services can lead to gender-based violence. With the cholera epidemic underway, the situation is more worrying and dangerous than ever for these populations in need. It is therefore critically important to ensure the provision of safe hygiene practices, support the delivery of adequate water and sanitation services, and ensure that affected communities can access and use these services.

## 5.2 Participating organizations

ORGANIZATION	SECTORS	PROJECTS	REQUIREMENTS (US \$)
Action Contre la Faim - Action Against Hunger International	Coordination and Support Services   Food Security   Health   Nutrition   Protection   Refugee Response   Shelter and NFI	5	5.7M
Action Contre la Faim - France	Coordination and Support Services   Food Security   Health   Shelter and NFI	2	2.1M
Action Dynamique pour le Bien-être des Femmes et Enfants Vulnérables au Cameroun	Education   Protection	4	466.4k
Action for Sustainable Development and Environmental Protection for Communities	Shelter and NFI	1	36.4k
Action pour le Respect des Droits de l'Homme et la Dignité Humaine	Protection	2	630.0k
Action Sociale aux Populations Sinistrées ou Victimes des Menaces	Education   Food Security	6	704.3k
Afoni Children of Hope Foundation	Food Security   Protection   Water, Sanitation and Hygiene	3	905.0k
Afrique Solidarité - Cameroun	Water, Sanitation and Hygiene	1	500.0k
Agence de Développement Economique et Social	Shelter and NFI	1	1.0M
Agency for Technical Cooperation and Development	Protection   Shelter and NFI	1	270.0k
Alliance for Community Initiative	Protection	1	373.3k
Alliance for International Medical Action	Protection	1	809.6k
ARCS Arci Culture Solidali APS	Health   Protection	1	477.3k
Association Cameroon Green Land Network	Protection	1	250.0k
Association des Animateurs et Encadreurs en Développement Communautaire	Shelter and NFI   Water, Sanitation and Hygiene	2	769.2k
Authentique Memorial Empowerment Foundation	Protection	1	40.0k
Bihndumlem Humanitarian Association of Peace and Hope	Protection	1	192.1k
Bogi Health Organization for Development	Education   Water, Sanitation and Hygiene	1	368.2k
Cameroon Baptist Convention Health Services	Health   Nutrition   Protection   Shelter and NFI   Water, Sanitation and Hygiene	5	3.6M
Cameroon Red Cross Society	Food Security   Health   Nutrition	1	900.0k
Cameroonian Humanitarian Organizations Initiative	Food Security   Protection   Shelter and NFI	1	250.0k
CARE France	Refugee Response	1	1.0M
Caritas - Kumba	Health   Nutrition   Protection   Water, Sanitation and Hygiene	4	1.1M
Caritas Bamenda	Protection	1	100.0k
Caritas Cameroun	Protection	1	199.7k
Caritas Kumbo	Nutrition   Protection	2	103.9k



Caritas Mamfe	Protection	1	100.0k
Catholic Relief Services	Food Security   Shelter and NFI	1	2.5M
Cellule d'Appui au Développement local Participatif Intégré	Food Security	1	192.0k
Center for Research, Education and Resources Distribution to the Rural and Underprivileged People	Protection	1	30.0k
Club des Jeunes Aveugles Réhabilités du Cameroun	Protection	2	623.5k
Comité Diocésain des Activités Soociales et Caritative de Yagoua	Food Security   Water, Sanitation and Hygiene	1	728.1k
Community Health and Social Development for Cameroon	Education   Food Security   Health   Nutrition   Protection   Shelter and NFI   Water, Sanitation and Hygiene	10	4.8M
Community Humanitarian Emergency Board	Education	1	51.8k
Community Initiative for Sustainable Development Cameroon	Food Security   Nutrition   Shelter and NFI   Water, Sanitation and Hygiene	4	1.4M
Coordination Of Humanitarian International NGOs	Coordination and Support Services	1	270.5k
Cornerstone Enrichment Services	Protection	2	425.5k
Danish Refugee Council	Food Security   Protection   Refugee Response   Shelter and NFI	3	2.2M
DEMTOU Humanitaire	Health	2	646.7k
EducAid Onlus	Health   Protection	1	30.2k
Education Fight Aids, Cameroon	Education   Food Security   Protection   Water, Sanitation and Hygiene	2	1.8M
Education for All	Education	2	100.0k
Family Outreach International, Inc.	Protection	1	20.0k
Femme Action et Développement au Cameroun	Protection	1	120.6k
Food and Agriculture Organization of the United Nations	Food Security   Nutrition	3	15.9M
Foundation for Inclusive Education	Protection	1	60.0k
Global Community Rescue	Health   Protection   Water, Sanitation and Hygiene	3	1.0M
Global Welfare Association	Education   Protection	4	482.0k
Good Hope Charity Organization	Protection	1	20.0k
Green Partners Association	Education	1	642.5k
Hope for a better Future	Protection	1	331.5k
International Medical Corps UK	Food Security   Nutrition   Refugee Response	3	2.3M
International NGO Safety Organisation	Coordination and Support Services	1	350.0k
International Organization for Migration	Coordination and Support Services   Health   Protection   Shelter and NFI   Water, Sanitation and Hygiene	2	11.4M
International Rescue Committee	Education   Food Security   Protection   Shelter and NFI   Water, Sanitation and Hygiene	5	4.5M
INTERSOS Humanitarian Aid Organization	Food Security   Protection	2	3.4M
Islamic Private Education Secretariat	Education	1	36.3k
ITAKA Cameroon	Education   Food Security   Health   Nutrition   Protection   Water, Sanitation and Hygiene	8	4.3M

Mani Queen Consultancy and Counseling Services	Education	1	10.0k
Martin Luther King Jr Memorial Foundation	Education   Protection   Water, Sanitation and Hygiene	4	3.5M
Mike Yanou Foundation	Protection	1	60.0k
Nkong Hill Top Association for Development	Protection	1	100.0k
Norwegian Refugee Council	Education   Food Security   Protection   Refugee Response   Shelter and NFI	9	13.1M
Office for the Coordination of Humanitarian Affairs	Coordination and Support Services	1	5.0M
Pan African Institute for Development West Africa	Education   Protection	2	231.7k
Plan International	Education   Food Security   Health   Nutrition   Protection   Refugee Response	10	8.0M
Première Urgence Internationale	Coordination and Support Services   Food Security   Health   Shelter and NFI   Water, Sanitation and Hygiene	4	5.1M
Presbyterian Church of Cameroon Health Services	Health   Protection	1	310.0k
Public Concern	Shelter and NFI	1	1.2M
Queen Fogang Foundation	Protection	1	25.0k
Research and Advocacy for Gender Justice	Protection   Shelter and NFI	1	928.6k
Rhema Care Integrated Development Center	Protection	1	100.0k
Society for Initiatives in Rural Development and Environmental Protection	Shelter and NFI	1	500.0k
Solidarités International	Food Security   Nutrition   Shelter and NFI	2	3.5M
Strategic Humanitarian Aid and Development Organization	Protection	1	45.0k
Strategic Humanitarian Services	Education   Food Security   Protection   Shelter and NFI	6	2.8M
Street Child Organization	Protection	1	800.0k
Sustainable Development and Humanitarian Services Foundation	Education   Food Security   Protection   Water, Sanitation and Hygiene	6	1.4M
TeenAlive Association	Education   Protection	6	744.0k
UN Women	Protection	1	3.2M
United Nations Children's Fund	Education   Nutrition   Protection   Refugee Response   Water, Sanitation and Hygiene	9	27.3M
United Nations Educational, Scientific and Cultural Organization	Education	1	1.3M
United Nations High Commissioner for Refugees	Coordination and Support Services   Protection   Refugee Response   Shelter and NFI	6	95.9M
United Nations Population Fund	Health   Protection	2	13.4M
World Economy Skills and Agro Development	Food Security   Protection	3	1.2M
World Food Programme	Coordination and Support Services   Food Security   Nutrition   Refugee Response	10	86.0M
World Health Organization	Health	2	11.1M
Youth Collectif for Peace and Sustainable Development	Shelter and NFI	1	989.2k
<b>Total</b>		<b>201</b>	<b>371.4M</b>

## 5.3 How to contribute

### Contribute to the humanitarian response plan

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

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

### Contribute through the Central Emergency Response Fund (CERF)

The CERF provides rapid initial funding for life-saving actions at the onset of emergencies and for poorly funded essential humanitarian operations in protracted crises. The OCHA-managed CERF receives contributions from various donors – mainly

Governments, but also private companies, foundations, charities, and individuals – which are combined into a single fund. This is used for crises anywhere in the world.

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

### Registering and recognizing your contributions

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

## 5.4 Acronyms

AAP	Accountability to Affected Populations	IDP	Internally Displaced Person
AoR	Area of Responsibility	IEDs	Improvised Explosive Devices
BSF	Blanket Supplementary Feeding	ISWG	Inter-Sector Working Group
BSFP	Blanket Supplementary Feeding Programme	IYCF	Infant and Young Child Feeding
BUNEC	National Office of Civil State	MEB	Minimum Expenditure Basket
CAR	Central African Republic	MHPSS	Mental Health and Psychosocial Support
CBCM	Community-Based Complaint Mechanism	MISP-SRH	Minimum Initial Services Package for Sexual and Reproductive Health
CBCPMs	Child Protection Mechanisms	MSNAs	Multisectoral Needs Assessments
CBI	Cash-based intervention	MUAC	Mid-Upper Arm Circumference
CBM	Christian Blind Mission	MYMP	Multi-Year Multi-Partner
CERF	Central Emergency Response Fund	NACS	Nutrition Assessments, Counseling and Support
CFM	Complaint and Feedback Mechanism	NFI	Non-Food Items
CH	Cadre Harmonisé	NGO	Non-Governmental Organizations
CMCoord	Civil-Military Coordination	NSAG	Non-State Armed Groups
CRRP	Country Refugees Response Plan	NWSW	North-West and South-West
CWG	Cash Working Group	PBF	Peace Building Fund program
FTS	Financial Tracking Service	PDM	Post Distribution Monitoring
GBV	Gender Based Violence	PLW	Pregnant and lactating women
GBVIMS	GBV Information Management System	PoC	Persons of Concern
HC	Humanitarian Coordinator	ProCap	Protection Stand-by Capacity
HCT	Humanitarian Country Team	PSEA	Sexual Exploitation and Abuse
HDP	Humanitarian-Development-Peace	PSEA	Prevention of Sexual Exploitation and Abuse
HLP	Housing, Land and Properties	PSN	Persons with Specific Needs
HNO	Humanitarian Needs Overview	PWD	Persons with disability
HRP	Humanitarian Response Plan	RPM	Response and Planning Module
IASC	Inter Agency Standing Committee		

RRM	Rapid Response Mechanism	UN	United Nations
SADD	Sex, Age and Disability Disaggregated	UNCT	United Nations Country Team
SAM	Severe Acute Malnutrition	UNHAS	Humanitarian Air Service
SEA	Sexual Exploitation and Abuse	UNSDCF	United Nations Development Cooperation Framework
SG	Secretary General	WASH	Water, Sanitation and Hygiene
SOP	Standard Operating Procedure	WLO	Women-Led Organizations
SRH	Sexual and Reproductive Health		
SSF	State Security Forces		
UASC	Unaccompanied and Separated Children		

## 5.5 End Notes

- 1 Please consult the Cameroon 2024 HNO for the full analysis of the context and impact of the crises. The HNO is available online under the following link: <https://reliefweb.int/node/4054519>
- 2 Minimum basic services are essential services that are critical for the survival and basic dignity of people in need. These include protection, food, nutrition, health services, WASH and shelter.
- 3 Cash plus' interventions combine cash transfers with one or more types of complementary support. For example, providing programme beneficiaries with cash transfers alongside community sensitization, economic or social skills training, nutrition education, agricultural inputs, creating savings groups etc. In the case of this activity, cash plus refers to combining cash distributions with emergency food production activities.
- 4 See chapter 4.2 on Methodology of the 2024 HNO for information about severity scale and calculation.
- 5 As of 10 December 2023, the 2023 HRP was funded at 28 per cent. The HRP 2022 was funded at 56 per cent, the HRP 2021 was funded at 53 per cent, the HRP 2020 at 49 per cent, the HRP 2019 at 43 per cent, and the HRP 2018 at 45 per cent.
- 6 See the 2023 HRP for more details about joint interventions and strategies
- 7 For examples on how different sectors are mainstreaming and integrating protection in their strategies, see the 2023 HRP. Furthermore, information per sector is included in the sectoral narratives under Part 3 of this HRP.
- 8 In 2022, the HDP Nexus Taskforce finalized a note to clarify the "peace" pillar of the triple Nexus: <https://reliefweb.int/report/cameroon/peace-nexus-cameroon>.
- 9 Detailed information on how the collective outcome and its pillars were defined in Cameroon are included in the document "The road to the HDP collective outcomes in Cameroon: <https://reliefweb.int/report/cameroon/roadmap-operationalisation-humanitarian-development-peace-nexus-cameroon-revised-may-2022>, <https://reliefweb.int/report/cameroon/la-voie-vers-les-resultats-collectifs-humanitaire-developpement-paix-au-cameroun-cadres-analytique-et-strategique-avril-2022>.
- 10 <https://reliefweb.int/report/cameroon/plan-daction-de-la-tf-nationale-nexus-2021-2023>
- 11 <https://interagencystandingcommittee.org/localisation>
- 12 At the 2024 HNO/HRP workshop in Maroua in October 2023, over 70 participants, including humanitarian, development and Government actors, agreed on the high vulnerabilities of long-term IDPs.
- 13 For more information about the overall access environment, including access to services, please see "Impact on system and services" and "Impact on access" in chapter 1.2 of the HNO 2024 on the Shocks and Impact of the crises.
- 14 PCIMAS costing study – UNICEF 2015
- 15 Please see the chapter on the Child Protection AoR's response strategy in this HRP for more details.
- 16 Please see the chapter on the GBV AoR's response strategy in this HRP for more details.
- 17 Please see the chapter on the HLP AoR's response strategy in this HRP for more details.
- 18 The Action Plan was developed based on the recommendations which resulted from the needs assessment at the Meri Disarmament, Demobilization and Reintegration (DDR) Centre, carried out in November 2022 jointly with the National Committee for DDR, UNICEF, and IOM.
- 19 The Protocol relative to the handover and care of children associated with armed forces and groups is still awaiting validation by the Government of Cameroon as of December 2023.
- 20 GBV SOPs Resource Package (2023)
- 21 Safety audit, Amchide and Kolofata, Far North region, IRC, May 2023
- 22 Humanitarian Needs Overview, Shelter Sector, 2024
- 23 Humanitarian Needs Overview, Shelter Sector, 2024, Shelter Severity and PIN maps
- 24 Shelter/NFI Cluster Strategy, NW-SW regions: <https://sheltercluster.org/north-west-south-west/documents/2022-northwest-and-southwest-cameroon-shelter-cluster-strategy>
- 25 Shelter/NFI Sector Strategy, National: <https://sheltercluster.org/cameroon/documents/cmshelter-nfi-sector-strategyjune-2022nationa>;  
Shelter/NFI Sector Environmental Profile: <https://sheltercluster.org/cameroon/documents/cameroon-shelter-environmental-country-profile-october-230>;  
Shelter/NFI Cluster, NW-SW regions, Environmental workshops: <https://sheltercluster.org/north-west-south-west/documents/nsw-environmental-workshop-main-presentation>; <https://sheltercluster.org/north-west-south-west/documents/southwest-cameroon-shelter-cluster-environmental-mainstreaming>
- 26 According to the Multisectoral Needs Assessment conducted by IOM in September 2023 and Shelter Sector analysis most shelters in Cameroon are made in mud brick.
- 27 Cash for work programs support construction skilled workers impacted by the crisis, trainings on safer building practices.
- 28 <https://sheltercluster.org/gbv-shelter-programming-working-group/documents/HRP-tip-sheet-gbv-risk-mitigation-mainstreaming>
- 29 Shelter/NFI Sector Activity Matrix, NW-SW regions: <https://sheltercluster.org/north-west-south-west/documents/shelter-kit-guidelines-and-review-2022>  
Shelter/NFI Sector Activity Matrix, National: <https://sheltercluster.org/cameroon/documents/shelternfi-sector-activity-matrix-2022>
- 30 <https://sheltercluster.org/north-west-south-west/documents/shelter-cluster-guidance-transfer-value-and-monetization-shelter>; <https://sheltercluster.org/north-west-south-west/documents/northwest-southwest-shelter-cluster-position-paper-minimum>
- 31 Shelter Feasibility Review using cash for shelter, UNHCR, October 2022: <https://sheltercluster.org/far-north/documents/unhcr-feasibility-review-using-cash-shelter202209>



32 Shelter/NFI needs assessment, funded by UNHCR, implemented by Plan International and DEDI: <https://sheltercluster.org/north-west-south-west/pages/shelter-cluster-household-assessment-northwest-and-southwest-region>

33 <https://sheltercluster.org/north-west-south-west/documents/international-rescue-committee-post-distribution-monitoring-vouche>

34 As of October 2023.



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