

HUMANITARIAN NEEDS OVERVIEW CAMEROON

HUMANITARIAN
PROGRAMME CYCLE
2021
ISSUED MARCH 2021



About

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

PHOTO ON COVER

Fatima and her family in the Guidi IDP site in Kolofata, Far North region. OCHA/Bibiane Mouangue.

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

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

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

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

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

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

www.hum-insight.com



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

fts.org/appeals/2021

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Summary of Humanitarian Needs and Key Findings

Current figures

PEOPLE IN NEED	WOMEN	CHILDREN
4.4M	25%	52%



GBITI TOWN, EAST REGION
CAR refugee in the East region, Gbiti refugee site.
Photo: WFP/Sylvain Cherkaoui

Severity of needs: current



By Age

AGE	PEOPLE IN NEED	% PIN
Children (0 - 17)	2.3M	52%
Adults (18 - 59)	1.9M	43%
Older (59+)	192k	4%



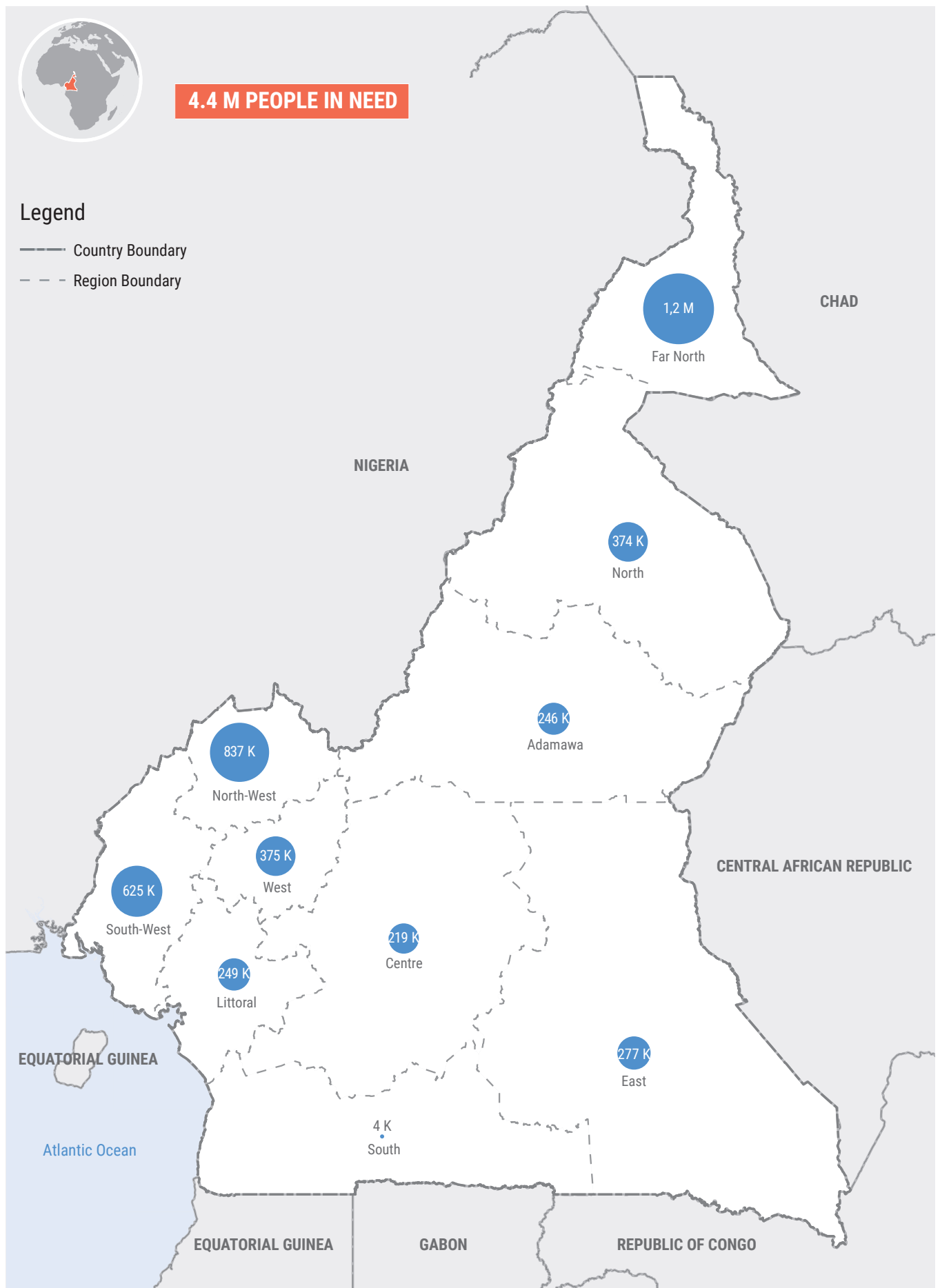
SOUTH-WEST REGION
IDP in a food distribution site.
Photo: OCHA/Giles Clarke



4.4 M PEOPLE IN NEED

Legend

- Country Boundary
- Region Boundary





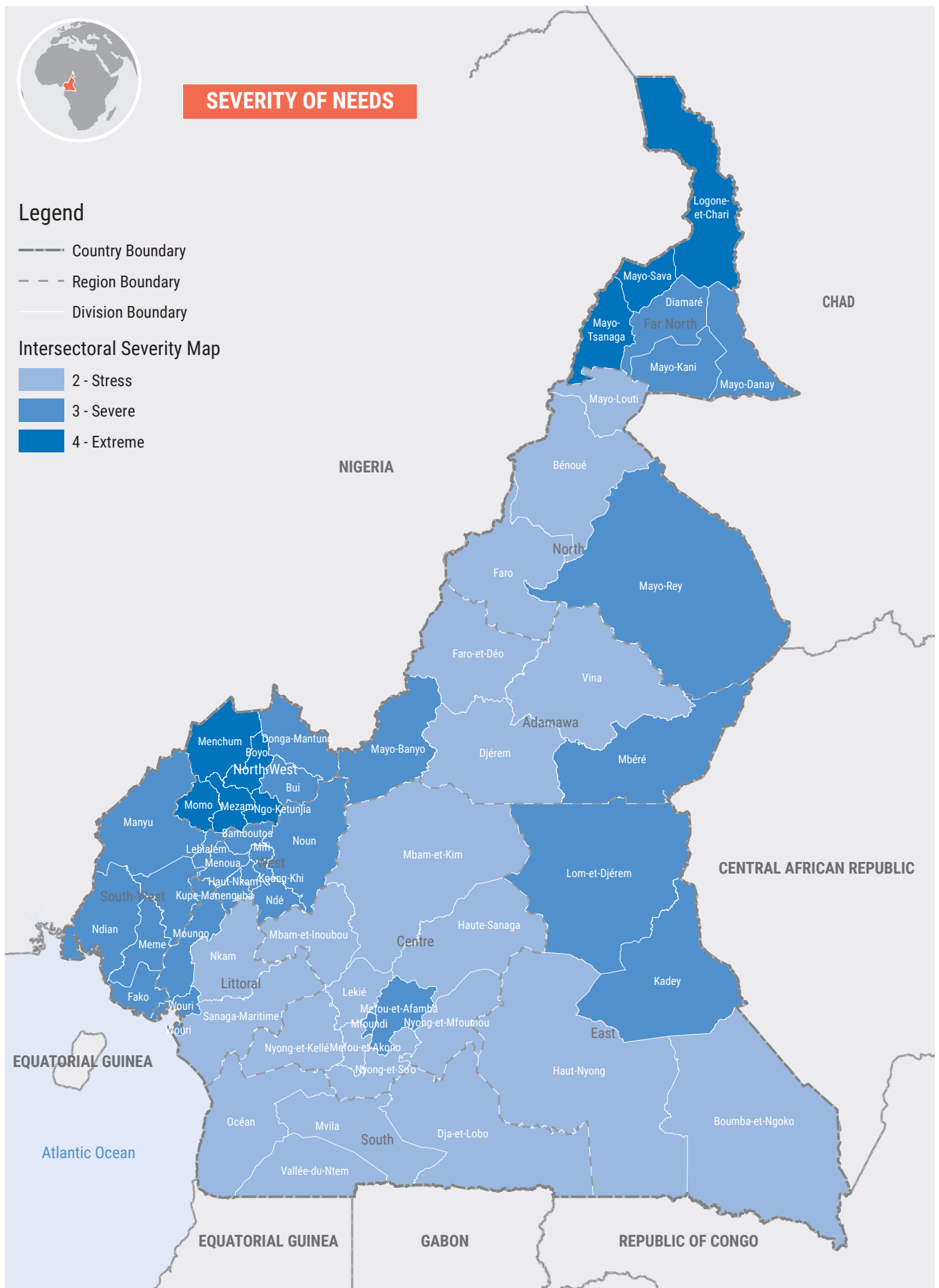
SEVERITY OF NEEDS

Legend

- Country Boundary
- Region Boundary
- Division Boundary

Intersectoral Severity Map

- 2 - Stress
- 3 - Severe
- 4 - Extreme



Part 1:

Impact of the Crisis and Humanitarian Conditions

KOLOFATA TOWN, FAR NORTH REGION

Out-of-school children in the Guidi IDP site.

Photo: OCHA/Bibiane Mouangue



1.1

Context of the Crisis

Cameroon continues to be affected by three, concurrent, complex humanitarian situations: displacement caused by continuous violence in the Lake Chad Basin and in the North-West and South-West regions and the presence of over 280,000 refugees from the Central African Republic (CAR) in the eastern regions (East, Adamawa and North). Humanitarian needs are compounded by structural development deficits and chronic vulnerabilities that further challenge the long-term recovery of affected people. Resources used to address the insecurity in the Far North and the North-West and South-West regions lead to even less State funding for the development of basic social services. The COVID-19 pandemic affected the population with over 24,500 cases confirmed and 441 deaths as of 2 December and has significantly reduced public and private revenues in Cameroon forcing the Government to reduce its 2020 global budget. In addition, the COVID-19 prevention and response measures led to an increase of costs for humanitarian operations.

Political, socio-cultural, demographic and economic profiles

The Republic of Cameroon ranks 150 out of 189 on the Human Development Index (UNDP, 2019). 39 per cent of the country's population lives below the poverty line. The country ranks 141 among the 189 countries as per its level of gender inequality. The inequality index reveals significant disparities in the three key dimensions of human development: (1) reproductive health, (2) education and (3) access to employment. Gender relations and the perception that women and men have of their role and that of the opposite sex anchor, justify and maintain unequal practices within households and society. The effects of structural gender-based discrimination against women and girls are aggravated in some of the regions affected by crises.

Despite proving resilient to shocks including the 2014 oil crisis and acute crises in the Lake Chad Basin and the North-West and South-West regions, Cameroon's economic growth is hampered by structural factors including the over-reliance on oil, high debt levels, and limited investment in job creating sectors, especially agriculture. As a result, Cameroon failed to reach its objective of achieving an average 5.5 annual per cent growth during the 2010-2020 timeframe of its Growth and Employment Strategy Paper.

In the Far North, particularly in the Lake Chad Basin area, the economic context is marked by poverty, the lack of natural resources and job and market opportunities, as well as a drastic reduction in agriculture, livestock production and tourist activities due to prevalent insecurity. Agricultural activity has come to a standstill in areas prone to repeated incursions by non-State armed groups (NSAGs) and environmental constraints, exacerbated by climate change. Meanwhile, the agro-pastoral economy is negatively impacted by the disruption of seasonal transhumance as main border transit points with Nigeria are closed and as herders transit livestock to avoid risk areas.

In the North-West and South-West regions, on-going violence and regular lockdowns have had a major impact on the local economies. Violence and insecurity have resulted in major displacement, affecting agricultural yields in the North-West and the abandonment of large parts of fruit, palm and rubber plantations in the South-West. Ethnic and political tensions between farmers and herders persist. Furthermore, the border with Nigeria, Africa's greatest economy, is officially closed, making trade increasingly difficult. However, unlike the North-West, the South-West has maintained a certain level of economic activities.



KOUKOUMA VILLAGE, FAR NORTH REGION

Students going to school in a canoe, due to floods.

Photo: OCHA/Bibiane Mouangue

Economic activities in the East, Adamawa, and North regions focus on trade, livestock, mining, agriculture, handicrafts, and forestry. Companies active in the areas of forestry, mining and agriculture support the local economy. The three regions have intense trade with neighboring countries (CAR, Congo, Chad) facilitated by National Road no. 10, which is the main supply route for CAR.

Central African refugees and the populations that host them share cultural, religious and linguistic affinities. The Fulani, Gbayas, Hausa, and Mboums from CAR have bonds of brotherhood and secular alliances with their Cameroonian hosts. They share the same socio-cultural characteristics that strengthen the integration of refugees and life together.

Security environment

The security situation in the Far North further deteriorated in 2020, due to the widespread insecurity in the Lake Chad region, with an increase in attacks by NSAGs, including suicide attacks and raids using improvised explosive devices (IEDs). In terms of the

wider Lake Chad Basin region, 2020 has recorded the highest monthly numbers of security incidents attributed to NSAGs since 2018. Between 1 August and 30 September 2020, the total number of security incidents in the Lake Chad Basin attributed to NSAGs increased by 130 per cent compared to the same period in 2019.¹

In the North-West and South-West regions, high levels of insecurity continue. The presence of national security forces - police, gendarmerie, army - is concentrated along the main roads and cities, leaving most rural areas under the influence of NSAGs.

Other parts of Cameroon remain stable and offer relative security, therefore welcoming many refugees and internally displaced persons from other regions (including people from the North-West and South-West regions) and neighboring countries. However, in the East, Adamawa and North regions, security incidents, including urban crime, kidnappings, robberies and community clashes continue to be reported. Certain incidents such as kidnappings are mainly reported in

the border area with CAR. However, security operations conducted by the Cameroonian defense and security forces in the CAR border areas led to a certain decrease of insecurity in these areas.

Existing legal and policy frameworks

Cameroon has adopted several international and regional conventions on human rights, international refugee law and international humanitarian law. Although there is an elaborate national legislative and regulatory framework its effectiveness is sometimes undermined by structural and administrative weaknesses.

The judicial system in Cameroon provides for courts of appeal at regional level and courts at divisional level. However, many existing laws and policy frameworks are not applied and access to the judiciary system is challenging in remote areas affected by insecurity. The population often resorts to other justice mechanisms, namely traditional chiefdoms, Imams and other community-religious mechanisms (conflict management committees, etc.) to settle their disputes.

The presence of the administration and of traditional authorities has been significantly affected by insecurity, especially in the North-West and South-West regions where NSAGs target State symbols and representatives. Furthermore, in these two regions, the implication of some customary leaders in national politics has likewise undermined their authority and acceptance by communities.

Infrastructure and technology

Cameroon has nearly 78,000 km of main roads, including 5,133 km of asphalted roads. However, in the Far North, the North-West, the East and Adamawa regions the road network is severely degraded, especially in the rainy season. The electricity network covers only a few localities and remains poor with an overall rate of household electrification at less than 15 per cent. Mobile telephone network excludes certain rural areas. In general, men have more telephone access than women.² According to the Ministry of Posts and Telecommunication, the internet penetration rate in Cameroon stands at 35 per cent as

of 2016.³ As per the World Bank, the penetration rate is stagnating since 2016.⁴

Environmental profile

Cameroon is exposed to climatic hazards (low or high rainfall depending on the season and the regions), leading to drought, floods, and landslides.

Cameroon is regularly affected by floods which cause loss of life, damage to houses, crops, livestock and road infrastructure, affecting hundreds of thousands of people at each occurrence. All regions of the country are exposed to it but those that have suffered the most serious damage to date are the Littoral, the Far North and the North regions.

Bush fires, which are often used to clear plots of land during the dry season, are a major risk of environmental destruction, especially in the savannah areas. The country is experiencing strong pressure on natural resources (wood, water, raffia palm groves, etc.) and mining.

Houses and facilities can quickly fall into ruin and be overgrown by brush growth when abandoned due to insecurity of displacement.

Pollution resulting from the exploitation of minerals and forests and the use of pesticides and insecticides in agriculture is increasing.

1.2 Shocks and Impact of the Crisis

Shocks and ongoing events

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

Shocks related to violence are on the rise in the Far North and the North-West and South-West regions.

In the Far North, the civilian population continues to be subjected to armed attacks, kidnappings, including of children, looting and destruction of property and infrastructure. A continued trend of high frequency NSAGs attacks has been observed since July 2020. According to UNDSS, the average number of monthly security incidents is 85 per cent higher for the period August to November 2020 than the average number registered from January to July 2020. Comparing over a twelve-month period (September 2019 to September 2020), the number of violent incidents linked to NSAGs in the Far North region increased by 90 per cent to 400 events. Most security incidents during this period occurred in areas bordering Nigeria of Mayo-Sava and the Mayo-Moskata sub-division (Mayo-Tsanaga division). Security threats are exacerbated during the rainy season when movements of law enforcement forces and road access are limited in many areas of the three departments bordering Nigeria, Logone et Chari, Mayo-Sava and Mayo-Tsanaga. While some deadly attacks against the Cameroonian security forces were registered in 2020, the primary victims of NSAGs attacks were civilians. 59 per cent of the cases of violence reported between September 2019 and September 2020 have been attacks against civilians.

These attacks include raids, kidnapping for both recruitment and ransom, and looting of villages and displaced persons camps.⁵

Protection partners recorded 260 targeted killing of civilians in the region from January to September 2020. Mayo-Tsanaga was the most affected with a total of 103 civilians killed by armed groups, 76 civilians were killed in Mayo-Sava and 57 civilians in Logone et Chari. 14 per cent of recorded protection incidents relate to physical violence and violation of physical integrity and 69 per cent relate to the violation of the right to property.

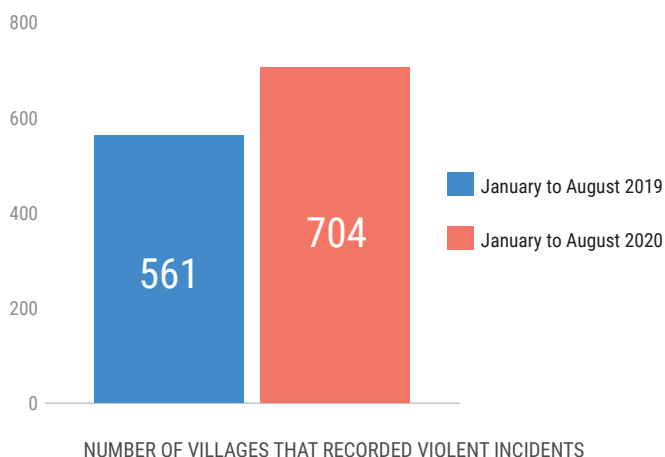
Armed attacks in the North-West and South-West regions also increased. 704 villages registered armed attacks from January to August 2020, in comparison to 561 villages during the same time period in 2019.⁶ Threats to life and personal security count for 36 per cent of the protection incidents recorded from January to September 2020.

The two regions registered a continued, overall upward trend in insecurity between May and October 2020. Since the reopening of schools on 5 October 2020, after a months-long period of school closure due to COVID-19 restrictions, a noticeable increase in school enrolment rates was followed by a spike in attacks against education. At least 19 incidents in which students, education staff and schools were directly targeted were reported between 1 September and mid-November 2020. Most of them (12) occurred in the North-West region. 42 per cent of these incidents were related to abductions or threat of abductions, while 37 per cent involved arson or physical damage to education infrastructure (including threats). Two

incidents during this period (11 per cent) involved the killing of educational staff or students.

In the eastern regions, sporadic cross-border movements of armed persons from CAR continue to be reported, as armed groups operating in western CAR along the border have expanded their territory and stepped-up attacks against state security forces and the United Nations Multidimensional Integrated Stabilization Mission in CAR (MINUSCA) in 2020. Furthermore, an increase in abductions for ransom along the CAR-Cameroon border has been noticed. The armed conflict in western CAR continues to trigger movements of vulnerable populations across the

Increase in the number of violent incidents in the North-West and South-West regions



KOUKOUMA VILLAGE, FAR NORTH REGION

Inaccessible by road and deprived of access to basic social services because of floods.

Photo: OCHA/Bibiane Mouangue



border. According to UNHCR data, there has been a 6 per cent increase in the number of CAR refugees recorded in Cameroon since May 2020.

Exceptional floods

Floods are one of Cameroon's biggest natural disaster risks and the phenomenon is recurrent, especially in coastal areas and in the Far North and North regions.

In March 2020, a windstorm accompanied by heavy rains hit the eastern region of Cameroon, damaging and flooding homes, leading to a displacement of over 500 refugee families. These winds and torrential rains have become recurrent and devastating for local people and refugees.

On 21 August 2020 heavy rains fell on the city of Douala (Littoral region). The rains caused flooding in almost the entire city. 4,400 households were affected, representing 26,400 people based on an evaluation considered as not complete by the mayors of the concerned districts.⁷

On the same day, after heavy rainfall, a huge landslide hit the Nguti subdivision in the South-West region, affecting 19 villages. Four persons were buried by the landslide, 93 houses, farmlands and livestock were destroyed.

In the Far North region, heavy rain and flooding aggravate the impact of armed violence and exacerbates existing food insecurity and poverty, especially affecting destitute households and persons displaced from previous emergencies. While the region is flood prone and some degree of flooding occurs annually due to the Logone river overflowing, in 2020 the scale was more severe. In September 2020, heavy rains impacted lowland locations, pushing people to leave their villages to less affected areas, especially in the Logone et Chari and Mayo-Danay divisions. Houses and farmland were damaged or destroyed and many roads rendered impassable, isolating villages, making it difficult to assess damages and needs and to provide assistance. The situation further deteriorated in November 2020 as downstream areas closer to Lake Chad became more impacted. This flooding affected

over 162,000 people, in comparison to 80,000 in 2019, causing substantial loss of livelihoods (loss of over 3,200 animals and the destruction of 19,676 hectares of farmland).⁸

Flooded areas in the Far North, October 2020



The COVID-19 pandemic, a new shock with multiple effects

Health impact

On 5 March 2020, the first case of COVID-19 was confirmed in Cameroon and already in April 2020, the pandemic had affected all ten regions of the country. As of 2 December, there were 24,560 confirmed cases with 441 deaths (case fatality rate 1.8 per cent). Cameroon reached the peak of the epidemic between June and July 2020. However, considering the limited implementation of prevention measures by the population and the second epidemic wave affecting countries in Europe and in the United States, the probability of continued transmission in Cameroon remains high.

As in other parts of the world, men are significantly more affected than women by the epidemic in Cameroon, both in terms of morbidity and mortality (ratio men/women: 1,4).⁹ Men, especially older men,



YAOUNDE TOWN, CENTRE REGION

COVID-19 outreach with WHO
Photo: UNRCO/Emanuel Foukou

are more affected because of co-morbidities such as heart problems, high blood pressure, or liver diseases which make them more vulnerable to COVID-19. Men also tend to observe preventive measures less than women, including distancing measures, and have a more diverse social life than their female counterparts.¹⁰ In addition, more men are getting tested than women, thus also increasing the likelihood of detecting the disease.

Overall, whilst overcrowded shelter conditions, weak health care service provision and lack of access to water supply and sanitation facilities can greatly increase the spread of COVID-19, the number of people who tested positive for the disease remained limited. However, the increasing budgetary needs for the COVID-19 response, together with the impact on the procurement and transport of health supplies, negatively affected the provision of other health services like immunization, sexual and reproductive

health and access to HIV services, tests and antiretrovirals. Routine vaccination campaigns were put on hold due to COVID-19, following which an increase in the number of cases of vaccine-preventable diseases, such as measles, was observed. COVID-19 mitigation measures implemented by the Government, coupled with already limited access to essential health care, have considerably heightened the vulnerability of the population in all regions, and particularly that of mothers and children.

COVID-19: Non-health impact

The worldwide movement restrictions have led to a general slowdown of economic and financial activities, reflected by a decrease in domestic and external demand and a break in supply chains with consequences on the national supply. Government measures introduced on 17 March 2020 led to some economic downturn with the disruption of markets and generalized school closure from March to June 2020.

However, on 30 April, the Government lifted some of the measures previously put in place after having carried out an assessment of the impact of COVID-19 on the national economy. On 1 June schools reopened for 1.2 million students out of 7 million, to allow them to prepare for and attend their examinations.

In May 2020, a national survey was released estimating the main economic and social impacts of COVID-19 on businesses and households. According to the results of this analysis, over 82 per cent of business leaders reported experiencing a decrease in production levels. Almost half of the negatively affected companies stated that they had recorded a drop of more than 50 per cent in their production. The analysis found that 63 per cent of households were experiencing a deterioration in their living standard. Primarily employed in informal, low-wage activities that are highly prone to disruption during public health emergencies, women are particularly affected.

A study carried out in the eastern regions¹¹ found that the COVID-19 pandemic led to a reduction of economic activities and difficulties to access markets, seeds and other farm tools due to movement restrictions for both refugees and their host communities. More than 50 per cent of the affected people consulted requested increased assistance to restart or reinforce their agricultural activities or to put in place small and medium size enterprises.

The pandemic complicated trade with countries in the sub-region. Trade with neighbouring countries such as Gabon and Equatorial Guinea significantly slowed down, especially for food items. This sector, which employs over 329,000 small planters, mainly in the West (62 per cent) and Centre (28 per cent) regions, and provides 1.65 million jobs, was one of the most affected. Most of the people involved in the sector lost their investment or their jobs.

56 per cent of the villages in the North-West and South-West have reported an increased scarcity of food since COVID-19 broke out and 17 per cent reported scarce availability of medicines.¹²

As the pandemic continues to considerably affect Europe and the United States, impacting global trade, the full effects on the export driven Cameroonian economy is yet to be felt. The Government already anticipated revenue losses for the 2020 and 2021 budget. The GICAM (Groupement Inter-Patronal du Cameroun - the Employers Association) demands a stimulus package to boost the private sector but the Government has yet to respond.

As in other countries, the COVID-19 pandemic had a high impact on education. The closure of schools from mid-March to the end of May 2020, left 4.5 million primary school children, 1.8 million secondary school children, 40,000 students attending vocational training, and 347,000 students pursuing higher education out of school.¹³

Violence against women and girls is a preoccupying reality in Cameroon.¹⁴ COVID-19 prevention measures such as lock downs and school closure led to a further deterioration of their protective living environment. Rates and severity of domestic violence, including sexual violence, surged as tension, in relation to the pandemic, particularly with regards to economic hardship, rose. COVID-19 and related movements restrictions affected access to Gender Based Violence (SGBV) services and protection partners, prevented humanitarian actors to implement necessary capacity-building efforts of GBV service providers and led to rely on precarious community-based response at times.

COVID-19 effects on humanitarian access

The COVID-19 pandemic travel restrictions by the Government affect operational mobility and constitute a further humanitarian access constraint. The limitation concerns mostly movements into the country and to a lesser extent within the country. In addition, access by the population to their livelihoods and to markets has been deeply affected by the pandemic, as is access to and availability of health care. Restricted access to livelihoods has impacted social support systems to the most vulnerable individuals including older people and people living with disabilities. Supply chain disruptions as a result of international border closures, affected relief operations and had serious effects on supplies and distributions to vulnerable

groups. Humanitarian staffing has also been reduced due to travel and access restrictions.

In view of the Do-No-Harm principle, humanitarian operations were adjusted to avoid contributing to the transmission of COVID-19. Life-saving activities were prioritized while less urgent humanitarian activities were put on hold at the beginning of the pandemic. While substantial disruptions of humanitarian operations impacted negatively on the provision of humanitarian aid in March and April 2020, humanitarian partners were able to successfully adapt operations and to stabilize the number of people reached as of May 2020. COVID-19 prevention and response activities were mainstreamed into all

activities. However, mitigation measures, such as the respect of social distancing during distributions, are rendering humanitarian operations more costly.

Some NSAGs in the North-West and South-West regions have denied the existence of COVID-19 in the two regions and have banned all humanitarian activities related to the pandemic, such as awareness-raising and WASH promotion activities, making their implementation at times challenging.

GBITI TOWN, EAST REGION

CAR refugees site.

Photo: WFP/Sylvain Cherkaoui



Impact on people

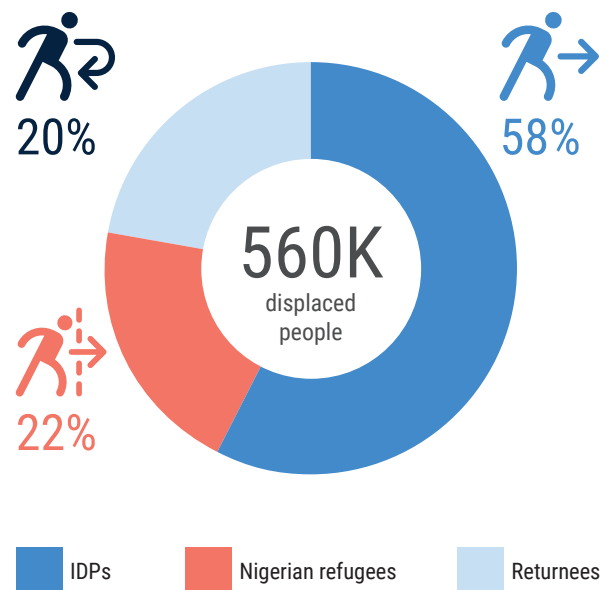
The number of displaced people in Cameroon is continuously increasing. The country is the most affected by the conflict in the Lake Chad Basin, after Nigeria. Violence in the Far North has led to a steady rise of displacement since 2014. As of September 2020, violence has uprooted 560,000 people (322,000 IDPs; 114,000 Nigerian refugees; and 123,000 returnees),¹⁵ an increase of 70,000 people since October 2019. 54 per cent of the 114,000 Nigerian refugees are women or girls, 60 per cent are children, 4.6 per cent are over the age of 60 years, 24 per cent are people with special needs. The per centage of children is even higher for the IDPs and returnees: 64 per cent being children.

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

Displaced persons continue to be particularly affected by violence. On 2 August 2020, a brutal attack took place on a site hosting 800 IDPs near the village of Nguétchéwé. At least 18 people were killed and 11 injured in the incident when assailants threw an explosive device into the makeshift camp while people were sleeping. Some 1,500 people, including terrified residents of the hosting village, fled to the nearby town of Mozogo for safety.¹⁶

The killing of seven and wounding of 14 IDPs at Kouyape on 31 August 2020 marked the second major, direct attack on displaced persons in the Mayo-Sava division within a month. Other incursions carried out by NSAGs into IDP sites in the Mayo-Sava division, without fatalities, were also recorded in August. Both,

Displacement of population in the Far North region as of September 2020



the Kouyape and Nguétchéwé attacks used body borne IEDs carried by women and/or children to kill and maim after attackers had first scattered the crowd by firing shots.

No claims of responsibility for these attacks have been made to date. However, the modus operandi used, and the location of the incidents, suggest that the Jama'atu Ahlis-Sunna Lidda'Awati Wal-Jihad (JAS) faction under Abubakar Shekau is very likely responsible. Shekau considers all people having left JAS-controlled areas (for example IDPs) as apostates and 'legitimate' targets. Furthermore, civilians are targeted for their perceived collaboration with Government forces and local vigilante committees.

In the North-West and South-West, the socio-political crisis, now entering its fifth year, has led to massive population displacements. As of August 2020, the North-West and South-West crisis has displaced over 1.1 million people,¹⁷ an increase over almost 200,000 people in comparison to December 2019, when 930,000 were displaced.¹⁸ As the crisis deepens, more people are leaving the insecure rural and bush areas and are moving to urban areas in the two regions, elsewhere in the country or to Nigeria. Meanwhile, a remarkable increase of returnees to the North-West

and South-West regions is observed: while 204,000 returnees were reported in August 2019, 361,000 returnees were reported in August 2020. These returnees are typically those who displace into the bush after localized conflict and return soon after, constituting a regular pendular migration pattern. Over 100,000 returns were observed between January and August 2020. 10 per cent returned from neighboring Nigeria, where the majority had never been registered. 42 per cent of the returnees cite the safety in the village of origin as reason for their return, while almost 50 per cent of the return movement is motivated by reasons related to livelihood.¹⁹

The number of IDPs from the North-West and South-West in the Littoral, West and Centre regions has also increased: from 224,000 in 2019²⁰ to 297,000 in 2020.²¹ A majority of the displaced are women and children amongst whom are unaccompanied and separated children. The ban on education by NSAGs and attacks on education has forced many families to send their children to the Littoral, West and Centre regions where they can pursue their education. Based on Government statistics, 35,000 IDP children are enrolled in primary schools of the Littoral and West regions. Despite this slight increase (14 per cent) from last year, an estimated 50,000 displaced children are not yet going to school, especially in the West region, which poses serious protection concerns. In the Centre region, 2,284 displaced children are attending education in primary schools.

The loss and lack of civil and legal documentation puts the affected population – particularly boys and men – at risk of arbitrary arrest by law enforcement forces. Lack of documentation not only affects people in the North-West and South-West regions, but also limits the movement of those who fled to other regions. Up to 25 per cent of IDPs in Yaounde report having lost their identification documents.²² Lack of documents also prevents the returnees to prove the legal possession of their properties, leading to property conflicts including eviction.

In the eastern regions of Cameroon, an increase of refugees from CAR has been observed. 284,000 refugees²³ were reported as of 30 September 2020 in

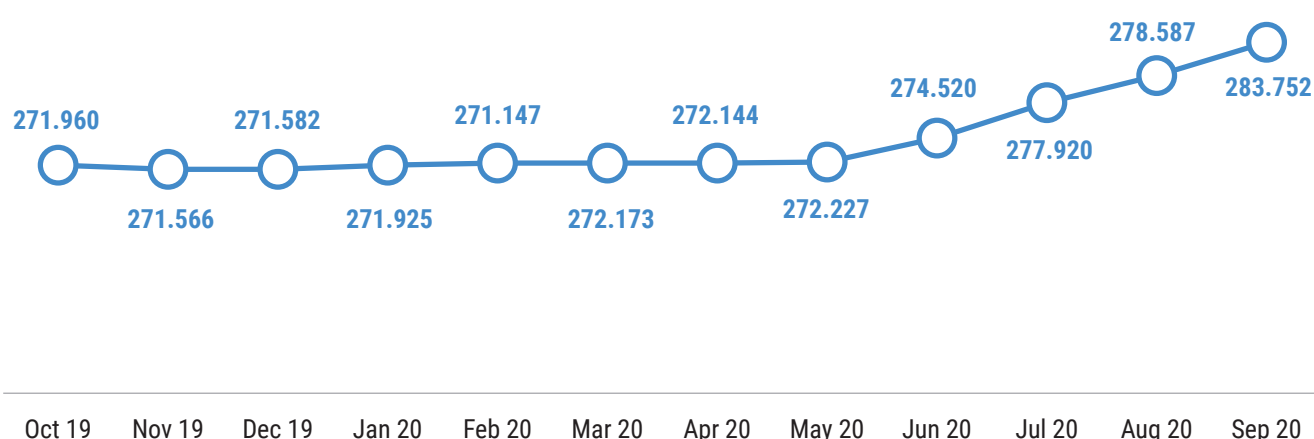
the East, Adamawa and North regions of Cameroon, in comparison to 271,000 refugees reported in September 2019;²⁴ an increase of almost 13,000 refugees. While there is a certain increase in the refugee number due to birth rates, 4,172 refugees arrived between January and October 2020, and a significant increase of new refugees arriving from CAR has been observed in July, August and September 2020, due to clashes between the CAR armed forces and a NSAG in the border area in CAR. 10,000 refugees and 3,100 IDPs from the North-West and South-West regions are enrolled in primary schools in the East and Adamawa regions.

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

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

Disruption of social services in many localities in the North-West, South-West, and Far North regions forces people to walk long distances to access them, creating additional risks related to arbitrary arrest, physical and sexual violence.

Evolution of CAR refugee population in the eastern regions of Cameroon over twelve months



UNHCR (September 2020)

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

Conflict remains one of the main drivers of food insecurity. The disruption of markets and food and nutrition services due to violence and the COVID-19 epidemic negatively impacted on the quality of diets and nutrition practices. According to the analysis of the Cadre Harmonisé of October 2020, almost 2.3 million people are projected to be in food insecurity phase 3 and 4 from June to August 2021, resorting to crisis or emergency coping strategies to secure household level food security. Displacement has meant a loss of resources for food self-reliance. It primarily affects the access to land to cultivate, the loss of livestock and of the families' productive assets.

In addition, repeated climatic shocks in the northern regions also undermine the resilience of communities and place a strain on their livelihoods. In the Far North, Adamawa and North regions, climate shocks (floods and prolonged dry periods) and market disruptions are the main factors of food insecurity.

In the North-West and South-West regions, food security reports throughout 2020, indicate a

deterioration of food insecurity, disruptions of household livelihoods and increase in prices of staple food (28 to 78 per cent for maize, 22 to 33 per cent for imported rice, 50 to 140 per cent for beans). In the North-West region, the insecurity levels, temporary closure of point of entries and limited food supply through imported sources acts as main drivers for price increase. In addition to security concerns in the North-West and South-West regions, COVID-19 restrictions further reduced trade flows between urban and rural areas hence affecting staple food prices. The epidemic has been identified as a major cause of higher prices nationally in the second quarter.

On average, 33.5 per cent of households have a poor or borderline food consumption score across the country. Most households with poor or borderline food consumption are found in the North-West (64 per cent), Littoral (41 per cent), South-West (38 per cent), West (37 per cent) and the Centre (33 per cent) regions. The South-West and North-West have the highest proportion of households with poor food consumption, with 21 and 19 per cent, respectively, followed by the Littoral (17 per cent).²⁵

The reduced Coping Strategies Index (rCSI) indicates the severity of the food strategies adopted by households to cope with reduced access to food, in the event of a deficit in their food consumption. The

highest rCSI was recorded in April 2020, the month following the onset of the COVID-19 pandemic in Cameroon.²⁶ At the regional level, households in the North-West and West regions more often resort to survival strategies such as eating cheaper, less preferred foods, borrowing food, reducing portions, reducing consumption by some household members for the benefit of children, or reducing the number of meals per day, to meet their food needs. Girls are the most vulnerable to sexual exploitation and child labor.

28 per cent of IDP households in the North-West resort to livelihood-based coping strategies such as selling their land or house, begging or selling the last female animal. This is likely to lead to a reduction in future productivity. The effects of conflict in some regions and internal displacements of population play a key role in the resort to these negative coping strategies.

Regarding the livelihood Coping Strategies Index (ICSI), 17 per cent of households have used so-called crisis or

MAROUA TOWN, FAR NORTH REGION

Hand washing material given to schools for COVID-19.

Photo: UNICEF/Salomon Beguel



emergency strategies during July, August and September 2020, or have not adopted these strategies because they had done so already in previous months. As with the rCSI, households headed by women use more coping strategies than those headed by men. This consistent and substantial difference indicates that female-headed households are more vulnerable than male-headed households. A high level of emergency strategies is implemented by households in the South-West (73 per cent) and North-West (64 per cent).

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

The nutritional situation in the Far North region remains precarious. The results of the SMART nutrition survey conducted in November 2019 showed a Global Acute Malnutrition (GAM) rate of 5.2 per cent with 1.4 per cent of Severe Acute Malnutrition (SAM). For chronic malnutrition, the Far North had the highest prevalence with 38.2 per cent.

Proxy data from rapid emergency food security assessments (EFSA) conducted in October 2019 revealed a precarious situation with a proxy GAM of 5.1 per cent and 7.1 per cent in the North-West and South-West regions, respectively. Analysis from Mid-Upper Arm Circumference (MUAC) screening data conducted by nutrition partners between January and August 2020, showed a proxy GAM prevalence of 4.8 per cent and 1.5 per cent in the North-West and the South-West regions, respectively. However, the GAM and SAM rates are most probably much higher in the two regions, as many locations hosting the most vulnerable remain inaccessible for assessments and response.

The results of the SMART nutrition survey from November 2019 showed GAM rates of 6.2 per cent in the North, 3.8 per cent in Adamawa and 5.5 per cent in the East with 1.3 per cent, 0.3 per cent and 0.7 per cent of SAM for the

same regions, respectively. For chronic malnutrition, the regions were in an alert situation with rates of 37.3 per cent in the East and Adamawa and 34.9 per cent in the North. These malnutrition rates are deeply rooted in the underdevelopment of these regions and have deteriorated since the arrival of Central African refugees.

Impact on systems and services

NGAOUNDERE TOWN, ADAMAWA REGION

Woman registering her child at a civil registration center.

Photo: UNICEF/Karin Bertonnet



Limited access to basic social services

In the Far North, the North-West and South-West regions, access to basic social services is largely disrupted by ongoing insecurity. The disruption of services also concerns the delivery of civil and legal documentation, including birth certificates, to which apply the principle of territoriality whereby only authorities from the place of origin have the power to deliver birth certificates to the requesting parents.

In the Littoral and West regions, in addition to significant pressure on already limited services, IDP access to basic services is hindered by inadequate financial resources to access them and fear of stigmatization.

In the eastern regions, the presence of CAR refugees is putting significant pressure on the already limited natural resources and basic social services in the host areas, exacerbating pre-existing vulnerabilities, particularly affecting women and children and single female-headed households. Most refugees settled in host communities where social and community services have limited capacity to meet basic needs. The low percentage of return intentions expressed by the refugees confirm the trend towards local socio-economic integration thus reinforcing pressure on already precarious community services. As a structural aggravating factor, the East, Adamawa and the North regions have some of the highest poverty rates in the country.

There are approximately 16 primary and 96 secondary civil registration centers in the eastern refugee hosting regions. Despite the presence of these services, one of the main risks for refugee children born in Cameroon is to remain without a birth certificate, therefore being exposed to statelessness and unable to benefit from the protection services they are entitled to as minors. Structural problems in the civil registration system, cultural social constraints that give little credence to the birth certificate, and the expensive costs of supplementary judgments are part of the causes for Central African refugee children to remain without a birth certificate

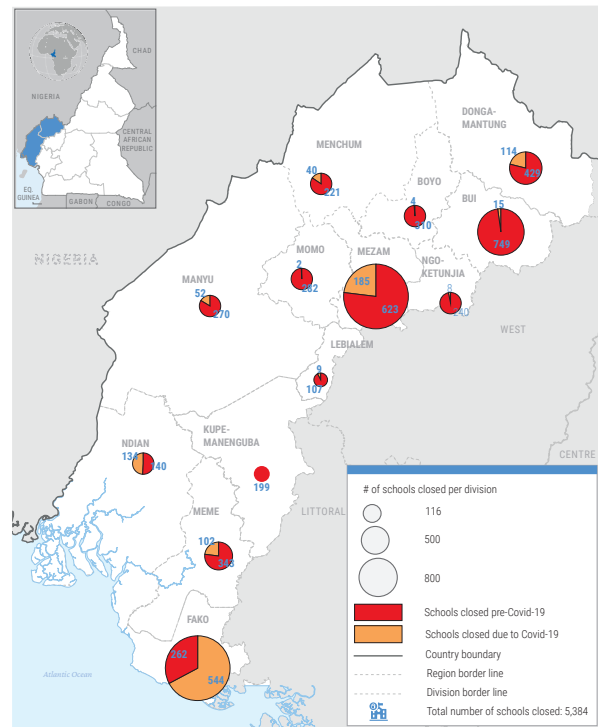
Limited access to education

Violence, attacks and threats against education, population displacement, and limited capacity of the school system and of communities to absorb extra student populations has placed almost 1.9 million school aged children in need of some form of assistance in education in Cameroon. The COVID-19 pandemic further worsened an already precarious education situation and created severe child protection risks including for the youth.

The crisis in the North-West and South-West has had a major impact on the Education Sector, leaving around 700,000 children out of school in late 2020. Since the beginning of the North-West and South-West crisis in September 2017, NSAGs are banning formal education which they consider being a tool of the Cameroonian Government to indoctrinate their children. As many children enter their fifth year without access to education, NSAGs and diaspora continue to oppose a return to school which they would perceive as a return to normalcy, not compatible with their political priorities.

Going to school remains risky for children as well as for teachers, as evidenced by the chain of violent attacks on education since the reopening of schools in October 2020. Certain areas have also become more prone to kidnapping for ransom, with school children particularly at risk of being abducted.

North-West and South-West regions Closed schools per division pre and post Covid-19 (June 2020)



Despite a significant improvement from 2019 with regards to the numbers of operational schools and student attendance, the situation remains appalling: as of November 2020, in the North-West region only 730 (23 per cent out of 3,127) primary schools and 142 secondary schools (25 per cent out of 416) are operational.²⁷ Only 39 per cent of the primary school teachers and 21 per cent of the secondary school teachers are reporting to work. Schools in urban centers of the North-West and South-West are overcrowded.

The safety conditions and distances to go to school are also important barriers to education in the North-West and South-West regions. In addition, as parents' livelihoods are reduced due to the crisis, they prioritize the education of young boys at the expense of girls who are rather directed to small trade to help parents provide for the family. Lack/loss of birth certificates because of displacement and destruction of homes is another key limiting factor for children to attend education facilities when security situation allows it.

Thousands of children displaced to the Littoral, West and Centre regions struggle to access schools, due to poverty, social exclusion and financial constraints. Education institutions are reportedly charging higher fees for enrollment to the displaced and girls are reportedly recurring to prostitution to be able to pay for their education. Many IDP children go to school hungry and some faint in schools. In addition, the education structures in these regions struggle to include the IDPs with an average pupil per classroom ratio of up to 200 children and limited infrastructures. The barrier measures imposed to prevent the spread of COVID-19 on the school premises, forces school administrators to limit the class to 50 students at the time, introduce attendance in shifts, and identify extra classrooms (including at the market or in the community) to accommodate all students. Some schools have no latrines, others have just one for thousands of students and no water source.

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

In the Logone et Chari, Mayo-Sava and Mayo-Tsanaga divisions, 62 schools are still closed, and 50 others have been destroyed for years and have never been rebuilt, affecting about 35,000 students. School infrastructure and personnel already struggling to respond to the increasing demands in locations with a large displaced population, are now also requested to respect COVID-19 related social distancing measures. In addition, in 18 schools armed men in uniform provide education services to protect the schools and students but making the school susceptible to attack by NSAGs and endangering the girls and boys who attend these schools.

According to the 2020 report of the Regional Delegation of Basic Education of the Far North region, the student per teacher ratio in the three crisis-affected divisions in the Far North region is 211 students per teacher in Mayo-Tsanaga, 191 in Logone et Chari and 121 in Mayo-Sava. 43.6 per cent of school-age children lack birth certificates and are therefore not allowed to sit for the primary school exams to access the secondary school. Moreover, the high incidence of poverty aggravated by insecurity and displacement

KOUKOUUMA VILLAGE, FAR NORTH REGION

Temporary school put in place after the destruction of the school by floods.
Photo: OCHA/Bibiane Mouangue



affects the availability of teaching and learning materials for the most vulnerable students.

Additionally, the Far North region faces repeated flash floods that devastate communities, school infrastructures and materials. Flooding during September and October 2020 left more than 18,000 students out of school in the Logone et Chari and Mayo-Danay divisions.

In the eastern regions, 39,251 Central African refugee children, or 54 per cent of the total 72,886 refugee children, are out of school. 85 per cent of them are girls. The other 33,615 children (42 per cent girls, 58 per cent boys) are enrolled in 376 public primary schools. The absorption of refugee children in the public schools is hampered by pre-existing structural problems (lack of classrooms, water points, latrines, equipment, school supplies for students, teaching materials and teachers).

Limited access to WASH and health services

The need for safe drinking water remains critical in the whole country, even though the severity of needs varies by region. In the Far North, access to safe drinking water is the primary concern of the displaced population with 44 per cent of them citing access to potable water as their priority need, before access to food (28 per cent) and access to health care (8 per cent).²⁸ In the North-West and South-West regions, a shortage of safe drinking water in rural areas leads people to rely on water from streams, rivers, and unprotected wells for drinking and domestic use. 54 per cent of the population collect water from an unimproved water source. Waste is not being collected in rural areas and is mostly thrown into streams (reducing water quality), bushes or burnt. 39 per cent of villages are more than 30 minutes away from their closest water source.²⁹ Water sources used by IDPs and their host communities in the Littoral and West regions are also often limited and unprotected.³⁰ 57 per cent of the population of the North region does not have access to drinking water compared to less than 2 per cent for populations living in the metropolitan areas of Douala and Yaounde. Access to safe drinking water sources and hygiene and sanitation services

also continues to depend on the level of income and varies starkly between urban and rural areas. 99 per cent of the people belonging to the wealthiest 20 per cent of the population have access to an improved water source compared to 43 per cent of the bottom income quintile. Regardless of the region, fetching water remains a specific activity for women, boys and girls, negatively affecting their productivity, and exposing them to protection risks.

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

In the North-West and South-West regions, open defecation or construction of unsafe latrines is a common practice in most rural settings. In the Littoral and the West regions, over 75 per cent of IDPs need water and sanitation support. Some landlords restrict IDPs from using toilets, which are most often full, overcrowded and unhygienic, with no privacy for women and girls. Open defecation in bushes and streams, sometimes used for cooking and other domestic chores, is common practice. Water borne diseases such as diarrhea, typhoid and cholera are common.³¹

Infant mortality rate is high nationwide (782 deaths per 100,000 live births) as well as the rate of pregnancies among adolescent girls.³² According to Cameroon's Demographic and Health Survey from 2018, 19 per cent of adolescent girls between the age of 15 and 19 have already at least one child. The percentage of women who have started their reproductive life increases rapidly with age from 4 per cent at the age of 15, to 23 per cent at the age of 17, to 49 per cent among those aged 19.

Different regions of Cameroon continue to be affected by vaccine preventable diseases, such as cholera and measles. Major cholera epidemics have been recorded in 1991, 1996, 1998, 2004, 2010 and 2011. The main epidemics are recorded in the North and Far North regions. In the southern regions, cholera outbreaks are frequently recorded in the Littoral region. In August 2020, WHO reported 1,543 cases of cholera, including

LIMBE TOWN, SOUTH-WEST REGION

A child with severe acute malnutrition admitted for treatment at the Limbe regional hospital, supported by UNICEF.

Photo: UNICEF/Salomon Beguel



76 deaths (5 per cent case-fatality rate), recorded in 16 health districts in the Centre, Littoral, South and South-West regions.

As of 26 July 2020, 1,423 confirmed cases of measles, including 13 deaths, were reported from 79 health districts in eight regions (Adamawa, Centre, East, Far North, Littoral, North, West and South).³³ Children aged 9-59 months were the most affected, representing 50 per cent of confirmed cases. 74 per cent of the confirmed cases had not been vaccinated.

In the North-West and South-West regions, the limited humanitarian assistance available, coupled with limited availability of and access to basic health and water and sanitation services and poor vaccination coverage are likely to lead to further outbreaks of vaccine-preventable diseases, water borne diseases and an increase in malaria cases. In 2019, measles outbreaks were reported in the Ekondo Titi, Tiko and Limbe health districts and a monkey pox outbreak in the Ekondo Titi health district. In 2020, cholera and yellow fever outbreaks were reported notably in the South-West region, and almost no surveillance in the North-West. In the Littoral region, three out of

nine health districts registered measles and cholera outbreaks in 2020.

Insecurity in the Far North and the South-West and North-West regions continues to exacerbate already limited access to health services. The widespread insecurity and the attacks led to destruction of basic education and health infrastructure, and the fleeing of education and health personnel, causing a lack of availability of health services to deal with war injuries and psychosocial trauma related to violence, including sexual violence and rape. The lack of health facilities also contributes to the spread of epidemics such as cholera, polio and measles, which are recurrent, and of COVID-19, and particularly affects children and older people.

Due to transportation challenges, lack of documentation, loss of income, destruction of health facilities and lack of availability of health practitioners, IDPs and rural host communities are turning to alternative healthcare in the form of traditional healers, and the use of unqualified or underqualified health practitioners.

The multi-sector assessment carried out in the North-West and South-West regions in August 2020 shows evidence of some localized improved access to health and water and sanitation services. In the two regions, more health facilities are reported as functioning in 2020 (71 per cent) in comparison to 2019 (65 per cent).³⁴ Considering that the assessment was conducted at key informant level, caution should be taken when generalizing the situation across the two regions. For example, in 37 per cent of villages women rarely or never give birth in health centers.

There has been an increase in maternal mortality rates, as well as infant mortality in the North-West and South-West regions since the start of the crisis.

Lack of access to contraceptives, combined with poor coverage of sexual and reproductive health services, lead to early pregnancy, unsafe abortion and sexually transmitted diseases. People living with HIV who were on antiretroviral (ARV) drugs can no longer access drugs when they take refuge in the bush, increasing the risk of secondary infections and not being able to control the disease. Focus on preventing and responding to the COVID-19 pandemic led to a further decrease of the provision of general health services.

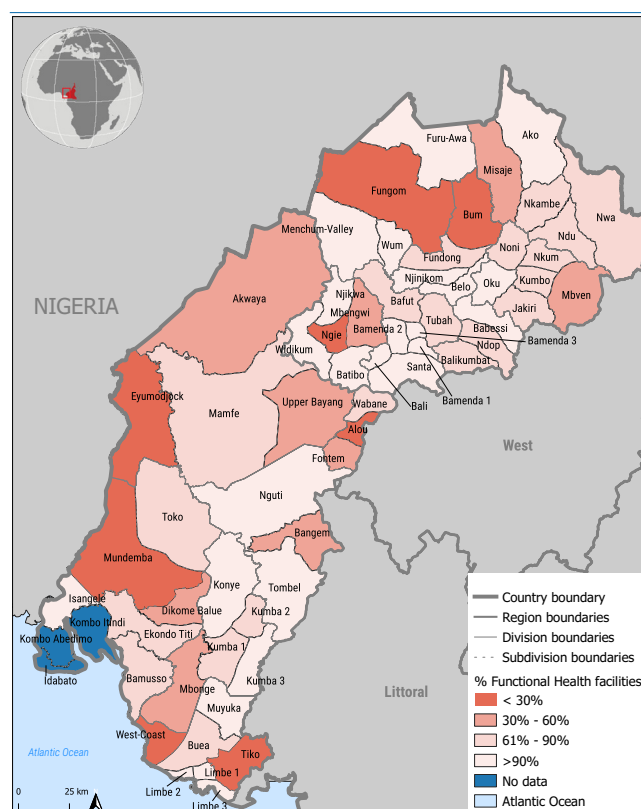
IDPs often share shelters, water points, latrines and showers with host population. The increased proximity increases the risks of COVID-19 transmission and does not give girls and women the necessary privacy, exposing them to the risk of gender-based violence.

In the Littoral and West regions, sexually transmitted diseases are on the rise due to the increase of survival sex. Access to healthcare is limited due to inadequate financial resources. There is little awareness about sexual and reproductive health services. Early and/or unwanted pregnancies, complications during pregnancies due to inadequate prenatal care were also cited as a major concern by key informants.³⁵

In the eastern regions, basic social services do not have the capacity to meet the demand of the entire population, including that of Central African refugees. Since the beginning of the crisis the limited existing health centers have been overcrowded and have faced

insufficient human and material resources. Extreme poverty prevents vulnerable people from paying the costs necessary for health care. 70 per cent of health facilities do not have the necessary medical equipment and sufficient staff to ensure quality health care. Especially children under five, pregnant and lactating women, persons with disabilities, older people and those with chronic diseases face difficulties in accessing health care.

North-West and South-West regions Percentage of functional facilities per Subdivision

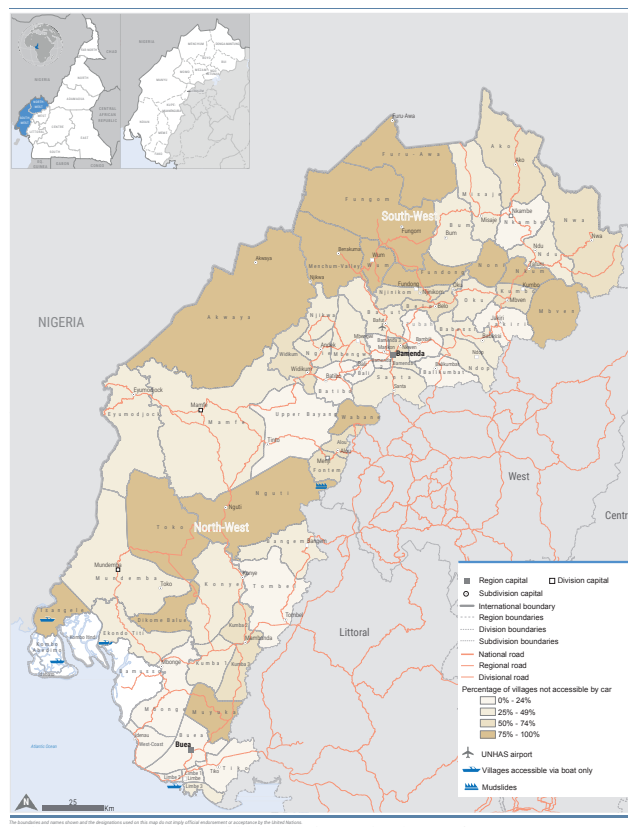


Impact on access

In the Far North, the prevailing insecurity and attacks by NSAGs restrict the freedom of movement of goods and people as well as humanitarian actors. Insecurity, threats against relief organizations and physical and bureaucratic constraints continue to be the main limitations for humanitarian access. While there were no attacks against humanitarians in 2020 in the Far North, risks for humanitarian workers remain high, as statements by NSAGs in 2020 point at international humanitarian and development organizations as legitimate targets. UN agencies use Government armed escorts to move in areas of particularly high danger in accordance with the principle of last resort, while most of the other humanitarian actors do not use such modalities and rely on their internal capacities in terms of collection and assessment of security related information and acceptance with the population and NSAGs. In addition, the poor conditions of the road network worsen during the rainy season, which was particularly severe in 2020, hampering access. Coupled with insecurity, climatic conditions basically make the road between Kousseri and Maroua impassable from July to December. In addition, there are recurrent bureaucratic access constraints, such as the request of local authorities for humanitarian actors to obtain written authorizations for the implementation of their activities, which has delayed the delivery of assistance. The border between Chad and Cameroon remains officially closed due to COVID-19 since March 2020, having made Logone et Chari even more difficult to access since.

In the North-West and South-West regions, access constraints include insecurity, lockdown days, physical access challenges and bureaucratic constraints. Restricted movements and security challenges are equal impediments for the population to access basic social services and for the humanitarian actors to provide services. Access to humanitarian aid has been severely hampered by violence. Humanitarian workers have been victims of harassment, extortion, kidnappings and killings, and their supplies and property have been looted and destroyed.

North-West and South-West regions Physical access challenges



Authorities require humanitarian actors to obtain written authorizations from the Governor's office for the implementation of their activities, a process facilitated by the establishment of Government Humanitarian Coordination Centres (HCC) in Buea and Bamenda in June 2019. Lockdown days, with associated movement restrictions by UN agencies and NGOs, have caused substantial interruptions in humanitarian operations. Roadblocks and demands for payment by both NSAGs and Government forces, despite having all required authorizations, cause needless delays and insecurity for the transport of aid goods. Occasionally, these roadblocks result in kidnapping attempts, or kidnapping of aid workers in demand for ransom. In addition, the use of IEDs, which has also caused civilian victims, remains an important risk factor for humanitarian actors. The suspension of UNHAS flights to and from Buea and Mamfe since the beginning of 2020 seriously affect the efficient movement of humanitarian personnel. UNHAS flights to Bamenda which had also been suspended in January 2020 have recommenced in July 2020.

Non-State armed groups have increased their presence in hard-to-reach areas, particularly in the North-West. People in these regions find themselves cut-off from basic services and economic opportunities. Areas that were hard-to-reach before the crisis have become even more isolated, increasing their vulnerability. The weekly “ghost town” Mondays,³⁶ set up by NSAGs, particularly affect displaced persons and host communities, limiting their movements and therefore their economic and agricultural activities.

Access constraints in the Far North and the North-West and South-West regions translate into delays, partial response to humanitarian needs and increased operational costs for humanitarian partners.

The East, Adamawa and North regions are relatively secure. However, security incidents, including urban crime, kidnapping, roadblocks by bandits, and inter-communal conflicts continue to affect these regions. Certain incidents such as kidnappings are mainly reported in the border area with CAR. Humanitarian actors are not deliberately targeted. Most incidents

take place at night, therefore outside of the period authorized for humanitarian activities. Security incidents are not likely to have a significant impact on humanitarian access.

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

VRICK VILLAGE, FAR NORTH REGION

More than 160,000 people affected by the floods.

Photo: OCHA/Bibiane Mouangue



1.3

Scope of Analysis

Humanitarian needs are particularly acute for the people affected by the Lake Chad Basin conflict, the crisis in the North-West and South-West regions, or the impact of the CAR refugee presence in the eastern regions. However, as people continue to flee violence towards the urban centers, the Littoral, West and Centre regions are increasingly affected by the crisis. Thus, nine of the ten regions were considered in the multi-sectorial needs' analysis, excluding only the South region. However, the Food Security Sector (using the Cadre Harmonisé) includes the South.

During the joint analysis carried out in the regions and at national level during the second half of 2020, IDPs, host communities, returnees and refugees were identified as the most affected population groups. Another population group identified as particularly vulnerable are those left behind: those too vulnerable

to flee from natural and man-made disasters, including pregnant and breastfeeding women, older people and people with disabilities. However, these people are often left behind in remote areas and are, due to the insecurity, hard to reach for humanitarian organizations, leaving their needs difficult to assess and difficult to respond to.

Particular attention was paid to how people living with disabilities are affected by the crises. Sectors based their assessments on expert knowledge, as data remains limited. The needs' assessments foreseen in the 2021 inter-sectorial response framework articulates the distinct needs of women, girls, men and boys, including older people and people with disabilities, which will allow the humanitarian community to assess more precisely how the crises impact different population groups in the 2022 HNO.

KOUSSERI TOWN , FAR NORTH REGION

Rabi IDP site is home for 950 households displaced because of floods.
Photo: FAO/Mohamed Sylla



1.4

Humanitarian Conditions and Severity of Needs

The effects of natural disasters and violence in the Lake Chad Basin, the Central African Republic and the North-West and South-West regions, and the socio-economic and health impact of the COVID-19 pandemic led to a further deterioration of the physical and mental well-being, living standards and coping mechanisms of the people living in Cameroon. The insecurity, diminished coping capacities and a lack of access to basic services leave 4.4 million people in

need of humanitarian assistance in Cameroon in 2021. Humanitarian challenges are reinforced by structural factors and chronic vulnerabilities that hinder the long-term recovery of affected people.

Displaced people

Almost 2 million people are displaced within Cameroon.³⁷

Population movements are the most visible demonstration of the continuing deterioration of the security situation which, in the absence of lasting solutions, tend to increase. Civilians are fleeing to protect themselves from serious threats to their lives and their physical integrity, as well as their property.

Displacement implies a loss of resources for food self-reliance. It primarily jeopardizes access to land to cultivate and implies loss of livestock and families' productive assets. IDPs have on average a lower food consumption score than the rest of the population, with 56.1 per cent of displaced households having a poor or borderline score in comparison to 15.1 per cent of households with a poor or borderline food consumption score across the country. 86 per cent of displaced households used crisis or emergency strategies in August 2020 in comparison to around 50 per cent of regular population nationwide.

Attacks on property and housing count for the highest number of protection incidents in the North-West and South-West regions since 2018 and represent 40 per cent of incidents recorded from January to September 2020.³⁸ Many homes have been burnt down since the start of the crisis leaving many displaced families in inadequate or unsafe shelter arrangements, exposing them to further harm. Many of those who managed to flee violence end up facing exploitation and abuse within the host community, including sexual violence and exploitation and resort to negative coping mechanisms. Discrimination against the internally displaced persons when they attempt to benefit from limited basic services within the host community has been reported.

Cases of arrests and convictions of Central African asylum seekers on the grounds of irregular immigration

continue. The issuance of documents for refugees by the Cameroonian authorities is not yet effective. After several years of asylum and despite the refugee data transfer agreement signed in March 2019 between UNHCR and Cameroon's Ministry of Foreign Affairs, UNHCR continues to issue refugees protection documents. No biometric verification of refugees has been conducted since 2016. Today, most refugee documents have expired, and their biometric data are out of date. However, UNHCR's documents are not recognized by the Cameroonian Government and actors of the private sector. The freedom of movement for refugees in the East, Adamawa and North regions has thus been limited to their settlement division, in contradiction with the requirements of the 1951 Convention and the 2005 Refugee law in Cameroon. This restriction on the free movement of refugees is a source of harassment and abuse applied by state security forces.

People living with disabilities

Older people, people living with disabilities, people with chronic illness and pregnant and lactating women are often left behind when families flee violence, which deprives them of the social safety net on which their survival and wellbeing depend and thus increases their vulnerabilities. Restricted access to livelihoods has impacted social support systems to the most vulnerable individuals including older people and persons living with disabilities.

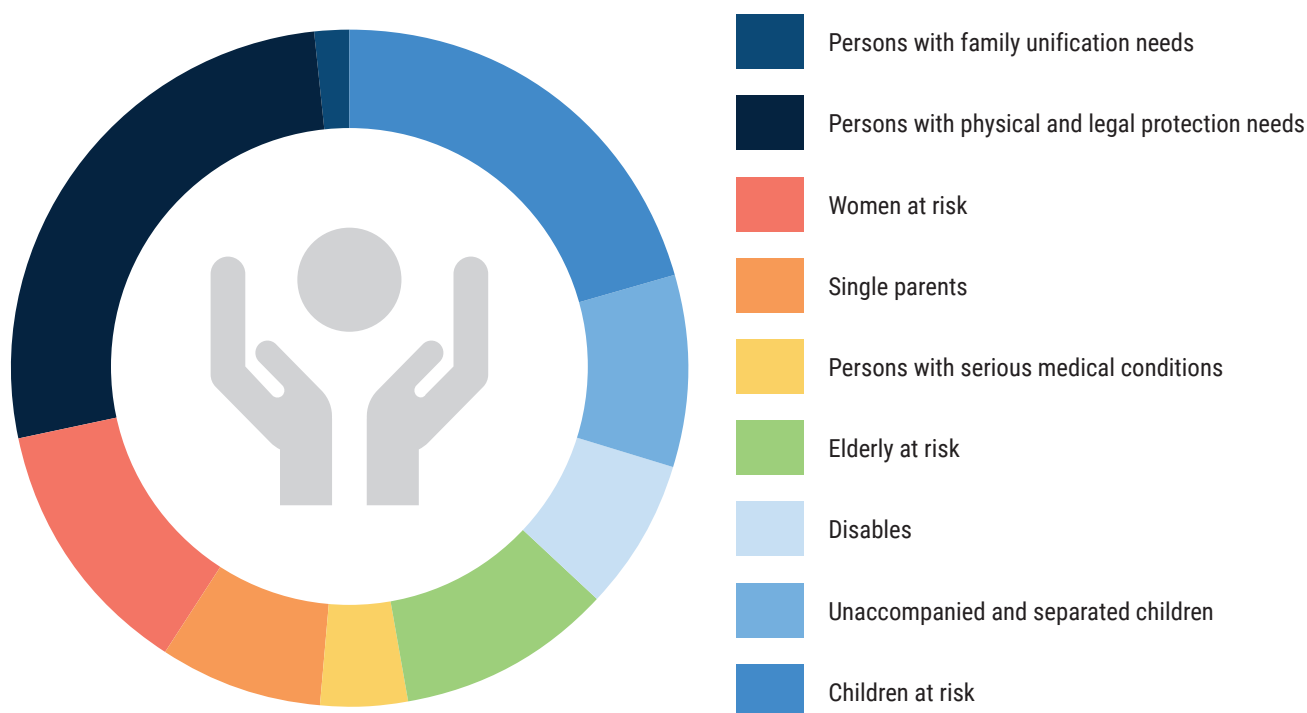
People with disabilities are more likely to be exposed to danger from attacks, including because of barriers to escaping and staying out of harm's way, and because of the degradation of the support systems which existed before the crisis.

UNHCR data on Central African refugees in Cameroon as of October 2020 report 59,414 persons with specific

needs, representing 23 per cent of the total population. Among them are 13,842 children at risk, 6,059 unaccompanied and separated children, 4,791 persons living with disabilities, 6,826 older people at risk, 2,907 persons with serious medical conditions, 5,121 single parents, 8,295 women at risk, 17,833 persons with physical and legal protection needs, 1,018 persons with family reunification needs.

Although there is a critical lack of data on people with disabilities, there is agreement among the humanitarian community in Cameroon that this population group is at particularly risk of violence, abuse and exploitation even more so in emergency situations, in the absence of basic social services adapted to their needs.

People with specific needs among CAR refugees



Men and boys

Men and boys are most at risk of arbitrary arrest and unlawful detention, forced recruitment and physical violence. In the North-West and South-West regions, the youth, traditional leaders, teachers and health

personnel, welders and ironworkers are most at risk of threats to life because they are accused of supporting either military forces or NSAGs.

Women and girls

Gender inequalities are an important factor influencing coping strategies and affecting the recovery capacities of women and girls. The use, possession and control by women of social or economic household resources is weak. Thus, only 1.6 per cent of women own a land title in their name and 3 per cent own a house without a land title. The unpaid workload that reproductive work implies, combined with the fact that women have extremely limited access and control over resources, partly explains why the female population is more affected by poverty. While 39 per cent of the population lives below the poverty line, this rate rises to 51.5 per cent for women. Of these, 79.2 per cent are underemployed.³⁹ The fact that they are socially and economically disadvantaged and, also, that they are largely excluded from public decision spheres, including conflict resolution processes, greatly hampers their resilience and their recovery capacity. Women are also primarily employed in informal, low-wage activities that are highly prone to disruption during public health emergencies.⁴⁰ Earning less than their male counterparts, they are less likely to have assets and savings to fall back on.

Women are also heavily affected by the loss of livelihoods caused by violence. The rural sector is mainly driven by women who represent 71.6 per cent in the informal agricultural sector. Men, who were wage earners, gave up their jobs or left the villages due to the prevailing insecurity.

As indicated above, a greater proportion of households having a poor or borderline food consumption score is noted for female headed households (40.5 per cent, compared to only 13.0 per cent of male-headed households).⁴¹ Women headed household have a higher reduced Coping Strategy Index (rCSI) and a higher livelihood Coping Strategies Index (ICSI) than those headed by men. This consistent and substantial difference indicates that female-headed households are more vulnerable than male-headed households. Girls are the most vulnerable to sexual exploitation to meet their food needs.

Low living standards and lack of access to essential services, particularly for those displaced, has led to a rise in morbidity. Heightened care giving responsibilities, combined with the fact that children are out of school, have significantly increased women's workload. Also, collecting water or firewood, are time consuming and expose women to dangers. As a result, and because these tasks require significant daily investment, women are particularly affected by a lack of access to income-generating activities, with less resting time and a lower access to decision-making forums.

Sexual exploitation, child marriage, rape and physical and emotional violence continue to be perpetrated against women, girls, men and boys, in all regions affected by crises. However, women and girls are the main victims of gender-based violence, in particular domestic violence, rape, child marriage and sexual

exploitation, due to the combined effect of pre-existing cultural and traditional discriminatory norms and practices, gender discrimination and socio-economic vulnerability caused by the crisis. As men and boys limit their movement to avoid arbitrary arrest and unlawful detention, women and girls are often sent on the roads to seek assistance or collect firewood, exposing them to violence, including GBV. Additionally, the lack of legal criminalization of domestic violence and marital rape is a major gap in the protection of women's rights.

Conflict and displacement have aggravated gender-based violence trends in the Far North region. In a context where girls' and women's social and economic status is low, the hardship created by the crisis generates a heightened risk of violence within the home. Men's frustration at being unemployed or underemployed, unable to fulfill their socially expected role of providers and protectors of the family, combined with the fact that violence is considered socially acceptable in some communities, leads to a recourse to domestic violence as a means of asserting authority and domination. In 2020, 76 per cent of GBV incidents were perpetrated by intimate partners, family members and relatives with the three main incidents being denial of resources, physical violence and forced/child marriage.⁴²

On-going violence in the North-West and South-West regions has had a major impact on the economy and led to negative coping mechanisms by the affected population including increasing survival sex and exploitation, child marriage, child labor, phenomena which are less culturally rooted in these regions and much more clearly a consequence of the conflict than in the Far North and the eastern regions.

Sexual violence is rampant in the North-West and South-West regions. The majority (40 per cent) of GBV cases reported between January and September 2020, are cases of sexual assaults and rape; 88 per cent of survivors are female (including 5 per cent living with disabilities), 28 per cent are children including unaccompanied or separated children.

There has been an escalation in the abuse and violations of women and girls in the Littoral and West regions. Settlement patterns and overcrowded homes do not allow women and girls to carry out their intimate activities away from the eyes of other community members. Sexual aggression is common with health personnel in some communities reporting on average three rape case in a month.⁴³

GBV remains a major issue for Central African refugees in Cameroon. Cultural systems perpetuate harmful traditional practices that promote violence and exploitation of women. The reversal of roles caused by forced displacement is at the root of the increase in domestic violence. Women remain subject to aggression when collecting firewood, drinking water or natural building materials whose rarity requires them to travel long distances.

Children are at high risk of violence, abuse and exploitation, family separation and have significant psychosocial needs.

Girls and boys represent approximately 64 per cent of the displaced population in the Far North region. Due to insecurity and population movements, many children have been forced to flee their villages, sometimes being witnesses or victims of violence leading to high levels of stress and trauma and significant negative consequences for their cognitive and emotional development. Confirming a trend observed since mid-2019, the year 2020 was marked by a clear increase in the number of protection incidents affecting children in the divisions of Logone et Chari, Mayo-Sava and Mayo-Tsanaga. These trends reinforce the concerns of child recruitment and use of children and youth by NSAGs and of child marriage and sexual violence against children. Appropriate alternative care for children separated from their families is not always available or only to a limited extent. Furthermore, the exploitation of children in small businesses exposes them to other risks of abuse and violence that make them even more vulnerable. In addition to the security incidents, significant flooding in the departments of Mayo-Danay and Mayo-Kani, as well as measures to mitigate the risks of the

BUEA TOWN, SOUTH-WEST REGION

25 years old Arrey Melani and her 7 months old baby Nico are IDPs.

Photo: OCHA/Giles Clarke



spread of the COVID-19 pandemic, exacerbated some pre-existing child protection problems such as GBV.

Over 430,000 children have been displaced due to the North-West and South-West crisis, with a growing number of unaccompanied and separated children. This worrying evolution can be explained by the increasing phenomenon of family separation as a direct consequence of attacks on villages forcing family members to scatter, but also as families seek economic opportunities in other areas/regions. About a third of family separations are the results of children being sent to urban centers to continue their education with the consequence for some of these children being involved in some of the worst forms of child labor or survival sex to have access to food and shelter. An important number of IDP children living within host communities in the Littoral and West regions are out of school, creating risks of exploitation as well as physical and sexual violence. Child labor because of the socio-economic crisis and school closure is rampant with further risk and exposure for child-headed households and children whose caregivers themselves are vulnerable.

In the Littoral, about 95 per cent of IDP households host at least one orphan, unaccompanied or separated child. Key informants consulted during the Littoral and West MSNA in August 2020 reported instances of child headed households especially in the Wouri division (Littoral region). In the West region, more than 90 per cent of IDP children (be they unaccompanied or not) are involved in some form of child labor. There are reports of rape, sexual harassment, sexual exploitation and physical violence in both regions. At all the levels of the assessment⁴⁴ key informants reported that there has been an escalation in the abuse and violation of women and girls due to different vulnerabilities.

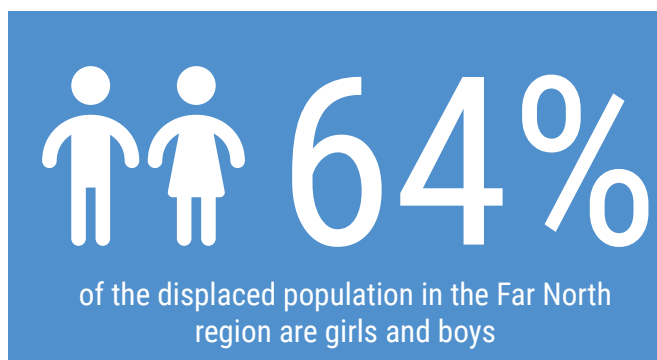
Children represent 55 per cent of the refugee population in the eastern regions. 14,353 children (8,303 girls and 6,050 boys) are at risk. Because of their culture, religion and poverty, refugee children assume parental responsibilities (children heads of households), are involved in early marriage and engaged in labor in mining areas. Children are victims of abuse, neglect and exploitation, sometimes within the family. It is important to recall that many refugee children born in Cameroon, in the eastern regions, as

well as in the Far North, do not have birth certificates, putting them at risk of statelessness.

Children and pregnant and lactating women are most affected by malnutrition. Chronic malnutrition remains a public health problem in Cameroon, with 32 per cent of children 6-59 months suffering from stunting. High rates of malnutrition are also the result of limited consumption of nutritious foods, diarrheal diseases that limit nutrient absorption, and the lack of access to clean water, sanitation and health services.

In the Far North, more than 70 per cent of the total IDPs are living in host communities; 37 per cent of

with high protection risks, child labor and exploitation, increase in child pregnancies, higher child and maternal mortality rates, and reduced incomes.



IDP are children under five and the average number of children per household is 5.8. They are, with the host populations, among the most exposed to the lack of access to drinking water, poor access to health care, hygiene problems, epidemics, and the consequences of poor harvests which can lead to rapid deterioration of their nutritional status. The indicators related to infant and young child feeding practices in the Far North are among the poorest in the country, with an exclusive breastfeeding rate of 30.8 per cent, a timely introduction rate for complementary foods of 33.3 per cent.

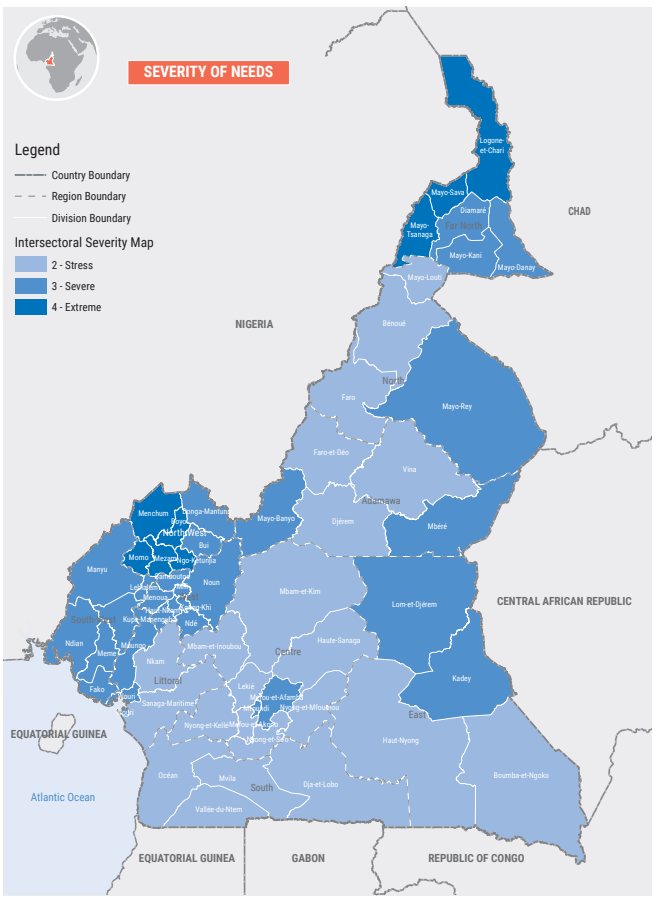
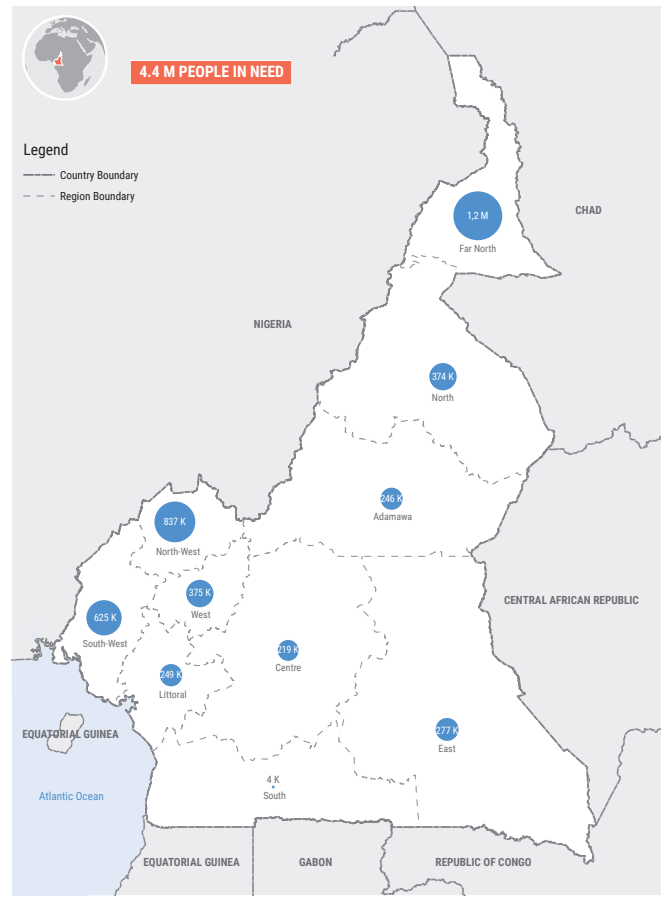
About 9 million children in Cameroon have been affected by school closure due to COVID-19 in March 2020, with thousands of school children missing out on school meals. Only a fraction had access to effective online or other alternative forms of learning. Lack of education, already leading to developmental gaps in literacy and numeracy, will lead to illiteracy in the long term. Lower educational levels are associated

1.5

Number of People in Need and Severity of Needs

Current figures

PEOPLE IN NEED	WOMEN	CHILDREN
4.4M	25%	52%



4.4 million people will need humanitarian assistance in Cameroon in 2021, a decrease of over 1.8 million people in comparison to the people estimated to be in need in June 2020, considering the impact of the COVID-19 pandemic. While the humanitarian impact of COVID-19 was overestimated, an increase over 500,000 people in comparison to the pre-COVID 2020 number of people in need of 3.9 million people can be observed.

While a direct comparison is not possible due to the change in methodology, it is worth noting that the severity of needs increased due to the prolonged crises, a rise in insecurity triggering displacement, as well as due to the impact of COVID-19 and the flooding in some areas, which eroded remaining household resilience. Furthermore, areas previously not affected by humanitarian crises are now affected by food insecurity, fuelled by COVID-19. While in the pre-COVID 2020 Humanitarian Needs Overview, regions not affected by one of the three humanitarian crises were in severity phase 1 (no/minimal stress), all regions of Cameroon are now at least in severity level 2 (stress).⁴⁵ Even though regions in severity level 2 are not considered in the humanitarian response planning, it is a clear indication of how COVID-19 decreased the ability of the people in Cameroon to withstand future shocks and stresses.

1.9 million (44 per cent) of the people in need are displaced people (IDPs, refugees, returnees), 1.8 million (41 per cent) are host community members, thus demonstrating the impact that sharing the already limited resources with the displaced population has on host community members. 675,000 (15 per cent) are “others” – people neither displaced, nor hosting displaced people. The data for “others” is almost entirely provided by the Cadre Harmonisé, thus includes people in food insecurity level 3 and above. Out of these 675,000, 38 per cent (256,000) are not affected by any of the three crises.

Of the 4.4 million people in need, 50 per cent, 2.2 million people need humanitarian assistance due to the North-West and South-West crisis. While the number of people in need because of this crisis remained almost the same in comparison to the

previous year, there is a shift in the number of people in need per region. While there is a decrease of over 200,000 people in need within the North-West and South-West regions (1.7 million were estimated to be in need in 2020, in comparison to 1.5 million estimated to be in need in 2021), as well as a decrease in the Littoral from 286,000 to 209,00, the number of people in need grew significantly in the West (from 272,000 to 375,000) and Centre (from 42,000 to 131,000) regions. This is in line with the population movement out of the North-West and South-West regions to other regions of Cameroon, and the limited amount of humanitarian assistance provided in these regions, leading to an increase in needs also among host families which have shared their resources with the IDPs.

While the number of people in need due to the North-West and South-West crisis remained stable, the severity of needs increased. In 2020, there were divisions within the North-West and South-West regions with minimal severity levels (level 2). Meanwhile, for 2021 needs are considered as severe or extreme (level 3 or 4) throughout both regions. Most severe needs can be found in the Menchum, Boyo, Mezam and Ngo-Ketunja divisions, all located in the North-West, and among the hardest to reach. The population movement to other regions of Cameroon, coupled with the lack of assistance, has not only led to an increase in the number of people in need, but also to an increase or a continuous high level of the severity of needs in most divisions of the Littoral, West, and Centre regions. There has been an increase of the severity of needs in the Wouri and Mungo divisions (Littoral), and the needs are considered as severe in all divisions of the West region. For a first time, there are severe needs in Yaounde, the Centre region, in relation to child protection, GBV and education needs of IDPs, as well as to the needs of urban refugees.

1.2 million people need assistance in 2021 in the Far North region. An increase of over 200,000 people in comparison to the 994,000 people who were considered in need in early 2020. The loss of livelihood due to the armed conflict, the socio-economic impact of the COVID-19 pandemic, as well as the destruction of houses, goods, crops, and fields to the flooding have resulted in a drastic increase in food insecurity. 819,00

people are estimated to be food insecure from June to August 2021,⁴⁶ a 50 per cent increase in comparison to the same period last this year.⁴⁷

The severity of needs is highest (level 4 – extreme) in the Mayo-Tsanaga, Mayo-Sava, Logone et Chari (Far North) divisions, all locations affected by conflict with poor access to basic services. These locations are also hard to reach due to physical and security related access constraints. Furthermore, the severity of needs has increased in the Diamare, Mayo-Kani and Mayo-Danay divisions of the Far North, with health, nutrition and GBV needs assessed to be severe in 2021.

673,000 people will need assistance in the Adamawa, East and North regions in 2021, due to the CAR refugee crisis, an increase of 17,000 people in comparison to 656,000 people who were estimated to be in need in 2020. This increase is primarily due to an increase in food insecurity reinforced by the COVID-19 pandemic. While 96,000 people were estimated to be food insecure (phase 3) from June to August 2020 in these three regions, 448,000 people are estimated to be food insecure from June to August 2021. This increase in the overall number of people in need for the CAR refugee crisis due to food insecurity is also illustrated by the number of people in need per population group: 281,000 of the people in need are refugees,

140,000 are refugee host community members, and 252,000 are “others”, thus people neither displaced nor hosting displaced people. In addition, 45,000 urban refugees and their host communities in Yaoundé (Centre) and 40,000 urban refugees and their host communities in Douala (Littoral), most of them from CAR, are estimated to be need of humanitarian assistance in 2021.

Meanwhile the severity of needs increased in one division in the Adamawa, in one division in the North, and in two divisions in the East region. While in 2020 the needs in all refugee hosting areas in the East, Adamawa and North regions were considered at severity level 2. In 2021, the needs of refugees and their host communities in the Mbéré division (Adamawa), the Mayo-Rey division (North) and the Kadey and Lom-et-Djérem divisions (East) are considered severe (level 3). However, due to a change in the methodology for the calculation of the severity for the CAR refugee crisis in 2021, a comparison between 2020 and 2021 is not possible.⁴⁸

VRICK VILLAGE, FAR NORTH REGION

A woman posing during an assessment mission. Photo: OCHA/Bibiane Mouangue



Part 2:

Risk Analysis and Monitoring of Situation and Needs

KOLAFATA TOWN, FAR NORTH REGION

Ndoula Naga, IDP in Kolafata site is taking care of her five brothers while their mother is farming.

Photo: OCHA/Bibiane Mouange



2.1

Risk Analysis

The main shocks considered in the risk analysis are armed violence, natural disasters and health outbreaks. The time horizon of the following risk analysis spans until the end of 2021. The geographical scope of the analysis remains the same as the scope of this HNO: nine out of ten regions, affected by the three humanitarian crises.

In 2021, Cameroon will be the twelfth country at humanitarian risk in the world, with an INFORM index of 6.6 on a scale of 10, i.e. a very high risk country.⁴⁹ The trend is a clear deterioration in the humanitarian situation compared to 2020 (24th with an index of 6 out of 10).⁵⁰ Risks are particularly high in the Far North (7,3) the North-West (6,5), the South-West (6,2) and the Est (6,1).⁵¹ The highest risks are linked to conflicts, epidemics and floods.

For 2021 it is expected that the security situation continues to deteriorate in the Far North and the North-West and South-West regions in 2021, with a conflict risk index of 8 (out of 10) for the Far North and the North-West and a risk index of 7.3 for the South-West. Significant internal and cross-border population movements are expected to continue following attacks, or as a preventive measure, with an increased likelihood of large-scale protection incidents and humanitarian needs in the affected areas, both for displaced populations and host communities.

Statements by NSAGs operating in the Lake Chad Basin pointing at international humanitarian and development organizations as legitimate targets could render access in the Far North even more challenging in 2021. It is estimated that recurrent attacks by NSAGs in the Lake Chad Basin will continue to trigger the arrival of refugees from Nigeria in Cameroon and further internal displacement in the Far North region of Cameroon. UNHCR and partners estimate that the

number of new arrivals from Nigeria in 2021 could reach approximately 10,000 individuals.

The movement of 10 million Northerners, a platform to denounce the marginalization of the “Grand Nord” of Cameroon, was qualified as illegal by the Ministry of Territorial Administration in November 2020. Refusal of the leaders of this movement to stop their activities could lead to conflict.

Since the re-opening of schools on 5 October, armed attacks on teachers, pupils and education facilities have increased in the North-West and South-West regions. Attacks against education, particularly the more violent incidents, may be evidence of some NSAGs lack any respect for basic international law principles and are an indication of the treacherous environment for civilians as well as humanitarians. NSAG diaspora leaders have reached out to the UN Secretary-General, deploring the UN's silence on their plight, and overt criticism of the UN and Western powers is increasing on social media by the diaspora leaders and supporters of the separation cause. This perceived lack of political engagement and attention to their cause could lead NSAGs to be less willing to grant humanitarian access and result in an increased number of attacks against humanitarians.

In general, ongoing insecurity, the impact of military operations by Government forces, and increasing fragmentation of NSAGs, are likely to create conditions in which hard-won access and community acceptance becomes more challenging for humanitarian organizations.

CAR is set to hold the first round of presidential elections on 27 December 2020. The pre-electoral period in CAR has led to a deterioration in security, with implications for Cameroon, which hosts the

largest number of CAR refugees and asylum seekers. Cameroon has registered thousands of people from CAR fleeing clashes between NSAGs and Central African Armed Forces (FACA), backed by MINUSCA, to seek safety in Cameroon between June and August 2020. The security situation further deteriorated in the run-up to the elections, a trend might to continue during and after the CAR elections. The increased insecurity could lead more asylum seekers and refugees to enter Cameroon, as was the case during previous crises in CAR. UNHCR anticipates that around 50,000 CAR refugees will cross the Cameroonian border in search of safety. The displacement into Cameroon has in the past led to tensions with host communities over the use of firewood, water, land and other resources. Increased movements of vulnerable populations into Cameroon from CAR in the pre-electoral period could increase pressure on UN operations already challenged by under-funding.

Cameroon appears to be reinforcing its security forces in eastern regions in anticipation of unrest in CAR, and there are strong indications that authorities will close the border before or during the elections in CAR. The threat of crime is assessed as substantial, civil unrest as moderate, and armed conflict and other categories as low. Armed escorts from the Cameroonian forces are used by UN vehicles in the North and Adamawa regions.

The risk of flooding remains high in the country. According to INFORM Sahel, the Nord is at highest risk (8.4), followed by the Far North (7.7) and the Littoral (6.1). In 2021, flooding will continue to contribute to the decline of the agricultural production (low harvests of maize, potatoes suffering from excess water and high air humidity, etc.) and create an enabling environment for epidemics. The high impact of the floods in the Far North region in 2020 eroded remaining household resilience and the negative impact on agriculture land will increase the risk of food insecurity in 2021.

Structural weaknesses and insecurity will continue to limit people's access to essential services. Furthermore, basic social services and access to drinking water and food are under pressure due to the influx of displaced persons to certain localities. This

influx could create conflicts over the use of resources between IDPs and host communities. Limited availability of and access to basic health, water and sanitation services and poor vaccination coverage, floods and population movements favor the outbreak and spread of highly transmissible water-borne and infectious diseases. INFORM assesses the risks of epidemics at 7.8 country wide. Consequently, poverty, population behavioral patterns, as well as the low level of performance of the health system and the inequalities of access to health services will continue to influence the incidence of epidemics.

The general trend of cholera analysis shows a persistent high number of cases with a case-fatality rate that far exceeds the WHO recommended norm of less than one per cent. Cholera outbreaks can be observed the whole year in Cameroon. There is an increase in the number of cholera cases recorded during the rainy season between June and October. For 2021, a cholera outbreak may occur in one or more regions with humanitarian consequences similar to previous outbreaks.

Meanwhile, even if the probability of continued transmission of COVID-19 cases in Cameroon remains high, it is expected that the COVID-19 pandemic will slow down in Cameroon in 2021. While major funds have been allocated to fighting the COVID-19 pandemic and its impacts, such funding is unlikely to continue as the outbreak slows down. Furthermore, "with many traditional donor countries redirecting trillions of dollars towards propping up their economies, and governments generally under pressure to "help their own" before helping those abroad, financial analysts expect a big hit to Official Development Assistance (ODA) in the year(s) to come, especially for those countries that peg their ODA to a percentage of GDP."⁵² Thus it is expected that resource mobilization will become even more challenging for the already severely underfunded emergencies in Cameroon.

The vulnerable populations will have great difficulties to face and recover from these shocks due to limited positive coping mechanisms available to them. The socio-economic vulnerability (5.9 out of the INFORM scale of 10) and the lack of coping capacity (INFORM

risk 6) are due to governance challenges and inadequate resilience infrastructure capacity such as access to child protection services, health, schools and water and sanitation services. These dynamics will coincide with amplifying factors including: (i) the very high incidence of poverty in rural areas⁵³ and particularly in the Far North,⁵⁴ (ii) the high rate of urbanization,⁵⁵ (iii) the high inequalities in access to basic services, and (iv) the high percentage of young people of the age of 18 years who are out of school.⁵⁶

In conclusion, it is expected that the humanitarian situation will continue to deteriorate progressively in 2021, considering the continued decline of the security situation, the lack of disaster risk reduction and preparedness efforts, as well as the limited provision of development and humanitarian assistance due to limited funding.

EKONA TOWN, SOUTH-WEST REGION

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

Photo: OCHA/Giles Clarke





BATOURI TOWN, EAST REGION

Refugee in Batouri.

Photo:WFP/Sylvain Cherkaoui

2.2 Monitoring of situation and needs

Humanitarian partners in Cameroon have a coherent and systematic method for data collection on population movement and humanitarian needs and will continue to use internationally recommended data collection tools to monitor the changing situation.

Indicators and data that will be monitored in 2021 at the inter-sectoral level include the following:

- The monitoring of IDPs and returnees' movements in the Far North will continue through IOM's Displacement Tracking Matrix (DTM).
- UNHCR will continue to update refugee figures through its ProGRES tool.

- Multi-Cluster/Sector Initial Rapid Assessments (MIRA) will continue to be carried out to gain a rapid understanding of the overall needs of populations recently affected by crisis or disaster. Multi-Sector Needs Assessments (MSNA) will also continue to be carried out in 2021. While not strictly a monitoring tool, the MSNA facilitates an understanding of the humanitarian situation and the evolution of needs. Furthermore, in support of, and reinforced by the MSNA process, the humanitarian community in Cameroon has a more robust understanding of critical indicators to include in other jointly conducted needs assessments. Respecting COVID-19 prevention measures, the MIRA and MSNA carried out in 2020 were based on key informants and focus group discussions with a limited number of persons at a time. This approach may be maintained in 2021, depending on the evolution of the pandemic in Cameroon in 2021. In 2021, OCHA committed to ensure that the reports of the joint needs assessment clearly articulate the distinct assistance and protection needs of women, girls, men and boys, including older people and people living with disabilities.
- Among the dynamic tools, IOM-DTM's emergency tracking tools and rapid needs assessments, will continue to be used to gain immediate insight on needs of recently displaced populations.
- For increased situational awareness and context analysis, a wide range of information, including sectoral and inter-sectoral situation reports, 3W, 4W, 5W, will continue to be monitored and shared through the existing coordination mechanisms.
- At operational level, field monitoring of needs and gaps, including through local partners will continue to be conducted.
- Data from key assessments and surveys such as the Food Standards Agency survey, the Cadre Harmonisé,⁵⁷ the Standardized Monitoring and Assessment of Relief and Transitions (SMART),⁵⁸ the Health Data Monitoring System, etc., will be

used to monitor humanitarian needs for certain sectors that may have a major impact on the overall humanitarian situation

Part 3:

Sectoral Analysis

BUEA TOWN, SOUTH-WEST REGION

An IDP in Buea.

Photo: OCHA/Giles Clarke



3.1 Protection



PEOPLE IN NEED

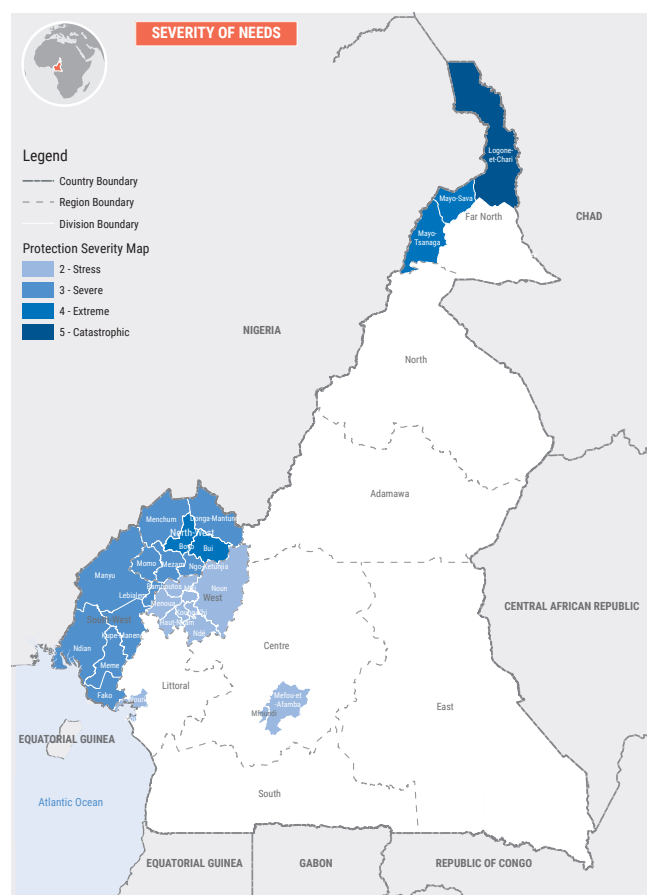
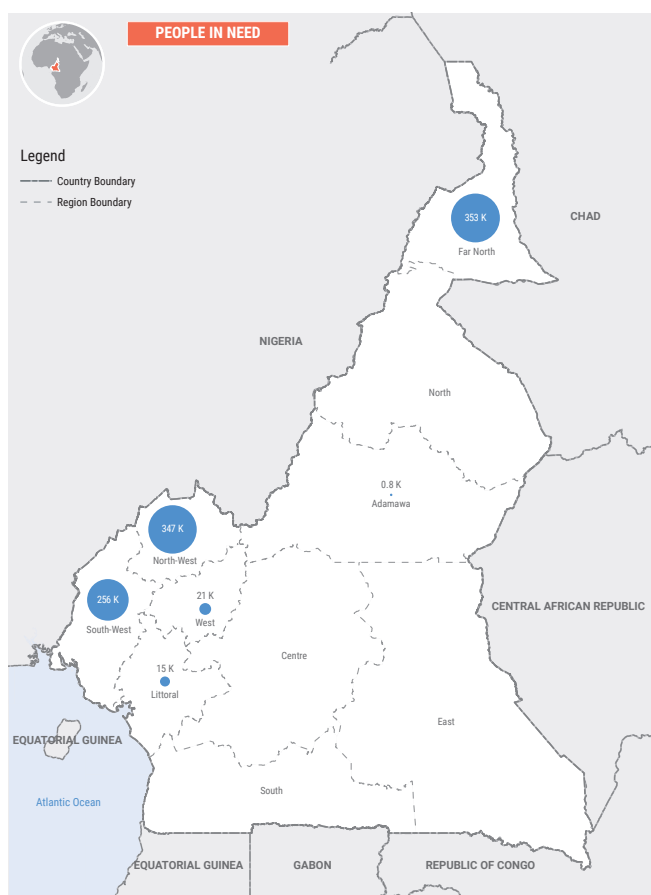
992k

WOMEN

24%

CHILDREN

55%



Far North Crisis

The protection environment in the Far North region is defined by a combination of pre-existing cultural and traditional norms supportive of gender discrimination, structural gaps in the provision of basic social services and aggravating circumstances created by the conflict. Conflict and incursions by armed groups since 2013 have contributed to the destruction of already insufficient public services facilities. Increasing internal forced movements - caused either by violence,

floods or loss of means of survival by households – have contributed to weaken the family and community safety nets in the entire region affecting most particularly vulnerable people such as women, children, elderly and persons living with disabilities. Increasing insecurity and floods have also hindered humanitarian access in many areas.

Forcible displacement has directly caused numerous family separations in the Far North, exacerbated by

disruption of education services in many affected areas and loss of survival means by most of the households. In addition, protection actors have recorded high numbers of disappearances, especially of men and young men. Older people, people living with disabilities, with chronic illness and, at times, pregnant and lactating women, are often left behind when families flee violence, which increases their vulnerabilities and deprive them of the social safety net on which their survival and wellbeing depend.

In 2020, 69 per cent of reported protection incidents relate to violations of the right to property depriving individuals and households from adequate shelter, access to cultivable lands and traditional sources of income. Restricted access to land and property create tensions between the displaced and host communities usually sorted by local or traditional authorities. It also adds the difficulty for displaced families to be able to pay rent to secure shelter within the host community and the risks and conflict related to house eviction when they can no longer afford to pay the rent. Lack of socio-economical means as well as stigma expose internally displaced people in the Far North region to risks of forced labor, exploitation, sexual exploitation, and child labor in exchange of access to basic services and shelter. Women living alone or heading households are often exposed to heightened protection risks including in relation to exploitation within the host community. Whereas ongoing crisis affect access to basic and social services, there is also a reported discrimination against the internally displaced persons when they attempt to benefit from those services within the host community. Disruption of social services in many localities forces people to walk long distances to access them, creating additional risks related to arbitrary arrest, physical and sexual violence.

Incident trends and increase of family separations in 2020 show an increase of child protection incidents with major concerns of child recruitment and use of children and youth by non-State armed groups (NSAGs); and of child marriage and sexual violence against children. Conflict and displacement have created the ground for an aggravation of GBV trends in the region. Inadequate shelter, destruction of health centers, family separations, decreased means

of subsistence, negative coping mechanisms are all aggravating factors to discriminatory pre-existing cultural and traditional norms.

A cornerstone of the protection risks in the Far North region is the lack and loss of civil and legal documentation due to the violent attacks on houses and villages, due to the flight, and to the disruption of civil services in many localities. In addition, the principle of territoriality provides for the issuance of civil and legal documentation in the place of origin making it impossible for internally displaced persons to receive civil documents. Especially, lack of documentation creates risks of arbitrary arrest and unlawful detention especially for men and boys as they move around without carrying identity documents. Not only does the lack of documentation restrict the freedom of movement but also has indirect consequences such as exposing girls and women to further violence as they are often sent on the roads to seek assistance instead of men and boys who learnt to limit their own movements. While the risk of arbitrary arrest is related to corruption among law enforcement forces, it is the ongoing insecurity and attacks on villages that has made it a critical concern. Lack or loss of documentation also impacts on access to education, property deeds, access to businesses, freedom of movement, etc.

Incursions of non-State armed groups are characterized by high levels of armed violence, attacks on villages, looting and destruction of houses and property. Non-State armed groups are reported to be the perpetrators of physical and sexual violence during attacks, of which the most vulnerable targets remain those who cannot flee such as older people and people living with disabilities but also women and girls facing sexual assaults and rapes. In 2020, 260 targeted killings of civilians either by armed groups or Government forces were reported, mainly during armed confrontations in rural areas; 14 per cent of reported incidents relate to physical violence.

North-West and South-West Crisis

The Protection environment in the North-West and South-West regions continued to deteriorate in 2020 due to increasing insecurity, the use of armed and

physical violence but also due to prolonged lockdowns imposed by the NSAGs, roadblocks and clashes between NSAGs and Government forces. This results in increasing restrictions on the freedom of movement as well as a lack of humanitarian access that impacts delivery of protection services.

Violence in the North-West and South-West regions is characterized by forced pendular movements and family separations that destroy the community support systems that are essential to the prevention of protection risks in the absence of preexisting social protection services in many areas. In 2020, the number of unaccompanied and separated children dramatically increased in both regions. Most vulnerable people are the individuals left behind by their families and communities at time of flight, such as older people, pregnant and lactating women and people living with disabilities. Often those left behind remain in areas unsafe for humanitarian workers to reach or where there is no operational capacity in place, and with no access to basic social services or protection referral services. The breaking of community-based safety nets leaves the extremely vulnerable people exposed to other risks such as lack of access to basic services, exploitation and abuse. Sexual violence is rampant, as a direct consequence of the crisis but also due to decreasing livelihoods, negative coping mechanisms and lack of protection structures.

Those who managed to flee violence end up facing exploitation and abuse within the host community, including sexual exploitation, and resort to negative coping mechanisms such as survival sex and forced prostitution. The crisis in the North-West and South-West regions also led to forced displacement towards other regions, mainly the West, Centre and Littoral regions, where displaced individuals often face stigma from host communities and severe protection risks related to exploitation, and socio-economic vulnerabilities including extortion, sexual exploitation and child labor. Humanitarian partners have currently little response in place in the neighboring Littoral and West regions including life-saving services to assist individual cases.

Threat to life and personal security counts for 36 per cent of the protection incidents from January to September 2020.⁵⁹ Both parties to the crisis are not respecting international law and the physical protection of civilians is seriously affected, leading to continuous forced displacement. The most affected groups are youth, traditional leaders, teachers due to their social status within the community and those whose professional expertise can be perceived as supporting either military forces or NSAGs. In 2020, 83 cases of abduction have been reported, mainly men, though it is suspected that many remain underreported. Abduction is used by NSAGs and armed men to request ransoms as a strategy of gaining money and intimidating civilians. Since the end of 2017, attacks on property and housing have been the highest number of reported protection incidents including 40 per cent of incidents recorded in 2020 with long-lasting consequences on the socio-economic wellbeing and livelihood of the affected population. Many homes have been burnt down since the start of the crisis at the end of 2017 with the consequence that many displaced families are currently living in inadequate or unsafe shelter that exposes them to exploitation, forced labor and discrimination by host community.

Pre-existing gaps, destruction of public infrastructures to provide basic social services is having a long-term impact on the well-being of the most vulnerable ones as well as their ability to develop self-reliance. That includes the disruption in the delivery of civil and legal documentation, to which apply principle of territoriality whereby only authorities from the place of origin have the power to deliver some kinds of documents like birth certificate. Loss and lack of documentation is putting the affected population at risk of arbitrary arrest by law enforcement forces when they are circulating, especially boys and men. With destroyed and abandoned homes, IDPs have no access to civil and legal documents left behind for the renewal or issuance of documentation including birth registration, property deeds, etc. Protection risks related to loss of civil and legal documentation expose them further to exploitation, violation of property rights and access to land.

3.1.1. Child Protection

PEOPLE IN NEED

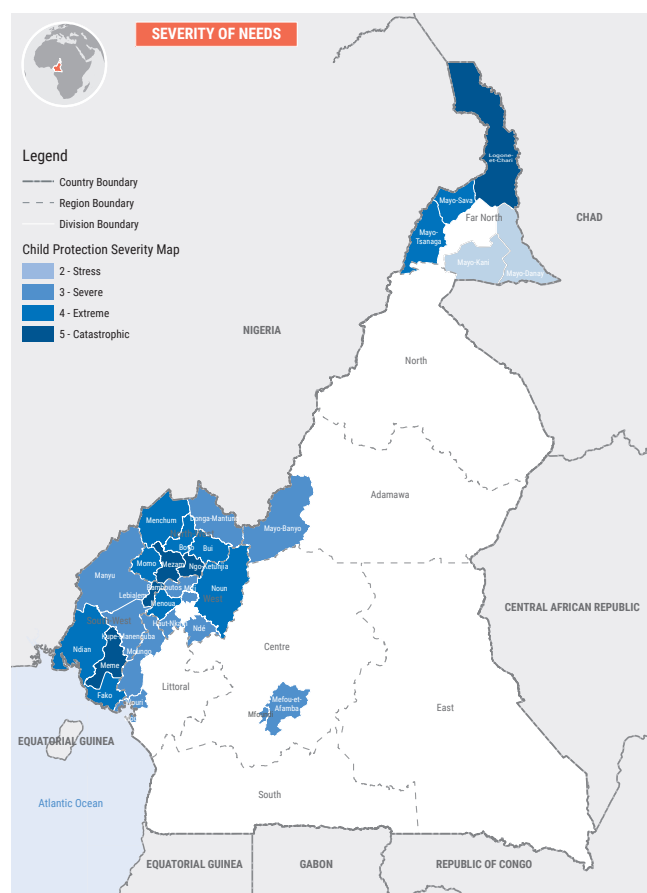
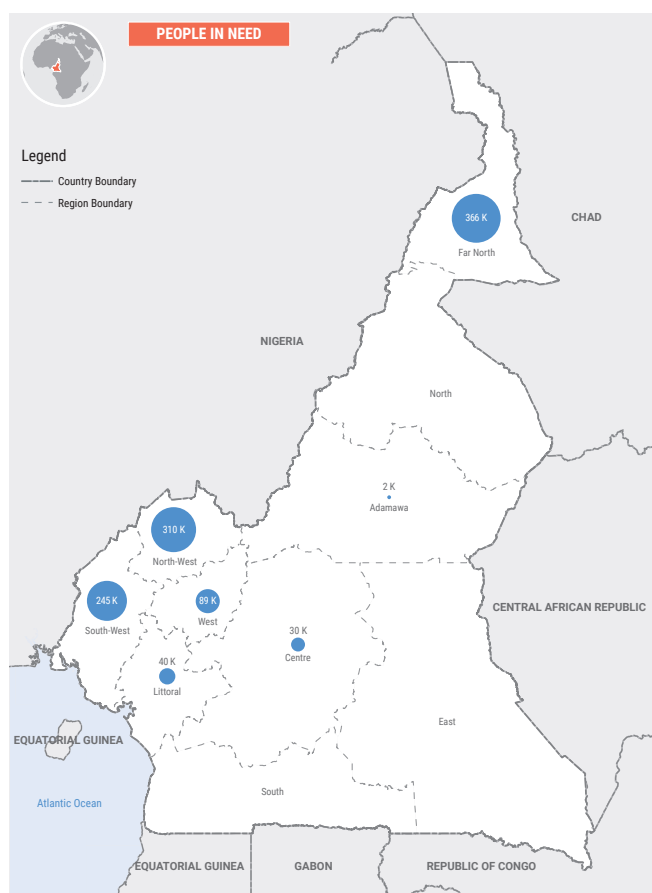
1M

BOYS

45%

GIRLS

55%



Far North Crisis

The year 2020 was marked by a clear increase in the number of protection incidents affecting children in the divisions of Logone et Chari, Mayo-Sava and Mayo-Tsanaga in the Far North. In addition to the security incidents, significant flooding, as well as measures to mitigate the risks of the spread of the COVID-19 pandemic, have exacerbated pre-existing child protection problems such as gender-based violence. Significant population movements continue to be recorded adding to the pre-existing difficulties of access to basic social services for children as well as the lack of opportunities for adolescents and youth to

develop their potential in a region where 64 per cent of the current displaced population are children.

In 2021, some 202,000 girls and boys among the affected population will need psychosocial support. Due to insecurity and population movements, many children have been forced to flee their villages, sometimes being witnesses or victims of violence; involving high level of stress and trauma and significant negative consequences for their cognitive and emotional development. Family separations due to sudden population displacements continue to occur and between January and September 2020, a total of 1,594 separated or unaccompanied children (UASC)

were identified. Appropriate alternative care is not always available or only to a limited extent.

Abductions as well as the use and recruitment of children by armed groups are a major problem faced by children and young people in the Far North, especially girls aged 9 to 13 and boys aged 10 to 17 years. Between January and September 2020, 232 children (including 120 girls and 112 boys) associated with armed groups were identified. Children who were formerly associated with armed groups face real difficulties in reintegrating into their communities of origin despite intergenerational dialogue initiatives. Most young girls who managed to escape from non-State armed groups often come out pregnant, or even accompanied by children, as a result of sexual violence they suffered.

In the Far North, adolescent girls aged 10 to 17 are victims of sexual harassment and violence, as well as kidnapping and child marriage. They are a particularly vulnerable group because of the combined effect of their age and of gender-based discrimination. These various issues have been aggravated by COVID-19 prevention measures such as lock down and school closure, leading young girls to be confronted with a less protective living environment. In addition, in the communities, girls who have survived sexual assault or rape face stigma and are sometimes even forced by their own families to marry their abuser or other men, regardless of their age. Main GBV incidents faced by girls and adolescent girls are 40 per cent of rape cases, 21 per cent of child marriage and 12 per cent of physical assaults. Incidents affecting boys and adolescent boys include mainly psychological violence (43 per cent), followed by rape, sexual assaults, physical abuse and denial of resources. In addition, the exploitation of children in small businesses exposes them to other risks of abuse and violence. Although there is a critical lack of data on children with disabilities, this category is at particular risk of violence, abuse and exploitation in the absence of adequate social services and community support.

Children who do not have a birth certificate, including those who have lost them during their flights, are confronted with major difficulties in accessing

education and sometimes even social services. Even though this problem affects girls and boys alike, girls suffer even more negatively because of social norms that are unfavorable to them. The absence of a birth certificate for a girl is critical as knowing the girl's age allows better protection and access to appropriate and adequate psychosocial and medical services. The lack of birth certificate exposes them to child marriage, which is an endemic practice in the region, which has been aggravated by the Lake Chad crisis since 2014 and which for some parents represents a means of survival in a context where access to an income-generating activity or to land is limited.

Child protection actors are also concerned about the impact of improvised explosive devices on children. Between January and September 2020, 11 children were injured or killed as a result of handling improvised explosive devices and remnants of war, and 13 children were injured by grenades.

North-West and South-West Crisis

As of September 2020, the crisis in the North-West and South-West regions has caused the displacement of an estimated 101,000 girls and 99,000 boys within those two regions.⁶⁰ In 2021, some 217,000 children will need child protection assistance in the North-West and South-West, and some 124,00 in the West, Littoral, Centre and Adamawa regions. Adolescent boys and girls, children with specific needs and unaccompanied and separated children (UASC) remain the primary categories at risk among all affected groups of IDPs, returnees and affected host communities, especially in rural areas and hard-to-reach areas. Lack of access to basic social services including child protection services remains a key risk factors especially for children in rural areas and most remote localities such as the ones along the Nigerian border where access and insecurity prevent protection actors to implement any program.

Physical violence and killing of children are reported. Most importantly, trauma and the psychological impact of the violence is directly affecting their emotional and cognitive development and remains one of the highest priority needs in 2020. Specific data pertaining to

children living with disability is not available, but they remain one of the most vulnerable categories at risk.

Among displaced children, a growing number of UASC has been reported in 2020 (5,816 unaccompanied children and 16,240 separated children recorded against 2,500 UASC identified in 2019) with little alternative care solutions in place. This worrying evolution can be explained by the increasing phenomenon of family separation as a direct consequence of the crisis and regular attacks on villages forcing family members to scatter, but also as families send children to urban centers to continue their education, or seek economic opportunities in other areas including through sending their children to work. Therefore, some of these children end up being involved in some of the worst forms of child labor or survival sex to have access to food and shelter. Child labor as a result of the socio-economic crisis and school closure is rampant with further risk and exposure for child-headed households and children whose caregivers themselves are vulnerable.

The prolonged closure of most education facilities (especially in rural areas) has had dramatic consequences on children's well-being, sometimes resulting in exploitation, drug abuse, physical abuse and, at times, reported use and recruitment of children by NSAGs. The safety conditions and distances to go to school are also important barriers to their education. Additionally, boys are in some cases privileged when school fees cannot be paid for all. Lack/loss of birth certificates as a result of displacement and destruction of homes is another key limiting factor for children to attend education facilities when security situation makes it possible and constitutes an obstacle to benefitting from the protection services they are entitled to as minors.

Children leaving non-State armed groups receive no support for their reintegration, are stigmatized and risk being arbitrarily killed. Adolescents, especially boys, are also more likely to be victims of arbitrary arrests, forced recruitment and extrajudicial executions and are at greater risk of injury or death directly related to the crisis. As a result, some families limit their sons' movements to eliminate the risk of their children

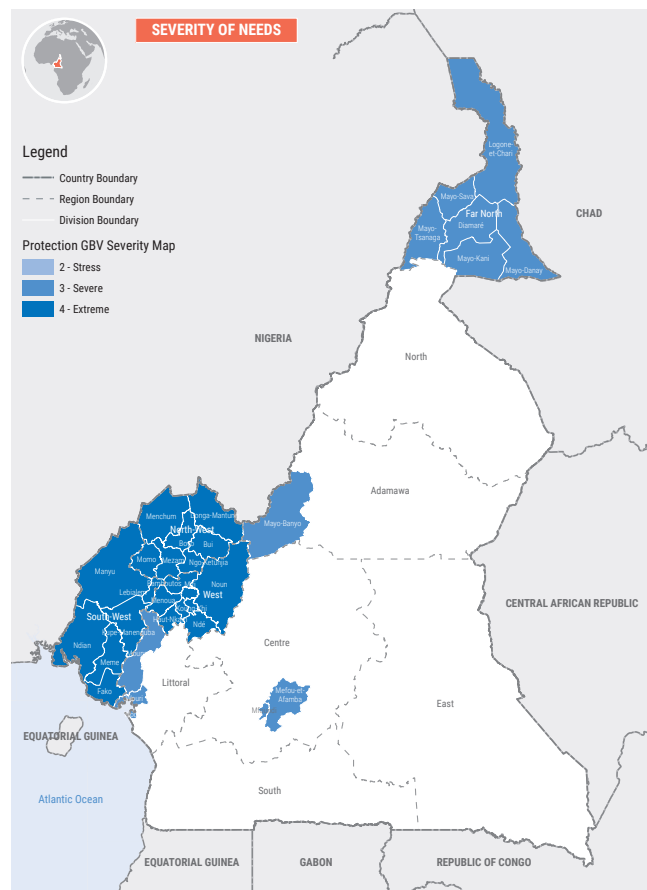
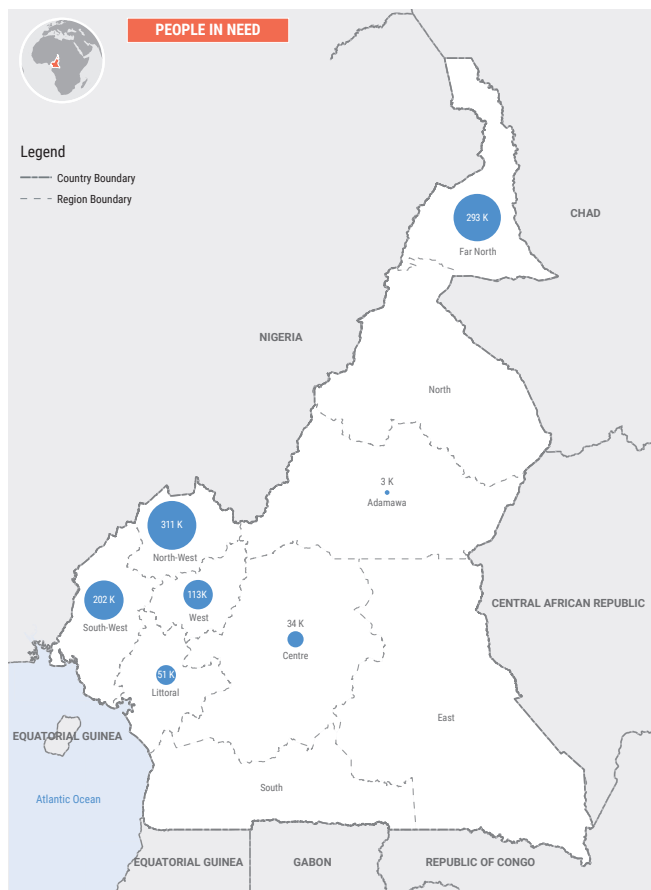
being killed or forcibly recruited. The phenomenon of recruitment and use of children by NSAGs is difficult to measure but rather than forced recruitment, the reported growing interest of young boys (and girls to a lower extent) in joining the different armed groups as they continue to be deprived of learning opportunities, is worrisome.

Children are exposed to sexual and gender-based violence (GBV) as a direct consequence of the violence but also as a negative coping mechanism from families forcing their children (especially girls) into child marriage and consequent early pregnancy. The pre-existing discriminatory gender norms and practices disadvantaging girls; combined with the weakening of family and community support networks, leave girls and teenage mothers in a vulnerable situation. Girls living with disabilities are five times more exposed to sexual violence in the ongoing crisis. Due to lack of documentation, fear of forced recruitment, harassment and arrest of boys and young men, parents often send girls to receive humanitarian assistance or to fulfill their traditional roles by collecting basic items for the household, exposing them to further risk of sexual violence as they are on the move. Absence of functioning health facilities in rural areas, lack of sexual and reproductive health programs and challenges in sharing efficiently information on existing services and referral pathways all are aggravating factors.

3.1.2. Gender-Based Violence

PEOPLE IN NEED

1M



Far North Crisis

In the Far North, the level of violence exacerbated by forced displacement and lack of adequate lifesaving gender-based violence (GBV) services put women and girls at heightened risks of GBV. Between January and September 2020, some 1,648 GBV incidents were recorded, with most incidents related to the denial of resources and physical violence. In 76 per cent of the cases, intimate partners are the perpetrators of violence and abuse against women and girls demonstrating that while the crisis exacerbates the level of violence against women and girls, such risks find their roots causes in pre-existing social and cultural discriminatory norms. Specific groups are at

heightened risk such as women living with disabilities who often even lack the means to report and seek assistance, though data is not comprehensive. While reporting of domestic violence and sexual assault against girls and women is limited, these figures are virtually non-existent about sexual violence against male survivors. Data on the needs and risks faced by lesbian, gay, bisexual, transgender, intersex and queer (LGBTIQ) people is currently not available though one can only assume that they do not enjoy equal access to the existing services.

Promiscuity created by forced displacement and inadequate shelter conditions, stigma attached to IDPs within host communities, family separation

and weakening of the community networks are all aggravating factors created by the ongoing conflict to add to pre-existing cultural and traditional norms that support stereotypes against women and girls in the Far North region. Situation of forced displacement also creates grounds for women and girls to be sexually abused and exploited during displacement and while living among host communities. In 2020, 13 per cent of the reported GBV incidents relate to instances of sexual exploitation. IDPs, including female heads of households, easily become dependent on host communities and others for their most basic needs such as shelter, food and water making them easy targets for exploitation and abuse including of sexual nature. During the past years, the security context in the region, aggravated by the outbreak of the COVID-19 pandemic, has severely affected the economic context and increased poverty overall as a key contributing factor to sexual exploitation and sexual violence, as well as negative coping mechanisms including survival sex.

The risk of forced and early marriage is the combined result of pre-existing cultural norms and a common negative coping mechanism by families having lost their land and sources of income as they were forced to flee their villages. Early marriage is often a strategy to prevent early pregnancy outside marriage but moreover a way for parents to ease their burden in a situation where feeding all family members has become difficult. In 2020, more than 70 per cent of forced marriage incidents relate to child marriage. Early marriage and related teen pregnancies are one of the direct causes for girls dropping out of school; in parallel, disruption in education services - as schools in many villages are destroyed and teachers have left - lead to negative coping mechanism such as early marriage and risk behavior among teenagers. Some parents also agree to marry their teenage girls to the different non-State armed groups in order to gain some peace and protection, or to buy their physical safety and security.

Lack of lifesaving GBV services is a structural gap overall in the Far North region and adds to the challenges of providing GBV services in an insecure context where at times humanitarian access is

limited, including along the area of the Nigerian border. Survivors often must walk long distance to access medical services that are not adequate. There are no dedicated health services for child or male survivors of GBV, or no qualified personnel. In addition, some survivors cannot afford the costs associated with health services, and medical facilities lack post rape kits, vaccination, and other material related to clinical rape management.

The forced displacement makes the provision of coordinated and long-term services such as legal and psycho-social support even more challenging. The same applies to services related to safety and security (e.g. quality of the police/gendarmerie's response, safe shelters for survivors at heightened security risk, etc.) that are currently insufficient to respond to the increasing needs. Other challenges are the cost to file a complaint with the judiciary and the stigma related to GBV especially for women with no strong community and/or family support as it is the case in situations of forced displacement.

North-West and South-West Crisis

Humanitarian access is restricted by both security and operational constraints limiting GBV lifesaving services and assistance in several localities especially rural areas along the border with Nigeria. Sexual violence is rampant in the current security context in the North-West and South-West regions. From January to September 2020, 40 per cent of reported cases were cases of sexual assaults and rape including 28 per cent against children. Women living with disabilities are at higher risk of sexual exploitation and violence and represent 5 per cent of reported cases though incidents are most likely underreported due to lack of effective and accessible reporting mechanisms. Data on male survivors is limited including due to lack of dedicated response. Similarly, data on the needs and risks faced by lesbian, gay, bisexual, transgender, intersex, and queer (LGBTIQ) individuals is not available.

Single women with no male support or female head of households are specific categories at risk with 30 per cent of women having become widowed since the start

of the crisis. Sexual violence is not only committed by members of armed groups but also the direct consequence of displacement forcing families to live in greater promiscuity with relatives or within the host community and creating risk of sexual exploitation, sexual violence and assault against young girls particularly. When villages are attacked, often most vulnerable people including older people, people living with disabilities and pregnant and lactating women are left behind with no support. This creates additional risks to those women left behind to be sexually assaulted or raped.

For women and girls having been forcibly displaced, stigma and risk of harassment, sexual exploitation and abuse among the host community are high as they end up totally depending on host families for their most basic needs. Often those women are too afraid to report abuse by fear of retaliation and further stigma increasing the underreporting of abuse cases. On the other hand, decreasing economic means and destruction of the social safety net has left many women and girls to opt for negative coping mechanisms including prostitution and survival sex in the nearest urban centers or in the neighboring regions of the West, Centre and Littoral. Limited access to holistic GBV management services due to the absence of a referral pathway in the neighboring regions, the lack of proper operational capacity of GBV actors and the low capacity and knowledge of GBV case management worsen the risk for women and girls displaced to other regions especially urban centers. Independently of the outcome of the current crisis, the socio-economic fragility will remain and thereby the risk for those women and girls to fall into exploitation and abusive schemes.

Prolonged closure of school creates numerous protection risks including for children and teenagers as education used to play the role of a protection tool, and schools used to be a safe protection environment for children to report abuses and receive information on prevention and services. Disruption of education as a protection tool led to increase of teenage pregnancy and forces girls at time to opt for unsafe abortions. Insecurity has also brought disruption to existing sexual reproductive health programs in many

areas. The increasing number of unaccompanied and separated children leaves a high number of teenage girls at risk of sexual exploitation and teenage pregnancy. In addition, as parents' livelihoods are reduced due the crisis, they prioritize the education of young boys at the expense of girls who engage in small trade to help parents provide for the family.

With reduced means of subsistence, families also adopt negative coping mechanisms that lead to the ongoing risk of denial of resources whereby women and girls are deprived of their basic needs for instance as available food ration is insufficient to feed the entire household members. Deprived of means of subsistence, parents also opt for early marriage especially of girls that have remained out of school for the third consecutive year. In addition, to avoid the risk of having men and boys arbitrarily arrested or killed, women and girls are the ones sent to collect assistance, wood, water, etc. exposing them to further risk of sexual violence on the way.

The restricted access and insecurity also affects the availability and adequacy of GBV lifesaving services in many areas, including services for child and male survivors, adding to pre-existing structural gaps in the region. Long distance, lack of trained health personnel, and challenges in circulating information on available services and pathways create additional needs for survivors and their parents. Safety and security services are also not available including trained law enforcements staffing.

3.2 Education



PEOPLE IN NEED

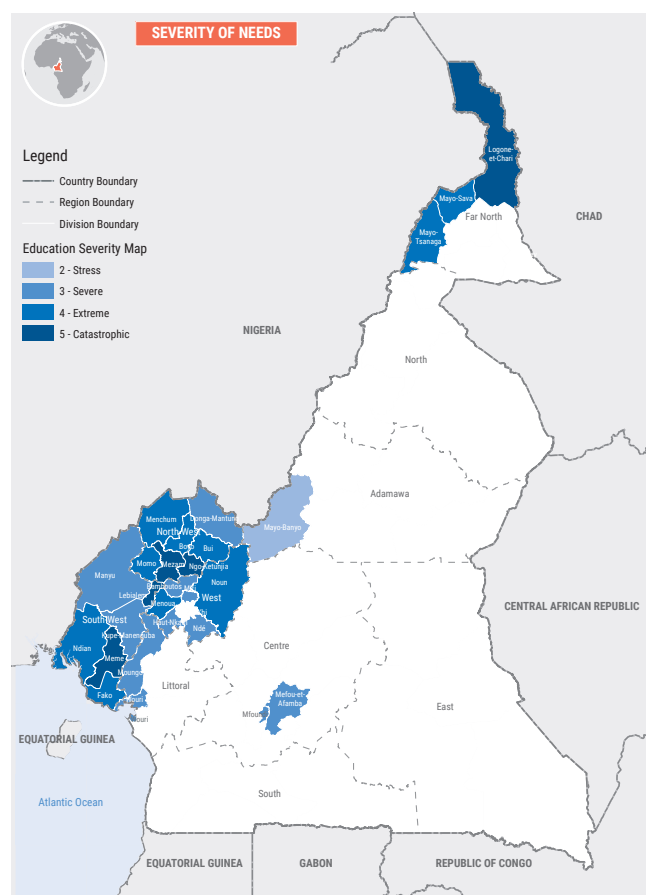
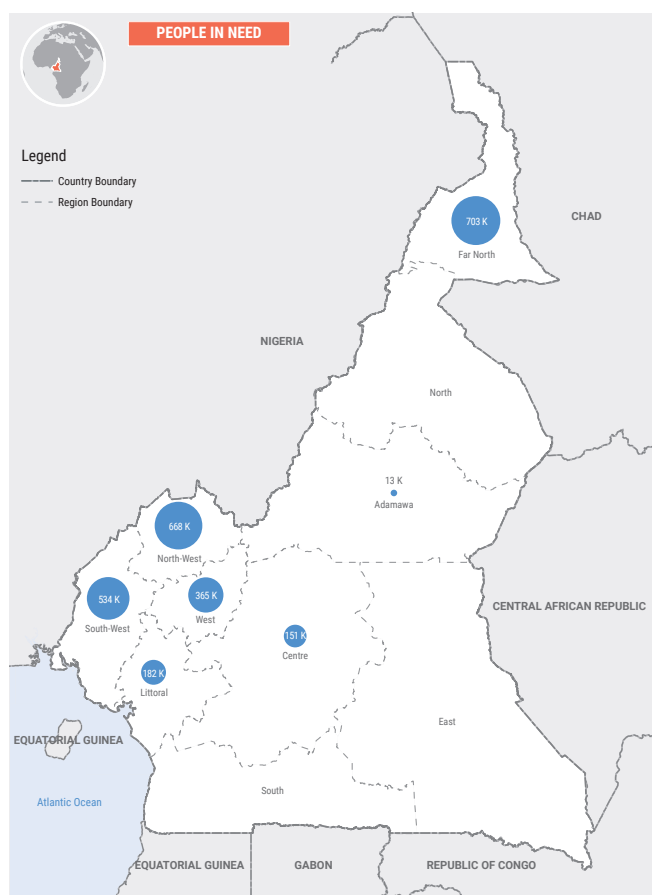
1.9M

WOMEN

15%

CHILDREN

71%



Overview

Because of the CAR, Lake Chad Basin, and North-West and South-West crises, over 1.9 million school aged children will need humanitarian education assistance in 2021. These needs continued to be caused and exacerbated mostly by violence, threats and attacks against education, population displacement, and the poor capacity of school systems and communities to absorb extra student populations in distress. These multiple crises have a common denominator: children

are in distress and teachers lack knowledge and competence to deal with crises affected students and anticipate new crises.

Far North Crisis

In the Far North, as a result of protracted displacement, education services further degrade due to the additional burden students from displaced families represent for host communities. According to the 2020 report of the Regional Delegation of Basic Education

of the Far North region, the student per teacher ratio in the three crisis-affected divisions in the Far North region is 211 students per teacher in Mayo-Tsanaga, 191 in Logone et Chari and 121 in Mayo-Sava. Due to displacement and the sociocultural norms, beliefs and values toward education of some parents, coupled with the absence of civil registry offices in unstable areas, most parents do not register their children at birth. Consequently, 43.6 per cent of school-age children lack birth certificates and are therefore not allowed to sit for the final primary school exams to access the secondary school. Moreover, families lack the capacity to support children's education because of the high incidence of poverty aggravated by insecurity and displacement; this affects the availability of teaching and learning materials for the most vulnerable students.

The Mayo-Sava, Mayo-Tsanaga and Logone et Chari divisions are marked by poor teaching and learning conditions, lack of qualified teachers in most schools (on average there are two teachers per school in the Logone et Chari and Mayo-Tsanaga divisions and four teachers per school in the Mayo-Sava division), inadequate classrooms, lack/insufficiency of sanitation facilities, lack/insufficiency of school equipment and materials. In these three divisions, 62 schools are still closed, and 50 others have been destroyed for years and have never been rebuilt. This situation has had a direct impact on the access to education for about 35,000 students. In addition, education continues to be provided by men in uniform, often with their weapons, in 18 schools, making the school susceptible to attack by armed groups, endangering the girls and boys who attend these schools.

Additionally, the Far North region is facing repeated floods, with the impact increasing due to climate change. This annually recurring phenomenon contributes to exacerbating the vulnerability of communities and reduces the chance of children to participate in school activities. The flash floods that devastated communities, school infrastructures and materials, in the Logone et Chari and Mayo-Danay divisions during September and October 2020, left more than 18,000 students out of school.

About 400,000 crisis affected school-age children (47 per cent of girls) need assistance in the education sector in the three regions most affected by the crisis in the Far North (Logone et Chari, Mayo-Sava, and Mayo-Tsanaga divisions).

North-West and South-West Crisis

Despite a slight improvement from 2019 with regards to the numbers of operational schools⁶¹ and student attendance, the situation in the North-West and South West regions remains deplorable: as of November 2020, in the North-West region alone 730 (23 per cent out of 2,407) primary schools and 142 secondary schools (25 per cent out of 416) are operational. Only 39 per cent primary school teachers and 21 per cent secondary school teachers report to work in the North-West region. Data available shows that schools in urban centers of the North-West and South-West are overcrowded.

Accessing education in emergencies services, or going to school in such a volatile environment, is proven to be risky for children, as well as for teachers. As attacks against education increased and became more violent, protecting education is an even bigger priority for 2021 than it was in 2020.

Thousands of children displaced in the Littoral, West and Centre regions⁶² struggle to access schools, due to poverty and social exclusion. Girls, including primary school students, are reportedly recurring to prostitution to be able to pay for their education.

On the one hand, education institutions are reportedly charging higher fees for enrollment to the displaced; on the other hand, education structures in these regions struggle to include the IDPs with an average pupil/classroom ratio of up to 200 children. It is reported that many IDP children in Yaounde (Centre region) were unable to return to school when schools resumed on 5 October, as classrooms were restricted to 50 children due to COVID-19 prevention measures.

Over 1.2 million school aged children need humanitarian assistance due to the North-West and South-West crisis, in the North-West, South-West,

Adamawa (Mayo Banyo), Littoral, West, and Centre (Yaounde) regions. Approximately 700,000 of them need urgently access to education services. The main needs for children of the North-West and South-West regions are linked to the risks associated with attending formal education, the unavailability of formal education offer in areas of insecurity, the general lack of a protective learning environment and the low capacity of teachers and education personnel to care for children who are in distress due to the crisis.

Projected needs

Considering the increased number of attacks against education in the Far North, and particularly in the North-West and South-West regions since the reopening of schools in October 2020, a further negative impact on attendance, and retention in education is expected in 2021, as well as an increase

on the risks for those actors involved in providing humanitarian education assistance in the North-West and South-West regions.

3.3

Food Security



PEOPLE IN NEED

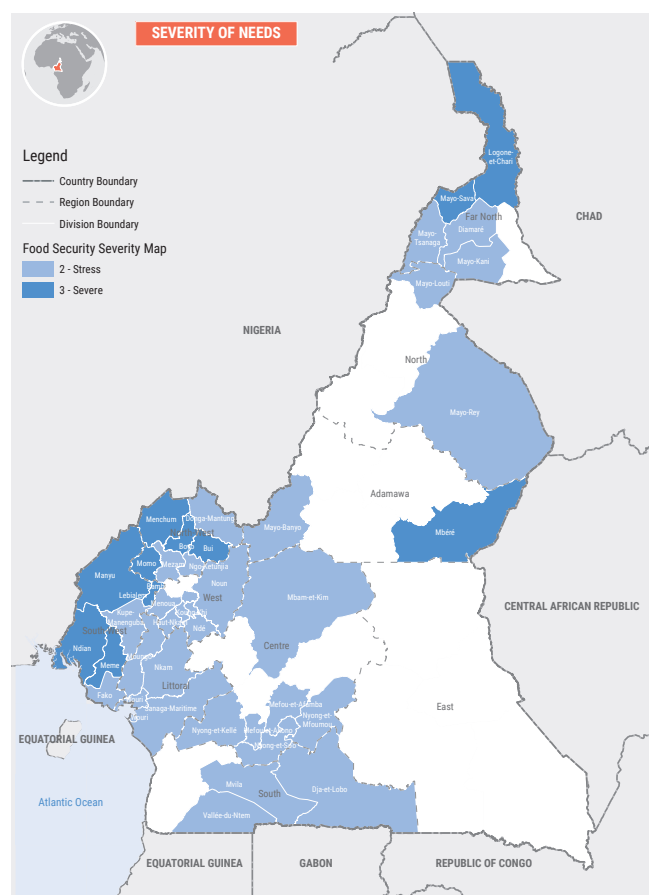
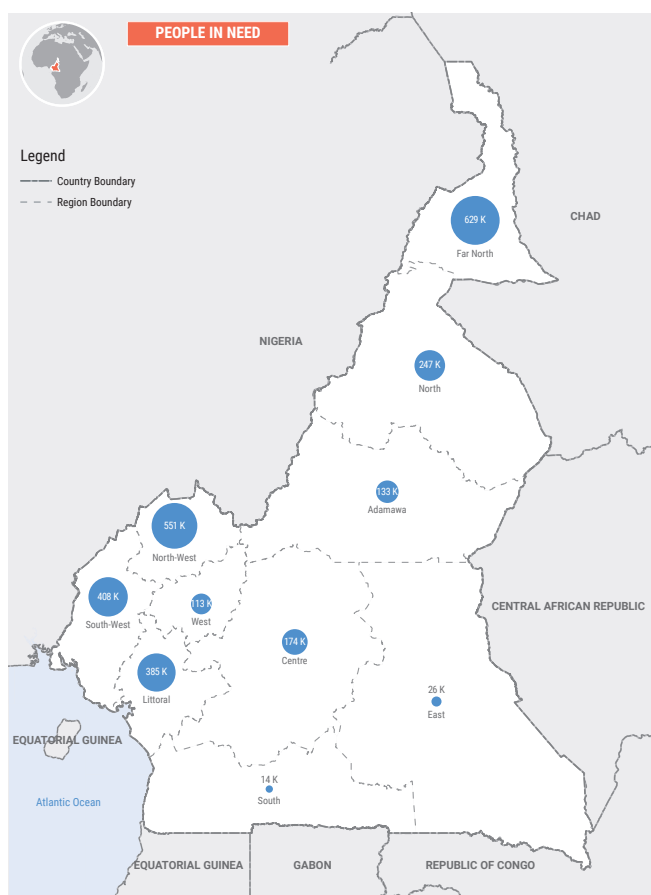
2.6M

WOMEN

27%

CHILDREN

51%



Overview

The food security situation in Cameroon remains affected by insecurity, a socio-political crisis, floods, and the erosion of livelihoods due to the impact of COVID-19 prevention measures.

The insecurity in the Far North, North-West and South-West regions continues to lead to population displacement and limits access to field and livelihoods. This situation, together with the challenging

humanitarian access to certain localities and low coverage of food assistance due to a lack of resources has led to a nutritional and acute food insecurity situation (crisis) among the displaced and vulnerable populations in urban, peri-urban and bush areas.

The agro-pastoral season in 2020 was marked by a late onset of rainfall and limited spatial and temporal distribution, which coupled with the intensification of the rains in August and September led to flooding

in several regions. The floods have affected many thousands of households, provoking the loss of assets, damaging properties, crops, livestock and road infrastructures and displacing families.

According to the results of the analysis of the Cadre Harmonisé from October 2020, 2.7 million of people are in acute food insecurity (phases 3 to 5 from October to December 2020) in Cameroon, representing 10 per cent of the total population. Food insecurity is highest in the North-West, South-West, Far North, Littoral and Adamawa regions. It is estimated that from June to August 2021, 2.3 million people will be in acute food insecurity in Cameroon, representing 9 per cent of the total population.

Food insecurity is caused by inadequate food consumption, affecting 10.7 per cent of the population, and negative coping strategies. On average, 15.1 per cent of households have a poor or borderline food consumption score across the country. Most households with poor or borderline food consumption are found in the North-West (60 per cent) and the Centre (46.5 per cent) regions. As of September 2020, the national average of the reduced Coping Strategies Index (rCSI) is 10.2 points, with 37.7 per cent of households having used at least one negative coping strategy within the last week of August. The economic vulnerability of the population is demonstrated by the fact that 58 per cent of households allocate at least 65 per cent of their expenses to food. 1.1 per cent of households suffer from severe to very severe hunger. In this category, women are economically more vulnerable. Data on poverty and gender inequality show, among other things that while 39 per cent of the national Cameroonian population lives below the poverty line, this rate rises to 51.5 per cent for women. Of these, eight out of ten women are underemployed. This precarious livelihood situation is also reflected by their lack of ownership of land to cultivate. Only 1.6 per cent of women own a land title in their name. Access to a plot does not allow them to have control over it, as they have limited opportunities to assert their rights.

According to the national survey on nutrition and food security (ENSAN) from September 2020, the North-West (40 per cent), South-West (30.7 per cent), Littoral

(25.1 per cent), Far-North (24.8 per cent), Adamawa (22.1 per cent) and the West (20.5 per cent) are the most affected by food insecurity in September 2020. The population in these regions suffer from the effects of current or past crises. The southern region is the least affected by food insecurity (9 per cent).

In regions directly affected by a crisis, the prevalence of severe food insecurity is around 5 per cent: 6.9 per cent in the South-West, 5.4 per cent in the Far North and 4.4 per cent in the North-West regions.

The ENSAN assessment revealed that, in the West region, food insecurity affects 20.5 per cent of the population, mainly resulting from inadequate food consumption affecting 18.7 per cent of households. The same is true in the Littoral region where 20.2 per cent of households are food insecure mainly due to inadequate food consumption which affects 16.9 per cent of households and poorly diversified food affecting 7.9 per cent of households.

In urban areas, mainly Douala, economic activities continue to suffer from the negative effects of COVID-19 and the related prevention measures, despite their easing. The decline in economic activities negatively impacts the livelihoods of urban households, especially those operating in the informal sector. In urban areas, the prices of basic foodstuffs (plantain, macabo, fish, etc.) have increased by around 10 per cent compared to last year or even the five-year average for the same period. Economic speculations from wholesalers have created artificial shortages. Likewise, the prices of imported rice increased by about 40 per cent compared to the same period in 2019 and the five-year average, due to global COVID-19 restrictions and border closures that disrupted food stuff importations.

From the WFP telephone surveys (mobile VAM, or mVAM⁶³) on food security carried out in the ten regions of Cameroon, results show that households headed by women are found to be the most vulnerable, with a proportion of these households having a poor or borderline food consumption score 3.1 times higher (40.5 per cent) and an rCSI 1.7 times higher on average (19 per cent) than those headed by men.

Far North Crisis

In the Far North region – which continues to suffer from armed conflict and harsh weather – food insecurity affects 24.8 per cent of households. Economic vulnerability remains preponderant in this region and concerns 44.4 per cent of households, leading them to engage in negative coping strategies based on food consumption (24 per cent) or on the means of existence (38.2 per cent). In addition, 1.6 per cent of households suffer from severe to very severe hunger.

In addition to the impact of the armed conflict, the region is also suffering from the effects of the border closure due to the COVID-19 pandemic, leading to a slowdown in economic exchanges linked to the fishing, small trade and livestock sectors.

In the last quarter of 2020, commodity prices are stable or seasonally declining, with prices of fisheries and animal products being slightly higher than last year.

The torrential rains, water accumulations and overflowing of the Mayos and Logone rivers caused flooding in several localities and affected more than 35,000 households mainly in the Mayo-Sava, Logone et Chari, Diamare and Mayo-Danay divisions. These floods have caused loss of household assets, displacement of households and damage to crops, livestock and road infrastructure, increasing humanitarian needs in this period following the normally good harvests. The situation is likely to worsen and lead to an early lean season if no assistance is provided and a risk of a poor next agropastoral season.

Livestock owners and farmers reported the loss of more than 3,219 animals and the destruction of about 19,676 hectares of crops. Logone et Chari is the most affected division in terms of crop loss with nearly 10,431 hectares of crops damaged. For the displaced population, although the floodwaters have almost receded, returning to their localities remains very difficult with the damage to houses and the harmattan, the desert wind, that began with the cold. They estimate their return to their localities of origin between the end of December 2020 and March 2021.

According to the population affected by the flooding and the authorities, the main priorities for the population remain shelter, food, NFI, agricultural catch-up during the off-season and restoration of small farms (poultry and small ruminants).

North-West and South-West Crisis

The ongoing socio-political crisis, the high level of violence, insecurity (including kidnappings for ransom), frequent lockdowns and ghost towns continue to contribute to a deterioration of the food security situation in the North-West and South-West regions. Many areas in the North-West, apart from the Mezam division, remain challenging to reach for humanitarian partners due to insecurity and the high number of NSAG checkpoints. Meanwhile, transportation also remains challenging due to bad road conditions, having a negative impact on the operational humanitarian costs and on the prices of locally produced food items. Mobile communication networks remain limited, especially in rural areas, making it challenging to reach the affected population with cash assistance. The lockdowns and ghost towns make access to markets and services challenging, for the population, as for humanitarian partners. About 80 per cent of farms in remote locations are inaccessible and sometimes crops are abandoned. Due to insecurity, most people have moved from rural areas (where there is land) to cities where even space for home gardens is very limited. Few markets are functioning in some divisions with partial access to regional markets. The limited humanitarian assistance could not significantly improve the food security situation in these regions.

Finally, as data collection on food price monitoring is mostly carried out in urban and semi urban areas due to inaccessibility and non-functionality of markets in hard to reach areas, it is not possible to analyse the impact of COVID-19 or insecurity on prices in these areas.

3.4 Health



PEOPLE IN NEED

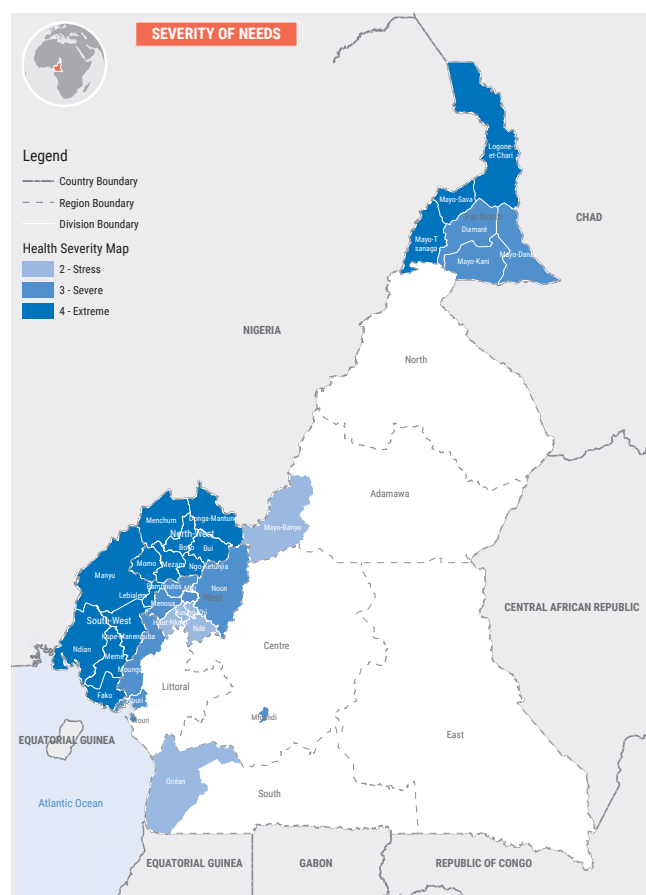
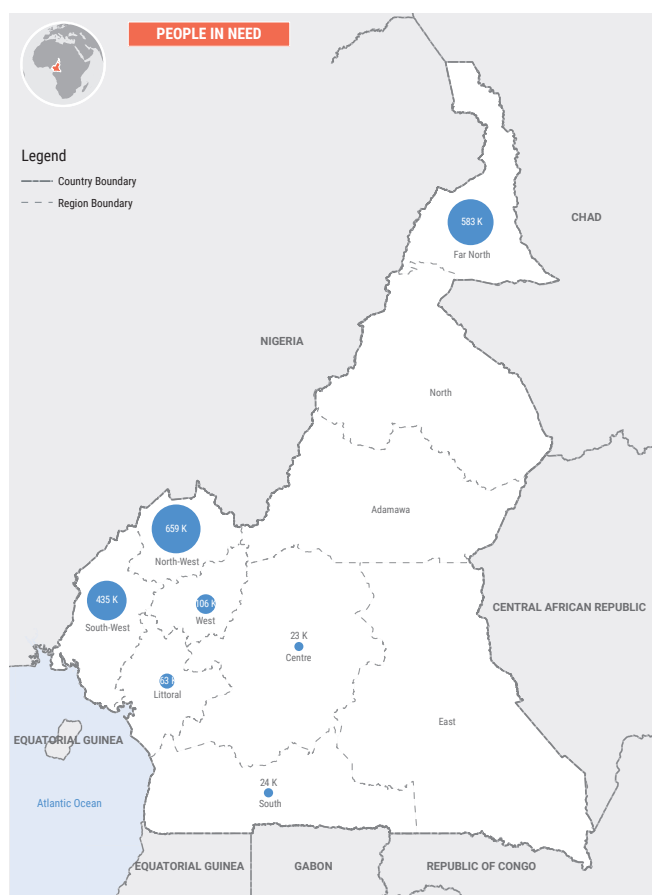
1.8M

WOMEN

27%

CHILDREN

55%



Overview

Due to the continuous violence and the resurgence of epidemics, it is estimated that 1.6 million people affected by the Far North and the North-West and South-West crises will need emergency humanitarian health assistance in 2021.

The health situation in areas affected by the Lake Chad Basin and the North-West and South-West crises is characterized by a reduction in the number of functional health centers, health services and qualified health personnel, limited access of the crises-affected populations to essential healthcare, and low vaccination coverage, which is resulting in a

resurgence of infectious diseases such as measles, cholera, and monkey pox.

In 2020, besides COVID-19, measles and polio epidemics were declared in the Far North, the North-West and South-West and the North and a cholera epidemic was declared in the Littoral, South and South-West regions. The polio outbreaks recorded throughout 2020 were caused by a vaccine-derived strain of virus, which continues to affect the country despite the eradication of the wild-type polio virus in 2020. The case fatality rate linked to cholera stands at 5.6 per cent in the Littoral region, 5 per cent in the South-West region, and 3.2 per cent in the Centre and South region – considerably higher than the WHO threshold

of 1 per cent. The risk of cholera transmission remains very high in the North region, which had already experienced an epidemic in 2019, along with the risks of transmission linked to hemorrhagic fevers and COVID-19. In 2020, the South-West and Littoral regions, both hosting IDPs, recorded outbreaks of cholera and measles. Due to displacement, pregnant women and children were not able to benefit from routine vaccination through the Expanded Programme of Immunization (EPI).

In addition, the COVID-19 pandemic has unsettled the national health system. The mitigation measures implemented by the Government, coupled with the already limited access to basic healthcare, have significantly increased the vulnerability of populations in general, but especially that of mothers and children. Furthermore, the COVID-19 response has diverted resources from other critical efforts to address several infectious diseases.

As of 2 December 2020, 24,560 cases of COVID-19 including 441 deaths have been recorded. The most affected regions are those of the Centre, the Littoral and the West. Measles epidemics have been declared in 49 of the 190 health districts. As of 6 December 2020, 1,933 cholera cases have been recorded in the Centre, Littoral, South, and South-West regions, with 87 deaths (a case fatality rate of 4.5 per cent).

In the Far North, the North-West and the South-West regions, insecurity has reduced access to essential health services for 1.4 million people including 707,000 women and 277,000 children under five. In addition, more than 250 health facilities are no longer functional due to physical destruction or abandonment by health personnel mainly in the North-West and South-West regions. Population movements, high number of injuries due to armed violence as well as disease outbreaks increase the complexity of the delivery of quality health services.

The per centage of births attended by qualified personnel is very low in the areas affected by crises with only 26.7 per cent in the Far North, 30.8 per cent in the North and East regions, and at 32.8 per cent in the North-West and South-West regions.

Far North crisis

2020 has seen an increase in the number of attacks by NSAGs along the border between Cameroon and Nigeria. These attacks, which target both populations and their livelihoods, have a significant impact on the vulnerability of these populations, particularly on their physical and mental well-being as well as on their living conditions. Furthermore, the incidence of rape

increased in the Far North with 209 cases in 2020 compared to 198 in 2019.⁶⁴

Since September 2020, flooding in the Far North has affected over 162,000 people.⁶⁵ In addition to other multi-sectoral needs, lack of access to clean water, sanitation and health services are the leading causes of cholera and other diseases. Access to healthcare is even more challenging for women and children due to the traditional patriarchal organization of communities, as the adult male having the dominant role in families restricts their access to healthcare.

North-West and South-West Crisis

MSNA data from August 2020 estimate that 269 out of 933 (29 per cent) health centers are no longer functional in the North-West and South-West regions. Likewise, with attacks targeting health personnel and destructing medical equipment, the technical capacity and availability of staff to work in these areas is very low. In the North-West and South-West, malaria, Acute Respiratory Infections (ARI) and diarrheal diseases continue to lead to the death of young children. This alarming situation is exacerbated by poor vaccination coverage.

In 60 per cent of the assessed villages, key informants reported that most of the displaced population do not have access to health care facilities. 25 per cent of villages need more than 60 minutes to reach the closest health facility. 65 per cent of key informants cited distance as the primary challenge to access health care, followed by 17 per cent who indicated that services were too expensive. In 37 per cent of villages women rarely or never give birth in health centers, thus putting their lives and the survival of their children at risk.⁶⁶

The North-West and South-West regions lack emergency medical and psychological units, necessary to provide emergency surgical management of those wounded and to provide psychiatric and psychosocial support to those traumatized by the violence. Finally, the incidence of rape increased dramatically in the two regions with 490 cases reported in 2020 compared to 17 in 2019.⁶⁷

3.5

Nutrition



PEOPLE IN NEED

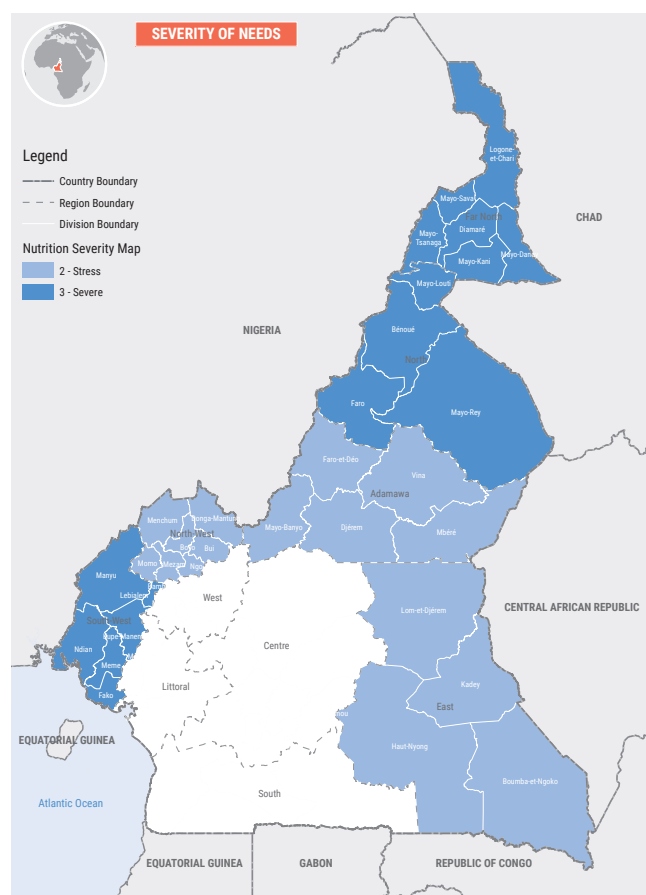
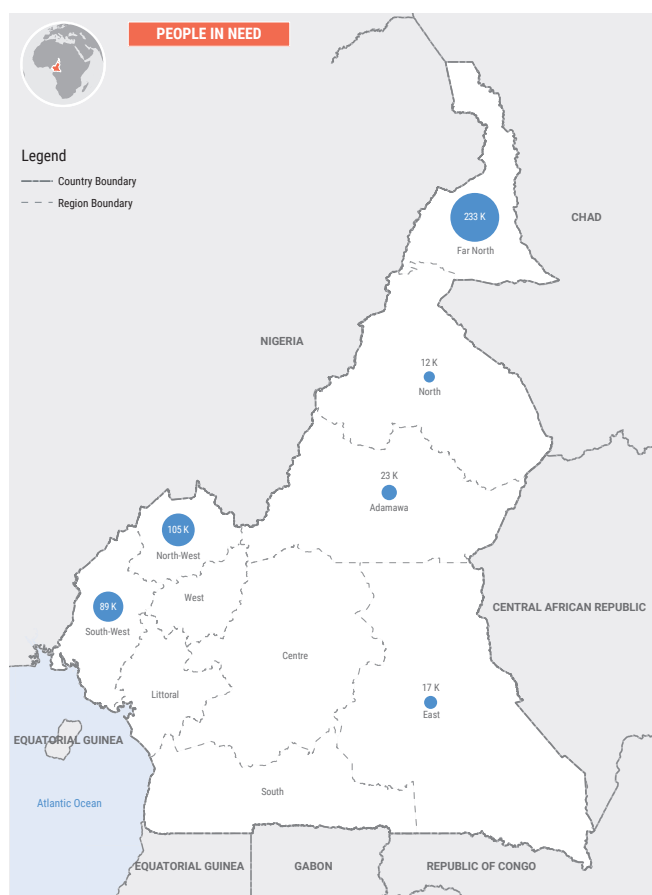
480k

WOMEN

37%

CHILDREN

63%



Overview

Regions affected by humanitarian crises in Cameroon are characterized by a relatively high prevalence of acute malnutrition (more than 5 per cent in the Far North, North and East), stunting (more than 37 per cent in the Far North and East) ⁶⁸ and micronutrient deficiencies (57 per cent of children and 40 per cent of women of child-bearing age with anemia), which in turn lead to increased risk of death among the affected population and among vulnerable groups. Malnutrition and crisis go hand in hand, malnutrition impacts on

and is affected by crisis. In protracted crises, like in Cameroon, the factors responsible for malnutrition are exacerbated. This points to fundamental structural problems that trap populations in a state of constant precariousness and help explain why emergency situations resulting in alarming increases in acute malnutrition regularly arise and why chronic malnutrition rates remain unacceptable despite aid assistance. In addition, obesity and overweight are rising dramatically affecting 7.3 per cent of the children in the East and 15 per cent in the North-West.

Undernutrition and overweight/obesity are often observed side-by-side, within the same region and the same household.

Protracted displacement crises have a negative impact on individual nutritional status, particularly in vulnerable population groups (including children under five, pregnant and lactating women and girls, adolescent girls, older people and people with disabilities), affecting peoples' lives and livelihoods and entire households' access to food, health and care in many ways:

- Families lose members, are forced to migrate and are separated from their relatives and support networks; adults are traumatized or too busy trying to cope with the crisis to provide support to spouses or offspring;
- Food security is negatively affected by conflicts: productive activities are disrupted, food stores are destroyed or looted, livestock are stolen, access to markets is reduced and prices increase;
- Reduced access to food results in changes in feeding practices (particular reduced consumption of vegetables, fruits and animal-source foods), food preparation and food allocation within households. 29 per cent and 25 per cent of households have poor or limited food consumption in the Far North and East regions, respectively.⁶⁹
- Health services, as in Logone et Chari and the South-West and North-West, are no longer available or used. The adverse impact of the crises in the Far North and the North-West and South-West on access to health care remains high.

Population groups affected by the crises

Women, girls, boys and men face different risks in relation to a deterioration in their nutritional status in emergency contexts. These different vulnerabilities are related both to their differing nutritional requirements and to socio-cultural factors related to gender.

Needs from birth until the age of two differ from the ones of other age groups, because the nutrition needs of infants and young children are different, while the texture of foods and the frequency of feeding must be adapted to their capacity to chew and the size and maturity of their digestive system. As highlighted in the Lancet Series in Nutrition in 2008, optimal nutrition and health care of both the mother and infant during these first 1,000 days (the window of opportunity) of an infant's life are closely linked to growth, learning potential and neurodevelopment, in turn affecting long-term outcomes.

How do gender issues affect nutritional status?⁷⁰

- In crisis situations where food is in short supply, women and girls are more likely to reduce their food intake as a coping strategy in favor of other household members. This can contribute to under-nutrition among women and girls.
- Women often face constraints in accessing humanitarian services, including food, as a result of insecurity, cultural discrimination and limited mobility.
- Women, especially those who are pregnant or lactating, may be disproportionately affected by under-nutrition due to their increased physiological requirements. Teenage pregnancy can lead to poor health and nutritional status for both the baby and the mother. In affected regions, more than 15 per cent of the women of reproductive age are at risk of malnutrition or malnourished, a percentage which rises to more than 20 per cent for pregnant women.⁷¹

- While remaining the main caretakers of children and other dependents within a household, women take on additional activities to support household food security, especially in situations where male heads of households are absent. This often leads to disruption in infant and young child feeding practices and reduced caring capacities. In the Far North and the North-West, about one-fifth of households headed by women are food insecure, respectively 22 per cent and 20 per cent of households, against 9 per cent and 14 per cent of those headed by men.⁷²
- Single men and boys separated from their families can be at risk of under-nutrition if they do not know how to cook or access food distributions.
- Women are especially vulnerable, as they have less access to assets and resources, and receive lower salaries, while their domestic work burden increases or stays the same. In the worst scenarios, limited opportunities leave many women and girls with untenable options for their own and their families' survival, including exchanging their bodies for food and basic commodities, and early or forced marriages for daughters. Gender-based violence is the most extreme manifestation of gender inequality and a fundamental human rights violation.

How do disabilities and age affect nutritional status?

- Children with disabilities are more likely to be malnourished as malnutrition can cause disabilities and disability can also lead to malnutrition, creating a cycle.⁷³
- At the same time, children with disabilities may become mal-nourished due to difficulties swallowing and feeding, frequent illness, difficulties absorbing nutrients, caregiver's lack of knowledge on feeding and neglect.⁷⁴
- Malnourishment can also result from stigma and discrimination. Mothers may be encouraged to not breastfeed their infants with disabilities and children and adolescents with disabilities may be fed less, denied food or provided less nutritious food than siblings without disabilities.⁷⁵
- Older people who suffer from chronic diseases are mostly impacted by limited availability and disruptions of access to indispensable essential medicines.

Far North Crisis

The results of the latest nutrition survey (with the SMART method) conducted in November 2019 by UNICEF and the Government of Cameroon showed a Global Acute Malnutrition (GAM) rate of 5.2 per cent with 1.4 per cent of Severe Acute Malnutrition (SAM). For chronic malnutrition, the Far North had the highest prevalence with 38.2 per cent. In addition, a Mid-Upper Arm Circumference (MUAC) screening carried out in August 2020, on a sample of 1,601 children aged 6-59 months revealed that the proportion of Moderate Acute Malnutrition (MAM) was at 6 per cent. These results indicate that the nutritional situation in the Far North region remains precarious. The proportion of SAM children was 2.4 per cent; that of MAM was 3.6 per cent. The departments of Logone et Chari and Mayo-Sava were the most affected.⁷⁶

More than 70 per cent of the total IDPs are living in host communities; 37 per cent of IDPs are children under five and the average number of children per household is 5.8. They are, with the host populations, among the most exposed to the lack of access to drinking water, poor access to health care, hygiene problems, epidemics, and the consequences of poor harvests which can lead to a rapid deterioration of their nutritional status. It is estimated that more than 230,000 people, mainly girls and boys under the age of five and pregnant or lactating girls and women, will be vulnerable in the Far North in 2021.

The situation related to the main underlying causes of malnutrition remains fragile with limited access to potable water especially for refugees, IDPs and their host communities (availability slightly below the minimum emergency water standard (15 liters / person / day) in the departments of Diamare, Mayo-Tsanaga and Mayo-Danay). Regarding the health situation, across the region, 43.6 per cent of children show signs of malaria and 41.3 per cent of diarrhea. The department of Mayo-Tsanaga records the highest number of cases of diarrhea (57.5 per cent of households surveyed for the indicator) and malaria (52.5 per cent).⁷⁷

The indicators related to infant and young child feeding practices are among the poorest in the country, with an exclusive breastfeeding rate of 30.8 per cent, a timely introduction rate for complementary foods of 33.3 per cent. The proportion of children aged 6 to 59 months with minimum dietary diversity in the region is 33 per cent, the department of Mayo-Sava records the lowest rate, at 18 per cent.

It is estimated that a minimum of 125,000 people will suffer from GAM in 2021, including 20,000 pregnant and lactating women and 105,000 girls and boys under the age of five.

North-West and South-West Crisis

It is estimated that more than 188,000 people need nutrition services in the North-West and South-West regions. Population living in remote areas, IDPs in urban/peri urban areas and households/ communities hosting IDPs are vulnerable to malnutrition since they are exposed to aggravating factors (food insecurity, limited access to water, poor sanitary conditions, sanitation and hygiene services, and morbidity due to overstretching of basic social services).

The nutrition situation in the North-West and South-West regions remains unclear due to absence of a comprehensive nutrition anthropometric survey using SMART methodology. Proxy data from rapid emergency food security assessments (EFSA) conducted in October 2019 revealed a precarious situation with a proxy GAM of 5.1 per cent and 7.1 per cent in the North-West and South-West regions, respectively. Analysis from MUAC screening data conducted by nutrition partners between January and August 2020, showed a proxy GAM prevalence of 4.8 per cent and 1.5 per cent in the North-West and the South-West regions, respectively. However, these findings are not conclusive of the nutrition status in the two regions as there could be pockets of high nutrition vulnerability that are not yet identified.

Prior to the crisis, the North-West and South-West regions presented vulnerabilities to malnutrition with high rates of stunting of 36 per cent and 28 per cent in the North-West and the South-West, respectively.

Furthermore, poor indicators on infant and young child feeding practices were reported with 42.5 per cent and 58.3 per cent of exclusive breast-feeding rates for the North-West and South-West region, respectively. The per centage of children 6 to 23 months who met Minimum Dietary Diversity (MDD) was reported to be 31.8 per cent and 20.7 per cent in the North-West and the South-West, respectively. Approximately 40 per cent (44.3 per cent in the North-West and 41.9 per cent in the South-West) of children aged 6 to 59 months were considered to have anemia and with the ongoing humanitarian crisis, it is very likely that the MDD weak situation had worsened further.

Food insecurity, morbidity (malaria, cough and morbidity), poor sanitary conditions and repeated internal displacement continued to accelerate in 2020. Food security reports throughout 2020, indicate deterioration of food insecurity, disruptions of household livelihoods and increase in prices of staple foods (28 to 78 per cent for maize, 22 to 33 per cent for imported rice, 50 to 140 per cent for beans). The insecurity levels, temporary closure of point of entries and limited food supply through imported sources are main drivers for price increases in the North-West region. In addition to security concerns in these two regions, COVID-19 restrictions further reduced trade flows between urban and rural areas and hence affected staple food prices. COVID-19 has been identified as a major cause of higher prices nationally in the second quarter. Poor host households and displaced populations will continue to face acute food insecurity (Food Insecurity Phase 3). Access to health care remains a challenge due to insecurity and persistent attacks on healthcare constitutes a huge threat to the availability of essential health care to the population. 71 per cent of the health facilities are functional with the majority (58 per cent) of IDPs not able to access health care due to distance (45 per cent) and financial constraints (17 per cent). Furthermore, a weak disease surveillance system has put the population at risk of epidemics with late detection and limited response capacity. Repeated pockets of cholera outbreaks have been reported in the South-West.

With the major drivers of malnutrition (food insecurity, morbidity, poor sanitary conditions and repeated internal displacement) likely to continue in 2021, the nutrition situation is likely to deteriorate since acute malnutrition of children aged 6 to 59 months is a direct outcome indicator of recent changes in the nutritional status which could be attributed to changes in the food security, health and WASH situations. It is estimated that up to 8,000 boys and girls under five years of age are likely to develop severe acute malnutrition in the two regions in 2021.

COVID-19 impact

The impact of the COVID-19 epidemic on the nutritional status is not yet known, however, it is anticipated that the socioeconomic impact of COVID-19 pandemic can lead to an increase in levels of malnutrition in vulnerable households, yet the magnitude remains unpredictable.

In the longer term, the combined effects of COVID-19 itself, as well as corresponding mitigation measures and the emerging global recession could, without large-scale coordinated action, disrupt the functioning of food systems. Such disruption can result in consequences for health and nutrition of a severity and scale unseen for more than half a century.⁷⁸

Monitoring of the situation

Due to the COVID-19 pandemic, the 2020 SMART survey has been delayed but will be conducted in early 2021. The survey will give updated data on the humanitarian needs in 2021. The Sector will continue to set up a strong surveillance system including MUAC measurement at family level and close monitoring of food-security, health and WASH indicators.

3.6 Water, Sanitation & Hygiene



PEOPLE IN NEED

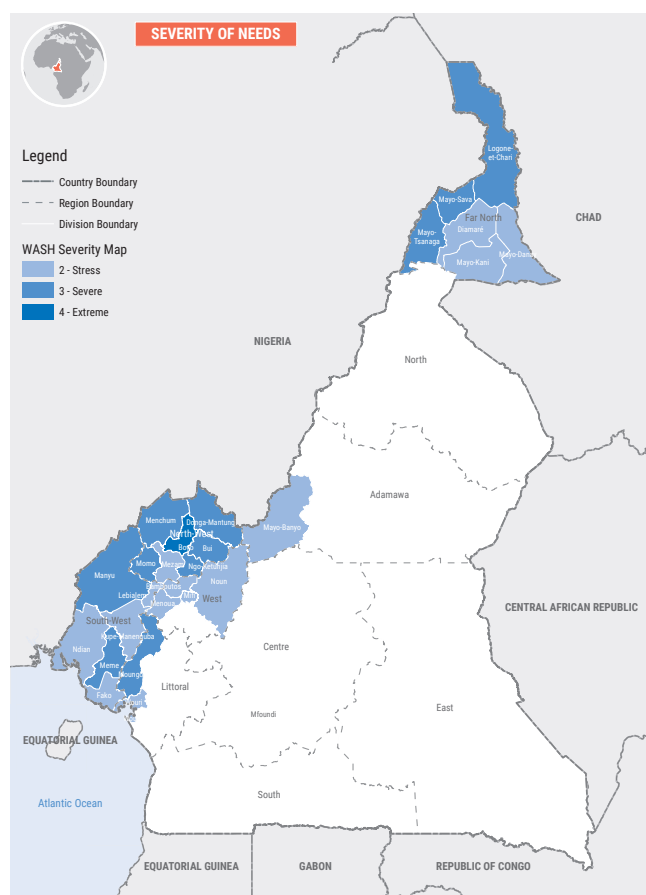
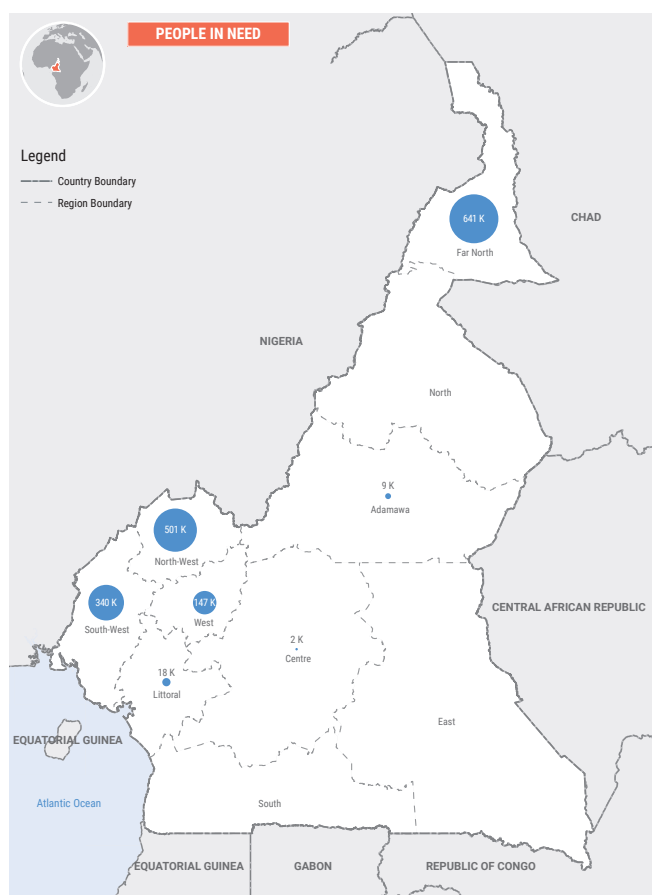
1.6M

WOMEN

26%

CHILDREN

55%



Overview

Multisectoral needs assessments carried out in the Far North, the North-West, South-West, Littoral and West regions, as well as sectoral assessments in Noun and Menoua divisions in the West region and Mayo-Banyo division in Adamawa region, coupled with the monitoring of access to water, hygiene and sanitation services, has made it possible to estimate the number of people in need of humanitarian WASH assistance in these regions at 1.7 million.

57 per cent of the population of the Far North does not have access to drinking water compared to less than 2 per cent of people living in the metropolitan areas of Douala and Yaounde. 99 per cent of people in the highest economic bracket have access to an improved water source compared to 43 per cent for those in the lowest economic bracket. Regardless of the region, collecting water is done by women, boys and girls. This situation affects the productivity of these groups and exposes them to serious protection risks. Thus, efforts must be made to limit the time and distance spent

collecting water. In 32 per cent of the villages assessed in the North-West and South-West regions, it takes at least 30 minutes for a round of water collection.

97 per cent of the highest economic bracket has access to basic sanitation compared to 8.2 per cent for people in the lowest bracket. Access to safe drinking water supply, hygiene and sanitation services remains highly dependent on the level of family income and the environment in which one lives; urban or rural.⁷⁹ This precarious situation is accentuated in areas affected by displacement due to violence (regions of the Far North, North-West and South-West, East and Adamawa), recurrent floods (regions of the Far North and Littoral) and characterizes the areas affected by cholera epidemics.

Far North Crisis

In the Far North, 86 per cent of the main refugee and IDPs sites do not have a minimum standard of safe drinking water supply or basic sanitation. 44 per cent of the displaced population cited access to drinking water as their main concern, ahead of access to food (28 per cent) and health care (8 per cent).⁸⁰ 72 per cent of the host communities similarly cite access to safe drinking water as a priority concern. The precarious living conditions of the population can also be exemplified by the lack of items necessary for compliance with hygiene standards and barrier measures against COVID-19. For example, 22 per cent of people living in IDP sites in Logone et Chari and 18 per cent in Mayo-Tsanaga do not have soap or hand sanitizers.⁸¹

North-West and South-West Crisis

Regarding the situation in the North-West and South-West regions, the deterioration of the security situation coupled with bad weather and the topography of the environment continue to limit access to improved sources of drinking water and basic sanitation services for affected people. In 71 per cent of villages assessed in the two regions, collecting water requires more than 30 minutes regardless of the type of supply source.⁸²

Regarding the sources of water supply, 53.5 per cent of the affected population collect drinking water from

an unimproved water source. The main challenges related to the drinking water supply include insufficient water points (in 46 per cent of villages); insufficient containers or water reservoirs in homes (in 41 per cent of villages) and long distances to collect water (in 38 per cent of villages). The situation of basic sanitation also remains worrying. For instance, 28 per cent of the population living in the Menchum division in the North-West practice open defecation. In 63 per cent of the villages assessed, pits without slabs are the majority type of latrine in households. Their maintenance is difficult, and they do not provide the dignity of users in general and of women in particular. The use of plastic bags for defecation is also widely used in many villages and represents a negative coping mechanism. These bags filled with human excreta are thrown into the wild, increasing the risk of environmental pollution and faecal-related diseases. In 24 per cent of the locations assessed, almost no household has a hand washing device. This is a major problem in a context where cholera epidemics (South-West) and COVID-19 are recurrent. The Menchum and Momo divisions in the North-West region are the most affected with 61 per cent and 44 per cent of households, respectively, that do not have a hand washing device.

Access to basic sanitation services marked by the sharing of latrines by several households and the rapid filling of pits is a major challenge within the communities in the Littoral and West regions hosting IDPs from the North-West and South-West. IDPs in these two regions struggle to access water supply services. In some localities, such as in Kourap (West region), IDPs have no access to latrines and surface water is the main source of water supply. There is also pressure on family latrines with 12 to 20 people on average per latrine. This pressure has led some host populations to charge for access to latrines. Most latrines are unimproved and poorly maintained.⁸³

The same situation, although smaller in scale, is also observed in communities hosting IDPs from the North-West and South-West regions in Yaounde (Centre).⁸⁴

3.7 Shelter & NFI



PEOPLE IN NEED

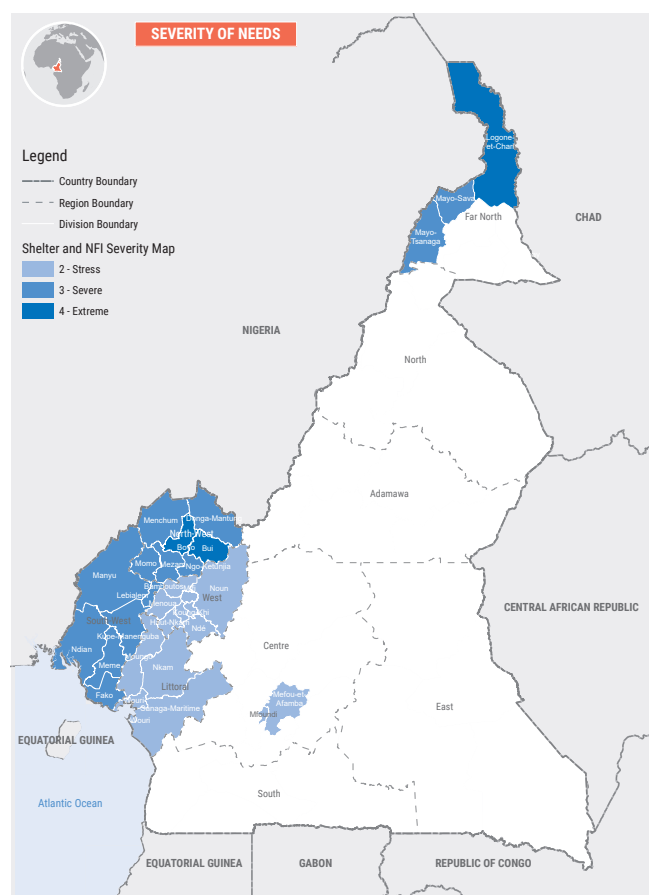
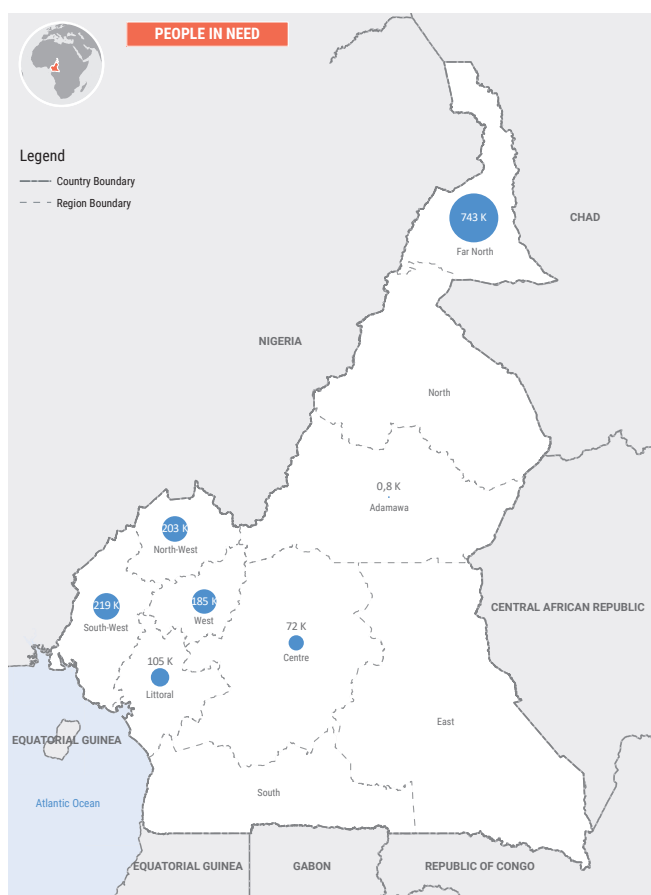
1.5M

WOMEN

25%

CHILDREN

55%



Overview

Insecurity in the Lake Chad Basin, the North-West and South-West, and CAR, continues to cause displacement, the destruction of homes and loss of livelihoods. Displacement and looting leads to the loss of essential household items including those essential for protection of dignity. The displacement leads to family separations and those displaced risk living in inadequate and overcrowded shelters or housing. Most shelter solutions do not offer protection from weather and wind and other health hazards. Older people,

separated or unaccompanied children, female-headed households, households living with a person with disabilities, households with more than three children under five, pregnant/ breastfeeding women, people with chronic illnesses are particularly affected by inadequate shelter conditions.

Inadequate shelter raises serious protection concerns including GBV, transactional sex, unwanted or early pregnancies and sexually transmitted diseases, including HIV/AIDS. Due to the loss of property during

forced displacement, women and adolescent girls find themselves without the minimum Menstrual Hygiene Management (MHM) items to protect their dignity.

While the majority of IDPs are accommodated by host communities, a minority has sought refuge in spontaneous sites or collective centers (churches, schools, etc.). These people are particularly vulnerable and often marginalized as they lack social ties with the host community and the means to build their own shelters. In addition, many were displaced having left everything behind. Host families share their meager possessions with IDPs and returnees, increasing their own vulnerability. In return, the latter work or provide services to host families. IDPs who find refuge in collective centers often only benefit from a temporary shelter and are evicted when buildings, especially schools, resume their original functions. Returnees often find their houses dilapidated or destroyed.

In addition to COVID-19, IDPs are at risk of other infectious diseases, among them cholera and measles. The accommodation of large numbers of IDPs in certain locations places additional pressure on already strained health structures. These structures fail to adequately absorb the additional caseload, which exacerbates the risks of disease outbreaks. Shelter and household items are thus essential to reduce the risks of disease and epidemics.

Shelter and NFI needs are most severe in the Far North, the North-West and the South-West regions. Over 1.5 million people need shelter and essential household items. The people in need include 607,000 IDPs, 195,800 returnees and 725,800 host community members.

Far North Crisis

About 743,503 people need shelter and NFIs in the Far North region. 49 per cent of IDPs, 52 per cent of out-of-camp refugees, and 14 per cent of returnees in the Far North live with host families, 29 per cent of IDPs, 42 per cent of out-of-camp refugees, and 1 per cent of returnees live in collective centers.⁸⁵ These shelters are in most cases precarious, marked by a lack of living space, separate bedrooms, showers and latrines. For people with disabilities, the inaccessibility in housing considerably limits their participation in community life.

North-West and South-West Crisis

Some 785,000 people affected by protracted population movements have shelter and NFI needs

in the North-West and South-West, West and Littoral regions.

93 per cent of the returnees find their accommodation partially damaged. IDPs have lost their shelter, household items and livelihood. 45 per cent of the IDPs in the North-West and South-West regions, 33,600 people, found refugee with host families, 20 per cent of the IDPs, 15,200 people, are renting. Those IDPs as well as those who found refuge in collective centers are facing evictions in the medium term, in most of the localities due to an inability to pay rent or because collective facilities are resuming their initial function. These IDPs are forced to move again and settle in bushes in rural areas with all the negative effects to which they are exposed including inclement weather, rain, vector-borne diseases, etc. 21 per cent of the IDPs, 15,800 people, are self-settled. Most of these IDPs live in non-damaged houses (52 per cent) or in sub-standard houses (29 per cent). 14 per cent of the IDPs, 10,500 people, live in makeshift shelters, of which only 21 per cent are in good condition.⁸⁶ IDPs who have settled in spontaneous sites often face fires that destroy their shelters and may also be at risk of eviction. These displaced people therefore need to renew their tarps (every six months) as well as some other elements of the emergency shelter. Those who are displaced for an extended period need their essential household items replaced and returnees need return support. The main challenge to access NFI items are that they are too expensive.⁸⁷

Some local authorities in the North-West and South-West regions prohibit the use of some tools/material in the construction of shelters making the situation and solutions the more complicated. Some local authorities consider nails, axes, and hoes 'bladed weapons' that armed groups might use to attack the general population.

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

3.8 Early Recovery



PEOPLE IN NEED

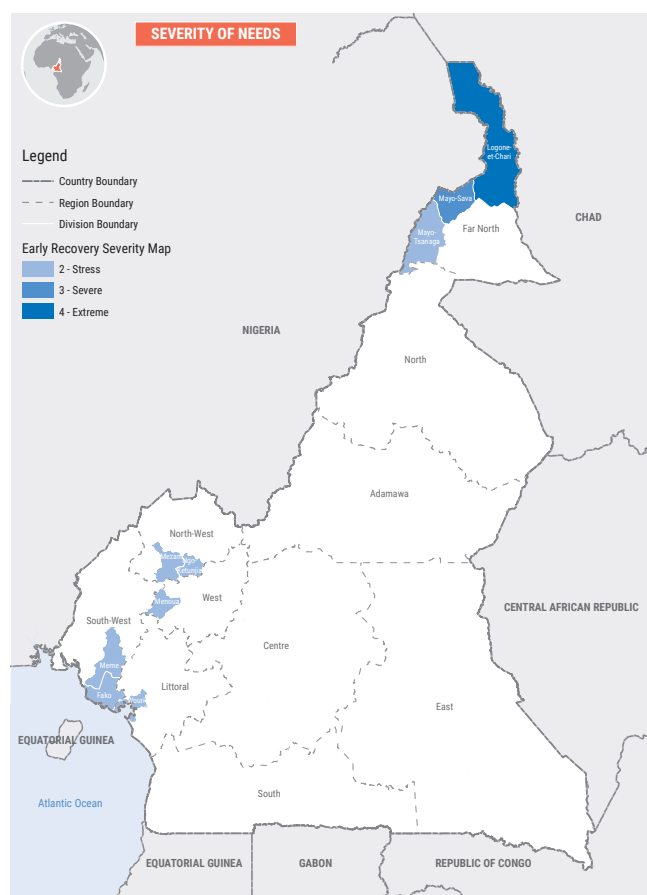
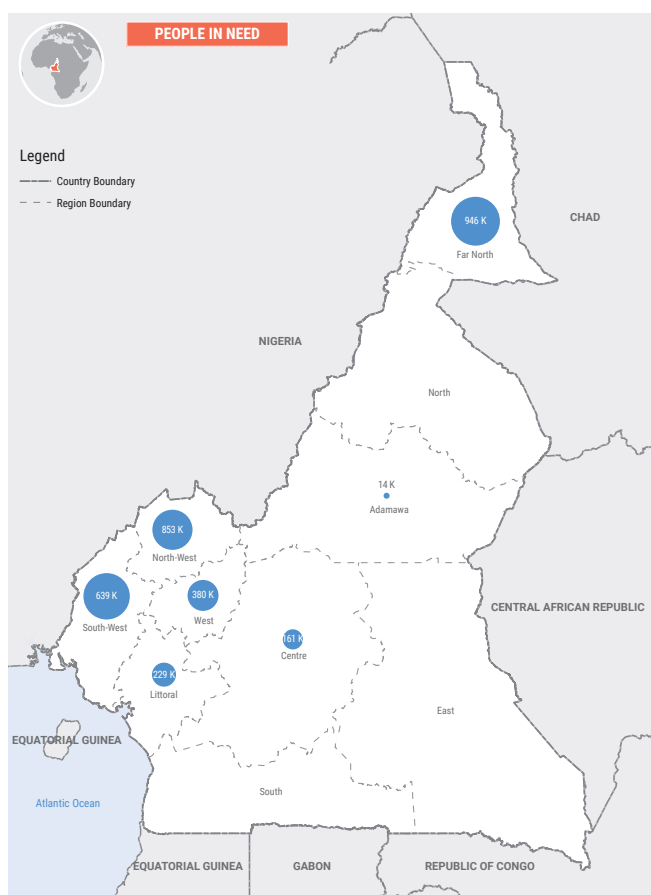
3.2M

WOMEN

26%

CHILDREN

52%



Overview

Over 2.8 million people affected by the Far North, the North-West and South-West crisis need Early Recovery support. IDPs and their host communities in the Far North, North-West and South-West are considered the most vulnerable, as well as other crisis-affected populations who have suffered depletion of resources and lack of access to basic and social services, and loss of livelihoods, among other consequences of the crisis. Persons with disabilities, older people, female

income earners and the young are among the most vulnerable groups in terms of challenges to livelihoods.

Early recovery needs will continue to increase in 2021 due to a number of aggravating factors: The upsurge in violence by non-State armed actors, human rights violations, especially in the North-West and South-West regions, attacks by non-State armed groups (NSAGs) in the Far North (98 attacks were recorded between 1 September and 28 November) and the increase of displacements which have resulted in considerable loss of sustainable livelihoods.

Restoration of livelihoods and access to job opportunities in affected communities, in tandem with support and rehabilitation of basic and social infrastructure, is critical in order to sustain and restore dignified living conditions for the population, reduce their reliance on humanitarian aid and enable the return of IDPs to secure areas. Building the resilience of the affected communities, including host communities, is essential to decrease vulnerability and improve living conditions. Resilience building prevents irreversible consequences and negative coping mechanisms, while enabling all humanitarian sectors to better serve the target population.

There are three main needs in the Early Recovery Sector across four regions (Far North, North-West, South-West and East). The first and most severe consists of people in need of rehabilitation of socio-economic infrastructure and services, such as quick repairs of electricity and water infrastructure, creation of jobs and employment opportunities and restoration of financial transaction services, given the high reliance on remittances. Second, people need agricultural and livestock production inputs, business restoration, basic and social infrastructure repair and refurbishment. Third, people need better access to markets, natural resources, housing, and enhancement of services and living conditions for people with disabilities.

Far North Crisis

Cameroon is the most affected country by the conflict in the Lake Chad Basin, after Nigeria. Since the beginning of 2020, the Far North region (more precisely in the Mayo-Sava division) has seen a sharp upsurge in violence. Ongoing hostilities have displaced 559,871 people (114,496 refugees,⁸⁸ 321,886 IDPs⁸⁹ and 123,489 returnees⁹⁰ (50.2 per cent women; 49.8 per cent men; 62 per cent children) and continue to steadily push more people to flee their villages. The number of IDPs increased from 270,870 in August 2019 to 321,886 in June 2020. 65 per cent of this population is less than 18 years old. Armed conflict is the main cause of displacement (89 per cent) compared to 11 per cent of displacement due to floods and other natural disasters.⁹¹ The affected population is regularly subjected to armed attacks,

kidnappings, including kidnapping of children, looting and destruction of property and infrastructure. Beyond the common perception that girls and women are the overwhelming majority of those facing security threats, both halves of the population are affected. While girls and women are particularly vulnerable due to the combined effect of gender discrimination and socio-economic vulnerability caused by the crisis, leading to specific threats against them (in particular gender-based violence), boys and men are more exposed to arbitrary arrests, forced recruitment and physical violence causing protection concerns which is also undermining the social contract.

In the Far North region, electricity penetration is at only 22 per cent, which is very low compared to the national average. It should also be noted that 81 per cent of the populations in this part of Cameroon do not have electricity, and 92 per cent of households in this part of Cameroon use wood as their main source of combustible fuel for cooking. This situation of energy deficit further weakens the populations of this part of Cameroon and exposes them to several critical issues (poverty, low socio-economic development, years of political marginalization etc.).

The highest concentration of people in need of Early Recovery interventions are in Logone et Chari in the Far North region (344,136 people), followed by Mayo-Sava (246,943 people) and Mayo-Tsanaga (256,236 people), both also in the Far North. Initial analysis of the collected data shows that the need for jobs and emergency employment is most severe in Far North region, where almost nine out of ten people need jobs, followed by the North region, East region and Adamawa. In the Far North, population movement has resulted in an increased demand on basic social services and sustainable livelihoods. Returning populations require economic assistance to facilitate their reintegration. More than 800 former NSAGs members recently interviewed express a considerable need for psychosocial care, socio-professional capacity building and support for economic recovery. Affected households as well as people displaced by NSAGs attacks are also in need of assistance in restoring their purchasing power to opt for goods and services. It is essential to put in place a strategy

to revitalize local economies and provide assistance in income-generating activities for households and individuals affected.

North-West and South-West Crisis

The presence of both state security forces and NSAGs challenge the aid space throughout these regions by imposing roadblocks, demanding exchanges for relief, and confiscating aid. Continued violence, poor roads, and lockdowns restrict the movement of people in the anglophone regions. Concern continues for the growing number of IDPs across the North-West and South-West, who struggle to access basic services. As in the Far North region, the energy supply has decreased drastically in contrast to other regions. Violence and the breakdown of basic services in these regions has sparked the displacement of more than 652,000 people to the North-West, South-West, West and Littoral regions⁹² as well as over 60,000 people to Nigeria.⁹³

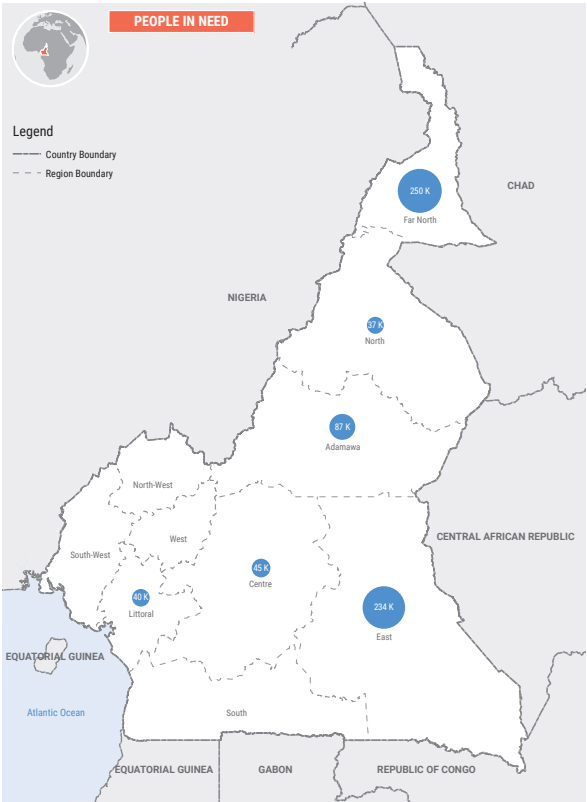
The highest concentration of people in need of Early Recovery interventions is in the Meme division (206,000 people) in the South-West region and in the Mezam division in the North-West region (195,758 people). The Early Recovery needs of people affected by the crisis are threefold: access to temporary employment opportunities for youth and women, access to vocational training for youth, and access to a minimum of basic services. The destruction of health centers and other public infrastructure has increased the vulnerability of the target population. Governance issues and more specifically rule of law remain a major concern. The justice system is weak, inter alia, due to difficulties in accessing justice services.

Due to insecurity, the abusive exploitation of natural resources has increased contributing to accelerating the negative impact on wood, soil and water resources, and supporting the increase in solid waste, as well as the decrease in the availability of arable land. Crops are burned, wells polluted, and soil poisoned.

3.9

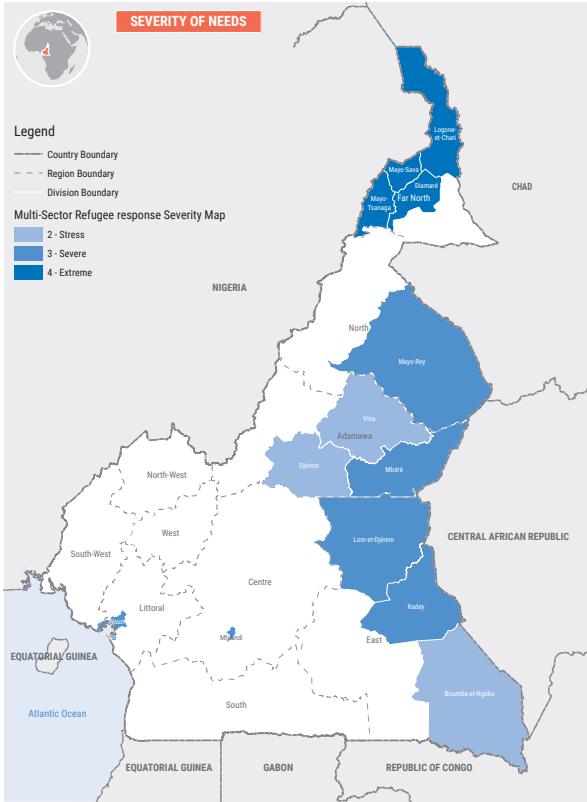
Humanitarian Needs Overview for refugees and asylum seekers

Nigerian Refugee Crisis



The participatory needs assessment conducted with refugees of different age, gender and diversities revealed needs related to their physical and mental well-being, their living conditions and their coping

CAR Refugee Crisis



mechanisms. 692,000 persons, inclusive of 30 per cent of the refugee host population, need a multisectoral refugee response.

Central African refugee and Far North crises

There are 284,000 Central African Republic refugees among which 30 per cent live in seven sites and 70 per cent stay in host communities in the East, Adamawa and Nord regions.

There are 114,000 Nigerian refugees in the Far North. 69,000 of them live in the Minawao refugee camp. The others live within the host community.

Their needs per sector can be presented as followed:

Protection

The situation in the Far North region is subject to frequent incursions by non-State armed groups which impact the protection of Nigerian refugees, especially those who live out of the Minawao refugee camp.

CAR and Nigerian refugees face different protection risks which limit the enjoyment of their rights. As of 31 October 2020, approximately 23,000 refugees from CAR and 14,000 Nigerian refugees were not yet registered and hence do not possess protection documentation. The limited access to the locations where they live, due to insecurity (Far North) and bad road conditions, has not allowed UNHCR teams to reach out to this population. The lack of registration of these refugees leaves them in a critical protection situation, as they are not accounted for and thus cannot receive proper protective documentation nor be included in protection and assistance interventions. In addition, no biometric verification of refugees from CAR has been conducted since 2016. Today, their biometric information is out of date and most refugee documents have expired. There is also a need to update the biodata and record the socioeconomic profile of the entire Nigerian refugee population through a general verification exercise in order to renew their documents as most refugee documents have expired. Due to lack of recognition of the UNHCR issued identification cards, refugees have reported facing harassment by law enforcement agents when they move in search of livelihood opportunities. The Nigerian refugees in the Far North without documents or who have expired documents are often perceived

as being in collusion with NSAGs. The provisions of article 13 of Law 2005/006 of 27 July 2005 relating to the status of refugees in Cameroon and of art 38 of the Decree 2000/286 of 12 October 2000 precising the conditions for entry, stay and exit of foreigners in Cameroon regarding issuance of biometric identity to refugees by the Government are yet to be implemented due to lack of funding. This constitutes the most important bottleneck to refugees' efforts to become self-reliant, access services, including financial services, and cater to their own needs.

GBV remains a major problem for Central African and Nigerian refugees in Cameroon. Cultural barriers perpetuate harmful traditional practices that promote violence and exploitation of women. The reversal of roles caused by forced displacement with women replacing men in charge of the household is at the root of the increase in domestic violence. Women continue to be subject to aggression when collecting firewood, drinking water, or natural building materials whose scarcity requires them to travel long distances.

There are 8,628 Central African refugee women and girls and 2,700 Nigerian refugee women and girls who are at risk of being subjected to gender-based violence due to their vulnerabilities. 12 per cent of these Nigerian refugees are either survivors of or have witnessed GBV. Their needs range from documentation to sustainable solutions. This includes the needs for safety and protection, including physical protection (safe haven), medical and psychological support, in addition to means for them to live a dignified life.

Children account for 55 per cent of the Central African Republic refugee population in the East, Adamawa, and North regions. In the Far North region, children account for approximately 60 per cent of the Nigerian refugee population. Due to extreme poverty, parents tend to neglect them or to resort to sending their children to work, beg or sell. Some of the children, especially girls are forced into early marriage. Some refugee children from CAR perform dangerous

work such as working in gold mines. There is also a significant number of children at risk. 6,176 CAR refugee children are unaccompanied or separated. The need for family reunification has been identified for more than 900 of them. Approximately 16,886 Nigerian refugee children are recorded as being at risk with 31 per cent of them being at risk of not attending school, 8 per cent (3,105) being unaccompanied or separated and 268 being child-spouses.

There are also unsubstantiated reports of Nigerian refugee children being associated with armed groups. Protection and assistance tailored to their needs, including psychosocial support, is necessary to ensure their well-being and development.

Over 66,000 refugees from CAR and over 25,000 Nigerian refugees are at heightened risk due to their vulnerabilities, including persons with disabilities for whom no suitable solution can be found in the remote areas due to limited capacity of the state structures, older persons with no family support and single parents, and children at risk of dropout from school for whom targeted interventions tailored to their specific needs should be planned.

Durable solutions are a priority need that has been identified for refugees from CAR. As far as voluntary repatriation is concerned, as of 31 October 2020, 9,732 CAR refugees have declared their intention to return home. Nevertheless, some locations in CAR, where refugees want to return to, are not safe enough to guarantee a sustainable return, due to rampant insecurity and the fact that the reintegration programmes in the country are not that attractive. Should the results of the upcoming presidential election in CAR be challenged, this may disrupt the facilitation of voluntary repatriation movements for those already registered to repatriate on one hand and on the other, trigger new influxes of refugees into Cameroon.

As far as voluntary repatriation of Nigerian refugees is concerned, no intention survey was conducted in 2020. The last figure of refugees willing to return dates from July 2019 and is set to be 2,738. However, the security situation in the Borno State in Nigeria (where most

Nigerian refugees originate from) is not conducive enough for a facilitated voluntary repatriation despite the pressure of Nigerian authorities who conducted several missions to Minawao refugee camp to sensitize on return and collect return intentions. Since UNHCR and the Government of Cameroon were not part of the exercise, the lists developed by the Nigerian authorities will need to be checked in order to ensure the voluntary nature of repatriation of the listed refugees.

The needs for resettlement of CAR and Nigerian refugees are yet to be fully assessed but submission of refugees for resettlement depend on allocated quotas by resettlement countries. However, the report on the vulnerability analysis conducted in May 2020 demonstrates that there is a significant number of CAR and Nigerian refugees who are at heightened protection risks and who might be eligible for this durable solution.

Inclusion into national services and development programmes, including programmes funded by development actors and the Government is also a need for CAR and Nigerian refugees in order to provide them with longer term solutions.

Education

Although the calm situation in CAR during the first half of 2020 allowed UNHCR to organize the return of refugees, a new deterioration of the context in mid-2020 led to new arrivals of refugees, including children of school age. This put considerable pressure on an already weak education system in the East, Adamawa and North regions, where the most pressing needs concern the improvement of the school environment to prevent diseases in overcrowded situations, the reinforcement of school capacity for improved learning outcomes, the reinsertion of out of school crisis affected children into the regular education system, and the provision of a protective learning environment. Already, 65,000 children of primary school age need support to go to school.

Primary and secondary education is run by the Cameroonian education authorities in the Minawao

refugee camp. However, with frequent incursions by NSAGs, school is often disrupted, discouraging children and their parents. The ratio teacher/students does not meet the standards which should be of 60 children per classroom. Classrooms are overcrowded and there is a need for additional equipment. Due to the extreme poverty of the parents in this region, most households cannot afford the cost of school material for their children. There is no information on the education status of Nigerian refugee children who live out of the camp. There is a need for more visibility on their learning conditions.

Nutrition

The results of the latest nutrition survey (with the SMART method) conducted in November 2019 by UNICEF and the Government of Cameroon showed GAM rates of 6.2 per cent in the North, 3.8 per cent in Adamawa and 5.5 per cent in the East with 1.3 per cent, 0.3 per cent and 0.7 per cent of SAM for the same regions respectively. For chronic malnutrition, the regions were in an alert situation with rates of 37.3 per cent in the East and Adamawa and 34.9 per cent in the North.

More than 120,000 people, mainly girls and boys under the age of five and pregnant or lactating women and girls, will be vulnerable in terms of nutrition status. It is estimated that 107,000 children would need treatment for acute malnutrition in 2021 amongst whom 35,000 boys and girls will suffer from severe acute malnutrition.

Since 2015, no Standardised Expanded Nutrition Survey (SENS) has been conducted in the Minawao refugee camp. The SMART nutritional survey of 2019 revealed that the GAM stood at 5.2 per cent and the SAM at 1.4 per cent. However, this result does not reflect the actual nutritional situation in Minawao refugee camp for which a SENS needs to be conducted in order to assess the nutritional situation of Nigerian refugees and plan for the appropriate response.

Early Recovery

Despite being the richest region in terms of natural resources, particularly with its dense forests, access

to social services remains limited in the eastern part of the country. Economic activities are limited to subsistence agriculture, forestry and mining. Agropastoral conflicts between Fulani and Gbayas are on the rise and sometimes oppose refugee populations to host communities. Conflicts between farmers and pastoralists who migrate to the region have worsened as a result of changes in transhumance corridors induced by climate change and insecurity. Five sites (Gado Badzere, Mbile, Lolo, Timangolo, Ngarisingo) host over 80,000 refugees, but over 203,000 refugees live outside these sites. Access to land remains challenging. In addition, access to social services and economic activities for refugee population remains limited.

The Far North region is in the Sahel belt, hence subject to consequences of the climate change and desertification. There is a need to reinforce interventions that are environment friendly and take necessary actions to prevent further advance of the desert. Access to social services remains limited as opportunities are scarce. Economic activities are limited to subsistence agriculture, forestry and trade. Access to land remains challenging. As a result of changes in transhumance corridors induced by climate change and insecurity, conflicts between farmers and pastoralists who migrate to the region negatively impacts on the already fragile peaceful coexistence in the Far North.

In spite of all the livelihoods interventions carried out to date, refugees have not yet managed to become self-sufficient, largely due to a lack of inspiration for agricultural entrepreneurship, the lacking promotion of an integrated agricultural development model to strengthen resilience, the lack of quality agricultural inputs and climate change, the unavailability of sufficient and secure agricultural land, inadequate technical support and lack of access to promising agricultural markets. The dependency on assistance for food and basic services like shelter and water is not sustainable, and more than half of refugee households are economically extremely vulnerable. Therefore, most of them live with marginal and unsustainable income generating activities, such as casual labor and small trade. It is important to promote

environmentally sustainable livelihoods and self-reliance for the refugees and the host communities. It is also important to promote the inclusion of refugees in national development programs at national and local level and in the programming of development actors.

Although most CAR refugees are skilled farmers, they do not have access to land and resources for their livelihoods while refugees who arrived before 2014 have more access to land.

As far as agriculture is concerned, there is a need to facilitate durable access to land for agriculture and breeding for CAR and Nigerian refugees, through legal mechanisms, in addition to providing enough inputs that will enable refugees to diversify their crops and increase their income. In addition, should sufficient land be provided, agricultural mechanization could boost production and the economy of the three regions.

Health

As public health care services in the East, Adamawa and North regions have very low income, they remain weak with most of them lacking adequate equipment and staff in addition to being difficult to access as the population is unable to afford the costs. The situation for refugees is even more complex. Life in the sites and in other settlements increases the risks of epidemic diseases such as hemorrhagic fever, meningitis, cholera and COVID-19. Reinforcement of epidemiologic surveillance along the CAR-Cameroonian border is assessed as a need for early detection of suspicious cases, as well as the provision of an adequate and timely response. Considering the measles and poliomyelitis breakout that were registered in the East, Adamawa and North regions, poliomyelitis in the North region and cholera and meningitis outbreaks in the Far North, it is urgent to reinforce immunization activities for these two diseases through a collaborative cross-border approach.

There are two health posts in the Minawao refugee camp that provide medical services to both refugees and Cameroonians living in the camp's vicinity. For those living far from the camp, medical services are provided by the public health care services, which have very limited capacity, with most of them lacking

adequate equipment, medicine, supply and staff, in addition to being difficult to access as the population is unable to afford the costs due to their very low income. Furthermore, MSF has announced its withdrawal from the regional hospital where refugees were referred to for secondary level treatment.

Water, Sanitation & Hygiene

The three regions affected by the CAR crisis are characterized by a low level of investments affecting the provision of potable water and sanitation services to the minimum international standards. The minimum standards regarding access to potable water, provision of sanitation and waste management services are not met in six of the seven refugee sites. Refugees living within villages alongside host communities face the same situation. Due to this, a significant number of refugees and their host fetch water from streams and other non-potable water sources.

The Far North region has a low level of investments with access to potable water often below international standards during the dry season and the fact that herders often break the pipe that provides potable water to the refugee camp in order to provide water for their cattle. The minimum standards with regard access to potable water, provision of sanitation and waste management services are not met in some areas of the Minawao camp. The situation in the communities is even worse with some WASH infrastructures not functioning and some locations not having one. Due to this situation, a significant number of refugees and their hosts fetch water from streams and other non-potable water sources.

In the eastern regions and in the Far North, the insufficient access to potable water particularly affect women, girls and boys who must walk long distances to fetch water, exposing them to protection risks.

Food security

WFP had to cut food rations (in-kind or in cash) by 50 per cent in the three regions in 2020 due to funding shortfalls. Food rations were already reduced to 70 per cent in 2019. Furthermore, only 39 per cent of the refugee population received food assistance in 2020.

45,337 CAR refugees received in-kind food assistance whilst the others received cash. All Nigerian refugees living in the Minawao refugee camp receive WFP in-kind food assistance although the food rations have been reduced from 2100 Kcal to 1800 Kcal. The reduction in food assistance has not only put the nutritional wellbeing of refugees at stake, but also amplifies protection risks (low school attendance, resorting in negative coping mechanisms such as child labor, survival sex, etc.) and increases vulnerabilities since livelihood support measures are insufficient due to lack of substantial financial resources. Until the moment refugees attain a sufficient level of self-reliance, there is a need to continue providing them with food assistance, while in parallel, livelihood activities are reinforced.

Shelter/NFI

According to a survey conducted early December 2020, 64 per cent of CAR refugees in the seven sites live in transitional shelters (made of local material) and 34 per cent in severely dilapidated emergency shelters made of wood polls and plastic sheeting.

During the second semester of 2020, violent winds and heavy rains have destroyed a significant number of refugees' transitional shelters in the Minawao refugee camp where shelters are built of local materials and covered with plastic sheeting.

The persistence of transitional shelters and the obsolescence of family emergency shelters that have, by far, exceeded their normal lifespan do not guarantee refugees the right to decent housing. An assessment conducted in June 2020 showed that 1,456 shelters in the Far North were destroyed due to climate hazards.

In addition, the fragility of the ecosystem (tropical zone threatened by the advancing desert in the eastern regions and semi-desertic environment in the Far North, and restricted access to wood) and the low level of economic autonomy of the refugees limits access to construction materials (wood, straw, raffia, lianas). Meanwhile, many continue to need NFI assistance.

ZAMAI IDP SITE, FAR NORTH REGION

An IDP family.

Photo: OCHA/Bibiane Mouangue



Refugees and asylum seekers in urban settings

URBAN REFUGEES	PEOPLE IN NEED	CAR REFUGEES	PEOPLE IN NEED
34k	26k	25k	85k
<p>In the urban settings of Yaounde and Douala, there are approximately 24,800 refugees and 9,600 asylum seekers for whom there is a need to provide protection and assistance.</p> <p>Protection</p> <p>Contrary to CAR refugees and Nigerian refugees who are recognized on a prima facie basis in the eastern part of Cameroon and the Far North region respectively, refugees in urban setting must undergo a refugee status determination procedure. There are more than 9,600 asylum seekers who still need to go through this procedure in order to receive a decision regarding their claim to be recognized as refugees. Despite the protocol agreement signed between UNHCR and the Ministry of External Relations on the transfer of the refugee status determination procedure and other activities from UNHCR to the Government, its capacity to adjudicate asylum claims needs to be strengthened as some of these asylum seekers have been waiting for years and hence do not have proper documentation besides the asylum seeker certificate issued by UNHCR. On the other hand, refugees face difficulties to move freely. Some of them have complained about harassment from law enforcement agents because they do not recognize the refugee identification card issued by UNHCR as a legal document. Furthermore, access to some social services and financial services is limited due to the same reason.</p> <p>Refugee and asylum seekers' data is outdated and there is a need to conduct a verification exercise to ascertain their physical presence in Cameroon in addition to updating their biodata, biometrics and documents, majority of which are expiring by 31 December 2020. As far as documentation is concerned, the General Delegation for National Security, which is</p>		<p>entrusted with the responsibility to issue identification documents in Cameroon has indicated that the cost for issuing biometric identity cards to all eligible refugees stands at approximately USD 3,000,000.</p> <p>As far as children's protection is concerned, there are approximately 630 children at risk of whom 330 do not live with their parents. There are also a few cases of child-spouses, 14 children in need of specialized education and more than 200 children are at risk of not attending school. All these children need psychosocial, material and other forms of support, that are tailored to their vulnerabilities.</p> <p>1,033 refugee women and girls have been identified as being at risk in Yaounde and Douala. These risks range from single women and women headed households to GBV survivors; the latter representing 12,6 per cent of the women and girls at risk. Whilst a response in terms of psychosocial support and assistance for legal proceeding exist, there is a need to strengthen the response in terms of material support that will enable survivors to overcome their economic vulnerability situation.</p> <p>There are other protection vulnerabilities among the urban refugee population that need suitable response, particularly for refugees with disabilities (more than 300 individuals), older refugees and single parents.</p> <p>Concerning durable solutions for urban refugees and asylum seekers, the most recent number of refugees of various nationalities who expressed their desire to return to their respective countries of origin was set at 250 refugees. Whilst UNHCR will continue facilitating their return on a case-by-case basis and should resources allow, it will continue to implement activities aiming at identifying refugees who may</p>	

have resettlement needs. At the same time, job and livelihood opportunities, according to refugees' skills and capacities will be promoted to ensure their self-reliance. In this vein, a tripartite agreement with the Ministry of Employment and Skills training and the International Labour Organization (ILO) will be signed to facilitate skilled and unskilled refugees' inclusion in the National Employment Funds' scheme. Discussions with the private sector, including financial institutions will need to be strengthened in order to facilitate refugees' access to their services and offers.

Health

According to the results of the participatory assessment conducted in Yaounde in 2020, health has been identified as the most pressing needs by refugees. The support provided so far in this sector has been prioritized only for children below five, older people, pregnant and lactating women and chronically

ill persons. However, access to health should be provided to all urban refugees should resources allow. The renewal of the Protocol Agreement between the Ministry of Health and UNHCR by January 2021 will facilitate the inclusion of urban refugees in its scheme, enabling them to benefit from healthcare as nationals.

Education

Education is the second prioritized sector by refugees. Given that refugees are settled in several locations in the two main urban centers of Cameroon, information on education is difficult to collect. Refugee children attend public schools and families who can afford the cost, enroll their children in private schools. However, part of the refugees are economically vulnerable and for them support for education is needed. 8,000 refugee children of primary and secondary school age need support to attend school and evolve in their education.

GADO LOCALITY, EASTERN REGION

Photo: OCHA/Ivo Brandau



Part 4

Annexes

BUEA TOWN, SOUTH-WEST REGION

The health center of Muamu village has no funding or doctors who visit for fear of further attacks.

Photo: OCHA/Giles Clarke



4.1

Data Sources

The data used to define people in need originate from different databases, surveys and needs assessments. The methodology used for the collection of the data is reliable and uncontested by the humanitarian community in Cameroon, overseen by the Humanitarian Country Team (HCT).

The data sources used for the HNO and HRP are as follows:

- Data projected from the 2005 census as carried out by the National Institute of Statistics in 2011.
- The number of refugees is provided by the UNHCR ProGres database.
- The number of IDPs and returnees was collected by IOM in DTM round 21 in the Far North; through the MSNA carried out under the lead of OCHA in August 2020 in the North-West and South-West regions; the MSNA carried out under the lead of OCHA in collaboration with the Ministry of Territorial Administration (Department of Civil Protection) in the Littoral and West regions in August 2020, and the MIRA carried out by CHOI, in coordination with OCHA, and in collaboration with the Department of Civil Protection in Yaounde in September 2020. The number of IDPs in the Adamawa region is based on the MIRA carried out under the lead of OCHA in collaboration with the Ministry of Territorial Administration (Department of Civil Protection) in August 2019.
- Host population figures are calculated using a method previously adopted by UNHCR to identify host populations hosting refugees. This methodology was adopted globally for populations hosting displaced people.
- Data on people in food insecurity is based on the analysis of the Cadre Harmonisé from October 2020, the Food Security Monitoring Systems and the national survey on food and nutrition security, validated by the Ministry of Agriculture and Rural Development of Cameroon.
- Data on people in need of health and nutrition assistance are extracted from the Health Information Management System managed and maintained by the Ministry of Health of Cameroon.
- Additional data on nutrition were collected through the following surveys: SMART, Multiple Indicator Cluster Survey (MICS), and Demographic and Health Surveys (DHS).⁹⁴
- Data on people in need of protection is collected through protection monitoring tools managed by UNHCR and its partners.
- Data used to assess the need for shelter and household items was collected through sectoral assessments carried out by UNHCR and its partners, as well as the 2020 MSNAs.
- Data used to define children in need of child protection was extracted from the UNHCR ProGres database and is also based on expert analysis.
- Data on people in need of protection from GBV is collected and gathered by the Ministry of Health and the GBV Information Management System (GBVIMS) database maintained by UNFPA.
- Data used to define the number of people in need of WASH assistance was collected through the MSNA conducted in the Far North in 2018 and in the North-West and South-West

regions in 2020, as well as through the sectoral assessment conducted by WASH Sector actors led by UNICEF in 2018.

- Data used to estimate the people in need of Early Recovery assistance is based on data collected by DTM and the Minimum Expenditure Basket (MEB).

It should be noted that the average frequency of updating these sectoral data is six months. It is therefore possible to update the overview of humanitarian needs in Cameroon every six months.

Number of assessments

NO. OF ASSESSMENTS

158

	Cash	Education	Food security	Health	Multisectorial	Nutrition	Protection	WASH	Shelter/NFIs	Total
Adamawa	1	0	6	0	1	1	2	1	0	12
Centre	0	0	6	0	1	1	1	0	0	9
Est	2	0	6	3	1	1	3	0	0	16
Far North	1	0	10	3	28	2	11	2	1	58
Littoral	1	0	6	0	1	1	1	0	0	10
North	1	0	5	0	0	1	1	0	0	8
North-West	0	2	5	2	0	1	6	0	0	16
South	0	0	5	0	0	1	0	1	0	7
South-West	0	1	6	0	0	1	5	0	0	13
West	1	0	5	0	0	1	1	1	0	9



SOUTH-WEST REGION

Locally displaced people registering for the weekly food distribution allowance. At this particular distribution, each family received 5kgs of rice and 1 liter of palm oil.

Photo: OCHA/Giles Clarke

4.2 Methodology

In 2020, the humanitarian community in Cameroon estimated the people in need (PIN) for 2021 based on a set of sectorial indicators selected at the Inter-Sector level. The HNO for 2021 identifies people with acute needs by looking at the severity of needs (i.e. estimation of severity of the humanitarian conditions through a five-point scale). The methodology was validated by the Inter-Sector Group and the HCT.

Joint discussion at the Inter-Sector in the Far North and Inter-Cluster in the North-West and South-West, following the logic of the Joint Intersectoral Analysis

Framework,⁹⁵ formed the basis for the discussion and agreement at the Inter-Sector at national level on the way the crises impact on people's lives and livelihoods.

When analysing the humanitarian consequences attention is paid to how the crises impact on people's lives and survival, on people's livelihoods and on their ability withstand future shocks and stresses. The main purpose of centering the analysis of the severity of needs is to better inform prioritization of the Humanitarian Response Plan (HRP) by establishing

the time criticality associated with different humanitarian needs.

Given the methodological shift in the calculation of the PIN in 2019 and 2020, a degree of caution should be exercised when comparing trends across years.

Inter-sectoral and sectoral severity and PIN estimations

The Inter-Sector at Yaounde level, in consultation with the Inter-Sector and Inter-Cluster groups at regional levels, supported by the Information Management Working Group (IMWG), completed the following steps:

- Defined and agreed on the scope of the analysis (population groups, geographic areas).
- Assigned needs indicators for PIN estimation by severity.

The process included:

1. Each Sector chose several indicators to measure the sectoral PIN. Out of all indicators considered at sectoral level, the Inter-Sector jointly selected a set of 16 needs indicators for the intersectoral PIN, considering the different dimensions and aspects of the humanitarian conditions, and the availability and reliability of the data for the indicator.
2. Severity was determined at the divisional level. The combination of the severity of the indicators selected for the intersectoral PIN was considered for the global severity map. Each Sector determined the sectoral severity based on the severity of the sectoral indicators.

Severity thresholds varied from 1 to 5 depending on the severity in the division. The threshold per division was determined according to the below rules:

- For Food Security the severity thresholds of the Cadre Harmonisé were used.
- For the other indicators the sectors identified the different severity thresholds.

- Aggregation Methodology was used for the intersectoral severity map.

- Sectors provided severity data based on expert judgement used to produce sectoral severity maps.

3. Data was collected at division level to ensure coherence at the analysis level. Certain sectors such as nutrition and health which collect data at the level of health districts submitted data at division level.

OCHA estimated people in need by selecting the highest per centage categorized to be in severity 3, 4 and 5 by population group (IDPs, returnees, refugees, host community, others) and by division. The resulting per centages were applied to the baseline population for that location.

The HCT was briefed on a regular basis and endorsed the scope and methodology of the analysis.

The indicators used to calculate sectoral and inter-sectoral PIN and severity are listed. The HNO dataset will be available on HDX.

The JIAF Severity Scale

SEVERITY PHASE	KEY REFERENCE OUTCOME	POTENTIAL RESPONSE OBJECTIVES
1 None/Minimal	<p>Living Standards are acceptable (taking into account the context): possibility of having some signs of deterioration and/or inadequate social basic services, possible needs for strengthening the legal framework.</p> <p>Ability to afford/meet all essential basic needs without adopting unsustainable Coping Mechanisms (such as erosion/depletion of assets).</p> <p>No or minimal/low risk of impact on Physical and Mental Wellbeing.</p>	<p>Building Resilience</p> <p>Supporting Disaster Risk Reduction</p>
2 Stress	<p>Living Standards under stress, leading to adoption of coping strategies (that reduce ability to protect or invest in livelihoods). Inability to afford/meet some basic needs without adopting stressed, unsustainable and/or short-term reversible Coping Mechanisms.</p> <p>Minimal impact on Physical and Mental Wellbeing (stressed Physical and Mental Wellbeing) overall.</p> <p>Possibility of having some localized/targeted incidents of violence (including human rights violations).</p>	<p>Supporting Disaster Risk Reduction</p> <p>Protecting Livelihoods</p>
3 Severe	<p>Degrading Living Standards (from usual/typical), leading to adoption of negative Coping Mechanisms with threat of irreversible harm (such as accelerated erosion/depletion of assets). Reduced access/availability of social/basic goods and services</p> <p>Inability to meet some basic needs without adopting crisis/emergency - short/medium term irreversible - Coping Mechanisms.</p> <p>Degrading Physical and Mental Wellbeing. Physical and mental harm resulting in a loss of dignity.</p>	<p>Protecting Livelihoods</p> <p>Preventing & Mitigating Risk of extreme deterioration of Humanitarian conditions</p>
4 Extreme	<p>Collapse of Living Standards, with survival based on humanitarian assistance and/or long term irreversible extreme coping strategies.</p> <p>Extreme loss/liquidation of livelihood assets that will lead to large gaps/needs in the short term.</p> <p>Widespread grave violations of human rights. Presence of irreversible harm and heightened mortality</p>	<p>Saving Lives and Livelihoods</p>
5 Catastrophic	<p>Total collapse of Living Standards</p> <p>Near/Full exhaustion of coping options.</p> <p>Last resort Coping Mechanisms/exhausted.</p> <p>Widespread mortality (CDR, U5DR) and/or irreversible harm.</p> <p>Widespread physical and mental irreversible harm leading to excess mortality.</p> <p>Widespread grave violations of human rights.</p>	<p>Reverting/Preventing Widespread death and/or Total collapse of livelihoods</p>

Indicators, and their severity levels, selected for the inter-sectoral PIN

Sector	Sub- sector	Indicator Name/label	Source	1	2	3	4	5
Protection	Protection	% of IDPs without valid civil documentation and unable to obtain them	MSNA / Protection Monitoring	All household members have valid documentation, including birth certificate, ID card and passport	All household members have valid documentation, including birth certificate and ID card	At least one member of the HH don't have valid ID card or passport but can obtain new ones	At least one member of the HH don't have valid ID card or passport and can't obtain new ones	At least one member of the HH don't have birth certificate
Protection	Protection	Civilian population killed or injured by violence, conflict or natural hazards	UNDSS / ACLED / Media Monitoring	0	1 - 3	3 - 5	5 - 10	>10
Protection	GBV	% of girls / women / boys / men without access to GBV-related services.	Service mapping (SW), existing GBV referral pathways at subdivision level.	Up to 4 services available	Up to 3 services available	Up to 2 services available	Only 1 service available	No GBV service available
Protection	CP	% of girls/boys that have been separated from their parents or other typical adult caregivers	RPM	0	0-0.5%	0.5-1%	1-2%	3%+
Protection	CP	% children and caregiver in need of mental health or psychosocial support	CP AoR/CPWG/CP regional platform/UNICEF	0-14%	15-29%	30-54%	55-79%	80%+
Protection	CP	% of girls/boys not regularly attending school	Education cluster database	<20%	20%-30%	30%-40%	40%-50%	>50%
Education		% of out of school children aged 3-17 years in the community not accessing quality formal or non-formal education		<1%	1 - 5%	5 - 25%	25% - 50%	> 50%
Food Security	Food Availability/Access/Utilization	Cadre Harmonisé	Cadre Harmonisé	Phase 1	Phase 2	Phase 3	Phase 4	Phase 5
Food Security	Food Access	Food Expenditure share	<50%	50-65%	65-75%	75% - 85%	> 85%	
Nutrition	Care and feeding practices	Exclusive breastfeeding for infants 0-5 months	SMART surveys	≥70%	50-70%	30 - 50%	11-30%	<11%
Nutrition	GAM	Prevalence of Global Acute Malnutrition (GAM) among children 6-59 months	SMART surveys	MUAC <5%; Phase 1-2; WHZ <5%	MUAC 5-9.9%; Phase 2-3; WHZ 5-9.9%	MUAC 10-14.9%; Phase 3-4; WHZ 10-14.9%	MUAC ≥15%; Phase 4-5; WHZ 15-29.9%	
Nutrition	Stunting	Prevalence of stunting based on height-for-age Z-score (HAZ) <-2 among children 0-59 months	SMART surveys	<10%	10-19.9%	20-29.9%	≥30%	
WASH	Water	% of HHs having access to a sufficient quantity of water for drinking, cooking, bathing, washing or other domestic use	WASH Specific assessments / MSNA / DTM	Enough water for drinking, cooking, personal hygiene and other domestic purposes OR more than 50 l/d/p	Enough water for drinking AND cooking AND personal hygiene, BUT NOT for other domestic purposes OR 15 or more but less than 50 l/d/p	Enough water for drinking AND EITHER cooking OR personal hygiene OR 9 or more but less than 15 l/d/p	Enough water for drinking BUT NOT for cooking AND personal hygiene OR 3 or more but less than 9 l/d/p	Not enough water for drinking OR Less than 3 l/d/p
WASH	Sanitation	% of HHs having sufficient access to a functional and improved sanitation facility	WASH Specific assessments / MSNA / DTM	Access to improved sanitation facilities, not shared with other households	Access to improved sanitation facilities, shared with less than 20 people	Access to improved sanitation facilities, shared with more than 20 people	Access to unimproved facilities OR access to improved facilities shared with more than 50 people	Disposal of human faeces in open spaces or with solid waste
Shelter	Enclosure	% of HHs currently living in unsustainable shelter situations	Shelter Cluster assessments	Area: Very few (<10%) of HHs are living in unfinished buildings, collective centres, organized camps, informal settlements, open areas.	Area: 10% to 50% of HHs live in unfinished buildings, collective centres, organized camps, informal settlements, open areas	Area: Over 50% to 70% of HHs live in unfinished buildings, collective centres, organized camps, informal settlements, open areas	Area: Over 70% to 90% of HHs live in unfinished buildings, collective centres, organized camps, informal settlements, open areas	Area: Over 90% of HHs live in unfinished buildings, collective centres, organized camps, informal settlements, open areas
Health	Communicable and Non Communicable Diseases	Number of cases or incidence rates for selected diseases relevant to the local context (malaria, COVID, others outbreak prone diseases)	EWARS, IRA, RHA prospective HF based surveillance			The following criteria are met: Threshold of outbreak prone disease reached; 1 new confirmed case of COVID, double of the number of malaria cases from one week to another	All of the following criteria are met: Outbreak prone diseases threshold*10 reached; New confirmed COVID cases in more than one health area; Quadruple of number of malaria cases from one week to another	All of the following criteria are met: Outbreak prone disease threshold*30 reached; New confirmed COVID cases in more than 1 Health district; increase 10 times of the number of malaria cases from one week to another

4.3

Information Gaps and Limitations

In order to assess the humanitarian needs of the population of Cameroon, data was gathered through assessments conducted in 2018, 2019 and 2020 such as the MSNA and the MIRA. Many sectoral evaluations are carried out on an annual basis. Differences in the way data is collected geographically presents a challenge. For example, the health and nutrition sectors collect data by health districts rather than by divisions. To harmonize, the data for these two sectors was provided at the regional level and then projected at the divisional level.

Several sectors experience difficulties collecting primary data due to access constraint and accessing secondary data due to the lack of a complete assessment registry. To address this, the capacity of local actors to conduct evaluations according to humanitarian standards will be further strengthened alongside the systematic exchange of data and evaluation reports among humanitarian actors.

Furthermore, it was agreed at the Inter-Sector level that multi-sectoral as well as sectoral assessments carried out need to pay more attention to gender specific needs and the needs of persons with disabilities.

The absence of a recent general population census means that calculations for the PIN at times relied on projections.

MSNA of 2018 for the Far North was used for analysis and PIN calculation due to the unavailability of a more recent MSNA.

4.4

Acronyms

ACF	Action Contre la Faim	IED	Improvised Explosive Device
ARI	Acute Respiratory Infections	IDP	Internally Displaced Persons
ARV	Antiretroviral	IMWG	Information Management Group
BUCREP	Central Bureau for Censuses and Population Studies	INFORM	Index for Risk Management
CAR	Central African Republic	IOM	International Organization for Migration
CHOI	Cameroonian Humanitarian Organizations Initiative	JAS	Jama'tu Ahlis Sunna Lidda'awati wal-Jihad
DHS	Demographic and Health Surveys	LCSI	Livelihood Coping Strategies Index
DTM	Displacement Tracking Matrix	LGBTIQ	Lesbian, gay, bisexual, transgender, intersex and queer
EFSA	Emergency Food Security Assessments	MAM	Moderate Acute Malnutrition
ENSAN	National survey on nutrition and food security	MDD	Minimum Dietary Diversity
EPI	Expanded Programme of Immunization	MEB	Minimum Expenditure Basket
FACA	Central African Armed Forces	MHM	Menstrual Hygiene Management
FAO	United Nations Food and Agriculture Organization	MICS	Multiple Indicator Cluster Survey
GAM	Global Acute Malnutrition	MINADER	Ministry of Rural Development
GBV	Gender Based Violence	MINAT	Ministry of Territorial Administration
GBVIMS	Gender-Based Violence Information Management	MINUSCA	United Nations Multidimensional Integrated Stabilization Mission in CAR
GICAM	Groupement Inter-Patronal du Cameroun	MIRA	Multi-Sector Initial Rapid Assessment
HCC	Government Humanitarian Coordination Centers	MSNA	Multi Sectoral Needs Assessment
HCT	Humanitarian Country Team	MUAC	Mid-Upper Arm Circumference
HDX	Humanitarian Data Exchange	mVAM	mobile Vulnerability Assessment and Monitoring
HIV	Human Immunodeficiency Virus	NFI	Non-Food Item
HNO	Humanitarian Needs Overview	NGO	Non-Governmental Organization
HRP	Humanitarian Response Plan	NSAG	Non-State armed group
		NWSW	North-West South-West

OCHA	United Nations Office for the Coordination of Humanitarian Affairs
ODA	Official Development Assistance
PIN	People in Need
ProGres	Profile Global Registration System
rCSI	Reduced Coping Strategies Index
RNA	Rapid Nutrition Assessment
SAM	Severe Acute Malnutrition
SENS	Standardised Expanded Nutrition Survey
SGBV	Sexual and Gender-Based Violence
SitRep	Situation Report
SMART	Standardized Monitoring and Assessment of Relief and Transitions
UASC	Unaccompanied and Separated Children
UNDP	United Nations Development Programme
UNFPA	United Nations Fund for Population Affairs
UNHCR	United Nations High Commissioner for Refugees
WASH	Water, Sanitation and Hygiene
WFP	World Food Programme

4.5

End Notes

- 1 United Nations Operations and Crisis Centre, 30 October 2020.
- 2 mVAM Bulletin, WFP, September 2020.
- 3 Statistical Yearbook of Telecommunication and Information Technology and Communication in Cameroon, 2017, Ministry of Posts and Telecommunication.
- 4 Program for the Acceleration of the Digital Transformation of Cameroon, Project Information Document, 15 May 2020: <https://ewsddata.rightsindevelopment.org/files/documents/40/WB-P173240.pdf>
- 5 Africa Center for Strategic Studies, "Boko Haram Violence against Civilians Spiking in Northern Cameroon", 13 November 2020: <https://africacenter.org/spotlight/boko-haram-violence-against-civilians-spiking-in-northern-cameroon/>
- 6 MSNA, NWSW, OCHA, August 2020
- 7 Rapid needs assessment of the flooding in the Littoral region of Cameroon, Action for Peace and Development (APA), August 2020.
- 8 Far North, Situation report No 3, October 2020, OCHA Cameroon.
- 9 COVID Sitrep Nr 56, Ministry of Public Health, Cameroon, 18 November 2020.
- 10 Central Bureau for Censuses and Population Studies (BUCREP) and UN Women survey on the impact of COVID-19 in Cameroon, June 2020.
- 11 Assessment of the socioeconomic effects of COVID-19 on the food security and livelihood of Central African refugees in the East, UNHCR and WFP, September 2020.
- 12 MSNA, NWSW, OCHA, August 2020.
- 13 United Nations COVID-19 Socio-Economic Response Plan for Cameroon, UNSDG, 2020.
- 14 As per the statistical yearbook of the Ministry of Women's Empowerment and Family of Cameroon, 2014, page 55, 43.2 per cent of women in union are confronted with domestic violence. 39.8 per cent and 14.5 per cent respectively face emotional and sexual violence. CARE and Plan International found that overall, 56.4 per cent of women in union experienced at least one of these forms of violence in the North-West and South-West regions. CARE & Plan International, Rapid Gender Analysis, South-West and North-West Cameroon, May 2019.
- 15 321,886 IDP (DTM, IOM, June 2020); 114,496 Nigerian refugees (UNHCR, September 2020); 123,489 returnees (DTM, IOM, June 2020).
- 16 <https://www.unhcr.org/news/briefing/2020/8/5f291a704/unhcr-outraged-attack-camp-hosting-displaced-people-cameroon-18-people.html>
- 17 409,173 IDPs within the NWSW regions (MSNA, OCHA, August 2020); 360,547 returnees (MSNA, OCHA, August 2020); 302,000 to other regions (5,301 to Adamawa (MIRA, OCHA, August 2019); 52,931 to Yaounde, Centre (MIRA, CHOI, OCHA, September 2020); 80,925 to Littoral (MSNA, OCHA, August 2020); 162,726 to West (MSNA, OCHA, August 2020)). 60,494 Cameroonians fled to Nigeria (UNHCR, September 2020). The estimated figures of internally displaced persons (IDPs) and returnees in the North-West, South-West, Littoral, West and Centre regions mentioned in the HNO and HRP 2021 documents are based on multi-sectoral needs assessments (MSNAs) conducted in August and September 2020 under the leadership of OCHA. The IDP and returnee figures validated by the Cameroonian Ministry of Territorial Administration (MINAT) for these regions are lower: 130,000 IDPs in the North-West region, 90,000 IDPs in the South-West region, 105,000 returnees in the North-West and South-West regions, 12,000 IDPs in the Littoral region, 11,350 IDPs in the Centre region and 20,000 IDPs in the West region. OCHA under the leadership of the Humanitarian Coordinator has agreed with MINAT to review the IDP figures jointly in the course of 2021, based on a joint data collection exercise.
- 18 450,268 IDPs in NWSW (MSNA, OCHA, August 2019); 67,246 Returnees in the NWSW (MSNA, OCHA, August 2019); 5,300 in Adamawa (MIRA, OCHA, July 2019); 200,189 in Littoral and in the West regions MIRA, OCHA, October 2019); 23,640 in Yaounde, Centre (MIRA, CHOI, OCHA, November 2019); 51,723 registered refugees from Cameroon in Nigeria (UNHCR, December 2019).
- 19 35 per cent cite the lack of livelihood in the displacement area as reason for their return, while 13 per cent return to their village of origin to access farmland.
- 20 123,309 IDPs in the West and 76,880 IDPs in the Littoral (MIRA, Littoral and West, OCHA, August 2019). 23,640 IDPs in the Centre region (MIRA, CHOI, OCHA, November 2019).

- 21 162,726 IDPs in the West region and 80,925 in the Littoral (MSNA, Littoral and West, OCHA, August 2020). 52,931 IDPs in Yaounde (Centre), (MIRA, CHOI, OCHA, September 2020).
- 22 MIRA, Yaounde (Centre), CHOI, OCHA, September, 2020.
- 23 283,752 CAR refugees, UNHCR, September 2020.
- 24 270,924 CAR refugees, UNHCR, September 2019.
- 25 ENSAN, WFP/FAO/ACF/MINADER, September 2020.
- 26 ENSAN, WFP/FAO/ACF/MINADER, September 2020.
- 27 Regional Delegation of Basic Education, North-West and South-West regions.
- 28 DTM, Round 21, IOM, June 2020.
- 29 MSNA, NWSW, OCHA, August 2020.
- 30 MSNA, Littoral and West regions, OCHA, August 2020.
- 31 MSNA, Littoral and West regions, OCHA, August 2020.
- 32 The birth rate among adolescent girls, aged 15 to 19, is 105.8 births per 1,000 girls (<http://hdr.undp.org/en/composite/GII>)
- 33 WHO, Groupe Technique Central du Programme Elargi de Vaccination.
- 34 MSNA NWSW, OCHA, August 2020.
- 35 MSNA, Littoral and West, OCHA, August 2020.
- 36 "Ghost town" days are general strikes imposed by NSAGs. During ghost town days, shops and business are closed and movement is prohibited in the North-West and South-West regions. Ghost towns are imposed every Monday but are also called for in anticipation or reaction to certain events, such as elections.
- 37 As of 30 September, 1,951,731 people are displaced in Cameroon, including 434,753 refugees and asylum seekers (UNHCR, September 2020); 1,032,942 IDPs (OCHA, August 2020; IOM, June 2020); 484,036 returnees (OCHA, August 2020, IOM, June 2020).
- 38 Protection Monitoring Reports, NWSW, UNHCR, Intersos.
- 39 UN Women, annual report 2018, page 9.
- 40 https://www.care.org/sites/default/files/gendered_implications_of_covid-19_-_full_paper.pdf
- 41 mVAM Bulletin, WFP, September 2020.
- 42 UNFPA, GBVIMS.
- 43 MSNA, Littoral and West regions, OCHA, August 2020.
- 44 MSNA, Littoral and West regions, OCHA, August 2020.
- 45 The JIAF severity scale reference table is included in the annex of this document.
- 46 Cadre Harmonisé, October 2020.
- 47 In October 2019, Cadre Harmonisé estimated 324,285 people to be food insecure from June to August 2020.
- 48 The severity of needs for the CAR refugee crisis for 2021 was provided by the UNCHR, the organization which coordinates the refugee response in the eastern regions. In previous years, the severity was calculated as for the rest of the country based on the indicators provided by sectors.
- 49 <https://drmkc.jrc.ec.europa.eu/inform-index>
- 50 <https://drmkc.jrc.ec.europa.eu/inform-index/INFORM-Risk/Country Profile/moduleId/1767/id/386/controller/Admin/action/CountryProfile>
- 51 The scores for the different regions of Cameroon were assessed by INFORM Sahel. The Global and the Sahel INFORM models use the same methodology but include different indicators, wherefore scores cannot be compared between the two models.
- 52 The New Humanitarian: This global pandemic could transform humanitarianism forever. Here's how. 8 June 2020. <https://www.thenewhumanitarian.org/analysis/2020/06/08/coronavirus-transform-humanitarianism-aid>
- 53 Between 2001 and 2014, the proportion of the poor who live in rural areas increased from 84.5 per cent to 90.4 per cent in Cameroon. Given the strong demographic growth estimated at 2.6 per cent per year, the number of poor people in rural areas rose from 5.3 million

- in 2001 to 7.3 million in 2014, i.e. an increase of 2 million. Thus, the majority of poor people not only live in rural areas but also depend on agriculture. Agriculture today [2019] provides the livelihood of more than 70 per cent of the Cameroonian population. MINPAT, UNDP, National Report on Human Development 2019: inclusive growth, inequalities and exclusions.
- 54 74.3 per cent of the four million inhabitants in the Far North live below the poverty line, compared to a national average of 37.5 per cent – Development Initiative, Cameroon Nexus Paper: Supporting longer-term development in crises, Report June 2020.
- 55 The urbanization rate increased from 48.8 per cent in 2005 to 52 per cent in 2010 when the urban population exceeded the rural population for the first time. MINPAT, UNDP, National Report on Human Development 2019: inclusive growth, inequalities and exclusions.
- 56 Analysis of non-schooling by age shows that the percentage of 18-year-olds out of school is at 45.3 per cent. MINPAT, UNDP, National Report on Human Development 2019: inclusive growth, inequalities and exclusions.
- 57 Data from Cadre Harmonisé is released in October of every year.
- 58 SMART is usually conducted once a year. However, due to COVID-19, the SMART was postponed in 2020 and will only be conducted in January 2021. The last SMART was conducted in November 2019.
- 59 Protection Monitoring Reports, UNHCR, Intersos.
- 60 MNSA NWSW, OCHA, August 2020.
- 61 460 schools out of 3,675 total schools (11%) are operational in 2020, in comparison with 340 schools out of 3,108 total schools (11%) in 2019. Source: MSNA, NWSW, OCHA, August 2020.
- 62 230,246 children are displaced from the NWSW to the Littoral, West and Centre regions. Source: MSNA, Littoral and West, OCHA, August 2020 and the MIRA, Yaounde (Centre), CHOI, OCHA, September 2020.
- 63 mVAM Bulletin, WFP, food security analysis, September 2020 (Data of June-July 2020).
- 64 GBVIMS, Far North, UNFPA.
- 65 OCHA Cameroun, Situation des inondations dans l'Extrême-Nord du Cameroun, 17 septembre 2020
- 66 MSNA, NWSW, OCHA, August 2020.
- 67 GBVIMS, NWSW, UNFPA.
- 68 Available studies do not show significant differences between boys and girls.
- 69 Food Security Monitoring Bulletin Nr. 4 - WFP Oct. 2020
- 70 Gender, Food security and nutrition in protracted crises – FAO - 2016
- 71 SMART - 2019
- 72 Food Security Monitoring Bulletin Nr. 4 - WFP Oct. 2020
- 73 Groce et al., 2013a.
- 74 CBM et al., 2014a.
- 75 UNICEF, 2013.
- 76 PRESNAP report – Screening on a sample of 1,601 children aged 6-59 months – MAG: MUAC <125mm or presence of nutritional edema bilateral.
- 77 PRESNAP bulletin, August 2020
- 78 POLICY BRIEF: THE IMPACT OF COVID-19 ON FOOD SECURITY AND NUTRITION – UN – June 2020
- 79 Institut National de la Statistique, 2020
- 80 IOM, DTM, Round 21, June 2020.
- 81 IOM, DTM, Round 21, June 2020.
- 82 MSNA, NWSW, OCHA, August 2020.
- 83 MSNA, Littoral and West, OCHA, August 2020.
- 84 MIRA, Yaounde (Centre), CHOI, OCHA, September 2020.
- 85 DTM, round 21, IOM, June 2020.
- 86 MSNA, NWSW, OCHA, August 2020.

- 87 MSNA, NSW, OCHA, August 2020.
- 88 UNHCR, September 2020.
- 89 IOM, DTM Round 21, June 2020.
- 90 IOM, DTM Round 21, June 2020.
- 91 IOM, DTM Round 21, June 2020.
- 92 MSNA NSW, OCHA, August 2020; MSNA, West and Littoral, OCHA, August 2020.
- 93 UNHCR, September 2020.
- 94 The last SMART survey was conducted in November 2019, the latest MICS was conducted in 2014 and the latest DHS was conducted in 2018.
- 95 <https://assessments.hpc.tools/km/2021-jiaf-guidance>

**HUMANITARIAN
NEEDS OVERVIEW**
CAMEROON

ISSUED MARCH 2021