**COURSE TITLE: HUMANITARIAN DIPLOMACY**

**RESEARCH TOPIC:** SEXUAL AND REPRODUCTIVE HEALTH AND RIGHTS IN HUMANITARIAN SETTINGS: THE CASE IN CAMEROON

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**EXECUTIVE SUMMARY**

Cameroon faces three crises that have left 2.7 million people in need of humanitarian aid (WHO humanitarian response plan, 2016). The persistence of violence in Nigeria and the far north regions of Cameroon led to the displacements of thousands of people. The Central African crisis left thousands of Centrafricans helpless thus they sought refuge in the East region of Cameroon.

These crises called for a humanitarian need for the vulnerable population. The need for food, shelter, and protection against violence perpetrated on the victims most especially women were top priority on humanitarian response plans.

The growing literature on sexual and reproductive health management demonstrates very little attention given to the sexual and reproductive health and rights of women in humanitarian settings in Cameroon.

With the outbreak of the Anglophone crisis, displacements were recorded and continuous violence increases insecurity within these regions, the lives of these women become a nightmare as there is continuous increase on rights abuse.

This study examines the implementation of sexual and reproductive health and rights in humanitarian settings in Cameroon and the role of HD in the field of sexual and reproductive health in humanitarian settings in cameroon. Temporary health facilities are being set up to replace either the inaccessible, shot down or destroyed health facilities.

The UNFPA, OCHA, Care Cameroon and other local civil society organizations are using HD in partnership with the government of Cameroon in promoting the effective implementation of sexual and reproductive health management in humanitarian settings.

Divergent challenges are encountered in the implementation of sexual and reproductive health rights in humanitarian settings in Cameroon. They range from legislative, institutional to field complexities. However, the selection and training of some victims on the use of the emergency reproductive health kits, the drafting and adoption of a national scheme on the management of sexual and reproductive health in emergencies in Cameroon featured as some of the recommendations advanced.

This research is an exploratory study given no previous studies on sexual and reproductive health and rights in humanitarian settings in Cameroon have been conducted before. Both primary and secondary data sources were used in analyzing the subject matter.

**General Introduction**

The IFRC defines Humanitarian Diplomacy as; "persuading decision-makers and opinion leaders to act, at all times, in the interests of vulnerable people, and with full respect for fundamental humanitarian principles". (IFRC, 2009a, p. 3). Thus, HD influences decision-makers and opinion leaders in the Ministry of Public Health in Cameroon to consider sexual and reproductive health and rights as a fundamental human right and thus, their engagement in the global moves for sexual and reproductive health management. Keen attention is needed in humanitarian emergencies where there are insufficiencies in facilities, equipment, and personnel to manage the dire needs of vulnerable.

Decision-makers and opinion leaders in the area of sexual and reproductive health and rights in Cameroon constitute; state institutions, civil society organizations, and international organizations. The state of Cameroon and its local actors have been doing significant efforts in promoting sexual and reproductive health and rights in Cameroon with very little attention given to humanitarian settings. This lack of attention on humanitarian emergencies could be attributed to the fact that since independence, the country hasn’t witnessed any crises that moved displaced the people from one end of the country to another in large scales.

Man-made crises or natural disasters can make people vulnerable. Since 2000, Cameroon witnessed a series of natural disasters such as the drought in the lake chad basin where, the natural waters dried up significantly thus, affecting the life around it. The local population living around this area moved as they could no longer maintain a certain quality of life they previously lived. Also, the Boko Haram insurrections in Northern Nigeria caused an influx of refugees where a large population from the northern Nigerian states fled into Cameroon for safety. The subsequent entering of the Boko Haram into the northern part of Cameroon affecting the Far North and North regions of Cameroon led to further displacements of the population. The Central African Republic's civil war between the Seleka rebels and Antibalaka armed groups have pushed thousands of Centrafricans into the Adamawa and East regions of Cameroon.

According to the UNHCR factsheet, Cameroon has 1,548,652 people of concern[[1]](#endnote-1) in need of humanitarian assistance. 444000 of these populations are Internally Displaced Persons (IDP) from the English-speaking regions of the country, with 32,000 seeking refuge in Nigeria.

Nearly 25 years have passed since the 1994 International Conference on Population and Development recognized reproductive health as a human right. Members of the humanitarian community, have a collective responsibility to uphold and realize the right to Sexual and Reproductive Health (SRH) for people in all humanitarian settings.

Sexual and reproductive health (SRH) is an essential component of humanitarian response. "Sexual and reproductive health is a state of complete physical, mental and social well-being (not merely the absence of disease and infirmity) in all matters relating to the reproductive system and its functions and processes." (IPPF 2014). SRH would, therefore, imply that, people can have a satisfying and safe sex life and that they can reproduce and the freedom to decide if, when, and how often to do so without being imposed upon or judged by some third party. Implicit in this last condition are people's rights to be informed and have access to safe, effective, affordable, and acceptable contraceptive methods of their choice made available at their disposal, as well as other interventions and strategies for fertility regulation that is not against the law. People should also have the right to access appropriate health care services that will enable women to go safely through pregnancy and childbirth and provide individuals and couples with the best chance of having a healthy infant. Health facilities within communities should be able to provide these services to the local communities as the right to access to health care is a fundamental human right to be enjoyed by all.

The above-mentioned standards are very much applicable in stable and normal societies. Humanitarian settings are often characterized by emergencies and other complexities such as vulnerable populations in need of safety, food, shelter, basic health care, and security. The provision of or the consideration of Sexual and Reproductive Health and Rights (SRHR) is often forgotten or neglected thus, leading to high mortality rates of infants and childbearing women in humanitarian settings wherein 1 in 4 of those displaced are women and girls of childbearing age thus, an increased need for SRHR in humanitarian action.

Among the vulnerable population, people with greater vulnerability are women and children who are often victims of violence such as, domestic violence, sexual violence, etc.

All people, including those living in humanitarian settings, have the right to sexual and reproductive health. To exercise this right, affected populations must have an enabling environment and access to comprehensive SRH information and services so they can make free and informed choices. Quality SRH services must be based on the needs of the affected populations, particularly the needs of women and girls. SRH services must respect the religious and ethical values and cultural backgrounds of the communities while conforming to universally recognized international human rights standards.

Translating the above-mentioned SRHR indicators into practical realities for the vulnerable to benefit has often been the bone of contention.

Humanitarian Diplomacy through the activities of many organizations both local and international is helping the state realize the respect of SRHR in humanitarian settings in Cameroon. Their activities range from advocacy, negotiations with the ministry of public health and policy implantation. To effectively explore this topic, the following research questions were posed;

How is the implementation of SRHR in humanitarian settings in Cameroon?

Examine the stakeholders and their contributions to the implementation of SRHR in humanitarian settings in Cameroon?

Examine the challenges faced in the implementation of SRHR in humanitarian settings in Cameroon?

**Rationale.**

" We are currently witnessing humanitarian needs on a huge scale, with the impact of armed conflicts and disasters reaching staggering levels. Current humanitarian crises remain complex and long-lasting.” (EuroNGOs June 2016).

Cameroon once considered as a peaceful country is now no longer that cradle of peace of Africa. Unprecedented violence has caused instability within the country thus, bringing about humanitarian interventions. The increasing cause of population movement either internally or internationally is a cause for concern as this often leads to humanitarian emergencies. This paper aims to demonstrate the realities of sexual and reproductive health rights in humanitarian settings in Cameroon characterized by a lot of violence either perpetuated by host communities, armed militias, the military or the victims themselves engaging in life-threatening activities as a means for sustenance. Also, the paper analyzes the significant role HD plays in the implementation of SRHR in humanitarian settings in Cameroon, and the efforts HD is putting in curbing the challenges faced in the implementation of SRHR in Cameroon. The humanitarian diplomacy here is carried out by institutions such as UNFPA, IPPF, OCHA, Care and many other local community organizations. They joint efforts with the ministry of public health in realizing these objectives.

**Research Methodology;**

Research methods can be understood as all those methods/techniques that are used for conducting research. This research was conducted following laid down scientific research rules. Secondary data such as international treaties, conventions, and memorandum of understandings were reviewed to know the engagements Cameroon has undertaken to protect, promote and provide SRHR rights specially to displaced persons living in camps under deplorable hygienic and unhealthy conditions.

Search engines such as google scholar were visited and related articles on SRHR were sought. Selection of relevant articles was made, where only articles on sexual and reproductive health management and sexual and reproductive health and rights in humanitarian settings in developing societies were considered as eligible for review. Online libraries and data sources such as Taylor and Francis Group and Rodgers library were equally visited.

 Primary data was collected through interviews both telephonic and in person. Respondents included; displaced persons, officials in concerned ministries in Cameroon, officials and staff in institutions such as; UNFPA, FP2020, OCHA, National Coalition on SRHR – Menstrual Hygiene Management was visited and relevant literature on SRHR reviewed.

 Ethical clearance was sought from respondents and those who participated volunteered to take part. No personal information that could identify respondents were collected. An equitable sample representation was made where respondents from refugee camps were included and respondents from internally displaced camps were considered as well. This avoided under-representation from either side of the target population.

**Review of related literature**

"Millions in Syria and Yemen fleeing relentless conflict, the Rohingya seeking refuge in Bangladesh, girls abducted in Nigeria, Venezuelans driven by economic collapse into Brazil today's crises are becoming more widespread, complex and protracted and they continue to take a disproportionate toll on women and girls.” (UNFPA MHPSS Book (2009)

This change in paradigm from state insecurity to human insecurity is a cause for concern necessitating immediate interventions to better the lives of vulnerable people experiencing surmountable challenges with girls and women as the highest victims of circumstance.

"Protecting the human rights of populations displaced by humanitarian crises, especially women and children, is essential integral to any humanitarian response. One particular paper in this issue highlights the shortcomings of institutional efforts to recognize, respect and protect the sexual and reproductive rights of women and girls as fundamental human rights." (Monica Adhiambo et al 2017)

Institutions and organizations gave very little attention to sexual and reproductive health and rights as they focused on the traditional human rights which were; the right to vote, the right to run for a political office, the right to belong to an organization and the right to health care. By health care, reference was often made to the right to access quality medical care when the need arises. No attention was given to SRHR especially in humanitarian settings where there’s a need for that.

As illustrated, SRHR covers a range of topics in diverse settings from across the globe and contributes to the pool of evidence that guides practice. However, although the ﬁeld has expanded, and programs are addressing some of the delicate topics, more robust research is not only needed but urgently required to build evidence on how to offer critical, life-saving sexual and reproductive health services in these unique settings. Most importantly, humanitarian practitioners, academics and donors need to ﬁnd ways of identifying the sexual and reproductive rights of these populations and collectively strive to remove obstacles blocking the realization of these fundamental human rights. Consultations on how best the humanitarian community can address the scarcity of robust research in such settings are necessary. (Monica Adhiambo et al 2017). SRHR in humanitarian settings in Cameroon comes to fill in this existing gap in Cameroon as expressed above. This research shall also be demonstrating the significant role HD is playing in the ameliorations of SRHR in emergencies in Cameroon.

The Government of Cameroon commits to ensuring the mobilization of the budget line for the actual purchase of contraceptives, establishing a mechanism to subsidize family planning services for the most vulnerable users, notably adolescents and youth and women with disabilities, and strengthening the multi-sectoral commitment to family planning. These commitments come as results of HD between the government and Family Planning 2020 initiatives wherein the FP2020 is accompanying governments to making family planning a priority in their home countries.

The government also commits to disseminating reproductive health and family planning framework documents available to the government and implementing the priority interventions chosen and to institutionalizing the use of certain methods utilized in community outreach, notably pills and injectable contraceptives.

The Government of Cameroon commits to ensuring contraceptive security to avoid stock-outs, providing the full range of contraceptives by ensuring quality services, including family planning counseling, training, and supervision of health workers, and ensuring the government's and its partners' accountability for funding family planning.[[2]](#endnote-2)

Most of the commitments made by the Cameroon government in the area of SRHR come as fruits of HD from international partners and institutions such as Family Planning 2020 (FP2020), United Nations Population Fund (UNFPA) and International Planned Parenthood Federation (IPPF) programs in Cameroon. The government paid very little attention to SRHR of its needed population until the involvement of the above-mentioned stakeholders. The government only limited its concern to the availability of certain contraceptives made available in certain Health Facilities mostly those in semi-urban and urban settings. The government did not pay close attention to those in humanitarian settings. This might probably be as a result of the country's long history of relative peace and stability until the years the early 2000s wherein countries around Cameroon started experiencing instabilities that forced the movement of its populations and later the socio-political unrest in the English-Speaking regions of the country.

In all the literature, no studies have been carried out in Cameroon in the humanitarian settings on sexual and reproductive health and rights. This study stands as a pioneer to be carried out in this particular context. Thus, lays the foundation for further studies to be done to shape the decisions of policymakers and opinion leaders when it comes to sexual and reproductive health and rights in humanitarian settings in Cameroon.

**CHAPTER ONE:**

**The Implementation of Sexual and Reproductive Health and Rights in Humanitarian Settings in Cameroon.**

The health sector in Cameroon is managed by the ministry of public health. The ministry is decentralized into regional, divisional and sub-divisional representations. The department for family planning is charged with the management of the few existing programs on sexual health management (SHM). Every public hospital has the maternity unit, the Antenatal unit, and the Family planning unit. These units are charged with the implementation of all state intended schemes on sexual and reproductive rights in Cameroon. Health facilities render services to the local population as prescribed by the ministry of public health.

Adolescents are defined by the United Nations (UN) as those between the ages of 10-19 years old, comprise a substantial proportion of the population globally and are among the most vulnerable in fragile and conflict settings. (UNICEF Adolescent overview 2018). Cognizance is made of the fact that not only adolescents are vulnerable in fragile and conflict settings such as in Cameroon, but the greater risk is on this age proportion who turn into prostitution such as is the case with the internally displaced adolescents from Bamenda just to make a living. The majority of the internally displaced population in Cameroon were women wherein 1 in 4 were of reproductive age. Despite the size of this population, sexual and reproductive health and rights needs often go unaddressed in humanitarian settings. (Thompson, H. A 2016)

The implementation of Sexual and reproductive health and rights in these conflict-stricken regions of Cameroon entails, the setting up of temporary health facilities to cater to the health needs of the vulnerable population, the equipping of these health facilities with capable staff and equipment.

Doctors without borders (MSF) have set up temporary health facilities in some local communities in the northwest regions of Cameroon such as Batibo, Ngie, Mbengui, and Bali. “Most health facilities have been burnt down by the armed separatist militia as resistance to the present regime in power.” (response from a field agent). The absence of both health facilities and staff in these “violent communities in the north west has led to increased pregnancy complications that necessitated referral to a tertiary hospital in Bamenda” the chief town of the north west region. (interviewee).

The introduction of the obstetric kit in emergencies. has been one of the ways the government of Cameroon and its international partners are implementing sexual and reproductive health and rights. In 2011, UNFPA in Cameroon in conjunction with the debt reduction and development contract (C2D), launched the first strategy for obstetric kits. These targeted Health Facilities in the regions of the North, Far North and Adamawa, regions highly affected by the Boko Haram crisis and the lake chad droughts. Selected as pilot regions, they witnessed an increase in delivery rates from 50% to 100%. (UNFPA Cameroon 2017)

In response to the immediate humanitarian needs of crisis-affected populations of the North West and southwest regions of Cameroon, UNFPA and partners provided at the beginning of April 2019, 691 boxes of assorted Emergency Reproductive Health (ERH) kits. The kits worth $206,547 were sent to these regions where conflict opposing government defense forces and non-state armed groups have persisted since 2016. (UNFPA Cameroon 2019). The medical supplies and equipment are sent to selected facilities, comprising of primary and secondary health structures. They are to meet various lifesaving reproductive health needs of an estimated 630,000 persons. (UNFPA 2019 estimates)

The successful implementation and its resulting impact on reduced infant mortality pushed the state to implement the obstetric kit on a national scale, starting with the East region where the refugees from the Central African Republic are being hosted.

The management of sexual reproductive health challenges in humanitarian settings requires very high skills thus, constant training of health caregivers, local community aid givers is quite fundamental to the successful implementation of sexual and reproductive health and rights (SRHR). Care International is very active in these areas through their projects; Supporting Access to Family Planning and Post-Abortion Care in Crisis Settings (SAFPAC). The project focusses on; Building providers’ clinical and counseling skills through competency-based training, follow-up clinical assessment and coaching. (SAFPAC 2011). Through this project, they have given capacity building to health care providers in some of the crisis regions in Cameroon; Buea, Bamenda, Adamawa, and Bertuoa.

The humanitarian team of the UNFPA is as well providing technical support in training national response partners in lifesaving techniques to reduce the maternal and newborn suffering and death as well as prevent and treat sexual violence.

**CHAPTER TWO:**

**Stakeholders and The Use of Humanitarian Diplomacy in The Advancement of Sexual and Reproductive Health and Rights in Humanitarian Settings in Cameroon**

Stakeholders refer to all the actors involved in the promotion of sexual and reproductive health and rights in Cameroon. These actors would involve both local and international actors.

Local actors would compose principally of state institutions and the civil society organizations in Cameroon. The ministry of public health draws and oversees the implementation of health policies in Cameroon. From the health policies drawn by the state through the ministry of public health, all other actors come into joint efforts in realization.

The civil societies would compose of; community-based organizations and interfaith organizations. The civil society plays a very fundamental role in the drafting and implementation of public policies. They stand in the interest of the common man in society. In this research, the common man would refer the vulnerable who compose of refugees who left their countries of origin into Cameroon for safety and survival, the internally displaced persons in Cameroon composed of Cameroonians fleeing away from the Boko Haram terrorism in the northern part of Cameroon and those running away from the violence in the two English speaking regions of the country.

International actors refer to all the UN institutions present in Cameroon and actively involved in the promotion of sexual and reproductive health and rights in the humanitarian settings in Cameroon. These institutions include; UNFPA, OCHA, UNICEF, and UNESCO.

Other international actors involved in the promotion of sexual and reproductive health and rights in Cameroon include; FP2020, IPPF, ICRC.

All stakeholders in the promotion of SRHR in Cameroon are involved in advocacy, negotiation, implementation process and partnership. Their joint efforts are very visible in the steady growth of SRHR especially in emergency environments in Cameroon.

From the forgoing foundation presented, the following paragraphs shall be presenting and analyzing the involvement of the various stakeholders in the promotion of SRHR.

**LOCAL ACTORS AND SRHR**

**THE STATE**

Chapter five of the Cameroon penal code indicates the position of the state in matters relating to SRHR. The state has made dispositions for the creation of health facilities in every region of the country thus, involving the local communities hosting these vulnerable populations. The health facilities within these hosting communities receive and render health services to these vulnerable populations without any restrictions. Through the UNCHR registration cards, refugees get access to all health care facilities and other public services offered by the state. The state through the ministry of public health organizes health care sensitization campaigns targeting these vulnerable communities. A series of these campaigns such as the "SMS for Life" campaign for the telephone collection of data on the stock levels of contraceptives and family planning services among 22 districts in six regions of the country targeted the vulnerable population where inventories were taken on the use of contraceptives by this population cohort. The Logistics Management and Information System (LMIS) has been developed and launched to improve the management and availability of contraceptives and other medicines in health facilities. These campaigns give the ministry of public health firsthand knowledge on the SRH needs of the vulnerable population and through the results of these campaigns, the ministry extended these campaigns nationally covering the entire territory.

**THE CIVIL SOCIETY ORGANISATIONS**

Civil society organizations play a very important role in the promotion of SRHR in humanitarian settings in Cameroon. The National Coalition on SRHR and menstrual hygiene management are engaged in advocacy, negotiation and the implementation of SRHR in humanitarian settings in Cameroon.

With the turbulence characterizing certain regions of the country, the civil society organizations are very engaged in the teaching of the production of reusable sanitary pads, customized family planning methods to suit the present conditions of vulnerable populations. Free prenatal and antenatal consultation campaigns are constantly carried out wherein health personnel move into the bushes to cater to the needs of the IDPs who are cut off from the rest of society due to the ongoing crisis as is the case in the Anglophone regions in the country.

The Cameroon National Association for Family Welfare (CAMNAFAW) is one of the leading civil society organization (CSO) that is involved in SRHR in Cameroon. Their activities range from clinical care management provided at the various clinics they have opened across the country, provision of contraceptives, peer education in academic institutions and a vigorous fight against HIV/AIDS. CAMNAFAW has a very strong partnership with IPPF and through their partnership, they're advocating for better health policies for women most especially in the area of abortion care given Cameroon laws consider abortion as a criminal offense and is punishable by imprisonment from five to ten years with a penalty.

CAMNAFAW through its advocates is enhancing better health care services to homosexuals in Cameroon. Homosexuality is illegal and punishable by the Cameroon penal code in section 347-1. Thus, homosexuals do receive little or no clinical care. The stigmatization from society puts barriers to them using public health facilities.

International actors play a very impactful role in the area of SRHR in Cameroon. Their presence in the field has help speed up the promotion of SHRH in a humanitarian setting in Cameroon, areas that have been forgotten and or abandoned by both state and non-state actors in Cameroon. The UN agencies are leading actors in the area of SRHR in a humanitarian setting. The UNFPA activities in Cameroon shall be analyzed.

**UNFPA CAMEROON AND SRHR HD.**

 The UNFPA is the leading global organization advocating for SRHR across the global. The organization has signed over 150 partnerships with the country where their activities are being carried. The UNFPA asserts the fact that "Ensuring access to SRH services and information is crucial to building resilience and achieving peace in post-conflict settings, as these services are essential for women's empowerment, poverty reduction, increased social stability, and economic growth." (UNFPA 2019 Review)

To achieve the above-mentioned objective, the UNFPA and its partners strive to improve life by working with governments, partners and civil society organizations in initiating; Minimum Initial Service Package (MISP) for Reproductive Health. The six objectives of the MISP include: (IAWG 2019)

- Ensuring the health sector or cluster identifies an organization to lead MISP implementation;

-Preventing sexual violence and responding to the needs of survivors;

-Preventing transmission of and reducing morbidity and mortality due to HIV and other sexually transmitted infections;

-Preventing maternal and newborn morbidity and mortality;

-Preventing unintended pregnancies; and

-Planning to integrate comprehensive SRH services into primary health care.

The UNFPA in Cameroon has engaged in partnerships with local stakeholders to reduce risks and vulnerabilities and to build community and system resilience through long-term strategies and investments that strengthen national health systems. In December 2019, UNFPA organized sixteen days of activism raising awareness on gender violence perpetuated during conflicts in the major towns of Buea and Bamenda in the English-speaking regions of Cameroon. This campaign involved all the major civil society organizations present in the field advocating for the respect of SRHR.

UNFPA continues to negotiate with the government of Cameroon to ensure that post-abortion care is given to women who underwent such conditions without criminal charges being imputed on both victims and health practitioners given the Cameroon penal code considers abortion as a criminal offense.

**CHAPTER THREE:**

**Challenges Faced in The Implementation of Sexual and Reproductive Health and Rights in Humanitarian Settings in Cameroon.**

"Researching in humanitarian settings is replete with challenges such as insecurity and instability, competing and conﬂicting priorities, and lack of funding. Nevertheless, it is worth recognizing that without robust data, it will be difﬁcult to innovate and accelerate efforts to meet SRHR", (Monica Adhiambo et al (2017)

From the foregoing, the challenges faced in the implementation of SRHR in Cameroon in general and in humanitarian emergencies in particular range from legislative, institutional and field complexities.

**Legislative Barriers;**

Both the Cameroon constitution and its penal code provide very strong obstacles in the realization of SRHR. The constitution which is considered the strongest legal document that guides the running of the country provides a rigid concern on this. The preamble of the constitution simply recognizes that the right to health is a fundamental human right.

The penal code provides very strong terms on certain key aspects of SRHR. The penal code forbade abortion and promises critical sanctions both to victims and perpetrators. Sanctions of an abortion range from financial payments to the imprisonment of up to 10 years.

Homosexuality is considered a crime and thus, is strongly punished by the law. Punishment ranges from financial payment to imprisonment.

**Institutional Barriers;**

The ministry of public health which is charged with the management of the health sector in Cameroon has a very limited scheme on this aspect. Firstly, there exists no special scheme on the implementation of SRHR apart from that made available in health facilities which only covers both prenatal and antenatal consultations.

Secondly, the ministry does not have any special scheme targeting the vulnerable population who are often in dire need of health emergencies.

**Field Complexities.**

The humanitarian settings in Cameroon are full of insecurities and uncertainties thus, putting the lives of field agents at risk. Field agents are often targets of armed militias for killings to seek public attention to their requests and also, ransom demands to raise funds for their course.

In the Month of November 2019, OCHA Cameroon lost a volunteer who was abducted and later assassinated in the North West region by armed militias. This act led to the suspension of the humanitarian health campaign for fear of more loss of lives as insecurities heighten in the English speaking regions in Cameroon.

The Boko Haram in the northern part of the country have often abducted humanitarian aid workers and request huge sums of money in exchange for their lives. This also really slowed the execution of humanitarian aid schemes in the northern part of the country.

**CHAPTER FOUR;**

**Conclusion and Recommendations**

**Conclusion**

Sexual and reproductive health and rights are essential and non-negotiable fundamental human rights. These rights are to be enjoyed by all girls and women of childbearing age in all communities no matter the circumstance. The Cameroon public health system still lags in the implementation and promotion of SRHR. HD is helping improve the respect of SRHR in Cameroon. However, UNFPA, Care International, the government of Cameroon and its partners still have a lot to put in place when it comes to SRHR in public health.

**Recommendations.**

Some inhabitants of the various camps should be selected and trained on how to use the emergency reproductive health kits. This would ensure sustainability given those trained are not permanently based in camps.

The Cameroon health system should recognize the increasing need of developing a comprehensive SRHR system that would effectively serve the local population especially those in humanitarian settings.

The Ministry of Public Health should include SRHR as an individual indicator that needs to reflect on its fiscal budget for planning and implementation. This would necessitate an increase in budget.

Comprehensive SRHR schemes should be made available in all higher institutions of learning where the greater population of reproductive age groups are concentrated. Easy accessibility at these institutions of learning would contribute significantly.

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