



# WATER, SANITATION AND HYGIENE NEEDS ASSESSMENT

CAMEROON

REPORT

DECEMBER 2018

## ASSESSMENT FUNDED BY:



## ASSESSMENT CONDUCTED IN PARTNERSHIP WITH:



COHESODEC

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SUDHASER

Cover image: Internally displaced people in Mamfe Manyu Division Cameroon, 2018. © POOR AND NEEDY (PAN)

### About REACH

REACH is a joint initiative of two international non-governmental organizations - ACTED and IMPACT Initiatives - and the UN Operational Satellite Applications Programme (UNOSAT). REACH's mission is to strengthen evidence-based decision making by aid actors through efficient data collection, management and analysis before, during and after an emergency. By doing so, REACH contributes to ensuring that communities affected by emergencies receive the support they need. All REACH activities are conducted in support to and within the framework of inter-agency aid coordination mechanisms. For more information please visit our website: [www.reach-initiative.org](http://www.reach-initiative.org). You can contact us directly at: [geneva@reach-initiative.org](mailto:geneva@reach-initiative.org) and follow us on Twitter @REACH\_info.

## SUMMARY

September 2017 marked an escalation of tensions in the North-West (NW) and South-West (SW) regions of Cameroon as part of the ongoing crisis opposing government forces against non-state armed groups. The number of security incidents in these regions has significantly increased, leading to the displacement of 437,500 people as of December 2018, both within NW and SW and to neighbouring Littoral and West regions.<sup>1</sup> According to the United Nations Office for the Coordination of Humanitarian Affairs (OCHA), an estimated 4 million people are affected by the crisis, including 1,3 million in need of assistance.<sup>2</sup> However, insecurity and a lack of information on the needs of affected population have created significant challenges for the humanitarian response.

To address this information gap and enable a more effective response, the Shelter and Water, Sanitation and Hygiene (WASH) Clusters, with support from REACH, have conducted an assessment on the needs of conflict-affected populations in NW, SW, Littoral and West regions. Based on the Shelter Cluster strategy, the assessment focused on the needs of five population groups (displaced in makeshift settlements, displaced hosted, displaced renting, non-displaced hosting, non-displaced in partially damaged or destroyed accommodations<sup>3</sup>) in 18 divisions of SW, NW, Littoral and West experiencing internal displacement, and in three types of settings (urban or semi-urban areas, villages in rural areas and non-village/bush in rural areas settings).<sup>4</sup> In partnership with five local partners (Reachout, PEP, SUDHASER, COHESODC and Plan International), data was collected between 4 and 17 December 2018 through interviews with 157 key informants (KIs) providing information on their population group and their locality. Given the qualitative nature of the assessment, findings should be considered as indicative only. This report focuses exclusively on the WASH-related findings.<sup>5</sup>

The assessment found significant WASH needs amongst assessed populations, regardless of displacement status or location. Nevertheless, important differences were observed between population groups, settings and regions.

Access to water is a key challenge across the area, both in terms of quantity and quality. Overall, KIs reported that only a minority of people manage to secure enough water to meet their needs and that a fifth of the communities rely exclusively on unimproved sources. Limited access to water is mostly due to the fact that people do not have enough containers to fetch and store water, and that existing waterpoints are not sufficient, or are too far. The situation is particularly concerning for certain strata of the population, such as people living in the bush and, to a lesser extent, in rural villages, likely due to the limited coverage of WASH infrastructure in remote areas.

Access to hygiene is very limited<sup>6</sup>. KIs reported that only few people have soap at home and even less have handwashing facilities. This, along with factors linked to knowledge and attitude, contribute to poor hygiene practices, with the overwhelming majority of KIs reporting that only few people or nobody usually washed hands with soap, especially for communities living in the bush and in rural areas, as well as displaced populations. In addition, one out of ten female KIs reported “none” as preferred menstrual material, which is a concern, especially if KIs understood the question more in terms of current practice, rather than preference.

The overall sanitation situation is poor. Even though KIs reported latrines as a common place of defecation, half of them said that only few or nobody have access to them. Major issues reportedly limiting access to sanitation are unavailability of latrines, and the fact that the existing ones often do not ensure privacy and gender separation. As a result, open defecation is a widespread practice, especially among communities living in the bush and rural areas.

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<sup>1</sup> OCHA, Cameroon : North-West and South-West, Situation Report No.2, December 2018.

[https://reliefweb.int/sites/reliefweb.int/files/resources/OCHA-Cameroon\\_Situation\\_Report\\_no2\\_Final.pdf](https://reliefweb.int/sites/reliefweb.int/files/resources/OCHA-Cameroon_Situation_Report_no2_Final.pdf)

<sup>2</sup> Ibid.

<sup>3</sup> The five population groups were aggregated into displaced and non-displaced populations at the analysis stage, as it was found to be more relevant for the WASCH Cluster.

<sup>4</sup> Hereinafter, for the sake of brevity, referred to people living in “urban centers”, “rural villages” and “the bush”.

<sup>5</sup> Shelter findings can be found in the Shelter Cluster’s Needs Assessment report, forthcoming.

<sup>6</sup> Overall, the WASH situation in Cameroon was difficult even before the crisis, especially for hygiene. The last round of MICS (2015) reported that 84% of the population at national level did not have access to handwashing facilities. It is therefore difficult to distinguish the impact of the crisis from chronic WASH deficiencies.

Ownership of key, basic WASH NFIs was found to be the exception, rather than the rule. Only few affected families have enough water containers, mosquito nets and soap. This can be explained by the fact that access to market is limited, especially outside urban centres, and in conflict affected regions (NW and SW). Even when markets are functional, key WASH NFIs, when available, are often unaffordable.

The precarious WASH situation is even more concerning considering the health conditions faced by affected populations and their access to health care. Water-related diseases are widespread, with more than half of the KIs reporting that malaria, respiratory diseases and watery diarrhea are the main health issues affecting children. Access to health care remains limited, with more than a third of KIs reporting that people do not visit any health service provider when children are sick, especially those living in the bush or in rural villages.

Overall the assessment has shown that the WASH response to the NW/SW Cameroon crisis should very much be tailored to the population group, geography and setting in which displaced and host communities are, based on the above needs and vulnerabilities. The findings from this assessment suggest that market-based interventions would be the most useful type of assistance in urban or peri-urban settings. Nevertheless, market-based assistance cannot be adopted systematically and should be considered in relation to the limited accessibility of functional markets, especially in rural settings and conflict-affected regions, which renders the purchasing of basic WASH items challenging. In addition, market-based intervention feasibility studies should be conducted to explore other key dimensions, including market supply, protection risks, and beneficiaries' preferences.

In addition, findings from this assessment do not indicate a stabilisation of the situation in the short term. KIs' answers with regards to the length of time that IDPs have spent in their current location highlight dynamic and ongoing displacements, also reflected by the fact that the majority of KIs reported being unsure of the intentions of the IDPs for the following three months. Insecurity and complete destruction of shelters – reported as the most common reasons for displacement – leave limited perspectives for return. As such, the situation and the needs of affected populations should be regularly monitored, to enable an effective humanitarian response.

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## List of Acronyms

KI(s)	Key informant(s)
SW	South-West
NW	North-West
WASH	Water, sanitation and hygiene
OCHA	Nations Office for the Coordination of Humanitarian Affairs
WASH	Water, sanitation and hygiene
OD	Open defecation

## Geographical Classifications

Region	Regions are the first level of administrative units in Cameroon. There are 10 regions in the country.
Division	Divisions are the second level of administrative units in Cameroon. There are 58 divisions in the country.

## Key Definitions

Urban/semi-urban	Urban or semi urban areas refer to settlements that are broadly perceived as urbanised. they tend to be administrative unit capitals and have generally decent coverage in terms of basic infrastructure (roads, utilities, schools and health facilities)
Rural	Rural areas refer to settlements that are broadly perceived as rural. They tend to be connected by basic infrastructure (roads) and have limited coverage in terms of basic services (primary schools or dispensaries)
Non-village	Non-village refers to any settlement that is neither urban/semi-urban or rural. They tend to be poorly connected with basic infrastructure (footpaths) and have very limited or no access to basic services

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## INTRODUCTION

Since late 2017, violence has escalated in the North-West (NW) and South-West (SW) regions of Cameroon as part of the ongoing NW and SW crisis opposing non-state armed groups and the Cameroon armed forces<sup>7</sup>. As a result of increasing tensions, people started fleeing in the second half of 2017. By the end of December 2018, it was estimated that over 437,000 people had been displaced within those two regions and towards neighbouring West and Littoral regions<sup>8</sup>. Dozens of villages were reportedly burnt down, preventing, along with ongoing insecurity, displaced populations from returning to their location of origin.<sup>9</sup>

Local aid organisations have started responding to the most pressing needs of affected population. In October 2018, the humanitarian coordination activated the Shelter and Non-Food Item (NFI), Water, Sanitation and Health (WASH), Health, Education, Food Security, Logistics, Nutrition and Protection clusters<sup>10</sup>. However, most parts of the two regions, especially remote areas, are challenging to access due to security restrictions, making it difficult to gather information on the needs of affected population and plan the response.

In order to improve the evidence base on shelter, NFI and WASH needs of the affected population and inform response programming, the Shelter and WASH Clusters conducted an assessment, with support from REACH.

The assessment covered five population groups (displaced self-settled, displaced in host families, displaced in rented accommodation, non-displaced host families and non-displaced living in completely destroyed or partially damaged houses) in three different settings (urban or semi-urban areas, village in rural areas, and non-village/bush in rural areas). Data was collected by local partners under the coordination of REACH between 4 and 17 December 2018 in all divisions<sup>11</sup> in the NW, SW as well as in affected divisions<sup>12</sup> in the West and Littoral regions.

The main objective of this assessment is to inform the WASH, and Shelter and NFI Cluster response strategy by identifying specific needs of conflict-affected populations in NW, SW, Littoral and West regions. More specifically, it aimed at meeting the following specific objectives<sup>13</sup>:

- To identify shelter/NFI and WASH priority needs and drivers of needs of Internally Displaced Persons (IDPs) and host communities, covering populations:
  - In the bush, non-village or farm locations
  - In rural or village settings
  - In urban or semi urban settings.
- To identify adequate response modalities for meeting the needs of IDPs and host communities based on access to markets and preferred modalities.

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<sup>7</sup> United Nations Office for Coordination of Humanitarian Affairs (OCHA), Emergency Response Plan - Cameroon North-West and South-West – Summary, May 2018, <https://reliefweb.int/report/cameroon/emergency-response-plan-cameroon-north-west-and-south-west-summary-may-2018>

<sup>8</sup> United Nations Office for Coordination of Humanitarian Affairs (OCHA), "Cameroon: North-West and South-West Crisis, Situation Report No.2, December 2018, [https://reliefweb.int/sites/reliefweb.int/files/resources/OCHA-Cameroon\\_Situation\\_Report\\_no2\\_Final.pdf](https://reliefweb.int/sites/reliefweb.int/files/resources/OCHA-Cameroon_Situation_Report_no2_Final.pdf)

<sup>9</sup> BBC, Burning Cameroon: Images you're not meant to see, 25 June 2018, <https://www.bbc.com/news/world-africa-44561929>

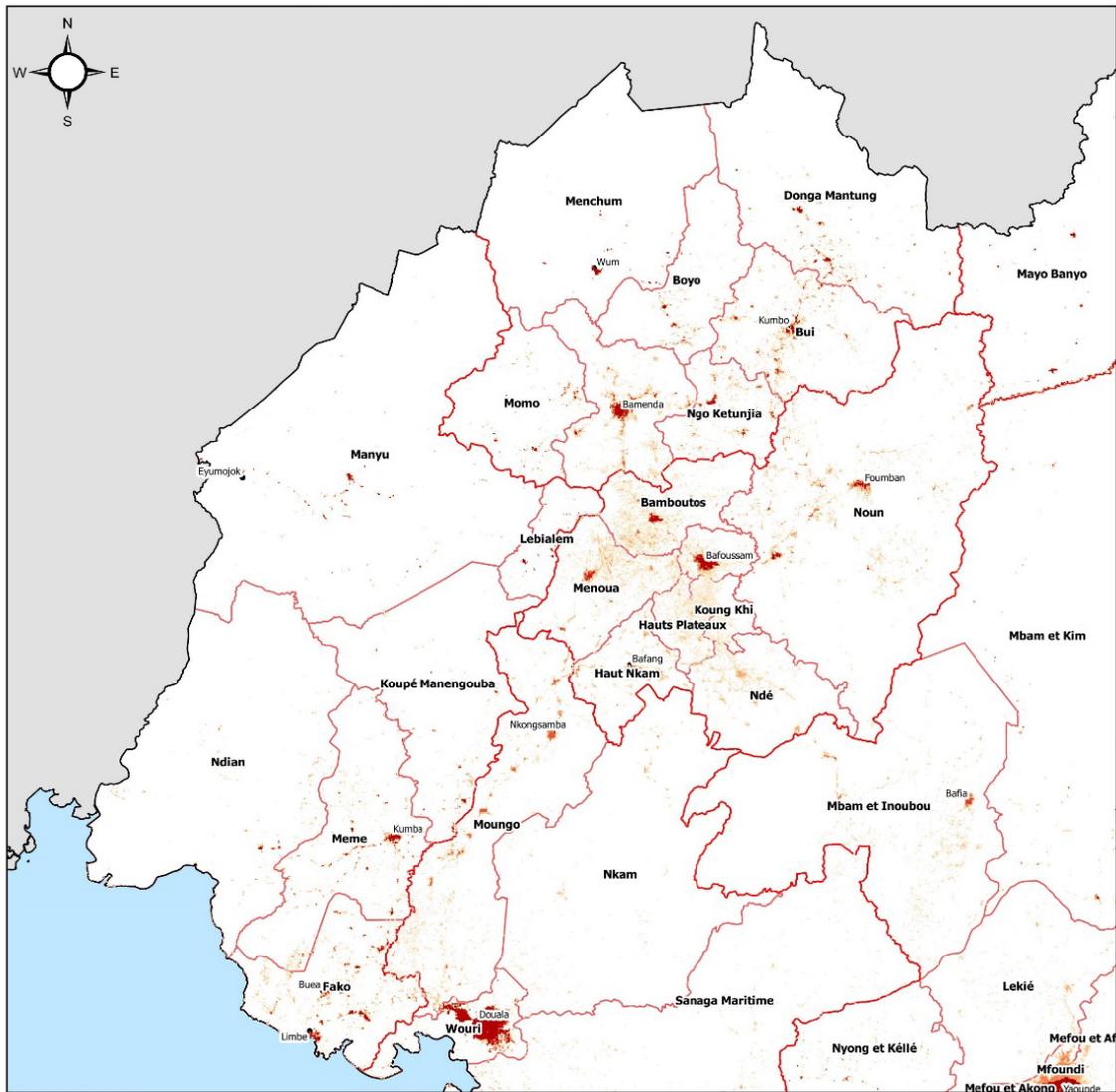
<sup>10</sup> Ibid.

<sup>11</sup> Cameroon is organized in three type of administrative units: regions (level 1), divisions (level 2) and subdivision (level 3)

<sup>12</sup> Affected division refers here to divisions where displaced population have been recorded, namely Mounjo and Wouri in Littoral and Bamboutos, Menoua, Mifi and Noun in West.

<sup>13</sup> The assessment was designed to be complementary to a DTM assessment that is currently ongoing, which is expected to provide information on number of displaced people as well as quantification of the caseload.

Map 1: Population distribution in NW, SW, Littoral and West



**Legend**

- Major Cities
  - State Boundaries
  - Region Boundaries
  - Division Boundaries
- | Population Density per raster |
|-------------------------------|
| 0                             |
| 175                           |
| 350                           |
| 525                           |
| 700                           |

*Data Sources:*  
 Admin Boundaries - Global Administrative Boundaries Database (GADM)  
 Major Cities - Natural Earth  
 Population Density - Joint European Research Center

*Funded by:*

*Coordinate System: WGS 1984 UTM Zone 46N*  
*Projection: Transverse Mercator*

*In Partnership with:*

*Note: Data, designations and boundaries contained on this map are not warranted to be error-free and do not imply acceptance by the REACH partners, associates, donors mentioned on this map.*

## METHODOLOGY

The methodology for the assessment was set-up based on discussions with the shelter/NFI and WASH clusters, and was informed by secondary data review (SDR) conducted at each stage of the research cycle. In addition, operational discussions with local partners having an in-depth contextual knowledge helped define the implementation process of primary data collection in particular.

The aim of this assessment was to inform shelter/NFI and WASH response planning to assist affected population by identifying for the four regions (SW, NW, West and Littoral) the shelter, NFI and WASH situation and needs disaggregated by population group and setting as follow:

- Population groups:
  - Displaced self-settled;
  - Displaced in host families;
  - Displaced renting accommodations;
  - Non-displaced host families;
  - Non-displaced in damaged or destroyed houses.
- Settings (see Map 2 for land use geography of the region)
  - Urban or semi-urban;
  - Village (rural);
  - Non-village / bush (rural).

Both, the population groups and settings disaggregation were adapted from the shelter cluster strategy for the NW and SW crisis in Cameroon.<sup>14</sup> For the purpose of this assessment, non-displaced with partially damaged houses and non-displaced with destroyed houses were combined into one specific group namely non-displaced in damaged or destroyed houses. Semi-structured interviews of key informants (KIs) was selected as the most adequate methodology in order to meet the above-mentioned objective of the assessment within the timeframe, resources available and security restrictions.

The data analysis plan was designed in close collaboration with the Shelter/NFI and WASH cluster coordination in country and based on the contextual knowledge acquired through SDR and discussion with various stakeholders with field presence. In line with the objective of gathering population group specific data, the data analysis plan was adapted to each population group in order to create targeted questionnaires. Thus, it enabled the inclusion of group-specific questions such as on the rental market situation for displaced in rented accommodation or relationships between host and displaced families for displaced in host families and non-displaced host families.

For WASH, at the analysis stage the five population groups were aggregated into two: displaced and non-displaced populations. On the one hand, the population groups as defined by the Shelter strategy were not as relevant for WASH, on the other hand, this aggregation allowed to more robust findings by having more replies for each group.

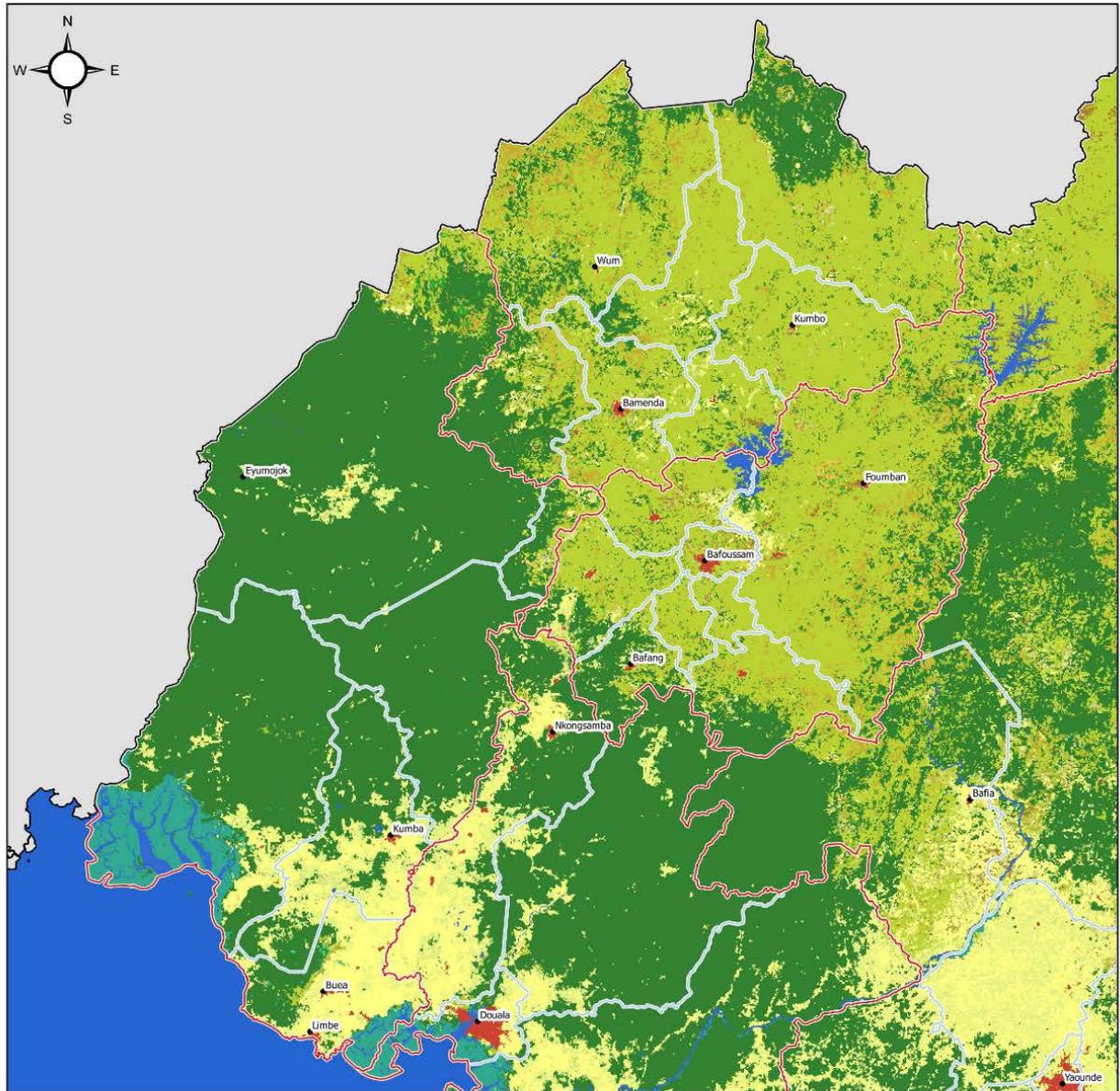
In terms of geographical scope, the assessment covered all divisions in NW and SW regions, Bamboutos, Menoua, Mifi and Noun divisions in West as well as Mounjo and Wouri divisions in Littoral as these areas host IDPs.<sup>15</sup> KIs were selected by the data collection partners based on a snowball sampling method in settlements identified before the implementation of the assessment. Using a participatory planning tool, data collection partners selected settlements within each division where they believed each population group for each setting would be found to the best of their knowledge.

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<sup>14</sup> Shelter cluster SWNW Cameroon, "Shelter/NFI Cluster Strategy", November 2018, [https://www.sheltercluster.org/sites/default/files/docs/sc\\_swnw\\_cam\\_sc\\_strategy.pdf](https://www.sheltercluster.org/sites/default/files/docs/sc_swnw_cam_sc_strategy.pdf)

<sup>15</sup> <https://reliefweb.int/report/cameroon/emergency-response-plan-cameroon-north-west-and-south-west-summary-may-2018>

Map 2: Land cover of crisis-affected regions



**Legend**

- Major Cities
  - State Boundaries
  - Region Boundaries
  - Division Boundaries
- Landcover 2015 (ESA)
- Cropland rainfed
  - Natural Vegetation
  - Tree Cover
  - Urban areas

*Data Sources:*  
 Admin Boundaries - Global Administrative Boundaries Database (GADM)  
 Major Cities - Natural Earth  
 Population Density - Joint European Research Center

*Funded by:*

*Coordinate System: WGS 1984 UTM Zone 46N  
 Projection: Transverse Mercator*

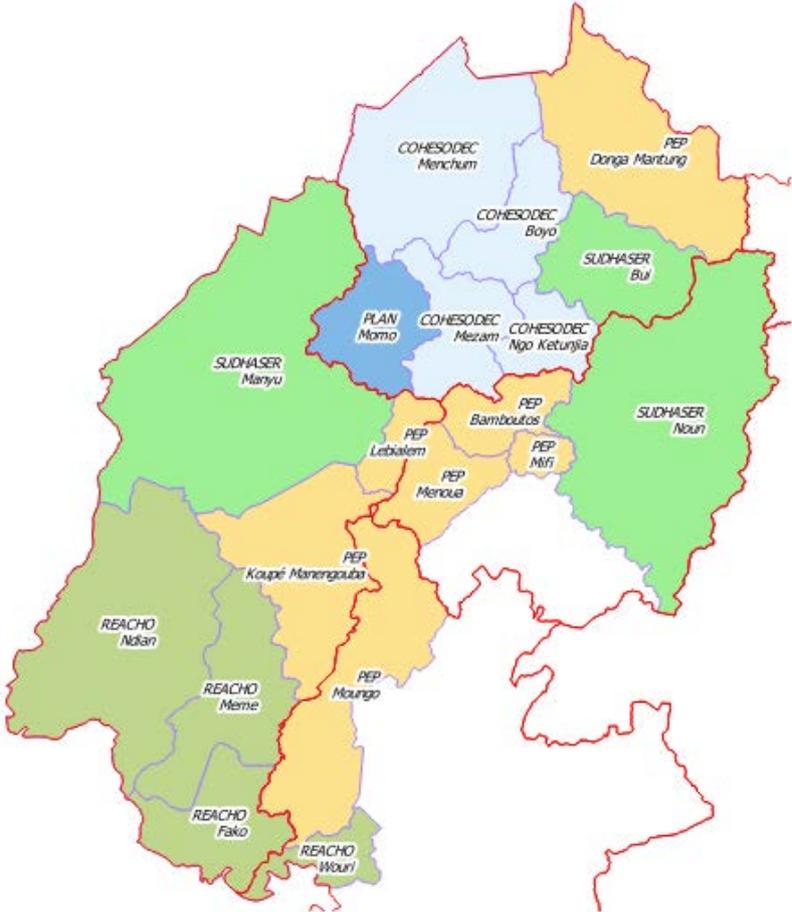
*In Partnership with:*

*Note: Data, designations and boundaries contained on this map are not warranted to be error-free and do not imply acceptance by the REACH partners, associates, donors mentioned on this map.*

### Primary data collection

Following a first meeting with local aid organizations conducted in Buea on 1 December 2018, five local implementing partners (Reach Out, PEP, COHESODEC, SUDHASER and Plan International) were identified to collect primary data based on their geographical presence, their availability (in time and human resources) and their willingness to engage in the process (see figure 2). Due to security reasons and suspicion of the population regarding the registration of exact location points by GPS coordinate, it was decided to collect primary data through paper form which would be centralized and only in a second stage of the process, transcribed in an electronic version.

Map 3: Geographical distribution of data collection implementing partners



Data was collected between 4 and 17 December 2018. As indicated in the above map, each local partner was assigned specific divisions as follow:

Table 1. Partners' data collection location

Partner	Division	Subdivision
Reach Out	South-West	Fako
Reach Out	South-West	Meme
Reach Out	South-West	Ndian
Reach Out	Littoral	Wouri
PEP	West	Bamboutos
PEP	South-West	Koupe Manengouba
PEP	South-West	Lebialem

PEP	West	Menoua
PEP	West	Mifi
PEP	Littoral	Moungo
COHESODEC	North-West	Boyo
COHESODEC	North-West	Menchum
COHESODEC	North-West	Mezam
COHESODEC	North-West	Ngo Ketunja
Plan International	North-West	Momo
SUDHASER	North-West	Bui
SUDHASER	North-West	Manyu
SUDHASER	North-West	Noun

In total 157 KIs were interviewed, providing information on their locality. Most were displaced representatives (25%), host family representatives (23%) or teachers (16%). Local aid workers were also interviewed (10%), as well as religious leaders (9%). Other types of KIs included local political leaders, farmers, students, traders or traditional healers. Most KIs were male (60% against 33% of female). The remaining 7% left that information unanswered.

Table 2: KI profiles, by population group and region

	Littoral	North West	South West	West	Total
Displaced hosted	4	15	15	9	43
Displaced renting	4	15	7	10	36
Displaced self-settled	3	8	10	1	22
Non-displaced hosting	5	14	8	9	36
Non-displaced living in damaged or destroyed shelters	0	8	11	1	20
<b>Total</b>	<b>16</b>	<b>60</b>	<b>51</b>	<b>30</b>	<b>157</b>

## Data analysis

All physical survey forms were transcribed into a browser-based Kobo survey for processing. During the transcription process the data was cleaned to check for logical errors, duplicates in terms of population group and geography and other issues. Surveys which did not meet these validation criteria were dismissed from the analysis (3 – not included in Table 2 above).

## Limitations

The main limitations from the assessment methodology that should be kept in mind when reading the report are the following:

- As a qualitative survey the data is not proportionally representative of the target populations and of assessed localities, findings and frequencies show trends but should not be used to extrapolate populations in need;
- KIs can express personal opinions rather than the community they represent; as such, findings should be triangulated between KIs and with secondary sources;
- Given the time limitations the assessment was not able to cover other key sectors such as food security, health or protection which limits the ability of the exercise to look at holistic needs of the population.

## FINDINGS

This section of the report presents the main findings from the assessment. It includes a short crisis profile, as well as WASH-specific findings. Shelter-related findings can be found in a separate report.<sup>16</sup>

### Crisis Profile

This sub-section of the report aims at highlighting a few characteristics of the crisis. After a brief contextual introduction, the focus is put on some displacement patterns (such as reasons of displacement and distance between current location and location of origin) arising from the assessment findings.

Since late 2017, tensions in Cameroon's NW and SW regions have escalated, with an increase in violence between government forces and non-state armed groups (see Table 3 below). As of late December 2018, some 500 civilians have reportedly died as a result of violence in the regions.<sup>17</sup> According to Human Rights Watch, the civilian population in the affected regions has been facing indiscriminate killings, arbitrary arrests, destruction of houses, looting and disruption of market activities for over a year.<sup>18</sup> This violence has generated large scale displacement, with over 437,000 people estimated to have been internally displaced since the middle of 2017.<sup>19</sup> The regions directly affected by conflict are the NW and SW regions while the Littoral and West regions, neighbouring NW and SW, have mostly been affected by influxes of displaced population seeking refuge in secured locations.

Table 3: % of incidents recorded by the Armed Conflict Location and Event Data (ACLED)<sup>20</sup>, by region and year

Region	2016	2017	2018
Littoral	1%	1%	1%
North West	2%	7%	39%
West	0%	1%	3%
South West	2%	7%	37%

Assessment findings indicate displaced generally fled within relatively short distances from their location of origin. In West and Littoral, all KIs reported that displaced originate from NW and SW, mostly from division neighbouring the region (Fako for Littoral, Ngo Ketunja, Mezam and Lebialem for West). No displaced populations originating from West and Littoral regions could be found during the assessment, in line with the localisation of conflict in SW and NW. IDPs located in NW and SW usually stayed in their region as well as division of origin. Over 95% of KIs who answered the question in NW and SW indicated that IDPs were originating from the same region and more than 84% indicated that displaced were also originating from the same division. These findings highlight that displaced populations tend to relocate in areas close to their homes.

During the assessment, insecurity was found to be the most common reason for displacement, reported by 90% of KIs, reflecting conflict in the regions. It was followed by complete destruction of their shelters (44% of KIs) and the partial destruction of shelters (30% of KIs). This finding is consistent with the regular reports of villages being destroyed (usually burnt down), especially along major road axis.<sup>21</sup> It is also important to note that, although to a lesser extent, the lack of work, lack of food in the location of origin, lack of services and lack of water in location of origin were also regularly reported as a reason for displacement (Figure 1).

<sup>16</sup> Shelter Cluster, Shelter Assessment in NW and SW Cameroon, forthcoming.

<sup>17</sup> <https://www.crisisgroup.org/global/10-conflicts-watch-2019>

<sup>18</sup> <https://www.hrw.org/news/2018/07/19/cameroon-killings-destruction-anglophone-regions>

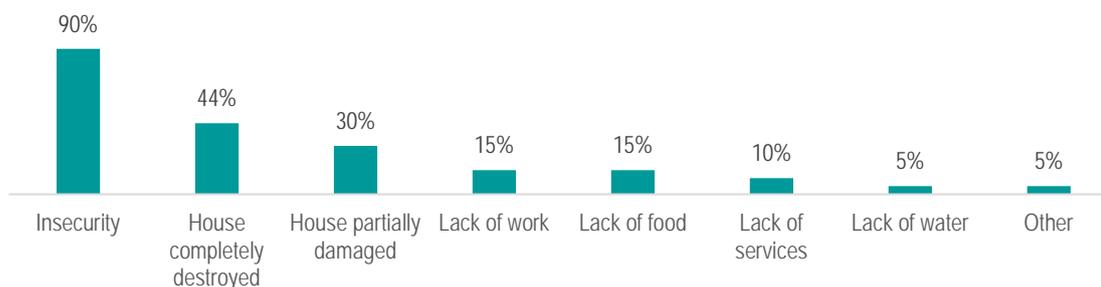
<sup>19</sup> OCHA, Cameroon : North-West and South-West, Situation Report No.2, December 2018.

[https://reliefweb.int/sites/reliefweb.int/files/resources/OCHA-Cameroon\\_Situation\\_Report\\_no2\\_Final.pdf](https://reliefweb.int/sites/reliefweb.int/files/resources/OCHA-Cameroon_Situation_Report_no2_Final.pdf)

<sup>20</sup> ACLED data is gathered based on publicly available, secondary reports. This means that the data is in part a reflection of the coverage and reporting priorities of media and international organizations. One of the effects of this is that it may underestimate the volume of events of nonstrategic importance.

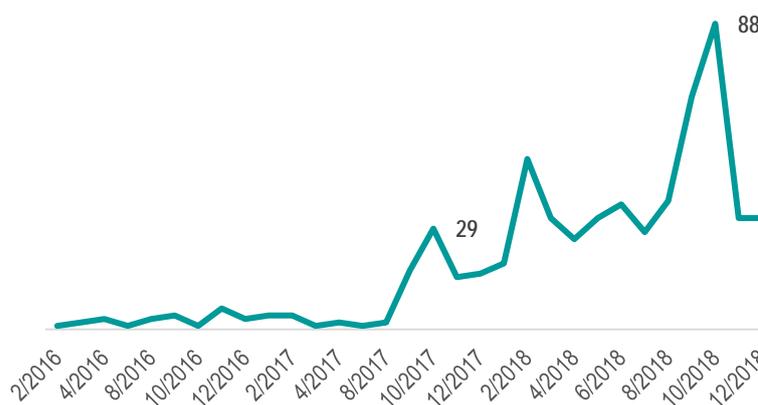
<sup>21</sup> <https://www.bbc.com/news/world-africa-44561929>

Figure 1: Most common reasons for displacement



When asked about the length of time that IDPs have spent in their current location, most KIs cited more than 9 months (21%), followed by 2 months ago (14%). This is consistent with the increase in violence recorded in late 2017.<sup>22</sup> However, the answers of KIs to this question present a great variety pointing to dynamic and ongoing displacements, also reflected by the fact that the majority of KIs (54%) reported being unsure of the intentions of IDPs living in their locality at the time of data collection for the following three months. The main reason people would leave is by far insecurity, as reported by 76% of KIs, and notably in NW and SW (87%).

Figure 2. # of monthly security incidents reported by ACLED in NW/SW



In terms of the geographic concentration of violence, using data from ACLED, most recorded incidents from February 2016 to December 2018 happened i) in isolated rural areas of the NW and SW or ii) along the major communication axis of the region. As highlighted in Map 2, recorded incidents based on review of international and local news sources show a heavy concentration of violence along the main roads that connect the main populated places of SW and NW, with additional incidents sparsely distributed in dense forest or mountainous areas.

## Location of displaced population groups

The assessment looked at three displaced population groups based on the type of living arrangement:

- Displaced self-settled in rural areas
- Displaced hosted
- Displaced renting an accommodation.

Based on documentation from OCHA<sup>23</sup>, the assessment expected to find no displaced self-settled in West and Littoral and few in rented accommodation as a significant majority of displaced located in those two regions were expected to be hosted. On the other hand, in NW and SW very few displaced in rented accommodation were to be

<sup>22</sup> <https://www.acleddata.com/>

<sup>23</sup> [https://www.humanitarianresponse.info/sites/www.humanitarianresponse.info/files/2018/10/cameroon\\_estimated\\_idp\\_population.pdf](https://www.humanitarianresponse.info/sites/www.humanitarianresponse.info/files/2018/10/cameroon_estimated_idp_population.pdf)

found (almost none in NW) as a majority of displaced located in those two regions were thought to be self-settled (about two thirds) and the remaining in host families (about one quarter) (see figure 4).

Figure 3: Presence of displaced population group by region (OCHA)



Assessment findings show that in West and Littoral there were self-settled displaced populations (4 out of 48 interviews conducted in those regions were relative to that population group). Displaced groups in rented accommodation also seem more present than initially expected throughout all four regions and especially in NW. Almost no displaced in rented accommodation were expected to be found in that region but the assessment found them in all divisions in both urban and village settings. In addition, the type of population groups found varies per setting. Thus, self-settled displaced were more present in rural, non-village setting. It is interesting to note that displaced hosted seem to be more present in rural, village setting than in urban setting (see Figure 4).

Figure 4: Displaced KIs' profiles, by setting

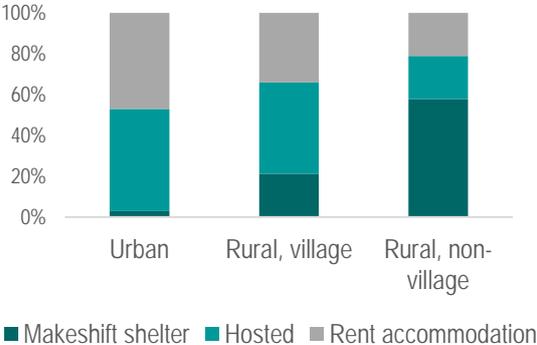
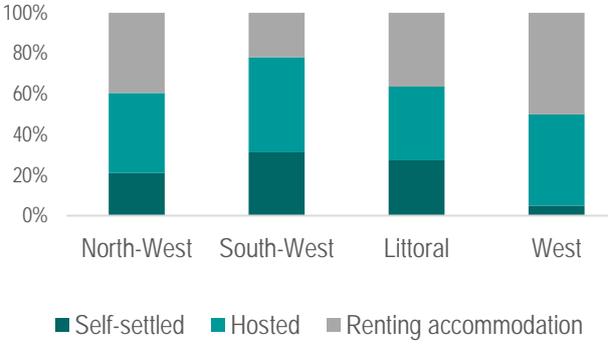


Figure 5: Displaced KIs' profiles, per region



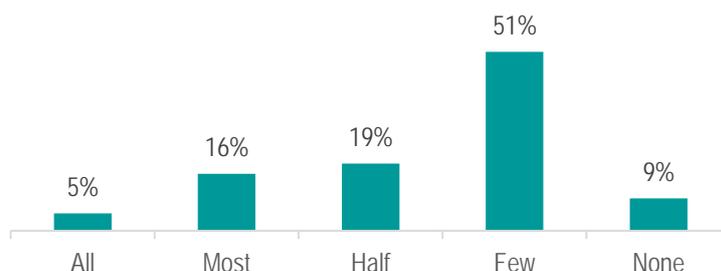
## Water

Access to water is a key challenge across the assessed area, both in terms of quantity and quality. Overall KIs reported that only a minority of people manage to secure enough water to meet their needs, that a fifth of the communities rely exclusively on unimproved water sources and that household water treatment is extremely uncommon. Limited access to water is mostly due to the fact that people do not have enough containers to fetch and store water, and that existing waterpoints are not sufficient or are too far. The situation is particularly concerning for certain strata of the population, such as people living in the bush and, to a lesser extent, in rural villages, likely due to the limited coverage of WASH infrastructure in remote areas.

## Water supply

Enumerators asked the KIs what proportion of families in the community could access enough water to meet their needs. Overall, the assessed population presented serious issues with water supply. The majority of KIs reported that that few families had access to enough water, and only 5% of KIs said that there was no water supply issue in the community with everybody having enough water to cover their needs. The situation was particularly concerning for 9% of communities, where KIs reported that nobody can access enough water. This percentage raised to 15% and 14% among the assessed communities in the West and NW.

Figure 6: % of KIs reporting the proportion of families in the community that could access enough water



Water supply seemed to vary greatly by setting (see Figure 7). The situation for people living in the bush was found to be particularly concerning, with 17% of KIs reporting that nobody had the capacity to secure enough water, in comparison with 9% and 4% of KIs in rural and urban settings, where probably water infrastructure has broader coverage.

Figure 7: % of KIs reporting the proportion of families in the community that could access enough water, by setting

	Bush	Village	Urban
All	8%	3%	7%
Most	8%	18%	15%
Half	8%	22%	22%
Few	58%	49%	52%
None	17%	9%	4%

The disaggregation of water supply by population groups is blurrier, with non-displaced people seemingly worst off overall, but with a higher percentage of displaced communities being reported as facing very acute issues, i.e. no families having access to enough water (see Figure 8). Further research is needed to corroborate those findings and understand whether greater water supply seemingly accessed by displaced people may be explained by humanitarian assistance targeting this population group specifically.

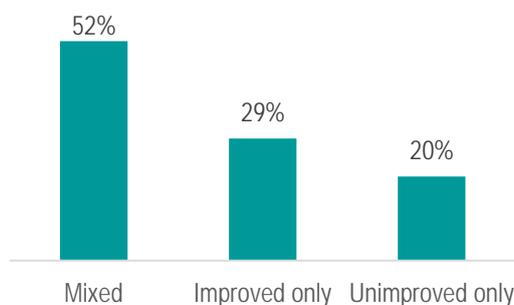
Figure 8: % of KIs reporting the proportion of families in the community that could access enough water, by setting

	Displaced	Non-displaced
All	7%	2%
Most	16%	14%
Half	21%	16%
Few	45%	61%
None	11%	6%

## Water sources

Enumerators asked KIs what were the main types of water sources used by families living in the community for drinking and cooking<sup>24</sup>. Most of the communities reportedly relied on a mix of improved and unimproved water sources, while almost a third used improved sources only (see Figure 9). However, KIs reported that a fifth of the communities used exclusively unimproved water sources, which is very concerning as these sources, by the nature of their design and construction, have less potential to deliver safe water.

Figure 9: % of KIs reporting the types of water sources used by families in the community for drinking and cooking



Reliance on unimproved water sources was more common in rural areas. While 41% of KIs reported that the urban communities use improved sources only, this percentage drops to 21% and 22% for rural communities living in the bush and in villages respectively. Surprisingly the latter seemed to be in a more difficult situation, with 27% of KIs reporting that communities in rural villages relied exclusively on unimproved water sources for drinking and cooking, in comparison with 13% of KIs reporting this for people living in the bush (see Figure 10). When zooming-in at the types of sources though, it clearly appears that the use of surface water, such as rivers and streams, which are particularly risky, was reportedly more frequently for people living in the bush (48% of KIs), in comparison with rural communities (39% of KIs) and urban centres (29% of KIs).

Figure 10: % of KIs reporting the types of water sources used by families in the community for drinking and cooking, by setting

	Bush	Village	Urban
Mixed	67%	51%	46%
Improved	21%	22%	41%
Unimproved	13%	27%	13%

As for population groups, displaced communities seemingly relied more extensively on unimproved sources, with 25% of KIs reporting displaced communities using unimproved sources only, in contrast with 9% of KIs in non-displaced communities. No significant difference was found in use of surface water between the two population groups.

Figure 11: % of KIs reporting the types of water sources used by families in the community for drinking and cooking, by population group

	Displaced	Non-displaced
Mixed	47%	60%
Improved	27%	30%
Unimproved	25%	9%

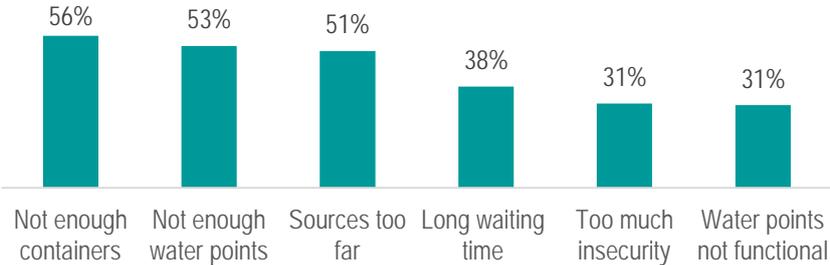
<sup>24</sup> Key informants could select multiple reply options if relevant.

Some level of geographic variation appears when disaggregating types of water sources by region, with Littoral showing a much lower percentage of communities relying exclusively on unimproved sources (6% of KIs) in comparison with the NW (16% of KIs), the SW (22% of KIs) and especially the West (33% of KIs). However, when looking at the type of sources, it seems that the NW and the SW tend to rely more on surface water. Rivers and streams were reported by 63% and 33% of KIs in the NW and SW, in comparison with 16% of KIs in the Littoral and 0% of KIs in the West.

**Water issues**

In order to get an overview of the most common issues related to access to water, KIs were asked about the challenges that families faced collecting water from their usual source<sup>25</sup>. Overall, the three main issues, reported by more than half of the KIs, are lack of containers, not enough waterpoints and the fact that the latter are too far .

Figure 12: % of KIs by most commonly reported challenges families in the community faced collecting water



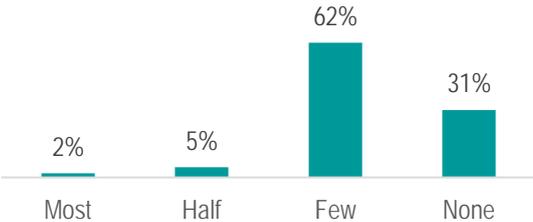
Some of those issues were more frequently reported in certain settings, except for lack of containers, which was mentioned by more than half of the KIs no matter the setting. Communities living in the bush and in rural villages were more often reported as having issues with the distance to sources (62% and 55% of KIs respectively) in comparison with urban communities (38% of KIs). Village and urban communities had reportedly more issues with an insufficient number of water points (59% and 53% of KIs) than people living in the bush (31% of KIs). Further research is needed to confirm and explain this point, which might be linked to the fact that people living in the bush have lower expectations in terms of water points availability in comparison with people living in rural villages.

Less remarkable is the variation of issues by population groups and regions, apart from insecurity, which seems to be a key challenge especially in the NW and SW, as a consequence of ongoing conflict in those two regions, where it was reported by 38% and 42% of KIs respectively, in comparison with 6% and 13% for the Littoral and the West.

**Water treatment**

KIs were asked about what proportion of families in community used to treat the water before drinking it and what were the most commonly used treatment methods. Overall, water treatment does not appear to be a widespread practice and in 93% of the communities KIs reported that few to no families treated water (see Figure 13). Consumption of untreated water is even more concerning knowing that only 29% of communities were reported as relying exclusively on improved sources (see previous section on water sources).

Figure 13: % of KIs reporting the proportion of families in the community that used to treat water before drinking



<sup>25</sup> Key informants could select multiple reply options if relevant.

This issue was particularly acute for certain strata of the population. The percentage of KIs reporting that nobody used to treat the water rises above 40% for people living in the bush or villages, while it is as low as 16% in urban areas, probably due to better access to water treatment material and more conducive knowledge, practices and attitudes. The same remarkable difference appears looking at the disaggregation by population groups, with KIs reporting that that nobody treat water much more frequently in displaced communities (43% of KIs), in comparison to non-displaced ones (13% of KIs).

Figure 14: % of KIs reporting the proportion of families in the community that used to treat water before drinking, by setting

	Bush	Village	Urban
Most	11%	0%	0%
Half	0%	4%	3%
Few	47%	56%	81%
None	42%	40%	16%

The most frequently reported treatment methods by KIs, were letting stand/settle the water (61% of KIs), boiling it (38% of KIs), filtering it (19% of KIs) and using a disinfection product (14% of KIs), be it Aquatabs, bleach, PuR, etc. It is worth noting that two out of the three most frequently reported treatment methods have no effects on pathogens causing fecal-oral diseases, such as diarrhea and cholera.

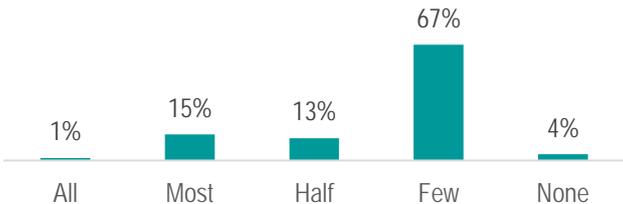
### Hygiene

Access to hygiene is very limited<sup>26</sup>. KIs reported that only few people have soap at home and even less have handwashing facilities. This, along with factors linked to knowledge and attitude, contribute to poor hygiene practices, with the overwhelming majority of KIs reporting that only few people or nobody usually washed hands with soap, especially for communities living in the bush and in rural areas, as well as displaced populations. In addition, one out of ten female KIs reported “none” as preferred menstrual material, which is a concern, especially if KIs understood the question more in terms of current practice, rather than preference.

### Soap ownership

KIs were asked about what proportion of families in the community have soap, which is key to maintain good hygiene practice and prevent the spread of fecal-oral diseases. Access to soap represents a common problem, with 71% of KIs reporting that either few people or nobody had soap (see Figure 15). The issue is fairly equally spread across the assessed area, with still some variation among regions, with the Littoral and the NW reportedly having more issues than the SW and the West.

Figure 15: % of KIs reporting the proportion of families in the community that had soap



<sup>26</sup> Overall, the WASH situation in Cameroon was difficult even before the crisis, especially for hygiene. The last round of MICS (2015) reported that 84% of the population at national level did not have access to handwashing facilities. It is therefore difficult to distinguish the impact of the crisis from chronic WASH deficiencies.

If no striking difference is observable among people living in different settings (bush, villages and urban contexts), access to soap appears to be more limited for displaced communities, with 77% of KIs reporting that only few or no families had soap in comparison to 59% of KIs for non-displaced communities.

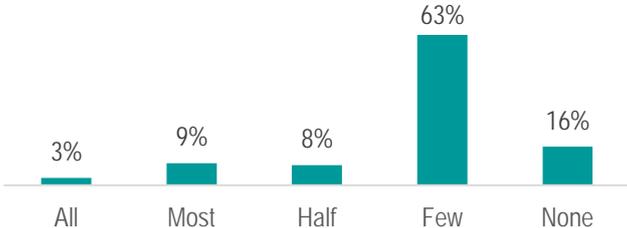
Figure 16: % of KIs reporting the proportion of families in the community that had soap, by population group

	Displaced	Non-displaced
All	0%	5%
Most	12%	23%
Half	11%	14%
Few	73%	57%
None	4%	2%

### Handwashing facilities

KIs were asked about the proportion of families in the community having handwashing facilities. The situation regarding access to handwashing facilities is very similar to soap ownership. Overall, only a minority of people possessed fix or mobile devises designated for handwashing, with 79% of KIs reporting that either only few people or nobody had those (see Figure 17). Those findings are particularly concerning, especially if analyzed in conjunction with access to soap, as ownership of handwashing materials is one the most reliable proxies for handwashing behavior.

Figure 17: % of KIs reporting the proportion of families in the community that had handwashing facilities



Disaggregated data suggest similar patterns observed for soap ownership. In terms of setting, people living in the bush seem to face a more limited access, with a quarter of KIs reporting that nobody had access to handwashing facilities, in comparison with people living in urban (17% of KIs) and rural (13% of KIs) areas. Similarly, the percentage of KIs reporting that nobody owned handwashing facilities (20% of KIs) in displaced communities is almost twice the percentage reported for non-displaced ones (11% of KIs).

Figure 18: % of KIs reporting the proportion of families in the community that had handwashing facilities, by population group

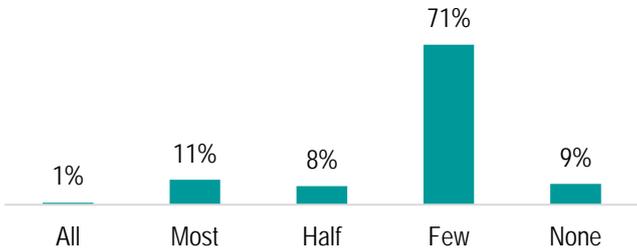
	Displaced	Non-displaced
All	4%	2%
Most	11%	7%
Half	5%	16%
Few	61%	64%
None	20%	11%

In terms of regional disaggregation, the NW and particularly the West, seem to have more issues than the SW and the Littoral. Surprisingly the latter is the region, which is most frequently reported having issues with handwashing facilities, while it was reported as the region having less issue with soap ownership.

**Handwashing behavior**

KIs were asked about the proportion of families in the community washing their hands with soap. Findings on handwashing practices are broadly in line with the ones on ownership of soap and handwashing facilities. The overwhelming majority of KIs (80%) reported that only few people or nobody usually washed hands with soap (see Figure 19). Poor handwashing practice affects all the strata of the population, with however people living in the bush and in rural communities, as well as displaced communities being reported in a worse situation. No major difference appears when comparing the different regions, except for the Littoral, where the percentage of KIs reporting only few people or nobody washing hands with soap is much lower (50% of KIs).

Figure 19: % of KIs reporting the proportion of families in the community that to wash hands with soap

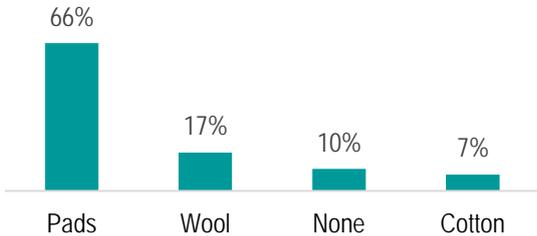


The enumerators followed up with a question on the main issues limiting handwashing practice. KIs reported that the main constrains were lack of soap (58% of KIs), lack of handwashing facilities (40% of KIs) and lack of habit to do so (37% if KIs), followed by lack of water (19% of KIs).

**Menstrual hygiene**

Enumerators asked what the preferred menstrual hygiene materials in the community were<sup>27</sup>. During the analysis, data reported by male KIs (63% of the total) was disregarded, as there was a particularly high percentage of male KIs (29%) that was unsure, casting doubts on the actual menstrual hygiene knowledge of male interviewees. By far the most commonly reported types of preferred menstrual hygiene materials (66% if female KIs) were pads, followed by wool (17% of female KIs) (see Figure 20).

Figure 20: % of female KIs by preferred types of menstrual hygiene material



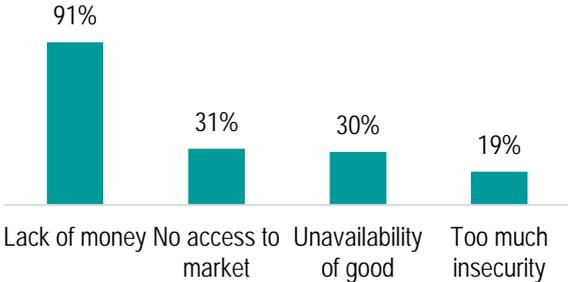
The fact that 10% of female KIs reported "none" as preferred menstrual material is of concern, especially if KIs understood the question more in terms of current practice, rather than preference. Lack of access to appropriate materials may lead to situations of embarrassment and distress, affecting girls and women's access to education, employment, and social activities, as well as increases the risk of infectious diseases.

<sup>27</sup> Key informants could select multiple reply options if relevant.

Disaggregation by setting, population groups and regions should be interpreted with extreme caution, due to the limited number of female KIs (54, which amounts to 36% of the total number of KIs). This being said, the percentage of KIs reporting “none” as a preferred menstrual material is higher for people living in the bush, displaced communities and the West and the NW.

The overwhelming majority of female KIs (91%) reported that the main issues in accessing menstrual material was their unaffordability, followed by issues related to access to market and unavailability of goods<sup>28</sup>. Insecurity was reported as an issue by 29% and 24% of KIs for NW and SW respectively, in comparison with 0% for the Littoral and the West.

Figure 21: % of female KIs by most commonly reported challenges girls and women faced in accessing menstrual hygiene material



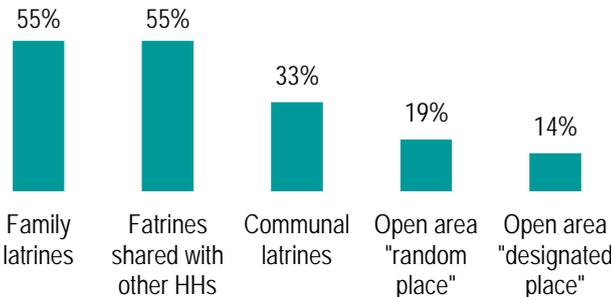
**Sanitation**

The overall sanitation situation is concerning. Even though KIs reported latrines as a common place of defecation, half of the them said that only few or nobody have access to them. Major issues limiting access to sanitation are unavailability of latrines, and the fact that the existing ones often do not ensure privacy and gender separation. As a result, open defecation is a widespread practice, especially among communities living in the bush and rural areas.

**Defecation practice**

KIs were asked about what the usual places of defecation for families in the community were<sup>29</sup>. Household latrines or household latrines shared with other families were reported to be some of the most common places of defecation by a majority of KIs, followed by communal latrines (33% of KIs). Open defecation (OD) however remains widespread, with 19% and 14% of KIs reporting OD in random places and OD in designated areas as a usual defecation practice (see Figure 22).

Figure 22: % of KIs by reported usual place of defecation of families in the community



<sup>28</sup> Key informants could select multiple reply options if relevant.

<sup>29</sup> Ibid.

While there was no remarkable difference in practice of OD “in random places” between displaced and non-displaced communities, KIs reported it more frequently for people living in the bush (35% of KIs) and in rural areas (20% KIs), in comparison with urban settings (11% of KIs). It may be also worth noting that OD in non-designated areas is slightly more frequently reported in the NW (24% of KIs) and the SW (22% of KIs) than in the Littoral and the North.

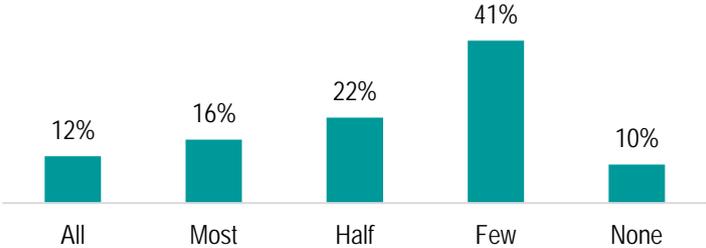
Figure 23: % of KIs reporting “open areas – random places” as usual place of defecation in the community

	Bush	Village	Urban
No	65%	80%	89%
Yes	35%	20%	11%

**Access to toilets**

Enumerators asked KIs what proportion of families in the community had access to toilets. Overall, access to toilets remains precarious, with half of the KIs reporting that only few or no people at all have access to sanitation facilities (see Figure 24).

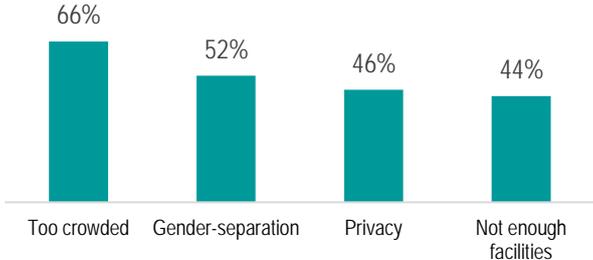
Figure 24: % of KIs reporting the proportion of families in the community that had access to toilets



The situation is more difficult for people living in the bush and in rural villages, where the percentages of KIs reporting that only few people or nobody have access to toilets go up to 73% and 53%, respectively, in comparison with 38% of KIs for urban communities. Findings disaggregated by regions and population groups are more homogenous and no clear patterns can be detected.

Enumerators asked the KIs what the main issues hampering access to toilets were<sup>30</sup>. The most commonly reported issues linked with sanitation facilities were availability of infrastructure, due to the fact that either too many people used the same facilities (66% of KIs) or there were not enough facilities (44% of KIs), as well as lack of gender separation (52% of KIs) and privacy (46% of KIs). Other less frequently reported issues included unhygienic conditions (34% of KIs), facilities clogged (20% of KIs) and facilities unsafe (15% of KIs).

Figure 25: % of KIs by most commonly reported challenges families in the community faced accessing toilets

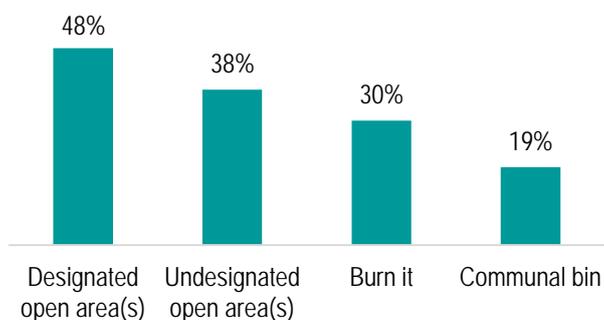


<sup>30</sup> Key informants could select multiple reply options if relevant.

## Environment sanitation

Enumerators asked the KIs what were the most common types of a waste disposal practices in the communities<sup>31</sup>. The most common solid waste disposal methods were leaving waste either in designated (48% of KIs) or undesignated open areas (38% of KIs), followed by burning (30% of KIs) and disposing waste in communal bins (19% of KIs) (see Figure 26). Other less frequently reported waste disposal methods included disposing it in communal pits or burying it.

Figure 26: % of KIs by reported types of solid waste disposal practice used by families in the community



Leaving solid waste in undesignated open areas, which is a particularly high-risk practice, was more commonly reported for people living in rural villages and in the bush (43% and 42% of KIs respectively) than in urban areas (29% of KIs). No clear patterns can be observed comparing displaced and non-displaced communities, while looking at geographical disaggregation, KIs for the Littoral and the NW reported more frequently this type of waste disposal method in comparison with the West and the SW.

The fact that living waste in open areas is a widespread practice was somehow confirmed by the fact that 74% and 57% of KIs reported that the main issue the communities faced with solid waste management was the presence of vectors, such as flies/insects and rodents/animals respectively.

Finally, around half of the KIs reported presence of stagnant water or ponding in/around the place where the community lived, which may be conducive to the proliferation of vectors and fecal contamination of nearby sites. This phenomenon appears to be equally spread in different settings and regions – with only the West being reportedly less affected. Surprisingly though, presence of stagnant water was more frequently reported by KIs in non-displaced communities than in displaced ones.

## Markets and NFIs

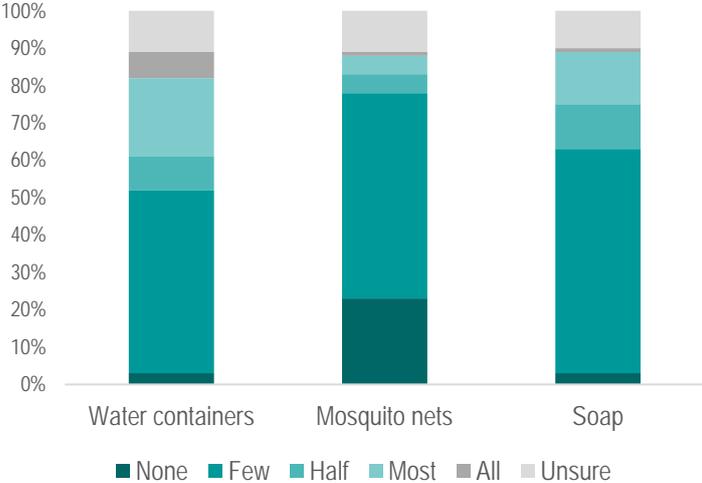
Ownership of key, basic WASH NFIs was found to be the exception, rather than the rule. Only few affected families reportedly have enough water containers, mosquito nets and soap. This can be explained by the fact that access to market is limited, especially outside urban centres, and in conflict affected regions (NW and SW). Even when markets are functional, key WASH NFIs, when available, are often unaffordable.

### Access to NFIs

Based on estimations from KIs, few affected families have enough WASH NFIs overall. As shown in Figure 27 this finding is consistent for all types of WASH NFIs covered in this assessment, namely water containers, mosquito nets and soap. Mosquito nets seem to be particularly lacking, with 78% of KIs reporting that no or few family members had enough of those, as well as soap (63% of KIs). On the contrary, possession of water containers was reportedly more common, with 28% of KIs indicating that all or most families had some.

<sup>31</sup> Key informants could select multiple reply options if relevant.

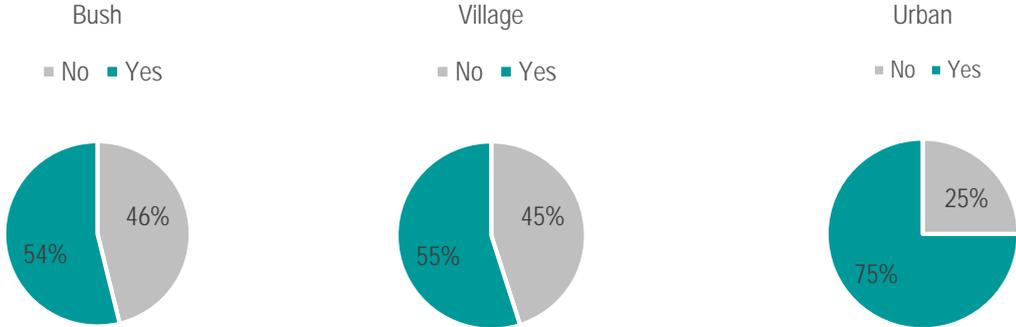
Figure 27: % of KIs reporting the proportion of families in the community that were in possession of specific NFIs



Markets

A majority of KIs (62%) reported that people living in their locality had access to a functional market. However, this overall finding hides great variations between both settings and regions. Lower proportions of KIs reported that people living in the bush and in rural areas had access to a functional market (respectively 54% and 55% of KIs), in comparison with urban communities (75% of KIs), likely linked to the fact that remote locations are less accessible by traders.

Figure 28: % of KIs reporting that families in the community had access to functional markets, by setting

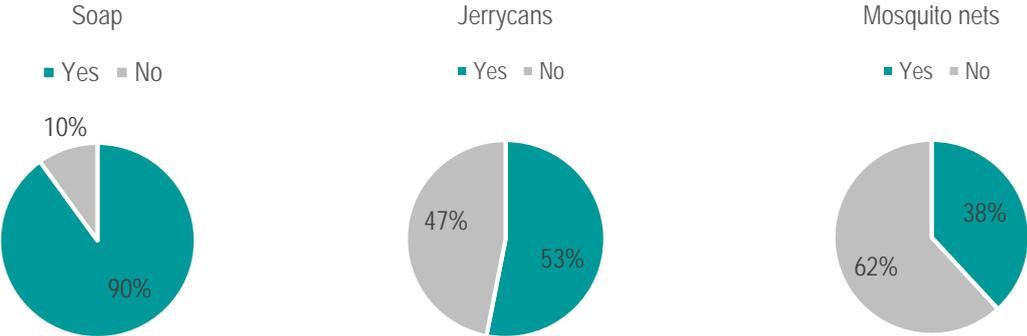


Similarly, access to a functional market was less frequently reported in the NW and the SW (reported by 51% and 52% of KIs), compared to the Littoral and West regions (78% and 93% of KIs respectively), potentially due to the disruption of markets by the ongoing conflict.

Availability and affordability

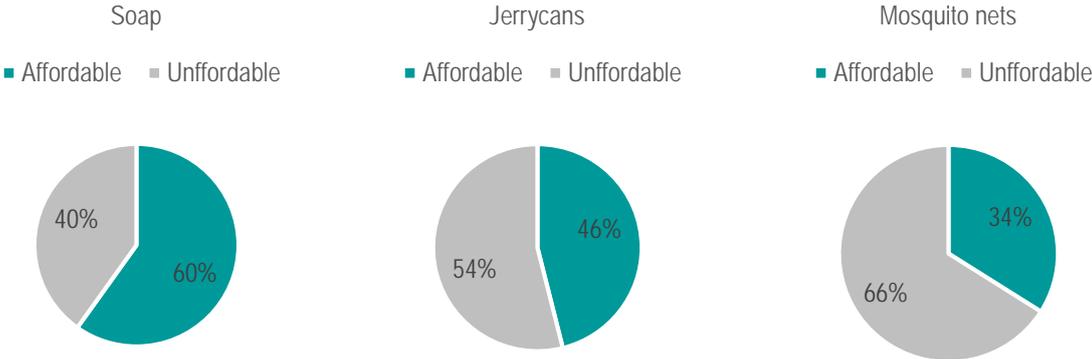
According to the KIs reporting access to a functional market, soap was the item most commonly reported as available at local markets (90% of KIs), followed by jerrycans (53% of KIs) and mosquito nets (38% of KIs).

Figure 29: % of KIs reporting availability of key WASH NFIs at local markets (where functional markets were accessible)



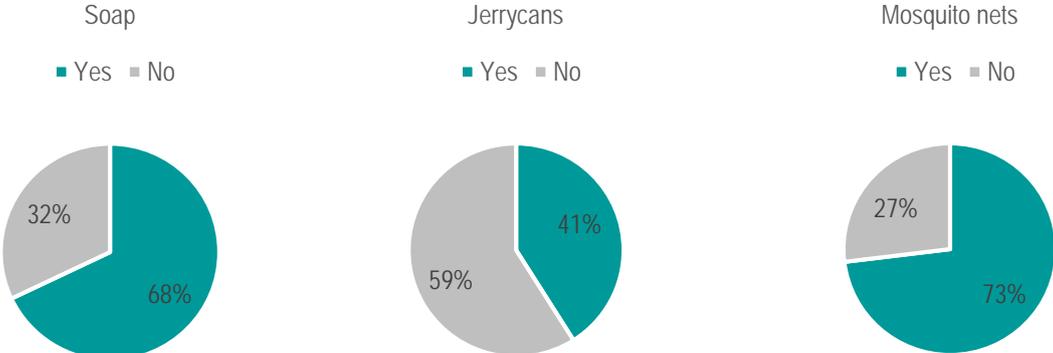
As for affordability, according to KIs reporting access to a functional market, soap was the item most commonly affordable (60% of KIs), followed by jerrycans (46% of KIs) and mosquito nets (34% of KIs). Those findings suggest some relation between availability and affordability, with the most available NFIs being also the more likely to be reported as affordable, with supply having a positive impact on prices.

Figure 30: % of KIs reporting that WASH NFIs at local markets were affordable (where functional markets were available)



In terms of priority for assistance, KIs reported that the most useful type of WASH NFIs needed were mosquito nets (73% of KIs), soap (68% of KIs), as well as jerrycans (41% of KIs) across all assessed population groups. This is broadly in line with the findings about possession of NFIs, where mosquito nets and soap came up as the items that were less likely to be possessed by families living in the community.

Figure 31: % of KIs by the most useful type of WASH NFIs to provide as assistance support



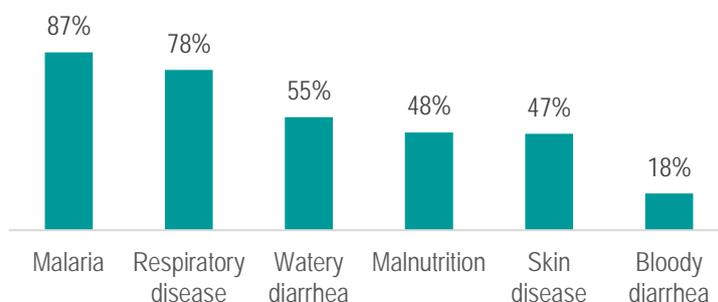
## Access to Health Care

The precarious WASH situation is even more concerning considering the health conditions faced by affected populations and their access to health care. Water-related diseases are widespread, with more than half of the KIs reporting that malaria, respiratory diseases and watery diarrhoea are the main health issues affecting children. Access to health care remains limited, with more than a third of KIs reporting that people do not visit any health centres or traditional healers when children are sick, especially those living in the bush or in rural villages.

### Health issues (children)

The KIs were asked about what were the main health problems that children faced in the communities. The most commonly reported water-related diseases affecting children were malaria<sup>32</sup> and respiratory diseases, mentioned by 87% and 77% of KIs respectively (see Figure 32).

Figure 32: % of KIs by main health problems children faced in the community



Looking at disaggregation by setting, diarrhoea (both watery and bloody) tended to be more frequently reported for people living in the bush and rural villages, where risky practices, such as open defecation and consumption of untreated and surface water, are more widespread. Respiratory infections were more often reported in urban contexts as well as rural villages, though less for people living in the bush, potentially due to the low density of population in those areas. No significant pattern is observable for malaria.

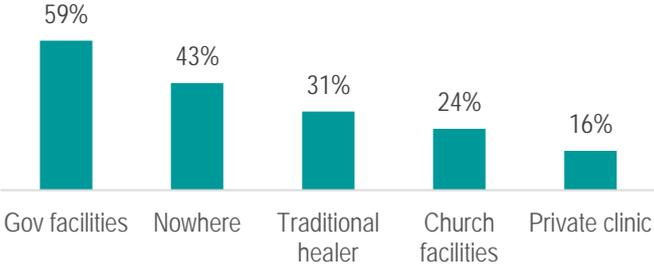
In terms of disaggregation by population groups, the different types of health issues were reported with almost the same frequency for displaced and non-displaced people, but respiratory diseases were more commonly reported for the displaced communities. As for regional disaggregation, respiratory diseases were more frequently reported in the NW and SW, while diarrhoea (especially watery) was less reported in the West than in the other regions. Malaria appears once more to affect all regions equally.

### Access to health infrastructure

The KIs were asked where the families in the community go when their children are sick. Government health facilities were reported to be the most common institution families refer to (59% of KIs). Worryingly though, 43% of KIs reported that families simply do not go anywhere to get healthcare for their children, probably because of a lack of access to health infrastructure, or relied on traditional healer (31% of KIs).

<sup>32</sup> Malaria seems to represent a serious concern for the population, as mosquito nets were reported by KIs as the top NFI priority need (see previous chapter).

Figure 33: % of KIs by places families in the community used to go when their children are sick



People living in the bush seemed to enjoy less access to health services. KIs reported more frequently families not going anywhere when the children are sick for people living in the bush (62% of KIs), rather than for rural (37% of KIs) or urban communities (43% of KIs). If there is no striking difference in terms of population groups, the disaggregation by regions suggest that access to health infrastructure was slightly more limited in the Littoral and the West than in the NW and SW, despite the disruption that the conflict is likely to have caused in those areas. Further research is needed before corroborating this finding.

## CONCLUSION

Overall the assessment results have shown that humanitarian needs in crisis-affected areas significantly vary between population groups, regions and setting type. WASH needs depend very much on these factors so does the response modality. These differences are critical to plan an effective WASH response.

The first population of concern are communities that live in rural areas, and especially those settled in isolated, bush settings. Assessment results show that these communities are difficult to reach due to limited communication routes and therefore hard to locate. The overall WASH conditions in these communities are particularly poor: they have limited access to water, both in terms of quality and quantity, as well as sanitation - likely due to the limited coverage of WASH infrastructure in remote areas, and serious issues with hygiene, including menstrual hygiene management. In addition, they are highly exposed to health risks due to the presence of water-related diseases, coupled with a very limited access to health care.

In terms of programme design, there is a need to improve water access through emergency interventions that are implementable in the short-run and viable in remote settings, such as developing household rain water harvesting capacity (the NW and SW regions receive 1,500 mm to 5,000 mm of annual precipitation, with the rainy season picking in July/August and low rainfall in between December and February<sup>33</sup>). In addition, particular stress should be put on enhancing the availability and use of disinfection products (be it Aquatabs, bleach, etc.) in order to encourage the practice of household water treatment and increase availability of safe water collected from unprotected sources and rivers. As for sanitation, considering the constraints of rural and bush settings, operations should focus on emergency solutions, such as digging trench latrines, and encourage the establishment of designated areas for open defecation. In order to improve hygiene conditions, targeting communities living in the bush and rural areas is a priority, as their livelihoods, mostly relying on farming have been disrupted by the conflict. Market-based interventions should be adopted wherever possible, however in-kind distribution of WASH NFIs will be the only option in large parts of the assessed areas, as market were reported as not functioning by almost half of the KIs, especially in the NW and SW, due to widespread insecurity.

Urban and peri-urban communities are also affected by poor WASH conditions, despite having overall better access to both WASH infrastructure and markets. Wherever security allows, the response should aim at more sustainable WASH interventions, both in terms of water and sanitation. Water supply could be improved by the rehabilitation, upgrade and extension of pipe networks and the drilling of new water points, which are reported to be insufficient and located too far from the point of use. Sanitation techniques, such as the delivery of additional communal pit latrines, especially in crowded urban areas (such as markets, bus stations, etc.) and the re-habilitation of existing communal sanitation facilities, which often do not guarantee privacy and gender-separation. Market-based solutions to tackle shortage of key WASH NFIs should be preferred to in-kind interventions, as three-fourths of KIs reported access to functioning markets in urban environments, and especially in the Littoral and West regions. Still, the design of market-based interventions will have to take into account that availability of goods concerns only the most basic ones, such as soap and, to a lesser degree, water containers. The basket of goods covered by this assessment was limited, but the fact that mosquito nets are often unavailable, suggests that other key NFIs will need in-kind distribution.

In conclusion, the assessment highlights the importance of adjusting WASH programmes to the target population groups. It confirms that communities living in rural areas, especially in bush settings, have the most severe needs, however the main challenge will be to reach a population that is highly isolated and whose main protection mechanism is their anonymity. Finally, it is recommended to implement additional, more in-depth assessments in order to finetune the WASH response strategy, and, most importantly, to allow prioritization in terms of geographic areas at least at the sub-division level, in order to allocate resources as effectively as possible.

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<sup>33</sup> According to climate-data.org.

## ANNEXES

Assessment questionnaires and preliminary findings presentation are available by clicking the hyperlinks below.

### Questionnaires

- [Questionnaire for displaced in makeshift settlements](#)
- [Questionnaire for displaced hosted](#)
- [Questionnaire for displaced renting](#)
- [Questionnaire for non-displaced hosting](#)
- [Questionnaire for non-displaced in partially damaged or destroyed accommodations](#)

### Preliminary findings

- [Preliminary findings presentation](#)