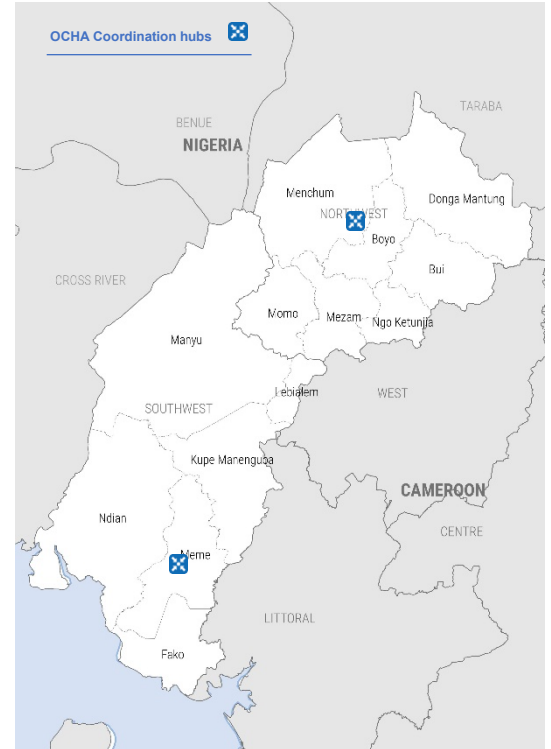


This report is produced by OCHA Cameroon in collaboration with humanitarian partners. It covers 1 – 30 April 2020. The next report will be issued in June 2020.

### APRIL 2020 HIGHLIGHTS

- All clusters have developed COVID-19 response guidelines and agreed on how lifesaving interventions can continue as safely as possible.
- 4,864 conflict affected children in informal learning centres continue learning through distance education.
- Food Security Cluster observed over a 90% decrease in persons reached compared to the month of March due to COVID-19 interruptions.
- 90 frontline humanitarian actors and 200 Red Cross volunteers were trained on COVID-19 transmission and prevention in the South West (SW) region. A similar exercise is planned for the North West (NW) region in the coming weeks.
- 7,483 beneficiaries received essential healthcare services through mobile clinics in April 2020
- A 6 months supply of nutritional commodities and essential medicines have been prepositioned in Buea/Bamenda and are being dispatched to health facilities.
- 1.064 vulnerable children, including unaccompanied and separated Children were supported and followed-up through case management services in April 2020.
- 63% (41/65) of subdivisions in the NWSW do not have psychosocial support services for GBV survivors and 85% of sub-divisions have no GBV case management services. 55% of 55 assessed health facilities in the NWSW regions do not have post rape kits.



The boundaries and names shown and the designations used on this map do not imply official endorsement or acceptance by the United Nations.

### 3M

affected people

#### Sources:

*Humanitarian Need Overview 2020*

### 1.8K

targeted for assistance

#### Sources:

*Humanitarian Response Plan 2020*

### 679K

internally displaced (IDP)

#### Sources:

*MSNA in North-West and South-West Region in August 2019, OCHA*

*MIRA in Mayo-Banyo (Adamaoua) in July 2019, OCHA, MINAT and partners*

*MIRA in West and Littoral Regions in October 2019, OCHA, MINAT and partners*

*MIRA in Mfoundi and Mefou-et-Afamba Division (Centre) in October 2019, OCHA, CHOI and MINAT*

### 204K

Returns (former IDP)

#### Sources:

*MSNA in North-West and South-West Region in August 2019, OCHA*

### 58K

Cameroonian Refugees in Nigeria

#### Sources:

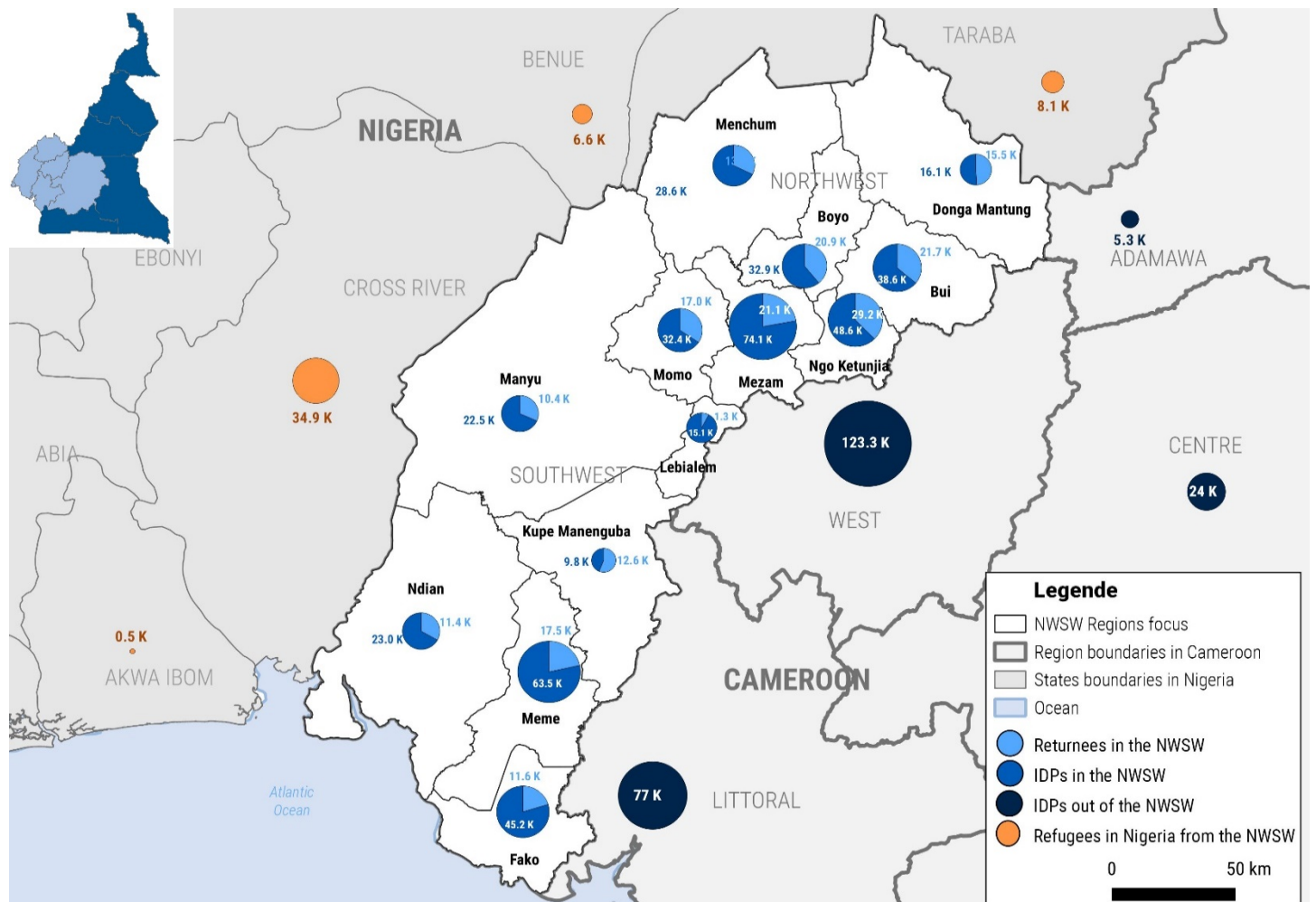
*Nigeria: Registration of Cameroonian Refugees as of March 2020, UNHCR*

## SITUATION OVERVIEW

The situation in the North West and South West (NWSW) regions of Cameroon remains grave as communities are caught between two emergencies; the four-year old socio-political crisis and the COVID-19 pandemic. Parties to the conflict have largely ignored calls for a ceasefire and violence is ongoing, leading to continued displacement. In April, 7,773 persons from 1,365 households were forced to flee from their villages as a result of violence. Shelter, NFI, protection and food insecurity continue to be the most urgent needs for the displaced populations. The March 2020 Cadre Harmonisé indicated that 1.4 million people in NWSW were in crisis or emergency phases of food insecurity, a 34% deterioration in the food security situation since the previous assessment published in October 2019.

The situation is further complicated by the outbreak of the COVID-19 pandemic. More cases of COVID-19 are being recorded as community transmission grows in the regions. As of 30 April, the NW had 16 confirmed cases and the SW 31. The situation is expected to get worse as many IDPs (1,119 individuals during the month of April) particularly from the Center, West and Littoral regions are returning to the NWSW for fear of contracting the virus in these hard-hit regions. Those returning generally report that they will only remain in the NWSW until schools re-open elsewhere in the country. The propagation of the virus in communities has forced humanitarian actors to restrict movements and activities pending the adoption of cluster implementation strategies and SOPs to mitigate risks from COVID-19. Many frontline humanitarian actors do not have the necessary basic personal protection equipment (PPE) such as masks, gloves, hand sanitiser etc.

*Map of IDP, Returnees and Refugees from the North-West and South-West Regions of Cameroon*



Source: OCHA, UNHCR, IOM

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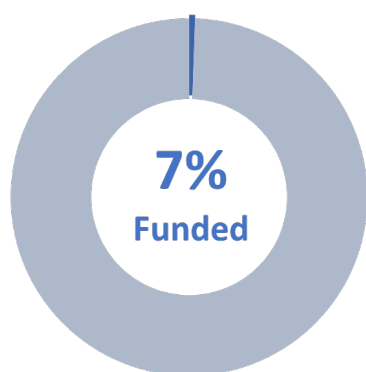
The NWSW crisis was one of the most under-funded crises in 2019 in sub-Saharan Africa and after the first quarter of 2020 the outlook has not improved.

## HUMANITARIAN COORDINATION

In the NWSW, OCHA is ensuring that the humanitarian situation caused by both the socio-political crisis and the COVID-19 pandemic are coordinated in a coherent manner. In April, OCHA supported, together with clusters and some UN agencies, planning to implement a rapid response model or mechanism for emergency assistance to vulnerable populations including IDPs. Clusters have been supported to develop COVID-19 guidelines which ensure critical activities are carried out in strict respect of measures to prevent the spread of the virus. A COVID-19 response (sensitization, hygiene promotion) has been mainstreamed in all clusters' life-saving field activities. OCHA is taking part together with the Health Cluster Coordinator in meetings organized by the COVID-19 NW Regional Task Force chaired by the Regional Delegates of Public Health and the Governor of NW while coordination support also continues in the SW. During the month of April OCHA held one Access Working Group meeting as well as a Humanitarian Coordination Forum and one Inter-Cluster Coordination Group meeting in the NWSW. All meetings were held online to allow for social distancing.

## FUNDING

Cameroon 2020 NW-SW Crisis  
US\$ 138 million requested



Funding by sector (in million US\$)  
As of 24 April, 2020

	Funded	Unmet	Coverage
Food Security	4.4M	58.4 M	7%
Protection	1.7M	13.2 M	11%
Shelter and NFI	0.8M	9.9 M	8%
Education	0.0M	10.6 M	0%
WASH	0.2M	9.5 M	2%
Nutrition	1.1M	6.3 M	15%
Protection: Child Protection	0.0M	7.2 M	0%
Health	0.6M	5.5 M	11%
Protection: Gender Based Violence	0.0M	4.8 M	0%
Early Recovery	0.0M	1.9 M	0%
Coordination	1.1M	0.8 M	57%
Multi-Purpose Cash Assistance	0.0K	41.1 K	0%

All humanitarian partners, including donors and recipient agencies, are encouraged to inform OCHA's Financial Tracking Service (FTS - <http://fts.unocha.org>) of cash and in-kind contributions by e-mailing: [fts@un.org](mailto:fts@un.org)

## HUMANITARIAN RESPONSE

### Education

In the NWSW, some 6,379 schools (3,692 in NW and 2,687 in SW) and about 4,200 community learning centers (2,436 in NW and 1,764 in SW) have been closed to contain the spread of the COVID-19 pandemic. Authorities have announced a re-opening of schools on 1 June. Meanwhile, an estimated 50-60% of affected children continue education through distance learning in the both regions through radio, TV and printed materials.

A total of 33,289 (15,322 boys; 17,967 girls) school aged children benefited from COVID-19 related life-saving key messages in the Donga Mantung, Mezam, Boyo and Ngoketunjia divisions (NW) as well as in the Fako, Manyu, Meme and Lebialem divisions (SW). In both regions, 4,864 (2,183 boys and 2,681 girls) conflict affected children continued non-formal learning through distance education in the Lebialem, Meme and Fako divisions (SW). The modality includes radio, e-learning and printed learning materials.

6.3K

Schools remain closed  
due to COVID-19  
pandemic

4.2K

community learning  
centers remain closed  
due to COVID-19  
pandemic

6,415 (3,041 boys; 3,374 girls) children benefited from snacks-for-learning distributed at household level in the Fako division (SW) and in the Mezam, Ngoketunjia and Boyo divisions (NW). Out of these children, 512 children are living with a disability. In addition, 167 (75 males; 92 female) facilitators were trained on management of e-learning, prevention and control of the COVID-19 outbreak. The facilitators were from selected community learning centers in the Fako and Manyu divisions (SW) and the Donga Mantung division (NW).

## Food Security

There was a 90% (150,000) decrease in persons reached with food assistance in April due to COVID-19 restrictions. In addition, 43% of Agriculture & Livelihood projects from FAO & UNDP ended in March which also contributed to a downward trend of the Food Security Cluster monthly response. A total of 12,427 people were assisted in April; 11% (1,311) through food assistance and 89% (11,116) through agriculture and livelihoods activities. Food distributions are expected to resume with the May cycle.

# 12K

people assisted with food and livelihood support activities.

The COVID-19 Cluster response and risk assessment report was finalized and presented to all the Cluster partners. The assessment indicated among other issues that national partners do not have adequate PPEs to support their frontline staff because of budgetary limitations. In addition, only 6 partners reported to have a case referral system available at their distribution sites.

Market monitoring tools have been developed by the Cluster and the WFP VAM team. These will be used to regularly collect market data in the NWSW mainly using remote methods.

The Cluster is involved in ongoing consultations to reactivate the Rapid Response Mechanism (RRM) and inclusion of food security in the RRM for the NWSW. The Cluster is currently working with WFP to finalize the tools and food package for RRM. The Cluster held a cluster lead agency (CLA) meeting which was an opportunity to review the Cluster's current progress and get guidance from the CLAs.

## Health

The NWSW regions are recording more cases of COVID-19 as community transmissions grow in these regions. Health and WASH Clusters with the support of UNICEF and OCHA conducted a training of 90 frontline humanitarian actors on COVID-19 (transmission and prevention) in the SW. A similar training is planned for the NW in the month of May. WHO has supported the decentralization of testing facilities for COVID-19 to the NWSW regions. The Bamenda Regional Hospital laboratory and the University of Buea Emerging Disease Research laboratory are currently testing samples for COVID-19. Health Cluster partners are supporting the regional response plans in the NWSW to ensure a well-coordinated and efficient response to COVID-19 in these regions. Meanwhile, the Tiko Health District has recorded no new cases of cholera for the past three weeks.

# 483

PWD received essential health care services.

Health Cluster partners provided lifesaving services to persons in need in the Fako, Meme, Ndian, Kupe-Muanenguba, Manyu, Mezam, Boyo, Bui, Momo and Ngoketunjia divisions in the month of April. WHO, through implementing partners CARITAS and Reach Out, provided essential health care services through mobile clinics to 7,483 beneficiaries in the NWSW. A total of 483 people living with disabilities benefitted from essential health care services, screening for various diseases and sensitization on diseases of epidemic potential including COVID-19. UNICEF, through its implementing partner CBC, provided essential health services and vaccinated 1,503 children in the NW region. A total of 35,651 people were sensitized on COVID-19 by community health workers using posters, flyers and educative talks. A total of 250 hand washing points, 2,500 posters, 5,000 flyers were distributed by community health workers trained by UNICEF. Psychosocial support was provided to 681 beneficiaries by various humanitarian actors, including the clinical psychologists deployed by WHO in the NWSW. UNFPA through its implementing partners provided timely sexual reproductive health services to 1,601 beneficiaries.

COVID-19 is affecting the provision of essential services as more resources are needed to provide these services. Personal protective equipment for all frontline health staff is a major challenge due a to lack of resources.

## Nutrition

The Nutrition Cluster is already experiencing the impact of COVID-19 measures on nutrition interventions with low coverage of activities observed as a result of adherence to Government regulations. In April, a 40% decrease in Nutrition Screening, and a 43% decrease for Nutrition Sensitization was noted in comparison to February 2020 before COVID-19.

# 2.4K

Children under 5  
screened for acute  
malnutrition

# 683

PLW nutritional  
assistance

Through Nutrition partners' activities in the NWSW, 2,472 children under 5 years were screened for acute malnutrition with 25 (1.4%) children identified with Severe Acute Malnutrition and referred for treatment. 46 (1.9%) children were identified with Moderate Acute Malnutrition. A total of 5,115 persons were sensitized on key messages on infant and young child feeding practices. A 6-month supply of nutritional commodities inputs and essential medicines were prepositioned in Buea/Bamenda and dispatching to prioritized health facilities is ongoing. WFP nutrition assistance in the NW and SW was marked by a temporary restriction of activities. However, via SHUMAS and SUHADER, a total of 1,993 (1,313 children between 6 to 23 month and 680 pregnant and lactating women (PLW)) were reached. The assistance consisted of the provision of specialized nutritious food (Super Cereal Plus) to children aged between 6 to 23 months and PLW from vulnerable households. In the SW, Caritas Kumba conducted a two-day training session of 75 community health worker (CHWs) from the Konye subdivision and the Manyu division on management of acute malnutrition and prevention strategies.

Funding for a joint UNICEF- WFP nutrition proposal for the NWSW over 600,000 Euros (UNICEF – 200,000 Euros and WFP – 400,000 Euros) has been approved. A CERF reprogramming request of 52,310 USD to ensure integration of COVID-19 infection prevention and control (IPC) measures in the ongoing nutrition response and broader intersectoral response was also approved. However, funding remains a major challenge for Nutrition Cluster members, especially small national NGOs.

## Protection

The security context during the month of April deteriorated impacting the protective environment for the affected population in the NWSW regions, resulting in increased human rights violations, internal displacement and worsening living conditions of civilians hiding in the bushes. UNHCR protection teams issued 38 flash alerts with the majority of them concerning clashes between State forces and non-State armed groups resulting in alleged human rights violations, house destruction, population displacements, among other humanitarian consequences. Threats and kidnapping of humanitarian actors were also registered during the period of concern. 754 protection incident reports were collected in April (note- this reflects when reports were collected and not when incidents occurred) representing a drop in the number of incident reports collected compared to March (1,307). This wide gap is explained by the outreach team's visit/ monitoring to new localities in March and the restriction of movement in certain localities following threats and the kidnapping of humanitarians in April. 43 child protection incidents were documented and 31 SGBV incidents were reported. The SW continues to register the highest number of incidents (66%) compared to NW (34%) due to more severe access constraints experienced by outreach teams in the NW. Meme, Manyu (SW) and Mezam (NW) registered the highest number of incidents.

# 43K

Reached through  
protection activities.

In terms of response, 43,451 persons were reached with protection activities including protection monitoring. Among them, 22,080 were women and girls, while 14,115 were children and 13,809 were 60-years-old and above. Individual assistance in protection was offered to 130 vulnerable persons which aimed at restoring and sustaining their dignity. 43 vulnerable persons were referred to other humanitarian actors for suitable responses to their specific needs, while psychosocial support was provided to 59 vulnerable persons. About 330 humanitarian first responders including community leaders benefited from various capacity building activities on protection and mainstreaming protection in the COVID-19 preparedness and response plan. 14,700 persons were reached by sensitization and awareness raising on numerous themes including prevention and protective measures against the spread of COVID-19. Protection against threats and insecurity, access to adequate standard of living, access to health facilities and adequate sanitation material due to the fear of the spread of COVID-19 and finally education needs of children were identified as urgent during a focus group discussion targeting 385 households.

Insecurity and access to basic services particularly health, food, shelter, education, administrative services remain a major challenge.

## Child Protection

The spread of the COVID-19 pandemic and consequent fear and anxiety among communities continue to affect child protection activities in the NWSW regions. Actors reported that parents are preventing their children from attending Child Friendly and other Safe Spaces due to fear of contracting the virus from other children. Despite the guidance note developed by the Child Protection (CP) Area of Responsibility (AoR) instructing members to implement risk mitigation measures (i.e. limiting the numbers of children per activity attending child friendly spaces) the numbers of children and caregivers reached by child protection actors with psychosocial support services have massively dropped compared to last month. In April, only 2,500 children and caregivers were provided with psychosocial support services and sessions on positive parenting skills, which is almost a 60% drop in numbers reached compared with the previous reporting period.

# 2.5K

children and caregivers received psychosocial support.

Child Protection actors are continuing to raise community awareness on the COVID-19 pandemic including on the ways the virus spreads and protective/preventive measures. CP AoR members reached more than 10,000 children and caregivers with awareness raising sessions on COVID-19 and related child protection risks and concerns, using community-based and door-to-door approaches, while respecting the recommended risk mitigation measures. Additionally, child protection actors were able to support and follow-up on 1,064 vulnerable children, including Unaccompanied and Separated Children (UASC) in need of individual child protection case management services, family reunification and/or alternative care arrangements. These numbers are consistent with the ones from last month, however, more funds and specialized actors in Child Protection Case Management (CPCM) are essential to reach more children who have already been identified as vulnerable and build the capacity of local/national partners on CPCM.

## GBV

During the reporting period, 6,283 (58% female and 34% children) people were reached with GBV interventions in the NWSW regions, including 1,934 women with disabilities, adolescent girls and boys, who received GBV awareness raising messages and information on available services. Other activities carried out include psychosocial support to 976 people. 271 women and girls received life skills trainings, dignity kits were distributed to 1,374 IDPs and 137 women and girls attended safe space activities. A total of 621 persons, including GBV actors, community members, council agents, traditional and religious leaders and other humanitarian actors received training and orientation on GBV core concepts, Psychological First Aid (PFA), safe referral of GBV survivors, and GBV integration. Also, 970 youth and adolescent attended GBV activities targeting youths and adolescents.

# 6.3K

people reached with GBV interventions

The GBV AoR has revised the [Guidance Note - GBV-COVID-19 V2. GBVSC NWSW Cameroon](#) to guide GBV actors in mitigating COVID-19 risks in GBV interventions and find alternative ways to continue GBV lifesaving interventions. GBV modules have been developed and integrated in the COVID-19 training package for humanitarians. The GBV humanitarian response plan has been revised to address the COVID-19 related impact of 1.6 million affected people needing GBV lifesaving interventions. Due to a lack of protective equipment many GBV actors may face challenges in mitigating COVID risks in GBV interventions and adjusting GBV prevention and response activities. There is also a noted lack of hotlines and remote service provision to GBV survivors making it difficult to support survivors if COVID-19 confinement measures are increased in the coming months. With the outbreak of COVID-19, additional support (financial and technical) is required to mitigate COVID-19 risks in GBV interventions and adapt GBV services and prevention activities to ensure women and girls continue to access lifesaving services during the COVID-19 pandemic.

Psychosocial support for GBV survivors is unavailable in 63% (41/65) of the subdivisions in the NWSW leaving thousands of people at risk of GBV without support and care. Likewise, GBV case management (CM) is unavailable in 85% of the subdivisions (10/65 subdivisions have at least one GBV actor providing GBV CM). In addition, 55% of 55 assessed health facilities in the NWSW regions do not have post rape kits. As a result, GBV survivors' holistic needs are not sufficiently covered in many subdivisions due to limited access to multi sector services (Health, MHPSS, safe shelter, legal assistance, livelihood etc.). It is critical to support the prepositioning of medical supplies including clinical management of rape kits in health facilities and reinforce the integrated health and GBV mobile clinics to reach the IDPs taking refuge in the bush.

## Shelter

Shelter and NFI needs remain massive, as informed by a needs assessment conducted by NRC, DRC, UNHCR and Plan International in the month of April. Several IDPs and host communities in the NWSW have indicated needs ranging from Shelter, NFIs and WASH kits. In the Donga Mantung division, more than 300 households, victims of the Ngarbuh massacre, are still in need of humanitarian assistance. In the Meme division, more than 1,500 houses have been burnt in some villages (Mbonge subdivision). Victims of these incidents still live in fear and are in high need of shelter and NFIs.

# 19.8K

Persons benefitted from shelter/NFI kits distributed.

A total of 19,801 individuals benefitted from shelter/NFI kits distributed by DRC and NRC within the NWSW regions in the month of April. The kits included emergency shelter combined with household items. COVID-19 preventive measures, including social distancing and handwashing, were observed during distributions. Shelter Cluster members have also mainstreamed sensitization on COVID-19 in their activities. The Shelter Cluster COVID-19 response plan and guidelines have been established and shared with all Shelter Cluster organizations. NRC also facilitated the training of 15 data collectors for a COVID-19 assessment, carried out in some communities of the NW (Bamenda I, Bamenda II, Tubah) and SW (Limbe and Buea). This activity was realized in collaboration with the Regional Delegations of Public Health for the NWSW. 400 interviews were conducted to ascertain knowledge, attitude and practice with regards to the COVID-19 pandemic and to enable NRC to establish gaps and provide baseline information to fine-tune NRC's COVID-19 response in the NWSW.

UNHCR and its partner Plan International have secured a piece of land at Quarter 2 (Limbe road) for the construction of transitional shelters to host some IDPs. This site, made available to Plan International by the chief of the locality, will be used to construct transitional shelters for some 250 IDP households.

## Water, Sanitation and Hygiene

In order to contain the spread of COVID-19, WASH partners have increased sensitization in areas (urban centers/towns) that were initially not targeted under HRP 2020. WASH partners carried out sensitization on COVID-19 transmission and prevention in the NWSW regions reaching 257,917 individuals. Other activities in response to the COVID-19 pandemic include the training of 200 Cameroon Red Cross volunteers and 90 frontline NGO staff on COVID-19 transmission (signs, symptoms and preventive measures). Reach Out, with funds from UNICEF, installed 250 communal handwashing stations in Ekondo Titi reaching 12,500 individuals.

# 250

Communal handwashing stations installed

During the reporting period, UNICEF, through its partner Reach Out, completed the construction of 4 blocks (8 stances) of emergency latrines in Bakassi reaching 400 people. Inadequate sanitation facilities continue to be a major problem in the NWSW. As of the end of April only 3.28% of the 2020 WASH target has been achieved due to a lack of resources. In April, a total of 50,486 individuals were reached through WASH services (excluding COVID-19 activities) implemented by eleven WASH partners (ASWEDO, CAMGEW, CHAMEG, IVSPD, NRC, SHUMAS, SUDAHSER, CARITAS, Plan International, CBC and REACH OUT) in the NWSW. Plan International completed rehabilitation of water distribution systems in Fundong, Boyo division, reaching 1,650 individuals with safe and adequate water. Other WASH activities and persons reached include: Hygiene Promotion, 37,941 (1,170 dignity kits distributed during hygiene promotion activities); WASH NFI kits - 10,495; Sanitation -400.

### For further information, please contact:

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