

This report is produced by OCHA Cameroon in collaboration with humanitarian partners. It covers 1 – 29 February 2020. The next report will be issued in April.

FEBRUARY 2020 HIGHLIGHTS

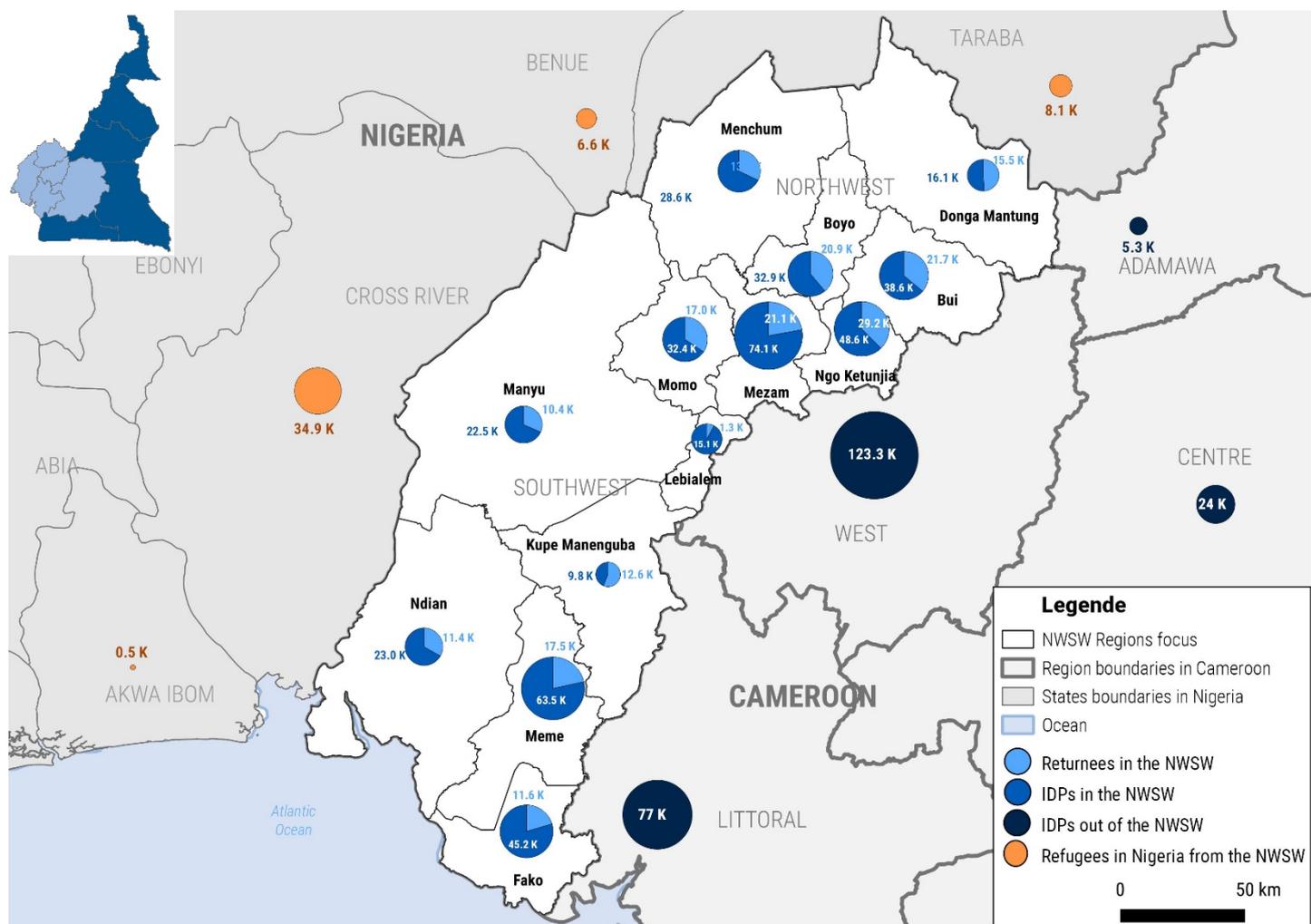
- More than 10,000 persons were displaced due to violence in the North West (NW) and South West (SW) in February 2020.
- A 5% increase in school attendance compared to the month of January.
- 212,000 people received food security assistance in February, an increase of 100% since January.
- WHO Early Warning, Alert and Response System (EWARS) was established in NWSW with CERF funding.
- Protection Cluster monitoring was extended to all 13 divisions in NWSW.
- 486,000 women and girls are at risk of Gender-based Violence (GBV) but only a small number are receiving any assistance.
- Open defecation was identified as major challenge in 2020 if resources are not allocated to the construction of emergency latrines.
- 14 children are amongst 24 civilians killed in Ngarbuh, a locality in the North West.
- 3,713 children aged 6-23 months and 3,428 pregnant and lactating women were assisted through the blanket supplementary feeding program (BSFP).



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

<p>2.3M affected people</p>	<p>1.4K targeted for assistance</p>	<p>679K internally displaced (IDP)</p>	<p>204K Returnees (former IDP)</p>	<p>52K Cameroonian Refugees in Nigeria</p>
<p>Sources: <i>Humanitarian Need Overview 2020</i></p>	<p>Sources: <i>Humanitarian Response Plan 2020</i></p>	<p>Sources: <i>MSNA in North-West and South-West Region in August 2019, OCHA</i> <i>MIRA in Mayo-Banyo (Adamaoua) in July 2019, OCHA, MINAT and partners</i> <i>MIRA in West and Littoral Regions in October 2019, OCHA, MINAT and partners</i> <i>MIRA in Mfoundi and Mefou-et-Afamba Division (Centre) in October 2019, OCHA, CHOI and MINAT</i></p>	<p>Sources: <i>MSNA in North-West and South-West Region in August 2019, OCHA</i></p>	<p>Sources: <i>Nigeria: Registration of Cameroonian Refugees as of January 2020, UNHCR</i></p>

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



Source: OCHA, UNHCR, IOM

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

SITUATION OVERVIEW

Humanitarian

In February, the humanitarian situation in the North West and South West (NWSW) regions of Cameroon continued to deteriorate as a result of violence related to the February 2020 elections. Several waves of displacements were recorded throughout the NWSW. In February 2020, about 1,800 persons from 257 households were displaced in Fako and Manyu Divisions of the SW. In the NW, an estimated 8,457 persons from 1209 households were displaced in Menchum, Boyo, Donga-Mantung and Ngokentunjia Divisions as a result of increased violence and fears related to the elections.

Women and children are most affected by the violence. On 14 February, 23 persons were killed in an attack on Ngarbuh village (Donga Mantung division, NW) including 14 children and a pregnant woman. The government committed to conduct an independent inquiry on the situation and its report is awaited. The patterns of displacements have been challenging to track on a reliable basis with people displaced multiple times into the bush after violence and back to their villages thereafter.

Humanitarian partners are still unable to meet the needs of displaced populations as a result of inadequate funding. The situation was made worse by a six days lockdown from 6 to 11 February imposed by NSAGs to enforce the boycott of the February elections. Humanitarian workers were unable to deliver aid during the lockdown days.

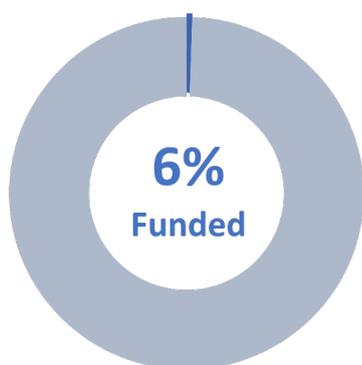
Attacks on healthcare remains a severe threat to the availability of health services in the NWSW. On 20 February, at St Mary's Hospital in Bamenda, a patient caregiver was shot dead in the hospital premises and some of the hospital property was destroyed during this attack.

Humanitarian Coordination

The first Humanitarian Coordination Forum (HCF) was held in Mamfe (SW) in February. A HCF was also held in Kumba (SW). The regular HCF in field locations falls within a bigger plan to create divisional coordination groups in hard to reach divisions given that many humanitarian partners are relatively small-scale and locally based. The bi-weekly rotation of Inter-Cluster coordination meetings between Bamenda and Buea was effective this month. An Access Working Group meeting was held in the NW.

FUNDING

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



Funding by sector (in million US\$)
As of 4th April, 2020

	Funded	Unmet	Coverage
Food Security	4.4M	58.4 M	7%
Protection	0.8M	14.1 M	5%
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

HUMANITARIAN RESPONSE

Education

As of February 20% (1,205 out of 6,148) of basic and secondary formal schools are functioning in the NWSW regions. This represents 355 out of 3,692 basic and secondary formal schools in the NW and 850 out of 2,456 basic and secondary basic formal schools in the SW. There is no major change in the overall security environment in the rural areas to open new formal schools.

A slight increase (5%) was recorded in school attendance in the month of February (231,136) compared to the month of January (221,058) with an additional 10,078 children in the NWSW accessing learning. The NW registered a 3% increase (2,402 children) and the SW 5% (7,677 children). This could be attributable to the gradually improving security environment for the children in urban areas. 32% (9,174 out of 28,220) of basic and secondary formal schoolteachers are reporting to work in the NWSW which is a slight increase of 0.43% (from 9,135 to 9,174 teachers) compared to the previous month.

Through support provided to 13 community learning centers, 8,142 (girls 4,415 and boys 3,727) conflict affected school aged children had access to learning. The support provided included; 118 learning materials to early childhood learners, 32 sets of recreational materials, 20 sets of essential teaching and learning materials. In addition, 177 sanitary school pads were distributed to adolescent schoolgirls.

5%

Increase in school attendance compared to January

8K

Conflict affected children had access to learning through community learning Centers

Food Security

In February a 100% increase in support provided was recorded compared to the month of January. This is mainly due to the resumption of activities in both regions by WFP. A total of 24 partners were able to collectively assist 212,449 people out of which 90% of the beneficiaries were supported with food assistance and 10% received agriculture or livelihood support. During the reporting period 6,413 people received food through the voucher system, 138 people received unrestricted cash for food in Mezam and Donga Mantung divisions (both NW), while 109 people received cash for income generating activities in Ndian and Meme divisions (both SW). Access remains a significant challenge in delivering food security assistance to the targeted communities in NWSW. In order to support partners to collect data to inform the food security response the cluster has developed standardized Rapid Needs Assessment tools. The tools have been designed to be compatible to the national analysis processes like the Cadre Harmonise.

212K

people assisted with food security and livelihood activities in NWSW

Health

The cholera outbreak in the SW region continues to spread to more Health Districts with Tiko (SW) Health District the latest health district to be affected. Epidemiological surveillance in the NW and SW regions has been reinforced by deploying an Early Warning, Alert and Response System (EWARS) with UN CERF funding.

5.2K

people reached with life-saving interventions

5.9K

people sensitized on health issues

WHO trained and equipped 200 Community Health Workers (CHWs) with tools to carryout surveillance in the community and report directly through the EWARS. Regional and district health teams were trained on how to monitor alerts generated by CHWs and initiate investigations and respond to public health events through this system.

Attacks on healthcare remain a severe threat to the availability of health services in the NWSW. An attack on healthcare was reported at St Mary's Hospital in Bamenda after government forces opened fire and killed a suspect in the hospital. The military announced that an investigation into the incident would take place.

A total of 5,266 people benefitted from key life-saving interventions while 5,958 were sensitized on various pertinent health issues. There was a 40% drop in the number of people who benefitted from life-saving services because of lockdowns related to the elections.

Nutrition

There are no signs of improvement on the prevalence of Global Acute Malnutrition (GAM) which is 7.4% in the SW and 5.1% in the NW according to findings of October 2019 EFSA assessment. Drivers of acute malnutrition continue to exist, particularly deterioration of food security mainly attributed to early depletion of household stocks, limited access to farms, and lower purchasing power in the face of high prices in urban centers. Forecasting indicates exposure of disadvantaged households to Crisis (IPC Phase 3) levels of food insecurity between February and September 2020¹. Preparation of the Rapid SMART to assess the nutrition situation is currently ongoing and data collection is scheduled to commence in April 2020.

3.7K

6-23 months benefitted from the BSFP

3.4K

PLW assisted through the BFSP

Nutrition partners in the NWSW implemented the nutrition response with focus on identification of acute malnutrition, sensitization on Infant and Young Child Feeding in Emergencies (IYCF-E), Vitamin A supplementation (VAS), prevention of acute malnutrition (via BSFP) and treatment of Severe Acute Malnutrition. 2,829 children under 5 years were screened for acute malnutrition. Out of which 69 (2.4%) children were diagnosed with MAM and 21 (1.0%) children with SAM. In comparison to January 2020, the numbers screened are low due to limited interventions during the lockdown period. However, the proportions classified as malnourished is slightly higher compared to January 2020 (0.4 for SAM and 1.0 for MAM). Performance indicator for SAM treatment outcome was within the SPHERE standards (Cured exits = 100%).

¹ FEWSNET, Remote Monitoring Report March 2020

5,336 persons were sensitized on key messages on infant and young child feeding practices while 3,713 children aged 6-23 months and 3,428 PLW (pregnant and lactating women) benefited from the WFP supported BSFP for the prevention of undernutrition. The BSFP was only implemented in the SW (Manyu, Fako and Meme) due to security constraints in the NW.

Protection

Intensification of hostilities between the belligerents, clashes/raids in villages and reduction of humanitarian access characterized the protection environment during the month of February. The protection monitoring project by UNHCR and its partner is expanding to cover all 13 divisions instead of 7 (in 2019), with a triple approach: physical presence, mobile service and remote and community-based services. In February, 84 flash alerts were shared (58 NW and 26 SW) related to violations including the burning of about 165 houses. These violations reportedly led to the displacements of at least 4,425 persons (excluding the massive population movements before and after the lockdown).

399

protection incidents reported

In February, 399 individual protection incidents were collected by monitoring teams up from 267 the previous month. It needs to be noted that incidents could have taken place anytime since the beginning of the crisis. 80.2% of the recorded violations occurred in the South West (320) while 19.8% occurred in the North West (79). The SW recorded more incidents principally because the region is more accessible compared to the NW. 85.9% of violations occur in the domicile of victims.

A joint inter-agency assessment of the needs of 73 vulnerable IDPs, mainly children (53) and women, who fled from Bafmen, Menchum division to Bamenda highlighted the lack of civil documentation among other needs. Cluster members ensured that civil documents were reestablished. Efforts are ongoing by child protection partners to trace and reunify the children with their families. IDPs being in a safe and accessible place made it easier to provide services.

Child Protection

During the reporting period a one-week lockdown was enforced by the NSAGs to boycott the 9 February elections in the NWSW. As a result, child protection actors halted field activities and were unable to provide services to vulnerable children. After the lockdown, a number of incidents occurred affecting children. On February 14, 23 civilians were killed, including 14 children at Ngaruh in Donga-Mantung Division in the North West Region. Several hundred people were also displaced due to this incident.

9.7K

children benefitted from psychosocial support

In February, Child Protection actors, including UNICEF implementing partners, were able to reach around 9,700 children and caregivers with psychosocial support services in child friendly/safe spaces and psychosocial support units out of which 30 are people living with disability. This is a slight increase compared to January as more local and international partners are focusing on providing psychosocial support services in an attempt to alleviate the psychological distress and trauma most communities have encountered. 98 Unaccompanied and Separated Children (UASC) were identified and documented by child protection actors during the reporting period. All the children received either case management services and/or were placed on alternative care arrangements. In addition, 202 other vulnerable children benefited from case management services and individual follow-ups.

GBV Area of Responsibility

During the reporting period, 21,252 people were reached with GBV interventions in the NWSW regions. This makes an increase of 87% compared to January, which can be attributed not only to the improvement of reporting mechanisms, but also to the fact that most GBV actors did not start activities in January. The main interventions include: GBV awareness activities reaching 20,652 people of whom 80% are women and girls; 97 women and girls received life skills trainings; dignity kits were distributed to 191 IDPs women and girls of childbearing age; psychosocial support was provided to 99 persons of whom 85% are women and girls.

21.2K

people reached with GBV interventions

GBV interventions are affected not only by shortage in funding but also by the challenges in accessing hard to reach areas. This affects the lives of an estimated 486,200 women and girls (IDPs, returnees) at risk of GBV including sexual violence, sexual exploitation and forced marriage. Most of the subdivisions in the affected NWSW regions are not sufficiently covered by GBV lifesaving interventions. As an example, only 3% of the people reached in February are from the NW, the most affected region. In this environment with high risks of sexual and gender-based violence, access to free and survivor

centered lifesaving multi sector services for GBV survivors remains a major challenge for most IDPs impacting the healing process and recovery of GBV.

Given the risks of GBV and the intensity of the conflict, it is critical to scale up the psychosocial support and mental health interventions integrated in all GBV activities. It is important to conduct a thorough mapping of services to better understand the quality, gaps as well as the challenges in accessing the existing services especially in areas of high concentration of IDPs. Also, an integrated approach to GBV prevention and response using different approaches and strategies including health mobile clinics and education interventions will help increase access to existing services.

Shelter

The need for Shelter and NFI kits has never been higher due to continuous burning of houses and properties with an upsurge in violence in the NWSW. It was reported during the Shelter Cluster meeting of 23 January that a major challenge in meeting the needs of affected populations is the burning or destruction of shelter and NFI kits during raids and clashes in communities. During the reporting period, UNHCR and Plan International succeeded to distribute 130 shelter kits to some IDPs in Bali (NW) in desperate need of shelter. This was after a raid in the village that left many houses and property burned. Due to insecurity related to the elections in February, most Shelter Cluster actors suspended activities.

Water, Sanitation and Hygiene

A total of 107,581 individuals were reached through WASH activities implemented by eight organization including five UNICEF partners in the NWSW. Only 15,019 were reached in the NW although the number of IDPs is higher in the NW due to the limited funds and more difficult access. While around 40% of the affected population practice open defecation (OD) the number of latrines constructed is very low. Only 2,100 individuals (0.6%) out of over 350,000 target population were provided with access to safe sanitation facilities. Unless more resources are allocated to support construction of emergency latrines, OD will be one of the major challenges in 2020.

107K

people reached with
WASH activities

WASH Cluster members continue to enhance hygiene promotion in cholera affected communities. Since 26 December 2019 no new cases have been reported from Bakassi Health District. The lack of sufficient chlorine to carry out disinfection of households where there are reported cases of cholera and their neighborhoods remains a challenge. UNICEF and IRC are in the process of purchasing 50 and 20 drums (45kg per drum) of chlorine respectively.

For further information, please contact:

James Nunan, Head of Office, North West and South West, OCHA Cameroon: nunan@un.org, Tel: +237691511590

For more information, please visit www.unocha.org www.reliefweb.int