

This report is produced by OCHA Cameroon in collaboration with humanitarian partners. It covers 1 – 31 March 2020. The next report will be issued in May 2020.

### MARCH 2020 HIGHLIGHTS

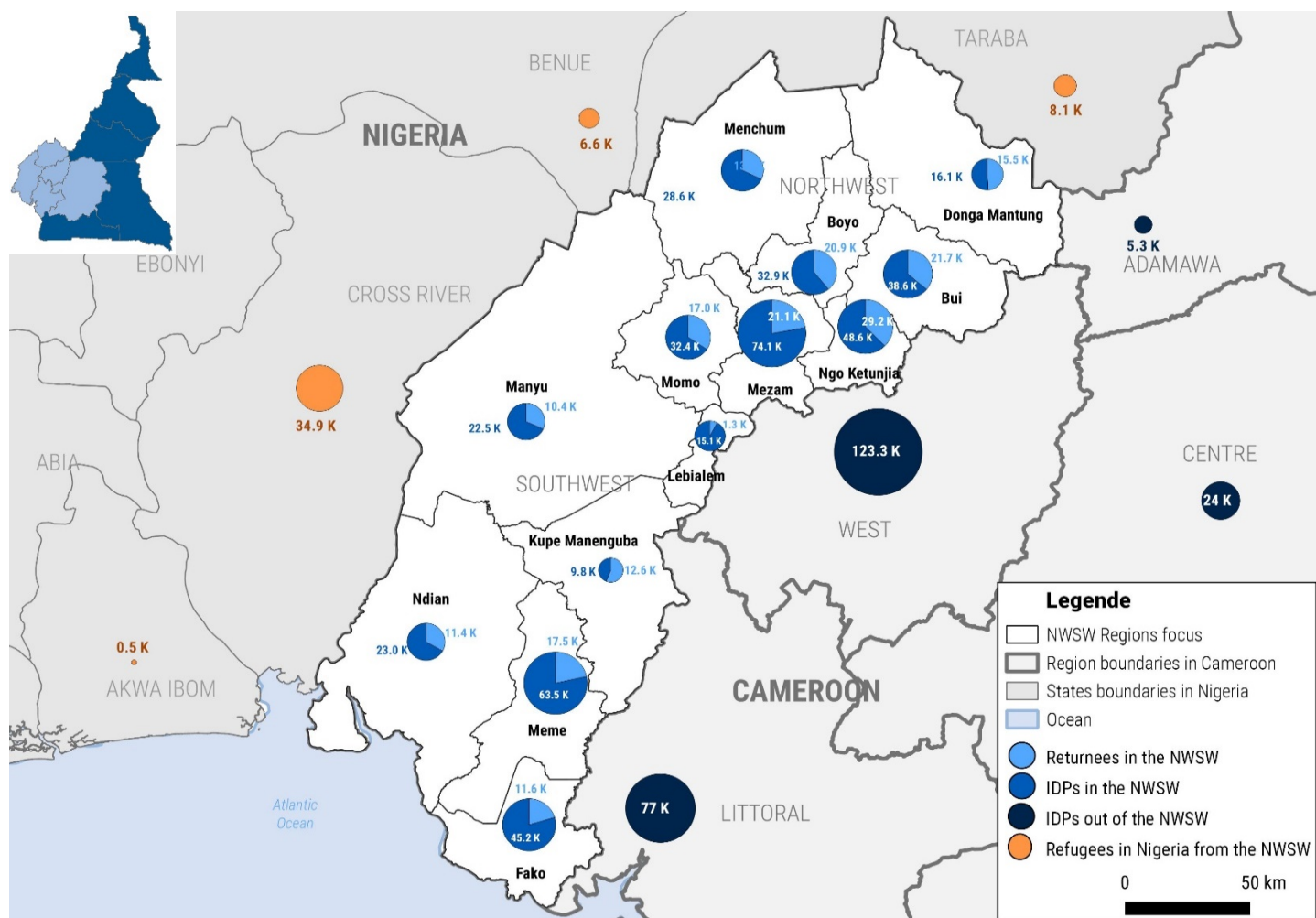
- An estimated 3,889 persons (604 households) in the North West (NW) and South West (SW) regions were displaced in March as a result of continued violence.
- 47 cholera cases were identified in the Tiko (Fako Division) Health District (SW) in March.
- Some cluster activities have been temporarily suspended to prevent the spread of COVID-19 while life-saving humanitarian activities continue.
- All 6,379 schools and 4,200 community learning centers in the NWSW have been temporarily closed in response to COVID-19.
- The SW public health delegation received medical supplies and guidance documents on case management, infection prevention/control and laboratory investigation of COVID-19 from WHO.
- Over 300 reports and 22 alerts generated by community health workers trained on community-based surveillance in the framework of EWARS were received in March.



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

<p><b>2.3M</b> affected people</p> <p><b>Sources:</b> <i>Humanitarian Need Overview 2020</i></p>	<p><b>1.4K</b> targeted for assistance</p> <p><b>Sources:</b> <i>Humanitarian Response Plan 2020</i></p>	<p><b>679K</b> internally displaced (IDP)</p> <p><b>Sources:</b> <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><b>204K</b> Returnees (former IDP)</p> <p><b>Sources:</b> <i>MSNA in North-West and South-West Region in August 2019, OCHA</i></p>	<p><b>58K</b> Cameroonian Refugees in Nigeria</p> <p><b>Sources:</b> <i>Nigeria: Registration of Cameroonian Refugees as of March 2020, UNHCR</i></p>
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### Map of IDPs, Returnees and Refugees from the North-West and South-West Regions of Cameroon



Source: OCHA, UNHCR, IOM

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## SITUATION OVERVIEW

### Humanitarian

The North West and South West (NWSW) regions of Cameroon are faced with a dual emergency; the humanitarian consequences of the socio-political crisis which turned violent in November 2017 and recently the COVID-19 pandemic. In the NWSW regions, violence is ongoing despite calls for a COVID-19 ceasefire by the UN Secretary General. The Southern Cameroons Defense Forces (SOCODEF) is the only non-state armed group (NSAG) that yielded to the UN Secretary General's call for a ceasefire as a result of the pandemic. An estimated 3,889 persons (604 households) in the NWSW were displaced as a result of continued violence in March alone. 70% (2,751 persons; 415 households) of the displaced are from the NW and the remaining 30% from the SW region. Since January 2020, there has been an upsurge in violence especially in the NW region affecting mostly women and children. Shelter, NFI, protection and food continue to be the most urgent needs of the displaced populations.

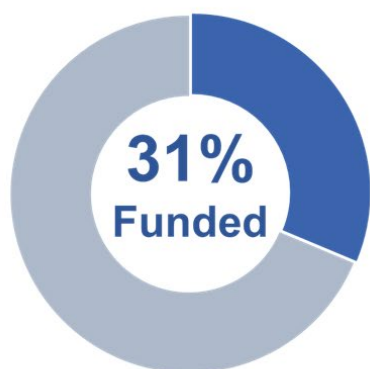
The situation is further complicated with the outbreak of the COVID-19 pandemic in Cameroon. The first case in Cameroon was reported on 6 March. As of 31 March, Cameroon had reported 193 confirmed cases of COVID-19, with one of the confirmed cases in Limbe, in the SW region. Though only one confirmed case had been reported in the NWSW, the risk of more cases is high considering the number of persons who travel from Centre, Littoral and West regions considered to be the epicenter of the pandemic to the NWSW. In March, an estimated 5,141 persons (734 households) returned from the West, Littoral and Center regions to the NW following a State decision to close all schools in order to prevent the spread of COVID-19. The population affected by the crisis in the NWSW regions are particularly vulnerable to COVID-19 because of the closure or dysfunctional health facilities, risks associated with movement/displacement, overcrowding, increased exposure due to sub-standard shelter, poor nutritional and health status, and lack of essential WASH services.

## Humanitarian Coordination

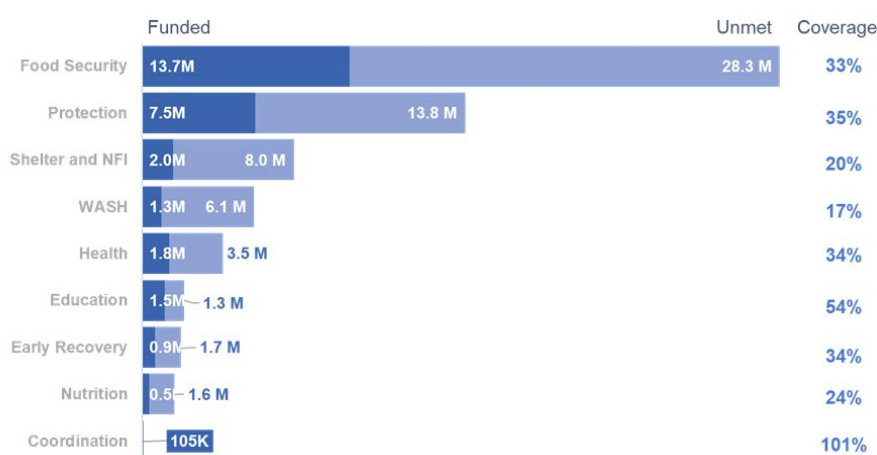
OCHA has the UN lead role for the coordination of the humanitarian COVID-19 response under the direction of the Humanitarian Coordinator. In the NWSW, OCHA is ensuring the humanitarian community supports the work of the Government of Cameroon in a transparent and coherent manner and in full respect of humanitarian principles. Together with the clusters, OCHA is finalizing a COVID-19 humanitarian response strategy and implementation plan for the NWSW. To ensure such a strategy is coherent with existing programs OCHA this month met with Cluster Coordinators and UN agencies to ensure that clusters develop and implement multi-sectoral responses to the crisis while limiting interventions to life saving activities. OCHA will ensure that all clusters align with sensitization and safety advice as provided by WHO globally. Also, Access Working Groups and Humanitarian Coordination Forums, using online platforms, were prioritized to ensure NGOs are best supported to provide life-saving activities during this period. Hygiene promotion and sensitization on COVID-19 will be mainstreamed into all interventions.

## FUNDING

Cameroon 2019 NW-SW Crisis  
US\$ 93.5 million requested



Funding by sector (in million US\$)  
As of 31 December 2019



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, all 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 temporarily closed since 18 March to contain the spread of the COVID-19 pandemic. In both regions, the hard-gained progress in improving access to learning over the last year has been reversed by the outbreak. An estimated total number of 1,033,000 (570,000 from NW and 463,000 from SW) school aged children are now forced to stay at home due to the dual emergency. This includes 235,000 (73,742 are from NW and 161,258 from SW) COVID-19 impacted students from public schools and about 340,000 (197,200 from NW and 142,800 from SW) learners from community centers. The spread of the pandemic has compelled education partners to put on hold planned education activities and focus on response to the pandemic.

Education Cluster partners supported 2,844 (1,491 girls and 1,314 boys) children to continue their non-formal learning through distance learning modalities including radio education and tablet-based learning in the Fako, Meme and Lebialem divisions in the SW as well in the Boyo and Mezam divisions in the NW.

65 (33 male and 32 female) community leaders, representing a community education committee, from five communities in the Fako division (SW) were sensitized on symptoms of COVID-19, best practices to control the virus including hand

# 1M

School aged children are forced to stay at home due to COVID-19 pandemic

washing and physical distancing. During the awareness sessions, the communities received handwashing equipment including water buckets and soaps. Plans are afoot to support the COVID affected 575,000 (281,750 girls and 293,250 boys) children in the NWSW to continue education through distance learning.

Before the closure of schools, up to March 18, Cluster partners had supported 12,937 (6,604 girls and 6,333 boys) conflict affected children to have increased access to education through school feeding, establishment of temporary learning spaces, provision of play based learning materials and community mobilization for back to learning in the Boyo, Bui, Mezam and Ngo-Ketunjia divisions in the NW as well as in the Fako, Manyu and Meme divisions in the SW.

## Food Security

The Cluster developed a specific COVID-19 guidance note using the recommendations given by the Health and WASH clusters. The Cluster will only look at life saving activities which are mainly food distribution (in-kind), cash/voucher and nutrition assistance. When schools resume school feeding will also be prioritized. Also prioritized are livelihood activities which are at post distribution stage and require limited technical backstopping and monitoring which can be given remotely. All trainings, field days and field visits have been put on hold and will resume once the context allows.

# 174K

people assisted with food security and livelihood activities in NWSW

The Cluster is also working with WFP to explore the use of Mobile Vulnerability Analysis & Mapping (MVAM) for the monitoring of markets during this period. A Cluster response and risk assessment were conducted and the results, once available, will help the Cluster to strategize better.

In spite of the COVID outbreak, a total of 174,996 persons were assisted by food security partners in March out of which 155,441 (89%) were supported through food assistance and 19,555 (11%) received agriculture and livelihoods support. 12,114 people have so far been supported with both poultry and home gardening material in the NWSW regions while about 800 people were supported with unconditional cash for food in the Donga-Mantung, Ngo-Ketunjia and Mezam divisions in the North West.

## Nutrition

According to the FEWSNET March 2020 update, made in advance of COVID-19, the food security situation is likely to worsen in the coming months. Poor households in the NWSW are facing an atypically early start to the lean season, which is expected to be harsher due to unusually high prices (increase of 28 to 78% for maize, 22 to 33% for imported rice, 50 to 140% for beans) and the rapid depletion of food stocks. Furthermore, with the Covid-19 pandemic, it is estimated that over 30% of the population in NW (34%) and SW (33%) will be food insecure (IPC Phase 3&4) between April and December 2020.

# 4.1K

Children under 5 screened for acute malnutrition

# 3.3K

PLW assisted through the BSFP

Nutrition partners in the NWSW screened 4,137 children under 5 years for acute malnutrition with 24 children identified with SAM and referred for treatment. A total of 9,450 persons were sensitized on key messages on infant and young child feeding practices. 30 health workers (nurses, doctors and intern nutritionist) from the Bamenda regional hospital (NW) were trained on inpatient management of SAM. UNICEF is working with partners to adjust implementation taking into consideration the COVID-19 pandemic. A total of 8,163 beneficiaries (4,861 children between 6 to 23 months and 3,302 pregnant and lactating women (PLW)) were reached through the blanket supplementary feeding program (BSFP). In the SW, the assistance was hampered by high levels of insecurity, wherefore four food distribution points (NgoloBolo, Supe, Diongo and Ikiliwindi) in the Meme division were not reached.

The Nutrition Cluster is developing a Cluster-specific SOP for the COVID-19 response that will be integrated in the inter-agency response plan for NWSW. In the meantime, most nutrition activities have been suspended until Cluster specific guidance is developed. However, lifesaving activities continue, respecting hygiene sensitization, handwashing and social distancing measures to curb the spread of the virus.

## Health

The Health and WASH clusters took the lead in drafting guidance documents to scale-up the COVID-19 response in the humanitarian context of the NWSW in line with WHO guidelines. Only essential and lifesaving activities of the different humanitarian actors are encouraged to continue in these regions while ensuring all the necessary infection prevention and control measures are respected. The Health Cluster partners in the NWSW held meetings with the various regional delegates of public health to develop regional response plans considering the context of the NWSW.

# 44K

people reached through health cluster interventions

WHO supported the SW regional delegation of public health with medical supplies and guidance documents on case management, infection prevention and control and laboratory investigation of COVID-19 (500 items). UNICEF has developed educative messages, radio spots and videos to sensitize the public on COVID-19. The Health and WASH clusters are mobilizing their partners to have a comprehensive response to COVID-19 in the NWSW, especially in the areas of risk communication, contact tracing/follow-up of contacts, expansion of isolation capacities and infection prevention and control at community and health facility level.

Health Cluster members have been providing lifesaving services to persons in need in the Fako, Meme, Ndian, Kupe-Muanenguba, Manyu, Mezam, Boyo, Bui, Momo and Ngoko-tunjia divisions. WHO has deployed four clinical psychologists (two in the SW and two in the NW) and is providing essential health care to people in need through implementing partners (Reach Out, CARITAS and DEMTOU Humanitarian) by use of mobile clinics. Over 300 reports and 22 alerts have been generated by the community health workers trained on community-based surveillance in the framework of EWARS in March. UNICEF supported the regional delegation of health in the NWSW to carry out the first round of periodic intensification of routine immunization (Vitamin A, BCG, measles and rubella) in these regions to improve the vaccination coverage. In the month of March, Health Cluster partners (HRP and non-HRP) reached in total 44,615 beneficiaries including 42,895 IDPs, 1,620 host community members and 100 government partners through health promotion, essential healthcare and immunization activities.

## Water, Sanitation and Hygiene

The WASH Cluster is working with the Health Cluster and all partners to ensure that Infection Prevention and Control (IPC) measures are included in all WASH activities in the NWSW regions. The WASH Cluster has developed a WASH Cluster Specific Risk Assessment and Mitigation Measures Matrix that will guide partners to implement only life-saving activities while adhering to the “do no harm” principle. To this end partners have reprogrammed their activities to include COVID-19 activities. UNICEF in partnership with the Cameroonian Red Cross will train 200 volunteers in the SW region on COVID-19 transmission and prevention. The volunteers will carry out sensitization accompanied by the installation of 200 handwashing facilities at public places.

# 2,285

people sensitized on COVID-19

A total of 22,920 individuals were reached through WASH activities (hygiene promotion - 18,920; water supply - 1,000; WASH NFI kits - 11,395 and sanitation - 3,000) implemented by eleven WASH Cluster members in the NWSW regions. Out of the total number of individuals sensitized, 2,285 and 1,049 people were sensitized on COVID-19 and cholera preventions respectively. It is important to note that, the number of cholera cases in the Tiko Health District increased from 34 on 7 March to 47 cases as at 31 March with 01 death registered. There have been no cholera cases reported from Bakassi since 26 December 2019.

The measures put in place to contain the spread of COVID-19 have slowed down implementation of WASH activities reduced from 107,581 persons reached in February. 28 emergency latrines (56 cabins) were constructed in the Bakassi Health District (Meme division, SW) by AMEF and REACHOUT reaching 2,800 individuals. To ensure sustainable operation and maintenance WASH committees have been created to manage those latrines. Also, YDC constructed one block of institutional latrines (4 stances) for 200 schoolchildren at a school located at Unity Quarter in Limbe (Fako division, SW).

A request to reprogram CERF funds (IDPs and cholera) to include COVID-19 activities has been submitted. Through reprogramming of these CERF funds (1.4 million USD), about 250,000 people will be reached through sensitization. Also, 600 handwashing stations will be installed.

## Protection

The protection environment in the month of March was relatively stable with fewer numbers of clashes and a reduction of attacks on communities, compared to the month of February. However, 25 flash alerts related to communal clashes and targeted extra-judicial killings were reported by protection monitors. The incidents were attributed to both parties to the conflict.

During the reporting period, protection actors recorded and documented 1,307 individual protection incidents which reflects increased access allowing field monitors to work. In February, mostly due to election related security constraints, only 399 reports were collected. Among the documented incidents, only 37 happened within the month of March. About 43% of the incidents were recorded in the SW, while the remaining 57% were reported in the NW. It is important to note that variations in incidents reported over time and space could be explained by access conditions. In addition, 93.3% of victim reports come from IDPs, while 4.6% are returnees and 2% from the host community. Women were most affected with 74% of complaints. Meanwhile 84% of incidents reportedly occurred at the residence of the victims.

In terms of responses, 80,092 persons were reached in March with protection activities conducted by cluster members. Protection actors trained 71 humanitarian workers including community leaders on protection principles, while 379 persons were reached by awareness raising on numerous topics. In addition, focus group discussions and rapid community assessments were also organized in 11 communities in the NWSW reaching a total of 597 households.

Cluster members observed that knowledge on prevention and response to COVID-19 is limited or does not exist in the communities, thus exposing the already vulnerable communities to an elevated risk of COVID-19 infection. More awareness raising on prevention and response measures will need to be mainstreamed into protection activities. Restrictions of movement were reported to be continuing at military checkpoints largely in application of government measures to limit the spread of COVID-19. The reduction of humanitarian assistance will further weaken the protective environment in the NWSW caught up in a dual emergency.

# 80K

Reached through protection activities.

## Child Protection

The Child Protection Area of Responsibility (AoR) is working with its members to produce a guidance note on the protection of children during the outbreak of COVID-19. The note will take into account the predicted increase of certain child protection risks and the newly emerging risks in relation to COVID-19. In addition, this note will introduce a standardized set of risk mitigation measures that will facilitate the safe delivery of child protection services without exposing children and caregivers to further risk of contracting COVID-19. Until this note is finalized, the Child Protection AoR has decided to temporarily suspend all child protection activities such as Child Friendly and other Safe Spaces, Psychosocial Support Units and other activities that require gatherings and could expose children and communities to further harm.

# 7.4K

children benefitted from psychosocial support

However, before the temporal suspension of activities, Child Protection actors were able to reach about 7,400 children and caregivers in March with psychosocial support activities and parenting skills sessions for caregivers. The slight decrease in numbers compared to last month is mainly due to COVID-19 restrictions and the new set of risk mitigation measures, such as handwashing, social distancing and limiting the number of children and animators per activity, which were collectively agreed upon by the Child Protection AoR members.

Child Protection actors were able to manage and follow-up 1,071 cases of vulnerable children (481 girls and 590 boys), including unaccompanied and/or separated children with Child Protection Case Management (CPCM) services during the reporting period, and five children were reunified with their families. This is a remarkable increase in number of cases that Child Protection actors managed compared to the previous reporting period due to the increased vulnerability of children because of COVID-19.



Most of the sub-divisions in the affected NWSW regions are not sufficiently covered by GBV lifesaving interventions, especially GBV case management is lacking. 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 will continue to access lifesaving services during the pandemic. The GBV AoR developed a guidance note on GBV interventions for COVID-19 to guide GBV actors in mitigating COVID-19 risks in GBV interventions. The focus of this guidance note is to find alternative ways to continue GBV lifesaving interventions during the COVID-19 outbreak [Guidance note\\_GBV intervention in COVID-19\\_NWSW march 2020](#).

# 16.3K

people reached with GBV interventions

During the reporting period, 16,375 people were reached with GBV interventions in the NWSW regions. A total of 13,697 people (81% female) including women with disabilities, adolescent girls and boys received GBV lifesaving key messages and information on available services; psychosocial support was provided to 190 persons (99% female); 379 women and girls received life skills trainings from women empowerment programs; dignity kits were distributed to 1,493 IDP women and girls of child bearing age; 50 women and girls attended safe space activities; 1,326 people were reached with COVID-19 awareness raising messages and 391 youth and adolescents attended GBV activities.

171 GBV actors, including health personnel, community mobilizers, community leaders and other humanitarian actors (80% female) received training and orientation on GBV prevention, referral pathways, case management and clinical management of rape.



More than 6,000 households were assessed to be in urgent need of shelter and core relief items. In the South West, a pre-distribution assessment carried out by Plan International in some sub-divisions such as Buea Central, Tiko, West Coast, Limbe, Kumba Central, Mbonge indicated a need for about 3,000 shelter kits and 4,000 NFI kits. Recent burning of houses in localities in the Ikata in Muyuka sub-division as well as villages in the Bui division (NW) indicate a need for assistance to affected households in these areas. However, the COVID-19 pandemic has affected the distribution of assistance to IDPs in the NWSW regions as Cluster partners have been forced to put on hold their activities as they seek for new ways of implementation that does not put both the aid worker and beneficiaries at risk of contracting the virus.

# 6K

Households in urgent need of shelter kits

A total of 6,152 persons were assisted with either shelter /core relief items in the month of March. In line with needs assessments, UNHCR and partners are transporting 4,000 shelter kits and 3,000 NFI kits in warehouses in Bamenda and Buea.

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For more information, please visit [www.unocha.org](http://www.unocha.org) [www.reliefweb.int](http://www.reliefweb.int)