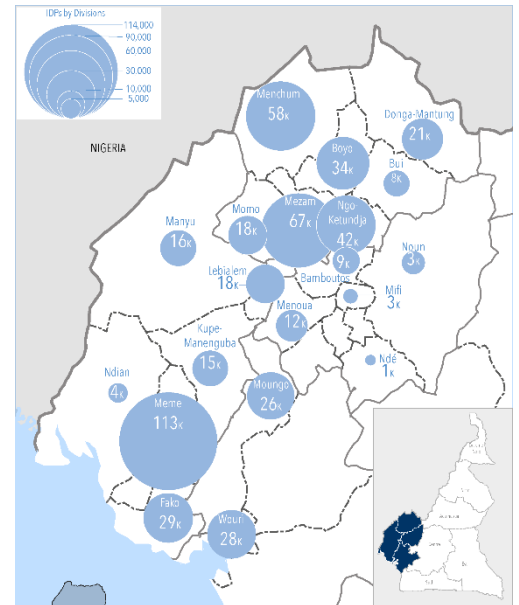


This report is produced by OCHA Cameroon in collaboration with humanitarian partners. It was issued on 15 April. It covers the period from 1 to 31 March 2019. The next report will be issued in early May 2019

HIGHLIGHTS

- Acute humanitarian needs continue to be no the increase in North-West and South-West regions, requiring further scale-up of humanitarian assistance and protection
- Three months into the year, humanitarian partners continue to scale up and expand reach, but needs continue to outpace available resources
- Despite the challenging operating environment, humanitarian partners are maintaining access and have this month reached over 42,000 of the most vulnerable with emergency livelihood assistance or general dry food alone. In Meme and Manyu divisions (SW), humanitarian partners distributed 4,000 shelter and 6,000 NFI kits with basic necessities
- Protection remains a key priority and protection partners have sensitized over 1,038 people on gender-based violence (GBV), child protection and human right violations.
- The health partners in SW and NW assured access to a timely and equitable package of basic health care services to 3,703 persons affected by the crisis.
- Coordinated efforts of the Health, Shelter/NFI and WASH clusters allowed for distribution of 4,100 Long Lasting Insecticidal Nets (LLINs) through WASH partners and 7,400 LLINs distributed through health partners in NW and SW.
- The WASH partners reached about 9,000 people in the NW and 800 in the SW with hygiene promotion activities, and 1,000 and 700 with sanitation-related activities in the NW and SW respectively.

Number of IDP by Division



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

4M

affected people

1.3M

People in need

820K

targeted for assistance

530K

internally displaced

376K

People in need in host communities

330K

Other people in need

SITUATION OVERVIEW

Violence against civilians in North-West and South-West regions continues to have a serious impact on livelihoods and generate acute humanitarian needs. The rainy session is making access to goods and services even more difficult for both IDPs and local population, for those internally displaced who are hiding in the forest.

Several sectoral and multi-sectoral assessments all conclude that the humanitarian situation is deteriorating. Priority humanitarian needs include access to basic services like health care, education and drinking water, NFIs and food. Survivors of violence and abuse need access to better protection.

Efforts to maintain access include a strong focus on enabling acceptance and there were some indications this month that acceptance of humanitarian activity is improving. Statements were issued by associates of armed groups indicating improved understanding and respect for humanitarian principles. These statements have been widely disseminated across social media.

Security

The security situation continues to be of serious concern with civilian casualties, destruction of property, abductions and allegations of burning down houses and property destroyed. Dozens of houses have been affected in Warr, Taku Weh, Keifekah, Kesu-Wum, Mbessa and Mbongong (all NW). On 18 March, three men accused of doing fortification rituals for non-state armed groups (NSAGs) in Nkor (NW) were reportedly shot. The same day, three alleged members of non-state armed groups (NSAGs) in Bambalang and Oku (NW) were killed. On 21 March, a NSAG camp in Mmock Mbie (SW) and allegedly killed three fighters of the group Red Dragons. During the period 21-28 March, incident levels were particularly high in Wum (NW) resulting in five people killed by the military.

NSAGs continue abducting civilians and government employees and attacking education facilities. For example, on 8 March, NSAGs abducted the chief of Mbipgo village (NW) before releasing him hours later. The same day, NSAGs reportedly abducted 15 members of the University of Buea (SW) football team and a former Minister, Emmanuel Ngafeson, in Bamenda (NW) before releasing them on 21 and 31 March respectively. The head coach of Yong Sport Academy, a football club in Bamenda (NW) was kidnapped before being released hours later.

On the night of 30 March, a fire destroyed the Muyuka district hospital. All patients and medical personnel were successfully evacuated. The regional Delegate of health launched an investigation into the cause of the incident. The position of the Government of SW is that the hospital was not attacked but it was burned by the fire due to an electrical problem.

Access

Humanitarian access remains a challenge in the two regions and OCHA is coordinating with partners to improve acceptance and expand access. In both regions OCHA engages the partners through the established access working groups in analyzing the various access constraints experienced and develops approaches to influence behavior of the parties to the conflict obstructing access in the field.

Four access meetings took place this month: on the 1 and 22 March in the South-West and on 1 and 28 March in the North-West.

A series of key documents and administrative procedures have been developed to enable compliance of humanitarian actors with government requirements. This is expected to minimize administrative impediments, including harassment at checkpoints and undue demands for information by local authorities in some areas. So far, partners who have used it have provided positive feedback.

Experience shared in both access working groups by operational actors has led to compiling of ground rules (do's and don'ts) as a guidance of good practice to obtain trust of all stakeholders, namely the parties to the conflict as well as the beneficiary communities, dispel misperceptions and promote the principled humanitarian approach with neutrality at its core.

Adopting a unified approach by all actors is critical to achieving acceptance and credibility of principled humanitarian operations and enable navigation in a humanitarian 'corridor' between the conflicting parties towards the civilian population in need.

FUNDING

Cameroon Consolidated Appeal 2019

US\$ 93.5 million requested

Funding by sector (in million US\$)



Clusters	Funded	Unmet	Coverage
Food Security	8.4M	34.4M	20.2%
Protection	21.3M		0%
Shelter and NFI	10.0M		0.2%
WASH	7.1M		0%
Health	3.9M		0%
Education	2.6M		0%
Multisector shared	2.6M		0%
Early Recovery	2.5M		0%
Nutrition	1.5M		0%
Coordination	10.4K		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

GENERAL COORDINATION

The humanitarian community continues to work towards a coordinated approach to ensure upholding of humanitarian principles while delivering urgently needed assistance. Humanitarian Coordination Forums were held on 1 and 22 March in the Southwest and on 27 March in the Northwest. The NW government's second humanitarian coordination meeting was held on 28 March. The resolutions issued from those meetings are:

- All humanitarian actors to submit their programs to the governor's office prior to this meeting.
 - Activities to be carried out in the respect of the rules and regulations governing Cameroon
 - Officials of humanitarian organisations to work in collaboration with government authorities
 - Whenever need be, seek the assistance of forces of law and order during your movements in the field.
- The security of expatriates is of utmost importance to government, as they have the duty to protect them.

The Communications Working Group met on 12 March. Participants evaluated the February workshop held in Buea, planned for a similar event in Bamenda, established draft terms of reference and decided to scale-up the visibility of the situation in NWSW.

Inter-cluster coordination continued. Cluster Coordinators met on 15 March. Clusters worked towards the establishment of a three-months capacity-building plan.

Seven of the eight activated clusters, and the Areas of Responsibility (AoR) for Child Protection and Gender Based Violence were operational during the month. The Education, Protection and Shelter cluster coordinators joined the coordination team mid-March.

Four Access Working Group meetings took place in Bamenda and Buea. Participants examined access constraints and provided recommendations.

HUMANITARIAN RESPONSE

Food Security

During the reporting period, 42,528 IDPs and affected host communities benefitted from general dry food assistance or emergency livelihood projects. As of 30 March, WFP and its partners reached 26,600 IDPs in Meme and Manyu divisions (SW). WFP food assistance targeted 50,000 people in the SW for March 2019 and planned to distribute a total of 810MT of dry food. Due to lockdowns affecting transport of commodities, there were delays in planned distributions. April-June 2019 scale up plans to distribute to 125,000 people in both regions are being finalized. WFP and its partners in the NW and SW, will provide food assistance to 45,000 IDPs including vulnerable host families in the NW and 80,000 IDPs in the SW region.

1.5M people are food insecure in both Regions

8% is severely food insecure

In March, FAO and its partners, carried out the following emergency livelihoods distribution activities: 5,000 pullets and 50 tons of feed for 250 households in the NW and a similar distribution package to 250 households in SW. In addition, FAO distributed 9,580 broilers for 237 households in NW and conducted a follow up mission to 500-layer households in both NW and SW.

WFP launched a call for expression of interest in March as it plans to scale up activities in both regions in July 2019. Fifteen organizations expressed their interest to work with WFP and their applications are under review. The review process will be followed by a call for proposals to all eligible organizations assessed to have the capacity to handle large scale WFP operations.

The Food Security Coordination Meeting for NW was held in Bamenda on 27 March. In total 62 participants attended, representing around 48 organizations. Three presentations were made including on preliminary results and findings of WFP's EFSA and a presentation on Prevention of Sexual Exploitation and Abuse (PSEA).

FSC convened the first meeting of the Ad Hoc Technical Working Group on Targeting and Vulnerability and Prioritization Criteria for Partners in NW on 27 March. The objective was to brainstorm on the production of more harmonized and reliable criteria for food assistance in NW. The meeting discussed the strengths and areas of improvement on several targeting criteria of some Partners. Other issues discussed included ways of mobilizing IDPs themselves, to avoid duplication and prevent cases of non-IDPs posing as IDPs, particularly in densely populated urban and semi-urban areas. Thirteen partner organizations attended the meeting.

A WFP-HQ mission visited Buea on 12-15 March 2019, focusing on four main areas, (i) access and community acceptance (ii) targeting and prioritization criteria for the scale up plan of WFP activities for 2019 (iii) protection issues and (iv) a communication and sensitization community strategy. Following meetings with key partners and actors on the ground, the mission along with WFP's Buea office have outlined the following priorities for the programme design and scale up of WFP's response in the SW/NW:

- Develop a gradual access strategy aiming at gaining acceptance through regularized and predictable distributions, and gradually moving further afield from the current urban delivery towards rural villages and forestlands;
- Sensitize and implement a community outreach strategy using flyers, community structures, radios and training;
- Mainstream protection issues and the access and communication strategies into the scale-up plan. Particular attention should be paid to data protection, the targeting criteria and the different distribution modalities of the response.

Health

Health service delivery continues to be significantly affected by the ongoing conflict in the NW and SW regions of Cameroon. Sporadic confrontations between the opposing forces, long periods of shut downs, and attacks on health facilities greatly affect the availability and utilization of the operational health institutions.

UN agencies, implementing partners and INGOs involved in health care delivery have been active over the past weeks with the implementation of various interventions in the field.

During the reporting period, WHO assured access to a timely and equitable package of basic health care services to 3,703 persons affected by the crisis through partners operating in both the NW and SW regions.

So far, 91 persons affected by the crisis have benefitted from the services of the clinical psychologists WHO deployed in February. On 7 March, WHO trained health care professionals on the various facets of mental health care in emergency with emphasis on mental health screening, referral systems, psychological first aid and WHO mental health gap action programme (mhGAP) guide.

The trauma surgeon deployed by WHO in February in the SW region has performed 79 surgical procedures.

On 14 and 28 March, WHO delivered Emergency Health kits to three health institutions in the SW region. More Emergency Health kits will be distributed in the both regions in the coming weeks.

From 21 to 22 March, WHO trained 85 community health workers on community-based surveillance in the SW region to enforce the early warning, alert and response system (EWARS). The said community health workers have produced their first report and the number of health districts producing reports has progressed from four to eleven in March. The programme included sensitization of 2,036 beneficiaries of basic health care services on cholera, measles and monkey pox.

UNFPA trained 63 health service providers from UNFPA operational partners as well as the government counterparts in sexual reproductive health on BEmONC and other key thematic areas on maternal death reduction (34 in the SW and 29 in the NW).

UNFPA trained 30 health service providers (doctors, nurses and midwives) from operational partners as well as government counterparts on Clinical Management of Rape (CMR) in the SW region. A total of 718 mothers (485 post-natal and 233 deliveries) have benefitted from the mama kits during the outreach services by the operational partners in the North West region.

UNICEF's main health intervention focus remains hard to reach areas, urban and peri-urban areas in NW/SW regions. Partners will implement the intervention through a multisectoral Rapid Response Mechanism. UNICEF has identified the partners that will be in the core of this intervention that involves strengthening of routine immunization, measles campaign as well as communication related to vaccination including support to health facilities.

During the reporting period, UNICEF distributed 4100 Long Lasting Insecticidal Nets (LLINs) through its WASH partners and 7,400 LLINs through its health partners in NWSW. This was in line with last year's decision by the WASH and Shelter/NFI clusters (in consultation with the Health Cluster) to harmonize kits.

3.7K

Have equitable package of basic health care services

Nutrition

WFP and its partners finalised and shared a nutrition assessment with the Nutrition cluster. WFP-led assessment is in the process of being validated and the findings will be used to provide revised estimates for planning and response. The assessment revealed low level of proxy Global Acute Malnutrition (GAM) but the findings could not be extrapolated to represent the nutrition situation in the two regions due to limitations of access and coverage. Nutrition Cluster and partners did not conduct any major activities.

*SAM: Severe Acute Malnutrition

2.8%

is the SAM* level in the North-West Region which exceed the critical threshold

1.5%

is the SAM* level in the North-West which are within the serious threshold

Protection

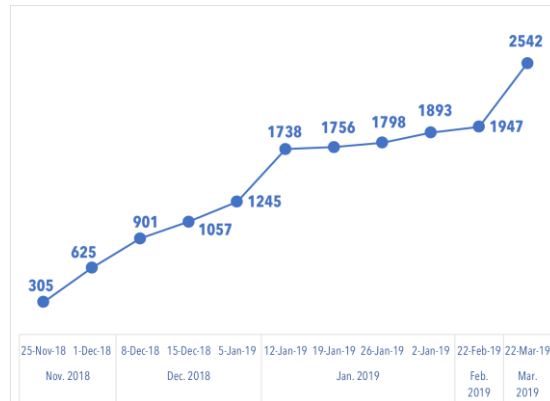
About 488 persons were victims of protection incidents 42 of which are SGBV cases, while 28 are child protection and related issues. The conflict between the military and the NSAGs, destruction of villages and properties, threats to life, kidnappings, obstacles to the freedom of movement as well as arbitrary arrests have forced populations to flee their homes in both regions.

Protection monitoring actors identified 15 separated children in Lenkeng, Fotabong and Fontem. Targeted killing and kidnappings have continued. The partner organisations, conducted 16 protection monitoring missions in both regions which identified and documented 284 protection incidents, referring 10 cases of serious medical conditions for medical response.

Protection monitoring identified 537 new IDPs in need of NFIs and 391 in need of shelter, referring them to Shelter/ NFI actors for support. Psychosocial support was provided to 324 survivors of violence. Protection partners have sensitized over 1,038 people on GBV, child protection and human right violations. Staff members involved in protection monitoring received training on humanitarian principles, SGBV, Child Protection and Human Rights.

On 28 March, UNHCR held a meeting with partners to discuss the reinforcement of strategic documents for the Protection Cluster. On 27 March the first Protection Cluster meeting held in Bamenda in the Northwest region with over 55 participants. On 19 March, the SW bi-weekly Protection Cluster meeting took place in Buea.

Number of Protection incidents (cumulative)



488

cases of protection incidents identified during the period of reporting

2,542

protection incidents documented since mid-November in both regions (as of 22 March 2019)

Child Protection AoR

Children continue to be among the worst affected by the ongoing armed conflict in the NW/SW regions. Local partners have reported several cases of sexual violence and abuse against children, some of which took place in hard to access areas, with limited or no services available.

Limited international attention and allocated resources have forced several local and international organizations in NW/SW regions to work on a minimum response basis, until funding improves. This was demonstrated while developing the referral pathways for child protection cases. Most local partners expressed their technical capacity and willingness to engage but needed more consistent funds to practically respond to existing needs.

Due to the ongoing armed conflict, national and international organizations continue to identify children in need of psychosocial support, adding to the total of 266,000 children already identified, including 65 Unaccompanied and Separated Children (UASC) during the reporting period.

The targeting of schools by armed groups and kidnapping incidents associated with school attendance are still one of the most prominent risks for children, hampering their access to any form of education services still available.

Lack of identification documents, particularly birth certificates for children, continue to hinder access to basic services and increase the risk of being harassed at checkpoints; worsening the overall humanitarian situation for children.

In response, Child Protection actors in the field have managed to follow up and respond to almost 1,000 UASC during the reporting period and provided psychosocial services to more than 2,000 children, mostly in child-friendly spaces (CFS).

266K

children in need of psychosocial support

28

cases of protection incidents identified

The Child Protection AoR continued to hold its regular monthly meetings, with one meeting in Buea and one in Bamenda, gathering over 40 local and international organizations.

The Child Protection AoR and its members began developing referral pathways for Child Protection cases in the SW region. Technical capacities/expertise were identified for each area of CP intervention in every division. However, members reported difficulties in securing more consistent funding to guarantee the sustainability of service delivery and cover all needs.

GBV Sub-Cluster

The GBV sub-cluster and its partners organized two trainings in Buea for 40 community health volunteers on GBV core concepts and Psychosocial First Aid. From 13 to 15 March, UNFPA in partnership with the Ministry of Women's empowerment and the promotion of the family, organized a training on case management successfully reaching 41 participants.

42

cases of protection incidents identified

In addition, UNFPA conducted PSEA Orientation Exercises for ninety-one (91) participants in the SW (27 participants from the GBV Sub Cluster partners, 30 participants from Child Protection AoR partners and 34 participants from Humanitarian coordination team).

PSEA taskforce members in Buea had meetings to discuss a partnership model of implementing PSEA initiatives.

Shelter

UNHCR'S emergency response through shelter/NFI includes 246,000 displaced in the South West, 104,000 in the North West, and 90,000 in Littoral and West regions. The estimated host communities impacted was put at 157,000 (source UNOCHA).

11%

of people targeted have been covered with NFI

8%

of people targeted have been covered with shelter

UNHCR has completed its emergency shelter response capacity of 4,000 shelter kits for 20,000 people and NFI 6,000 kits for 30,000 people. Through partners, UNHCR has distributed the planned 4,000 shelter and 6,000 NFI Kits to targeted areas in Meme and Manyu divisions (SW). So far however, 11% of the target for NFI and 8% for shelter has been reached.

Cluster members have established standard NFI kits in collaboration with the WASH cluster coordinator. Draft vulnerability criteria have been established by the vulnerability criteria working group and are available.

The second shelter cluster meeting in the NW region took place in Bamenda on Wednesday 27 March 2019 with 27 participants from different local and international NGOs.

Water, Sanitation and Hygiene

The Hygiene Promotion Technical Working Group (HPTWG) for SW has been established and consists of six members. For NW, organizations will be nominated and the HPTWG will be established second during the week of April.

14K

people benefited from WASH activities.

The WASH cluster conducted a two-day training on WASH in Emergencies, Information management (5W activity reporting) and Cluster Coordination in NW and SW Regions. The funding situation and available options/opportunities were discussed. Also, core functions, roles and responsibilities of the cluster were some of the topics covered during the training. In the Southwest, 38 participants from 34 organizations attended the training on 20 and 21 March. In the Northwest, 33 participants from 29 organizations received the training on 27 and 28 March.

To enhance the capacity of partners implementing WASH activities in the NWSW regions, technical training focusing on Hygiene Promotion and Household Water Treatment will be held on 2 April in the SW, with more than 30 expected participants. Similar training will be held in the NW during the second week of April.

WASH partners reached about 9,000 people in the NW and 800 in the SW with Hygiene Promotion activities, and 1,000 and 700 with sanitation-related activities in the NW and SW respectively. Water quality activities reached 1,200 people in the SW and Water Supply activities reached 800 people in the NW and 500 people in the SW. More than 14,000 people benefited from WASH activities.

WASH Cluster meetings were held on the 1 and 27 March in the NW and on the 14 and 28 March in the SW. The first SW-Strategic Advisory Group (SAG) meeting took place on 15 March 2019. One of the SAG's roles is to guide the functioning of cluster with regards to its strategy

GAPS AND CONSTRAINTS

Overall the implementation of the response in both regions by the humanitarian community is slow as capacities and experience of humanitarian programming are limited, and security constraints are severe. The response in the NW is significantly less than that in the SW even though needs are understood to be higher.

- Access remains difficult, both for humanitarian actors to reach the most vulnerable, and for affected population to needed services. While, progress is being made in close collaboration with experienced local partners in both regions too few international organisations have sufficiently robust risk management approaches to ensure field presence.
- Administrative measures imposed in the SW are yet to be clarified. There is ongoing advocacy to reach a full understanding of humanitarian action amongst relevant interlocutors that adheres to international standards and humanitarian principles.
- There is no Logs Cluster Coordinator and as such, there is a lack of reliable information on physical access constraints, transport capacity and upcoming cargo pipelines, a gap which could hinder the efficiency of the response.
- The volatile and unpredictable security situation hampers access to all locations of displaced persons and affected communities, particularly those hiding in remote areas and in the bush.
- Shelter response continues to be significantly delayed compared to NFIs. Likewise, the response in the NW is behind the one in the SW. It is made worse by administrative upheavals.
- CASH and mobile money continue to be controversial in terms of use in program implementation.
- Considering the capacity of partners, functioning markets and resilience of affected populations, voucher (cash)-based interventions seem a suitable modality for a large proportion of the response. Efforts are required to ensure acceptability amongst relevant actors.
- Food Security Cluster partners continue to report displaced populations in need of emergency food assistance. Partners in food security, emergency agriculture and livelihoods have all indicated large funding gaps, limiting operations in the first half year of 2019.
- Little is known of the nutrition situation in the two regions since neither standard SMART survey nor a rapid nutrition assessment have been carried out. The capacity of the national NGOs on nutrition related programming (management of acute malnutrition, IYCF-E, nutrition surveillance including SMART survey methodology) is insufficient to respond in part due to the current nutrition crisis being a new phenomenon in the region. Some partners have not received funding to support the response in the regions and they are currently in discussion with donors.
- Shelter responses should be tailored to the specificities of the situation of the different affected population groups identified (displaced population self-settled, hosted or renting and non-displaced population living in damaged houses or the most vulnerable households hosting IDPs).
- In some locations, WASH Cluster partners reported that the displaced people outnumbered what was planned. Therefore, items were further broken down to meet the growing numbers.

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For more information, please visit <https://www.humanitarianresponse.info/en/operations/cameroon/north-west-and-south-west-crisis>