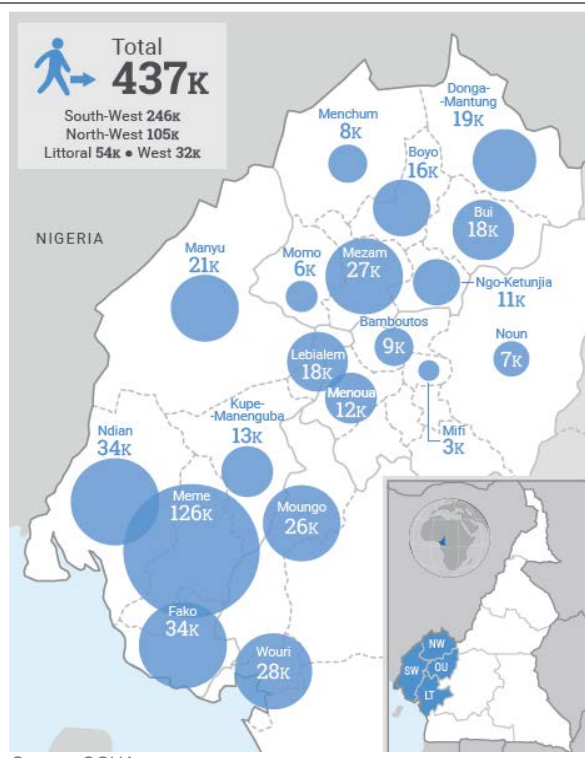


This report is produced by OCHA Cameroon in collaboration with humanitarian partners. It covers 1 – 31 January 2019. The February report will be issued in early March.

HIGHLIGHTS

- Since late 2017, long-running tensions in Cameroon’s North-West and South-West regions have escalated, and the crisis has increasingly shifted into armed conflict.
- The humanitarian situation has fast deteriorated, 1.3 million people are in need of assistance.
- Insecurity has forced more than 430,000 people to flee their homes. More than 380,000 people need shelter, and some 418,000 people NFI assistance.
- An estimated 3,000 children suffering from life-threatening severe acute malnutrition (SAM) require urgent treatment.
- There is a high risk of a rapid increase in new HIV infections due to the interruption of ARV medication.
- About 3,700 unaccompanied or separated children need urgent psycho-social care and reunification support.
- Access for humanitarian actors to reach the most vulnerable, and for affected population to needed services, remains difficult.
- The 2019 Humanitarian Response Plan for Cameroon will be launched on 20 February. The response to the crisis in the North-West and South-West will aim to assist 820,000 people, targeting five times more people than the 2018 Emergency Response Plan.
- In January, WFP provided food for 17,000 IDPs in Meme and Manyu divisions in South-West region.
- Humanitarian partners provided shelter assistance to 23,635 people, and 100,150 benefited from NFI distribution



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.

4M

People affected

1.3M

People in need

820,000

People targeted

437,500

Internally displaced

500,000

People in need in host communities

330,000

Other people in need

SITUATION OVERVIEW

Context

Socio-political issues in and concerning the anglophone region of Cameroon have been a matter of contention throughout the post-colonial period. Political protests against perceived marginalisation intensified in 2016 and in late 2017 violence erupted in North-West and South-West regions prompting violent clampdowns by security forces. With the increased deployment of defence forces and proliferation of non-state armed groups, the crisis has increasingly become characterised as one of armed conflict. Increased insecurity, violence and consequent widespread injury and civilian loss of life have forced thousands of families to flee their homes. Displacement continues to have serious consequences on the livelihoods and living conditions of the affected populations.

Vulnerability has been further compounded by lack of access to farmland, by deterioration in medical and water facilities and limited access to education for children due to a violently enforced ban on schooling called for by armed groups.

Political

Little political progress has been made to resolve the conflict. The 'Anglophone General Conference' had been set to discuss the crisis on 21 November 2018 however it was postponed with no new date yet to be announced. Efforts continue at regional and national level and with the diaspora.

The stay-home 'Ghost Town' protest continues to be observed every Monday across the two regions. There were heightened tensions on the 10th of January as the second day of the trial of the ex-leadership of the opposition movement was held in Yaounde. Numerous incidences of violence took place across the region. In some areas, particularly the Buea-Kumba axis, an effective ghost-town was observed between Monday 7th and Thursday 10th. The trial was adjourned until the 7th of February.

Escalating tensions in Francophone Cameroon including protests in Douala and Yaounde included the Anglophone Crisis in their discourse. Maurice Kamto leader of the main opposition party, the SDF, was arrested on 30 January in connection with these tensions.

Tensions increased as the month of February approached with the stated intention of some armed groups to declare a 'lockdown' for the month which would prohibit movement similar to 'Ghost Town' Mondays. This was subsequently reduced to a ten-day period from 4th to 14th during which significant days for the opposition forces would fall. Namely the trial of the leadership, National Youth Day and the anniversary of the plebiscite which joined Southern Cameroons and Cameroon.

Security

Insecurity in the affected regions remains high, with continuing armed attacks and confrontations between the military and armed groups. The crisis further worsened from mid-2018 onward due to increased hostilities ahead of the presidential election. Movements continue to be restricted in the two regions due to a curfew in the North-West, a "No Movement" declaration by non-state actors and the increase of both official and informal checkpoints.

In the South West, on 3 January CDC workers of the Rubber Plantation in Tiko, Fako Division while at work were attacked by Non-state armed men (NSAG). They were tortured, and their toes and fingers cut off for working in the Plantation against the policy of armed groups.

In January, troops clashed with armed groups across the two regions with ensuing fatalities and destroyed properties and vehicles.

Military operations increased in both regions to counter armed group plans for February 'lockdown'. Preventive displacement and stockpiling was ongoing at the time of writing of this report. Declining security situation during the month is expected.

Hostilities have continued to claim civilian lives, from indirect fire and from disturbing reports of targeted killings. Urban attacks have resulted in deaths from cross-fire and civilian casualties have been reported as a result of raids on villages

In late January large scale military operations were launched in the Bafut area resulting in numerous casualties both combatant and civilian. -On 25 Jan, the military killed 11 people they suspected of being armed separatists in Mpundu-Balong (SW). Incidents were also reported taking place in Marumba and Tiko amongst others. Abductions continue to be an ongoing concern.

Humanitarian

The violence has uprooted 437,500 people from their homes and forced over 32,000 to seek refuge in neighbouring Nigeria. Humanitarian organizations are striving to scale-up their presence in the conflict-hit regions. Shelters, NFI and Education have been identified in the North-West and South-West regions as the most urgent needs. Almost 50 per cent of the displaced have settled in rural areas and have an increased need for shelter and non-food items. More than 80% of girls and boys no longer have access to schooling on a continuous basis because of the crisis.

The outlook for 2019 is one of emergency response as displacement continues due to the ongoing conflict. Vulnerability is compounded as services deteriorate and resilience is eroded. Access remains challenging as poor levels of understanding of humanitarian action persist and infrastructure is damaged in armed conflict related operations to deny mobility to opposing

forces. Armed fighting and insecurity continue to be the principal impediment to the provision of assistance as well as a barrier to those in need in terms of reaching areas where they can receive aid.

The majority of the displaced are women and children. Protection is the principal humanitarian concern as the ongoing conflict is the main cause of human suffering. Food and shelter are also of concern as displacement continues apace. Needs across all sectors are high and are being further compounded as the conflict deepens. Of particular concern is access to water for areas requiring water transportation during days when movement is limited. Many of the conflict-affected populations are growing more vulnerable as the violence persists and humanitarian assistance remains inadequate.

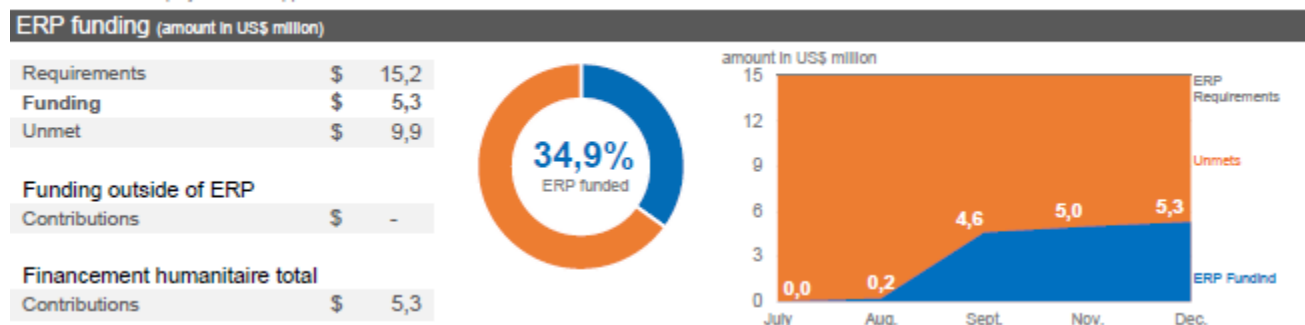
The deployment of humanitarian actors to the field continues. A further allocation of CERF to Cameroon will in part support humanitarian activities in the North-West and South-West regions.

FUNDING

As of 7 January, donors had provided 35 per cent of the US\$15.2 million required as per the emergency response plan, according to the Financial Tracking Service (FTS). This amount constitutes the \$5.1 million CERF allocation under the rapid response window. Additional contributions were received by other donors but not yet reported on FTS.

Cameroon : ERP 2018 - North-West and South-West

NOTA : The level of funding by Appeal (North-West and South-West Crisis) is very underestimated because a large majority of funding reported on FTS is incomplete and does not indicate the intended projects or the Appeal concerned.



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

The Displacement Tracking Matrix will report in February providing detailed information on IDP locations and updated numbers.

A qualitative survey on WASH and Shelter needs was expanded to include considerations relevant to other clusters and implemented in North-West and South West as well as areas of Littoral and West regions where IDPs have fled to. It will also report in February.

GENERAL COORDINATION

The Humanitarian Response Plan will be launched on 20 February 2019. The number of people estimated to be in need of humanitarian assistance in 2019 has increased by 31 per cent compared to 2018, from 3.3 million to 4.3 million. The number of people who will be targeted for assistance has also increased from last year, from 1.3 million to 2.3 million. This increase is mainly attributed to emerging needs in the North-West and South-West regions. More than a quarter of people targeted by the response (28 per cent or 820,000 people) lives in the North-West and South-West regions, which are now priority areas of intervention. Sectors need US \$ 93 million - or 31 per cent of the total appeal - to support 437,000 IDPs in these two regions, the West and Littoral, and 376,000 vulnerable host communities due to forced displacement and disruption of social and health services.

On the 22nd January in Yaounde, the Ministry of Territorial Affairs held the first meeting of the Emergency Humanitarian Assistance Coordination Centre as decreed by the Prime Minister on 21 November. The UN is expected to be invited to the next meeting. Antenna meetings in Buea and Bamenda have been indicatively planned for February.

The humanitarian community continues to work towards a coordinated approach to ensure upholding of humanitarian principles while delivering urgently needed assistance.

The inter-cluster capacity mapping was completed for the South-West Region and was initiated in the North-West Region.

The Access Working Group reinitiated its activities in the new year and continued its efforts on an access mapping. A repository of administrative requirements and procedures is being created and ground rules for field staff are being developed with the objective to strengthen a unified principled approach of all humanitarian actors vis-à-vis both parties to the conflict.

Six of the eight activated clusters, and the Areas of Responsibility (AoR) for Child Protection and Gender Based Violence were functional during the month. Education and Logistics were not staffed. Several clusters and AoRs were able to also implement coordination activities in the North-West and it is hoped that the others will follow in late February following the 'lockdown'.

HUMANITARIAN RESPONSE

Food Security

The food security situation of Internally displaced populations and affected host and local communities in North West and South West regions remains critical and continues to deteriorate as many of them cannot access their farms for crop production. Findings of the ongoing VAM/FSMA are expected to provide a clearer picture in terms of the severity levels and the geography of food insecurity. Preliminary results of the IPC Chronic Food Insecurity Analysis in the regions have indicated that poor households (with little or no income from both host and local communities) and IDPs could move from being moderately/borderline food insecure (Phase 2) to having acute food and livelihoods security needs (phase 3, Crisis) from February 2019.

In January, General Food Distribution by WFP took place in in Meme and Manyu, South West region. As of 26 January, Food distribution has reached 17,000 beneficiaries for the month. WFP organized a Training for Rapid Emergency Food Security Assessment (EFSA) on 4-6 January. Data collection was also conducted. The preliminary results are expected to be released in early February.

At the same time, FAO's emergency livelihoods projects are underway. The poultry project which aims to reach 1,000 households, targeting both IDPs and affected host and local communities, has completed its inception phase in partnership with a local NGO.

Cluster coordination meetings took place on 17 January for the South-West, and on 31 January for the North-West.

Health

A large proportion of health structures have closed completely or open only sporadically to provide services. Most middle level and senior health staff (medical doctors) have abandoned their posts as they face increased security risks including kidnapping and retaliation for treating patients belonging to parties of the conflict. In many structures, service continuation is only guaranteed by lower level staff with higher level of acceptability as they are usually long-term community members.

Provision of supplies, including vaccines, and medicines to health structures is dangerous. Violent incidents and attacks on health care are widely reported and shared on social media. Since the end of January, partners can report attacks through the health care platform (<http://ssa.who.int>) to increase visibility and acknowledgment of the problem and advocate for change.

With the sustained level of violence and displacement, mental health needs have dramatically increased while available services are limited. There is an urgent need to build capacity of all health care providers to provide mental health first aid to patients, as well as to be the recipient of these services for their own wellbeing.

The disease surveillance system has collapsed for more than 70 per cent of the territory putting the population at risk of epidemics with late detection and limited response capacity. WHO plans to address this gap by the roll-out of EWARS which has proven to be effective in numerous emergencies.

Data from partners and the HIV program indicate that the whereabouts of a large proportion of HIV positives enrolled in the program is unknown. The interruption of ARV medication puts HIV positives at risk to develop AIDS. With an overall HIV

prevalence of 5.1 per cent in the North-West and 3.6 per cent in the South-West (CAMPHIA, 2018) there is a high risk of a dramatic increase of new infections.

Two Health cluster meetings took place in South-West, and one in North-West region, with active participation of up to 29 organizations including local and international NGOs and UN agencies. A sexual and reproductive health working group was also established. Coordination with the three largest faith-based organizations (Catholic, Baptist, Presbyterian) providing primary, secondary and tertiary health care in the two regions is ongoing. Overall the medical teams in the faith-based structures have long historical presence in the communities they serve and a higher level of acceptability than health services provided through the public sector.

UN agencies are finalizing partnership agreements for the implementation of health interventions with local and international partners in their respective areas of expertise. Several INGOs have presented proposals to donors to start health interventions in collaboration with local partners. Some have started implementation preparation including establishment of presence in the region with the expectation to be funded soon.

Nutrition

The nutrition situation of displaced persons and host communities affected by the conflict is of concern. While no recent assessment has been carried out, primarily due to difficulties in accessing the affected populations, it is estimated that more than 111,000 girls and boys under the age of 5 years and 24,000 pregnant and lactating women are vulnerable. It is estimated that 3,000 boys and girls aged 6 – 59 months with Severe Acute Malnutrition (SAM) will require treatment. Additionally, 25,373 boys & girls of which 23,040 children aged 6–23 months will be supported through the blanket supplementary feeding programme and 2,333 children aged 24 – 59 months with moderate acute malnutrition (MAM) will be treated.

Population displacement continues to complicate access to adequate and appropriate foods including suboptimal infant and young child feeding (IYCF). Limited access to health services including water hygiene and sanitation will increase acute malnutrition.

WFP, in partnership with a local NGO, finalized data collection on MUAC screening during the rapid emergency food security assessment (EFSA), the analysis is still ongoing. The findings from this assessment on the food security and nutrition situation will be available in February 2019. Different partners commenced screening and referral for treatment of SAM to children identified and UNICEF supported with supplies for management of SAM. Analysis of the information generated from the partner capacity mapping is currently ongoing.

Nutrition cluster coordination was initiated in SW with the first coordination meeting held in Buea on 16 January and with 27 organizations participating. Discussions focused on the evolving nutrition situation, gaps and capacity mapping in NW and SW. The nutrition cluster meeting for the North-West is planned to be held in late February 2019. To ensure synergies and integration between clusters, the nutrition cluster participated in the health and food security cluster coordination meetings and the ICC organized by OCHA. Lastly, the nutrition cluster has planned an orientation session on concepts of nutrition in emergency on the 19th February 2019 which to improve partners understanding of nutrition response in emergencies.

Protection

The Cluster includes more than 37 organizations and is sharing protection guidance materials and media clippings with all protection and humanitarian actors. Two Protection coordination meetings took place in January 2019.

The worsened security and living situation have resulted in serious violations of children's rights, such as access to health facilities, sexual violence, worst forms of child labour and harassment over lacking identification documents. Children continue to be one of the most affected population groups suffering severe deterioration of emotional wellbeing. Family separation and loss of identification documents are the major issues impacting children's access to basic services.

Urgent assistance is needed to reissue documentation to displaced persons. Providing SGBV awareness, case management, psychosocial support, capacity building and training is also critical. Assessments of the conditions of around 350,000 displaced people in South-West and North-West regions are urgently needed to obtain a comprehensive picture of their protection risks.

A Rapid Protection Assessment has been conducted by the Danish Refugee Council in the South-West region which included several components of Child Protection.

For the coverage of displacement areas, the initial outcome of the 5W protection mapping revealed actors are operating in five out of six divisions in South-West region: Fako, Meme, Manyu, Ndian and Lebalem.

Child Protection AoR

As a result of loss of identification documents during the crisis, children are not able to access basic services needed, but also, they are being harassed at check-points by both parties to the conflict, and their movement has been highly restricted. In response, several actors are collecting data and assisting in the issuance/reissuance of identification documents. CP AoR called for an ad-hoc meeting to further discuss this response and help create consolidated data collection tools and accumulative database of documented cases with the aim of facilitating the response.

During the reporting period, more than 5000 children have benefited from psychosocial support services in child-friendly and other secure spaces. Moreover, around 150 Unaccompanied and Separated Children (UASC) were additionally identified and/or placed in alternative care arrangements, out of which 80 were girls, and at least 3 children were reunified with their families. Finally, more than 600 children affected by the humanitarian crisis were registered in a data base and benefited from advocacy for the establishment/re-establishment of birth certificates and/or identification documents.

Child protection (CP) Area of Responsibility (AoR) held two meetings in January in Buea gathering more than 20 local and international organizations.

CP AoR organized a one-day workshop to develop a strategic workplan for the Child protection response in the South-West region. In addition, a four-day workshop was organised for its members in the region to raise their know-how and capacity on Child Protection in Emergencies and Child Protection Minimum Standards.

Access to Child Protection services is restricted mainly due to security concerns, restriction of movement and very limited in-depth primary data on child protection issues in the region.

GBV Sub-Cluster

Affected populations, especially women and girls, have experienced sexual violence and rape and require urgent medical and psycho-social assistance. The survivors, notably those in the remote areas, do not have access to any form of GBV services and are at risk of HIV, STIs, mental health issues as well as unwanted pregnancies that can increase risk of unsafe abortions. The GBV Sub-Cluster was launched in January and coordinates some 30-member organizations in the region.

A GBV rapid needs assessment is ongoing to identify the specific GBV risk and needs of the affected populations, in the sub-divisions of Limbe, Kumba, and Tiko in the South-West region. A similar assessment is ongoing in the Bamenda area in the North-West region. Capacity mapping of GBV services is ongoing which will support the development and dissemination of referral pathways.

Medical care and psychosocial support services, notably livelihood and psychological first aid, are the main response activities reported by GBV actors in the regions. Services are more concentrated in urban areas, where there appears to be relative security, than in the rural areas hosting a good number of IDPs with limited access to humanitarian assistance. In both regions, GBV prevention and mitigation activities are ongoing, including community awareness raising and distribution of dignity kits and other NFIs to the most vulnerable women and girls.

Shelter/NFI

According to Shelter Cluster partners, the destruction of houses continues, forcing people to flee their villages.

Self-settled populations are in high need of shelter and NFIs. Most of them live in makeshift shelters or in repurposed agricultural structures in the bush and forest. Extreme living conditions expose them to malaria and respiratory diseases.

It is estimated that 381,000 people need shelter assistance, and 418,000 people need NFI assistance. About 95 per cent of key informants interviewed during the recent Shelter and WASH Joint Needs Assessment communicated that the affected populations need shelter assistance. Depletion of the economic resources was highlighted as the key reason for the need of shelter and NFI support. The majority consider that they have access to a functional market. Partners have provided shelter assistance to 23,635 people, and 100,150 people have benefited from NFI distribution.

For displaced populations renting accommodation, and for the hosted and the hosts themselves, the situation of overcrowding is becoming gradually more concerning due to the limited access to sanitation facilities (67 per cent without any access) and increased number of people sharing facilities. Moreover, cohabitation problems have been reported extensively.

Shelter responses re being tailored to the specificities of the situation of different groups, including displaced population who are self-settled, hosted or renting, and non-displaced population living in damaged houses and the most vulnerable households hosting IDPs.

Water, Sanitation and Hygiene

The combined WASH /Shelter Assessment established that 50 per cent of both displaced and non-displaced key informants in urban, village and bush areas indicated a problem with access to sufficient quantities of water, most notably in remote areas. Only 20 per cent are accessing unimproved water sources and 93 per cent overall do not treat water.

The above findings accord with the Cluster's Strategic Operational Framework and its key objective of preventing a water borne disease outbreak. WASH Kits with Shelter NFI distributions are the first phase intervention. A recently completed capacity mapping exercise showed the main strengths of WASH actors as being hygiene promotion and household water treatment implemented alongside by requisite human resources, including community mobilisers.

The WASH Cluster hub has been established in the South-West region in Buea and held a meeting on 31 January, with participation of approximately 30 – 40 members. The North-West region hub in Bamenda needs to be reinforced as of February.

Logistics

The Cluster started mapping storage facilities throughout the North-West and South-West regions. To support organisations in finding storage options for relief items, a storage capacity map will be published on the Cameroon Logistics Cluster webpage once finalized.

With input from local organizations, the Cluster will continue to consolidate information on available transporters, available storage facilities and physical access constraints. The results will be shared with organisations once completed.

Access

OCHA is coordinating with partners to improve access to populations in need for humanitarian actors. In both regions OCHA engages the partners of established access working groups in analysing the various access constraints experienced and develops approaches to influence behaviour of the parties to the conflict obstructing access in the field.

A repository of required documents and administrative procedures is being developed to ensure compliance of humanitarian actors with government requirements. This is expected to minimise currently experienced harassment at official checkpoints and undue demands for information by field level officials.

Experience shared in both access working groups by operative actors has led to compiling of ground rules (dos 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. Appropriate communication measures will support this gradual process of opening and sustaining access.

In January, OCHA in collaboration with UNDSS and UNICEF, continued its exploration of the operational environment out of Buea and led access missions to Bonakanda and Lissoka. A mapping product was developed to communicate severity of access constraints to national and international stakeholders.

GAPS AND CONSTRAINTS

- Access for humanitarian actors to reach the most vulnerable, or for affected population to needed services, remains difficult. Progress can only be made in close collaboration with experienced local partners in both regions.
- Administrative measures imposed in both regions are yet to be clarified. There is sustained advocacy to reach a full understanding of humanitarian action that adheres to international standards and humanitarian principles.
- There is 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. Another important constraint is the reluctance to approve cash-based assistance.

- Shelter response continues to be significantly delayed compared to NFIs. Likewise, the response in the NW is behind the one in the SW. NW affected population has only received 17 per cent of the distributed NFI kits, and 7 per cent of shelter support provided so far.
- Considering the capacity of partners, functioning markets and resilience of affected populations, cash-based interventions seem a suitable modality for a large proportion of the response. Efforts are required to ensure acceptability.
- 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, threatening operations in the first half year of 2019. Partners of the Food Security Cluster have, through various consultations, raised several challenges and constraints to their response plans, including access, lack of sufficient actors (national/international partnerships opportunities), and capacity building needs for staff of local NGOs.
- Little is known of the nutrition situation in the two regions since neither standard SMART survey nor a rapid nutrition assessment has been carried out. This is due to limited access to the conflict-affected people – both IDPs and host population. 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 yet accessed funding to support the response in the regions and they are currently in discussion with donors.
- Weak capacity of GBV response requires urgent capacity building on key themes like case management, psychosocial support and clinical management of rape for all GBV actors in the regions.
- Overall the start of the implementation of the health response in both regions by the humanitarian community is slow as capacities and experience of humanitarian programming are limited, and security constraints are severe.
- Due 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) the shelter responses should be tailored to each of them.