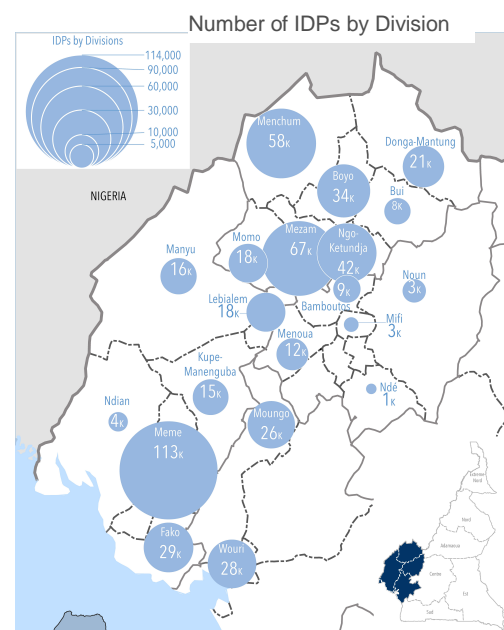


This report is produced by OCHA Cameroon in collaboration with humanitarian partners. It was issued on 26 June. It covers 1-30 May 2019.

HIGHLIGHTS

- Insecurity has forced more than 530,000 people to flee their homes. At least 444,000 people are displaced within the two regions. Continuous clashes and the burning of houses continue to cause further displacement.
- More than 380,000 people need shelter, and some 418,000 people non-food items (NFI) assistance.
- More than 80 per cent of schools have been closed leaving over 700,000 children out of school.
- Attacks on students, parents, teachers and other education personnel are occurring regularly, with 59 attacks reported as of 31 May for the 2018-2019 academic year.
- Protection monitoring in the North-West (NW) and South West (SW) regions revealed that over 715 persons were victims of serious human rights violations.
- 26 gender-based violence (GBV) incidents were recorded this reporting period by GBV partners, including 9 cases of rape.
- 3,972 persons were reached during this reporting period with GBV prevention and response services.
- Over 27,900 people were reached with WASH activities in the NW and SW regions.
- Essential healthcare was provided to more than 8,992 persons in both regions.



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.

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

Humanitarian

More than 530,000 people have been internally displaced in the two regions, as well as in the Littoral and West Regions, as of the end of April 2019. Furthermore, in Nigeria there are over 35,800 refugees with populations engaged in pendular cross-border movements to address their security and basic material needs.

While there was some political momentum in May to resolve the conflict, high levels of insecurity persisted, and the humanitarian response continues to be in the emergency phase.

Protection remains the key humanitarian concern. Clashes continue, and civilians are at risk of being caught in crossfire. Armed actors have continued to burn houses in several localities, especially in the NW, leaving many displaced and homeless. Human rights violations persist. There are indications that sexual violence, with a disproportionate impact on women and girls, is underreported.

Access to education is of critical concern. More than 80 per cent of schools have been closed and over 700,000 children have been forced to leave school. Attacks on students, parents, teachers and other education personnel are occurring regularly, with 59 attacks reported as of 31 May for the 2018-2019 academic year. Meanwhile, reports of the participation of children in armed groups are increasing.

The provision of healthcare remains a key challenge. Health facilities have been damaged or destroyed and many medical professionals have fled.

Humanitarian action was impeded in both regions by parties to the conflict. In NW, security forces seized humanitarian cargo, *inter alia* out of 'dual' use concerns and in SW humanitarians were detained by armed groups, in one case for several hours and in one case overnight.

Security

The security situation continues to be of serious concern with civilian casualties, destruction of property, abductions and the burning of houses and destruction of property.

Mass displacement continues. Following clashes between the military and non-state armed groups (NSAGs) on 2 May a large wave of displacement was witnessed from Donga-Mantung (NW) to the neighboring Adamawa region. As a result of fighting in Eshobi and Eyang-Etui from 18 to 20 May, hundreds of people moved to other communities. On the night between 30 and 31 May, gunmen reportedly attacked the Lake Nyos resettlement camp in Upkwa - Wum (NW), burning dozens of houses. The continuous clashes between security forces and NSAGs are leaving many civilians dead and injured. Over 25 civilian casualties, as well as the targeted killing of at least 12 civilians, were reported in different localities in both regions in May. On 21 May, a teacher was beheaded in Bamenda. Both the government and NSAGs have denied responsibility. Videos of civilians being tortured circulate on social media. Abductions of students by NSAGs and of arbitrary arrests by military personnel continue to be reported. Churches, health clinics, houses, shops and cars continue to be burned during the fighting as punitive and retaliatory measures.

Ghost towns continued in both regions every Monday throughout the month of May. Several lockdowns also took place in May, disrupting civilian and humanitarian activities in the two regions. A lockdown that started on 29 April aimed at preventing labour day festivities in the NW and SW ended on 1 May with several clashes between security forces and NSAGs. Lockdowns were declared on 10 May in Bamenda; on 14 and 15 in Buea; and on 16 in Kumba in response to the Prime Minister's visit. On 17 May, a ghost town was declared in response to the ongoing trial of opposition leadership and from 19 to 20 May to contest the marking of National Day.

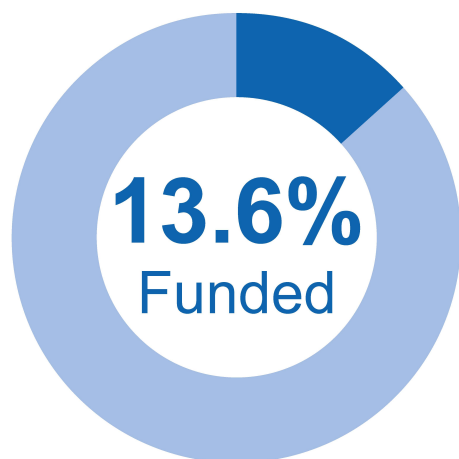
Political

The DDR commission continued to work in the regions. In Kumba, about 20 ex-combatants joined others who were received in Bamenda and Buea, bringing the number to about 90, according to the DDR commission.

A number of key high-level events and visits, highlighting the plight of the affected population, took place in May. The United Nations High Commissioner for Human Rights visited Cameroon from 1 – 4 May 2019. The UN Security Council held an Arria-formula meeting on the humanitarian situation in Cameroon on 13 May. Noting the rising violation of international law and human rights, panellists underlined the need for political dialogue, for greater humanitarian access, for an increase in funding and more engagement of the UN and regional organisations.

FUNDING

HRP funding in the NWSW 2019*



Funding by sector (in million US\$)

Clusters	Funded	Unmet	Coverage
Food Security	5.5M	33.6M	13.1%
Protection	4.7M	16.6M	22.1%
Shelter and NFI	1M	8.9M	10.5%
WASH	7.4M		0%
Health	5.3M		0%
Education	0.5M	2.9M	17.6%
Early Recovery	0.9M	2.8M	31.1%
Nutrition	2.1M		0%
Coordination	0.1M		100.6%
Multisector shared	0		N/A

*Funding as of 10 June 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

HUMANITARIAN RESPONSE

Education

The Education Cluster began its coordination activities in March 2019. Cluster and SAG meetings are regularly taking place in both Buea and Bamenda. Key education stakeholders have been consulted and a parallel coordination mechanism has been established to ensure their participation in the response.

UNESCO provided guidelines on data collection with regards to the situation of schools, students and education personnel. The Education Cluster is currently supporting a Comprehensive Education Needs Assessment (CENA), led by UNICEF. The data gathered from this assessment will inform the Education Cluster Strategy (2019-2020).

The first phase of the Education Clusters' response is expected to launch prior to the beginning of the 2019-2020 school year. UNESCO is working the University of Buea on an assessment of educational needs of children and youth affected by the crisis in the NW/SW regions with the aim to propose them appropriate education programmes. Meanwhile, Cluster partners are being trained on Education in Emergencies programming. UNESCO, in coordination with the Education Cluster, is working on intermediate solutions with regards distance learning, implicating multimedia technology. In June, partners will receive additional training, facilitated by UNESCO, on project development, health education and prevention of school-related gender-based violence.

The Education Cluster is actively engaging with donors to raise the profile of the education response, to mobilize funds, and to generate donor-led advocacy.

Food Security

In May, WFP together with implementing partners Reach Out and LUKMEF, reached 124,988 beneficiaries in both regions with food assistance. Urban assistance was reduced in order to reach more beneficiaries in rural and difficult to reach areas. The population was informed accordingly and accepted the vulnerability criteria. In SW, WFP and other Food Security Cluster (FSC) partners reached 85,222 individuals with food assistance, through in kind and e-voucher modalities. WFP's food basket has been adapted to better correspond to needs and habits of the targeted population. Complaints committees and a hotline number are available in all distribution sites. Complaints received concerned registration and enrollment procedures and requests were made to improve communication and distribution planning. Meanwhile, it was reported in focus group discussions that food distributions contributed to the improvement of the coexistence of IDPs and host households.

125k

beneficiaries reached in both regions with food assistance

In NW, WFP started its food assistance programme through general food distribution to the IDPs and vulnerable host households. The humanitarian situation is worrying in the division of Menchum (NW), particularly in Wum. Persons fleeing the violence continue to arrive in Bamenda town. WFP is working with partners to assess numbers and include the new IDPs in the June distribution cycle.

Distribution activities were complicated by heavy rains and the bad conditions of roads in both regions. In June, WFP plans to reach 80,000 beneficiaries in the SW (Meme, Fako and Manyu) and 45,000 in the NW (Mezam) through its implementing partners. There are plans to scale up as to reach as many as 125,000 in NW in July. Third Party Monitoring training is planned for the first week of June in Bamenda. In order to increase access to rural areas WFP is reviewing new partnerships with local organizations for general food distribution in both regions.

Preliminary findings of a food security needs assessment in NWSW conducted by NRC in May found that displaced persons continue to suffer from the consequences of having lost all their productive assets (seeds stocks, agricultural tools, livestock) and the higher prices for agricultural inputs. Under livelihoods activities, FAO has monitored 1,000 mini poultry units for eggs and meat production in both regions. In addition, a total of 15,827 broilers have been sold for the month of May. Incomes generated from this activity are used by vulnerable IDPs and host communities to pay health care bills and to purchase other food items to increase dietary diversity.

Humanitarian Principles in Action (also referred to as Red Lines) were shared and discussed against the backdrop of the coercion of local partners to pay a fee to be granted access to deliver aid to affected populations. Meanwhile, community leaders have been able to provide distribution teams with some level of protection against NSAGs and have prevented the escalation of tensions on distribution sites.

A Voucher and Cash Working Group was launched in NW, under the leadership of WFP. WFP plans to conduct multi-sectoral assessments to evaluate the feasibility of cash-based interventions (CBIs), taking into account the functionality of markets, acceptance and preference by beneficiaries, security, protection and risks associated with CBIs. The findings will inform the roll out of a pilot CBI for food assistance to a small caseload in urban and/or semi-urban areas. In addition, stakeholder consultations are currently ongoing regarding a school feeding program in both regions.

Health

Attacks on health care continue to be reported, with one resulting in the loss of life. Attacks on health care negatively affect the availability and functionality of health structures.

During the month of May, Health Cluster members reached 8,992 IDPs and vulnerable host communities' members in Mezam, Ngoketunjia, Meme, Ndian and Manyu divisions. WHO assured access to timely and essential health care to 2,237 persons through an implementing partner in the both regions. WHO clinical psychologists provided mental health assistance to 14 persons and trained 80 people on women's mental health in the SW. The Trauma surgeon deployed to Kumba performed 34 surgical procedures.

2,2k

people had access to timely and equitable package of essential healthcare in the NW and SW regions

WHO-trained community health workers assured epidemiological surveillance. A total of 16 health districts provided data on surveillance.

UNFPA distributed sexual and reproductive health kits to 1,236 persons in the NWSW regions. During the reporting period, 75 delivery kits and 1 cesarean kit were used by IDPs in Mt. Mary Hospital in Buea alone.

In May, UNICEF assured the distribution of 20,000 long lasting insecticidal nets in Meme division to 9,093 families through an implementing partner. 833 pregnant women received intermittent preventive treatment for malaria and iron/folic acid. UNICEF also assured the treatment of 245 children for diarrhoea, acute respiratory tract infection or malaria. A total of 4,321 families with children received treatment for diarrhoea, pneumonia and malaria.

Capacity building of local partners, an increase in health personnel and the mobilization of funds are necessary to cover serious gaps.

Nutrition

The nutrition results from the emergency food security assessment (EFSA) conducted by WFP and partners in January 2019 revealed a proxy GAM (global acute malnutrition) of 4.4% and 5.6% for the NW and SW, respectively. The findings from the mobile Vulnerability Analysis and Mapping (mVAM) showed that the majority of the children aged 6–23 months did not have access to nutritious food, thus are not meeting their nutrient need (over 80% did not meet the minimum acceptable diet in both regions). The Strategic Advisory Group (SAG) is currently discussing the target for management of acute malnutrition, considering capacity, resource availability and access.

4.4%

global acute malnutrition
in the North-West (EFSA
2019)

5.6%

global acute malnutrition
in the South-West (EFSA
2019)

16,250 children aged 6–23 months from the areas classified as food insecure will be targeted through blanket supplementary feeding. Additionally, 26,000 caregivers of children aged 0–23 months will be targeted for the promotion of appropriate infant and young children feeding in Emergencies (IYCF-E). The coverage of nutrition services remains low, mainly due to the limited presence of nutrition partners. The nutrition response is also negatively affected by movement restrictions due to the insecurity.

Several capacity building and development initiatives were undertaken to improve the capacity of partners. UNICEF supported an induction training on nutrition (a component of the rapid response mechanism – RRM) to ten participants from partner organization in SW with focus on screening, referral and case management of uncomplicated severe acute malnutrition (SAM). Additionally, the Nutrition Cluster, with support from UNICEF, conducted a one-day orientation session on nutrition in emergencies (NiE) on 29 May for 23 participants from 18 organizations operating in the NW. The main objective of the orientation session was to equip partners with concepts and approaches of nutrition response in emergency. In collaboration with the Health Cluster, the Nutrition Cluster is mapping health facilities that will be used as referral sites for inpatient care of SAM children with complication. Selected facilities will be prioritized for capacity-building, supplies, technical support etc.

The SAG is finalizing the Nutrition Cluster response plan and a validation workshop for partners in the SW is scheduled for 12 June. Discussion with partners has commenced on the integration of nutrition activities, such as a pilot multi-purpose voucher (Food, NFI and WASH kits) and the integration of social and behavioral change communications (SBCC) activities regarding the nutrition of pregnant and lactating women, infants and children. The Nutrition Cluster will continue to look for synergies with the Health, WASH and Food Security and Livelihood clusters.

Protection

In May, 715 protection incidents were recorded during six protection monitoring missions in both regions, as opposed to 946 in April. Reported incidents included unlawful killings, torture, inhuman treatment, arbitrary arrests and detention, destruction and extortion of property, theft, sexual and gender-based violence (SGBV), including rape, sexual assault and survival sex, emotional or psychological violence and forced recruitments. Among the 715 incidents reported, 26 are SGBV cases and 19 are child protection related. Several protection actors in four divisions are involved in addressing SGBV and child protection issues. In both regions, public services for SGBV, including in social and health centers, are available but only partially functional.

715

cases of protection
incidents identified during
the period of reporting

In the NW, the destruction and burning of houses particularly affected children and women. Many men and boys are still in the bushes, since they are most often targeted for forced recruitments.

In the SW young men and boys, suspected of being members or accomplices of NSAGs, are frequently arbitrarily arrested. Reasons for their arrests include non-possession of identification documents.

In May, the Protection Cluster carried out a feasibility mission to Santa (NW) to meet with community leaders to evaluate the security and humanitarian context, to map local referral structures and agree on protection monitoring in their various communities.

The Protection Cluster identified 27 out of the 445 IDPs in the Mezam division (NW) as vulnerable. 26 were recorded for emergency individual support. 29 Focused Group Discussions (FGDs) were conducted on the general conditions faced by the IDPs in their communities. 38 IDPs who lost their property/belongings were referred to be provided with NFIs. 30 were referred for makeshift shelters. Furthermore, assistance was provided to 53 separated children, lactating mothers, people injured from explosives and torture.

The Protection Cluster sensitized 45 IDPs in Lebialem (SW) on human rights violations and GBV. In Santa, Mezam division, two cases of rape and psychological violence were referred for psychosocial support. One rape case in Lebialem was referred to the Delegation of Social Welfare for psychosocial assistance.

Partners presented a protection analysis at the bi-weekly protection cluster meeting for SW, held on 8 May in Buea. The newly established SAG held its first meeting on 10 May.

On 22 May, UN Women organized a training on data collection necessary to elaborate a gender profile of affected populations. The meeting ended with the formalization of a network of cluster gender focal points.

Child Protection AoR

At least 600 cases of children who have lost their birth certificates during displacement were reported, mainly in the Kupe-Manenguba division (SW). The need to increase assistance to obtain civil status documents has been also raised in other divisions, especially with the school year approaching. Children are required to have at least a birth certificate to be enrolled. The lack of identity documents is also preventing pregnant women to access hospitals to deliver, forcing many to deliver in unhygienic environments where very little, if any, antenatal kits are available. Cases of infants and mothers dying in childbirth, mostly in the bush, have been reported.

19

cases of protection incidents identified during the period of reporting

Child Protection AoR members have also raised concerns regarding the situation of displaced children in urban settings. Some parents decided to return to their hometowns while leaving their children in uncompleted buildings due to a lack of access to services, mainly education, in their place of origin.

Child Protection actors delivered psychosocial support services to more than 12,000 children in their child friendly and other secure spaces. 1,800 cases of unaccompanied and separated children have been managed. Approximately 300 out of them have been placed in alternative care arrangements.

A three-day training on child protection in emergencies for more than 25 partners in the NW region was conducted.

GBV Sub-Cluster

There is a lack of GBV service providers in the entire Ndi division. Case management trainings for GBV psychological support providers and psychological first aid trainings for humanitarian partners to support GBV survivor referrals are urgently needed.

26

cases of protection incidents identified during the period of reporting

The GBV rapid risk assessment carried out by IRC in parts of the SW region in January 2019 revealed that over 85 per cent of women and girls experience rape, sexual assault and intimate partner violence, denial of resources and opportunities, psychological abuse, physical violence or child marriage. Over 70 per cent of the respondents indicated an increase in the number of GBV cases since the start of the crisis. Women aged 15 to 35 years are more exposed to abuse than older women. Many do not disclose GBV out of fear not to be believed.

IDPs are sharing shelters and are using the available water points, latrines, showers and other facilities of the host community, exposing women and girls to the risk of sexual violence. Trying to meet basic needs, women and girls encounter security risks and exploitation.

In May, GBV Sub-Cluster members reached 3,972 persons in need, including 2,625 women and girls, with lifesaving GBV prevention and response services. 1,500 dignity kits were prepositioned in both regions for distribution to women and girls of reproductive age.

To ensure that available services are known to beneficiaries, the mapping of GBV services was updated and a referral pathway drawn for the SW region.

Tools were developed to carry out quality and ethical quantitative data analysis to allow for the determination of trends to help inform action. In the coming month, partners will be orientated on how to use the tools.

Shelter

On 9 May, UNHCR and partner conducted a mission to Limbe to meet with IDPs and assess their housing situation and needs. They met with more than 25 families (205 individuals), most of them women, children and elderly. Most of the IDPs are in need of shelter or other humanitarian assistance.

As of 31 May, partners distributed 2,971 NFI kits in Fako, Meme and Manyu divisions (SW), reaching 600 households and 1,756 kits in the NW, reaching 400 households. A further distribution involved core relief items for 840 households in Bamenda 2 and 3 (NW). Partners also distributed 822 core relief items in Bomaka, Liongo, Malale and Ekona Yard (SW).

18 participants attended the Shelter Cluster coordination meeting in Buea on 8 May. UNHCR organized a two-day training workshop on humanitarian reforms, communication awareness and cluster operations from 29 to 30 May.

Water, Sanitation and Hygiene

In May, 38 WASH activities were implemented in the NW and SW regions reaching 27,988 people. Hygiene promotion programs reached 14,729 people, WASH NFIs were distributed to 9,319 people, sanitation programs benefited 640 people, 200 people were reached by water quality programs and 3,000 people were provided with water supply.

Partners implemented WASH activities in the NW reaching a total of 7,923 beneficiaries and completed spring protection works in Bui division reaching 3,000 people. In the Mezam division (NW), partners reached 4,180 beneficiaries through distribution of minimum WASH kits (1,151 individuals) and sanitation and hygiene promotions (3,029 people). Partners distributed complete WASH kits to 23 beneficiaries and minimum WASH kits to 200 people. Partners also reached 320 people through the promotion of good practices of hand washing (318 people) and latrine maintenance and cleaning (2 people) and in Momo division, partners carried out bucket chlorination at water points benefiting 200 people.

In the SW region, 20,065 people were reached through activities. In the Fako division, partners constructed emergency bathing facilities benefitting 160 people and emergency/trench latrines for 160 people. These activities were accompanied by sanitation and hygiene promotions (community sensitization) that reached 6,650 people. Partners distributed minimum WASH kits (laundry soap, bathing soap, sanitary pads, underwear) which benefited 2,965 people. In the Meme division, 10,130 beneficiaries were reached. Partners distributed complete WASH kits benefiting 4,880 people, reached 200 people through distribution of minimum WASH kits and carried out sanitation and hygiene promotions (community sensitization) reaching 5,050 people.

28k

people reached with
WASH activities in the
NW and SW regions

GAPS AND CONSTRAINTS

Overall the implementation of the response in both regions by the humanitarian community is slow as capacities are limited, and the security situation remains volatile and unpredictable.

- Limited funding and short-term contracts are slowing down the humanitarian intervention.

- A reprioritization of resources is necessary, as response levels in the NW continue to be significantly lower than that in the SW even though needs are confirmed to be higher in the NW.
- Local partners have been successful in distributing in rural areas, including to those living in temporary settlements in remote locations – often inaccessible by 4-wheel drive vehicles. However, access remains challenging for sustained community-based programming. Few international organizations have sufficiently robust risk management approaches to ensure field presence.
- Advocacy on international standards and humanitarian principles for relevant interlocutors to reach a full understanding of humanitarian action continues but needs to be reinforced.
- The lack of reliable information on physical access constraints, transport capacity and upcoming cargo pipelines hinders the efficiency of the response.
- The volatile and unpredictable security situation hampers access to all locations of IDPs and affected communities, particularly those hiding in remote areas and in the bush. The numerous lockdowns and ghost town days greatly hinder humanitarian and protection activities in the fields in both regions. The insecurity also increases transportation costs of relief items.
- The poor telephone network and limited electricity supply in some areas delay the sharing of real time information about security threats and related incidents.
- Repeated monitoring without response in many areas has created frustration and discouraged beneficiaries.
- While progress is being made on the development of acceptable approaches to voucher, cash and mobile money distribution, further work is required to enable scaled-up implementation.
- Multiple displacements of IDPs make building trust difficult and distributions challenging.
- Resources are urgently required to build the capacity of local NGO staff.
- Many localities do not have any GBV services at all, while some only have limited services.
- The coverage of nutrition services remains low, especially in the NW region, mainly due to the limited presence of nutrition partners.

Access

- Adopting a unified approach by all humanitarian actors is critical to gaining acceptance and credibility of principled humanitarian operations and to create humanitarian space.
- OCHA is coordinating with partners to improve humanitarian access to populations in need. Bilateral support was provided to interested partners to increase operational understanding. Networking with clerics was particularly crucial in this regard.

GENERAL COORDINATION

The humanitarian community continues to work towards a principled approach to scaling up delivery of urgently needed assistance. Humanitarian coordination forums and inter-cluster coordination meetings were held in both regions. From 23 – 24 May, sector leads from Yaoundé met with cluster leads from Buea in an Inter-Sector/Inter-Cluster meeting. Seven of the eight activated clusters, and the Areas of Responsibility (AoR) for Child Protection and Gender Based Violence were functional during the month.

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