

HUMANITARIAN NEEDS OVERVIEW CAMEROON

HUMANITARIAN
PROGRAMME CYCLE
2020

ISSUED JUNE 2020



About

This document is consolidated by OCHA on behalf of the Humanitarian Country Team and partners. It provides a shared understanding of the crisis, including the most pressing humanitarian need and the estimated number of people who need assistance. It represents a consolidated evidence base and helps inform joint strategic response planning.

The designations employed and the presentation of material in the report do not imply the expression of any opinion whatsoever on the part of the Secretariat of the United Nations concerning the legal status of any country, territory, city or area or of its authorities, or concerning the delimitation of its frontiers or boundaries.

PHOTO ON COVER

DOUALA/LITTORAL, CAMEROON

Child at the Maria Colomba orphanage

Photo: UNICEF/Cameroon

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OCHA coordinates humanitarian action to ensure crisis-affected people receive the assistance and protection they need. It works to overcome obstacles that impede humanitarian assistance from reaching people affected by crises, and provides leadership in mobilizing assistance and resources on behalf of the humanitarian system.

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www.humanitarianresponse.info/en/operations/cameroon



Humanitarian InSight supports decision-makers by giving them access to key humanitarian data. It provides the latest verified information on needs and delivery of the humanitarian response as well as financial contributions.

www.hum-insight.com



The Financial Tracking Service (FTS) is the primary provider of continuously updated data on global humanitarian funding, and is a major contributor to strategic decision making by highlighting gaps and priorities, thus contributing to effective, efficient and principled humanitarian assistance.

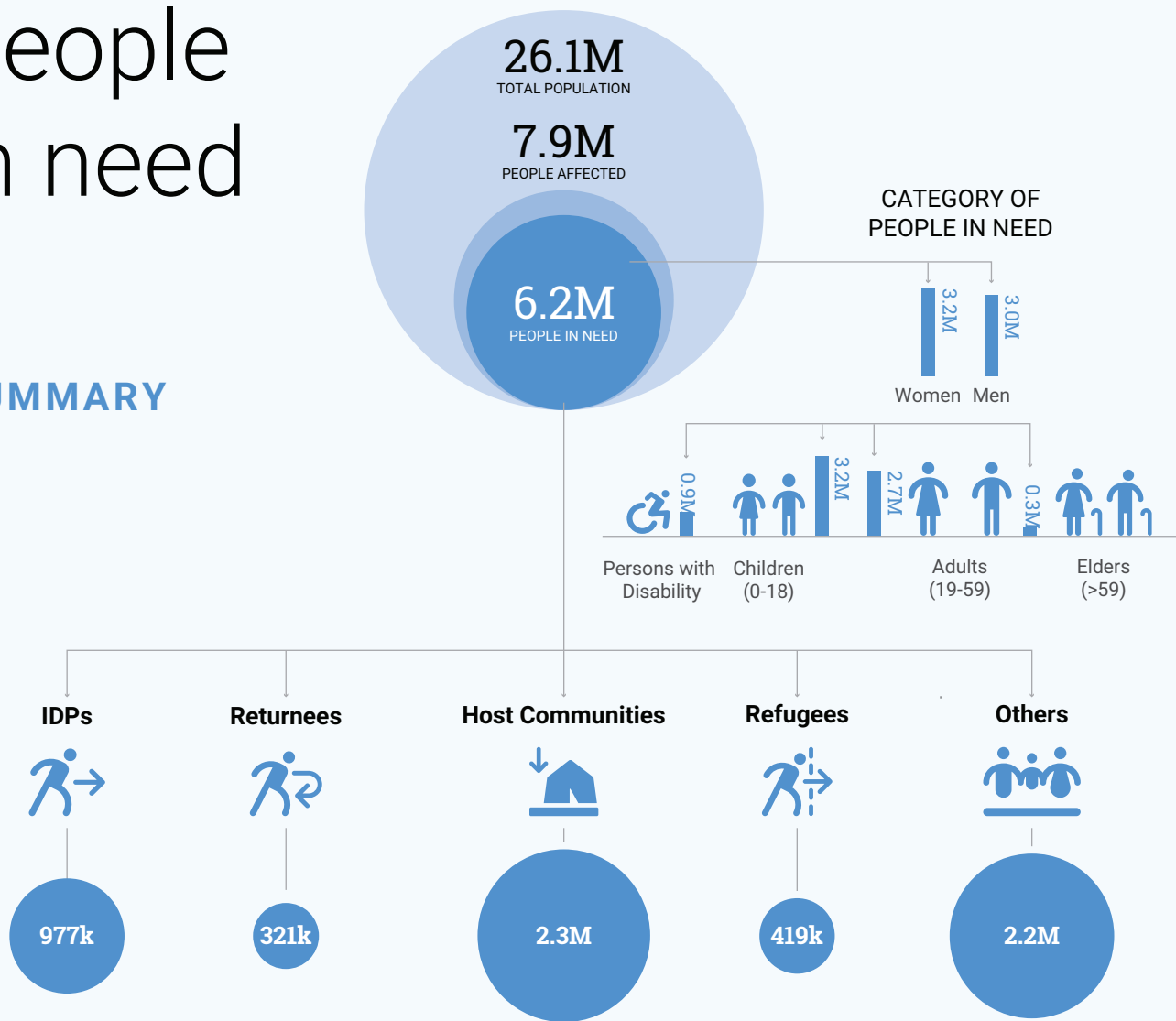
fts.org/appeals/2020

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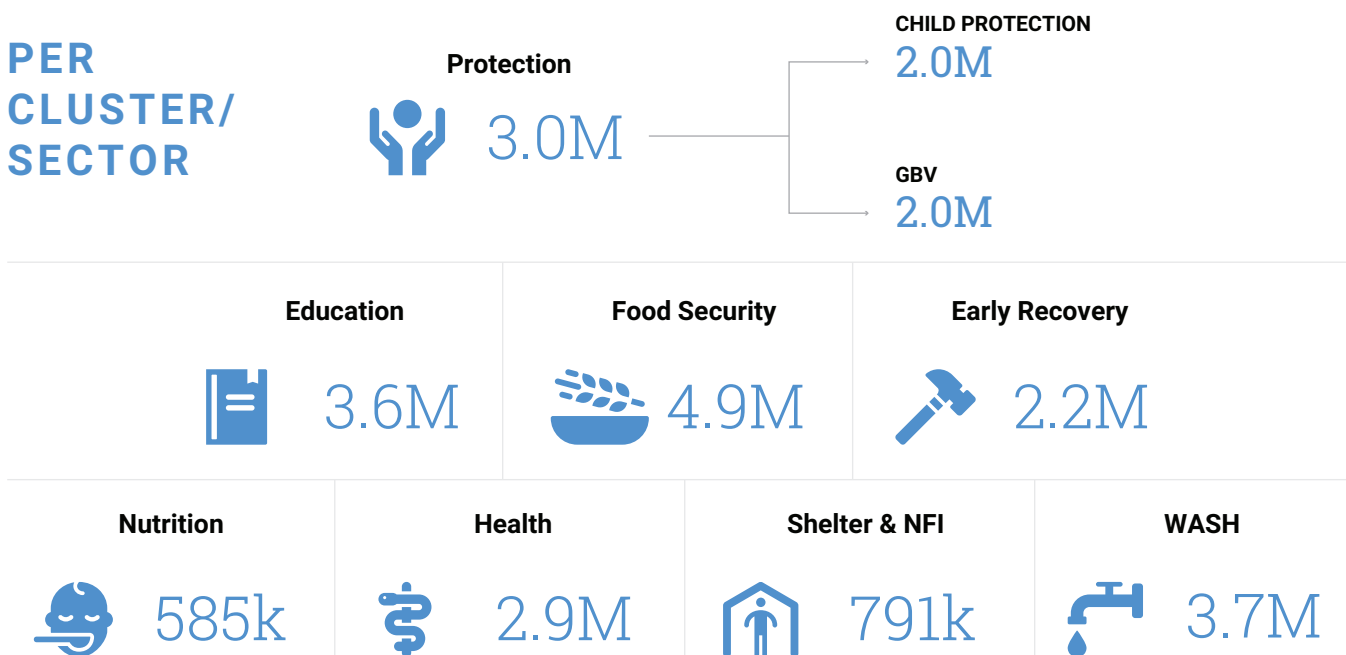
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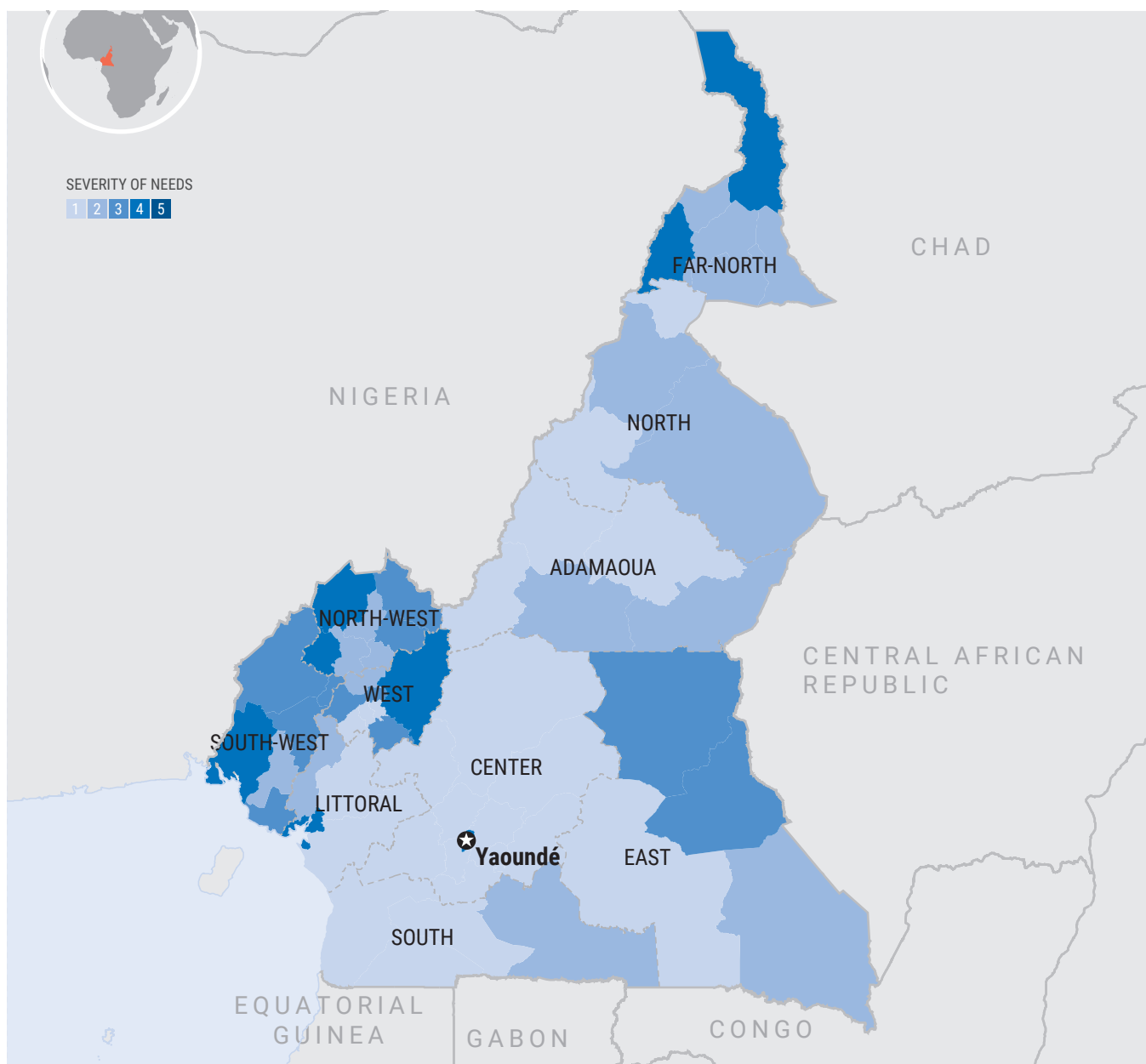
People in need

SUMMARY



PER CLUSTER/ SECTOR





Humanitarian needs

TOTAL POPULATION

26.1M

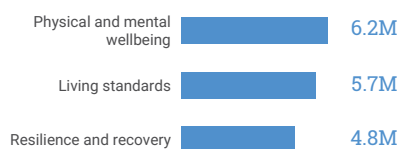
PEOPLE AFFECTED

7.9M

PEOPLE IN NEED

6.2M

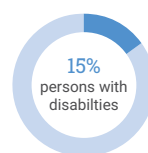
by Humanitarian Consequences



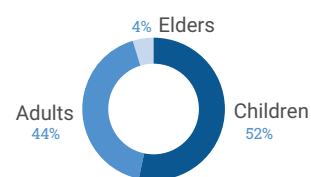
by Gender



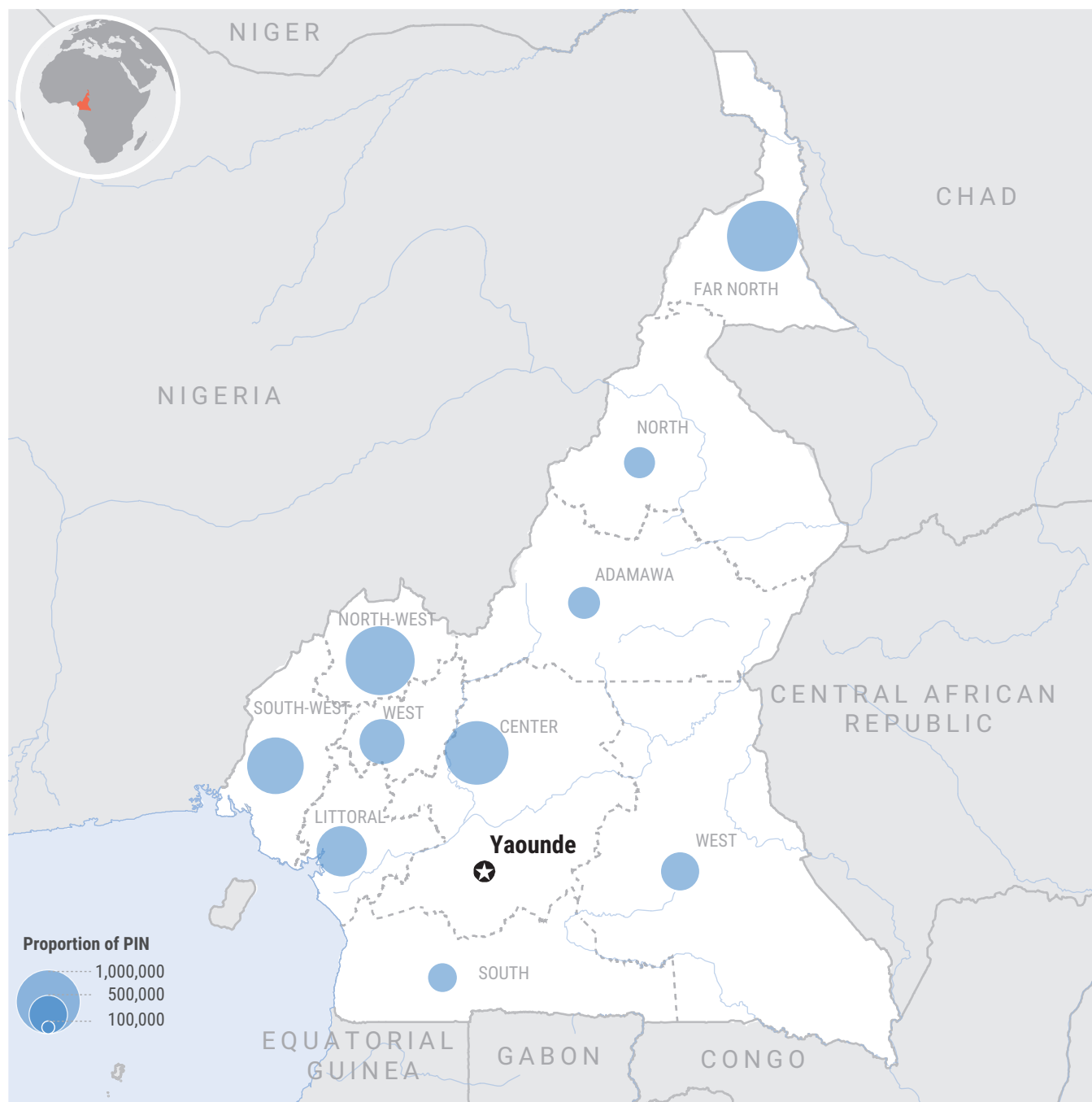
Special Needs



by Age



Overview map



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Summary of Humanitarian Needs

In 2020, 6.2 million people in Cameroon need humanitarian assistance. The COVID-19 pandemic, which broke out in Cameroon in March 2020, affects the whole country, increasing the number of people in need of assistance and exacerbating the needs of people already affected by humanitarian crisis.

In the Far North, the Boko Haram insurgency, compounded by chronic vulnerability and the growing impact of climate change, has left 1.2 million people in need of urgent assistance. Cameroon is the second most-affected country by the Boko Haram violence in the Lake Chad Basin. 527,000 persons are displaced¹ and face significant protection risks. Local communities, whose pre-existing vulnerabilities have been exacerbated by these arrivals, the escalating violence and the disruption of livelihoods and basic social services, are also in need of support.

In November 2017, tensions in the North West and South West regions turned into violence with dramatic humanitarian consequences. Almost 680,000 Cameroonians are now internally displaced.² An additional 58,000 people have sought refuge in neighboring Nigeria.³ 80% of health and education services in the two

1 112,228 refugees from Nigeria (UNHCR, March 2020); 116,979 returnees (IOM DTM from December 2019); 297,380 IDPs (IOM DTM from December 2019).

2 450,268 in NWSW (MSNA, August 2019); 5,300 in Adamawa (MIRA, July 2019); 200,189 in Littoral and in the Western part (MIRA, October 2019); 23,640 in Yaoundé, Center (MIRA, November 2019).

3 8,152 refugees from Cameroon in Nigeria (UNHCR, March 2020).

regions were non-functioning even before the COVID-19 outbreak. IDPs and host communities, particularly in rural areas, need immediate protection, food, shelter/NFI, water and sanitation assistance.

To the east, Cameroon continues to provide refuge to over 272,000 vulnerable refugees from the Central African Republic (CAR).⁴ Access to livelihoods, food, WASH, health services and education remains limited. Despite the signature of a tripartite agreement between CAR, Cameroon and UNHCR, prospects for large-scale return are not immediate and voluntary returns facilitated by UNHCR were put to a halt in light of COVID-19.

In March 2020, a fourth crisis occurred; the COVID-19 pandemic. An additional 2.3 million people are estimated to be in need of humanitarian assistance due to the impact of COVID-19, bring the total number of people in need from 3.9 million prior to the COVID-19 outbreak to 6.2 million.

In the hard-hit areas of Cameroon, humanitarian needs are compounded by the chronic vulnerability of people, structures and services. Reversing the deepening inequality⁵ and growing fragility of the country through sustainable development, conflict resolution and peace building efforts must go hand in hand with the humanitarian response.

4 272,173 CAR refugees (UNHCR, March 2020).

5 The country ranked 141st out of 189 on UNDPs 2017 Gender inequality index.

Critical problems related to physical and mental wellbeing

PEOPLE IN NEED	WOMEN	CHILDREN	WITH DISABILITIES
6.2M	52%	52%	15%
HUMANITARIAN CONSEQUENCE	PEOPLE IN NEED	MOST VULNERABLE GROUPS	ASSOCIATED FACTORS
Critical problems of the population in the Far North related to physical and mental wellbeing	1.2M	Children, Women; Refugees, IDPs, Returnees and Host Populations	Insecurity, displacement, limited or no access to drinking water, basic services and land
Critical problems of the population affected by the crisis in the North West and South West regions related to physical and mental wellbeing	3M	Children, Adolescents, Women, esp. pregnant and lactating women and women and children headed households	Insecurity, displacement, limited or no access to drinking water, basic services and land
Critical problems of the population in the East, Adamawa and North regions related to physical and mental wellbeing	770k	Children, Adolescents, especially girls, Pregnant and lactating women; Refugees	Limited access to drinking water and to basic services, scarcity of economic opportunities, poverty, gender inequality

Critical problems related to living standards

PEOPLE IN NEED	WOMEN	CHILDREN	WITH DISABILITIES
5.7M	51%	66%	15%
HUMANITARIAN CONSEQUENCE	PEOPLE IN NEED	MOST VULNERABLE GROUPS	ASSOCIATED FACTORS
Critical problems of the population in the Far North related to living standards	1.6M	Children, Women; Refugees, IDPs, Returnees and Host Populations	Insecurity, displacement, weak access to basic water and sanitation services, gender related soci-cultural barriers, poverty
Critical problems of the population affected by the crisis in the North West and South West regions	2.6M	Women and girls, People with disabilities, IDPs, Returnees, Host families	Insecurity, displacement, limited access to basic services
Critical problems of the population in the East, Adamawa and North regions related to living standards	1M	Women and girls, Refugees	Limited access to health, WASH, education and legal services

Critical problems related to resilience and recovery

PEOPLE IN NEED	WOMEN	CHILDREN	WITH DISABILITIES
4.8M	51%	48%	15%
HUMANITARIAN CONSEQUENCE	PEOPLE IN NEED	MOST VULNERABLE GROUPS	ASSOCIATED FACTORS
Critical problems of the population in the Far North related to resilience and recovery	703k	IDPs, Refugees, Returnees, Host Population	Displacement, pressure on existing resources, limited access to land
Critical problems of the population affected by the crisis in the North West and South West regions	2.6M	IDPs, Host Population, Women, adolescents	Limited access to employment and loss of livelihoods due to insecurity and displacement
Critical problems of the population in the East, Adamawa and North regions related to resilience and recovery	386k	Refugees	Limited economic opportunities, weak basic social services

Part 1

Crisis Impact and Humanitarian Consequences

FOOD DISTRIBUTION CENTER/SOUTH WEST, FAR-NORTH REGION, CAMEROON

Internally Displaced woman who fled her village and found refuge near Mora in the Far-North Region. Photo: Emmanuel FOUKOU/UNRCO CAMEROON



1.1

Context of the Crisis

Cameroon is affected by four, concurrent, complex humanitarian situations: Boko Haram violence in the Far North region; growing humanitarian needs resulting from hostilities in the North West and South West regions with spillover effects in the West and Littoral regions; consequences of the influx of refugees from the Central African Republic into the eastern regions (Adamawa, North and East) and the COVID-19 outbreak affecting the entire territory of Cameroon. Humanitarian needs are compounded by structural development deficits and chronic vulnerabilities that further challenge the long-term recovery of affected people.

The Coronavirus disease 2019 (COVID-19), an infectious disease caused by severe acute respiratory syndrome, was first identified in December 2019 in Wuhan, the capital of China's Hubei province, and has since spread globally, resulting in the ongoing COVID-19 pandemic. On 30 January, the World Health Organization (WHO) declared the 2019-20 coronavirus outbreak a Public Health Emergency of International Concern (PHEIC) and on 11 March 2020 a pandemic. Local transmission of the disease has been recorded in many countries across all six WHO regions. As of 25 May 2020, over 5.3 million cases have been reported in 214 countries, territories and areas, with 54 in Africa, resulting in more than 340,000 deaths.

On 05 March 2020, the first case of COVID-19 was confirmed in Cameroon. Despite stringent measures taken by the Government so far, the epidemic continues to progress. As of 25 May, there were 4,800 cases confirmed, with 177 deaths (case fatality rate 3.7%). All ten regions of the country are affected: on 29 April, the first case was confirmed in the Far North region.

Political, socio-cultural, demographic and economic profiles

The armed conflict in the Lake Chad Basin and the crisis in the North West and South West regions have significantly destabilized the socio-political environment in Cameroon. Despite a relatively diversified economy (agriculture, forestry, raw material extraction and some transformation industry) and a dynamic private sector, Cameroon's economic growth (around 3-4%) has been lagging behind.

In the Far North, particularly in the Lake Chad area, the economic context is marked by poverty, the lack of natural and financial resources and market opportunities, and a drastic reduction in agriculture, livestock and tourist activities due to prevalent insecurity.

In the North West and South West, on-going violence has had a major impact on the economy. Cultivable and grazing areas have been reduced more and more in recent years, due to demographic pressure, but also to insecurity and population displacement. Trade with neighboring countries, especially Nigeria, is becoming increasingly difficult.

On 23 March, the UN Secretary-General urged warring parties across the world to lay down their weapons in support of the bigger battle against COVID-19. He highlighted that the ceasefire would allow humanitarians to reach populations that are most vulnerable to the spread of COVID-19. In the North West and South West regions, one non-state armed group declared its adherence to the Secretary-General's call. Other non-state armed groups rejected a unilateral ceasefire, demanding a negotiated ceasefire also applicable to the Cameroon defense forces. Meanwhile, in the Far North, Boko Haram violence intensified, leading to an increase in displacement.

The COVID-19 pandemic is far more than a health crisis: it is affecting societies and economies at their core, destroying lives and livelihoods and eroding the basis for ending poverty and achieving the Sustainable Development Goals (SDGs).

As Cameroon's main trading partners – China and countries from the European Union – are most affected by the COVID-19 pandemic, it is likely to suffer from falling prices for its main export products. As factories are closing throughout the world, reduction in demand of raw material will impact on-oil exports of all Central Africa countries. A drop in oil prices could mean massive losses in export revenue for Cameroon's economy. Budget cuts will lead to a reduction in social protection programs and an increase in vulnerabilities. Significant job losses, particularly in the informal sector where job protection is weaker, can be expected. Cameroon has high levels of inequalities, with poverty rates as high as 74% in some regions, and this is likely to increase.

The crippling effects of COVID-19 will have a major and long-lasting impact on the social, economic, human rights, security and political sectors. Lockdowns will be hard to sustain unless the Government can provide a generous safety net. The private sector needs credit to avoid laying off staff. Informal workers need cash to tide them over. Unfortunately, the country does not have the means to provide all the above.

Security environment

Insecurity is widespread in the Lake Chad region, due to incursions and attacks by non-state armed groups (by the Islamic State in the West African Province in the Lake Chad Basin area and further south by the group Jama'atu Ahlus-Sunnah Lidda'Awati Wal Jihad (JAS), also known as Boko Haram). In late 2019 and 2020 the security situation in the Far North further deteriorated, with an increase in attacks by Boko Haram, including suicide attacks. In the North West and South West regions, high levels of insecurity continue. The presence of national security structures – police, gendarmerie, army – is concentrated along the main roads and cities while non-state armed groups are more present in rural areas.

Other parts of Cameroon remain stable and offer relative security, therefore welcoming many refugees and internally displaced persons from other regions (including people from the North West and South West regions fleeing violence) and neighboring countries. However, there has been an increase in incidents including urban crime, kidnappings, the phenomenon of robbers and community clashes. Certain incidents such as kidnappings are mainly reported in the border area with CAR.

The loss of jobs and income due to Government measures taken to combat COVID-19 poses an additional security threat, especially in major towns and cities, as it could encourage banditry in the absence of mitigation measures.

Existing legal and policy frameworks

Judicial services exist in the country. However, access to the judiciary system is challenging in remote areas affected by conflict and crisis. Traditional chiefdoms are auxiliaries to the administration and the justice system. The presence of the administration and of traditional authorities has been significantly affected by insecurity.

The COVID-19 outbreak and Government measures to combat the disease, including social distancing measures, is further slowing down administrative and judicial services.

Infrastructure and technology

Cameroon has nearly 78,000 km of main roads, including 5,133 asphalted km, however particularly in the Far North this road network is severely degraded significantly impacting humanitarian access,

especially in the rainy season. The electricity network remains very weak, the overall rate of household electrification is less than 15% and covers only a few localities. The telephone network excludes certain rural areas.

The penetration level of information and communications technology stands at only 30%. The planned continuation of educational activities online as schools are closed because of COVID-19 thus risk to further deepen social inequalities, with a large majority of children unable to benefit from such programs due to a lack of access to internet and/or a computer.

Environmental Profile

Cameroon is exposed to climatic hazards and natural disasters (low or high rainfall depending on the season and the regions), drought, floods, landslide, fire. The country is experiencing strong pressure on natural resources (wood, water, raffia palm groves, etc.) and mining. Bush fires, which are often used to clear plots of land during the dry season, are a major risk of environmental destruction. The rainy season also regularly causes damage to houses, crops and road infrastructure. About 80,000 people were affected by the floods in the Far North from October 2019 onwards. Pollution resulting from the exploitation of minerals and wood and the use of pesticides and insecticides in agriculture is increasing.

The inter-relation between COVID-19 and the environment is not well known. The only certainty is the negative impact of pollution on the severity of the disease. Therefore, preparedness should continue to be strengthened.

MINAWAO/FAR NORTH, CAMEROON

Nigerian refugees line up for food distributions in the Minawao Nigerian refugees' camp. Photo: WFP/JONATHAN DEROGOH



1.2

Impact of the Crisis

Far North

Cameroon is the most affected country by the conflict in the Lake Chad Basin, after Nigeria. Since the beginning of 2019, the Far North region has seen a sharp upsurge in violence. Ongoing hostilities have displaced 527,000 people (112,000 refugees,⁶ 297,000 IDPs⁷ and 117,000 returnees⁸ and continue to steadily push more people to flee their villages. The number of IDPs increased from 228,000 in October 2018 to 271,000 in August 2019 and to 297,000 in December 2019. The affected population is regularly subjected to armed attacks, kidnappings, including kidnapping of children, looting and destruction of property and infrastructure. Beyond the common perception that girls and women are the overwhelming majority of those facing security threats, both halves of the population are affected. While girls and women are particularly vulnerable due to the combined effect of gender discrimination and socio-economic vulnerability caused by the crisis, leading to specific threats against them (in particular gender-based violence), boys and men are more exposed to arbitrary arrests, forced recruitment and physical violence.

The sensitization and response efforts to combat COVID-19 will be limited in conflict affected areas and the risk of transmission is increased by uncontrolled cross-border movement between Nigeria and Cameroon.

North West and South West

In the North West and South West, the socio-political crisis, now entering its fourth year, has led to massive population displacements, increasing the vulnerabilities of people who have often left their villages to live in the bush since the beginning of the crisis. As of August 2019, 450,000 internally displaced persons have been registered in the two regions, as well as 204,000 returnees.⁹ As of 31 March 2020, 58,000 Cameroonians are registered as refugees in Nigeria.¹⁰ The largest numbers of IDPs are registered in the divisions of Meme (SO), Mezam (NO), Ngo-Ketunjia (NO) and Fako (SO). 52% of the displaced are women. According to the latest Multi-Sectorial-Needs-Assessment (MSNA) of August 2019, 44.5% of IDPs are children (96,472 girls and 95,031 boys). It is also estimated that 200,000 have fled to the neighboring regions of Littoral and the West.¹¹

⁶ 112,228 refugees from Nigeria (UNHCR, March 2020).

⁷ 297,380 IDPs (IOM DTM from December 2019).

⁸ 116,979 returnees (IOM DTM from December 2019).

⁹ MSNA August 2019.

¹⁰ 58,152 refugees from Cameroon in Nigeria (UNHCR, March 2020).

¹¹ 5,300 in Adamawa (MIRA, July 2019); 200,189 in Littoral and in the Western part (MIRA, October 2019);

The COVID-19 outbreak is rendering the provision of humanitarian aid to the population affected by violence even more challenging. Furthermore, COVID-19 prevention and response activities are limited to main cities under Government control. Continuous population movement is an aggravating factor for the spread of the virus.

Adamawa, North and East

In the eastern and northern regions, Cameroon hosts 272,000 refugees from the Central African Republic (CAR),¹² 51.5% of whom are girls and women. The influx of refugees is putting significant pressure on the already limited natural resources and basic social services in the host areas, exacerbating pre-existing vulnerabilities, particularly affecting women and children and single female-headed households. The gradual decline in humanitarian assistance and the insufficient level of funding for development projects further affect the vulnerabilities of refugees. Prospects for return to the Central African Republic remain uncertain, as the security situation continues to be unstable. There was, however, a plan for the voluntary return of 4,000 refugees in 2019 which was almost achieved and 10,000 in 2020. As of 11 March 2020, 3,809 refugees had been repatriated by UNHCR to CAR. 3,309 were repatriated in 2019 and 500 in 2020. With the outbreak of the COVID-19 pandemic, UNHCR put the repatriation process on hold.

COVID-19

Health impact:

It is highly probable that the effects of the COVID-19 pandemic will lead to high numbers of cases in zones already affected by a humanitarian crisis and to increased mortality rates among the most vulnerable groups such as IDPs, returnees, refugees and host communities, the elderly and individuals with defined risk factors. While the population is advised to regularly wash hands and self-isolate, there are limitations for the people living in IDP and refugee sites, as well as informal settlements. Overcrowded shelter conditions, weak health care service provision and a lack of access to water supply and sanitation facilities can greatly increase the spread of COVID-19.

The health system of Cameroon does not have the capacity to efficiently test and treat the increasing COVID-19 cases. Furthermore, the continuous increase in the number of confirmed cases is most likely going to lead to decreased attention to the treatment of other pathologies such as malaria and malnutrition. Increasing budgetary

23,640 in Yaoundé, Center (MIRA, November 2019).

¹² 272,173 CAR refugees (UNHCR, March 2020).

needs for COVID-19 will likely also affect corresponding health services like immunization, sexual and reproductive health, especially in the major cities like Yaoundé, Douala, Buea, Bafoussam and Bertoua. Illnesses from vaccine-preventable diseases are expected to rise in the coming weeks as COVID-19 restrictions derail routine immunization campaigns. With the COVID-19 outbreak, access to HIV, sexual and reproductive health services and products will eventually become increasingly challenging: Scarce resources may be diverted to the outbreak response, with a shortage of health professionals, contraceptive products and financial resources to support sexual and reproductive health (SRH), HIV, and GBV services.

The impact of increased community transmission will be high, especially once healthcare capacity is exceeded or if hospitals are affected and a large number of healthcare workers need to be isolated or become infected. Uncertainty remains about the extent to which the prevention and control measures introduced may slow down the rate of transmission. The probability of continued transmission in Cameroon in the coming weeks remains very high.

Unsuccessful initial control will lead to overwhelmed health systems. If the case growth is not properly contained, hospital capacity will be overwhelmed and the disproportionate impact on healthcare workers and lack of flexibility in the system might create a vicious cycle that makes it harder to bring the epidemic under control.

MORA/FAR-NORTH, CAMEROON

Little boy in internally displaced persons settlement, near Mora, in the Far-North region. Photo: UNRCO/EMANUEL FOUKOU

Non-health impact:

Non-health related impacts on vulnerable groups in urban centers are being observed as the demand of goods and services is suffering from consumer spending cuts. The negative effects of the Government measures introduced on 17 March are leading to economic downturn with the disruption of markets and education services. Substantial disruptions of humanitarian operations in the areas affected by a humanitarian crisis will increase the impact on the already affected population.

Violence against women and girls is a preoccupying reality in Cameroon.¹³ Rates and severity of domestic violence, including sexual violence, will likely surge as tension, in relation to the pandemic, rises.¹⁴ Stress, alcohol consumption, and financial difficulties are all considered triggers for violence in the home, and quarantine measures which might be imposed would increase all three. Economic hardship will not allow women to fulfill their responsibilities for procuring and cooking food for the family, causing household tensions and increasing risks of violence. Mobility restrictions (social distancing, self-isolation, extreme lockdown, or quarantine) will also increase survivors' vulnerability to abuse and need for protection services. Escape will be more difficult as the abusive partner and/or parent will be at home all the time. Accessibility of protection services will decline if extreme lockdown is imposed or if public resources are diverted.

¹³ In Cameroon, 43.2% of women in union are confronted with domestic violence. 39.8% and 14.5% respectively face emotional and sexual violence. Overall, 56.4% of women in union experienced at least one of these forms of violence (Annuaire Statistique MINPROFF; CARE & PLAN International).

¹⁴ Rights activists in China, reported that domestic violence cases have risen dramatically as people across much of the country have been quarantined during the Coronavirus outbreak.



Impact on systems and services

Far North

The instability in the region continues to exacerbate the already limited access to basic social services, particularly with regard to the health and education system. Access has been further constrained due to widespread insecurity - leading inter alia to the flight of education and health personnel - the destruction of basic infrastructure, and the lack of health services present to deal with war injuries and psychosocial trauma related to violence, including sexual violence and rape. The lack of health facilities promotes the spread of epidemics such as cholera, polio and measles which are recurrent, and of COVID-19, and particularly affect the weakest, children and the elderly.

North West and South West

The crisis in the North West and South West has had a major impact on the Education Sector. Over the past three years, insecurity, displacement of teachers, threats and attacks on infrastructure and education personnel have left 850,000 school-aged children out of school. In November 2019, 90% of public primary schools and 77% of public secondary schools remained closed or ceased to operate. It is estimated that in October 2019, 30,000 pupils were integrated into primary schools in neighboring regions (Littoral and Ouest), which resulted in an overload of the existing educational capacity in these regions, with classrooms of up to 200 children. The hard-gained progress in access to learning, over the last year, has been reversed by the COVID-19 outbreak. In an attempt to contain the spread of the COVID-19 pandemic, all 6,400 schools and 4,200 community learning centers in the two regions have been

temporarily closed since 18 March 2020. An estimated 1,033,000 school aged children are forced to stay at home due to the COVID-19 outbreak and the ongoing conflict.

Attacks on medical personnel and infrastructure have become another feature of the crisis with the closure of more than 35% of all health facilities and many of the remaining not functioning at full capacity. As a result, maternal and child mortality rates have increased, and an average of only 12% of women give birth in health centers. Lack of access to contraceptive methods, combined with poor coverage of sexual and reproductive health services, lead to early pregnancy, unsafe abortion and sexually transmitted diseases. Children's nutritional status is deteriorating due to multiple health and food insecurity issues. Global Acute Malnutrition (GAM) in the South West is 7.3% and in North West 5%. Severe Acute Malnutrition (SAM) is 2.7% in the South West and 2.1% in the North West. People living with HIV who were on Antiretroviral (ARV) drugs can no longer access drugs when they take refuge in the bush, increasing the risk of infection.

People in rural or hard-to-reach areas are most affected due to limited or no access to basic medical services. This population is mainly composed of women and children. In terms of access to WASH infrastructure, it should be noted that IDPs often share shelters, water points, latrines and showers with host populations. The increased proximity increases the risks of COVID-19 transmission and does not give girls and women the necessary privacy, exposing them to the risk of violence.

NGARINSSINGO, EAST REGION, CAMEROON

One of the water points built in Ngarinsingo thanks to funds received from donors in order to facilitate the access of the refugee and host populations to drinking water. Photo: Berthe Biloa/UNHCR Cameroon



Adamawa, North and East

In the east, basic social services do not have the capacity to meet the demand of the entire population, including that of Central African refugees. Since the refugee's arrival, the existing centers, already few, have been overcrowded and are experiencing insufficient human and material resources. Extreme poverty prevents vulnerable people from paying the costs necessary for health care. Drinking water supply - in quantity and quality - remains precarious. In basic sanitation, the latrines are insufficient and insecure, with people favoring open defecation, resulting in poor personal and community hygiene practices.

Impact on access

Far North

Humanitarian access to the Far North is severely restricted due to the prevailing insecurity and attacks by non-state armed groups which restrict the freedom of movement of goods and people as well as humanitarian actors. Humanitarian partners - mainly UN agencies - use government armed escorts in areas of particularly high danger in accordance with the principle of last resort. In addition, the poor conditions of the road network worsened during the rainy season, which is often severe in Cameroon, particularly so in 2019. In some cases, authorities required humanitarian actors to obtain written authorizations from the Governor for the implementation of humanitarian activities.

North West and South West

Authorities require humanitarian actors to obtain written authorizations from the Governor's office for the implementation of humanitarian activities, a process facilitated by the establishment of Government Humanitarian Coordination Centres (HCC) in Buea and Bamenda in June 2019.

Access constraints identified in both regions include insecurity, physical access challenges and bureaucratic impediments. Lockdown days, with associated movement restrictions by UN agencies and NGOs, have caused substantial interruptions in humanitarian operations. Delays and demands for payment at roadblocks by both non-state armed groups and Government forces, despite having all required authorizations, cause needless delays and insecurity for the transport of aid goods. Occasionally, these roadblocks result in kidnapping attempts, or kidnapping of aid workers in demand for ransom. In addition, the use of improvised explosive devices (IEDs), which has also caused civilian victims, remains an important risk factor for humanitarian actors. The suspension of UNHAS flights in January 2020 has seriously affected the efficient movement of humanitarian personnel. Access constraints often translate into delays, partial response to humanitarian needs and increased operational costs for humanitarian partners. In parallel, access to basic social services by the affected population remains a critical concern in the two regions as fear of violence and lack of civil documentation limits movements (especially for men of fighting age). Disrespect for the sanctity of health care services and disruption of education services is equally worrisome.

Non-state armed groups have increased their presence in hard-to-reach areas, particularly in the North West. People in these regions find themselves cut-off from basic services and economic opportunities. Areas that were hard-to-reach before the crisis have become even more isolated, increasing their vulnerability. The weekly "ghost town" days, set up by non-state armed groups, particularly affect displaced persons and host communities, limiting their movements and therefore their economic and agricultural activities.

Adamawa, North and East

The Adamawa, North and East regions are relatively secure, allowing them to welcome many refugees and internally displaced persons. However, there has been an increase in incidents including urban crime, kidnapping, roadblocks by bandits, and inter-communal conflicts. Certain incidents such as kidnappings are mainly reported in the border area with CAR. Humanitarian actors are not deliberately targeted. Security incidents are not likely to have a significant impact on humanitarian access. The public authorities have increased the level of security in the eastern region, thereby guaranteeing the movement of populations, even if caution is required. Most incidents take place at night, therefore outside of the period authorized for humanitarian activities.

COVID-19

The COVID-19 pandemic travel restrictions by the Government affect operational mobility and constitute a further humanitarian access constraint. This concerns both movement into and within the country. In addition, access by the population to their livelihoods and to markets are also deeply affected by the pandemic, as is access to and availability of health care.

Impact on humanitarian operations due to COVID-19:

Humanitarian operations needed to be drastically adjusted to avoid contributing to the transmission of COVID-19. Life-saving activities were prioritized while less urgent humanitarian action was put on hold. COVID-19 prevention and response activities were mainstreamed into all activities still carried out. Mitigation measures, such as the respect of social distancing during distributions, are rendering humanitarian operations more costly.

Meanwhile, some Government measures involving the restriction of movements is affecting emergency response in vulnerable communities such as in refugee camps, border crossings and conflict zones in the Far North and the North West and South West regions.

Supply chain disruptions as a result of border closures, except for basics, affect relief operations and is expected to have a serious effect on supplies and distributions to vulnerable groups. Humanitarian staffing has also been reduced due to travel and access restrictions.

Evolution of Internally Displaced People

Thousands of people

YEAR	NO. IDPS	% CHILDREN
2014	40 k	58%
2015	93 k	58%
2016	199 k	63%
2017	236 k	56%
2018	682 k	53%
2019	977 k	51%

Infant Mortality Rate

Percent

YEAR	MORTALITY RATE
1991	65
1998	77
2004	74
2011	62
2014	60

Mortality rate per cent (1991 to 2014)

NGARINSSINGO/EAST REGION, CAMEROON

Gado-Badzéré site/East region, Cameroon. Central African refugee mother and her son in the camp in the Gado-Badzéré refugee site.



1.3 Scope of Analysis

Since the COVID-19 outbreak reached Cameroon in March 2020, all ten regions in Cameroon are affected by one of the four humanitarian crises. The analysis of the humanitarian needs focuses on the people affected by these crises, thus for a first time in 2020 all ten regions were considered in the needs analysis.

During the joint analysis carried out in the regions and at capital level during the second half of 2019, IDPs, host communities, returnees and refugees were identified as the most affected population groups. Different population groups are affected differently by the different crises, based on sex, age and status.

Scope of Analysis Matrix

	Population Groups				
	IDP	Refugees	Returnees	Host Communities	Others
Adamawa	Yes	Yes	No	Yes	Yes
Centre	No	Yes	No	Yes	Yes
East	No	Yes	No	Yes	Yes
Far North	Yes	Yes	Yes	Yes	Yes
Littoral	Yes	Yes	No	Yes	Yes
North	No	Yes	No	Yes	Yes
North-West	Yes	No	Yes	Yes	Yes
West	Yes	No	No	Yes	Yes
South	Yes	No	No	No	No
South-West	Yes	No	Yes	Yes	Yes

1.4

Humanitarian Consequences

The effects of armed conflict in the Lake Chad Basin and Central African Republic, violence in the North West and South West regions of Cameroon, and the COVID-19 pandemic affect the physical and mental well-being, living standards, and resilience and recovery of the people living in Cameroon. Chronic vulnerabilities, diminished coping capacities and a lack of access to basic services have left an estimated 6.2 million

people in need of humanitarian assistance in Cameroon in 2020. More specifically, 6.2 million people are affected by problems related to physical and mental wellbeing, 5.7 million people are affected by problems related to living standards, and 4.8 million people by problems related to resilience.

Critical problems related to physical and mental wellbeing

PEOPLE IN NEED

6.2M

WOMEN

52%

CHILDREN

52%

WITH DISABILITIES

15%

Physical and mental wellbeing consequences of humanitarian situations have a direct effect on people's mental and physical integrity and/or dignity. These include but are not limited to: death and injuries; morbidity (acute infectious chronic diseases and outbreaks); malnutrition (acute and chronic); health outcomes related to Severe Food Insecurity (IPC phases 3-5); physical and mental disability, impairing people's ability to move, communicate, learn etc.; human rights violations such as arbitrary detention, targeted violence and killing.

In Cameroon, in 2020, 6.2 million are facing critical problems related to physical and mental well-being. 52 per cent of them are children under 18 years. The main needs relate to protection, including child protection and SGBV, health and food. 3 million people are in need of protection assistance. 2.9 million people need urgent medical care. Almost 4.9 million people are estimated to be food insecure, almost 1.5 million of them in the North West and South West regions (33% of the regional population).

Cameroon declared its first case of COVID-19 in early March 2020. As of 25 May, reported cases stood at 4,800 making Cameroon the second most affected country in sub-Saharan Africa after South Africa. As of 29 April, every region has reported cases. Testing capacities are severely limited, and it is assumed that the number of cases in country are much higher. The transmission is quickly outpacing the response capacity of the Government and UN and other humanitarian organizations.

Ongoing transmission is placing a huge strain on a health-care system already overwhelmed by a lack of capacity and ongoing disease outbreaks such as malaria, measles and cholera, but also on the humanitarian operations. The most vulnerable groups include IDPs, returnees, refugees, and host communities, as well as older people

and people with disabilities. Sociocultural norms, coupled with limited access to services and information, place women, girls and children at added risk. Populations affected by violence in the Far North and the North West and South West regions and the 272,000 Central African refugees in the eastern regions are particularly vulnerable to COVID-19. In addition, they have limited capacity to socially distance due to overcrowding in often temporary shelters. Hygiene conditions for many displaced persons are usually low with a lack of access to clean water, soap and masks, making it difficult for them to respect the Government prevention measures.

Disruption of markets and food and nutrition services due to the COVID-19 epidemic will negatively impact on the quality of diets and nutrition practices, which will translate into an increase of mortality, morbidity and malnutrition among the population groups with the highest nutrition needs. According to Cadre Harmonisé, almost 4.9 million people will be in food insecurity phase 3 and 4, employing stress, crisis or emergency coping strategies to secure household level food security as a result of overall effects of COVID-19.

Quarantine and isolation policies, coupled with financial stress on families, individuals and communities, will exacerbate the conditions for girls and women already vulnerable to domestic violence, due to the structural gender-based discrimination they face. In the country, 43.2% of women in union are confronted with domestic violence, a number likely to be on the rise due to the stress and economic hardship the epidemic will generate. Analytics show a potential 30% increase in domestic violence, repeating a pattern familiar from Ebola and other crises. Accessibility of GBV services will decline if extreme lockdown is imposed or if public resources are diverted.

Fear, worry and acute stressors can lead to long-term consequences, such as a deterioration of social networks, local dynamics and economic stress which can lead to the adoption of negative coping mechanisms such as child marriage, child labour, and family separation. Coupled with diminished availability to services from social workers and caseworkers,

this will leave women and the most vulnerable exposed to violence, abuse, exploitation and neglect. It may also undermine social cohesion: Prejudice could take the shape of racism, expanding to specific ethnic groups erroneously associated with the virus.

Critical problems of the population in the Far North and the North West and South West regions related to physical and mental wellbeing

PEOPLE IN NEED	WOMEN	CHILDREN	WITH DISABILITIES	
4.3M	51%	55%	15%	
SECTOR	CRITICAL PROBLEMS	ASSOCIATED FACTORS	PARTICULARLY VULNERABLE GROUPS	PIN
Protection (incl. Child Protection and GBV)	<ul style="list-style-type: none">• Killings, maiming, kidnappings and armed incursions, threats against persons and property• Arbitrary detention• Gender-based violence, intimate partner violence, rape, child marriage and sexual exploitation• Family separation• Psychological trauma and physical injuries• Abduction and recruitment of children• Human rights violations (esp. NWSW)• Limited freedom of movement (esp. NWSW)	<ul style="list-style-type: none">• Insecurity• Lack of documentation• Limited access to legal and health services• Social tolerance to violence against women and girls,• Impunity, esp. for GBV perpetrators• Lack of development opportunities for adolescents and youth• Stigmatization• Population movement• Improvised explosive devices and war remnants• Lack of a protective environment in schools (esp. NWSW)• Destruction of homes (esp. NWSW)	<ul style="list-style-type: none">• Women, children, adolescents,• especially young men in the NWSW	Protection 2.4 M Far North: 877 K NWSW: 1.6 M Child protection 1.7 M Far North: 600 K NWSW: 1.1 M GBV 1.4 M Far North: 465 K NWSW: 915 K
Health	<ul style="list-style-type: none">• Psychological trauma and physical injuries• Epidemics, including COVID-19• High level of morbidity of diseases• Unsafe deliveries	<ul style="list-style-type: none">• Insecurity• Effects of climate change, (lack of plant cover, rains with strong winds, flooding) (esp. Far North)• Closing of health facilities due to insecurity and attacks on health facilities and personnel – flight of health staff (esp. NWSW)• Weak access to health care services and essential drugs• Low immunization coverage• Weak surveillance system (esp. NWSW)• Limited access to potable water• Weak hygiene practices• Open defecation• Weak knowledge around young child feeding• Overcrowded shelter conditions in refugee and IDP sites, weak health care service provision and lack of access to water supply and sanitation facilities are likely to greatly increase the spread of coronavirus	<ul style="list-style-type: none">• Women• Children under 14• Person above 60 (for COVID-19)• Persons living with disabilities• Health workers	2.4 M Far North: 929 K NWSW: 1.4 M
Nutrition	<ul style="list-style-type: none">• Malnutrition• Deterioration of nutritional status	<ul style="list-style-type: none">• Weak surveillance system (esp. NWSW)• Limited access to potable water• Weak hygiene practices• Open defecation• Weak knowledge around young child feeding• Overcrowded shelter conditions in refugee and IDP sites, weak health care service provision and lack of access to water supply and sanitation facilities are likely to greatly increase the spread of coronavirus	<ul style="list-style-type: none">• Children under 5• Pregnant and lactating women	360 K Far North: 244 K NWSW: 116 K
Food Security	<ul style="list-style-type: none">• Food insecurity	<ul style="list-style-type: none">• No access to land due to insecurity• Challenging humanitarian access• Looting of livestock• Reduced food production, reduced prices in rural areas, increased prices in urban areas (esp. NWSW)	<ul style="list-style-type: none">• Women and children headed households	3.3 M Far North: 691 K NWSW: 2.6 M

In the **Far North**, 1.2 million people suffer from problems related to their physical and mental wellbeing. The violence experienced by the population in this region leads to high levels of physical and psychological trauma, family separations, loss of livelihoods leading to food insecurity and the use of negative coping mechanisms such as prostitution, early marriage and child labor.

The situation in the **North West and South West** regions which started as a political crisis has led to a complex humanitarian emergency with 3 million people in need. In comparison, in early 2019 1.3 million people were estimated to need humanitarian assistance, and 2.3 million people were estimated to need assistance in early 2020. This significant increase can be explained by several factors. Firstly, the continued deterioration in the security situation led to more displacement and an increase in needs. While at the end of 2018, 530,000 people were estimated to have been displaced due to the crisis, needs assessments carried out in 2019 indicate displacement of more than 720,000 people – an increase of 30%. The number of people displaced within the two regions remained at around 450,000 according to the August 2019 MSNA. However, the number of people displaced to other regions of Cameroon increased almost three-fold from 80,000 to 220,000 persons displaced to the Adamawa, Littoral, West, and Central regions. Including the people in need of urgent humanitarian assistance within the North West and South West (1.9 million), assessments have shown that 675,000 IDPs and host community members need assistance in the Littoral, West and Central regions due to effects of the crisis in the North West and South West. Secondly, sectors have increased their capacity to assess the needs of the population in the North West and South West regions. Thirdly, in 2019, the humanitarian community in Cameroon engaged in the enhanced Humanitarian Programme Cycle (HPC) approach to further improve the accuracy of people in need (PIN). Supported by new global guidance on estimating PIN, more focused analysis on people in need and severity was made possible for the 2020 current cycle. Given the methodological shift, a degree of cautiousness should be exercised when comparing trends across years.

Attacks on medical staff and infrastructure have become another characteristic of the crisis with more than 35% of the Government run health facilities not operational in the two regions, and the remaining only partially functional. There has been an increase in maternal mortality rates, as well as infant mortality, and in some areas only 12% of women are giving birth in health centers. In 2019 there have been three measles outbreaks, as well as an outbreak of monkey pox and cholera in the South West, and almost no surveillance in the North West. The nutritional status of children is deteriorating due to multiple issues

related to health and food insecurity. There has also been an increase in early pregnancy, forced marriages, survival sex, child labor, forced recruitment of young men into non-state armed groups, and sexual and gender-based violence, including an increase of domestic violence. The increased recourse to domestic violence is explained by the fact that, while men seek to replicate the masculine ideals of protector and provider for the family, the current political and economic context puts them under increasing pressure. The crisis context, and the economic hardship it generates, is perceived by some as "devirilizing". Men's frustration at being unemployed, seeing their wife play an increased economic role to earn a living, combined with the fact that violence is considered as socially acceptable in some communities, leads to a recourse to domestic violence as a means of asserting their authority and domination.¹⁵

People in rural or hard-to-reach areas are most affected because of limited or no access to medical, nutrition and WASH facilities. This population is mostly made up of women and children. These communities also receive the least humanitarian assistance due to the logistical, security and financial difficulties accessing them. Furthermore, extremely vulnerable individuals such as the old and chronically ill (HIV, TB, diabetes), people with disabilities, widowed men and women have lost their usual support during displacement and thus are subjected to disproportionate suffering. Widowed women, who represent 31% of households in the South West and 38% of households in the North West (an increase of about 10% compared to 2017¹⁶), not only face economic hardship but are also at particular risk of gender-based violence, including sexual exploitation and abuse. People with disabilities are more likely to be exposed to danger from attacks, including because of barriers to escaping and staying out of harm's way, and because of the degradation of the support systems which existed before the crisis.

The limited humanitarian assistance, coupled with limited availability of and access to basic health and WASH services and poor vaccination coverage are likely to lead to outbreaks of vaccine-preventable diseases, water borne diseases and an increase in malaria cases. The cholera outbreak declared in the South West of Cameroon in November 2019 is already one example.

A major protection issue arises for IDPs who have either lost their ID cards or have had them destroyed. Human rights abuses and violations, including torture, arbitrary arrest and detention and forced disappearances, continue to be usual practices in the North West and South West.

¹⁵ Delphine Brun, GenCap, *Data on gender equality in Cameroon*, p.2, October 2019.

¹⁶ WFP, *Emergency food security assessment North West and South West*, p. 13, January 2019, p. 13

Critical problems of the population in the East, Adamawa and North regions related to physical and mental wellbeing

PEOPLE IN NEED		WOMEN	CHILDREN	WITH DISABILITIES	
567k		51%	53%	15%	
SECTOR	CRITICAL PROBLEMS	ASSOCIATED FACTORS		PARTICULARLY VULNERABLE GROUPS	PIN
Protection	<ul style="list-style-type: none"> Child marriage, sexual violence and exploitation, including rape, early pregnancy and sexually transmitted diseases Child labour, economic exploitation Limited freedom of movement Family separation 	<ul style="list-style-type: none"> Cultural and social norms and practices patriarchal construction of society Gender inequality Lack of appropriate support and monitoring for unaccompanied and separated children Poor capacity of social services, esp. for children Limited access to civil status documents, incl. birth certificates Limited access to legal and health services Protracted nature of refugee movement and settlement Scarcity of resources and economic opportunities 		<ul style="list-style-type: none"> Children, adolescents, especially young girls Refugees 	Protection 451 K Child protection 244 K GBV 375 K
Health	<ul style="list-style-type: none"> Epidemics, including COVID-19 	<ul style="list-style-type: none"> Weak vaccination coverage Poor access to drinking water 			504k
Nutrition	<ul style="list-style-type: none"> Malnutrition 	<ul style="list-style-type: none"> Weak hygiene practices Open defecation Weak knowledge around young child feeding Overcrowded shelter conditions in refugee sites, weak health care service provision and lack of access to water supply and sanitation facilities are likely to greatly increase the spread of coronavirus 		<ul style="list-style-type: none"> Children under 5 Pregnant and lactating women 	225k
Food Security	<ul style="list-style-type: none"> Food insecurity 	<ul style="list-style-type: none"> Economic vulnerability Poverty 		<ul style="list-style-type: none"> Refugees 	392k

In the **Eastern regions**, 770,000 people suffer from problems related to their physical and mental wellbeing. Sexual exploitation, child marriage, rape and physical and emotional violence continue to be perpetrated against women and girls. Some forms of violence are rooted in cultural and social norms of gender inequality, poverty, ignorance and lack of respect for women's rights. Children are also confronted with non-schooling, school dropouts, family separation, and economic exploitation, with, for example, child labour in mines to help their families in a context of socio-economic insecurity and reduced assistance.

Furthermore, an increase of food insecurity and malnutrition among the refugees and host community members is observed since the arrival of the refugees and the reduction of food rations. Statistics available

reveal chronic malnutrition rates of 41% in the North and 37% in the East. Pregnant and lactating women, children and the elderly are most affected by malnutrition. The increase in the vulnerability in the East is leading to child labor to the detriment of education. These needs were further exacerbated with the arrival of COVID-19. Food insecurity previously affecting 240,000 is now leading 392,000 people in need of live-saving Food Security assistance, and Child Protection needs have more than doubled. A large increase can also be observed with regards to Health needs related to physical and mental wellbeing, affecting newly over half a million people in comparison to 190,000 before the disease outbreak.

Critical problems related to living standards

PEOPLE IN NEED

5.7M

WOMEN

51%

CHILDREN

67%

WITH DISABILITIES

15%

Living standards are those humanitarian consequences that have a direct effect on people's ability to pursue their normal productive and social activities and meet their basic needs in an autonomous manner. They manifest in different types of deficit and the use of various coping mechanisms to meet basic needs such as the lack of: food; income; productive assets (e.g. land, animals, tools, shop, etc.); access to basic services such as health care, water, sanitation, shelter, education; access to formal and informal social assistance; access to legal documentation; access to markets etc.

An estimated 5.7 million people cannot attain a minimum standard of living in Cameroon. This is an increase of 1.9 million, compared to the 3.8 million people in need of living standard assistance before the COVID-19 outbreak. The regions affected by the different crises are chronically and structurally underdeveloped: symptoms are the poor infrastructure and the lack of basic services.

The COVID-19 crisis will devastate both incomes and access to basic services with potentially inter-generational implications for families on multidimensional poverty and inequality. Access to services is being curtailed either through reduction in services (staff re-assigned or services suspended, financial or other resources being redeployed to public health response, or disruption of supply chains) or through reduction in access (through financial constraints, fear, or other barriers) which will hit most acutely the groups whose access is

already constrained. Different groups of women, girls, boys and men, particularly from marginalized communities, are likely to experience additional barriers to accessing humanitarian aid and health care services due to discrimination, unwelcoming attitudes, and a lack of understanding from providers. The fear of discrimination or experience of actual discrimination can affect health-seeking behavior as well as health service provider attitudes. Certain groups may avoid surveillance, testing and care. These concerns will be particularly acute for refugees, migrants and IDPs who are sometimes already facing xenophobic attitudes.

About 9 million children in Cameroon have been directly affected by school closures, with thousands of school children missing out on school meals. Only a fraction will have access to effective online or other alternative forms of learning. Children are thus also disproportionately affected by problems related to living standards, making up 67% of the total 5.7 million.

WASH services will be affected with public utilities potentially facing less than optimal staffing and available workforce, disrupted supply chains, and challenges in payments to support functionality putting these services at grave risk of collapsing. Female-headed households are more likely to have inadequate housing compared to males, including in terms of water and sanitation facilities, which can increase health risks, especially in cases of overcrowding of shelters.



Critical problems of the population in the Far North related to living standards

PEOPLE IN NEED

1.6M

WOMEN

51%

CHILDREN

66%

WITH DISABILITIES

15%

SECTOR	CRITICAL PROBLEMS	ASSOCIATED FACTORS	PARTICULARLY VULNERABLE GROUPS	PIN
Health	<ul style="list-style-type: none"> Deterioration of health status Weak access to health services Epidemic (COVID-19) 	<ul style="list-style-type: none"> Stigmatization Weak basic social services Low takeover of humanitarian interventions by state structures Weak access to basic water and sanitation services 	<ul style="list-style-type: none"> Refugees, IDPs, returnees and host populations Elderly Women and girls 	481k
WASH	<ul style="list-style-type: none"> Limited access to water 			1.2M
Shelter/NFI	<ul style="list-style-type: none"> Lack of basic household items 	<ul style="list-style-type: none"> Displacement 	<ul style="list-style-type: none"> IDPs, returnees, out-of-camp refugees and host populations 	243k
Education	<ul style="list-style-type: none"> Analphabetism Low availability of teaching and learning materials 100% school closure due to COVID 19 confinement 	<ul style="list-style-type: none"> Lack of consideration for education Gender-related socio-cultural barriers Poverty Insecurity and displacement Stigma for children and teachers with COVID-19; psychological consequences 	<ul style="list-style-type: none"> Children, teachers 	1M

Insecurity in the **Far North** is disrupting the health and education system and further exacerbating the already limited access to basic social services. Health epidemics such as cholera, poliomyelitis and measles are recurrent.

While 1 million people were in need of living standard assistance in the Far North prior to the COVID-19 outbreak, this number rose to 1.6 million. This increase is mostly due to an increase in education (from 400,000 children in need pre-COVID-19 to 1 million) and WASH needs (from 670,000 people prior to COVID-19 to 1.2 million people).

MORA/FAR-NORTH, CAMEROON

Two displaced Cameroonian boys near Mora, in the Far-North region. Photo: UNRCO/EMANUEL FOUKOU

Critical problems of the population in the North West and South West regions related to living standards

PEOPLE IN NEED

2.6M

WOMEN

51%

CHILDREN

67%

WITH DISABILITIES

15%

SECTOR	CRITICAL PROBLEMS	ASSOCIATED FACTORS	PARTICULARLY VULNERABLE GROUPS	PIN
Health	<ul style="list-style-type: none"> Deterioration of health status Weak access to health services Epidemic (COVID-19) 	<ul style="list-style-type: none"> Stigmatization Weak health and legal services 		815k
Shelter & NFI	<ul style="list-style-type: none"> Promiscuity Lack of privacy Lack of shelter and non-food items 	<ul style="list-style-type: none"> Overcrowding Non-separation of latrines by sex Displacement 	<ul style="list-style-type: none"> IDPs, esp. in the bush Returnees Host families Women and girls Elderly 	519k
WASH	<ul style="list-style-type: none"> Limited access to water, sanitation, and hygiene services 	<ul style="list-style-type: none"> Insecurity Weak access to basic water and sanitation services Waterpoints destroyed, remote or in poor condition Lack of WASH NFI Unsanitary situation of latrines Open defecation 		1.5 M
Education	<ul style="list-style-type: none"> No access to education, including because of school closure due to COVID-19 	<ul style="list-style-type: none"> Risk associated with attending formal education Unavailability of formal education in areas of insecurity Lack of protective learning environment Home schooling is the only option during confinement 	<ul style="list-style-type: none"> Children across the country with increased vulnerabilities in areas affected by conflict and displacement. 	1.7 M

In the **North West and South West regions**, the crisis has had a major impact on the education sector: for the past three years, insecurity, displacement of teachers, and threats and attacks on education infrastructures and personnel have left 850,000 school aged children out of school. As of October 2019, an estimated 30,000 students have been integrated in the primary schools of neighboring regions (Littoral and West), leading to an overstress of the existing education capacity in these regions, with reports of school classes of 200 children. In an attempt to contain the spread of the COVID-19 pandemic, all 6,400 schools and 4,200 community learning centers in the two regions have been temporarily closed since 18 of March 2020. An estimated 1,033,000 school aged children are forced to stay at home due to the COVID-19 outbreak and the ongoing conflict. While 1.2 million children were in need of education assistance before the COVID-19 outbreak, the number rose by half a million to 1.7 million.

Lack of education, already leading to developmental gaps in literacy and numeracy, will lead to illiteracy in the long term. Lower educational levels

are associated with high protection risks, increase in child pregnancies, higher child and maternal mortality rates, and reduced incomes. This will take generations to resolve.

Economic activity has been heavily impacted by the crisis in the North West and South West. Displacement has meant a loss of resources for food self-reliance. It primarily affects the access to land to cultivate, the loss of livestock and of the families' productive assets. Men, who are overwhelmingly the titled landowners,¹⁷ are affected by the spoliation of their property or by the fact that it has become inaccessible. Women are also heavily affected: The rural sector is mainly driven by women who represent 71.6% in the informal agricultural sector.¹⁸ The men, who were wage earners, gave up their jobs or left the villages because they could not continue their work due to the prevailing insecurity.¹⁹

¹⁷ In 2011, 2.7% of women own a house with land title and 2.8% own land with land title (Annuaire Statistique du MINPROFF, p.65).

¹⁸ Annuaire Statistique du MINPROFF, p.59.

¹⁹ Le Monde, L'Ouest Anglophone du Cameroun en quasi faillite, 20 août 2019.

Low living standards and lack of access to essential services, particularly for those displaced, has significantly increased women's workload, due to a rise in morbidity and to the fact that children are out of school, resulting in increased care. Also, collecting water or firewood, are time consuming and expose women to dangers. As a result, and because these tasks require significant daily investment, women are particularly affected by a lack of access to income-generating activities, with less resting time and a lower access to decision-making forums.²⁰

Due to transportation challenges, destruction of facilities and insecurity, IDPs and rural host communities are turning to alternative

healthcare in the form of traditional healers. In combination with lack of documentation, loss of income, and reduced numbers of health practitioners, this has led to the use of unqualified or underqualified health practitioners. A shortage of safe drinking water in rural areas leads to gathering water for drinking and domestic use from streams, rivers and unprotected wells. Open defecation or construction of unsafe latrines is a common practice in most rural settings. Waste is not being collected in rural areas and is mostly thrown into streams (reducing water quality), bushes or burnt. The number of people in need of WASH assistance almost doubled due to the COVID-19 pandemic, from 870,000 people to 1.5 million people in need.

20 Delphine Brun, GenCap, Ibid, p.2

Critical problems of the population in the East, Adamawa and North regions related to living standards

PEOPLE IN NEED

1.1M

WOMEN

57%

CHILDREN

59%

WITH DISABILITIES

15%

SECTOR	CRITICAL PROBLEMS	ASSOCIATED FACTORS	PARTICULARLY VULNERABLE GROUPS	PIN
Shelter & NFI	<ul style="list-style-type: none"> Lack of decent shelter 	<ul style="list-style-type: none"> Long-term settlement in transitional shelters 	<ul style="list-style-type: none"> Off-site refugees 	9k
Education	<ul style="list-style-type: none"> Weak access to education 	<ul style="list-style-type: none"> Continuous arrivals of Central African refugees creating considerable pressure on a structurally weak education system 	<ul style="list-style-type: none"> Refugees 	479k
WASH	<ul style="list-style-type: none"> Limited access to drinking water, hygiene and sanitation services 	<ul style="list-style-type: none"> Low funding levels and a lack of significant investment in WASH Insufficient or absent water points within and outside refugee sites 	<ul style="list-style-type: none"> Refugees, host community 	911k

In **Eastern and Northern regions**, the influx of refugees is exerting significant pressure on already limited natural resources and basic social services in host areas, exacerbating pre-existing vulnerabilities. The number of CAR refugees has increased from 217,000 in 2017 to 245,000 in 2018 and to 270,000 in 2019 and 272,000 in March 2020. The gradual decrease of humanitarian assistance and the insufficient level of funding for development projects negatively impacts access to basic services by vulnerable populations.

The number of people in need of living standard assistance doubled in the eastern regions due to the COVID-19 outbreak. While 521,000 people were affected by problems related to living standards prior to the COVID-19 pandemic, this number rose to 1.1 million. As in the in the other regions affected by humanitarian crisis, the rise is driven by an increase in needs in the education (from 180,000 children in need pre-COVID-19 to 479,000 people) and the WASH sectors (from 320,000 prior to COVID-19 to 911,000 people).

Critical problems related to resilience and recovery

PEOPLE IN NEED

4.8M

WOMEN

51%

CHILDREN

49%

WITH DISABILITIES

15%

Resilience consequences in the framework of the humanitarian programme cycle are those humanitarian consequences that reflect the ability of people to withstand future stresses and shocks on the short and longer term. Resilience capacities and associated causes are analysed notably as part of the humanitarian-development-peace nexus agenda and to inform joined-up planning between humanitarian, development and peace actors as appropriate.

Approximately 4.8 million people face critical problems related to resilience and recovery. Humanitarian challenges are reinforced by structural factors and chronic vulnerabilities that hinder the long-term recovery of affected people. Gender inequalities are an important factor influencing adaptation strategies and affecting the recovery capacities of women and girls: The use, possession and control by women of social or economic household resources is weak. Thus, only 3% of women in the country own a house without a land title and 1.6% own a land title in their name. The unpaid workload that reproductive work implies, combined with the fact that women have extremely limited access and control over resources, partly explains why the female population is more affected by poverty: While 39% of the population lives below the poverty line, this rate rises to 51.5% for women. Of these, 79.2% are underemployed.²¹ The fact that they are socially and economically disadvantaged and, also, that they are largely excluded from public decision spheres, including conflict resolution processes and peacebuilding in general,²² will greatly hamper their resilience and their recovery.

Experience from the past has shown that quarantines significantly reduce economic and livelihood activities, reducing employment, increasing poverty rates, and exacerbating food security issues. People will experience unemployment, underemployment, and loss of income, this being particularly true for the female population, less able to exercise a livelihood activity due to competing responsibilities. As women do most of the informal and unpaid care work at home, this will further limit their work and economic opportunities. Women are also primarily employed in informal, low-wage activities that are highly prone to disruption during public health emergencies.²³ Earning less than their male counterparts, they are less likely to have assets and savings to fall back on. Economic downswing can push women to engage in risky coping strategies, such as transactional sex, and exacerbate existing risks, such as sexual exploitation and abuse.

In general, the scale of the health and socio-economic impact of COVID-19 on the urban and rural poor is set to be massive and can easily tip whole communities into multi-factor vulnerability.

In October 2019, over 4 million people were estimated to be in food insecurity phase 2 in June to August 2020. Taking into account the impact of COVID-19, in March 2020, Cadre Harmonisé estimated 4.8 million people to be in food insecurity phase 2 in April to December 2020. Out of the 4.8 million people in phase 2, almost half, 2.2 million people are living in the Center, Littoral and South regions of Cameroon – three regions which before COVID-19 had not even been included in the analysis of Cadre Harmonisé.

²¹ ONU Femmes Cameroun, Rapport., p. 9

²² WILPF, Cameroon country context

²³ https://www.care.org/sites/default/files/gendered_implications_of_covid-19_-_full_paper.pdf

Critical problems of the population in the Far North related to resilience and recovery

PEOPLE IN NEED

703k

WOMEN

50%

CHILDREN

56%

WITH DISABILITIES

15%

SECTOR	CRITICAL PROBLEMS	ASSOCIATED FACTORS	PARTICULARLY VULNERABLE GROUPS	PIN
Food Security	<ul style="list-style-type: none"> Deterioration of livelihood Unbalanced diet 	<ul style="list-style-type: none"> Crop destruction by pachyderms and granivorous birds Gradual depletion of food stocks 	<ul style="list-style-type: none"> IDPs, refugees, host population, returnees 	681k
Early Recovery	<ul style="list-style-type: none"> Lack of sustainable livelihood opportunities Lack of perspectives for young people Loss of income 	<ul style="list-style-type: none"> Displacement due to insecurity or flooding Pressure on existing resources Limited access to land 	<ul style="list-style-type: none"> IDPs, refugees, host population, returnees Young women Ex Boko Haram members 	191k

In the **Far North**, IDPs are integrating with the host community, inter alia through marriage, and by participating in local committees for the management of natural resources. Out-of-camp refugees are also participating in social and community development activities.

Due to the impact of COVID-19, many of the people previously estimated to be in need of resilience and recovery assistance to be able to withstand further shock fell back into needing living standard assistance, wherefore 703,000 people are now in need of resilience and recovery assistance in comparison to 942,000 before the outbreak.

Critical problems of the population in the North West and South West regions related to resilience and recovery

PEOPLE IN NEED

2.6M

WOMEN

52%

CHILDREN

46%

WITH DISABILITIES

15%

SECTOR	CRITICAL PROBLEMS	ASSOCIATED FACTORS	PARTICULARLY VULNERABLE GROUPS	PIN
Food Security	<ul style="list-style-type: none"> Risk of food insecurity 	<ul style="list-style-type: none"> Abandonment of assets and loss of livelihoods due to insecurity and subsequent displacement 	<ul style="list-style-type: none"> IDPs, host population 	2.6 M
Early Recovery	<ul style="list-style-type: none"> Limited access to employment opportunities and vocational training 	<ul style="list-style-type: none"> Insecurity and subsequent displacement Decrease of economic opportunities due to situation of violence 	<ul style="list-style-type: none"> IDPs, host population Youth Women 	319k

In the **North West and South West**, IDPs and host communities living in urban or peri-urban areas generally have a better ability to cope. However, negative coping mechanisms can be observed in rural/hard to reach areas and in urban/peri-urban areas. Moreover, host communities share their limited resources with the displaced which is becoming a greater burden particularly on rural host communities.

In the North West, almost 40% of IDP households adopt potentially irreversible emergency food-based coping strategies, compromising

their productivity and future ability to cope with shocks. Methods of coping include relying on less preferred, less expensive food, borrowing food, reducing portion size or number of meals and reduced adult consumption to prioritize children to eat.²⁴ Girls are the most vulnerable to sexual exploitation to meet their food needs. 28% of IDP households in the North West resort to livelihood based coping strategies such as selling their land or house, begging or selling the last female animal.

²⁴ EFSA, Jan 2019

This is likely to lead to a reduction in future productivity. Within the North West, only 17% of all IDP households do not adopt any negative coping strategies. Although less severe, this remains true in the South West also with almost a quarter of IDP households reverting to emergency strategies to cope with food insecurity, compared to 16% of the host population.

Unlike in the Far North and the eastern regions, the need for resilience and recovery assistance increased for the people affected by the North West and South West crisis due to the impact of COVID-19. 2 million people needed recovery assistance prior to the COVID-19 outbreak, a number which rose to 2.6 million.

Critical problems of the population in the East, Adamawa and North regions related to resilience and recovery

PEOPLE IN NEED

386k

WOMEN

51%

CHILDREN

50%

WITH DISABILITIES

15%

SECTOR	CRITICAL PROBLEMS	ASSOCIATED FACTORS	PARTICULARLY VULNERABLE GROUPS	PIN
Food Security	<ul style="list-style-type: none"> Risk of food insecurity 	<ul style="list-style-type: none"> Economic vulnerability Poverty 	<ul style="list-style-type: none"> Refugees 	386k
Early Recovery	<ul style="list-style-type: none"> Lack of sustainable livelihood opportunities Lack of access to land 	<ul style="list-style-type: none"> Economic activities limited to subsistence agriculture, forestry and mining Decrease of economic activities due to conflicts between farmers and pastoralists 	<ul style="list-style-type: none"> Refugees 	94k

Central African refugees living in the **East, Adamawa and North regions**, face a situation of protracted displacement. Most refugees settled in host communities where social and community services have limited capacity to meet basic needs. The low return intentions expressed by the refugees confirm the trend towards local socio-economic integration. As a structural aggravating factor, the East, Adamawa and the North have some of the highest poverty rates in the country.

The lack of civil status documents negatively affects the freedom of movement and the socio-economic integration of the Central African Refugees. However, Central African refugees show a certain level of resilience. An increase in school enrollment has reportedly led to a decrease in early marriages. Women organize the collection of firewood in groups as a preventive measure against SGBV. An increase in the

participation of women in private and public decision making is also reported. Furthermore, mechanisms for the resolution of community clashes and community-led total sanitation programmes have been established. Refugees and IDPs are provided with farm land and new crops are being introduced, forage crops developed, trees planted, technical capacity of the farmers are strengthened.

As in the Far North, many of the people previously estimated to be in need of resilience and recovery assistance to be able to withstand further shock fell back into needing living standard assistance due to the impact of COVID-19. 528,000 people were estimated to be in need prior to COVID-19 in comparison to 386,000 currently estimated to be in need of resilience and recovery assistance.

1.5

Severity of Needs

PEOPLE IN NEED

6.2M

MINIMAL

1%

STRESS

9%

SEVERE

18%

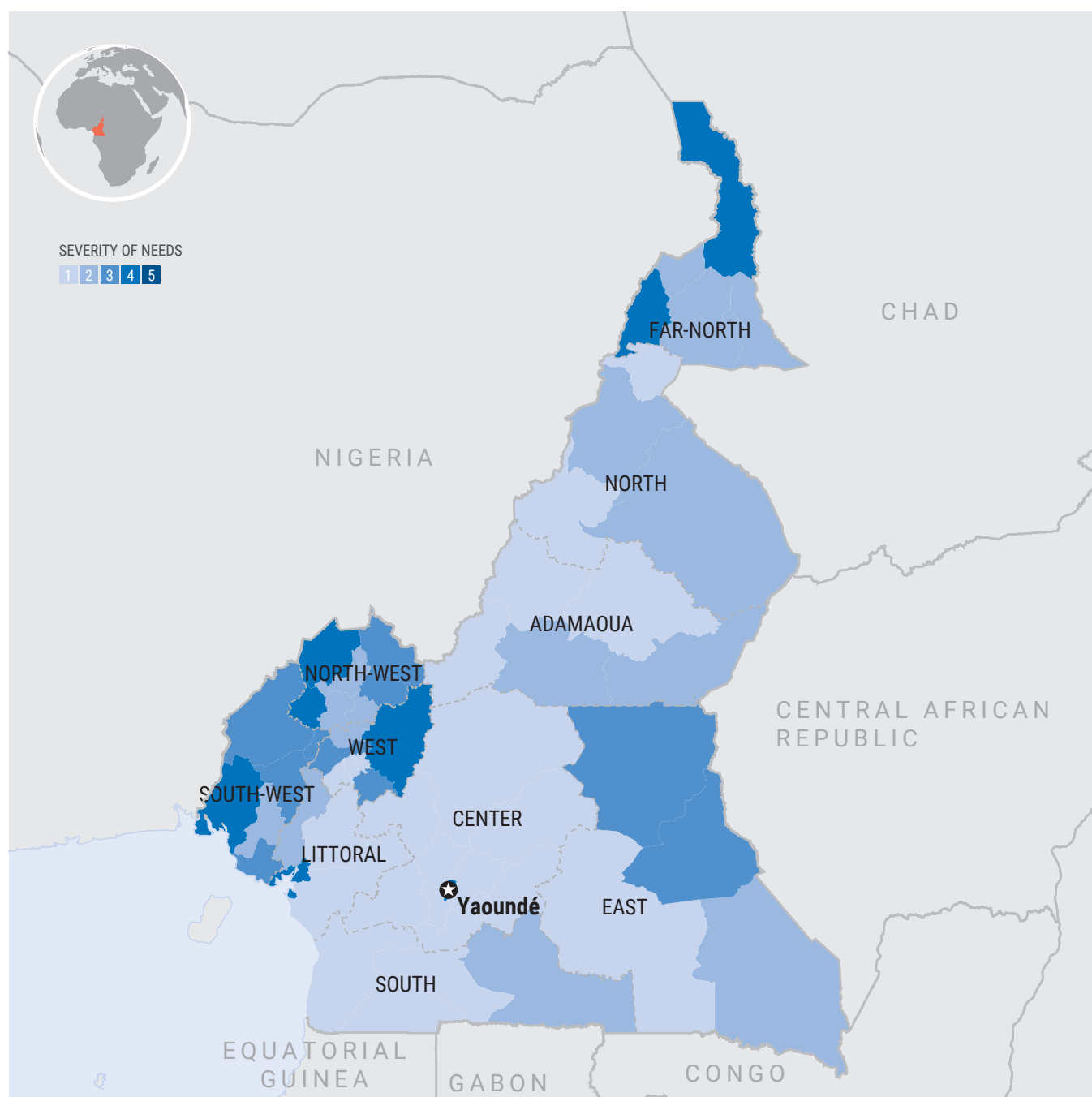
EXTREME

38%

CATASTROPHIC

33%

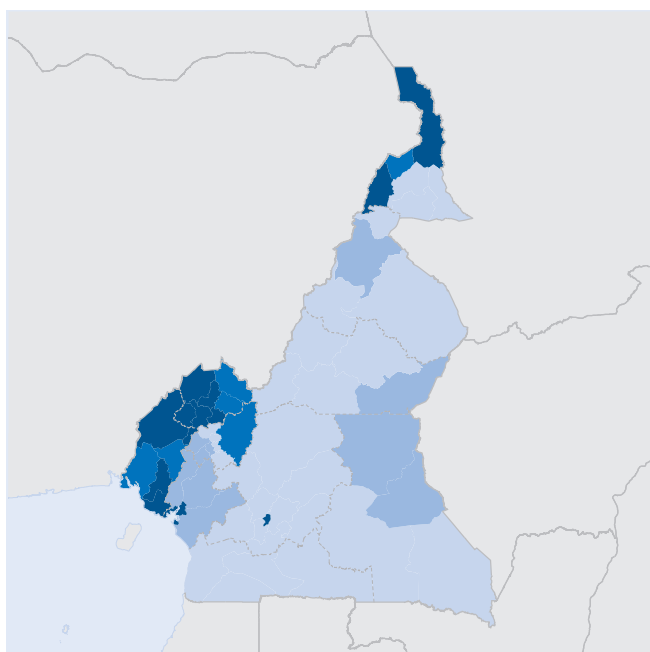
Intersectoral severity of needs



Intersectoral needs severity has been estimated at the level of each division and for every humanitarian consequence. The severity levels of all the indicators for each humanitarian consequence were considered to define the overall severity per humanitarian consequence. Sectorial indicators from protection, child protection, GBV, food security, health and nutrition were considered for the humanitarian consequence “Physical and Mental Well-being”. However, the severity of the Protection, Food Security and Health indicators were most acute, thus defining the overall severity. In the North West and South West regions, divisions such as Momo, Menchum, Boyo, Bui and Mezam, Fako saw their needs increased in terms of severity, while Donga Mantung, Lebialem, Mayo Sava divisions saw a decrease in terms of needs severity compared to humanitarian situation in 2018.

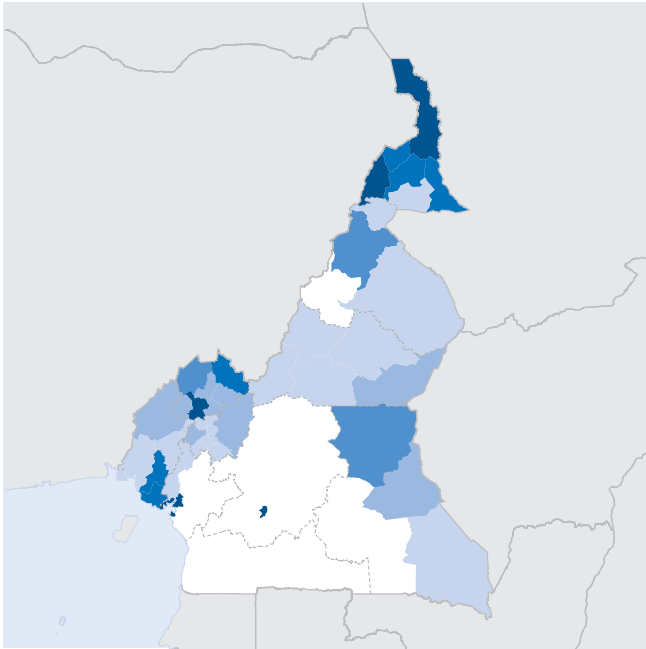
Sectorial indicators from Health, WASH, Early Recovery, Education, GBV and Shelter/NFI sectors were considered for the humanitarian consequence “Living Standards”. However, the severity of living standards needs is defined by the Health, WASH, and Education indicators. While education needs in the North West and South West regions, for example, had decreased in comparison at the end of 2019 in comparison to 2018 due to the high migration of school-age children to neighboring regions, they increased again due to COVID-19 school closure. Furthermore, the severity of WASH indicators is most acute in the Far North, where the population is suffering from limited access to water, sanitation and health services.

Severity of needs related to physical and mental wellbeing



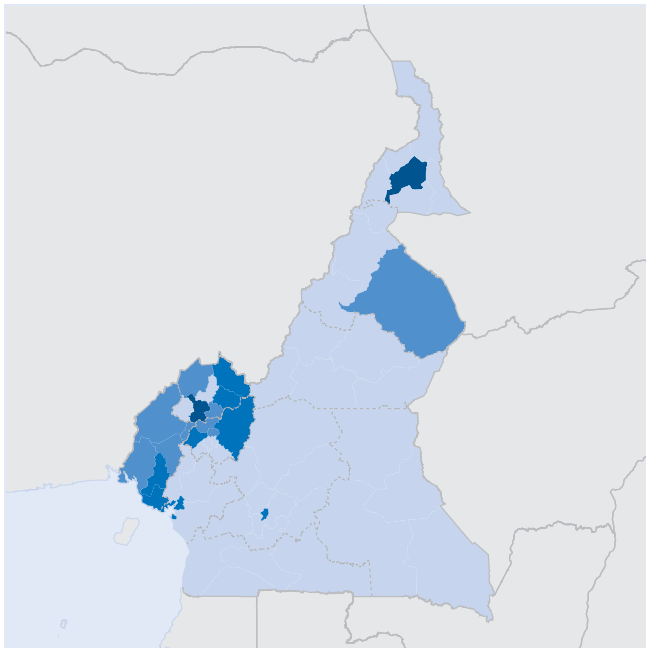
The severity map thus designed confirms that the North West, South West and Far North regions face the most severe humanitarian needs. The most severe and compounded needs continue to be found in divisions that witness direct conflict such as Logone-et-Chari and Mayo Tsanaga in the Far North and Menchum, Boyo, Mezam, Momo, Ngo-ketunja divisions in the North West and the Manyu, Meme, and Fako divisions in the South West. 15% of the people affected by the well-being consequence in the Logone-et-Chari and Mayo Tsanaga divisions are refugees, 26% are IDPs, and 47% are host community members. In the North West and South West regions IDPs make up 18% of people in need of urgent humanitarian assistance and the host community 27%. A detailed breakdown of acute PIN and acute severity by consequence, by population group and by division are available in the HNO Cameroon PIN dataset on HDX.

Severity of needs related to living standards



In total, 5.7 million people are in need of humanitarian assistance to address living standard consequences. In the Far North, the same divisions in which the highest needs related to the physical and mental well-being are found, people are also struggling to meet their basic needs. Needs in Logone-et-Chari and Mayo Tsanaga relate predominantly to a limited access to health services, water and hygiene and sanitation services and a lack of economic capacity to meet essential needs. Affected populations in Mayo Sava (Far North), and the Donga Mantung, Mezam (North West), Fako and Meme (South West) divisions are also struggling meet basic education, health, WASH, shelter/NFI and livelihood needs.

Severity of needs related to resilience
















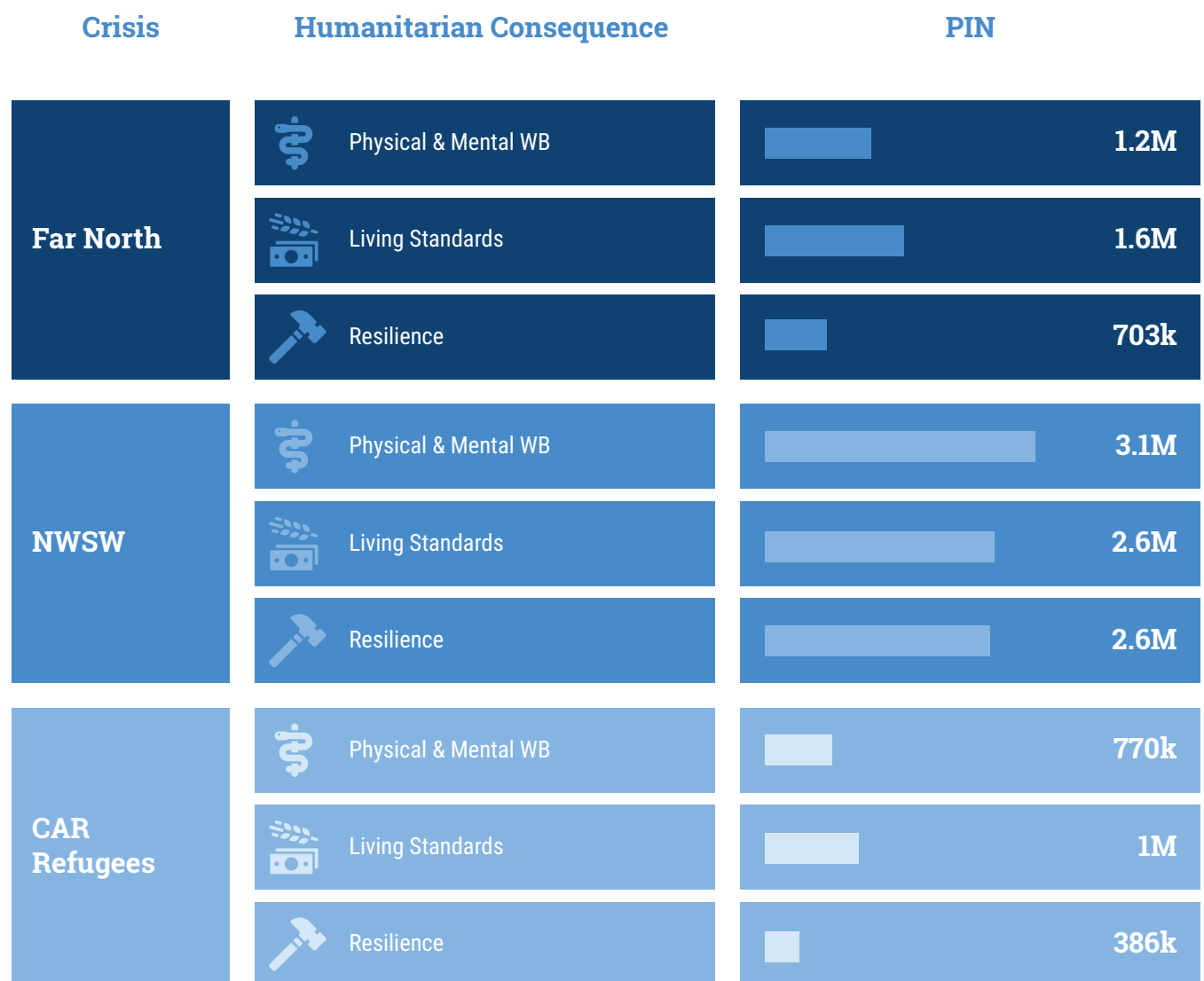
In Cameroon in 2020, 4.8 million people require assistance to address resilience related needs. The lack of livelihood activities and economic opportunities in the North West and South West regions lead to large parts of the population being under food security pressure. The population of the Bénoué and Mayo-Rey divisions in the North and the Diamaré division in the Far North, are also in need of food, livelihood and early recovery support to be able to withstand future stresses and shocks on the short and longer term.

1.6

People in Need

PEOPLE IN NEED SUMMARY: 6.2M

Population group	Gender	Age	Persons with disabilities
 IDPs 977k	 Girls 1.7M	 Children (0-17) 3.2M	 938k
 Returnees 321k	 Boys 1.6M	 Adults (18-59) 2.7M	
 Refugees 419k	 Women 1.6M	 Elders (60+) 277k	
 Host communities 2.2M	 Men 1.4M		
 Other people in need 2M			
			PIN Physical and mental WB 6 252 268 PIN Living Standards 5 701 089 PIN Resilience 4 822 670



Part 2

Risk Analysis and Monitoring of Situation and Needs

MINAWAO/FAR NORTH, CAMEROON

Food distribution in the MINAWAO refugee camp.

Photo: UNHCR/MOISE AMEDJE



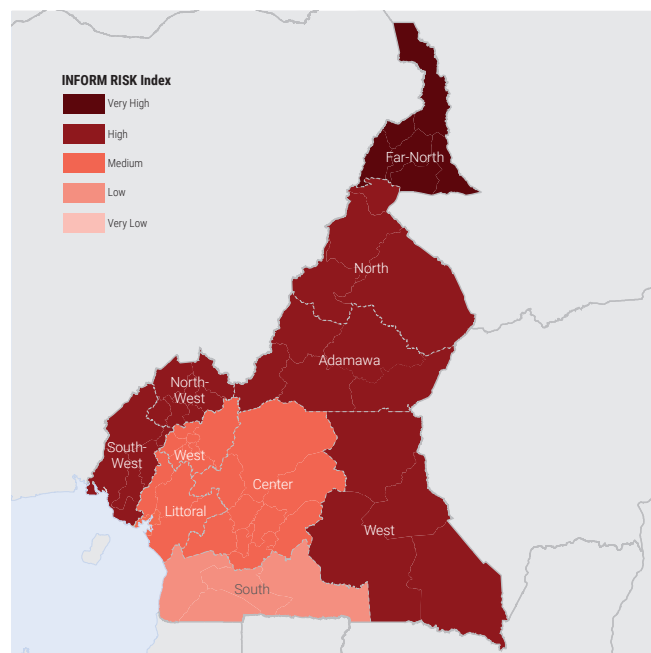
2.1 Risk Analysis

In 2020, Cameroon will face four major challenges: the Boko Haram-linked crisis in the Far North; the humanitarian impact of the conflict in the South West and North West; the consequences of the influx of Central African refugees into the eastern regions; and the COVID-19 pandemic. Out of a total of 10 regions, 8 were affected by humanitarian crisis before the COVID-19 outbreak, all 10 regions are affected by COVID-19. As of May 2020, an estimated 6.2 million people need humanitarian assistance.

According to the INFORM analysis, the risk index and the degree of exposure to hazards have been steadily increasing for three years. According to the Global Conflict Risk Index (GCRI), the current situation in Cameroon is classified as “at high risk of violent conflict” over the next 1 to 4 years; the risk of conflict is evaluated at 9.7 on a scale of 10. According to this index, the Far North, North West and South West regions are particularly exposed to this risk.

In the Far North, the two factions of Boko Haram ISWAP and JAS have been increasing attacks on Cameroonian territory. The multiplication of violence against the civilian populations have generated growing tensions within the communities on the one hand, and dangerously weaken the level of confidence between the national forces and the civilian populations on the other. Since June 2018,

Severity of risks according to INFORM - November 2019



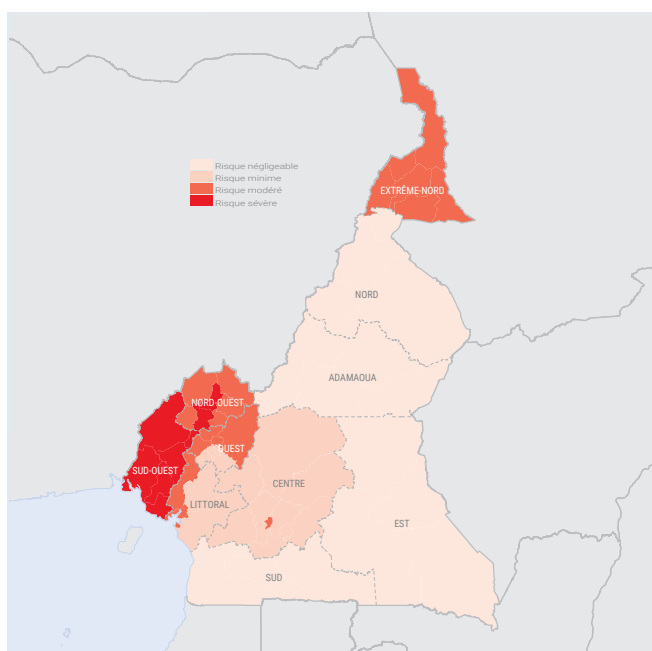
the significant strengthening of ISWAP's military capacities and the group's strategy based on indoctrination of populations and economic control of large areas in the Lake Chad region are new threats to regional stability, including in the Far North of Cameroon.

In these conditions, humanitarian assistance will increasingly face two types of constraints linked to the perception of its lack of neutrality: security risks on the one hand in areas increasingly infiltrated by armed groups, and administrative coercive measures on the other hand. Multiple efforts to implement the regional stabilization strategy will have little or no effect in the short term and the overall security situation could therefore deteriorate further in 2020 in the Far North.

With regards to the eastern regions, the prospects for the return of CAR refugees are not imminent given the persistence of the conflict in CAR and were put to a halt due to the COVID-19 and related movement restriction measures.

In terms of natural hazards such as floods or droughts, the INFORM 2019 risk index shows that the Far North (5.8), the East (5.2) and the North West (5) have a level of risk far above the average. The occurrence of a natural disaster (floods or drought) in 2020 is likely in

Severity of risks linked to elections



these regions, although the impact is predicted to remain moderate. The combination of such a crisis with the current humanitarian situation and persistent insecurity would further affect the quality of life of the people in these regions.

Cameroon is also subject to recurrent epidemics, in particular cholera, which occur almost annually. In addition to the North and Far North regions which are affected since July 2018, a cholera outbreak was declared in November 2019 in the South West Bakassi area. Given the security situation, the deterioration of the health system and the lack of surveillance, this situation was likely to spread beyond the locality of Bakassi.

Cameroon's Global INFORM COVID-19 risk is 6.2 (out of 10).

According to the INFORM Country Risk profile, Cameroon is a lower middle-income country facing different types of risks such as natural, human and epidemics. This index helps to identify the risk from health and humanitarian impacts of COVID-19 that could overwhelm

current national response capacity, and therefore lead to a need for additional international assistance. It considers exposure to disaster, vulnerability and ability to cope. To reduce risk, it would be necessary to reduce vulnerability while increasing the ability to cope. The high risk level in Cameroon is thought to be caused by exposure to risks (natural, man-made and epidemics) which is 6.8 out of 10, high vulnerability of the population (5.8 out of 10) as well as low capacity (6 out of 10). The COVID-19 prevention measures taken by the Government have created other vulnerable populations than displaced persons and refugees. The Government of Cameroon has taken accompanying measures to help people by distributing food and hygiene equipment. Despite these accompanying measures, this does not cover the shortfall of populations impacted by the crisis. Furthermore, the medical technical platform is considered to be weak throughout the country.

BUEA/SOUTH WEST, CAMEROON

A young mother and her baby at Mount Mary Hospital in Buea. Photo: OCHA/GILES CLARKE



Timeline of Events

2004 - 2020

Central African refugees in the East, Adamawa and North regions



2004 - 2013

First wave of **100,000** Central African refugees in 2004. The second wave of **150,000** new refugees in 2013, 35% of them settled on sites in the East and Adamawa.



JUNE 2019

Signing of the tripartite agreement between UNHCR, Cameroon and CAR for the return of Central African refugees. The voluntary repatriation of a first group of **4,000** Central African refugees was planned for 2019. As of 11 March 2020, **3,809** refugees had been repatriated by UNHCR to CAR. 3,309 were repatriated in 2019 and 500 in 2020. With the outbreak of the COVID-19 pandemic, UNHCR put the repatriation process on hold.

The conflict in the Lake Chad Basin region



DECEMBER 2014

Cross-border attacks by suspected Boko Haram members provoke the displacement of more than **60,000** Cameroonians within the Far North.



JANUARY 2015

35,000 Nigerian refugees arrive in the Far North. That number increased to **86,000** in December 2016, including **60,000** in the Minawao refugee camp, three times its capacity.



JULY 2018

Declaration of the cholera epidemic in the Central region followed by the North, the Littoral and the Far North. More than **990** cases were recorded, including 59 deaths as of December 21 2018.



JANUARY 2019

More than **35,000** Nigerians cross the border to seek refuge in Goura, in Cameroon's Far North. They fled repeated Boko Haram attacks in and around the northeastern Nigerian town of Rann.



OCTOBER/NOVEMBER 2019

About **80,000** people are affected by flooding in the departments of Mayo Danay and Logone-et-Chari in Cameroon's Far North.



MARCH 2020

Despite the deployment of large security forces along the border since 2015, Boko Haram's cross-border attacks continue to be violent, particularly in the departments of Mayo Sava and Mayo Tsanaga. As a result, the number of IDPs continues to increase in the Far North region. The region is now home to **527,000** people living in forced displacement (**297,500** IDPs, **112,500** Nigerian refugees and **117,000** returnees without sustainable solutions).

Crisis in the North West and South West regions



OCTOBER 2017

First armed clashes and population displacement recorded in the North West, South West and towards Nigeria.



JULY 2019

Organization of a Multi-Sectorial-Needs-Assessment (MSNA) in the North West and South West regions. Protection, health and access to shelter and NFI are identified as key priorities with more than **485,784** IDPs and an estimated **40,000** refugees.



AUGUST 2019

Further displacement of populations from the Northwest and Southwest regions following the announcement of a new lockdown in Bamenda and Buea. The lockdown was called by armed groups as a result of the government's launch of the "back to school" campaign. Many households living in the North West and South West chose to migrate to French-speaking cities, fearing of being trapped by the protest and potential social unrest, and looking for a safe place where children can continue school.



SEPTEMBER 2019

Multi-sectorial assessment mission to the Littoral and Western regions. Protection, education, food, access to income-generating activities, and access to shelters and NFI identified as key priorities. **200,000** people are estimated to be displaced -this figure is three times higher than in September 2018. As a result of the "No School Policy" introduced by non-state armed groups, 850,000 children are out of school.

COVID-19



MARCH 2020

Cameroon declared its first case of COVID-19 on 5 March 2020.



MAY 2020

As of 25 May, **4,800** cases of COVID-19 are confirmed, with 177 deaths (case fatality rate 3.7%). All ten regions of the country are affected: on 29 April, the first case was confirmed in the Far North region.

Projected Evolution of Needs

In 2020, people in Cameroon are affected by the four above mentioned concurrent and complex humanitarian crises.

The overall number of people in need of assistance and protection in Cameroon in 2020 stands at 6.2 million. The needs of people affected by the North West and South West crisis continue to increase dramatically, while a decrease of people in need of urgent humanitarian assistance across the East, North and Adamawa regions and the Far North was projected for 2020. However, the decrease from 1.9 million people to 1.2 million people in need in the Far North has in large parts to do with the decrease of people projected to be food insecure in 2020. 1.3 million people needed food assistance in 2019. Less than half, 475,000 people, were projected to be food insecure in 2020 by the analysis of Cadre Harmonisé in October 2019. Taking into account the impact of COVID-19, 690,000 people are now estimated to be food insecure from April to December 2020 in the Far North. While important interventions in the food security sector have contributed to improve the food security situation in the Far North, the change of methodology to estimate people in food insecurity, from EFSA for 2019 to the use of Cadre Harmonisé data for 2020, also contributes to the difference in the estimation of food insecure people. Furthermore, while the needs are projected to decrease, they continue to be only partially met. The pressure on diminishing natural resources in the eastern regions and the Far North is leading to the destruction of the environment and potentially an increase in intercommunal conflict.

The security situation is likely to further deteriorate in 2020 in the Far North and

North West and South West regions. 3 million people will require protection assistance due to restricted freedom of movement, ongoing hostilities or the threat of violence and abuse. In areas affected by conflict and armed violence (Far North, North West and South West regions), agricultural production will be further affected. In these areas, challenging humanitarian access due to underfunding, insecurity, poor road infrastructure and COVID-19, is likely to remain a key impediment to reach people in need.

In the **North and South West region**, the humanitarian situation is projected to further deteriorate in 2020. The lack of progress towards political solutions, and continued violence are likely to result in further displacement and increase of humanitarian needs. The limited humanitarian assistance, coupled with highly reduced availability of and access to basic health and WASH services and the poor vaccination coverage, are likely to lead to outbreaks of vaccine preventable diseases, water borne diseases and an increase in malaria cases and make the regions particularly vulnerable to the COVID-19 outbreak. The education system is unable to function in a context of high insecurity, and teachers and school aged

children need psychosocial support. Lack of education, already leading to developmental gaps in literacy and numeracy, will lead to illiteracy in the long term. Lower educational levels are associated with high protection risks, increase in child pregnancies, higher child and maternal mortality rates, reduced income and will take generations to resolve.

Hostage taking for ransom or extortion of money are a growing phenomenon and humanitarian staff and assets are increasingly targeted. The fragmentation of non-State armed groups and the rise of criminality and banditry are likely to lead to a worsening security situation which will further negatively affect humanitarian access. Humanitarian actors are required to conduct extensive sensitization and deconfliction activities to gain and maintain access. This is particularly so for communities in rural and bush areas.



LOMIE/EAST REGION, CAMEROON

*Schooling of minority children (Pygmies) in Lomie.
Photo: UNICEF/CAMEROON*

2.2

Monitoring of Situation and Needs

Humanitarian partners in Cameroon have a coherent and systematic method for data collection on population movement and humanitarian needs and will continue to use internationally recommended data collection tools to monitor the changing situation.

A summary of the indicators and data that will be monitored in 2020 at the inter-sectoral level is included below. Certain data might not be able to be collected in the context of COVID-19. However, partners are considering alternative ways of data collection.

- Monitoring of IDPs and returnee's movements will continue through IOM's Displacement Tracking Matrix.
- UNHCR will continue to update refugee figures through its ProGres tool.
- Multi-Cluster/Sector Initial Rapid Assessments (MIRA) will also continue to be carried out to gain a rapid understanding of the overall needs of populations recently affected by crisis or disaster.
- Multi-Sector Needs Assessments (MSNA) will continue to be carried out in 2020. While not strictly a monitoring tool, the MSNA facilitates a deep understanding of the humanitarian situation and evolution of needs. Furthermore, in support of, and reinforced by the MSNA process, the humanitarian community in Cameroon has a more robust understanding of critical indicators to include in other jointly conducted needs assessments.
- The indicators used to inform the inter-sectoral analysis for the current HNO (see annexes) will be collected at a regular basis. Particular emphasis will be place on the identification of multisectoral indicators in the monitoring and assessment processes in 2020.
- Among the dynamic tools, IOM-DTM's emergency tracking tools and rapid needs assessments, will continue to be used to gain immediate insight on needs of recently displaced populations.
- For increased situational awareness and context analysis, a wide range of data will continue to be monitored and shared through the existing coordination mechanisms.
- At operational level, field monitoring of needs and gaps, including through local partners will continue to be conducted.
- Data from key assessments and surveys such as the FSA, the Cadre Harmonisé, the SMART, the Health Data Monitoring System, etc., will be used to monitor humanitarian needs for certain sectors that may have a major impact on the overall humanitarian situation.

Part 3

Sectoral Analysis

MORA/FAR-NORTH, CAMEROON

Make-shift shelter for displaced Cameroonians near Mora, in the Far-North region. Photo: UNRCO/EMANUEL FOUKOU



3.1 Protection



PEOPLE IN NEED

3M

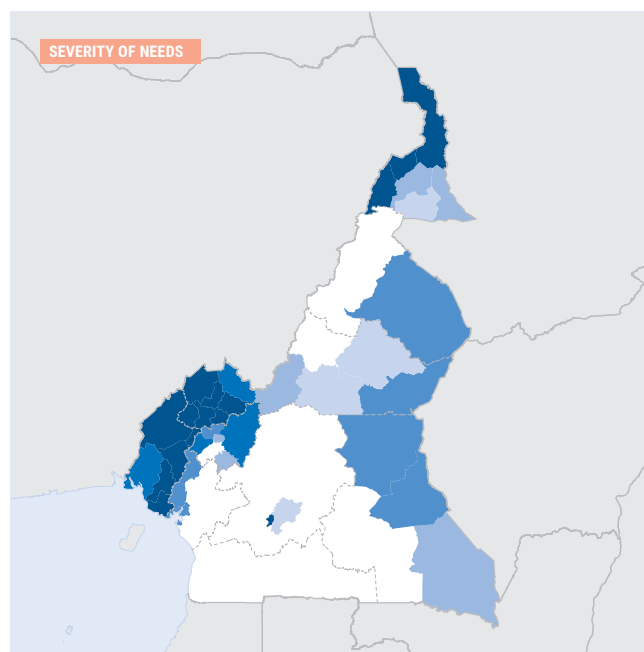
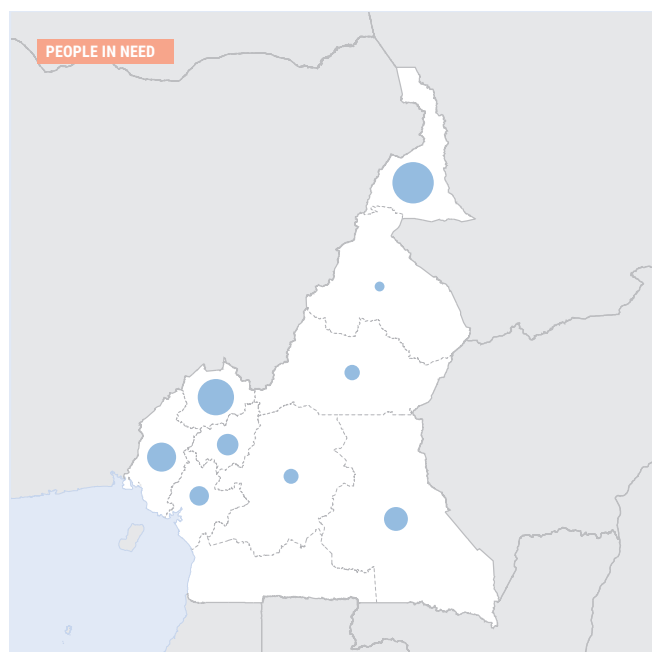
WOMEN

51%

CHILDREN

50%

WITH DISABILITIES

15%

2016

988k

2017

1M

2018

1.3M

2019

2.2M

2020

2.7M

2020 - COVID-19 CONTEXT

3M

MINIMAL

9%

STRESS

17%

SEVERE

26%

EXTREME

6%

CATASTROPHIC

43%

OVERVIEW

In the Far North, refugees, displaced persons and some host populations face many protection risks, such as violence, including sexual violence against women and girls, arbitrary detention, family separation, lack of documentation and difficult living conditions that have an impact on vulnerable people. Certain protection risks, such as GBV, primarily affect women and girls while others, such as armed violence or arbitrary detention, mostly affect men and boys. The situation of the more than 106,000 Nigerian refugees improved

in 2019, with better access to asylum and biometric registration of refugees outside camp settings. However, physical protection, especially of refugees outside the camp and continued registration remain priority needs.

With the escalation of violence between government forces and non-state armed groups in the North West and South West regions of Cameroon during 2019, civilian populations are facing serious violations of human rights at the hands of the belligerents. The contextual complexity of the conflict increases the vulnerability of the

civilian population and has disastrous humanitarian consequences: the massive displacement of the population, attacks on property, burning of houses and villages, family separation, loss of civil status documents, arbitrary arrest and detention, prohibitions on educational services leading to increased risks for children, lack of access to basic services that are severely affected by the crisis and serious human rights violations (killing, child recruitment, abduction, GBV incidents, etc.) The conflict has displaced at least 650,000 people since the end of 2017, including women and children who are at particular risk of incidents of sexual and gender-based violence as well as abuse, neglect and exploitation. With the persistence of conflict, this number, as well as protection needs, are likely to continue to increase during 2020.

In the East of the country, the 272,000 Central African refugees are mostly in a situation of protracted displacement and, like some of the populations that host them, have needs in terms of documentation, protection from sexual violence and child labour, and face insufficient access to basic services. The year 2019 did not see any massive arrivals from the Central African Republic and enabled the start of voluntary repatriation operation for about 4,000 individuals, which, although limited in number, gave hope for continued repatriation of refugees in 2020. However, with the outbreak of the COVID-19 pandemic, the repatriation process was put on hold.

Far North Crisis

The protection of civilians remains a major challenge in the Far North region. Indeed, men, women, girls and boys face various vulnerabilities and risks. The persistence of the crisis is causing significant violence, especially in the areas bordering Nigeria. In total, from January to September 2019, the protection monitoring network recorded 4,949 protection incidents against civilians in the Far North, including killings, kidnappings and armed incursions of Boko Haram as well as physical violence, extortion, arbitrary arrests and threats against persons and property perpetrated by a series of alleged perpetrators. There is a continuing need to strengthen monitoring and referral mechanisms and holistic care for survivors. Gender-based violence, such as intimate partner violence, rape, child marriage and sexual exploitation, is perpetrated overwhelmingly against women, and adolescent girls. Children are highly affected by conflict, exposed to violence, abuse and exploitation, family separation issues and have significant psychosocial needs. The needs of the population in terms of access to identity and civil status documents are also to be noted: while progress has been made with the finalisation of biometric registration of out-of-camp refugees in Logone-et-Chari, Mayo-Sava and Mayo-Tsanaga in 2019, the lack of documentation among internally displaced persons and refugees and inadequate recognition of refugee identity documents expose them to the risk of statelessness, denial of access to basic services and arbitrary arrest and detention. There are also needs in terms of strengthening detention monitoring, advocacy and capacity building activities for judicial and law enforcement actors, including sensitising communities on available GBV services and respect for the rights of women and girls. As for the needs for holistic response of GBV

cases, there were significant gaps, with an average of 93% for clinical management of rape cases within 72 hours of the incident, due to delays in reporting and sometimes unavailability of care, 96% for legal aid and security services, and 80% for safe space accommodation services. There is a growing need for safe spaces to shelter not only women and girls at risk but also those who have been subjected to GBV.

North West and South West Crisis

The persistence of the crisis in the North West and South West regions, the hardening of the positions of the parties to the conflict in managing the crisis and the low interest of the international community have aggravated the impact on the lives of the civilian population. The number of internally displaced persons in the two crisis-hit regions increased from 350,920 in December 2018 to 450,264 in August 2019, an increase of 28.3%. In addition to these figures, it is estimated that at least 123,309 people moved to the West region, 76,880 to the Littoral region and 5,301 to Adamawa, who, although located in stable and secure areas, face protection issues such as access to documentation, survival sex and risks of stigmatisation.

The displacement situation remains dynamic with new displacements to forest areas and urban centres in both crisis-hit regions, as well as to neighbouring regions where schools and other basic services are functional and employment opportunities are available. The divisions most affected by the presence of displaced persons in the two crisis-hit regions are Mezam, Ngo-Ketunjia, Bui, Boyo and Momo in the North West, and Meme, Fako and Ndiang in the South West. Host communities, already strained by the conflict, are facing increased pressure to access services, resources and basic needs.

The ongoing conflict between armed forces and non-state armed groups has had a significant impact on the security situation, protection and access to services and has considerably increased the vulnerability of the population. Insecurity, including prolonged periods of lockdowns, clashes or the prospect of a possible confrontation between armed actors, protection risks and the absence of State authority are the main causes of population movements. According to protection monitoring carried out, 5,187 protection incidents were recorded between January and September 2019. Attacks on villages, burning of houses and killings have been recorded. House destruction alone accounted for 41% of the incidents recorded and homicides for 7.5%. Displacement caused by violence in the villages resulted in lost documentation for many people, which has an impact on their freedom of movement and exposes them to the risk of arbitrary arrest in this tense security environment. GBV incidents, affecting women and girls in particular, were reported, as well as situations of arbitrary detention and risks of recruitment into armed groups, mainly affecting men and boys. Young men, women and girls flee rural areas to urban centres in search of security and employment. In this context of crisis-induced socio-economic fragility, the use of sex as a negative coping mechanism is reported. Women who have lost their partners face more responsibilities as heads of households, making

them even more vulnerable. Children have been separated, abandoned and kidnapped and educational services greatly reduced, resulting in increased risks for children.

Access to legal services is very problematic, with risks of arbitrary arrest and a lack of legal response to gender-based violence. The crisis has also severely affected vulnerable people; insecurity and the closure of health facilities limit access to reproductive health services and treatment for HIV and pregnancy monitoring for pregnant women. It has been reported that people living with disabilities have been tortured or killed by parties to the conflict and that women and girls living with disabilities are repeatedly subjected to sexual violence. In addition, these people also have very limited access to services and protection due to insecurity.

Central African refugee Crisis

The Central African refugees are in a situation of protracted displacement, with little hope for a durable solution in the medium term, even though a voluntary repatriation operation was set up at the end of 2019. About 70% of refugees are settled in host communities where social and community services are structurally weak with limited capacity. Freedom of movement is de facto restricted by the requirement to hold a permit to leave the division of residence, by harassment at checkpoints and by inadequate recognition of identity documents by the police. Socio-economic integration is thus strongly impacted.

In addition, child marriages, sexual exploitation, rape and physical and emotional violence are perpetrated against women, girls and adolescents, these forms of violence being rooted in cultural and social norms, gender inequality, poverty, ignorance and lack of respect for women's rights. Children are also confronted with school dropouts, family separation, and economic and sexual exploitation, with, for example, child labour in mines to help their families in a context of socio-economic insecurity and reduced assistance. Access to civil status documents remains a challenge, as does the need for continuous updating of registration data for a population scattered over a large area of land. Due to scarcity of resources and economic opportunities, promoting cohabitation between host populations and refugees is a continuing need for protection.

COVID-19 RELATED NEEDS

IDPs, refugees and the returnees constitute a mobile population, which implies special risks with regards to the COVID-19 transmission. Furthermore, this already vulnerable population who relies due to a lack of access to land for farming or other sustainable income opportunities to large parts on humanitarian assistance, risks to suffer disproportionately from a reduction of humanitarian aid due to COVID-19.

While the population is advised to regularly wash hands and self-isolate, there are limitations for the people living in IDP sites, refugee camps as well as informal settlements. Overcrowded shelter conditions, weak health care service provision and a lack of access to water supply and sanitation facilities can greatly increase the spread of COVID-19.

At-risk groups—such as female-headed households, people with disabilities or LGBTIQ+ individuals—who are struggling financially, may be forced or coerced to provide sex in exchange for assistance.

As the COVID-19 crisis unfolds, different groups of women, girls, boys and men, particularly from marginalized communities, will be affected by stigma associated with the outbreak. LGBTIQ+ individuals, sex workers and homeless people, for instance, are likely to experience additional barriers to accessing humanitarian aid and health care services due to discrimination, unwelcoming attitudes, and a lack of understanding from providers. The fear of discrimination or experience of actual discrimination can affect health-seeking behavior as well as health service provider attitudes. Certain groups may avoid surveillance, testing and care. These concerns will be particularly acute for refugees, migrants and IDPs who are already facing xenophobic attitudes. Prejudice could take the shape of racism, expanding to specific ethnic groups erroneously associated with the virus.

PROJECTED NEEDS

In the Far North, the increasing number of displaced persons who have returned requires increased support as part of a comprehensive solutions strategy. With regard to Nigerian refugees, the Tripartite Commission's supervision of the repatriation of Nigerian refugees is a priority to ensure that it is carried out on a voluntary basis, in safety and dignity.

Protection needs in the North West and South West regions are expected to further rise in 2020, in light of the increase in violence and displacement.

At the end of 2019, the implementation of voluntary repatriation for approximately 4,000 individuals, allowing them to return to specific areas in western CAR, paves the way for durable solutions for part of the refugee population in 2020.

The elections scheduled for late 2020 in CAR may also have an impact on the protection and solutions situation for Central African refugees and will require contingency planning in anticipation of potential new protection needs.

3.1.1

Child Protection

PEOPLE IN NEED

2.0M

WOMEN

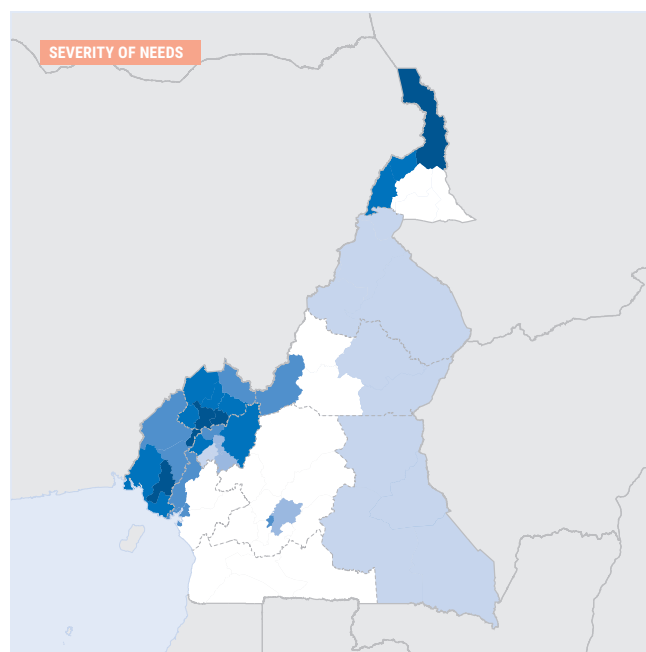
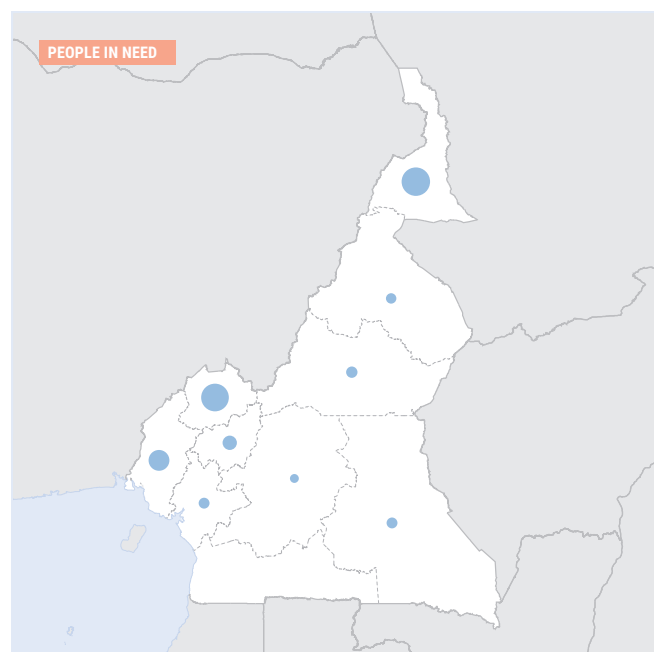
51%

CHILDREN

100%

WITH DISABILITIES

15%



2016

549k

2017

580k

2018

1.3M

2019

707k

2020

1M

2020 - COVID-19 CONTEXT

2M

MINIMAL

19%

STRESS

10%

SEVERE

23%

EXTREME

32%

CATASTROPHIC

16%

OVERVIEW

Far North Crisis

In 2019, the Far North Child Protection Working Group observed that the increase in threats and attacks by non-state armed groups in the Far North Region of Cameroon continued to lead to significant population movements, increased difficulties in access to basic social services for children and a lack of development opportunities for adolescents and youth and further weakened community ties.

As girls and boys represent about 64% of the displaced populations in the region, they are directly affected by the adverse effects of the crisis. The major problems facing children are multiple. Due to insecurity and population movements, many children have been forced to flee, leaving their homes and villages, sometimes witnesses or victims of violence; involving high levels of stress and, thus, potentially, significant negative consequences for their cognitive and emotional development. Family separations due to sudden population displacements continue to occur, although to a lesser extent than at

the beginning of the crisis. The abduction and recruitment of children by non-state armed groups continues to be a major issue, particularly for girls aged 9 to 13 and boys aged 10 to 17. In addition, children who were formerly associated with non-state armed groups face real difficulties in reintegrating into their communities of origin, not yet prepared to receive persons who have had contact with non-state armed groups as they suspect that they are still in contact with these groups.

Adolescent girls aged 10-19 report many forms of violence against them, including conflict-related violence, community violence and gender-based domestic violence. They face sexual harassment and violence, as well as early and forced marriage as well as kidnapping by non-state armed groups. Most of the girls who have managed to escape from non-state armed groups sometimes come back pregnant or even accompanied by children from sexual violence within these groups. Children born as a result of these acts of violence are stigmatized in communities and their rights are violated, starting with obtaining a birth certificate. In communities, girls who have survived sexual assault face stigmatization and are sometimes forced by their own families and communities to marry their abusers.

It should also be noted that children continue to be exposed to the risks associated with improvised explosive devices and war remnants and suffer the physical and psychological consequences.

In addition, communication between adolescent girls/youth and adults is a serious and profound problem but not very noticeable due to the customs and habits of the region. The desires of adolescents and young people are not always understood by adults who impose their vision on them. Thus, adolescent girls in particular are largely excluded from family and community decision-making and have little recourse to be heard. The accumulation of these frustrations can lead adolescents and young people to believe in rhetoric used by non-state armed groups, which sometimes can lead to radicalization.

Finally, children without birth certificates, including those who lost them while on the move, face significant difficulties in accessing education and even when they do, they are prevented from taking the primary school exam due to this lack of documentation. Although this problem affects girls and boys in the same way, girls are more affected because of the burden or social norms that are unfavorable to girls, in addition to the absence of birth certificates as a factor contributing to girls' failure to stay in school. This situation also raises the issue of their protection in the event of abuse, violence or exploitation, where the issue of age determination is crucial for better protection and adequate and adequate psychosocial and medical services. It also exposes them to the practice of child marriage, which is a major problem in the region, aggravated by the crisis since 2013 and which is equivalent for some parents to a means of survival in a context where access to an income-generating activity or to land for agricultural activities is limited and limiting.

North West and South West Crisis

Children, girls and boys are the first victims of the crisis. This results in serious violations of their human rights and constant insecurity,

causing family separations over the past three years, limiting access to basic social services such as education, and causing both visible and invisible trauma in the short and long term. The physical and psychological well-being of these children, who are both direct and indirect witnesses to conflict-related violence, is at stake.

Displacement, violations of human rights and children's rights, the breakdown of family and community ties are part of their daily lives. Populations have been displaced to urban/peri-urban areas and rural areas difficult to access. In this crisis, the education system, which generally provides a protective environment for children, is a direct target, exposing children to protection risks where there should not be any. Where schools are operational, the presence of defense or security forces around schools to protect learners exposes children to the risk of attacks by armed groups as well as to the trauma caused by the constant presence of these armed forces around them. The interruption of schooling creates a situation where children in rural areas no longer speak English. Without education, there will be no opportunities for personal or community development.

Reports from the field indicate that young boys, but also young girls, have joined non-state armed groups, some in search of revenge or livelihoods, while others have been abducted and forcibly recruited. Child protection actors report that children leaving non-state armed groups receive no support for their reintegration, are stigmatized and risk being arbitrarily killed. Adolescents are also more likely to be victims of arbitrary arrests, forced recruitment and extrajudicial executions and are at greater risk of injury or death directly related to the conflict. As a result, some families limit their sons' movements or send them to cities to eliminate the risk of their children being killed or forcibly recruited.

Finally, as a result of displacement and destruction of homes, many boys and girls no longer have birth certificates or have never had one, which has a direct impact on administrative procedures such as national examinations and makes them more vulnerable to exploitation or trafficking and arbitrary arrest and detention, particularly for boys aged 14 and over.

At the individual level, many boys and girls are separated from their parents and are cared for by other members of their community or left alone as child heads of household, especially in urban and peri-urban areas, including neighbouring areas such as the Littoral, the West and even Adamawa (MIRA October 2019). Family tracing and the reunification of unaccompanied and separated children have been hampered by the general instability and security of the environment. In addition, children have limited or no access to basic social services. Thus, with regard to health services, two distinct consequences must be taken into account: on the one hand, a reported increase in infant mortality for children in general and, on the other hand, an increase in cases of disability for those who suffer injuries as a result of the conflict. Adolescent girls, on the other hand, are a particularly vulnerable group due to the combined effect of their age and gender discrimination, which leads to specific threats against them: they face the risks of rape and other forms of gender-based violence as well

as early pregnancies, very often followed by unsafe deliveries and stigmatization. The most vulnerable families adopt negative coping mechanisms such as survival sex, child marriage for girls under the legal age of marriage and sending children in search of income in exchange for work. Reduced access to land for cultivation and lack of income-generating opportunities have led some families to reduce the quality and quantity of food, which in turn leads to malnutrition. The Child Protection Area of Responsibility also reports an increase in drug abuse and suicide among adolescents, particularly in the areas of drug abuse and suicide.

Population displacements directly affect the North West and South West regions, but also the West, Littoral and, to a lesser extent, Adamawa regions, where people seek security, economic opportunities and access to education. The needs of these children are similar to those of children left in the North West and South West, with a particular focus on family separation, early pregnancy and child sexual exploitation, and child labor (MIRA, October 2019).

Central African refugee Crisis

In 2019, the Northern, Adamawa and Eastern Regions continued to host Central African refugees, with limited resources to meet their needs and a low level of integration of these refugees into their communities. As of September 2019, the number of refugees stood at 270,924 (141,260 women and 129,664 men), 55.47 per cent of whom were children (74,698 girls and 75,847 boys). The total host population is estimated at 5,287,103 people (2,676,945 women and 2,610,158 men), 47% of whom are children (2,485,156).

With already high levels of poverty in the region (41.7% in Adamawa and 30% in the East), the influx of Central African refugees has overburdened the already limited basic services to meet the needs of the original population. As a result, there are few services available for children. Thus, social services, birth registration services and specialized psychosocial support and child protection services are not able to meet all demands.

Given the protracted nature of refugee movement and settlement in these three regions of the country, the protracted nature of the crisis in the Central African Republic and the low prospects for return, long-term investment in durable solutions and the development of systems to meet the needs of refugees and host communities will be essential.

The main protection risks to which children are exposed are as follows:

- Child marriage, sexual violence and exploitation are mainly linked to negative social norms and practices, as well as to the patriarchal construction of society. Thus, adolescent girls are at risk of rape, early pregnancy and sexually transmitted diseases.
- The lack of appropriate support and monitoring for unaccompanied and separated children, as well as the poor capacity of social services to respond quickly to their immediate needs.
- Child labor, which affects both boys and girls, particularly those working on mining sites to help their parents meet basic needs in a context of socio-economic fragility and reduced humanitarian

assistance, as well as extremely limited government subsidies to families. In communities surrounding mining sites, young girls are at high risk of sexual exploitation. In addition, this condition increases the risk of drug and alcohol use among adolescents and youth.

- Neglect and abandonment of children by their parents and lack of appropriate care, as well as low skills for effective positive parenting.
- The lack of birth certificates, which limits children's access to education and learning opportunities. In addition, children without a birth certificate have no legal identity and are more exposed to the risks mentioned above, such as child marriage and child labor.

IMPACT OF COVID-19

The current COVID-19 outbreak can quickly impact the environment in which children live. Measures to prevent the spread of the virus such as school closures, quarantine measures and restrictions on movements – while considered necessary – disrupt children's routine and social support and expose them to a number of protection risks.

Social distancing measures may cause psychosocial distress for children who may fear for themselves and for their families. In conflict-affected areas, limited or no access to psychosocial support through child-friendly spaces and other safe spaces due to social distancing measures leaves children even more vulnerable. In the North-West and South-West regions, and particularly in rural areas, this presents an additional risk of exposure to sexual exploitation for girls and use and recruitment by armed groups for boys.

Children, parents and caregivers are facing new stressors. High stress environments can lead to physical, emotional, and sexual abuse and violence against children, as well as between parents affecting children witnessing inter-partners violence (IPV). Rates and severity of domestic violence, including sexual violence, will likely surge as tension, in relation to the pandemic, rises. Stress, alcohol or drugs consumption, and financial difficulties are all considered triggers for violence in the home affecting boys, girls and women, and the quarantine measures being imposed will increase all three. Mobility restrictions (social distance, self-isolation, lockdown, quarantine) will also increase survivors' vulnerability to abuse, stigmatization, discrimination and need for protection services.

Reporting abuse or other measures for children to respond to abuse will be more difficult as abusive individuals will be at home at all times. Accessibility of protection services will rapidly decline, particularly in urban areas. Child abuse is less likely to be detected during the COVID-19 crisis, as child protection agencies have reduced monitoring to avoid spreading the virus.

Children who were previously affected by the different crises, such as internally displaced children, but also children formerly associated with armed groups and children working in mines are at higher risk of being denied access to already limited protection services.

The risk of a child being separated from his or her caregivers because of the COVID-19 will increase the number of children already separated due to the other humanitarian situations the country faces,

and the same will apply to children at risk of being unaccompanied (including children living in the street in urban areas), orphaned or institutionalized in residential care facilities which expose children to additional health and protection risks. Unaccompanied or orphaned children are particularly vulnerable to trafficking and other exploitation, including sexual exploitation, forced begging, selling goods on the streets, and other child labor, including worst forms of child labour.

Children who are confined in orphanages and other institutions are held in close proximity to other children, with limited access to water and sanitation, which can facilitate the spread of COVID-19. The same also applies to children in detention, them being separated from adults or not. Access to basic medical services is also often poor or lacking in these settings, putting children's health at greater risk if they fall ill.

Similarly, internally displaced children often live in overcrowded households or informal settlements, where basic COVID-19 prevention measures such as frequent handwashing and social distancing are nearly impossible.

With livelihoods being disrupted because of confinement measures, families are left economically even more vulnerable (particularly in urban setting areas) and with the additional task of caring for their children in the absence of childcare options and schools being closed. As a consequence, negative coping mechanisms and peer pressure may result in children being engaged in labor, possibly exploitation or engaged in criminal activities in search for income. Given that children

are presented as less likely to be affected by the virus (i.e. to show symptoms), stigma and discrimination related to COVID-19 may make also children more vulnerable to violence and psychosocial distress.

Control measures and vulnerabilities of women and girls may also increase protection risks they face and lead to negative coping mechanisms, including child marriage and transactional sex. Globally, evidence shows that where women are primarily responsible for procuring and cooking food for the family, increasing food insecurity as a result of the crisis may place them, and adolescent girls, at heightened risk, for example, of different forms of domestic violence due to heightened tensions in the household. Females traditionally play a role of caregiver in the family and in communities. As such, additional burdens may be put on them during the pandemic; vulnerabilities of women and girls may further exacerbate as they will be at heightened exposure to COVID-19. In addition, it is likely that girls will face more difficulties in accessing remote learning opportunities and going back to school when schools resume.

The disruption of birth registration services as well as movement restrictions may further hinder access to essential services for children and increase the number of unregistered children.

Lastly, the COVID-19 crisis also heightens the risk of online child sexual exploitation, particularly in urban areas where children have easier access to the internet. Children are spending more time online due to school shutdowns and may be anxious or lonely because of isolation and confinement, making them more vulnerable to online predators.

3.1.2

Gender-Based Violence

PEOPLE IN NEED

2.1M

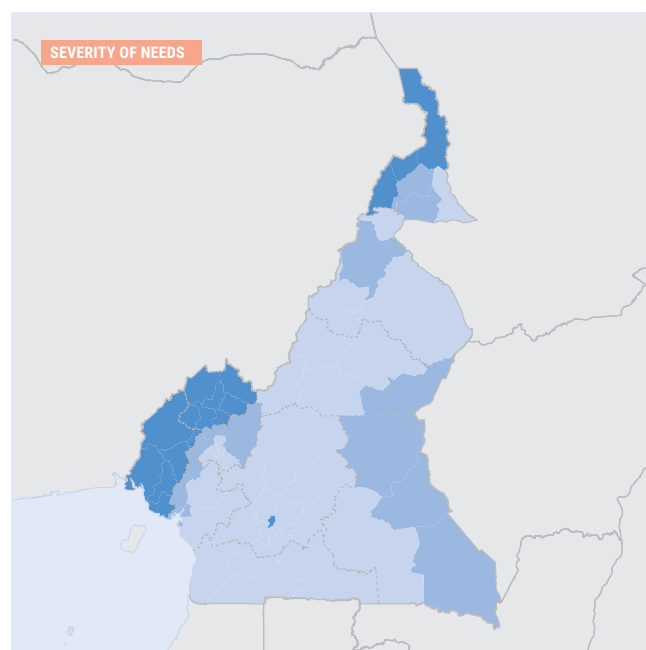
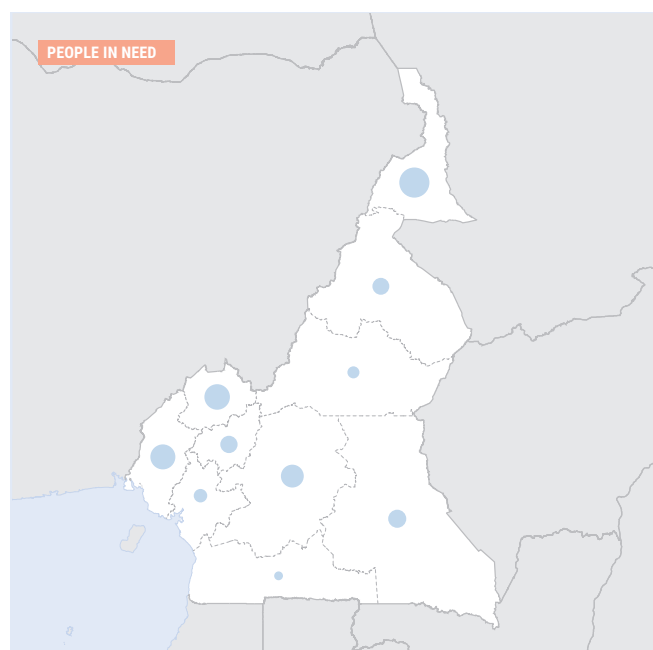
WOMEN

95%

CHILDREN

49%

WITH DISABILITIES

15%

2016

697_k

2017

454_k

2018

1.3M

2019

2.2M

2020

1.6M

2020 - COVID-19 CONTEXT

2.1M

MINIMAL

25%

STRESS

24%

SEVERE

19%

EXTREME

7%

CATASTROPHIC

25%¹

¹ The scale has taking into account that 42% prevalence does not equal to no problem but should be accounted for as a problem on the severity scale.

OVERVIEW

It is estimated that a total of 2,2063,753 people are in need of GBV assistance in all regions of the country: 465,271 people in the Far North region, 375,087 people affected by the CAR refugee crisis and 915,425 people affected by the crisis in the North West and South West fall under the "physical and mental wellbeing" consequence.

In the Far North, people face many risks of violence, including sexual and gender-based violence. In the east of the country, populations are plunged into a protracted crisis situation leading to protection needs,

including gender-based violence. With the escalation of conflict in the North West and South West regions, civilian populations are facing serious human rights violations. Women and children are at particular risk of facing incidents of sexual and gender-based violence as well as abuse, neglect and exploitation. These populations are in need of life saving GBV services²⁵ to deal with the consequences of GBV and recover; capacity building to ensure self-protection through community-based protection mechanisms.

²⁵ Given the nature of the emergency, lifesaving GBV services include at minimum GBV case management (Psychosocial support), Health care including clinical management of rape, Livelihood support, Safe Shelter.

Violence against women and girls is a preoccupying reality in Cameroon.²⁶ Rates and severity of domestic violence, including sexual violence, surge as tension, in relation to the COVID-19 pandemic, will rise. An assessment carried out by the GBV sub-Cluster under the leadership of UNFPA in the North West and South West regions of Cameroon revealed a rise in GBV since the outbreak of the pandemic. Even though the Government has not imposed strict confinement measures that forces persons to stay at home, the economic downturn has led to an increase in GBV. The temporary closure of bars, restaurants and supermarkets from 18:00 hours and the drop in hospitality business especially hotels/tourism rendered many jobs redundant leading to unemployment. In this context, increased security, health and money concerns are likely to heighten tensions especially in communities already weakened by conflict. Men may face distress when losing their traditional status as “breadwinners”, unable to fulfill their socially expected role of provider and protector of the family. This could lead to a recourse to domestic violence as a means, for some men, of asserting their authority and domination. Stress, alcohol consumption, and financial difficulties are all considered triggers for violence in the home, and the quarantine measures likely to be imposed will increase all three. Economic hardship won’t allow women to fulfill their responsibilities for procuring and cooking food for the family, causing household tensions and increasing risks of violence. Mobility restrictions (social distance, self-isolation, extreme lockdown, or quarantine) will also increase survivors’ vulnerability to abuse and need for protection services. Escape will be more difficult as the abusive partner and/or parent will be at home all the time. Accessibility of protection services will decline if extreme lockdown is imposed or if public resources are diverted.

Increased poverty, combined with the suspension of education activities, can expose children, particularly adolescent girls, to heightened risks, including child labor, transactional sex or to early and child marriage.

Far North Crisis

In the Far North, from January to October 2019, a total of 2,622 GBV cases were reported to GBVIMS users. The data analyzed revealed significant gaps in the provision of essential GBV services. On average, only 7% of rape survivors received clinical management within 72 hours of the incident, due to delays in reporting and sometimes the unavailability of care, only 4% received legal aid and security services, and 20% received safe space accommodation services. There is a growing need for safe spaces to shelter not only for women and girls at risk but also those who have been subjected to GBV, especially women who are in an abusive relationship. In particular, the North West region has a huge gap in safe shelter, putting women who are facing intimate partner violence in a particular risk.

SCOPE OF THE ANALYSIS

The inadequacy of protection services (police, judiciary, social services) and the low capacity of actors to deal holistically with gender-based violence are among the root causes of the crises. As for structural causes, there are inequalities of power, weakness of institutional mechanisms and weak synergies between response actors. The actions of both the NSAGs and the government forces threatens the fundamental rights for women and girls: women have been subjected to rape and other forms of sexual violence by both NSAGs and government security forces.

CROSS-SECTORAL ANALYSIS

GBV risks were also identified by the other sectors.

Health: The lack of involvement of men in the awareness raising on family planning, the lack of female gynecologists/midwives which would be preferred by women, the lack of training of health personnel in GBV, the breaking/expiry of PEP kits in some health facilities are just some of the challenges. As few health providers are trained on psychosocial support, there is a very limited number of psychologists to provide care to survivors. There is a need to build the capacity of more health professional to provide the clinical management of rape (CMR), and psychosocial support to survivors, especially in hard to reach areas and villages.

Education: Drop out of school for early and forced marriage, for petty commerce, non-schooling policy by the NSAGs has resulted in displacement of households to locations where access to school for children exist. This resulted in overcrowding of classrooms putting more strain on education.

Food security: Discrimination in the distribution of agro-pastoral inputs and in the exploitation of agricultural land and resources has been observed.

Livelihoods: The preference of humanitarian actors to support women can lead to domestic violence. Women who received livelihood support have reportedly been denied of their resources by their husbands.

Shelter: Non-respect of age and gender when building shelters: promiscuity (latrine, bedroom, NFI).

WASH: Location of water points and latrines involve GBV risks if they are located far away from the affected populations’ accommodation. Also, the lack of latrine doors also increases the risk of GBV. Furthermore, WASH actors primarily consult with men about the location and design of the facilities, not sufficiently allowing girls and women to voice their preferences for a safe and dignified access to WASH facilities.

Protection/security: insufficient training in GBV for security forces (gendarmerie and military police). GBV against women and adolescent girls is reportedly committed by Government soldiers and members of non-state armed groups.

3.2 Education



PEOPLE IN NEED

3.6M

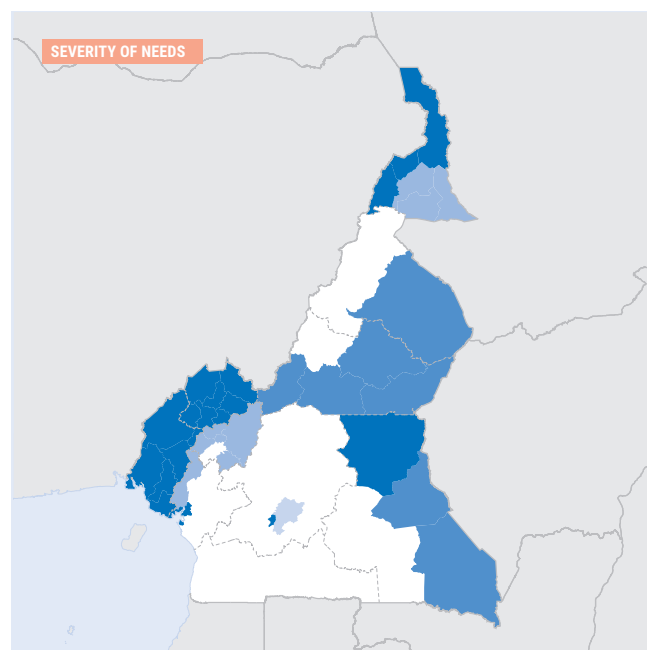
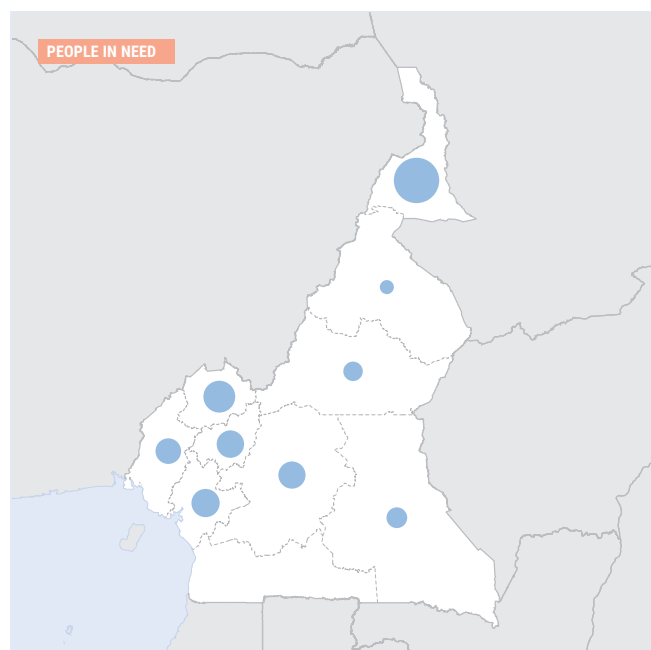
WOMAN

50%

CHILDREN

100%

WITH DISABILITIES

15%

2016

327k

2017

450k

2018

549k

2019

1.2M

2020

1.8M

2020 - COVID-19 CONTEXT

3.6M

MINIMAL

19%

STRESS

36%

SEVERE

4%

EXTREME

0%

CATASTROPHIC

42%

OVERVIEW

With the closure of almost 32,000 operational schools in Cameroon on 18 March 2020 due to the COVID-19 pandemic, seven million students have lost access to education. Additionally, with the closure of 177 teacher training colleges (59% private) 17,368 teachers (59% women) have interrupted their education to become part of the highly needed workforce for Cameroon. More than 1.2 million students are due to take their end of year examination before the end of the school year in 2020.

More than 9,350 pre-primary schools, mostly run by communities (64%), have shut down and almost 550,000 children (51% girls) aged 3 to 5 are missing out on formal early stimulation and early learning which is very important in creating a solid foundation for life-long learning and useful citizenship. More than 4.3 million children (47% girls) > 6 years enrolled in 17,551 primary schools (of which 66% public) and almost 1.8 million (40% girls) secondary school students enrolled in 3,950 schools (30% private) have seen their school year

end abruptly due to the COVID-19 pandemic prevention measures put in place by the Government. Almost 340,000 adolescent boys (51%) and girls (49%) who, until 18 March, were receiving their education in multipurpose centres, universities, and higher institutes are now exposed to several protection risks as they stay idle at home without appropriate platforms for them to continue their learning.

Increased poverty, combined with the suspension of education activities, could expose children, particularly adolescent girls, to heightened risks, including child labor, transactional sex or to early and child marriage. Also, girls, who are drafted into domestic and care duties, are more likely to be exposed to COVID-19 than boys. Access to sexual and reproductive health services and products will eventually become increasingly challenging: Scarce resources may be diverted to the outbreak response, with a shortage of health professionals, contraceptive products and financial resources to support SRHR services. As school closures often lead to increased sexual activity, the risk of unplanned pregnancies among adolescents may surge, leading in turn to school drop-out.

The national COVID-19 emergency exacerbates even further the structural challenges and humanitarian impact on education systems in regions affected by insecurity, population displacement, and refugee influx, such as the North West, South West, Far North, North, East, and Adamawa regions. In these regions 1.8 million school aged children are in need of humanitarian assistance in education, and in these regions the student population is likely to face major challenges in accessing online learning, or even radio education.

It is also important to note that Cameroonian communities are host to thousands of refugees and IDPs, created by the CAR conflict and the Boko Haram insurgency. COVID-19 has added additional burden in these regions in terms of access to social services, particularly to education. A total of 145,120 (71,548 girls) refugee children in the target regions need extra emergency education support in the context of COVID-19.

In conflict affected areas of the country where education has been under attack in the recent past a national action plan targets the entire population i.e. through alternative platforms like broadcasting on national radio. This may negatively impact the conflict dynamics and put the lives of children at risk when they access education in emergencies.

In the **North West and South West**, all 6,379 schools (3,692 in the North West and 2,687 in the South West) and about 4,200 community learning centers (2,436 in the North West and 1,764 in the South West) have been, temporarily closed since 18 of March 2020 in an attempt to contain the spread of the COVID-19 pandemic. In both regions, the hard-gained progress in access to learning, over the last year, has been reversed by the COVID-19 outbreak. An estimated 1,033,000

school aged children (570,000 from the North West and 463,000 from the South West) are forced to stay at home due to the dual emergencies, the COVID-19 outbreak and the ongoing conflict. This includes 235,000 students (73,742 from the North West and 161,258 from the South West) from public schools and about 340,000 learners (197,200 from the North West and 142,800 from the South West) from community centers as well as 798,000 conflict affected children (496,258 are from the North West and 301,742 are from the South West).

In the **Lake Chad Basin crisis affected zones**, approximately 1,885,319 children, including 1,527,912 primary school children (580,066 in the North, including 256,698 girls, and 947,846 in the Far North, including 420,043 girls) and 357,407 secondary school children (138,979 in the North and 218,428 in the Far North), are now at home with their families without access to any learning opportunities.

In the **East and Adamawa regions**, all 2,966 schools (1,731 in the East and 1,235 in the Adamawa region) are temporarily closed. In the both regions, the hard-gained progress in access to learning, over the last year, has been reversed by the COVID-19 outbreak affecting 626,094 (288,720 girls) students.

ANALYSIS OF HUMANITARIAN NEEDS

These multiple crises have a common denominator: children are in distress and teachers lack knowledge and competence to deal with crises affected students. With the COVID-19 crisis, teachers must learn to work in a remote way, and children need to be given access to home schooling, which adds additional burden on the education system in these areas where structural challenges were already inherent, particularly in the Far North and in the East and Adamawa.

In addition, based on the existing evidence of the impact of COVID-19 the closure of schools with children, teachers and parents staying at home have inherent protection and abuse risks for them. In times of confinement and quarantine, they often face grave abuses as they have no escape spaces to voice out these. They suffer physical and psychosocial excesses from parents and relations who live with them 24/24 and are prohibited from voicing out these things for the fear of being molested further. As they are at home with no access to any formal and non-formal learning, they engage in negative practices that are detrimental to both their health and physical wellbeing.

The most pressing needs for school-age children affected by the crises include:

- Access to the Protective Learning Environment,
- Quality and relevant education services provided by teachers and education personnel with the knowledge and skills to deal with large class sizes and children in distress,
- Teaching and learning materials.

3.3

Food Security



PEOPLE IN NEED

4.9M

WOMAN

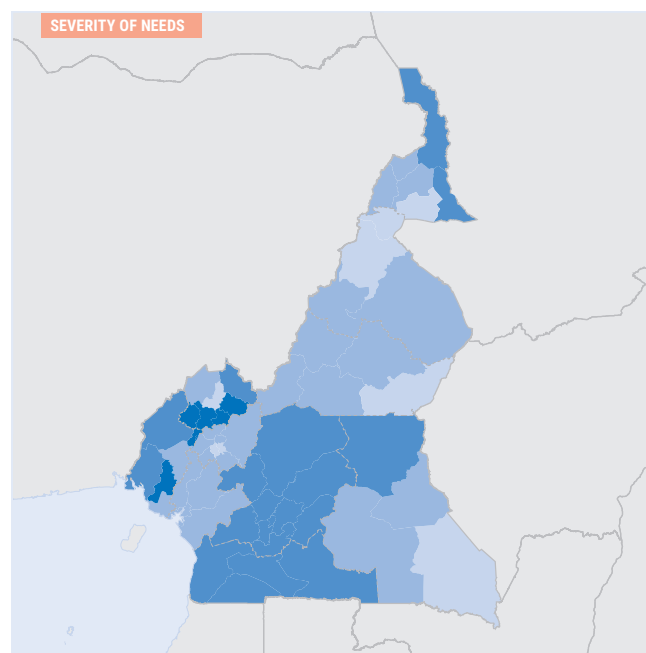
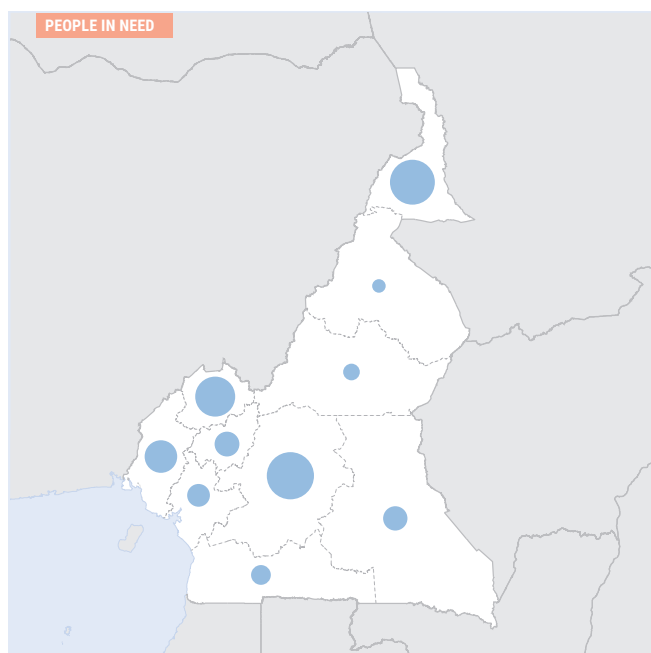
51%

CHILDREN

48%

WITH DISABILITIES

15%



2016

2.4M

2017

2.8M

2018

2.6M

2019

3M

2020

2.4M

2020 - COVID-19 CONTEXT

4.9M

MINIMAL

31%

STRESS

44%

SEVERE

25%

EXTREME

0%

CATASTROPHIC

0%

OVERVIEW

Continued fighting over the last three years, exacerbated by limited access to fields and livelihoods, coupled with the challenging humanitarian access to certain localities and low coverage of food assistance has led to acute food insecurity (crisis) and nutritional insecurity among the displaced and vulnerable populations in urban, peri-urban and bush areas in the North West and South West regions.

In October 2019, the analysis of the Cadre Harmonisé estimated the number of food and nutritionally insecure people at 5,220,000. Of these, 1,370,000 people have immediate survival needs and require emergency food assistance (phases 3 to 5) and 3,850,000 people need livelihood protection (phase 2).²⁷ March 2020 Cadre

²⁷ The results of the Cadre Harmonisé analysis, carried out in October 2019, with a projection to June-August 2020, are used to determine those in need. The population in Phases 3 to 5 is identified as being in need of food assistance. On the basis of EFSA's findings, a proportion of the people in phase 2 at divisional level is added to the overall calculation of those in need.

Harmonisé data modelling by MINADER, FAO and WFP found out that over 4,857,749 people in the ten regions will employ stress, crisis or emergency coping strategies to secure household level food security as a result of overall effects due to the impacts of COVID-19.²⁸

Far North Crisis

In the Far North region, heavy rains in the northern part of the region forecast good agricultural production in the 2019-2020 crop year. However, in the Logone-et-Chari, Mayo Sava and Mayo Tsanaga divisions, which are most affected by the Boko Haram crisis, harvests will remain below normal. Acute food insecurity (stress) persists in these divisions. Furthermore, in October 2019, heavy rains caused flooding in the Logone-et-Chari and Mayo Danay divisions which led to losses in the cereal production and other productive assets of the population, affecting food availability. Households headed by girls and women are more food insecure than those headed by men and boys. In the other departments of the region, livestock looting and crop destruction by pachyderms and granivorous birds will continue to negatively affect people's livelihoods. Stocks in poor households are gradually being depleted, which will lead to the deterioration of livelihoods and limit the access of vulnerable populations (IDPs and local people) to a healthy and balanced diet.

North West and South West Crisis

Because of insecurity or movement restrictions, farmers in several communities have had difficulty since the beginning of the crisis in accessing their fields to cultivate. Transhumance and associated movements have been disrupted, as are the production and supply circuits and the functioning of markets. The crisis has led to a great drop in agricultural and animal productivity, availability and access to products and foodstuffs. In addition, humanitarian actors' access to such common areas has been affected, which also limits the possibility of implementing productive asset creation projects. All this, combined with the frequent and massive displacement of populations in the affected areas, leads to the abandonment of assets and huge losses of assets (productive and non-productive) and livelihoods - fields and cultivated agricultural areas, animals, pastures, housing, granaries, cereal stocks, etc. - and the loss of livelihoods. Illegal taxes and unemployment caused by the dysfunction of enterprises and cooperatives will continue to negatively affect people's livelihoods.

The Cadre Harmonisé analysis in March 2019, pre-COVID-19, estimated that 601,109 people in the North West and 402,177 people in the South West are considered food insecure. March 2020 Cadre Harmonisé modelling data indicates that 854,302 people in the North West representing 34% of the total population of this region and 618,746 in South West representing 33% of the total population of this region are estimated to be in crisis (phase 3+). Meanwhile, the current assistance provided is small scale compared to the growing needs. The host community is also increasingly dependent on humanitarian assistance. However, markets are limited and informal in most rural

areas, leaving in-kind assistance as the predominant response option in these areas, but cash and vouchers are implemented on a small scale.

According to the March 2020 assessment of food security monitoring system (FSMS), 38% of households in the North West and 31% in the South West are female-headed. 60% of the food insecure population are living in the North West, while 40% are in the South West. Due to the difficult food security situation, the population has turned to adopting emergency strategies to survive, with about 40% of the IDPs in the North West and nearly a quarter of the IDPs in the South West engaging in such activities as selling land, livestock and houses.

Central African refugee Crisis

The results of the JAM conducted by UNHCR, WFP and its cooperating partners from November 2018 to May 2019 revealed that 81% of the refugees are highly vulnerable. Economic vulnerability is at the root of the overall vulnerability of refugees. New refugees in the camps (84%) are worse off, followed by new refugees outside the camps (81%) and refugees which arrived years ago (74%). In addition, 60% of the refugees require immediate food aid, and 39% of them are eligible for the livelihood programme.

Economic shocks have affected an average of 41% of the refugees, resulting in very limited economic access to non-food needs such as health and education. Refugees and host communities have acceptable food consumption (on average 63 percent) and do not use high-risk coping strategies; however, they are highly vulnerable economically, indicating that poverty is the main driver of overall vulnerability.

COVID-19 IMPACT OF FOOD SECURITY

The COVID-19 pandemic is profoundly disrupting sectors of food security, agriculture and food systems and endangering all those who depend on it as their livelihood and those depending on humanitarian assistance. This pandemic is exacerbating progressively the current food insecurity in Cameroon. With the rapid increase in the number of COVID-19 cases in Cameroon since the beginning of March 2020, this crisis will certainly result into thousands of people becoming severely food insecure the country. While people affected by one of the three humanitarian crises are particularly vulnerable, the entire population of Cameroon is at risk of food insecurity.

COVID-19 effects on the current humanitarian situation

WFP Comprehensive Food Security and Vulnerability Assessment Findings (CFSVA-2017) and the Cadre Harmonisé report (March 2020), revealed that the overall effects of COVID-19 on food security, will impact over 4,857,749 people in all ten regions including rural and urban areas. These people will employ stress, crisis or emergency coping strategies to secure household level food security as a result of overall effects.

The trend of the spread of COVID-19 so far indicates that urban cities are at higher risk, especially in the regions of the Centre, Littoral, South, South West and West. The probability of COVID-19 spreading

28 The results of the Cadre Harmonisé analysis, carried out in March 2020, with a projection to June-August 2020 and modeling with COVID-19 impact, are used to determine those in need for this revised version of HRP2020. The population in Phases 3 to 5 is identified as being in need of food assistance.

into the East, North and Far-North regions is lower. Therefore, some parts of the East, Far North and North regions are considered as less vulnerable.

The projected impact will affect approximately every fifth household in the country. The prioritization analysis was conducted by the sector to understand the emergency food and immediate livelihood needs among the affected regions in the country.

New humanitarian needs created by COVID-19

As a result of the action taken to minimize the spread of COVID-19, such as lockdowns, closure of small and medium scale enterprises (SME) will have a large impact on local food supply chains. The informal sector employees who work in these SMEs will not receive wages during this period. People who rely on day-to-day labour activities such as labourers, workers in shops and restaurants, street food vendors, non-skilled daily labourers will lose their daily earnings.

Effects on food security: increased food insecurity due to decreased food production

The economic effect of COVID-19 on household's food security are felt on both demand and supply sides. The loss of households' purchasing power leads to a change in food consumption habits as a coping mechanism by reducing quantity and number of meals per day and consuming low-quality food. Meanwhile on the supply side, households could get affected through shortages of labor thus reduction of food production and processing, transport interruptions and quarantine measures limiting farmers' access to farms and markets; and an increase in food loss and food wastage resulting from food supply chain disruptions.

The containment and other related measures make things more challenging for the communities and mostly for vulnerable food insecure people. The limited movements of people affect agricultural activities and road limiting access to agricultural inputs and the fear of contracting the disease disrupts economic activities.

The safety measures taken by the Government are leading to a slowdown of Douala port activities including vessels discharge, trucks movement for food transport to various regions and will impact supply chains thus increase delays in food supply to remote locations. Such changes combined with logistical challenges contribute to food prices increase. High food prices are leading to food access challenges of the most vulnerable populations. Consequently, containment measures limiting person-to-person contact constitute a threat to the

normal functioning of food supply chains, putting production as well as distribution at risk and leading to markets dysfunctionality.

Affected population groups

The COVID-19 crisis will have economic effects on women's and men's lives, with all people experiencing unemployment, underemployment, and loss of income; though with men and women experiencing it differently. The epidemic is likely to have a particular impact on women's economic wellbeing as they have been historically disadvantaged: While 39% of the population lives below the poverty line, this rate rises to 51.5% for women. Of these, 79.2% are underemployed.²⁹ Women are also primarily employed in informal, low-wage activities that are highly prone to disruption during public health emergencies.³⁰ Disruption in food production may primarily affect them, the rural sector being mainly driven by women who represent 71.6% in the informal agricultural sector.³¹ Additionally, as women predominantly care for children, elder and sick members of the family, doing most of the informal and unpaid care at home, this will limit their work and economic opportunities. Earning less than their male counterparts, they are less likely to have assets and savings to fall back on. Social norms in some contexts dictate that girls, women and sometimes elder family members eat last and least during a food shortage. Levels of food insecurity on the rise will also particularly affect the most economically vulnerable families, such as female and child-headed households. Economic downswing can push women to engage in risky coping strategies, such as transactional sex, and exacerbate existing risks, such as sexual exploitation and abuse.

Poor people living in urban areas and in camps are among the population groups most affected by COVID-19. More specifically, with regards to their vulnerabilities associated with personal characteristics, refugees, IDPs, returnees, vulnerable local people, daily workers, small farmers including those with disabilities in both rural and urban areas constitute high-risk groups due to their limited capacities and precarious means of livelihood. Elderly people represent the highest risk group of developing severe COVID-19 disease or dying. Refugees, IDPs, returnees and local vulnerable populations affected by current humanitarian crises are faced with specific challenges and vulnerabilities that must be taken into consideration when planning the response operations for the COVID-19 outbreak.

3.4 Health



PEOPLE IN NEED

2.9M

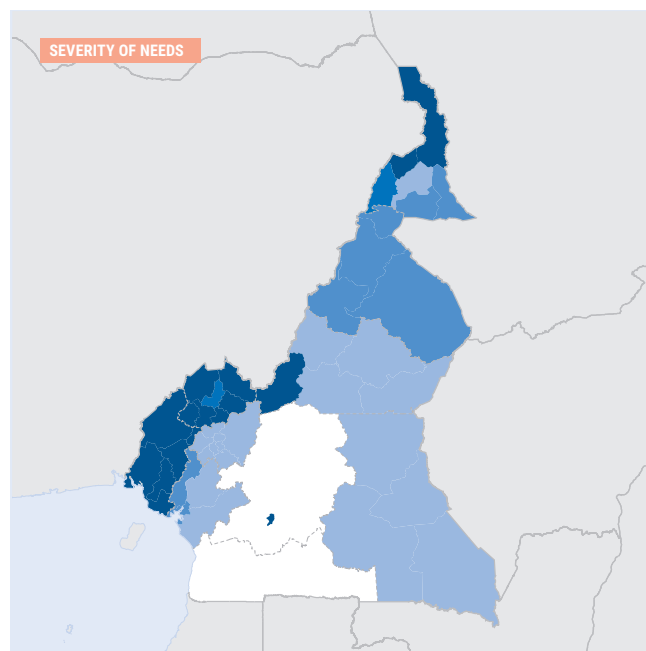
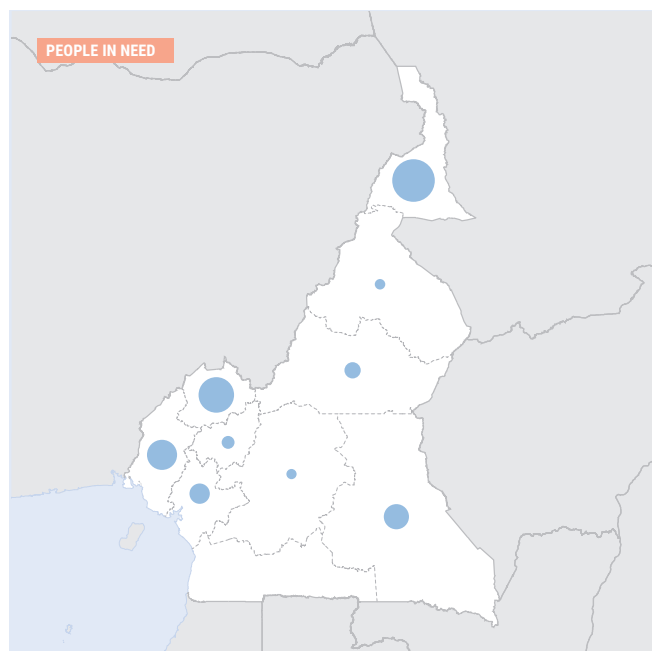
WOMAN

51%

CHILDREN

50%

WITH DISABILITIES

15%

2016

1.1M

2017

1.5M

2018

1.2M

2019

1.5M

2020

2.6M

2020 - COVID-19 CONTEXT

2.9M

MINIMAL

0%

STRESS

43%

SEVERE

18%

EXTREME

5%

CATASTROPHIC

34%

OVERVIEW

Health sector partners estimate at 2.7 million the number of people needing emergency health humanitarian assistance in 2020, 51% of them women. The health situation in priority areas is characterized by a significant reduction in the number of functional health facilities and service delivery by qualified health personnel, difficult access to essential health care and low immunization coverage of affected populations which favor a resurgence of epidemics including measles, cholera, monkey pox and COVID-19.

AFFECTED POPULATIONS

The cholera epidemic declared in 2018, which affected the regions of the North (58% of cases), the Far North (31% of cases), the Center (3.5% of cases), the Littoral (0.5% of cases) and the South West (7% of cases), continues in the two northern regions (North & Far North) as well as in the South West. As of 8 December 2019, 2,064 cases of cholera (51% of these cases are women, 12% are under 5 years of age, 27% are women of reproductive age and 9% are people over the age of 60) with 111 deaths (47% of these deaths are women, 6% are less than 5 years old, 35% are women of reproductive age and 35%

are people over the age of 60) were recorded for a lethality rate of 5.4%. Measles epidemics have also been declared in the Far North and North regions with a high risk of cross-border contamination. In the Far North, North West and South West regions, insecurity has reduced access to basic health services for almost 2.5 million people, 1.3 million of whom are women and 415,075 children under the age of 5. Nearly 300 health facilities, mainly in the North West and South West, are no longer functional (destroyed by conflict or abandoned by health personnel) while population movements, epidemics and the massive influx of wounded people following the different armed conflicts increase the complexity of providing quality health care.

Cameroon has its first cases of COVID-19 on 5 March 2020. The pandemic affects all ten regions of the country. As of 30 April 2020, 2,069 cases including 61 deaths have been registered. The most affected regions are the Centre (1,152 cases with 19 deaths), the Littoral (739 cases with 39 deaths) and the West (103 cases with 2 deaths). The pandemic has moved to community-based transmission and the number of daily registered cases is expected to grow exponentially. Most of the emergency affected regions are not prepared to respond given that required care and prevention material is not available. In addition, as of 30 April, a total of 93 infected health personnel has already been recorded (31 in the Center, 1 in the Far North, 25 in the Littoral, 30 in the West, 3 in the East and 3 in the South West) with 7 deaths. This leads to a denial of services in some health facilities for people presenting flu-like symptoms.

The epidemic will have distinct effects on women, girls, boys and men. Women are eventually more likely to be infected by the virus, as they predominantly care for children, elder and sick members of the family.³² Similarly, girls, who are drafted into care duties, are more likely to be exposed than boys. In the case of COVID-19 with the elderly being particularly at-risk and schools temporarily closing, this places additional pressure on women's workloads as well as their health. While women's socially prescribed care roles typically place them in a prime position to identify local outbreak trends and solutions, there is a genuine risk they will remain excluded from community-level decision-making processes, and governance structures that shape the COVID-19 response strategies. Such exclusion comes at the risk of leaving their needs largely unmet.

The epidemic will have indirect consequences on adolescent girls' and women's health. First, in a national context where violence against women and girls is a preoccupying reality in Cameroon,³³ rates and severity of domestic violence, including sexual violence, will likely surge as tension, in relation to the pandemic, rises. This calls for a maintained availability of health services for survivors, including the clinical management of rape. Secondly, with the COVID-19 outbreak, access to sexual and reproductive health services and products will eventually become increasingly challenging: Scarce resources may be diverted to the outbreak response, with a shortage of health professionals, contraceptive products and financial resources to

support SRHR services. Quarantine and lack of financial means may further enhance barriers to accessing contraception, increase the risk of unplanned pregnancies, particularly among adolescents. Reduced access to maternal health services would have a detrimental effect on maternal mortality.

Far North Crisis

The end of 2019 was marked by an increasing trend of attacks by the Boko Haram armed group along the border between Cameroon and Nigeria in the Far North. These attacks, which target both the populations and their livelihoods, have a significant impact on the vulnerability of the population, notably on their physical and mental well-being and on their living conditions. Four main needs identified: preparation and response to epidemics, mental health support, safe delivery for vulnerable women of reproductive age and assuring equitable access to essential quality health care which takes into account the specificities of the different sexes and age groups. The organization of communities (men have a dominant role in families and minor children have difficulty reaching health facilities) makes women and children under 14 more vulnerable with regards to access to health care, making specific means (mobile clinics, preferential rates, etc.) necessary.

North West and South West Crisis

MSNA data of August 2019 estimates at 255 out of 723 the number of non-functional health units in the two regions. Attacks targeting health personnel has further reduced the availability of human resources. In 2019, the two regions recorded epidemics of cholera (302 cases, 14 deaths)³⁴, measles and monkeypox. Emergency surgical care, mental health and psychosocial support, provision of sexual and reproductive health services including safe deliveries for vulnerable women, access to clinical management of rape and emergency vaccination for pregnant women and children are priority needs.

Central African refugee Crisis

The North region recorded 578 cases of cholera with 22 deaths in 2019. The risk of cholera transmission remains very high due to poor access to drinking water, non-existent sanitation as well as poor hygiene practices. With the risks of hemorrhagic fevers, it is important to strengthen epidemiological surveillance along the border in order to detect epidemics early and conduct a prompt and adequate response if needed. There is also an urgent need to strengthen emergency vaccination against measles and polio.

THREE KEY FIGURES

- Number of epidemics declared in 2019 and of high potential threat (Lake Chad Basin crisis: 4; Central African refugee crisis: 3; North West South West crisis: 3)
- Cholera fatality rate in 2019 (Far North: 4.6%; North: 3.8%; South West: 4.6%)³⁵ WHO standard (<1%).
- Percentage of births attended by qualified personnel, as of week 49 (2019): Lake Chad Basin crisis: 15.2%; Central African refugee crisis: 37%; North West South West crisis: 14%.

³² In Cameroon, women spend an average of 8.2 hours more per week than men on unpaid household tasks (UN Women).

³³ In the country, 43.2% of women in union are confronted with domestic violence. 39.8% and 14.5% respectively face emotional and sexual violence. Overall, 56.4% of women in union experienced at least one of these forms of violence (Annuaire Statistique MINPROFF, CARE & PLAN International).

3.5

Nutrition



PEOPLE IN NEED

585k

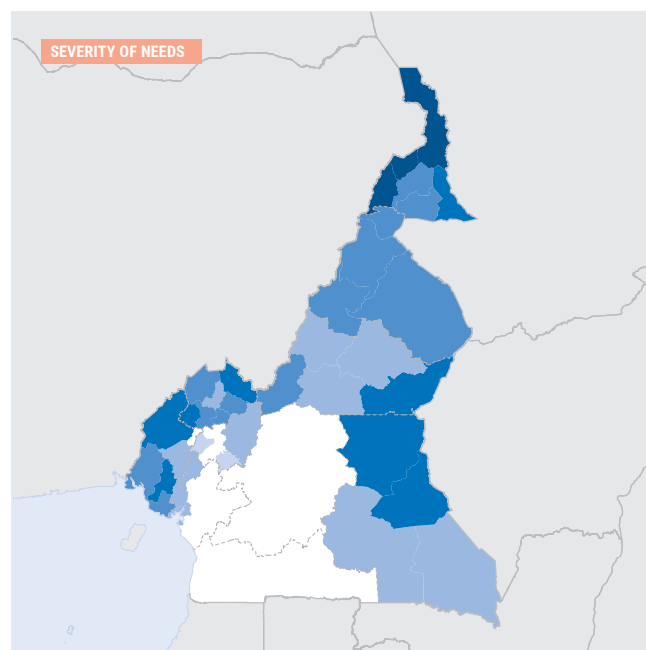
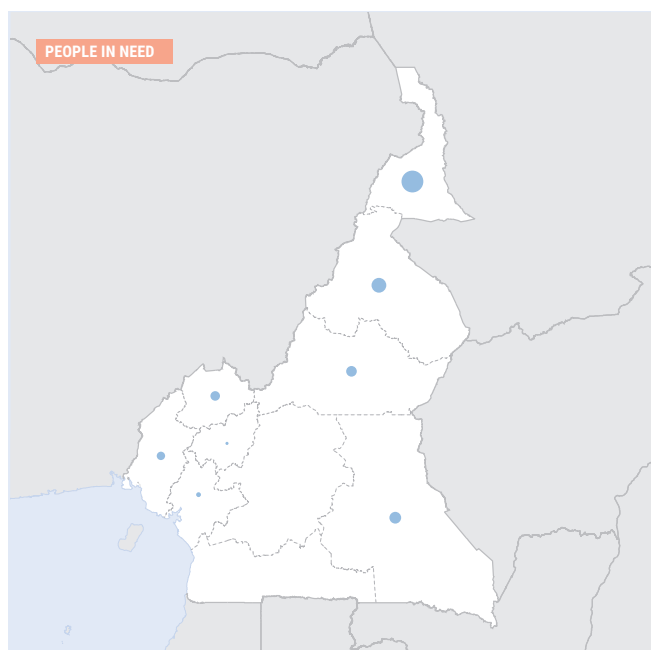
WOMAN

55%

CHILDREN

94%

WITH DISABILITIES

15%

2016

433k

2017

516k

2018

541k

2019

557k

2020

530k

2020 - COVID-19 CONTEXT

585k

MINIMAL

0%

STRESS

23%

SEVERE

42%

EXTREME

26%

CATASTROPHIC

10%

OVERVIEW

The consequences of the various humanitarian crises in Cameroon are aggravating factors for the deterioration of the already fragile nutritional state of the affected populations. In fact, the prevalence of stunting is above the alert threshold of 30% in all regions affected by humanitarian crises (with the exception of the South West) and the rates of acute malnutrition have not significantly evolved for several years and remain in the alert thresholds for the North and the Far North regions. Children under 5 with severe acute malnutrition are

nine times more likely to die than their healthy peers. In these contexts of protracted crises, more than one in three children in the different affected regions do not grow well.

Pregnant and breastfeeding women are also particularly affected because they have poor access to sufficient quality and quantity food in a context of limited access to basic social services. Added to this are the close links between the nutritional status of the mother and her child during the first 1,000 days of life (from conception to the age of two).

In the context of massive population displacements (internally displaced persons or refugees), women and young children are particularly exposed to poor living conditions and the accumulation of trauma that can affect feeding practices for infants and young children, in particular the ability of mothers to ensure optimal breastfeeding, further undermining the nutritional status of the already most vulnerable populations.

COVID-19 IMPACT

The impact of the epidemic on the nutritional status is not yet known. However, it is anticipated that the COVID-19 pandemic will lead to an increase in levels of malnutrition of vulnerable households. While it is not possible to predict the magnitude of this deterioration, three factors have to be considered:

- i. An increase in food insecurity: data from the latest Cadre Harmonisé analysis were modelled and the analysis revealed that over 4,857,749 people in the ten regions will employ stress, crisis or emergency coping strategies to secure household level food security as a result of overall effects of COVID-19. In the coming months, more disruptions may occur in the food supply chains and movement restrictions may impede farmers from carrying out farming activities.³⁶
- ii. The deterioration of care practices due to the unavailability of mothers or other caregivers due to quarantine, COVID-19 related deaths, etc. As women do most of the informal and unpaid care at home, predominantly caring for children, elder and sick members of the family, this will limit their work and economic opportunities. Social norms in some contexts dictate that girls, women and sometimes elder family members eat last and least during a food shortage. Levels of food insecurity on the rise will also particularly affect the most economically vulnerable families, such as female and child-headed households. Care practices will deteriorate due to the unavailability of mothers or other caregivers due to quarantine, COVID-19 related deaths, etc. In the case of COVID-19 with the elderly being particularly at-risk and schools temporarily closing, this places additional pressure on girls' and women's workloads as well as their health. Given their critical role in undertaking domestic and caregiving chores, women might also delay seeking health and nutrition assistance.
- iii. The increase of undernutrition leading to an increase in morbidities, due to the deterioration of the accessibility and the capacity of health structures to provide curative and preventive activities, as they are dealing with COVID-19 cases.

To date, the direct and induced impacts of COVID-19 on the nutritional status of the populations is very little known and/or documented. However, it must be anticipated that the nutritional status of women and children will be negatively impacted by the pandemic, and that the capacities of the already limited health systems to manage malnutrition will be weakened by the pandemic.

Far North Crisis

In 2020, an estimated 107,000 people will suffer from global acute malnutrition (GAM), including 17,000 pregnant and lactating women and 90,000 girls and boys under the age of five. One in two children under five, 41,000 girls and boys, living in the Far North will suffer from severe acute malnutrition. The results of the latest SMART nutrition survey conducted in November 2019 by UNICEF and the Government of Cameroon showed a GAM rate of 5.2% with 1.4% of SAM. The Far North has the highest prevalence chronic malnutrition with 38.2%.

According to the Cadre Harmonisé, 7% of the population in the Far North are projected to be food insecure (phases 3 and 4) during the June to August lean season. Apart from Mayo Danay, where the food and nutritional situation of the population is good, all other divisions are assessed under pressure. The indicators related to infant and young child feeding practices are among the poorest in the country, with an exclusive breastfeeding rate of 30.8%, a timely introduction rate for complementary foods of 33.3% and a low dietary diversity (dietary diversity score of 19.7% and minimum acceptable dietary intake of 32%). Indicators related to the early initiation of breastfeeding and diet diversity follow the same trends and highlight needs to reinforce knowledge and practices around young child feeding.

Internally displaced populations and host populations are the most exposed to the lack of access to drinking water, poor access to health care, hygiene problems, epidemics, and the consequences of poor harvests which can lead to rapid deterioration of their nutritional status. 56% of IDPs in the Far North have access to less than 15l / person / day.

North West and South West Crisis

In the North West and South West regions 90,000 people, mainly girls and boys under the age of 5 and pregnant or lactating women, will be vulnerable in terms of nutrition status. It is estimated that up to 40,000 boys and girls will be in need of treatment for acute malnutrition in 2020: 10,000 children who are suffering from severe acute malnutrition and some 30,000 children with moderate acute malnutrition.

³⁶ Projected impacts of Covid-19 on the food security of the population in Urban, peri urban and rural areas – March 2020 FAO/WFP

For the North West and South West regions nutrition indicators have been integrated into the emergency food security assessment (EFSA) conducted in October 2019 and revealed proxy Global Acute Malnutrition (GAM) rates of 5.1% and 7.4% for the North West and the South West regions, respectively. Prior to the crisis, the two regions were already facing high levels of stunting and poor infant and young children feeding indicators.³⁷ The proportion of children who meet their minimum acceptable diet remains extremely low at less than 30%.

The drivers of malnutrition deteriorated in 2019 and are expected to follow the same trend in 2020. Reduced food production, reduced prices in rural areas, increased prices in urban areas and decline in food consumption as a coping strategy adopted in most households have led to a substantial deterioration of food insecurity and household livelihoods in 2019. This has exposed IDPs and poor host populations in urban areas to poor living conditions and acute food insecurity Crisis (IPC 3). Multi Sectoral Needs Assessment (MSNA) findings indicate a worrying WASH situation with over 55% not having enough water for their needs and more than 40% of the assessed

communities practice open defecation. Health service delivery continues to be significantly affected by insecurity. The disease surveillance system is very weak putting the population at risk of epidemics with late detection and limited response capacity.

Central African refugee Crisis

In the regions affected by the Central African crisis (East, Adamawa and North), more than 113,000 people, mainly girls and boys under the age of 5 and pregnant or lactating women, will be vulnerable in terms of nutrition status. It is estimated that 93,000 children will need treatment for acute malnutrition amongst whom 30,000 boys and girls will suffer from severe acute malnutrition.

The results of the latest nutrition survey (with the SMART method) conducted in November 2019 by UNICEF and the Government of Cameroon showed GAM rates of 6.2% in the North, 3.8% in Adamawa and 5.5% in the East with 1.3%, 0.3% and 0.7% of SAM for the same regions respectively. For chronic malnutrition, the regions were in an alert situation with rates of 37.3% in the East and Adamawa and 34.9% in the North.

³⁷ Stunting prevalence of 36% in the North West and 28% in the South West (MICS 2014) and exclusive breast-feeding rates of 42.5% in the North West and 58.3% in the South West.

MORA/FAR-NORTH, CAMEROON

Buea Anglo Arabic nursery and primary school, BUEA, CAMEROON. Photo: Giles CLARKE/OCHA



3.6

Water, Sanitation and Hygiene



PEOPLE IN NEED

3.7M

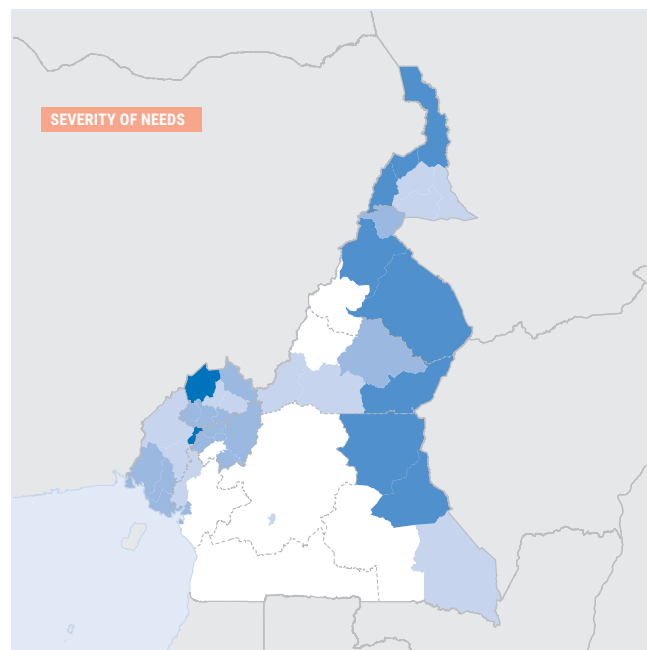
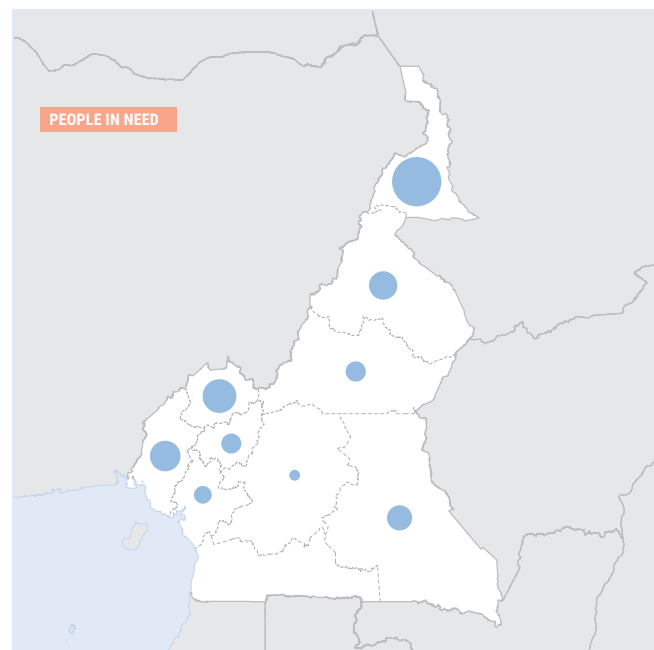
WOMAN

51%

CHILDREN

51%

WITH DISABILITIES



2016

1M

2017

813k

2018

1.4M

2019

1.8M

2020

1.9M

2020 - COVID-19 CONTEXT

3.7M

MINIMAL

31%

STRESS

51%

SEVERE

11%

EXTREME

6%

CATASTROPHIC

0%

OVERVIEW

Availability of water, hygiene and sanitation services is a pressing concern in each of the three humanitarian crises Cameroon is facing. In addition, the country remains at risk of a large-scale cholera epidemic on top of the existing crises. Since February 2020, the COVID-19 pandemic represents a historic challenge for the WASH Sector in terms of providing hygiene services to large scale populations. All the 10 regions of Cameroon are now affected by at

least one humanitarian crisis with most regions affected by at least two humanitarian crises. Acute humanitarian needs are compounded by a chronic lack of access to drinking water, poor hygiene practices, weak supply infrastructure and an unsanitary environment.

AFFECTED POPULATION

According to a COVID-19 risk analysis, multisectoral assessments carried out in the main affected areas (Far North, North West and South West) and multisectoral rapid assessments, inventories

of WASH infrastructures and data related to water, hygiene and sanitation services in the main IDP and refugee sites, camps and host villages, an estimated figure of 3.7 million people are in need of humanitarian assistance, particularly in terms of access to drinking water, basic hygiene and sanitation services. The needs for hygiene services during the COVID-19 pandemic represent the biggest part and justify this significant increase in number of vulnerable people from 1.9 million estimated to be in need in 2020 before the outbreak of COVID-19 in Cameroon.

COVID-19 is transmitted either by respiratory channel or through contact with an infected surface, person or element. In Cameroon, transmission through contact is considered to be higher than through the respiratory channel considering the country's culture and population habits and taking into account the instruction given by the government of Cameroon that requires individuals to wear masks in all spaces open to the public. Hygiene measures and particularly handwashing with soap is one of the best preventive measures against COVID-19. COVID-19 infection prevention and control measures need to be integrated into the response to all humanitarian crises. While handwashing with soap is highly recommended, only 18% of the total population have a soap or disinfectant product in their premises with disparities among regions (3% in the South, 10.8% in the South West and 42% in the Far North) and between urban (10% of households) and rural areas (26% of households). The COVID-19 response not only needs to be integrated into all humanitarian response activities but also act beyond communities hosting IDP and refugees to reach local communities both in urban and rural areas. Considering the country's weak health system, focus is made on prevention including Risk Communication and Community Engagement.

The COVID-19 epidemic will have consequences in terms of gender dynamics that will need to be taken into account in the response. Meeting the recommended hygiene measures will bear a cost on girls' and women's workload, usually in charge of water provision and hygiene maintenance. This will combine with increased nursing responsibilities of sick family members, due to a morbidity on the rise. Women's socially prescribed role as care takers typically places them in a prime position to identify local outbreak trends and solutions. They also know cultural WASH practices, that are important to understand in order to effectively promote public health through hygiene. Yet, there is a genuine risk they will have a marginalized voice in the local decisions made to address the COVID-19 epidemic. Their exclusion from decision spheres also comes at the risk of leaving their needs largely unmet. This is the reason why it will be important to give priority to girls (particularly adolescents) and women's participation and, also, to consult women and men about their cultural WASH practices to identify what habits prove problematic to stop the spread of the virus. A response to the cholera epidemic, declared in July 2018, was ongoing at the start of 2020 with a total of 2,064 cases and 111 deaths recorded to date. 42% of cases and 57% of deaths were recorded in 2019 alone with a fatality of 5.4% in five regions. Except for the Centre region, all other cholera-affected

regions host displaced populations. Insecurity, poor access to drinking water and weak sanitation services constraint the response.

Far North Crisis

In the Far North region, the situation remains worrying for Nigerian refugees, IDPs, returnees and host populations regardless of the living environment (site, camp, host villages). All the main existing IDP sites (Kolofata, Meme, Zamai) as well as the Minawao refugee camp have sub-standard water supply and/or basic sanitation. Investments made in previous years have saved many lives, but due to their insufficiency and discontinuity, it has become difficult to provide affected populations with a minimum standard of living ensuring their dignity, protection and healthy life.

In host communities, due to low investments, particularly in the basic sanitation sector, the situation has not changed significantly. The practice of open defecation remains common in the region. It is more prevalent among IDPs, off-site refugees and returnees (men, women, girls and boys) than among host populations. Mayo Sava is the most affected division with at least 34% of the population who practice open defecation, including 80% of refugees outside camps (88% of refugee women) and more than 25% of IDPs. Also, in Mayo Tsanaga, there is a very high rate of open defecation (at least 26%) among refugees outside the camps. The highest proportion of people who share latrines is observed in Diamaré with 47.8% of households (63% of women and 37% of men) while in Mayo Sava this proportion is 35% including 41% among women and 31% among men (OCHA, 2018). This increases the risk of gender-based violence and undermines the privacy of women and men who use it. Water collection remains between 80% and 100% a distributed task, mainly carried out by women under the age of 59 and children (girls and boys under the age of 18) (MSNA 2018). This can have a negative effect on the productivity of women and the education of children. Access to drinking water, hygiene and adequate sanitation are not guaranteed in schools in the region. As an example, in Logone and Chari, more than half of public primary schools do not have access to a drinking water point while the need for school latrines is real. (End of school year report 2018/2019, Divisional Delegation of Basic Education of the Logone and Chari).

North West and South West Crisis

The ongoing conflict in the North West and South West regions has led to a deterioration in access to water supply, hygiene and sanitation services, including in certain localities in neighboring regions (case of certain localities of the Noun in the West region and Mayo Banyo in the Adamawa region). The main challenges that emerge from the needs assessment are insufficient, remote and derelict water points, the long waiting time, insufficient water transport and conservation equipment. In the North West region, at least 95% of the populations face one of these challenges. In the South West region except for the N'dian Division, at least 80% of the population of other departments still face one of these challenges. In the North West and South West regions, at least 40% of the IDPs and host community practice open defecation.

The main sanitation challenges are the unsanitary situation of latrines, the non-separation of latrines by sex in the sites of displacement of people in the bush, the lack of privacy, the large number of users per latrine, the insecurity in using latrines at night and open defecation. At least 90% of the populations surveyed in the two regions (except for the populations of the Fako, Kupe Manengouba and Ngo Ketunjia Divisions) are confronted with one of these challenges. The most affected divisions are Lebialem, Ndian and Meme in the South West and Boyo and Mezam in the North West. Around 880,000 people (mostly host communities and IDPs) in the North West and South West need humanitarian assistance for the provision of drinking water, basic sanitation and hygiene because of this crisis.

Central African refugee Crisis

In the East, Adamawa and North regions hosting Central African refugees, low funding levels and a lack of significant investment have resulted in a precarious situation in terms of access to drinking water, hygiene and sanitation services. Minimum standards for water supply, basic sanitation and waste management are not met in 2/3 of the existing refugee sites. Another category of people in need of humanitarian assistance are individuals living in communities hosting

Central African refugees and without any infrastructure for supplying drinking water, which pushes communities to drink water from surface and from unimproved sources. This situation of insufficient or absent water points within and outside refugee sites mainly affects women, girls and boys who are responsible for collecting water in households and increases the risk of the cholera epidemic.

KEY FIGURES

- About 18% of household do not have soap or disinfectant products anywhere at household premise.
- 82% (9/11) of the sites for refugees and displaced persons do not have adequate basic drinking water and sanitation services at the minimum level required by the reference standards.
- Since July 2018, the ongoing cholera epidemics affected 5 regions out of the 10 in Cameroon with a total of 2064 cases and 111 deaths and a lethality of 5.4%.
- On average, 80% of people in the various divisions of the West and South West regions face a major challenge in accessing drinking water and sanitation services.

DOUALA/LITTORAL, CAMEROON

A young man washing his hands with the help of a Red Cross volunteer. Photo: UNICEF/SALOMON BEGUEL



3.7

Shelter & NFI



PEOPLE IN NEED

791k

WOMAN

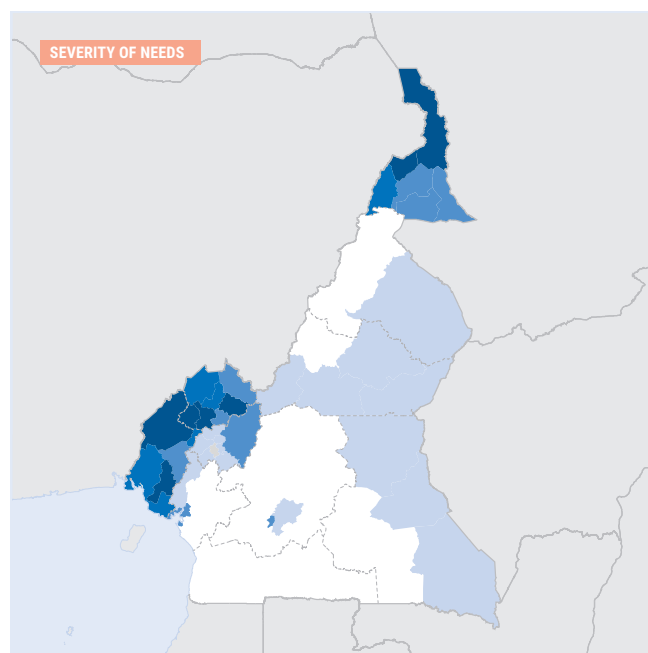
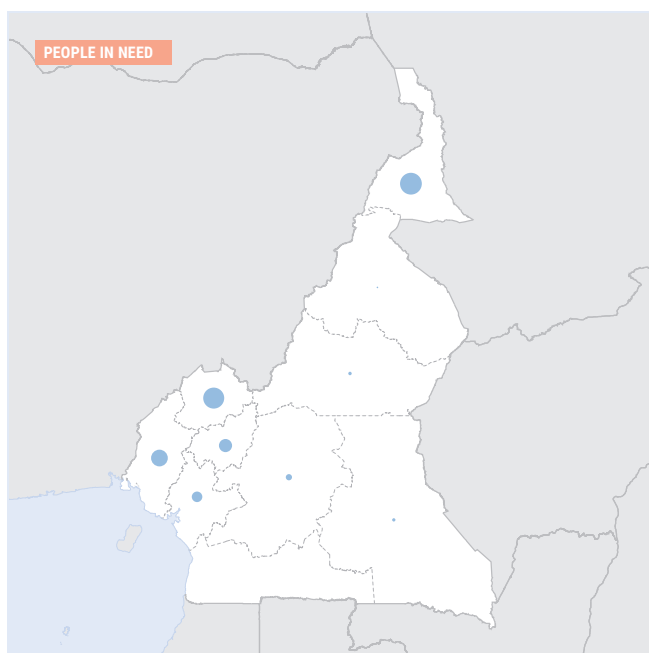
51%

CHILDREN

51%

WITH DISABILITIES

15%



2016

988k

2017

656k

2018

876k

2019

1M

2020

791k

2020 - COVID-19 CONTEXT

791k

MINIMAL

0%

STRESS

0%

SEVERE

47%

EXTREME

26%

CATASTROPHIC

26%

OVERVIEW

Critical shelter needs remain prevalent throughout the country. The destruction of houses and villages in certain conflict zones continues to cause further displacement, with people seeking refuge in remote and bush areas. Children, women and the elderly are most affected. However, the provision of shelter support has remained difficult with additional challenges pronounced by the COVID-19 pandemic.

The COVID-19 pandemic occurs at a time in Cameroon when the Government and the humanitarian community is already challenged to provide a humanitarian response to the people affected by the crises in the Far North and the North West and South West regions.

Far North Crisis

In the Far North, insecurity, the effects of climate change, a lack of

plant cover, rains with strong winds all negatively affect the health and dignity of the population. Internally displaced people, returnees, out-of-camp refugees and host populations who are vulnerable due to insufficient resources, food and livelihoods, are priority groups in need of basic shelter and household items. The sector will place a particular focus on the provision of rapid shelter and NFI response to new population movements.

North West and South West Crisis

The North West and South West regions have been subject to a resurgence of attacks against persons, their properties and public infrastructure, including health centers and schools, along with continuing incidents against humanitarian workers and medical personnel. Most of the displaced population currently live in rural areas with critical needs in terms of shelter and non-food items. While the internally displaced are the most exposed to environmental and man-made risks, special attention must also be paid to the vulnerable host families coping with high pressure on already limited resources they share. IDPs living with host families who can no longer sustain them are forced to move again and settle in rural areas. Most people have not only lost their homes but also their main sources of income, severely limiting housing options. Moreover, rental contracts are usually not official placing displaced people at high risk of eviction.

The gaps on shelter have not yet been translated into the sphere standards especially amongst the communities who have been forced to flee and end up living in crowded spaces or in the bushes. While people are advised to regularly wash hands and self-isolate, there are limitations for the people living in IDP sites as well as informal settlements. Overcrowded shelter conditions, weak health care

service provision and lack of access to water supply and sanitation facilities can greatly increase the spread of COVID-19. This defines the need for more focus on inclusion of public health measure by observing the recommended spacing in housing the shelter responses to avert COVID-19 and other pandemics. Given women's caregiving role for children, elder and sick members of the family, it also calls on the importance of meaningfully including women in community mobilization, risk communications, and surveillance mechanisms.

Socially and economically vulnerable groups, such as female headed households and older people, may see their financial means and solidarity networks further reduced, and be at particular risk of sexual exploitation and abuse, due to lack of rent payment or in order to get support in building their shelters.

Central African refugee Crisis

In the East, North, and Adamawa regions, needs are largely related to the level of economic vulnerability. The majority of the displaced have arrived in their current areas of livelihood without any means of subsistence, and it is with humanitarian aid that they have been able to obtain shelter and household items to cope with an austere life. In a context where refugees cannot easily find employment, given the localities in which they live and which lack daily economic activities, they rely heavily on humanitarian aid for their basic needs.

The displaced persons in the eastern, Adamawa and northern regions deserve special attention today. Hundreds of people previously living in urban areas have now moved to rural areas in an attempt to avoid COVID-19 contamination. However, these populations need essential household items and temporary shelters pending their return after the COVID-19 crisis.

MORA/FAR-NORTH, CAMEROON

Displaced family in their make-shift shelter, near Mora, in the Far-North region. Photo: UNRCO/EMANUEL FOUKOU



3.8

Early Recovery



PEOPLE IN NEED

2.2M

WOMAN

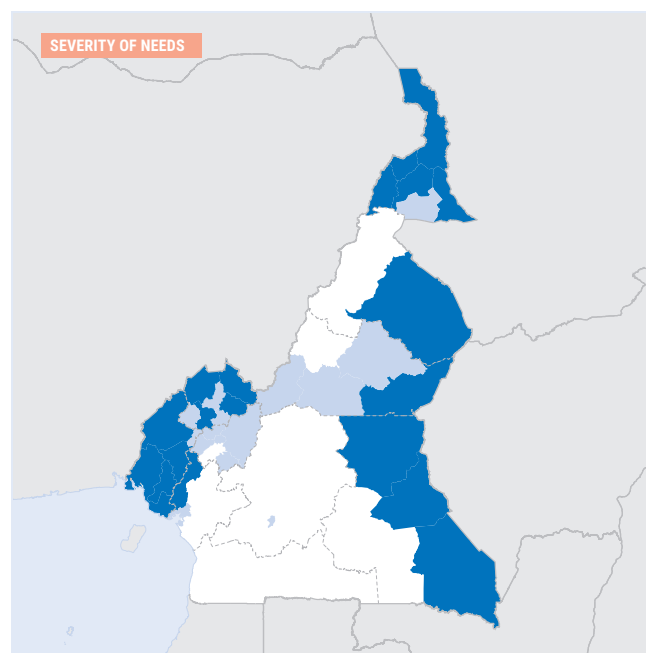
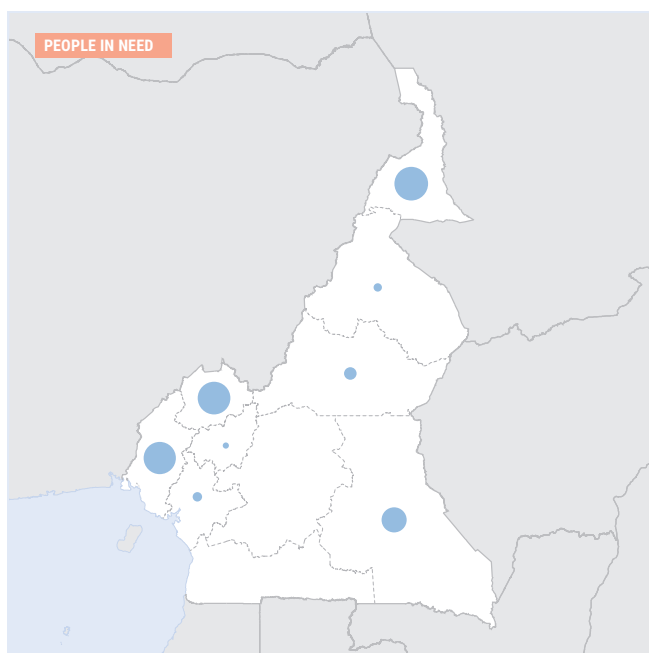
51%

CHILDREN

50%

WITH DISABILITIES

15%



2016

1.2M

2017

1M

2018

528k

2019

1.8M

2020

1.8M

2020 - COVID-19 CONTEXT

2.2M

MINIMAL

43%

STRESS

0%

SEVERE

0%

EXTREME

57%

CATASTROPHIC

0%

OVERVIEW

1.8 million people across the country need support in terms of early recovery, including in particular internally displaced populations³⁸, Nigerian and Central African refugees and their host communities and returnees. Needs have increased in 2019 as the upsurge in violence and the consecutive increase in displacement have resulted in

considerable loss of sustainable livelihoods for populations who were previously in a process of building their resilience.

The poverty rate for the Far North region stands at 74.3% compared to a national average of 37.5%. The literacy rate is almost half in the North and East regions (43%) compared to the rest of the country (72%). The ratio of health workers to the total population is almost double in Far North and North (1,170 and 1,798 respectively)

38 IDPs: 108,714; Nigerian and Central African refugees: 292,863 and host communities; Returnees: 110,574

compared to the national level of 579. Rates of unemployment are equally alarming. The current humanitarian emergencies aggravate these chronic vulnerabilities. The youth is particularly affected by the lack of perspective which in turn generates resentment towards traditional authorities and institutions.

Far North Crisis

Population movement has resulted in an increased demand on basic social services and sustainable livelihoods. Returning populations require economic assistance to facilitate their reintegration. More than 800 former members of Boko Haram recently interviewed express a considerable need for psychosocial care, socio-professional capacity building and support for economic recovery. Affected households as well as people displaced by the Boko Haram attacks are also in need of assistance in restoring their purchasing power to opt for goods and services. It is essential to put in place a strategy to revitalize local economies and provide assistance in income-generating activities for households and individuals affected. The development of early warning systems to prevent and mitigate the impact of disasters is also planned for the year 2020.

North West and South West Crisis

The early recovery needs of people affected by the crisis are threefold: access to temporary employment opportunities for youth and women, access to vocational training for youth, and access to a minimum of basic services. The destruction of health centres and other public infrastructure has increased the vulnerability of the target population. Governance issues and more specifically the rule of law remain a major concern. The justice system is weak, inter alia, due to difficulties in accessing justice services.

Central African refugee Crisis

Access to social services and economic activities for refugee populations are limited. Agropastoral conflicts between the Fulani and Gbayas groups are on the rise and sometimes oppose refugee populations against host communities. Access to land remains contentious. In addition, conflicts between farmers and pastoralists who migrate to the region have worsened as a result of changes in transhumance corridors induced by climate change and insecurity. The security crisis has also affected economic activities as traders, herders and some economic operators in the region have fled.

COVID-19

The coronavirus crisis will have economic effects on women's and men's lives, with people experiencing unemployment, underemployment, and loss of income; though with men and women experiencing it differently. Due to the COVID-19 pandemic, the borders of Cameroon have officially closed. Commercial trade with foreign countries for consumer products and essential goods

and materials are still possible. However, only trucks can pass the borders while small traders and breeders are not allowed to do so for their businesses. Thus, the livelihoods of people depending on cross-border trade have negatively been affected by the pandemic. In addition, the restriction and limitation of gatherings and inter-community/region transport have critically affected local small scale and large-scale businesses among IDPs, refugees, returnees and host communities such as petty traders/retailers, hairdressers, bike riders and taxies, and the operation of open and closed local markets. In communities, the majority of bike riders and taxi drivers are young men while many vegetable, fruit and street food businesses are run by females. Men may face distress when losing their traditional status as "breadwinners", unable to fulfil their socially expected role of provider and protector of the family. This could lead to a recourse to domestic violence as a means, for some men, of asserting their authority and domination. The epidemic is likely to have a particular impact on women's economic wellbeing as they have been historically disadvantaged: While 39% of the national population lives below the poverty line, this rate rises to 51.5% for women. 79.2% of them are underemployed. As women do most of the informal and unpaid care at home, the extra care work that the epidemic will imply will limit their work and economic opportunities. Their greater responsibility for others means greater financial and economic commitments and reduced access to resources. Women are also primarily employed in informal, low-wage activities that are highly prone to disruption during public health emergencies. Earning less than their male counterparts, they are less likely to have assets and savings to fall back on.³⁹ Economic downswing can push women to engage in risky coping strategies, such as transactional sex, and exacerbate existing risks, such as sexual exploitation and abuse.

Reduced access to resources and markets, households' revenue losses, looming inflation, and disruption of basic social services and livelihood risk to further destabilize the socio-economic environment in areas already affected by a humanitarian crisis. Training centres providing technical skills to youth and young women have been closed. Due to negative impacts on local economies of host communities, the communities have lower capacity to host refugees, IDPs and returnees. Meanwhile, displaced persons, already vulnerable, are facing an even more challenging livelihood situation due to COVID-19. The COVID-19 pandemic may lead to stigmatisation and discrimination in areas affected by a humanitarian crisis. For instance, misleading information about COVID-19 may provoke the spread of the virus and hinder economic opportunities for displaced persons and vulnerable people in host communities. Prejudice could take the shape of racism, expanding to specific ethnic groups erroneously associated with the virus.

39 For instance, in Cameroon, only 3% of women own a house without a property title and 1.6% own a property title in their name (ONU Femmes Cameroun, Rapport annuel 2018, p. 9)

Part 4

Annexes

BUEA/SOUTH WEST, CAMERO

Nelson, 33 years old, (far right) , with some of the 28 men, women and children who now live in cramped conditions in 50sq meter home in the IRAD plantation camp Former plantation building. Photo: Giles CLARKE/OCHA



Data Sources

The data used to define people in need originate from different databases, surveys and needs assessments. The methodology used for the collection of the data is reliable and uncontested by the humanitarian community in Cameroon, overseen by the HCT.

The data sources used for the HNO and HRP are as follows:

- Data projected from the 2002 census as carried out by the National Institute of Statistics
- The number of refugees is provided by the UNHCR ProGres database.
- The number of IDPs and returnees was collected by IOM in DTM round 18 in the Far North, and through the MSNA carried out in August 2019 in the North West and South West regions and the MIRA carried out in August 2019 in the Adamawa region and in October 2019 in the Littoral and West regions.
- Host population figures are calculated using a method previously adopted by UNHCR to identify host populations hosting refugees. This methodology was adopted globally for populations hosting displaced people.
- Data on people in food insecurity situation is based on the Cadre Harmonisé analysis, the Food Security Monitoring Systems and the national survey on food and nutrition security, validated by the Ministry of Agriculture of Cameroon.
- Data on people in need of health and nutrition assistance are extracted from the Health Information Management System managed and maintained by the Ministry of Health of Cameroon.
- Additional data on nutrition were collected through the following surveys: Standardized Monitoring and Assessment of Relief and Transition (SMART), Multiple Indicator Cluster Survey (MICS), and Demographic and Health Surveys (DHS).

Number of assessments

NO. OF ASSESSMENTS

156

	Cash	Coordination	Education	Multisectorial	Shelter/NFIs	Food Security	Health	Nutrition	Protection	Early Recovery	WASH	Total
Adamawa	0	4	2	0	2	5	2	3	2	1	2	8
Centre	0	3	3	0	2	4	2	2	2	2	2	7
Est	0	3	2	0	2	5	2	2	2	1	2	8
Far-North	1	3	19	0	21	24	20	21	26	3	22	35
Littoral	0	3	2	0	2	4	2	2	4	2	2	8
North	0	3	1	0	2	5	2	2	2	1	2	8
North West	0	3	2	5	1	4	2	2	22	1	1	34
West	1	3	2	0	4	4	3	2	5	2	3	10
South	0	3	1	0	1	3	1	1	1	1	1	5
South West	0	3	2	3	1	4	3	3	21	1	1	33

- Data on people in need of protection is collected through protection monitoring tools managed by UNHCR and its partners.
- Data used to assess the need for shelter and household items was collected through sectoral assessments carried out by UNHCR and its partners, as well as the 2018 and 2019 multisectoral MSNA assessments.
- Data used to define children in need of child protection was extracted from the UNHCR ProGres database and is also based on expert analysis.
- Data on people in need of protection from GBV is collected and gathered in the DHS and the GBVIMS database maintained by UNFPA.
- Data used to define the number of people in need of WASH assistance was collected through the MSNA conducted in the Far North in 2018 and in the North West and South West regions in 2019, as well as through the sectoral assessment conducted by WASH Sector actors led by UNICEF in 2018.
- Data used to estimate the people in need of Early Recovery assistance is based on data collected by INSO, UNDSS, DTM and MEB.

It should be noted that the average frequency of updating these sectoral data is six months. It is therefore possible to update the overview of humanitarian needs in Cameroon every six months.



BOULEMBE/EAST REGION, CAMEROON

Sensitization of women on their rights by partners in Boulembe, eastern Cameroon.

Photo: UNHCR/BERTHE BILOA

Methodology

In 2019, the humanitarian community in Cameroon engaged in the enhanced Humanitarian Programme Cycle (HPC) approach to further improve the accuracy of people in need (PIN) estimated for 2020. The HNO for 2020 more accurately identifies people with acute need by looking at both the criticality (i.e. categorization of needs by types of humanitarian consequences) and the severity of needs (i.e. estimation of severity of the consequences through a five point-scale). The methodology was validated by the Inter-Sector Group (ISG) and the HCT.

The humanitarian consequences reflect direct outcomes of the crises on people's lives and survival (physical and mental well-being) and on people's livelihoods and ability to achieve minimum self-sustenance (living standards). The analysis of consequences also included the ability of people to withstand future shocks and stresses (resilience).

The main purpose of centering the analysis of needs on distinct types of humanitarian consequences and severity is to better inform prioritization during the Humanitarian Response Plan (HRP) development phase - by establishing the time criticality associated with physical and mental well-being (at its most severe, people facing death or irreversible harm) and other conditions that will also have to be addressed and warranting an additional layer of prioritization such as living standards (basic needs that need to be met in order to not lead rapidly to life-threatening consequences).

The analysis by humanitarian consequences brought greater homogeneity across sectors on the way the effects of a crisis on people's lives and livelihoods were identified, as opposed to each sector interpreting needs in very distinct ways.

Given the methodological shift, a degree of cautiousness should be exercised when comparing trends across years.

Inter-sectoral severity and PIN estimations

The ISG at capital level, in consultation with the inter-Sector and inter-Cluster groups at regional levels, supported by the Information Management Working Group (IMWG), completed the following steps:

- Defined and agreed on the scope of the analysis (population groups, geographic areas)
- Assigned needs indicators to humanitarian consequences for PIN estimation by severity.

The process included:

1. Joint selection of needs indicators to illustrate the different dimensions and aspects of each humanitarian consequence based on:
 - (a) indicator appropriate and relevant to explain the consequence;
 - (b) data for the indicator available and reliability, with possibility to organize findings on the five-point severity scale; and (c) information collected available at division level.

2. The choice of indicators took into account the following criteria:

- **Relevance:** Clear link between the indicator and the relevant humanitarian consequence.
- **Accuracy:** The indicator measures what it intends to measure.
- **Coverage:** the indicator is measurable at the sub-divisional level for the general population and at the divisional level for IDPs, returnees, host communities and others.
- **Non-correlation:** Indicators are not redundant; each indicator measures something that has not been taken into account by another indicator.

3. Severity was determined at the divisional level. For each humanitarian consequence, a combination of indicators was chosen to produce a severity map. These indicators were combined to produce the global severity map. Thresholds used varied from 1 to 5 depending on the severity in the division. The threshold per division was determined according to the below rules:

- For the Food Security indicators for the physical and mental well-being consequence the severity thresholds of the Cadre Harmonisé were used.
- For the other indicators the Sectors identified the different severity thresholds.
- The Needs Comparison Tool (NCT) was used for the intersectoral severity maps.

4. Data was collected at division level to ensure coherence at the analysis level. Certain sectors such as nutrition and health which collect data at the level of health zones submitted data at regional level and were projected at division level.

5. Agreement that the inter-sectoral model is based on three humanitarian consequences—well-being, living standards, and recovery and resilience. Considering the nature of protection needs, the ISG decided to include protection indicators under the well-being consequence.

In light of the COVID-19 pandemic, Sectors revised the need and severity indicators according to the criticality of needs and the extension of the scope of the analysis.

The HCT was briefed on a regular basis and endorsed the scope and methodology of the analysis.

- In parallel, OCHA prepared the humanitarian profile (or base population), using IOM-DTM figures, MSNA, MIRA, UNHCR ProGres data and the population projection statistics provided by the National Institute of Statistics.
- In 2019 data collection was heavily based on recent assessments. The indicators used for the PIN calculation are based on MIRA and MSNA data (MSNA Far North, December 2017, MSNA North West and South West, August 2019, MIRA Adamawa, July 2019, MIRA West and Littoral, October 2019, MIRA Yaoundé (Center), November 2019) and on UNHCR data for refugees, as well as data from the SMART from November 2019 and the Cadre Harmonisé published

in December 2019. Furthermore, other data sources include the DTM carried out in the Far North, the refugee database ProGres, and the Protection Monitoring data base. In comparison to previous years, there was less reliance on expert judgement.

- OCHA estimated people in need by selecting the highest percentage from among those households categorized to be in severity 3, 4 or 5 by population group (IDPs, returnees, refugees, host community), by humanitarian consequence and by division. The resulting percentages were applied to the baseline population for that location.
- For the current HPC, the acute severity of needs is established at divisional level along three humanitarian consequences (well-being, living standards and recovery and resilience). Protection risks, which include torture, arbitrary arrest and killings, are captured under the well-being consequence.
- The methodology assumes that people facing physical and mental well-being problems will also face living standards problems. The larger group of people affected by recovery and resilience problems are beyond the scope of a purely humanitarian intervention.
- The summary of people in need by consequence was validated at the ISG. The final HNO dataset will be available on HDX.
- The number of IDPs and returnees are based on IOM DTM, MSNA and MIRA data. The refugees are based on UNHCR data. This data does not account for pendular displacement in the North West and South West regions.
- Throughout the document, a focus is placed on the well-being PIN and acute severity to explain the inter-sectoral needs and severity by humanitarian consequence.

Cluster PIN and severity estimations

For the current cycle, sector/cluster estimations were entirely based on the indicators and thresholds used in the inter-sectoral framework. When available, sector/clusters referred to own data sources, and expert judgement, to inform the broader analysis.

To support the enhancements in the HNO 2020, all Sectors/Clusters were able to reorient their core needs indicators and redefine thresholds to estimate severity of the consequences of the crisis on a five-point scale and, thereafter, derive the people in need according to the enhanced HPC inter-sectoral methodology.

Conclusions

Provided that assessment data is available at a minimum at divisional level in all affected locations, the new methodology allows a collective understanding of the severity of needs and greater accuracy in estimating when emergency levels are being reached by vulnerable groups. As with any new methodologies, further adjustments may be required to ensure an even sharper analysis. In 2020, the humanitarian community in Cameroon will need to invest additional time and resources on data collection and further improve the accuracy of the severity of needs. The indicators used to calculate sectoral and inter-sectoral PIN and severity are listed in Annex 1. The HNO dataset will be available on HDX.

Information Gaps and Limitations

In order to assess the humanitarian needs of the population of Cameroon, data was gathered through assessments conducted in 2018 and 2019 such as the MSNA and the MIRA.

Most sectoral evaluations are carried out on an annual basis (EFSA, JAM, Harmonized Framework, etc.) which limits the availability of timely up to date data. Differences in the way data is collected geographically also presents a further challenge. For example, the health and nutrition sectors collect data by health zone rather than by divisions. To harmonize, the data for these two sectors was provided at the regional level and then

projected at the divisional level.

Several sectors experience difficulties collecting primary data due to access constraint and accessing secondary data due to the lack of an assessment registry. To address this, the capacity of local actors to conduct evaluations according to humanitarian standards will be further strengthened alongside the systematic exchange of data and evaluation reports among humanitarian actors. Multi-sectoral as well as sectoral assessments carried out need to pay more

attention to gender specific needs and the needs of persons with disabilities. In the second half of 2019, efforts have been undertaken to make the MIRA more gender sensitive.

The absence of a recent general population census means that calculations for the PiN at times relied on projections.

BUEA/SOUTH WEST, CAMEROON

A destroyed car outside a former police station that was attacked and abandoned in the rural region of South West Cameroon. Photo: OCHA/GILES CLARKE



Acronyms

CAR	Central Africa Republic	PIN	People in Need
CMR	Clinical Management of rape	PEP kits	Post Exposure Preventive kits
DTM	Displacement Tracking Matrix	ProGres	Profile Global Registration System (UNHCR's system)
EFSA	Emergency Food Security Assessment	RNA	Rapid Nutrition Assessment
FEFA	Femmes Enceintes Femmes Allaitantes/ Pregnant or lactating women	SGBV	Sexual and Gender-Based Violence
GAM	Global Acute Malnutrition	SitRep	Situation Report
GBV	Gender Based Violence	SW	South West
GBVIMS	Gender-Based Violence Information Management System	TB	Tuberculosis
GCRI	Global Conflict Risk Index	UNHCR	United Nations High Commissioner for Refugees
HCT	Humanitarian Country Team	WASH	Water, Sanitation and Hygiene
HDX	Humanitarian Data Exchange	WFP	World Food Programme
HNO	Humanitarian Needs Overview		
HPC	Humanitarian Programme Cycle		
HRP	Humanitarian Response Plan		
HIV	Human Immunodeficiency Virus		
IED	Improvised Explosive Device		
IDP	Internally Displaced Persons		
IMWG	Information Management Group		
INFORM	Index For Risk Management		
IOM	International Organization for Migration		
IPC	Integrated Food Security Phase Classification		
ISG	Inter-Sector Group		
ISWAP	Islamic State in West Africa Province		
JAS	Jama'tu Ahlis Sunna Lidda'awati wal-Jihad		
JAM	Joint Assessment Mission		
MICS	Multiple Indicator Cluster Surveys		
MIRA	Multi-Sector Initial Rapid Assessment		
MSNA	Multi Sectoral Needs Assessment		
MUAC	Mid-Upper Arm Circumference		
NCT	Needs Comparison Tool		
NFI	Non-Food Items		
NGO	Non-Gouvernemental Organization		
NSAG	Non-State Armed Group		
NW	North West		
NWSW	North West South West		

FAR NORTH, CAMEROON

IDP Women in Zamai

Photo: OCHA/GILES CLARKE



