HIGHLIGHTS (30 Dec 2020)

- NORTH-WEST AND SOUTH-WEST REGIONS SITUATION REPORT

- 333,864 people in the North-West and South-West regions benefited from food assistance, agriculture and livelihood-based activities during November.

- 798 Gender Based Violence (GBV) incidents were reported in the two regions.

- Trauma surgeons and psychologists deployed by WHO in the two regions performed 69 surgical procedures during November.

- 16,448 infants benefited from routine vaccines they had previously missed.

KEY FIGURES

<table>
<thead>
<tr>
<th></th>
<th>Affected people in NWSW</th>
<th>Targeted for assistance in NWSW</th>
<th>IDPs within or displaced from NWSW</th>
<th>Returnees (former IDP) in NWSW</th>
<th>Cameroonian refugees in Nigeria</th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
<td>3M</td>
<td>1.4M</td>
<td>705.8K</td>
<td>360.5K</td>
<td>61.3K</td>
</tr>
</tbody>
</table>

FUNDING (2020)

- Required: $390.9M
- Received: $170.2M
- Progress: 44%

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VISUAL (9 Dec 2020)
BACKGROUND (30 Dec 2020)

Situation Overview

The humanitarian situation in the North-West and South-West (NWSW) regions remained dire during the month of November, marked by continued violent attacks on schools and children and overall insecurity linked to the approaching first ever regional elections announced for 6 December. Incidents reported within the month include killing, torture, abduction of students and teachers, as well as arson against education facilities. On 3 November at least 11 students were abducted by suspected NSAGs from a Presbyterian school in Kumbo (NW region). They were released some days later. On 4 November suspected NSAGs stormed Kulu Memorial College in mile 4 Limbe, assaulting several students and staff, forcing them out of their classrooms and setting fire to school property. The Humanitarian Coordinator in Cameroon released a statement on 5 November condemning the continuous attacks against education.
An increase in the targeting of traditional and religious leaders was also observed in November. On 5 November Emeritus Archbishop of the Douala Archdiocese, Christian Cardinal Tumi, alongside the Fon of Nso (Bui division), Sehm Mbinglo, were abducted by NSAGs while on their way to Kumbo. The Cardinal was released the following day while the Fon spent several days in captivity before being released on 10 November. On 6 November, Chief Molinga Francis Nangoh of Liwola Malale village of the SW region was murdered and his palace burnt down by unidentified gunmen suspected to belong to a NSAG.

The second wave of the COVID-19 pandemic continues to make the delivery of live-saving assistance challenging due to the importance of respecting distancing guidelines. The restrictions on public gatherings in particular, made it difficult for partners to reach their targets, especially those carrying out distributions and sensitization activities.

**VISUAL** (9 Dec 2020)

Cameroon 2020 North-West and South-West Crisis - Funding by sector (in million US$) as of 2 November 2020

![Funding by sector graph]

All humanitarian partners, including donors and recipient agencies, are encouraged to inform OCHA’s Financial Tracking Service (FTS - http://fts.unocha.org) of cash and in-kind contributions by e-mailing: fts@un.org

**TRENDS** (9 Dec 2020)

**Humanitarian Response: Education**

In the first month of the 2020-2021 school year, less than 30 percent of schools in the anglophone regions of Cameroon have been operational, with a higher concentration of students attending education in urban centers despite an insufficient number of teachers in the classrooms.
Only 730 primary schools out of 3,127 (23 per cent) and 142 secondary schools out of 558 (25 per cent) in the NW region are operational. In the SW region, 837 out of 2,195 (38 per cent) primary schools and 89 out of 352 (25 per cent) secondary schools are operational. On average, 50 percent attendance by teachers is recorded for both regions. However, in the NW, 79 percent of secondary and 60 percent of primary school teachers are not at work.

October 2020 was noteworthy for the high level of atrocities committed against children and education personnel in the NWSW regions. The education cluster, in collaboration with OCHA and with the support from partners, is engaging in advocacy with actors on the ground to refrain from attacks on education and the use of education as a political tool.

In spite of all these hostilities, education cluster partners were able to continue providing access to learning for 71,731 new learners (32,022 boys and 39,709 girls) in the regions including through community sensitization for safe and protective learning, distance learning, provision of essential teaching and learning materials, and capitation grants for learning.

**TRENDS (30 Dec 2020)**

**Humanitarian Response: Food Security**

Cluster partners collectively assisted 333,864 people through food assistance and agriculture and livelihood-based activities. In the NW region, some urban and peri-urban areas have continued to receive food assistance through the “cash for food” modality (8 percent of total beneficiaries) while other areas with little or no market access received assistance in kind. 94 percent of the beneficiaries were supported with food assistance while only 6 percent received agriculture and/or livelihood support like grants for small businesses, farming, poultry and other income generating activities.

**TRENDS (30 Dec 2020)**

**Humanitarian Response: Health**

Improving the vaccination coverage for vaccine preventable diseases by strengthening routine immunization remains a key priority of the Health Cluster partners in the NWSW regions. Throughout November, UNICEF supported the regional delegation of public health (RDPH) to conduct the first round of periodic intensification of routine immunisation for children and pregnant women who had missed routine vaccination in seven health districts across both regions (Bamenda, Kumbo East, Nkambe, Wum, Kumba, Konye and Mamfe). A total of 16,448 infants were vaccinated including for measles and rubella (MR), tuberculosis (BCG), poliomyelitis and pneumonia. Yellow fever vaccines were given to 2,072 children while 2,607 others received human papillomavirus (HPV) vaccines. 1,097 children were provided with mebendazole to treat parasitic worm infestations and 10,259 others received vitamin A. 991 pregnant women were vaccinated against tetanus while 294 others were provided with intermittent preventative therapy for malaria prevention. UNICEF also supported reproductive health coordination to train 100 health care providers from neonatal care and maternity units in three district hospitals in the SW and five district hospitals in the NW to ensure quality new-born management.
Surgeons and psychologists deployed by WHO continued to work across the two regions, performing 69 surgical procedures, and conducting 167 consultations. The clinical psychologists in Buea, Kumba, and Bamenda trained a total of 96 people on psychosocial first aid (PFA), consulted 122 patients and provided group therapy to 259 others. In the framework of the COVID-19 response, WHO provided four vehicles to the RDPH in the NW and three in the SW to support field activities of the response teams. Assessments were carried out in the regional hospitals of Bamenda, Buea, Limbe and the Tiko district hospital, to seek ways of improving the existing intensive care units and water supply in these facilities.

**TRENDS (30 Dec 2020)**

**Humanitarian Response: Nutrition**

A total of 40,594 children (21,109 girls and 19,485 boys) were screened for acute malnutrition during the month of November, among whom 178 (0.4 percent) were identified with SAM. 160 children (90 percent) of the 178 were referred for SAM treatment. Logistic and financial constraints were reported to be the two major challenges limiting access to SAM treatment. 469 (1.2 percent) children were identified with moderate acute malnutrition (MAM), 51,940 persons (20,723 males and 31,217 females) were sensitized on key messages on infant and young child feeding practices, integrating COVID-19 specific messages, while 2,012 caregivers were trained to detect and refer children with SAM to treatment services.

Under the preventive programme for undernutrition in food insecure areas, 12,780 children (6,002 boys and 6,778 girls) between 6 and 23 months and 8,053 pregnant and lactating women (PLW) were reached under the blanket supplementary feeding program (BSFP) implemented by WFP partners. Two-month rations (November and December 2020) were provided to the beneficiaries under the BSFP programme. Nutrition inputs (ready-to-use therapeutic food, drugs & therapeutic milk) for SAM management for three months were prepositioned at regional headquarters in Bamenda and Buea to ease access by partners and avert any shortages.

**TRENDS (30 Dec 2020)**

**Humanitarian Response: Protection**

The protection environment in the NWSW remained very concerning in November due to ongoing insecurity with attacks on education, indiscriminate arrests by Government security forces, targeted killings, kidnappings and threats against the affected population as well as frequent clashes between Government security forces and NSAGs which led to displacements.

During protection monitoring activities in November population movements were reported in many localities in the two regions, especially Menchum, Mezam, Boyo and Bui divisions of the NW region where close to 3,000 persons were forced to flee their homes. 585 protection incident reports were collected during November by protection partners. The main types of protection incidents reported include destruction of houses and properties, threats to life and personal security, killing/murder, looting, extortion, torture, SGBV, arrest and detention, arson. The most affected populations are IDPs followed by returnees.
During November, 24 pregnant/lactating women and girls (6 girls, 18 women) received dignity and mama kits, 81 persons (IDPs) received NFIs with respect to their specific needs while 574 persons received psychological first aid (PFA). IRC trained 50 community leaders in Fako division on humanitarian principles, protection principles, protection risks, and sensitized 3,384 persons (796 boys, 770 girls, 785 men, 1033 women) on protection risks, humanitarian principles, human rights, civil status documentations including disability cards, and the available services.

Rapid assessments were carried out in 11 new communities where key informants reported humanitarian needs. Communities, where a high level of protection needs were identified, include Anyajua (Belo subdivision), Nsowngwa (Bafut subdivision), Mfuni (Eyumodjock subdivision), Illeh (Konye subdivision), Small Ekange (Tiko subdivision) and Mile 16 Buea (Buea subdivision). IDPs in these communities face different risks ranging from serious threats to life, destruction of habitat, lack of access to services for women and children, lack of health facilities and poor water sanitation and hygiene conditions. 130 key informants were interviewed in the different communities. In Barombi (Meme) and Ogomoko (Manyu), key informants highlighted the lack of civil status documentation as a major restriction to freedom of movement and a limiting factor to their access to basic services.

TRENDS (30 Dec 2020)

Humanitarian Response: Child Protection Area of Responsibility (AoR)

Children continue to be the main population group affected by the crisis in the NWSW regions of Cameroon, with reports of increased cases of Gender-Based Violence against children and adolescents in the regions. Several cases of early pregnancies, forced/early marriages and child labour were reported.

During the reporting period, more than 55,000 beneficiaries were reached by Child Protection actors, with a variety of child protection interventions/activities. The interventions included the provision of psychosocial support services to children and caregivers, reaching 10,148 beneficiaries (7,371 children and 2,777 adults); case management for unaccompanied and separated children (UASC) and other vulnerable children, reaching 797 children (452 girls and 345 boys); and awareness raising sessions to sensitize communities on child protection risks and concerns, GBV and COVID-19 preventive measures and symptoms, reaching 36,114 beneficiaries (22,397 children and 13,717 adults).

The Child Protection Area of Responsibility also conducted five training sessions on child protection case management. This included three sessions in Bamenda for Child Protection actors implementing in the NW and two in Buea for Child Protection actors based in the SW, strengthening the technical capacities of Child Protection partners. Every training session included 25 participants from different national and international NGOs and respected the COVID-19 mitigation measures.

TRENDS (30 Dec 2020)

Humanitarian Response: GBV Area of Responsibility

While access to quality multisectoral services remains a challenge in the NWSW regions, the data shared by GBV partners during November shows an increase in the number of survivors requesting GBV services. During November, 798 GBV survivors were reported and received services according to their individual needs through ethical, secure, and coordinated referrals between specialized GBV service providers.
Sexual violence represents 42 percent of the reported GBV cases. Survivors of GBV incidents are mostly women and girls (86 percent), with 8 percent being persons living with disabilities. 61 percent of survivors are children. Survivors received various services including psychosocial support (36 percent), health (28 percent), and livelihood (45 percent). There is a critical need to scale up lifesaving GBV services and advocate for access to affected communities in hard-to-reach areas.

27,934 people were reached by GBV prevention and response interventions in November including GBV awareness raising and information on available services (19,197); dignity kits distribution (151); women and girl safe space activities (882); psychosocial support and PFA (1,112); youth and adolescent support program (712); life skill development for women (429); capacity building for community members and frontline workers on GBV concepts (1,299); distribution of menstrual hygiene kits (180); engagement of men and boys to raise awareness on GBV (3,065).

In order to manage survivor data with survivor’s full informed consent for the purpose of improving service delivery, and ensure that the collection, storing, analyses and sharing of GBV reported cases is done safely and ethically, the GBV AoR under the leadership of UNFPA trained 27 frontline GBV actors in the NW region, from 26 to 28 November on the Gender-Based Violence Information Management Systems (GBVIMS).

**TRENDS** (30 Dec 2020)

**Humanitarian Response: Shelter/NFI**

During the reporting period 2,827 households were assisted; 1,827 in the NW and 1,000 in the SW.

In the NW region, NRC through partners CBC and COMINSUD carried out a distribution of 1,000 packs containing some shelter and NFI kits in the Bui and Menchum divisions. This included 200 packs in Jakiri, 300 in Kumbo, 250 in Bafmen and 250 in Zhoa. This distribution reached 5,443 individuals (2,610 males and 2,833 females). Each pack comprised of emergency shelter items, menstrual hygiene items, COVID-19 prevention items, hygiene items and basic household items. Plan international distributed 827 shelter/NFI kits in Kumbo, reaching 4,135 individuals (2,026 males and 2,109 females).

In the SW, NRC through its partners FORUDEF and AMEF distributed 1,000 Shelter/NFI kits in Muyuka, One-Banana, Ebore and Tombel reaching 5,764 individuals (2,612 males and 3,152 females).

**TRENDS** (30 Dec 2020)

**Humanitarian Response: Water, Sanitation and Hygiene**

In November, 45,700 individuals received various WASH services including COVID-19 prevention interventions implemented by twelve WASH partners in the NW and SW regions. WASH partners AFRINET, EPDA and IRC constructed 129 emergency latrines to be used by at least 6,400 people in Buea, Ekondo Titi, Kombo Ifindi, Konye, Kumba 1, Kumba 3 and Mbonge subdivisions of Fako, Ndian and Meme divisions respectively. IRC, NRC and SUDAHSER conducted sanitation and hygiene
promotion trainings for 142 community health workers and hygiene promoters/volunteers in Bamenda 1, Bamenda 2, Bamenda 3, Buea, Ekondo Titi, Konye, Kumba 2, Kumbo, Mbonge and Muyuka subdivisions while AFRINET and H4BF trained 120 girls and women in Nkum and Mamfe subdivisions on the use of dignity/hygiene kits.

COORDINATION (30 Dec 2020)

Humanitarian Coordination

OCHA continued to provide leadership in the response in the NWSW regions, advocating for effective and principled humanitarian action through regular meetings. During the month of November OCHA chaired two Inter-Cluster Coordination Group (ICCG) meetings, one Humanitarian Coordination Forum (HCF), and one Access Working Group meeting. Progress was made on plans to implement the HCT approved ‘Compact to end Illegal Payments’ in addition to supporting humanitarian NGOs contribute effectively to the 2021 Humanitarian Response Plan (HRP). OCHA also led an inter-agency UN mission to Fundong subdivision, Boyo division on 27 November.

EMERGENCY RESPONSE (18 Jan 2021)

COVID-19 Situation report - It covers the period from 1 to 31 December 2020.

HIGHLIGHTS

- In Cameroon like in most countries, COVID-19 crisis has negatively impacted the general situation. As of 31 December, WHO reported 26,277 cumulative cases and 448 deaths in the country with a fatality rate of 1.7 per cent.
- In his end year address to the Nation on 21 December 2020, the Head of State reminded of the necessity to abide by measures to stop the spread of COVID-19. He noted that despite efforts made, COVID-19 has caused grief to many families and negatively affected the economy and the Cameroonian society. Additionally, the Minister of Health (MoH) called for the respect of distancing measures, especially with the end year celebrations and the prominence of a more contagious strain of the virus in Europe.
- According to the results of the Knowledge, Attitude and Practices (KAP)’ survey which UNICEF and WHO carried out in October 2020, the lowest level of knowledge on COVID-19 is observed in the West region and negative attitudes and practices are more common in the Centre and Far North regions.
- WHO has mobilized US$ 3.9 million for the fight against COVID-19 in the North-West and South-West regions which are severely affected by the crisis.
- 26,3K COVID-19 cases
- 932 Active cases
- 781K Cumulation of samples tested for COVID-19 (TDR+PCR)
- 1.8% Fatality rate
SITUATION OVERVIEW

Cameroon is facing a significant upsurge in COVID-19 cases. According to WHO, more than 5,000 new cases have been recorded between November and December 2020.

On 31 December 2020, Cameroon had more than 26,000 positive cases. It is the eleventh African country in relation to the number of infections. Nevertheless, Cameroon has the highest recovery rate of 95 per cent.

On 28 and 29 December, the Minister of Health (MoH) intensified consultations with different COVID-19 response stakeholders in Cameroon, to assess the response and identify prospects especially considering a possible second wave of infections.

The Knowledge, Attitudes, and Practices (KAP) survey indicated that 72 per cent of the people have an acceptable knowledge on COVID-19. While 30 per cent of surveyed individuals developed adequate attitudes, 74 per cent adopt adequate practices. The lowest level of knowledge on COVID-19 is observed in the West region where negative attitudes and practices are more common respectively in the Centre and Far North regions. It is worth noting that surveys carried out before had shown that 80 per cent of surveyed individuals had acceptable knowledge on COVID-19. The recent KAP survey covered a wider population though.

Gaps & constraints The consultations carried out by the MoH allowed to identify gaps in the implementation of the response strategy, notably:

- Inconsistencies in data collected from health districts make the analysis challenging, raising the need for an exchange platform between data managers at the central level and those at the peripheral level, such as health districts and health regional delegations, in order to improve the quality of data as part of the management of epidemics and other public health emergencies.
- The lack of standardized procedures, data collection tools, contact tracking tools, and especially the limited capacity of key stakeholders to use these tools. These capacities and tools are essential for the preparation of responses to public health emergencies.

VISUAL (18 Jan 2021)

Inter-Agency Response Plan/Cameroon HRP COVID-19 2020
US$ 81.7 million requested /US$ 54.1 million funded

All humanitarian partners, including donors and recipient agencies, are encouraged to inform OCHA's Financial Tracking Service (FTS - http://fts.unocha.org) of cash and in-kind contributions by e-mailing: fts@un.org

EMERGENCY RESPONSE  (18 Jan 2021)

Case management and IPC

Needs:

- Strengthening of the testing capacity through the Track, Test and Treat (3T) strategy.

Response:

- From 1 to 31 December 2020, the Ministry of Health and partners strived to reinforce the massive testing operation at Mifi health district in Bafoussam, in Mifi Division, West region.

- Starting December 2020, as part of its enhanced COVID-19 prevention measures, the Government requires that all passengers bound for Cameroon to be systematically tested for COVID-19 on arrival at the international airports of Douala and Yaounde Nsimalen. In addition, a negative PCR test from less than three days prior to the departure to Cameroon should be presented by passengers.

- From July to December 2020, WHO supported active cases finding and alerts through 674 community health workers (CHWs) trained and supervised in four regions (North-West, South-West, West and Littoral).
To cope with the increase in COVID-19 cases in education institutions, health authorities in collaboration with schools increased testing in education facilities. Consequently, the number of tests is increasing according to the latest statistics.

**Gaps & Constraints:**

- Testing is not carried out in all schools, which might not indicate the extent of infections among students.
- There are challenges to compliance with distancing measures given the excessive numbers of students in classes and sometimes the poor hygiene conditions.

**EMERGENCY RESPONSE**  (18 Jan 2021)

**Risk Communication and Community Engagement (RCCE)**

**Needs:**

- Development and implementation of the RCCE plan relating to the introduction of COVAX vaccine.
- Reinforcement of RCCE activities in parallel with the resumption of classes in the second quarter.

**Response:**

- RCCE activities have been strengthened in the run-up to end year festivities. From 17 to 19 December 2020, the Ministry of Health (MoH), the Cameroon Red Cross, and the Regional Fund for the Promotion of Health distributed information material on COVID-19 prevention and home care at the Food Fair which took place in Ebolowa, South region.
- In December 2020, GIZ supported awareness activities in six radio stations in the West Region.
- Throughout December and mostly during end year festivities, MoH carried out sensitization activities using megaphones in the whole West region. MoH, with the technical and financial support of UNICEF and IFRC, launched the RCCE strategy at the 17 active entry points and trained RCCE actors from border health checks in Mbalmayo and Ngaoundere in South and Adamawa regions.
- Funded by UNESCO and the European Union in the framework of the “#CoronaVirus Facts project”, and implemented by 42 Civil Society Organizations (CSOs), the Eduk-Media association continued the implementation of the campaign to combat disinformation and monitor hate speech and harmful COVID-19 online content.

**Gaps & Constraints:**

- Persistence of perceptions around the demise of COVID-19 in Cameroon.
- Poor compliance with distancing measures especially during the end of year celebrations.
- Poor RCCE on the social acceptance of the COVAX vaccine.

**EMERGENCY RESPONSE**  (18 Jan 2021)

**Points of Entry (POE); Operational Support and Logistics**
Needs:

- Cisterns/wells for a potable water next to screening points in the 32 prioritized PoE sites in the East region.
- Additional materials including gloves, facemasks, thermometers, hand washing stations, etc. at local medical centers and other points at the 32 prioritized PoE sites in East region.
- A contingency plan to respond to future public health emergencies in the health region including the development of a list of priority sites for public health interventions based on mobility characteristics and trends in the area, to be developed by MoH and other relevant actors.

Response:

- At PoE, the number of positive COVID-19 cases increased with the systematic screening of passengers at Douala and Yaounde Nsimalen international airports, reaching approximately 75 per cent of individuals entering Cameroon.
- During a coordination and partnership conference conducted by IOM on 3 December 2020 in Yaounde, 25 official and unofficial points of entry were identified in the East region, including 10 official and 15 unofficial, along with a prioritization level.
- In December 2020, IOM, WHO and partners increased the number of screening stations at PoEs. The data in the graph below shows the evolution of the screening points at PoEs.

Gaps & Constraints:

- Lack of a national preparedness plan for future health emergencies based on the findings of recent participative mapping exercises, including lists of prioritized sites for public health measures to limit the spread of communicable diseases.
- Absence of a hand-over strategy for actors providing assistance and equipment including hospital equipment to ensure the sustainable management and care of supplied equipment for future health crises.
- Lack of coordination with existent child protection and gender specific actors in the East region, to liaise and refer cases, especially considering the negative impacts of long periods of confinement which call for greater attention and coordination.