The mission of the United Nations Office for the Coordination of Humanitarian Affairs (OCHA) is to coordinate the global emergency response to save lives and protect people in humanitarian crises. We advocate for effective and principled humanitarian action by all, for all.

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This report is produced by OCHA Cameroon in collaboration with humanitarian partners. It covers 1 – 31 July 2019. The next report will be issued in September.

HIGHLIGHTS

- More than 700,000 children, representing almost 9 out of every 10 children, have been out of school for nearly three years with 80% of schools closed.¹
- An estimated 462,000 people² in the North West and South West (NWSW) regions fall within the Crisis and Emergency phases of food insecurity calling for urgent action to protect and revive livelihoods, reduce food consumption gaps and reduce acute malnutrition.
- There is an outbreak of measles confirmed in Limbe and suspected in Ekondo-Titi health districts.
- It is estimated that up to 7,000 children between 6-59 months with Severe Acute Malnutrition (SAM) can be expected in the two regions until the end of the year. Reports of hospital admission of children with SAM requiring inpatient care are increasingly being recorded in the regions.
- Out of 789 protection incidents in the month of July 36.4% are related to the destruction of houses and villages.
- Out of the 74 rape cases recorded only 13 were able to obtain health care services due to the absence of services in their localities. 785 cases of GBV were reported in the same month with indications that both are on the rise.
- 630 households were reported to have been displaced in the NWSW as they flee confrontations between the warring parties.

1.3M 820K 530K 376K 330K 315K
People in need Targeted for assistance internally displaced Members of Host communities in need Other people in need People in extreme food insecurity

SITUATION OVERVIEW

Humanitarian

The humanitarian situation in NWSW continues to deteriorate with serious protection incidents, including excessive violence against civilians by all parties to the conflict being noted. Displacement of civilians continues to increase with destruction of houses and villages by fighting parties. Impunity for crimes and acts of violence against civilians throughout the NWSW is a hallmark of the crisis.

¹ Source: Education Cluster Strategy August 2019
² Source: EFSA January 2019
Humanitarian access to persons in need throughout NWSW continues to be a challenge with armed groups often blocking access as well as threatening humanitarian personnel. Although the crisis is characterized as a protection crisis, severe and growing needs have been noted in health, education, shelter, food security and WASH. Despite the severity of the crisis funding for the humanitarian response remains at 15% as of the end of July of the total required for 2019.

Political

Cameroon’s bilateral and multilateral partners continue to put pressure on the government for a peaceful resolution of the crisis. The German military on 2 July 2019 declared it has ended its military mission in Cameroon as a result of the Anglophone crisis. The mission to Cameroon started four years ago to support the Cameroonian military in the fight against Boko Haram.

From the 1 to 3 of July 2019, US Congresswoman Karen Bass led a fact-finding mission to Cameroon. She called on parties to the conflict to respect human rights, end all violence and begin dialogue. On 24 July 2019, the US House of Representatives voted for Resolution 358 calling for restraint and dialogue in Cameroon. They proposed federalism as a possible way out of the crisis and called for the release of prisoners.

On the 19 of July 2019, the Swiss Ambassador and the Africa Director for Humanitarian Dialogue met with the Prime Minster of Cameroon. In a declaration on 27 July 2019, the chairperson of the AU Commission welcomed the initiative for dialogue to resolve the NWSW crisis. He reaffirmed AU support for any initiative aimed at peace, stability and national reconciliation in Cameroon.

State authorities and some anglophone civil society organizations are advocating for schools to resume in September 2019. However, armed groups continue to threaten those attempting to reopen schools. In a communique dated 12 July 2019 a group called the Ambazonian Prisoners of War (APOW) declared school can only resume if the problems that underpinned the crisis are resolved.

Security

Security continues to worsen in the conflict hit regions. Human rights violations continue to be committed by both parties to the conflict. Arbitrary arrest, burning of villages and indiscriminate killing of civilians are on the rise. Women were reportedly used as human shields during hostilities. Those most affected by the violence are civilians including Persons with Disabilities, women, children and the elderly.
FUNDING

HRP funding in the NWSW*

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

HUMANITARIAN RESPONSE

Education

Attacks against school buildings, teachers, parents and children continue. More than 700,000 children, representing almost 9 out of every 10 children, have been out of school for nearly three years with 80% of schools closed. Children forced to flee to bush areas have been left without access to any form of education. Children out of school face a myriad of severe protection risks including sexual exploitation and abuse, gender-based violence, harassment, recruitment by armed groups, arbitrary arrest, early marriage, pregnancy, and child labor. Children have also been separated from their families during displacement or have had to head households as a result of their parents or care givers being killed during conflict. Most children require psychosocial support and structured play-based learning to prepare them for re-entry into the school system. Schools that remain operational are significantly under-resourced. There is a need to provide textbooks and other scholastic materials to children. Most teachers are now out of work and the majority are not receiving any salary. Those who are still able to work require training for teaching in a crisis context, including how to provide psychosocial support to children.

In July, education partners were able to reach 1,068 children (480 boys; 588 girls) with education activities across 11 divisions in the NWSW regions. The Education Cluster is launching a 12-month Education Cannot Wait funded program beginning in August 2019. Under this funding, more than 18,000 children will be supported with learning activities. To support partners in securing funds for their projects, the Education Cluster is continuing to deliver trainings on project development. Coordination mechanisms have been established for key education stakeholders. Education Cluster meetings are taking place monthly in both Buea and Bamenda; the Education Strategic Advisory Group meets regularly and on an ad-hoc basis.

To date, only Education Cannot Wait (ECW), the Central Emergency Response Fund (CERF) and the Global Partnership for Education (GPE) have funded the response. The situation is aggravated by the politicization of education with NSAGs declaring that children should not go to school until a political solution is agreed. It is imperative that education is politically nullified and that its status as a non-derogable human right is recognized.
Food Security

The security situation in the NWSW of Cameroon continues to deteriorate, affecting the livelihood of the population, provoking internal displacement and increasing pressure on host community populations. According to the most recent Cadre Harmonisé in March 2019 an estimated 462,000 people in NWSW fall within the Crisis and Emergency phases meaning urgent action is required to protect livelihoods, reduce food consumption gaps and reduce acute malnutrition.

In July, 12 partners provided food assistance to a total of 92,347 people in the NWSW regions. WFP, INGOs and local NGOs assisted 84,882 persons (46,242 NW; 38,640 SW) with food items while 7,465 persons (4,440 NW, 3,025 SW) received livelihoods support including egg production through FAO, micro gardening and cash for income generating activities by SHUMAS. CRS completed beneficiary registration in July and will provide e-voucher assistance in August to 4,000 households. IRC provided food assistance through the voucher modality in Kumba (SW) to 1,500 households.

In the NW region WFP will continue to provide food in remote areas to 125,000 IDPs between August and September in seven divisions (Momo, Mezam, Bui, Donga-Mantung, Boyo, Ngoketunjia and Menchum). In the SW region WFP will continue to assist 80,000 IDPs from July to September in the Fako, Meme and Manyu divisions. WFP has introduced a new selection tool to improve targeting, registration and verification of beneficiary lists. Local food distribution committees introduced in June in the SW region are equally playing an important role in improving the quality of beneficiary data collected and processed for distributions. FAO continues to provide support to 1,000 households; the layer chickens for poultry farming (eggs production) project currently amounts to a collection of an estimated 8,000 eggs daily. Out of these 1,000 beneficiary households, 300 households have so far reinvested their earnings in the rearing of table birds (broiler production).

In order to improve on the quality of the Food Security Cluster (FSC) response, WFP organized a four-day training in the NW for its new partners from 1 to 4 of July 2019 in Bamenda. This training brought together 87 staff from SHUMAS, CBCHS, CARITAS BAMENDA, COMINSUD including accountants, warehouse managers, monitoring and evaluation officers and program staff. In the SW, WFP successfully carried out its first program monitoring and evaluation mission to Kumba in the Meme division on 26 July 2019 through a joint field mission with other UN Agencies (FAO, OCHA, IOM, UNFPA, UNDSS, WHO and UNDP) to provide support to its new Cooperation Partner (CP), Caritas Kumba. Also, WFP started monitoring changes in prices of essential food commodities in the NWSW. In that regard market assessment guidelines and questionnaires were developed, sample design and coverage of markets and food commodities selected and Third-Party Monitoring partners deployed on the ground. In the SW, six main markets in three divisions (Fako, Manyu and Meme) will be covered. In the NW, 14 main markets in seven divisions (Momo, Mezam, Bui, Donga-Mantung, Boyo, Ngoketunjia and Menchum) will be covered. In each division, one urban and one rural market will be sampled.

IRC has concluded the vendor selection exercise for the implementation of its food assistance through the voucher modality. Selected vendors were trained on the guidelines and procedures of ensuring a smooth delivery of assistance to beneficiaries.

Health

The confirmed measles outbreak in Limbe and the suspected cases in Ekondo Titi health district highlight the urgency to step up surveillance action in the NWSW. With over 30% of health facilities not functional and little or no financing for operational partners in the field there is an urgent need for increased operational presence of health actors in the crisis hit regions. Surveillance, essential health care, trauma and mental care require urgent support.

During the month of July, Health Cluster partners were able to provide access to essential healthcare, sexual reproductive healthcare and health promotion activities in Mezam, Momo, Ngoketunjia, Ndonga-Mantung, Fako, Meme, Ndian and Manyu divisions. UNFPA, through implementing partners in Mezam, Ngoketunjia, Meme, Ndian and Manyu Divisions was able to provide kits to 500 pregnant women, medically assist six victims of sexual assault and 38 women with pregnancy related complications. A total of 140 delivery and 33 caesarean kits were distributed while 11 women benefitted from blood transfusions from assisted deliveries. Relief International (RI) in Fako Division was able to provide access to essential health care to 1,269 persons, conducted 172 referrals to medical facilities.
and trained 26 community health workers. UNICEF, through its implementing partner Reach Out, within the frame-work of the rapid response mechanism (RRM+) trained 40 community health workers in Ekondo-Titi on the diagnosis and treatment of uncomplicated malaria, respiratory tract infections, diarrhea and malnutrition. A total of 178 pregnant and lactating women (PLW) received maternal kits while 102 received new born kits. During this period, 900 households received treated mosquito nets. Action Against Hunger (AAH) in Fako division and through an implementing partner in Meme division provided essential health care to 928 children under the age of five and provided infant and young child feeding messaging to 201 pregnant and lactating women.

Attacks on health care remain a major challenge for health actors in the NWSW. At least three attacks on health care (abduction and intimidation) were reported during the reporting period and it continues to negatively affect the availability of health services. Advocacy at various levels and a strategic protection intervention for health care are urgently needed.

**Nutrition**

The Emergency Food Security Assessment (EFSA) conducted by WFP in January revealed proxy Global Acute Malnutrition rates of 4.4% and 5.6% for the NW and SW regions respectively. It is estimated that up to 7,000 children between 6-59 months with SAM can be expected in the two regions until the end of the year. Reports of hospital admission of children with Severe Acute Malnutrition requiring inpatient care are increasingly being recorded in the regions.

Nutrition partners, including Action Against Hunger (AAH), REACH OUT, UNICEF and Cameroon Baptist Convention Health Services (CBCHS), continued to support the nutrition response in the two regions through screening, referral, treatment of SAM, Vitamin A supplementation (VAS), promotion of appropriate IYCF-E practices and training of health workers. A total of 1721 children aged 6–59 months were screened for acute malnutrition (1,526) and provided with VAS (195). 50 community health workers (CHWs) were trained in the NW region on nutrition screening and on delivering IYCF-E messaging. UNICEF commenced support in the NW under the rapid response mechanism (RRM) targeting populations in hard to reach areas. In the SW RRM was initiated in the month of June 2019. WFP is planning to establish a Blanket Supplementary Feeding Programme (BSFP) that will be linked to General Food Distribution (GFD) in areas identified as the most food insecure according to the most recent EFSA 2019. These will include six locations: Fako, Manyu and Meme in the SW and Bui, Mezam, and Ngo-Ketunjia in the NW. This programme will reach a total of 16,251 children between 6-23 months with Super Cereal Plus for the periods covering September to December 2019.

Mapping of health facilities, mainly hospitals, to be used as referral sites for inpatient care of SAM children with complication, has been finalized for both regions. Facilitators to support capacity development on nutrition response in emergency have already been identified and a capacity development plan targeting health workers is currently being developed.

Major constraints include limited capacity of existing nutrition partners to support the nutrition response especially in the inpatient case management of children with SAM. Furthermore, coverage of nutrition response is very low in the two regions leaving a significantly large vulnerable population not accessed with nutrition interventions. Lack of services for identified management of Moderate Acute Malnutrition cases might result in deterioration to severe forms of acute malnutrition if an appropriate response is not put in place.
Protection

During the reporting period protection monitoring was conducted in seven Divisions: Meme, Manyu, Lebialem and Fako in the SW and Bui, Mezam and Boyo in the NW. A total of 789 incidents were recorded in both regions with a 6% decrease compared to the month of June (841 incidents). The reduction in reported incidents is explained by frequent lockdowns and insecurity which limited the movement of protection monitors in some areas. Manyu, Lebialem and Fako Divisions were the most affected areas due to frequent clashes between the military and NSAGs resulting in the burning and destruction of houses in some localities. Among affected persons adults represent 76% while children constitute 16% and 8% for persons above 60 years. 54% of affected persons were females while 46% are males. The major incidents reported were burned/destroyed houses (36.4%), violence against children (16%), injuries and homicide (8%). It is noted that the burning and destruction of houses is being used as a weapon of war in the crisis regions.

Among protection responses and prevention activities implemented in the NWSW the Protection Cluster provided support to 610 persons (390 women, 220 men). In addition to activities supporting the issuance of civil status documentation, 10 persons (nine women, one man) in need of legal / judicial protection received assistance and five women survivors of GBV received psychosocial support. Psychosocial support was also provided to 6,858 children (3,559 girls and 3,299 boys) in child friendly spaces or other safe spaces in both regions. 231 unaccompanied and separated children (124 girls and 107 boys) were identified and benefited from alternative care arrangements and/or individual follow-up while one among them was reunified. Four children (two boys and two girls) identified were suspected of association with armed groups however there is currently no formal assistance available for such children. Protection actors provided cash assistance to 95 vulnerable IDPs and members of host populations.

In terms of prevention five awareness raising activities reached 484 persons in the NWSW while five trainings were conducted on human rights, protection of civilians, protection mainstreaming and sustainable livelihood programs targeting 256 persons (136 female and 120 male).

On 25 July 2019, the Protection Cluster Working Group on Access to Justice and the Rule of Law (AJRL) held its first formal meeting in Buea to introduce its coordination mechanism in the SW region. During the meeting the terms of reference of the AJRL and its action plan were presented, amended and adopted. UNHCR was designated to coordinate this protection thematic group with the National Commission on Human Rights and Freedoms (NCHRF) and Human Is Right, a local NGO which is very active in legal assistance, as joint co-facilitators. Priorities identified include the consolidation and finalization of the referral pathway for the Cluster and the elaboration of a concrete action plan for civil status documentation.

To facilitate coordination, bi-weekly Cluster meetings were held in Buea (SW). During the July meetings the Protection Cluster strategic objectives were adopted as well as the template for the protection cluster monthly bulletin.

Lack of civil status documentation is one of the major challenges IDPs are facing. About 80% of persons of concern in both crisis regions indicated that they had no civil status documents, which has greatly reduced their movements and consequently access to basic services. Difficult access due to poor road network, armed conflict and other logistic constraints pose a challenge in the delivery of an adequate protection response. This situation is made worse by underfunding and insufficient protection partners.

Child Protection

An estimated 266,000 children are in need of child protection assistance. The greatest needs are in the area of psychosocial support and case management for unaccompanied and separated children. Many children have lost identity documents in the process of displacement, critical among these are birth certificates which are a requirement for formal school enrolment.

Psychosocial Support (PSS) was provided to 1,230 boys and girls in the NWSW. Another 406 boys and girls including unaccompanied and separated children were supported through case management services. Advocacy was carried out for the (re)issuance of birth certificates for 608 children.
Family Tracing and Reunification (FTR) for unaccompanied and separated children has been hampered by the prevailing unstable environment. There is need to train Cluster members on Psychological First Aid (PFA) and referral of cases for specialized psychosocial support. There is also no specific referral pathway for children reportedly associated with armed groups.

**GBV Sub-Cluster**

The need to extend the number and types of GBV services to more localities was again highlighted in the month of July. Out of the 74 rape cases recorded only 13 were able to obtain health care services mainly due to the absence of services in their localities.

It is essential not only to put in place competent service providers but to set up adequate and confidential places for service provision. An assessment of health facilities in Kumba (SW) for Clinical Management of Rape (CMR) showed that CMR had been targeted through the setting up of hotlines, the use of ambulances to refer survivors and integration of CMR into maternity care to ensure confidentiality. However, there is still need for adequately and fully equipped space within health facilities for CMR. Another rapid assessment carried out in Kumba revealed the need to put in place GBV response services that are specifically tailored to respond to the needs of male survivors of GBV. In the context of the ongoing crisis, physical assault is specifically affecting males.

GBV sub-cluster members continued to provide life-saving GBV prevention and response services to persons in need. A total of 10,828 persons were reached with lifesaving GBV prevention and response interventions; 6,167 women and girls were reached, and 4,691 men and boys. 785 new GBV cases were recorded during this reporting period. 755 of the survivors were women and girls. All 785 new GBV survivors registered received emergency psychological first aid. The figures for rape were also high as 74 new cases were reported. All survivors received emergency psychological first aid and other services. The most demanded service was economic support (706 survivors).

In order to improve GBV service delivery, two assessments were carried out in the SW. A rapid GBV assessment to determine vulnerabilities and needs was carried out in the town of Kumba. A hospital was also assessed for clinical management of rape. Dissemination of the finalized GBV referral pathway commenced in order to make available services known. The workplan of the GBV sub-cluster was adopted up until December 2019. GBV sub-cluster supported LUKMEF to build the capacity of 30 community mobilisers who will provide psychological first aid to persons affected by the crisis and disseminate information of GBV prevention and available services.

Lack of electricity and telephone communication network in many localities has hampered the provision of services, especially medical, to survivors. This situation has also made reporting difficult. The absence of GBV services in many localities remains a major challenge. In Ndian division for example, no GBV response services have been identified.

**Shelter**

During the month of July an estimated 630 households were reported to have been displaced in the NWSW as they flee confrontations between the warring parties. Due to the continuous burning of houses and occasionally entire villages, there is an increase in the need for shelter and NFIs in NWSW, in the months ahead.

Since January, Cluster members have been involved in the provision of multiform shelter and NFI assistance. Approximately 64,569 people have now been reached with shelter assistance. More than half of those reached have received light shelter kits (tarpaulin and rope, without tools) and almost 40% have received standard shelter kits. NFI assistance has been delivered to 74,751 people in both regions. Shelter/NFI response in the NW is significantly smaller compared to the SW. With the recent wave of violence (burning and destruction of houses) registered in the NW in the past months there has been an increasing demand for shelter/NFI assistance in this area. DRC has reached 844 households with NFI and light shelter kits in localities in Fako division SW since January. NRC has reached 2,944 households with NFIs and light shelter kits to people in need in both the NW and SW since January. UNHCR plans to distribute additional 3,000 shelter kits in the SW and 4,000 in the NW in the months ahead. UNHCR also plans to distribute 3,000 NFIs in the NW and 2,000 in the SW.
The slow delivery of core relief items to affected populations is creating frustration in communities. It is being noticed that IDPs and key informants are gradually getting disinterested in providing requested information without seeing any real change in terms of political response to the crisis. If the situation remains unchanged in the long run the safety of field staff could be compromised. Multiple displacement of IDPs, bad roads and little or no access to mobile communications networks are other challenges faced by Cluster team members.

The Shelter Cluster Strategic Advisory Group (SAG) in its meeting on 10 July 2019 decided to increase the number of plastic sheets within the standard shelter kits from 1 to 2 to better accommodate beneficiaries. Also, some key elements of the Shelter Cluster strategy are being revised to reflect the current situation and local realities especially with regards to the start of classes for 2019/2020 school year. Shelter Cluster capacity building training workshop on the link between shelter and protection is planned for the month of August.

**Water, Sanitation and Hygiene**

Affected populations who rely on water from polluted streams/ rivers are only supplied with half of the water treatment aqua tablets required. According to the Chief of Services of Water for the SW region, almost 80% of streams/rivers are polluted by surface runoff.

A total number of 47 WASH activities were implemented in the NW and SW regions reaching 21,987 individuals (3,923 NW and 18,064 SW). During the reporting month various activities were carried out reaching individuals as follows: Hygiene promotion reached 11,132 persons, water supply reached 2,272 persons, WASH NFI kits were distributed to 11,773 persons, sanitation services provided to 1,513 persons and solid/medical waste activities benefited 30 persons.

The key constraints are limited access to the affected population (road blockages) most notably in hard to reach areas and insufficient funds to respond to the WASH needs. Furthermore, difficulties are reported in taking photos to document activities as some communities refuse for safety reasons.

WASH Cluster held Hygiene Promotion Technical Group (HPTWG), SAG and WASH Cluster coordination meetings in Buea on 4 and 18 July 2019. Similar meetings were held in Bamenda on 31 July 2019. A WASH training is planned in Bamenda and Buea on 1 and 7 of August 2019, respectively. The main topics of the training will be Household Water Treatment, Sanitation Options, Hygiene Promotion and 5Ws Data analysis.

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For more information, please visit www.unocha.org www.reliefweb.int.