

CAMEROON: North-West and South-West

Situation Report No. 64

April 2024

This report is produced by OCHA Cameroon in collaboration with humanitarian partners. It covers the period from 1 to 30 April 2024. The next report will be issued in June 2024.

HIGHLIGHTS

- Continued use of IEDs on main roads and in public places increases protection risks.
- · Repeated lockdowns hamper humanitarian access.
- Attacks on health and education personnel remain a concern in NWSW
- Four suspected cases of Monkey pox reported and two confirmed positive in the Mbonge health district, South-West.



Source: OCHA

The boundaries and names shown, and the designations used on this map do not imply official endorsement or acceptance by the United Nations.

1.8 MILLION

People in need of assistance¹

Source:

Humanitarian Needs Overview 2024

990,000

Targeted for assistance²

Source:

Humanitarian Response Plan

583,112

Internally Displaced Persons (IDPs)¹

Sources:

MSNA NWSW, September 2023

MSNA West, Littoral, September 2023

MSNA Centre, September 2021

MIRA Adamawa, July 2019 459,605

Returnees (former IDPs and refugees)²

Source:

MSNA NWSW, September 2023 65,350

Cameroonian refugees in Nigeria

Source:

UNHCR, April 2024

¹ Figure includes North-West, South-West, Littoral, West, Adamawa, and Centre regions.

² Figure includes North-West and South-West regions.

SITUATION OVERVIEW / HUMANITARIAN ACCESS

The North-West and South-West (NWSW) regions continued to witness clashes between non-State armed groups (NSAGs) and State security forces (SSFs). The current situation is also characterised by targeted attacks, arson, destruction of property, loss of life from stray bullets, arbitrary arrests and detentions, kidnappings for ransom and extortion, and attacks on health workers.

The continued use of improvised explosive devices (IEDs) by NSAGs keeps exposing the population to incidents. Several IED explosions in public places were recorded in the NWSW, ten of them in the NW: two in Kumbo, one in Jakiri, one in Sop (Bui division), two in Bamenda II (Mezam division), two in Batibo and Nen (Momo division), and one in Bamuka (Ngo-Kentunjia division). Although IEDs mostly target SSFs, civilians and humanitarian workers can be affected, particularly when IEDs are used in public places or on main roads. Three of the IED incidents recorded in April resulted in civilian casualties. In the SW, one IED incident was recorded in Agong (Lebialem Division).

Frequent lockdowns, roadblocks, and restrictions on movements by NSAGs continue to occur in the NWSW, hampering humanitarian access to people in need in crisis-affected areas, as well as the population's access to life-saving humanitarian assistance and services, including income-generating activities.

Monday is still observed as a ghost town day in both regions. In the NW, the roadblock along the Bamenda-Mamfe road is still in place. The movement of vehicles has been banned along the Bambui-Big Babanki road, blocking the Bamenda-Fundong axis. A lockdown has been imposed in Mezam division for four consecutive Thursdays from 18 April onwards. A restriction on movement has been imposed in Bali Central, same situation in the Bafut municipality and along the Bafut-Wum main road. This impeded humanitarian access and caused delays in response. In Meme division of the SW, about nine incidents were recorded where civilians were either killed, abducted, or physically assaulted for not respecting the imposed Monday ghost towns. Extortion and demands for illegal payments remain a major challenge.

Attacks on health personnel remain a concern, with two incidents recorded in the SW in April. Attacks on education personnel also persist with nine incidents recorded in April (seven in the NW and two in the SW). Despite the difficult context, humanitarian partners advocate for unhindered, timely and principled humanitarian access.

HUMANITARIAN RESPONSE

Education

In April 16 cluster partners carried out educational activities in 11 divisions, reaching 3,426 new beneficiaries (including 1,966 women/girls). A total of 35,096 beneficiaries have been reached from January till date, out of the 963,000 targeted. Activities carried out included the provision of non-formal education through radio, psychosocial support for children, cash and voucher support, training of teachers on psychosocial support and conflict and disaster risk education, as well as the construction of temporary learning spaces. Despite these achievements, the main challenges reported remain limited funding, which slows down the humanitarian response, and insecurity, which makes it difficult to reach people in need in certain hard-to-reach areas, as well as recurrent lockdowns which disrupt learning activities.

35,096

persons reached with education interventions since January 2024.

nine incidents of attacks on education were recorded (seven in the NW, two in the SW); seven of the incidents were attacks on formal schools, while the other two were attacks on non-formal, community-based learning spaces. Attacks on education are persistent and remain a barrier that instils fear in the minds of learners and teachers, contributing to the widening of existing gaps for school-age children, youth, and affected communities. The Education cluster, with the support of the Global Education cluster, held three planning meetings to organise training workshops for its partners in both the NWSW, to facilitate the sharing of information on incidents and attacks against education and to harmonise approaches to data collection, management, and use. The workshops are scheduled to take place in May 2024. This will facilitate harmonised data collection and advocacy and enable cluster partners to help develop preventive measures.



Food Security

On April 15 cluster partners supported 133,755 people (including 80,253 women), with food assistance, agriculture, and livelihood activities in 11 divisions of the NWSW.

Unconditional food assistance and multipurpose cash assistance (MPCA) were provided to 124,396 (74,638 women) using youcher, in-kind, and cash modalities in six divisions in the NW and four in the SW. Also, 9,359 vulnerable people (5,335 women) received support through agriculture and livelihood activities, such as market gardening, poultry farming, and fish farm establishment.

133,755

Persons reached with emergency food, agriculture, and livelihood support.

The number of people reached in April represents 38 per cent of the target compared to 21.4 per cent in March, an increase of 16.6 per cent. This increase is explained by the fact that early recovery and resilience activities have started in Mezam (NW), Fako, Manyu and Meme divisions (SW). Low levels of funding continue to prevent an adequate humanitarian response, while high levels of insecurity prevent access to people in need in hard-to-reach areas.



Health

The cluster supported routine surveillance activities for vaccines, preventable diseases, and diseases with epidemic potential in 42 health districts (HDs) in the NWSW. Four suspected cases of monkey pox were reported and two confirmed positive in the Mbonge HD, SW region. The confirmed cases have been put on treatment. Two suspected cases of cholera were also reported in Tiko HD but were confirmed negative.

confirmed cases of monkey pox in SW under treatment.

As rainfall intensifies, there is a high likelihood of flooding, increasing the risk of a cholera outbreak. The Health cluster, in collaboration with the regional delegation of public health and other sectors including WASH, plans to support the implementation of prevention and mitigation measures in high-risk areas. This will include ensuring the availability of rapid diagnostic tests (RDTs), means for transporting samples, cholera treatment kits at treatment centres, and raising awareness of cholera vaccination and good hygiene practices for an effective and efficient riposte. Health care providers continue to mobilise efforts to provide life-saving medical care, and advocate for funds to scale up the response.

Nutrition

Nutrition cluster partners delivered a comprehensive package of interventions to over 12,000 direct beneficiaries across 26 health districts. This included both preventive and curative services reaching 6,592 children under five years old and 5,418 pregnant and lactating women and girls.

Children identified with SAM received life-saving treatment.

Routine screening for malnutrition using mid-upper arm circumference (MUAC) measurement was conducted, with some 33,278 children (48 per cent girls) screened. This activity identified

210 children with severe acute malnutrition (SAM) and 751 children with moderate acute malnutrition (MAM). For SAM cases, 181 children received life-saving treatment in partner-supported treatment centres and 459 children with MAM received specialized fortified foods (Super cereal plus) to complement their home diet.

Through activities such as home visits and cooking demonstrations, some 37,597 parents and caregivers (75 per cent women) received key messages and counselling on optimal breastfeeding and dietary diversification for children as from six months of age. Over 1,500 children benefitted from micronutrient interventions: 290 children (60 per cent girls) received vitamin A supplements and 1,414 children (53 per cent girls) received deworming tablets. Additionally, 673 pregnant women received iron and folic acid supplements in partner-supported health facilities.

To improve access and quality of service delivery, cluster partners strengthened the capacity of 77 community health workers and 33 health workers on malnutrition screening and infant and young child feeding in emergencies (IYCF-E) counselling techniques. In addition, 5,500 parents and caregivers were trained in the family MUAC approach, which enables them to identify SAM and MAM cases at home, allowing for earlier detection and intervention.

Challenges faced by cluster partners still include limited funding to scale up malnutrition prevention activities and recurrent lockdowns and access constraints, which continue to delay the implementation of activities. The effectiveness of the severe acute malnutrition (SAM) treatment programme is also hampered by insufficient numbers of trained staff and fully functional treatment centers.

Protection

In April, Protection partners reached 11,341 persons with protection services, which included awareness raising sessions on peacebuilding and social cohesion, legal assistance, legal aid and counselling and protection monitoring.

Protection monitoring activities carried out reported that fundamental rights violations were committed against 575 persons in the NW and SW. Destruction of property remains an ongoing concern. The importance of ensuring detention monitoring and the provision of legal assistance were also observed. In addition, there is a need to pursue advocacy with all parties on international law and standards.

30,428

persons reached with protection activities and services, including GBV and HLP activities.

Gender-based violence (GBV) partners reached 16,479 individuals with GBV services, which includes mental health and psychosocial support, awareness raising on legal assistance procedures, economic support (startup kits/cash for income generating activities), basic vocational training and livelihood activities. Housing Land and Property (HLP) partners sensitised community leaders on HLP rights and obligations and provided counselling services on HLP related issues to 2,608 individuals.

Child Protection (CP)

Child protection partners provided psychosocial support to some 3,540 beneficiaries, (1,582 children and 1,958 parents/ caregivers). Also, 487 children received case management services, 55 unaccompanied children benefited from alternative care placement.

3,540

Beneficiaries reached with psychosocial support

Children continued to face serious challenges as they are directly affected by the crisis. At least seven incidents directly involving children were recorded in April. These included the recruitment of five boys in Bui, the sexual assault of four girls in Fako, Menchum and Momo

and the killing of two boys in Bui. Assistance was provided in all cases, and awareness-raising is ongoing to strengthen the prevention of violence against children. In addition, 7,858 people, including 6,963 children, were reached with key child protection messages through awareness-raising activities to prevent violence against children.

Child protection partners developed a strategy for NW/SW for 2024-2026 and key messages to support child protection awareness raising. In addition, 52 stakeholders attended a workshop in Buea on 4-6 April to disseminate the new national standard operating procedures (SOPs) for child protection case management.

Due to lack of funding, few partners are currently responding. As a result, a limited number of beneficiaries are reached with child protection services.



Shelter

In April, shelter partners, provided non-food items (NFI) and shelter assistance to 8,321 individuals: 3,026 persons in the NW and 5,295 persons in the SW. It includes 32 IDPs, and 2,405 households (1,521 in the NW, 884 HH in the SW).

8,321

Individuals reached with emergency shelter and NFI assistance

Capacity building sessions were held to strengthen partners' knowledge on the case-by-case assessment of people in need of NFIs/shelter, to identify potential beneficiaries of cash interventions (cash for rent and repair). Inadequate funding is a major challenge for Shelter

cluster partners. As a result, the humanitarian response is limited with no opportunities for scale-up.

Water, Sanitation and Hygiene

WASH partners reached 9,429 people (4,800 women) with hygiene promotion messages to adopt good hygiene practices and influence positive behaviour change in the NWSW. Moreover, 1,600 people had access to clean/safe water for drinking and domestic use, 145 people had access to basic sanitation facilities, and 286 people received WASH kits (soap, buckets, aqua tabs, cups, bowls, jerrycans, etc.).

11,460

People reached through WASH services

Insufficient water supply force people to walk long distances to fetch water for drinking and domestic use. In most cases, the water sources remain unsafe,

With the return of the rainy season, the fear of flooding and disease outbreaks remains a reality. Some vulnerable communities in the NWSW are still at risk of flooding, with the likelihood of cholera outbreaks Low funding levels and inadequate resources hamper prevention and preparedness. Access to WASH services is therefore critical to preventing waterborne diseases. However, many families, including children, do not have access to these services. According to the MSNA Round 9 (September 2023), 46 percent of the interviewed population were still relying on contaminated water sources for cooking, drinking and personal hygiene, and over 66 percent still using inadequate sanitation facilities.

There has been a significant drop in the number of people reached, from 15,280 in March to 9,429 in April. This significant decrease is due to insufficient funding, making it difficult for partners to continue providing essential humanitarian WASH assistance to affected populations.

HUMANITARIAN COORDINATION

OCHA continued to provide leadership in the coordination of the humanitarian response, in collaboration with partners, through the facilitation of the Inter-Cluster Coordination Group, the Access Working Group, the Information Management Working Group, Civil-Military Coordination meetings and Humanitarian Coordination Forums (HCF) in the NW and SW.

OCHA and humanitarian partners continued to advocate with all parties to ensure affected populations can receive unimpeded and timely life-saving assistance, services, and protection, and to facilitate principled and effective humanitarian access and operations.

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