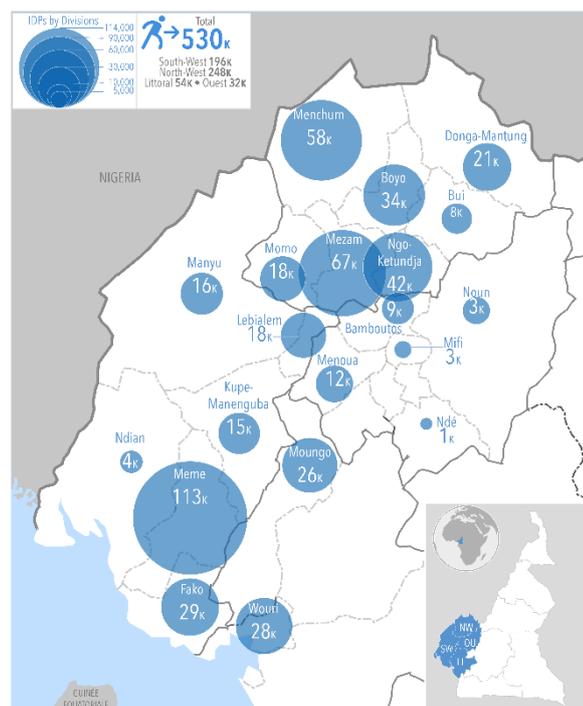


This report is produced by OCHA Cameroon in collaboration with humanitarian partners. It covers 1 – 28 February 2019. The March report will be issued in early April.

HIGHLIGHTS

- The 2019 Humanitarian Response Plan for Cameroon was launched on 20 February. The response to the crisis in the North-West and South-West will aim to assist 820,000 people, targeting five times more people than the 2018 Emergency Response Plan.
- The situation in February further deteriorated as violence and ‘lockdowns’ compounded humanitarian challenges.
- Schools and Hospitals were particularly affected by incidents of kidnapping and arson.
- The humanitarian situation has fast deteriorated, 1.3 million people need of assistance.
- Insecurity has forced around 440,000 people to flee their homes. More than 380,000 people need shelter, and some 418,000 people NFI assistance.
- An estimated 3,000 children suffering from life-threatening severe acute malnutrition require urgent treatment.
- There is a high risk of a rapid increase in new HIV infections due to ARV supply disruption.
- About 3,700 unaccompanied or separated children need urgent psycho-social care and reunification.
- Access for humanitarian actors to reach the most vulnerable, and for affected population to needed services, remains difficult.
- In February, WFP provided food for 17,000 IDPs in Meme and Manyu divisions in South-West region.
- Humanitarian partners provided shelters to 23,635 people, and 100,150 received household items.



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.

4M
People affected

1.3M
People in need

820,000
People targeted

444,213
Internally displaced

376,000
People in need in host communities

330,000
Other people in need

SITUATION OVERVIEW

Humanitarian

The violence has uprooted 444,000 people from their homes and forced over 32,000 to seek refuge in neighbouring Nigeria. Humanitarian organizations are striving to scale-up their presence in the conflict-hit regions. Protection is the principal requirement of affected populations as the conflict continues unabated. Shelter, NFIs and Education are the most urgent needs in the North-West and South-West regions. Almost 50 per cent of the displaced have settled in rural areas and have an increased need for shelter and non-food items. More than 80 per cent of girls and boys no longer have access to schooling because of the crisis.

The outlook for 2019 continues to be one of emergency response as displacement continues due to the ongoing conflict. Vulnerability is compounded as services deteriorate and resilience is eroded. Access remains challenging as poor levels of understanding of humanitarian action persist and infrastructure is damaged in armed conflict related operations to deny mobility to opposing forces. Armed fighting and insecurity continue to be the principal impediment to the provision of assistance as well as a barrier to those in need in terms of reaching areas where they can receive aid.

The majority of the displaced are women and children. Needs across all sectors are high and are being further compounded as the violence persists. Of particular concern is access to water in areas requiring water transportation during days when movement is limited. Many of the -affected populations are growing more vulnerable as the violence persists and humanitarian assistance remains inadequate.

The deployment of humanitarian actors to the field continues with new international organisations initiating operations in support of the crisis. A further allocation of CERF to Cameroon will in part support humanitarian activities in the North-West and South-West regions.

Security

February saw an escalation of the crisis as both political and armed conflict dynamics impacted heavily on the two regions. Military operations increased in both regions to counter armed group plans for February 'lockdown'. Hostilities continued to claim civilian lives, from indirect fire and from disturbing reports of targeted killings. Attacks resulted in deaths from cross-fire and civilian casualties have been reported as a result of raids on villages

Bamenda, capital of North-West region, was subjected to numerous incidents of violence at the beginning of February. A Nigerian businessman died after being shot in Bamenda. In a particularly disturbing incident, numerous reports indicated that a grenade had been used to booby trap a corpse and the impact of the subsequent explosion was photographed and widely shared on social media.

The security situation grew high during the 10-days lockdown and affected neighbouring West region. The beginning of the lockdown was marked by heightened violence in the major population centres. In Buea, the vehicles of government representatives were torched in several locations. On 4 February, NSAGs killed a military officer in Limbe (SW). On 5 Feb, the military killed two members of a NSAG in Mbengwi (NW) and two others in Muyuka (SW). On 6 Feb, NSAGs killed a military officer and burnt down several cars in Buea (SW). Hours later, security forces arrested dozens of youths. Security forces later arrested the lady who had filmed and leaked a video of the above arrests. The same day, NSAGs carried out an attack in Widikum (NW), injuring five soldiers while a military operation resulted in the deaths of at least six people in Bole Bakundu (SW).

Allegations of burning down houses and destroying property implicated parties to the conflict. The military reportedly burnt several houses in Kumbo (NW) on 17 and 18 February; and several shops in Awing (NW) on 23 February. Security forces destroyed property in the Bambalang (NW) market and reportedly burnt down houses in Nge'ndzen and Takijah (both NW) on 22 February. Confrontations with NSAGs led to the death of one member of a NSAG and a civilian burnt in her home in Balikumbat (NW). Burning of villages continued with incidents attributed to the security forces taking place in Ossing, Manyu, SW, in Kumbo and Bui.

Incident levels were particularly high on National Youth Day. There were incidents of shooting across the two regions. On 12 February the heavily armed convoy of the SW Governor was attacked on multiple occasions as it visited Kumba and returned to Buea. 11 soldiers were injured, 3 in serious condition.

Health structures were badly affected during the month. On 11 February, the Kumba District Hospital was partially burned down. Accusations of responsibility have been levelled at both Government and Opposition elements. The US Embassy in Cameroon condemned the attack and called for an investigation. The next day 12 February, unidentified individuals are reported to have attempted to set fire on the Presbyterian Hospital, Kumba. On 13 Feb, security forces attacked the Baptist hospital in Bangolan (NW), destroyed property and assaulted medical personnel, accusing them of treating members of NSAGs.

On 17 and 18 Feb, security forces reportedly attacked the Shishong hospital (NW - Kumbo), in search of members of armed groups. They also reportedly burnt several houses including a primary school in Kumbo (NW). Security forces reportedly fired shots in vicinity Baptist Hospital in Babungo (NW) in the night between 18 and 19 February.

Schools were also badly affected. NSAGs burnt down a Government high school in Zavion-Babadjou (West region) on 5 February. On 12 February, 8 students and 3 teachers were taken from St Augustins school in Kumbo and subsequently released. On 16 February, 176 students (7 boys and 169 girls) were taken from the same school along with staff members. They were released late on 17 February. Furthermore, on 17 February, parents bringing their children to Presbyterian Secondary School in Bamenda were attacked.

Confrontations persisted between opposing forces. These touched almost all divisions in the two regions, taking place sporadically as ambushes and pre-emptive operations were launched in support of conflict objectives.

Killings took place in Kumba, Mbonge, (SW) Bambalang (NW). On 15 February, NSAGs killed a council worker in Kumba 2 (SW). In the South West, on 19 February CDC workers of the Rubber Plantation in Tiko, Fako Division were again attacked by Non-state armed men (NSAG). They were tortured, and their toes and fingers cut off as punishment for working in the state-enterprise plantations. Abductions were also a feature as incidents were reported in Awing, Kumbo and Buea. List not exhaustive.

The month ended with a drop in violent incidents., However this is more likely to be a lull in hostilities than a decline due to the absence of a political process that might lead to conflict resolution.

Political

Insecurity in the affected regions grew, with continuing armed attacks and confrontations between the military and armed groups. The crisis further worsened in February due to increased tensions around key events relevant to the conflict. Movements were further restricted in the two regions due to curfews implemented by security actors and “lockdown” declarations by non-state actors.

Tensions grew as armed groups indicated their intentions to halt and or boycott government activities taking place during the month. 11 February was particularly significant as it annually marks National Youth Day and the Anniversary of the Plebiscite which agreed the joining of Southern Cameroons with the Republic of Cameroon in 1961. NSAGs view the celebration of the day negatively and opposed its holding through the extension of the ‘ghost town’ Mondays, regular since 2016, into a ten-day period of lockdown from the 4 - 14 February during which there would be insistence on non-movement. This was also due in part to the ongoing trial of the former leadership of the Interim Government of Ambazonia (IG), Julius Sisiku Ayuk Tabe et al.

The Government opposed the ‘lockdown’ and instructed civil servants, taxi drivers, universities and businesses to reject it. Arrests were made, vehicles impounded, and businesses closed. Incidents of violence increased in advanced of this period precipitating displacement from the regions and prudence on behalf of those that remained.

The situation became critical as the widely vaunted lockdown went into effect. While not comprehensive, a significant proportion of major towns in NWSW adhered to the declaration. On Thursday 7th, Limbe the only large conurbation that had been relatively immune, even to previous ‘ghost towns’, went on ‘lockdown’ as incidents of violence and threats from the IG heightened fears in the city.

At Buea University, security forces reportedly arrested and beat University students and, motorcycle riders in Limbe. On Sunday 10th, approximately 200 students were reportedly arrested in Malingo, supposedly to ensure their participation in National Youth Day celebrations. In the NW comparable exhortations to reject the ‘ghost town/lockdown’ took place. Furthermore, state authorities accused transport companies of not having paid taxes and threatened their operations.

National Youth Day was marked by limited participation in some urban areas, usually with small numbers of people marching and almost no spectators. Only Nkambe in Donga-Mantung, NW, was noted as having substantial participation. On Tuesday The Governor of South West region led a visit to Kumba to see the destruction of the District Hospital. The visit included civil servants and journalists. The heavily armoured convoy was attacked multiple times on its journey to and from Kumba. The UN declined a late invitation to participate.

Hearings of the Court case against Julius Sisiku Ayuk Tabe took place on 7 and 20 February. On 20 February, the judge declared the military court competent to try the case and refused appeal from the defence council. In discontent, the latter walked out of the court.

The Monday ‘Ghost Town of 18 February was continued through Tuesday into Wednesday, the next day of the ongoing trial.

On 23 Feb, the Mountain race of Hope took place in Buea amidst threats from NSAGs and a ghost town. All main winners were from the NW region, most of whom had done preparations in the West and Littoral regions during the past months. The spectator turnout was timid compared to previous editions. Adherence to the 'lockdown' perceptibly decreased on the afternoon of 23 and despite declarations to the contrary 'lockdown' did not occur on 24.

While the conflict continues to rage there were some indications that acceptance of humanitarian activity is improving. A number of statements were issued by armed group associates indicating improved understanding and respect for humanitarian norms. These have been widely disseminated across social media.

FUNDING

A scale-up of the response is needed and possible in the North-West and the South-West regions. More than a quarter of those targeted by the HRP 2019 (28%) are in these two regions. Sectors request 93 million USD to cover the needs of all 444,000 displaced people, within these two regions and towards the West and the Littoral, as well as those of 376,000 host persons made vulnerable by forced displacements and disruption of social services and health. With the support of humanitarian agency-based emergency funding and the Central Emergency Response Fund (CERF), response efforts to date have focused on urgent, lifesaving needs including shelter, NFI, health, WASH, food assistance and protection.

However, humanitarian partners cannot sustain the response with their own funds much longer. It is necessary that donors mobilize themselves as quickly as possible. Otherwise, there is a risk of further exacerbating mistrust, compromising the fragile acceptance and trust, and losing access that humanitarians have gained thus far.

The low level of funding is also combined with low reporting to the Financial Tracking Service (FTS). Few partners report funds received within and outside of the Humanitarian response plan. According to FTS data, the ongoing plan which cover the North-West, the South-West and four other regions of Cameroon have received only 41.1 million USD thus 13.8% of the 299 million USD needed.

GENERAL COORDINATION

The Humanitarian Response Plan was launched 20 February 2019. The number of people estimated to be in need of humanitarian assistance in Cameroon in 2019 has increased by 31 per cent compared to 2018, from 3.3 million to 4.3 million. The number of people who will be targeted for assistance has also increased from 1.3 million to 2.3 million. This increase is mainly attributed to emerging needs in the North-West and South-West regions. More than a quarter of people targeted by the response (28 per cent or 820,000 people) live in the North-West and South-West regions, which are now priority areas for relief response. Sectors need US \$ 93 million - or 31 per cent of the total appeal - to support 444,000 IDPs in the North-West, South-West, West and Littoral regions, as well as 376,000 vulnerable host communities due to forced displacement and disruption of social and health services.

At the Launch, the Ministry of Territorial Affairs pointed to the holding of the next meeting of the Emergency Humanitarian Assistance Coordination Centre as decreed by the Prime Minister on 21 November. Antenna meetings in Buea and Bamenda are indicatively planned for March.

The humanitarian community continues to work towards a coordinated approach to ensure upholding of humanitarian principles while delivering urgently needed assistance. Humanitarian Coordination Forums were held in both NW and SW regions. While regularity was affected by the lockdown, remote coordination ensured information sharing during this period.

The Communications Working Group was successful in instigating pieces by a variety of journalists across numerous media channels to communicate the role of humanitarians. This coordination was supported by the organisation of a workshop for journalists. Similar events are planned for Bamenda.

The inter-cluster coordination continued. Clusters worked towards the completion of a joint 4Ws approach which would update an already existing online tool that provides information on humanitarian activity at divisional level. Capacity mapping was completed for both regions and is being used to support cluster coordination and partnership development.

Six of the eight activated clusters, and the Areas of Responsibility (AoR) for Child Protection and Gender Based Violence were functional during the month. Education and Logistics were not staffed and as such inactive. Protection and Shelter had staffing hiatuses which are hoped to be filled in the month of March. Several clusters and AoRs were able to implement

coordination activities in the North-West and it is intended that coordination resources will be increasingly allocated to the NW as capacity scales up

The Access Working Group continued its activities despite the lock-down. Operational updates were particularly important during this period and partners attempted to understand the intentions of conflicting parties and plan operations accordingly.

Security and inter-agency continued and conclusions as relevant were shared with partners to ensure harmonized approaches to dynamic shifts to the context.

HUMANITARIAN RESPONSE

Food Security

The food security situation of Internally displaced populations and affected host and local communities in North-West and South-West regions remains critical and continues to deteriorate as many of them are not accessing their farms. There are several areas of serious concern due to continued tensions and insecurity affecting IDPs and host communities who are largely dependent on the agricultural and petty trade sectors. Findings of the VAM/FSNA are expected to paint a clearer picture in terms of the severity levels and the geography of food insecurity. Preliminary results of the IPC Chronic Food Insecurity Analysis in NWSW have indicated that poor households with little or no income from both host and local communities and the IDPs could move from moderately and borderline food insecure (Phase 2) to acute food and livelihoods insecure (phase 3, Crisis) from February 2019.

For the reporting period, General Food Distribution has continued to take place in Meme and Manyu, South West region. As of 25 February, unconditional general food distribution reached 42,233 beneficiaries. The plan has been to reach around 50,000 beneficiaries. A limited number of small-sized Community-based Organisations and CIGs has also reported to have conducted food distributions to small numbers of IDPs (70 HHs and 9HHs in Buea Town, and Limbe respectively).

FAO's livelihoods projects are underway. In February, the 1,000 beneficiaries, both IDPs and affected host and local communities have been supported to construct the mini poultry units. Currently, disinfection exercise has been taking place, both in NW and SW. 2000 bags of feeds (each containing 50Kgs) have been distributed to beneficiaries.

Another small-sized FS Cluster Partner distributed piglets to 15 widow IDPs as part of an emergency livelihoods project.

Food Security Cluster has contributed to an Orientation Training Session on "Nutrition in Emergencies" on 19 February, for SWR partners and covered various topics, including types and causes of malnutrition, and assessments of, and classification of malnutrition. FS Cluster presented on the role of GFD in Nutrition and humanitarian response.

FSC is currently conducting a data collection exercise aimed at determining each partner's areas of interventions (either Food Assistance or Livelihoods Support) and areas of geographic focus at divisional and sub-divisional levels.

Food Security Cluster partners continue to report on displaced populations in need of emergency food assistance. Partners in food security, emergency agriculture and livelihoods have all indicated large funding gaps, threatening operations in the first half year of 2019. While FS Cluster Partners have relatively easy access in hard to reach areas, most of them are new into the sphere of emergency and humanitarian response. WFP is addressing this capacity building gap by investing into a series of orientation sessions which will focus on effective coordination, food distribution and reporting, gender/protection mainstreaming. A call for expression of interests has been issued for partners with some capacity to begin receiving training as potential Cooperating Partners of WFP in NW and SW regions.

Coordination:

FS Cluster Coordination Meeting for SWR took place on Thursday 21 February 2019. Dr Ngongi, former WFP's Deputy Executive Director, gave a brief presentation on his perspectives of food security challenges in the two regions. Other key issues discussed include: mapping of partners' presence, the need for accuracy in 4/5Ws regular reporting, and for sharing needs assessments' findings. Thirty-four (34) Partner Organisations attended.

FSC Coordination meeting for NWR took place on 28 February in Bamenda.



Health

Health service delivery continues to be significantly affected due to prolonged periods of shutdown, an increase in the number of security incidents and the rise in the number of attacks on healthcare. These incidents have significantly affected the availability and the utilisation of the functional Health structures.

The attacks on health care have been on the rise with numerous reports of harassment of healthcare workers, abduction of health care workers and patients, killings and most recently the burning down of a district hospital. Partners have been encouraged to report attacks on the healthcare platform(<http://ssa.who.int>) to increase visibility, acknowledgement of the problem and advocate for change.

The increased mental health care need is being addressed by WHO and partners through the deployment of mental health care professionals in both regions. WHO has deployed 2 clinical psychologists in the North West and South West to fill this gap.

WHO will conduct training for community relay agents on the early warning alert and response system (EWARS) to strengthen the weakened surveillance system for diseases especially at the community level. This system ensures rapid detection of disease of epidemic potential.

UNFPA as the lead of the sexual and reproductive health working group will train community health workers on SRH in Emergencies in order to enhance key sexual reproductive health messaging and service delivery during community health outreach programmes.

Priority Health needs that still needs to be stepped up include:

- Mobile clinics with vaccination services and ANC referral system
- Increase the number of community health workers to scale up coverage and access to health care
- Presence of experienced health partners in both regions is limited as little funding is available and insecurity is impeding access
- Updated information is needed of functionality of health structures where IDPS are settled to focus response to areas most in need.



Nutrition

More than 135 000 people of whom more than 111,000 girls and boys under 5 years and 24,000 pregnant and lactating women are vulnerable. Between January and December 2019, it is estimated that 3,000 boys and girls aged 6 – 59 months with Severe Acute Malnutrition (SAM) will require treatment. Additionally, 25,373 boys and girls of which 23,040 children aged 6–23 months will be targeted through the blanket supplementary feeding programme and 2,333 children aged 24 – 59 months with moderate acute malnutrition (MAM) will be treated. The findings from emergency food security assessment (EFSA) conducted by WFP will provide updated estimates for response planning.

No major activities were conducted in February as “lock down” associated with insecurity limited movement of the partners in the regions. WFP and Action Against Hunger (AAH) are finalizing the analysis of the assessments conducted in January. The nutrition cluster organized a one-day orientation session on nutrition in emergencies (NiE) with 21 participants from 20 organizations in attendance. The session objective was to equip the partners with concepts and approaches of nutrition response in emergency.

Access remains a major challenge to the humanitarian response including nutrition and in the month of February 2019, the “lock down” scenario heavily impacted negatively on the humanitarian access. Funding for the nutrition response is still a concern since partners (IMC, ALIMA, UNICEF, AAH and WFP) have not yet received funding for the nutrition response. Nutrition was not considered in the prioritization of the CERF underfunded funds.

One Nutrition cluster coordination meeting was held on the 21st February 2019 with participation of 15 partners. Sectorial priorities were discussed, and they will be reflected in the nutrition cluster strategic response plan whose drafting has been initiated. UNICEF did a presentation on Accountability to Affected Populations (AAP) and partners were encouraged to ensure AAP is mainstreamed in the humanitarian action. The cluster coordination meeting for North West has been planned in the month of March 2019. The cluster has organized for a meeting on 1 March 2019 with UNICEF, IMC and AAH on how they explore partnership and use their internal capacities to improve the nutrition response.

Protection

In February 2019, UNHCR Implementing partner and local NGOs reported multiple protection issues including SGBV, early marriages, child labour notably the case of a child nanny aged six years; as well as unaccompanied and separated children below one year old. Monitoring through community structures, UNHCR Protection Unit recorded numerous protection issues and gross human rights violations notably the burning of property, kidnapping, rape, child labour and abuse, illegal arrests etc. All attempts by the Field Office to follow-up on these issues in view of possible solutions proved to be an exercise in total futility. Insecurity and access remain a major challenge.

The 10-day lockdown ended on 15 February and another ghost town was observed on 18 February. On 19 February 2019, the bi-weekly PC meeting was held in Buea, bringing together over 34 partners, representatives of UN agencies, local and international NGOs. Much progress has been recorded in the area of Child Protection and GBV AoRs (CP & GBV AoR). Among other things, the CP AoR is in the process of developing the Strategic Response Plan (SRP). The draft SRP has been shared with partners for their feedback, with end of February 2019 given as deadline.

Capacity mapping is ongoing for the SW & NW to develop SOPs, referral pathways to reach other health aspects, as well as to see the GBV actors, what they are doing, where they are and how they can be fitted into the referral pathways for both the SW and NW Regions. A rapid assessment is also ongoing by the NGO in the SW and NW. GBV case management training was held in Bamenda from 31 January to 01 February 2019 for 30 participants. Another to be held in Buea was postponed due to the lockdown.

Preparatory activities for the distribution of shelter and NFIs resumed at the close of the lockdown period mentioned above. Implementing partner's team have been deployed to the field in the Kumba and Mamfe areas. After initial contacts with the beneficiaries, the feedback received is that they refused to collect the wooden poles belonging to the shelter kit. Among reasons given for the refusal is that they have sufficient woods in their areas.

The uncertainty related to the security situation and other possible initiatives of ghost town remains open, which could cause further delays compared to the established distribution plan.

Child Protection AoR

More than 266.000 children need psychosocial support services as a result of witnessing traumatizing events, loss of family members and/or directly engaged in the armed conflict. Family separation, due to continuous displacement, remains a major issue causing additional psychological distress with over 3700 Unaccompanied and Separated children recorded.

Children are reported to be more willing to join armed groups as a result of lack of education, school targeting and loss of school opportunity in their localities. At least ten children have stated so during the reporting period. Additionally, forced recruitment of children in the armed groups have taken a rise during the reporting period, as children are being used as soldiers, cooks and/or other type of servants by NSAGs.

Sexual exploitation forced early marriage and unwanted pregnancies are all being used by local communities as negative mechanisms to cope with the worsening humanitarian situation and attempt to alleviate their basic needs.

In response, Child Protection actors have provided psychosocial services to over 3500 children in child friendly and other secure spaces during the reporting period, while more than ten new Child Friendly Spaces are planned to be established in the SW/NW regions. Additionally, more than 75 Unaccompanied and Separated Children have been newly identified in February, nearly half of which are girls. As a result of Child Protection actors' efforts of family tracing and reunification, some twenty children have been re-unified with their families.

Due to the ten-days lockdown imposed, partners were not able to either advocate or assist with establishing/re-establishing of identification documents, particularly for children (birth certificates),

Child protection AoR continued to hold its regular meeting during the reporting period. One meeting held in Buea during the reporting period, gathering more than 15 local and international organization.

GBV Sub-Cluster

Beside the high need for urgent medical care and of need-based psychological support to GBV survivors, it was observed in most affected communities that the population needs more context specific information on the forms, consequences and services of GBV.

Many IDPs and affected communities have witnessed atrocities such as sexual violence, resulting in significant psychological distress.

Medical care and psychosocial support services (notably livelihood and psychological first aid) are the main response activities reported by GBV actors in the regions though these services seem to be more concentrated in urban areas where there appears to be relative security than the rural areas and bushes hosting a good number of IDP with limited access to humanitarian assistance.

Capacity building of GBV actors on various GBV prevention and response themes are ongoing in the two regions.

Efforts to integrate GBV considerations in humanitarian actions is going with specific learning sessions on GBV mainstreaming organized for different cluster members.

Access to multi-sectorial services remains a major constraint, especially in rural areas. The targeting of health facilities has continued to promote fear in the population to access essential services. This has contributed to worsen the demand of medical care by survivors of which was already very low in these regions for fear of stigmatization and reprisals.

Shelter/NFI

According to Shelter Cluster partners, the destruction of houses continued in February, forcing people to flee their villages.

Self-settled populations are in high need of shelter and NFIs. Most of them live in makeshift shelters or in repurposed agricultural structures in the bush and forest. Extreme living conditions expose them to malaria and respiratory diseases.

It is estimated that 381,000 people need shelter assistance, and 418,000 people need NFI assistance. About 95 per cent of key informants interviewed during the recent Shelter and WASH Joint Needs Assessment communicated that the affected populations need shelter assistance. Depletion of the economic resources was highlighted as the key reason for the need of shelter and NFI support. The majority consider that they have access to a functional market. Partners have provided shelter assistance to 23,635 people, and 100,150 people have benefited from NFI distribution.

For displaced populations renting accommodation, and for the hosted and the hosts themselves, the situation of overcrowding is becoming gradually more concerning due to the limited access to sanitation facilities (67 per cent without any access) and increased number of people sharing facilities. Moreover, cohabitation problems have been reported extensively.

Shelter responses are being tailored to the specificities of the situation of different groups, including displaced population who are self-settled, hosted or renting, and non-displaced population living in damaged houses and the most vulnerable households hosting IDPs.

The vulnerability criteria working group, now headed by a local NGO, has developed a vulnerability score-card system to rate levels of shelter and general vulnerability. The final version will be presented to the Humanitarian community and other clusters for harmonisation (leaving space for cluster specificities).

Water, Sanitation and Hygiene

The Strategic Advisory Group (SAG) for SW has been formed. The SAG members will be re-elected after a period of six months. Also, the Strategic Operational Framework (SOF) for SW/NW was completed and has been accepted as a living document that will be continually updated with additional documentation validated by the SAG.

The WASH cluster is working on the establishment of Technical Working Groups (TWIGs). Members of the WASH cluster with relevant experience have been requested to apply for membership of the Hygiene Promotion Technical Working Group (HPTWG). To ensure that WASH response is efficiently and effectively implemented, partners have been requested to update and/or resubmit information for WASH Capacity Mapping Survey. In the same vein, Cluster and UNICEF harmonised WASH/NFIs/Dignity/Menstrual kits and WASH and Shelter are considering working on a harmonised SOP to guide distribution of these kits. Currently partners use their own SOPs. For effective monitoring, coordination and implementation of WASH activities in line with SOF, WASH 5Ws were distributed to partners and activities to be reported/updated and submitted monthly.

Since the onset of the crisis, WASH support has been provided in 8% of the locations assessed. WASH Cluster needs more support to reach the remaining 92% (of areas assessed). Partners will be engaged through the cluster to ensure the support coverage is increased in line with SOF. Also, the cluster experienced lack of activities due to lock downs in the region that caused partners to have limited access to the affected population.

In March, to enhance the capacity of partners implementing WASH activities in the NWSW regions, WASH cluster will carry out three trainings on Information Management, Hygiene promotion and HH water treatment and induction to WASH coordination; dates to be confirmed.

WASH Cluster SW hub held a meeting in Buea on 21 February with 36 organisations in attendance. The next SW WASH Cluster meetings will be held in Buea on 14 March.

Logistics

The logistics cluster did not function for the month of February. Update is awaited on deployment of cluster coordinator.

Access

OCHA is coordinating with partners to improve access to populations in need for humanitarian actors. In both regions OCHA engages the partners through established access working groups in analysing the various access constraints experienced and develops approaches to influence behaviour of the parties to the conflict obstructing access in the field.

Due to access constraints only one meeting was held in Buea, SW and Bamenda NW respectively. Communications between partners were however regular as information was shared regarding access constraints with the OCHA team playing a key role in ensuring transmission.

A repository of required documents and administrative procedures is being developed to ensure compliance of humanitarian actors with government requirements. This is expected to minimise currently experienced harassment at official checkpoints and undue demands for information by field level officials.

Experience shared in both access working groups by operative actors has led to compiling of ground rules (dos and don'ts) as a guidance of good practice to obtain trust of all stakeholders, namely the parties to the conflict as well as the beneficiary communities, dispel misperceptions and promote the principled humanitarian approach with neutrality at its core.

Adopting a unified approach by all actors is critical to achieving acceptance and credibility of principled humanitarian operations and enable navigation in a humanitarian 'corridor' between the conflicting parties towards the civilian population in need.

A note on the various access constraints including potential modalities for mitigation and resolution was prepared and shared. A mapping product was shared to communicate severity of access constraints to national and international stakeholders.

GAPS AND CONSTRAINTS

- Overall the implementation of the response in both regions by the humanitarian community is slow as capacities and experience of humanitarian programming are limited, and security constraints are severe.
- The response in the NW is significantly less than that in the SW even though needs are understood to be higher.
- Access for humanitarian actors to reach the most vulnerable, or for affected population to needed services, remains difficult. While, progress is being made in close collaboration with experienced local partners in both regions too few international organisations have sufficiently robust risk management approaches to ensure field presence.
- Administrative measures imposed in both regions are yet to be clarified. There is ongoing advocacy to reach a full understanding of humanitarian action amongst relevant interlocutors that adheres to international standards and humanitarian principles.
- There is no Logs Cluster Coordinator and as such, there is a lack of reliable information on physical access constraints, transport capacity and upcoming cargo pipelines, a gap which could hinder the efficiency of the response.
- The volatile and unpredictable security situation hampers access to all locations of displaced persons and affected communities, particularly those hiding in remote areas and in the bush.
- CASH and mobile money continue to be controversial in terms of use in program implementation.
- Shelter response continues to be significantly delayed compared to NFIs. Likewise, the response in the NW is behind the one in the SW. NW affected population has only received 17 per cent of the distributed NFI kits, and 7 per cent of shelter support provided so far.
- Considering the capacity of partners, functioning markets and resilience of affected populations, voucher (cash)-based interventions seem a suitable modality for a large proportion of the response. Efforts are required to ensure acceptability amongst relevant actors.
- Food Security Cluster partners continue to report displaced populations in need of emergency food assistance. Partners in food security, emergency agriculture and livelihoods have all indicated large funding gaps, limiting operations in the first half year of 2019. Partners of the Food Security Cluster have, through various consultations, highlighted access, lack of sufficient actors (national/international partnerships opportunities), and capacity building needs for staff of local NGOs.

- Little is known of the nutrition situation in the two regions since neither standard SMART survey nor a rapid nutrition assessment has been carried out. This is due to limited access to the conflict-affected people – both IDPs and host population. The capacity of the national NGOs on nutrition related programming (management of acute malnutrition, IYCF-E, nutrition surveillance including SMART survey methodology) is insufficient to respond in part due to the current nutrition crisis being a new phenomenon in the region. Some partners have not yet accessed funding to support the response in the regions and they are currently in discussion with donors.
- Weak capacity of GBV response requires urgent capacity building on key themes like case management, psychosocial support and clinical management of rape for all GBV actors in the regions.
- Shelter responses should be tailored to the specificities of the situation of the different affected population groups identified (displaced population self-settled, hosted or renting and non-displaced population living in damaged houses or the most vulnerable households hosting IDPs).