

HIGHLIGHTS

- 243,651 people are displaced in the West and Littoral regions in 2020 compared to 200,189 in 2019.
- 162,726 people are displaced in the West region and 80,925 in the Littoral.
- 95 percent of IDPs in the West need shelter support.
- Landlords/ladies in the Littoral have doubled house rent prices for IDPs.
- In the West region more than 65 percent of IDPs need livelihood support and food assistance.
- It is reported that many children faint in schools due to hunger.
- More than 75 percent of IDPs do not have civil status and identification documents in both regions.
- More than 85 percent of IDPs in the West region and 75 percent in the Littoral region are in need WASH support.
- More than 90 percent of IDP children (be they unaccompanied or not) are reported to be involved in some form of child labour in the West region.
- 95 percent of IDP households in the Littoral reportedly have at least one orphan, unaccompanied or separated child.
- Public schools in communities hosting large numbers of IDPs are overcrowded (up to 800 percent increase in some cases).



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.

EXECUTIVE SUMMARY

The humanitarian situation in Cameroon's West and Littoral regions is worsening. The number of displaced persons has increased: from 200,189 (123,309 in the West region and 76,880 in the Littoral) in 2019 to 243,651 (162,726 in the West region and 80,925 in the Littoral) in 2020. The two regions have two main categories of Internally Displaced Persons (IDPs): those displaced from the North-West and South-West (NWSW) regions to the West and Littoral, and those displaced within the two regions due to attacks by non-State armed groups (NSAGs) in communities close to the NWSW.

More than 60 percent of the villages sharing boundaries with the NWSW face NSAG attacks, most of which are unreported. In the West region, localities in Bamboutos (Galim, Xavion, Kombou), Menoua (Fongo-Tongo, Foto-Ndeng etc.) and the Noun (Bangourain) divisions face regular NSAG attacks. In the Littoral, attacks have been reported in some villages in Fiko Bonalea and Mombo subdivisions in the Moundou division. In an attack in Bangourain (West region) in 2018, NSAGs reportedly burnt almost 100 houses, leaving many residents homeless and leading many to move from Bangourain further south.

Coupled with an increase in the number of IDPs and the emergence of COVID-19, the lack of a real humanitarian response in the West and Littoral regions has further deteriorated the conditions of IDPs.

In the West region, 95 percent of IDPs need shelter, with about 40 percent needing urgent shelter support. In both regions, an average of 10 people live in a 9m² room, with little or no separation between male and female space. At least 70- 80 percent live in host families, except for Babadjou (Bamboutos division, West region) where more than 50 percent are students living amongst themselves in rented houses. About 11 to 15 students commonly pool resources to rent a room. About 10 percent live in abandoned houses and uncompleted buildings. Both key informants and IDPs reported a hike in house rents due to the influx of IDPs. In the Moundou division (Littoral region), IDPs reported that landlords and landladies rent accommodation that normally cost 5,000 FCFA to IDPs for at least 10,000 FCFA.

In the West region, more than 65 percent of IDPs need direct food assistance. An estimated 1,000 people face the risk of malnutrition.

In both regions, over 75 percent of IDPs need WASH support. Some communities and settlements have no latrine and rely on the rain for water. Some landlords restrict IDPs from using toilets. These toilets are most often full, overcrowded and unhygienic. Water sources are limited and unprotected.

In both regions, more than 75 percent of IDPs do not have civil status and identification documents. Many had their civil documents destroyed or burned in their houses while others escaped, forgetting or misplacing them. Some had never had documents as they lived in rural areas. 100 percent of adults who lack national identity cards are victims of harassment and intimidation. The lack of birth certificates affects IDPs who wish to re-establish their national identity cards and student IDPs who wish to enroll in schools.

There are cases of stigmatisation and discrimination, including in business places.

In the Littoral, about 95 percent of IDP households have at least one orphan, unaccompanied or separated child. Respondents reported instances of child headed households especially in Wouri division (Littoral region). In the West region, more than 90 percent of IDP children (be they unaccompanied or not) are involved in some form of child labour.

There are reports of rape, sexual harassment, sexual exploitation and physical violence in both regions. At all the levels of the assessment key informants reported that there has been an escalation in the abuse and violation of women and girls due to different vulnerabilities.









In some localities the team visited there are no schools. In rural areas, more than 90 percent of the localities in both regions do not have technical schools that utilise the Anglophone sub-system of education. Most classrooms are overcrowded, with usually more than 100 students in classrooms meant for 35 – 50 students. In some schools, key informants indicated an 800 percent increase in the number of students. Some students sit on the floor to study. Some children have limited access to school because of financial constraints. Many IDP children go to school hungry and some faint in schools. Some schools have no latrines, others have just one for thousands of students and no water source. Many children cannot get admission into schools due to the lack of birth certificates.

IDP population per division

Regions	Division	Year 2019	Year 2020	Growth
Littoral	Moungo	31,880	30,120	▼ -6%
Littoral	Wouri	45,000	50,805	▲ 11%
Littoral Total		76,880	80,925	▲ 5%
West	Bamboutos	16,292	25,000	▲ 35%
West	Haut-Nkam	4,617	4,617	▬ 0%
West	Hauts-Plateaux	1,357	1,357	▬ 0%
West	Koung-Khi	676	676	▬ 0%
West	Menoua	52,330	75,000	▲ 30%
West	Mifi	9,361	20,000	▲ 53%
West	Nde	4,029	4,029	▬ 0%
West	Noun	34,646	32,047	▼ -8%
West Total		123,308	162,726	▲ 24%
Grand Total		200,188	243,651	▲ 18%

Note that IDP figures for Nde, Haut-Nkam, Hauts-Plateaux and Koung-Khi divisions in the West region remain unchanged. These divisions were not visited by the assessment team. The team therefore relied on statistics provided by administrative authorities which are similar to statistics provided during the Multi-Sector Initial Rapid Assessment (MIRA) conducted in 2019.

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INTRODUCTION

The crisis in Cameroon's predominantly English-speaking North-West and South-West regions (NWSW) has had profound humanitarian consequences in the two regions and elsewhere in Cameroon. More than 760,000 persons have been displaced with some of the displaced seeking refuge in the West and Littoral regions. According to a Multi-Sector Initial Rapid Assessment (MIRA) conducted in 2019 in the West and Littoral regions, these two regions hosted 200,189 persons (76,880 in the Littoral and 123,309 in the West). Since the 2019 assessment, the humanitarian situation in the NWSW regions of Cameroon has been deteriorating with COVID-19 worsening the situation.

Displacement of persons both within the NWSW and to other regions continues. Since 2018, people are leaving the NWSW for the Littoral and West. The crisis has impacted the availability of social services in the NWSW. Many people left because of violence and limited access to basic social services and education. As of July 2020, the Education Cluster reported 5,150 schools closed in the NWSW because of the crisis.

The presence of IDPs in the West and Littoral is causing significant pressure on existing social services. The displaced, about 80 percent of whom are women and children, face a grave humanitarian situation in their host communities. Their presence in impoverished host communities is straining already limited education, WASH, shelter and health facilities in these areas. Food resources have been exhausted and the protection environment weakened. Because of their proximity and cultural connections with the NWSW, the bordering divisions of the Littoral (Moungo and Wouri) and the West (Bamboutos, Menoua and Noun) seem to be the most affected divisions by this influx of IDPs.

This report provides the main findings of the Multi-Sector Needs Assessment (MSNA) coordinated by OCHA, conducted between 5 and 14 August 2020 in communities hosting IDPs in the West and Littoral regions of Cameroon. It updates the October 2019 MIRA. The overall purpose of the MSNA is to identify critical needs according to geographical areas and sectors. This assessment also identifies information gaps and needs.

Assessment objectives

1. To evaluate the humanitarian impact of the NWSW crisis in the Littoral and West regions.
2. To assess the living conditions of displaced populations, identify priority needs and the impact of the crisis on the local population.
3. Inform the preparation of the Humanitarian Needs Overview/ Humanitarian Response Plan (HNO/HRP) 2021 in providing evidence-based information on the humanitarian needs and the emergency assistance needed.
4. Provide an overview on the availability and functionality of basic social infrastructure (health, education, markets, drinking water) and beneficiaries' access to them.
5. Provide an overview of the humanitarian presence in the two regions.

Methodology

The assessment aims at identifying priority needs and assessing the living conditions of displaced populations as well as understanding the impact of the humanitarian situation on host communities. Key informant interviews (KII) and focus group discussions (FGD) were the primary method of data collection. KIs included community leaders, administrative authorities, representatives of IDPs, children, religious authorities, local NGOs, school authorities and women-specific focused groups.

The assessment employed a structured questionnaire developed by OCHA and reviewed by the sector leads to ensure sector concerns were adequately captured in the questionnaire. A multi sectorial team was deployed simultaneously to the West and Littoral Regions from 5 to 14 August 2020. Prior to the mission, OCHA mapped out IDP settings in the region with the help of community-based organisations. This helped to guide field visits and the selection of assessment areas. The team visited IDP settlements and vulnerable households.

KIs and FGD participants were selected in consultation with local organisations based on their local knowledge and zone of operation. These organisations took active part in the assessment process. Statistics were obtained from regional government delegations, where available, in order to calculate as accurately as possible details on displaced populations. In as much as the methodology used is both qualitative and quantitative triangulating and other verification of statistics was a challenge and may be a limitation on the accuracy of overall figures.

After analyzing the humanitarian situation based on information gathered from key informants, FGD and participant observation, each of the sectors was assigned a level of severity on a scale between 1 and 5 for each region. Severity level 1 represents a normal situation that requires no action, while severity level 5 represents a catastrophic situation requiring urgent action. Based on the findings, the severity level for the sectors range from 2 to 4 in both regions. Below is a description of the severity levels.

Level	Definition	Description	
1	Normal situation	The population lives in perfect conditions and all needs in the area concerned are met. People have access to all necessary support services.	No assistance required
2	Minor problems, almost normal situation	The living conditions of the population are similar to pre-crisis life with a few exceptions, for example: reduced livelihoods, access to food is more difficult than before the crisis because of reduced means; movement to services is more difficult because of restrictions on movement.	
3	Worrying situation	The population has some difficulties in meeting its needs: access to food is difficult for financial reasons and lack of regular market supplies; vulnerable people have had to adopt survival mechanisms (one meal less).	Assistance needed
4	Critical situation	Most people have difficulty meeting basic needs, little access to basic services due to movement restrictions, most people are adapting coping mechanisms, and a portion of the population requires humanitarian assistance to survive.	
5	Catastrophic situation	The survival of the affected population is at risk, resulting in a very high level of suffering and death. A high number of deaths have already been reported as a direct consequence of the lack of assistance in the affected area. Without immediate emergency assistance, the number of deaths will increase. Immediate emergency assistance is needed.	Immediate assistance is needed

FINDINGS PER SECTOR

Shelter and NFI

West region: Severity level 4

Littoral region: Severity level 3

Findings

In both the West and Littoral regions key informants, including IDPs, cited shelter as a priority need with a severity level of 4 and 3 respectively. About 95 percent of IDPs in the West region need shelter, with about 40 percent needing urgent shelter support. In most houses, an average of 10 people live in a 9m² room, with little or no separation between males and females. This is far below the internationally recommended minimum shelter space.

While most IDPs live in host families, others live in spontaneous settlements, abandoned buildings, rented houses, churches and bars while some completely lack shelter and move from house to house. At least 70- 80 percent live in host families, except for Babadjou (Bamboutos division, West) where more than 50 percent are students living amongst themselves in rented houses. About 10 percent live in abandoned houses and uncompleted buildings. For those living in host families, on average, the host/IDP ratio is 1:5. In this case, out of 10 people living in an IDP-hosted household, two are hosts while eight are IDPs.

In the Wouri division (Littoral region) most IDPs live with friends and families with a minority living in rented accommodation. Most of those who rent live in poor neighbourhoods in marshy sites that are difficult to access especially in the rainy season.

Their homes are constructed with semi durable material and are sometimes dilapidated. They prefer these neighbourhoods because the rents are affordable: between 2,000 FCFA and 10,000 FCFA. In the Moungo division, most IDPs rent. Their houses are constructed with semi durable material. In both regions, households hosting IDPs host as many as 10 to 15 individuals. Both key informants and IDPs reported a hike in house rents due to the influx of IDPs. In the Moungo division, house owners double prices of rent. Houses rented for 5,000 FCFA are given to IDPs for 10,000 FCFA.

Some IDPs live in spontaneous settlements. With the help of local partners, OCHA has so far mapped out 27 IDP settlements in the West region. This represents 8,459 households. In some settlements which the team visited in the West region, IDPs live in temporary huts usually with no doors.

The situation is exacerbated by the lack of basic core relief items such as mattresses, mosquito nets, dresses, blankets, hygiene kits, kitchen sets and buckets. Many displaced people sleep on the floor, on old dresses or on chairs. Some IDP children move around naked or bare-footed.

Recommendations

Immediate/short term:

- Distribute shelter kits.
- Subsidize housing for host communities with large numbers of IDPs.
- Provide low cost transitional shelter for IDPs.
- Distribute mattresses, blankets, kitchen utensils, mosquito nets and sanitary kits.

Medium/long term:

- Advocate and support local Councils (Communes) and NGOs to provide temporary housing arrangements for urgent cases.
- Provide life skills training and support.
- Build durable or semi-durable houses.
- Build temporary spaces.

Food Security and Livelihoods

West region: Severity level 4

Littoral region: Severity level 3

Findings

Most IDPs in both regions lack livelihood opportunities and are food insecure. COVID-19 has worsened the situation. More than 65 percent of IDPs in the West region need livelihood support and direct food assistance. Apart from Santchou and Kouoptamo, key informants mentioned food and livelihoods as one of the top three priorities in most of the subdivisions the team visited. About 1,000 people in the West are in the urgent need of food support. Most of them live in spontaneous settlements with little means of subsistence. The team visited for example a Fulani IDP settlement in Kourap (Noun division West) where the situation was alarming, with risks of malnutrition.

Food insecurity among IDPs in this area is caused by lack of financial resources, unemployment, loss of productive assets/tools, lack of access to lands and agricultural inputs, seeds, pesticides and fertilizers.

Although IDPs have access to markets in all the surveyed divisions, they cannot afford the cost of many food items. COVID-19 has negatively impacted on food prices.

Few IDPs have cultivatable lands in the displaced areas. The Sultan of Bamum has allocated 800 hectares of land to both IDPs and victims of natural catastrophe in the Noun division. However, most IDPs still have difficulties to access land. This is because the West and Littoral regions are densely populated with thousands of land dispute cases.

Recommendations

Immediate/Short term:

- Urgently provide food assistance to the severely food insecure IDPs. Cash based interventions should be considered.
- Support schools with School feeding and nutritional interventions to address the food insecurity among IDP children.

Medium/Long term:

- At medium term, provide food assistance, considering cash, in other vulnerable localities.
- Support IDPs in the development of small-scale livelihood interventions.
- Support access to land for agricultural activities.
- Provide opportunities to develop livelihood skills.

Water, Sanitation and Hygiene

West region: Severity level 4

Littoral region: Severity level 3

Findings

More than 85 percent of IDPs in the West region and over 75 percent in the Littoral need WASH support. Some communities and settlements have no latrine and rely on the rain for water.

Key informants reported that some localities lack potable water. They mostly use unprotected wells and the distance to the water source is too far. Some of them obtain their water from streams which are not of good quality. In localities where there is water, it is expensive.

On average, 12 to 20 people use one latrine. Some localities like Kourap (West) have no toilet. Most of them defecate in bushes or running water streams which they also end up using to cook and drink. As a result, most the children suffer from diarrhea. Latrines are shared between two to three families in certain compounds. Because of the large number of persons per latrine, some landlords have restricted the number of persons per household that have access to the latrine. Additional persons using latrines pay a fee. Other landlords increase house rents once an additional person adds in a household. This has made many to resort to open defecation. Most toilets are full and unhygienic. They are overcrowded and there is no privacy. Some schools have no latrines, while others have overcrowded latrines. Most toilets are not gender sensitive. Most women complained of having genital infections.

Recommendations

Immediate/short term:

- Distribute water treatment products / aqua tabs.
- Sensitize communities on good hygiene practices and train the population on water treatment techniques.

Medium/Long term:

- Rehabilitate the water system, construct bore holes and provide water reservoirs.
- Develop a program to help communities build sustainable boreholes.

Protection

West region: Severity level 4

Littoral region: Severity level 3

Findings

Most IDPs do not have national identity cards and birth certificates. In the West region for example, more than 75 percent of IDPs do not have civil status and identification documents. Many had their documents destroyed or burned in their houses while others escaped forgetting or misplacing them. Some had never had any documents as they lived in rural areas.

Due to the lack of national identity cards, security forces harass IDPs, collect bribes from them and even lock many up. Key informants reported that 100 percent of adults who lack national identity cards are victims of harassment and intimidation. In many instances, security forces use the lack of national identity cards as a pretext to sexually harass IDP women. In some cases, security forces even seized national identity cards and arrested harassed IDPs with national identity cards. Security and defense forces arrested many, accusing them of belonging to separatist armed groups.

The lack of birth certificates affects IDPs who either wish to re-establish their national identity cards or student IDPs who wish to enroll in schools. Some schools have accepted IDPs without birth certificates, but they cannot write end of cycle examinations. The lack of documentation has led to many IDPs to limit their movements.

In the Littoral region, state authorities explained that no mechanisms have been put in place so far for the reconstitution of these documents. They are expecting their hierarchy in Yaounde to find solutions.

There are cases of stigmatisation and discrimination, including in business places. Key informants noted instances of marginalization, violence and exclusion as they attempted to do business in the Mifi and Noun divisions. In the Noun for example, the local populations view IDPs as competitors. For them, IDPs from the NW are hardworking, highly skilled and enterprising. In many instances, IDPs reported that locals pejoratively called them “Ambas”, “Ambazoniens” and “Ambazozos”.

Some resident populations have the perception that IDPs are sympathizers with NSAG, thus leading to stigmatization. Some IDP leaders perceive inequalities in the distribution of assistance; the presidential gifts to IDPs in some areas in Douala, for example, led to a lot of tensions between IDPs and the host communities as some complained of not receiving any gift. In some areas such as Douala 3 and Souza in Mounjo division, tensions were also noted in markets where some members of host communities blame IDPs for competing with them over limited resources. Authorities in Douala 4 subdivisions also reported increasing tensions between IDPs and landlords whom the former accused of extortional increase of house rents. Administrative authorities explained that to reduce these tensions, they have engaged with quarter heads and local chiefs on raising awareness on peaceful co-existence and living together. In some localities, such as in Ngalim (Bamboutos division, West), key informants reported that IDPs were very violent and attacked and/or robbed locals.

Recommendations

Immediate/short term:

- Advocate for the government to ease the re-establishment of civil status documents and national identity cards for IDPs in the region. Article 26 of the 1981 ordinance on civil status allows for the reconstitution of official documents by administrative means. It states that:

“[...] in the event of war or natural calamity and by way of derogation from the provisions of article 23 above, death certificates may be reconstituted by administrative authority. The same is true of births and marriages in the occupied territories [...]”.

- Build the capacity of security forces, communities, humanitarian actors, religious leaders and administrative authorities on protection issues and social cohesion.

Medium/Long term

- Encourage regular dialogue within IDP communities and between IDP and host communities to promote relations of trust and mutual respect.

Child protection:

West region: Severity level 4

Littoral region: Severity level 4

Findings

95 percent of IDP households have at least one orphan, unaccompanied or separated child and all respondents reported instances of child headed households in their community (this is most common and quite severe in the Wouri division, Littoral region). The main causes of family separation are accidental separation during crossfires in the communities of origin (35 percent) and parents sending their children to live with family members and friends to continue education (65 percent). An important number of IDP children in host communities (around 45 percent) are out of school which creates great potential for exploitation as well as physical and sexual violence especially amongst separated children living with host families or in rented accommodation.

Many IDPs also refuse to seek birth certificates for children born in the West region. This is a historical practice where Cameroonians usually prefer to go to their subdivisions of origin to make children's birth certificates. According to some, this keeps their identities. Many others do not know the procedure and falsely think the procedure is complex and expensive.

The team came across many unaccompanied children especially in the Bamboutos division (West). Many had been sent to study in the division. Their parents had stayed back in the North-West and South-West. Key informants also reported cases of stranded and separated children.

In both regions an increase in the rate of sexual exploitation was reported amongst adolescent girls (an increase of around 60 percent compared to the situation before the crisis). These adolescent girls, from the age of 12-17 years, are involved in sex for survival. Added to this is the incidence of early pregnancy and marriage amongst internally displaced adolescent girls. The risk of GBV (sexual, psychological and emotional) was reported high for adolescent girls especially at night and during the process of fetching water and hawking to support the family.

Younger children (infants, toddlers) are at risk of being negatively affected in their development and wellbeing due to the impact of COVID-19 on their caregivers, as most displaced parents (who served as teachers in private schools and those engaged in petty trading) have lost their sources of livelihood and sustenance, which affects the caregivers/parents ability to provide responsive care (health, food, shelter, water and hygiene needs) to their children.

Child labour is increasing at an alarming rate, as children tend to be involved in informal, exploitative and in most cases, degrading manual jobs, heavy or risky physical work ("Journee"), hawking and criminal activities (amongst adolescent boys). More than 90 percent of children (be they unaccompanied or not) were involved in some form of child labour. They felt compelled to work in farms for food, including during school hours. Some were involved in petty trade at very early ages, while some are used as sex workers.

Key concerns raised by parents and caregivers ranged from sexual exploitation due to the fact that adolescent girls are out of school, overcrowded households which exposes children to new forms of vulnerabilities, insufficient food to feed children, inadequate/lack of basic needs (clothing, hygiene needs, sanitary pads for adolescent girls) and a lack of finance to provide medical care. The young girls who participated in the FGD sessions expressed interest to go back to school, learn new skills (hairstyling, tailoring, beats making) while boys sought for opportunities to go back to school and avenues to learn and practice a craft. While challenges faced by displaced children are similar across locations, findings have confirmed that the situation of those in rural communities tend to be better off than in urban communities particularly in terms of living conditions, access to essential needs and health care, and a lower risk of exploitation.

The lack of Child Protection structures/actors across the subdivisions is a major concern. There are no mental health/psychosocial support (MHPSS) services for children in the assessed communities, hence the need for the establishments of psychosocial support (PSS) services in host communities to cater for the needs of children.

Recommendations

Immediate/ short term:

- Identify and strengthen the capacities of existing community-based protection structures on child protection and PSS (awareness raising on the risk of child labour and implementation of integrated support programmes with education, livelihoods and MHPSS activities, targeting child headed households as well as those resorting to child labour).
- Distribute hygiene and dignity kits to adolescent boys and girls to enable them to meet their immediate needs.
- Sensitise IDPs on the procedure and necessity to seek birth certificates for their children born in their current regions of residence. Enhance contact tracing for separated and unaccompanied children.
- Support existing social centers with food and encourage the integration of unaccompanied or separated children and vulnerable teenage IDPs into the centers.
- Provide psychosocial support.

Medium/Long term:

- Provide financial and psychosocial support to adolescent boys and girls especially children who are heads of households.
- Advocate with relevant authorities to ensure that IDPs have access to civil status registration and documentation, including replacement documentation, without discrimination and without requiring that they return to the area of origin or travel in or through insecure areas.
- Create child friendly or safe spaces in the West region to cater for IDP children.
- In some areas like Babadjou (Bamboutos division, West) where large number of children are unaccompanied, advocate for the government to identify and train community caregivers, as well as place unaccompanied IDP children in foster families.

Protection: Gender Based Violence

West region: Severity level 4

Littoral region: Severity level 3

Findings

Most houses observed in the area do not allow women and girls to carry out their intimate activities away from the eyes of other community members. Many IDP girls desperately sought refuge in the houses of boys and men, with no separation of toilets and poor hygienic conditions. At all the levels of the assessment key informants reported that there has been an escalation in the abuse and violation of women and girls due to different vulnerabilities.

Sexual aggression is common in both regions. In Babadjou (West region) for example, medical authorities reported that they receive on average three cases of rape per month, with survivors being as young as 5 years old. They reported that most cases happen in communities and are concealed due to fear of stigma and protection of the perpetrator who sometimes happen to be a close relative.

GBV specialists within the team in the West region spoke with some teenage rape survivors, most of whom incurred pregnancies because of the rape. Some of them were raped and impregnated at 12 years old. In Koutaba (West region) particularly, the rate of rape was reportedly high. Key informants attributed many cases to military men. Koutaba is host to a military base. Most health facilities does not have adequate capacity for the clinical management of rape.

Key informants noted that about 80 percent of IDP girls and women feel vulnerable. Due to this vulnerability, some of them succumb to sexual advances to survive. Many men condition assistance for sexual favours. In Nkongsamba (Littoral region), key informants reported cases of sexual violence on women working in farms.

Key informants noted a high rate of pregnancies, survival sex and unsafe abortions among IDP women and girls. Girls have little information about family planning, and they are scared to go to the hospital. Given the fact that they have insufficient

financial resources, visiting hospital for them is the last option. Even pregnant women are not going for antenatal clinics because of a lack of money even though the services are available.

Recommendations

Immediate/ short term:

- Establish GBV referral pathways for both regions.
- Sensitise/train the communities (with emphasis on men), family members and security forces on SGBV prevention.
- Establish partnership with NGOs and government structures, and train their personnel on SGBV psychosocial support, SGBV case management and how to carry out sensitization against SGBV.
- Sensitize the community on the availability of family planning services and the importance of family planning in the prevention of pregnancies, including for school-age children.
- Distribute dignity and delivery kits.
- Create or support SGBV Safe spaces for women and girls in the West (especially Santchou, Babadjou, Dschang and Bafoussam) and Littoral (especially Douala 3, Doula 4, Doula 5 and Nkongsamba).

Medium/Long term

- Strengthen capacities of already existing GBV service providers in case identification, management and referral mechanisms.
- Strengthen the capacity of local actors including religious leaders, traditional authorities, quarter heads, medical personnel, administrative authorities including technical services (promotion of women and family, social affairs and forces of law and order) in the identification and management of SGBV cases.
- Put in place essential GBV prevention and response services such as psychosocial support services, medical care and train personnel for the clinical management of rape in health centres.
- Establish socio-economic support services for IDP women and girls.
- Strengthen legal assistance for IDP women and girls.
- Train community mobilisers and community leaders on SGBV reporting and community sensitization.
- Sensitise beneficiaries of humanitarian assistance on the Protection from Sexual Exploitation and Abuse.

Education

West region: Severity level 4

Littoral region: Severity level 4

Findings

Financial constraints and school dropout

Key informants reported limited access to education due to lack of financial resources and administrative bottlenecks. In some public schools, parents are expected to pay an additional 20,000 to 100,000 FCFA for their children to gain admission. Government authorities revealed that the Ministers of Basic and Secondary Education had instructed public school authorities to offer special considerations to IDP children (reduced schools fees for example). However, these instructions have been reportedly ignored. This has caused some children to drop out of school. In the West region, the Menoua division particularly has a high rate of children out of school.

Whereas the population of IDPs in the Menoua is higher than that of those in the other divisions, the number of children in school is lower. Out of the estimated 75,000 IDPs in the Menoua, 3,711 are in school.

IDPs highlighted difficulties in acquiring uniforms and school kits due to limited financial resources. About 90 percent of IDP households in the Littoral had at least one child not enrolled in any school and this was common amongst younger children (0-4) and older adolescents (12-17). The explanation for this disparity and prioritizations was that the former still had time to catch up with education while the latter has had basic education to enable them cope, hence parents involved them (especially adolescent boys) in income generating activities to enable them to support family expenses. The most vulnerable group of children are children in households headed by an elderly person, female headed households and child headed households.

In some localities the team visited, there is no school. In others that have schools, there is either no Anglophone school or at least no Anglophone technical school. Anglophone schools are mainly found in urban areas, generally divisional headquarters. In rural areas, more than 90 percent of the localities in the West region do not have technical schools that run the Anglophone sub-system of education. This has made many technical school IDP students to enroll in the Francophone sub-system of education.

It is common for 11 to 15 students to contribute and rent a room to lodge and go to school. This leaves no room for privacy. They live under unhygienic conditions with poor public latrines, poor quality of water. These unhealthy conditions generate regular waterborne diseases, affecting their school frequency and performance.

Inadequate infrastructure because of the influx of IDPs has resulted in overcrowded classrooms, inadequate benches and shortage in teaching personnel. In some schools key informants spoke of a 800 percent increase in the number of students in Anglophone classrooms.

Data from the Regional Delegations of Basic Education shows that 23,168 IDP children (11,644 girls and 11,524 boys) are enrolled in schools across the Littoral region; 71 percent in the Mounjo Division and 19 percent in the Wouri Division. The West region witnessed an increase of 22,834 IDPs at the basic education level. The number of children attending basic education has increased by 32 percent in English speaking schools and 24 percent in French speaking schools. The Mifi division is hosting the greatest number of IDP students which are 5,549 followed by the Noun division with 5,519, Bamboutos 4,870 and Menoua 3,711 IDPs. This increase has not been met with an improvement in infrastructure and an increase in teachers. In most government schools, contract teachers hired by the Parents-Teachers Association (PTA) are the majority. Very few schools have constructed additional classrooms or purchased enough benches.

Some students sit on the floor to study. In the Kouoptamo subdivision (West) for example, there is a rise in clandestine schools and students sit on verandas, studying in areas without roofs. Some community-created schools have classrooms without benches. Most of these children lack the basic school materials such as textbooks, rulers, pens and bags.

Several IDP children find the school environment insecure. They feel stigmatized and discriminated upon. They are pejoratively called “Ambas” or “Ambazonians” (derived from “Ambazonia”, the name of the state separatists in the NWSW aim to have). Such attitudes sometimes lead to fighting amongst students.

Many IDP children go to school hungry. Key informants reported instances of IDP children fainting in school due to hunger. This has made many IDP children to seek paid labour in farms even during school hours. Many leave school during break and do not return because of hunger.

Some schools have no latrines, others have just one for thousands of students and no water source. Children are forced to defecate in nearby bushes and stay in school without water.

Lack of birth certificates for displaced children and the inability to provide academic records from previous schools affect their studies. Many had them destroyed or burned in their houses, and the procedure to reestablish identity cards appears complex and discouraging. Many children have not been admitted into public schools because they lack birth certificates. Others who have admission into some schools cannot sit in for end of cycle examinations both at the basic and secondary levels.

Recommendations

Immediate/ short term:

- In areas where there are no schools, create/ support emergency learning centres / spaces.
- Construct classrooms, donate benches/desks, distribute school materials / basic school kits.
- Support the recruitment of English-speaking teachers.
- Support IDPs financially either by paying their school fees or giving them cash-for-education support.
- As the academic year begins, school feeding and training teachers on child protection and psychosocial support is urgent.
- Construct gender-sensitive latrines and boreholes in schools.
- Advocate with the government to ease the process of reestablishing birth certificates for IDP children who have lost them during the crises as described in the protection section above.

- Advocacy and support for easy enrolment into public primary and secondary schools

Medium/Long term

- Organise information and education activities on hygiene for the pupils and students bearing in the mind the near lack/lack of toilet facilities and water (water points/boreholes) in the schools.
- Support hiring of teachers.
- Advocate for the creation of more bilingual schools especially for technical education.

Health

West region: Severity level 3

Littoral region: Severity level 3

Findings

Accessibility to health facilities by IDPs is very challenging, in all divisions visited. An increase in the number of existing health facilities and the presence of health workers was noted but there is a reduction in patient visits in the context of the COVID-19 outbreak. Although some health workers are among the IDPs, financial inaccessibility and loss of trust in the health system are the major obstacles to access to health services. Auto medication with the use of herbs and the use of drugs from street vendors are the major practices adopted by IDPs. Hospitals are the last resort for IDPs and only in severe cases or after failure in previous treatment. The West region has 20 Health Districts, 11 of which are in the four divisions the assessment team covered. Each health district has a district hospital generally recording high patient intake. Presently, the COVID-19 pandemic has scared many people from hospitals. COVID-19 has affected both IDPs and the host populations of the West region. The epidemiological situation on 13 August 2020 is as follows (incident management system, West data source):

- 14,893 people were tested with rapid tests (RDTs) with 1,091 positive cases (7.33 percent positivity rate).
- 889 recoveries.
- 135 health workers tested positive, predominantly in the health districts of Mifi and Dschang.
- 60 cumulative deaths.
- The case fatality rate is 5.55 percent.

Amongst diseases that affected IDPs, malaria, typhoid fever, diarrhoea and skin infections are reported. In the Littoral region, three out of nine districts had registered outbreaks of measles (Nkongsamba and Bonassama) and cholera (Japoma). Measles and cholera outbreaks could not be attributed specifically to IDPs as just one out of the four positive measles cases in the Nkongsamba district was an IDP. Sexually Transmitted Diseases (STDs)/HIV are also reported as sexual activities in exchange for cash had increased among teenagers. Poor water and sanitary systems were also blamed for genital infections. Cases of rape of minors were also disclosed in group discussions but little information on this subject was reported to the health and administrative authorities.

The majority of IDPs suffer from psychological stress and trauma from diverse origins. The reproductive health of girls and women is a major concern as are cases of early pregnancies. Complications during pregnancy leading to death of either mother or child due to late arrivals to hospitals were reported. Contraception amongst IDP women remains another challenge as many have insufficient knowledge of the different methods, probable side effects and did not request for these services.

Although key informants report that the death rate amongst IDPs is unusually high, there is no evidence that the presence of IDPs has affected the overall death rate in the region. This is because the health system currently does not collect data on the morbidity and mortality of IDPs. Also, no significant difference between males and females was noted.

Recommendations

Immediate/ short term:

- Support IDPs and some local vulnerable groups in the host population to ease access to health facilities through free health vouchers, delivery kits...etc.
- Strengthen malaria control and prevention activities with mass distribution of insecticide treated mosquito bed nets and free therapeutic kits for all groups of IDPs and host communities.
- Sensitization on the dangers of auto medication and late resort to health facilities for adequate treatment.
- Improve the accessibility to mental health / psychological support for IDPs, sensitization activities, management of mental ill-health.
- Free prenatal consultations and delivery kits.
- Sensitization on consequences of early pregnancies and different contraceptive measures.
- Support IDPs and host populations in responding to COVID-19 (masks, hand sanitizers, soap, development of drinking water points, awareness of WASH methods, etc.)

Medium/Long term:

- Quality water and sanitary systems for the entire community.
- Free HIV/AIDS follow-up laboratory analysis (grants).
- Strengthen community disease surveillance through the establishment of event-based surveillance (SBE).
- Set up the CLTS (Community-Led Total Sanitation) project in the host communities of IDPs.
- Increase awareness of simple water purification measures (boil water for drinking) and increase accessibility to water purification products (eg aquatabs, etc.).
- Provide health facilities with missing resources and strengthen the capacities of health facilities.
- Medical outreach through mobile clinics to affected areas that have no hospital.

Nutrition

West region: Severity level 2

Littoral region: Severity level 2

Findings

In the West region the assessment team perceived some IDP children presenting physical symptoms of malnutrition. In some localities like Magba key informants drawn from the health districts also reported cases of malnutrition in their health districts. Most displaced persons live with host families, on which they depend mainly for food. The level of food insecurity poses a risk for an increase in malnutrition. The diet of these IDPs has changed, with the number of meals per day decreasing from over three to one meal per day at best. The meals are generally of poor quality.

It is difficult to get clear data on malnutrition as the Health Information System does not collect data on the nutritional status of IDPs. The data that exists in some health facilities is incomplete. This is partly because no nutrition programme is implemented in health centres in the region. The few health centres trying to set up nutrition programmes lack material for anthropometric measurements (MUAC, toise) and inputs (CLTS or ready-to-use therapeutic food, F75 and F100 milk, etc.). No staff are trained in the management of malnutrition in the West region.

In the Littoral, there is very little information on the nutritional status of IDPs in all the subdivisions visited. Isolated cases that have been documented could not be associated to IDPs. There is no active case search of malnutrition in the localities.

No partner nor organisation has been able to screen children for malnutrition, nor is there a specialised centre for the management of malnourished children. Gifts made of dairy products have once been shared to IDPs of the Mungo division as food supplements at the beginning of the crisis.

Children are usually fed exclusively with breast milk at birth, mixed feeding as they grow including pap, mashed food and later family food. In cases where breastfeeding could be a problem, IDPs will look for assistance in the community/family before seeking the assistance of health facility. Financial access to artificial milk is usually very difficult.

Recommendations

Immediate/short term:

- Reinforce knowledge through sensitization on the benefits of exclusive breastfeeding as recommended by the Ministry of Health.

Long/Medium term:

- Set up a nutrition programme in both regions. This should include screening and provision of nutrition supplements. For this to work, there is a need to build capacities on nutrition.
- Identify and provide food assistance to the most vulnerable IDPs.
- Organise trainings on preparation of balance diets for under five children in all divisions.

Humanitarian partners' operational presence in the West and Littoral regions

In the West and Littoral regions, there are dozens of organisations: national NGOs, associations and the Red Cross. Most of these organisations are development organisations. Those that are humanitarian have focused mainly on assisting urban refugees and migrants. With the humanitarian crisis, development NGOs have delved into small scale humanitarian interventions, facing funding difficulties. Their interventions are implemented in an uncoordinated manner, leaving them out of the Humanitarian Response Plan of the country. This also reduced the level of information on the gravity of humanitarian crisis in the region.

In June 2020, OCHA began organizing a humanitarian coordination forum, bringing together partners operating in the West and Littoral regions. This has enriched this year's MSNA as national partners were key in identifying IDP settlements. Further delays to respond would likely worsen the humanitarian crisis and reinforce negative coping mechanisms.

Conclusion

The MSNA in the West and Littoral regions was conducted to inform the analysis on the humanitarian impact of the NWSW crisis in the West and Littoral regions and identify priority needs. Across the West and Littoral regions, both IDPs and host communities continue to suffer from severe multi-sectoral needs, as a result of the ongoing conflict in the NWSW, multiple displacements into the regions and the COVID-19 pandemic. Women and children who comprise over 80 percent of the displaced population were reported to be most vulnerable. SGBV is on the rise with girls as young as 12 years old engaged survival sex. Child protection, Education and Shelter were identified as top three priority needs. Though respondents general mentioned food assistance as a priority, they however prefer support to set up and income generating activities. The income raised will help them meet many other needs. It is recommended to pursue effective coordination through the OCHA platform in place and ensure the West and Littoral regions are given equal attention in the 2021 HNO/HRP.

The assessment teams faced several challenges which if not addressed could negatively affect further assessments.

Assessment fatigue was the greatest challenge the assessment team had. Many key informants (both IDPs and government representatives) expressed their frustration over regular assessments (OCHA led missions and other organisations) without a response. They felt that their concerns are not taken seriously, stating a similar team had asked similar questions just few months earlier without anything being done.

Limited funds for the mission embarrassed the MSNA team in several instances. Some key informants expected at least a reimbursement of their transportation costs. In Dschang for example, key informants harassed government representatives who had invited them and NGO partners in whose premises they were interviewed had to subsidise their transportation.

Moreover, national NGO partners who took part in the mission, facilitating all aspects of it and who had to pay their own transportation to plan field interviews with key informants, felt that they were not being considered at the same level as other United Nations MSNA team members which received the means to feed and lodge in hotels.

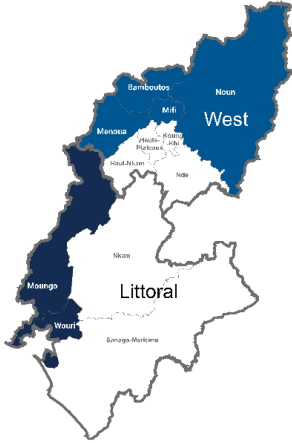
ANNEX

Severity maps

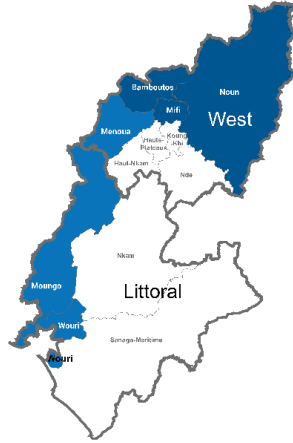
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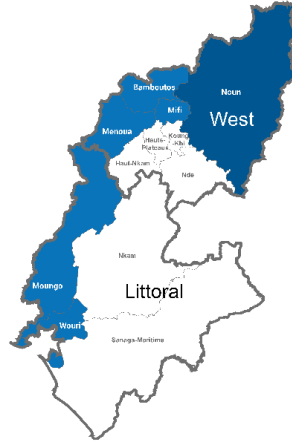
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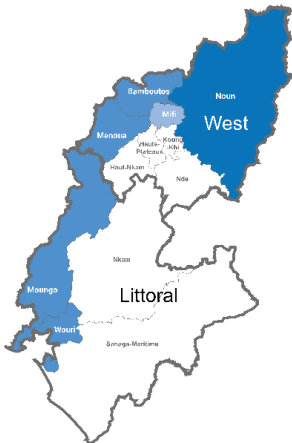
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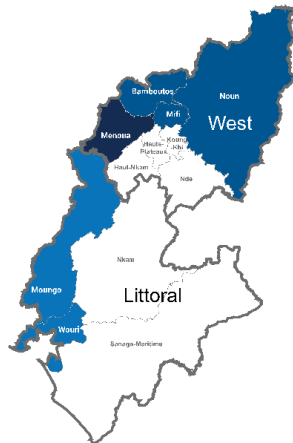
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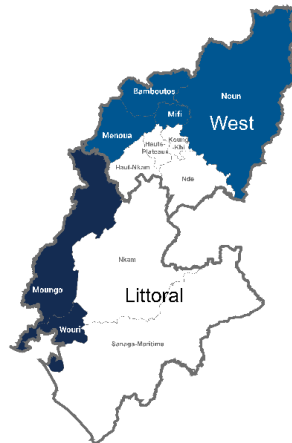
Nutrition



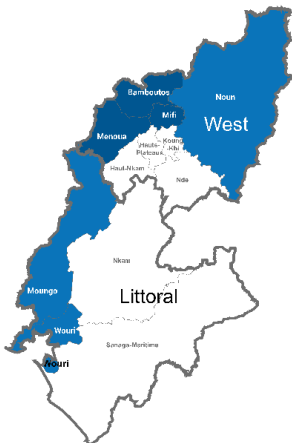
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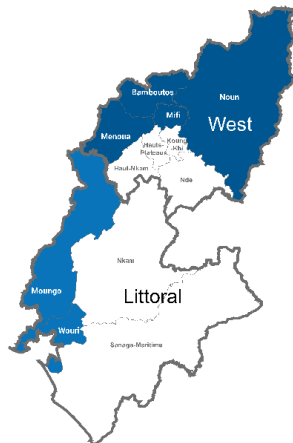
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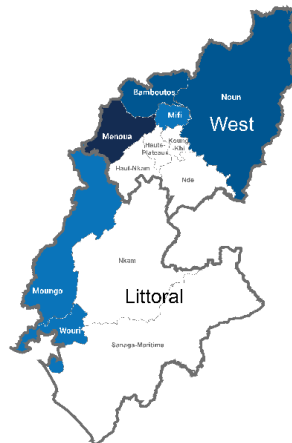
Protection: GBV



Shelter and NFI



WASH



Organisations

Organisations that took part in the mission in the West and Littoral region

#	Acronym	Organisations
1	DPC	Direction de la Protection Civil du Ministère de l'Administration Territoriale
2	UNOCHA	United Nations Office for the Coordination of Humanitarian Affairs
3	UNICEF	United Nations Children's Fund
4	UNHCR	United Nations High Commission for Refugees
5	WFP	World Food Programme
6	UNFPA	United Nations Population Fund
7	WHO	World Health Organization
8	IFRC	International Federation of Red Cross and Red Crescent Societies
9	SHUMAS	Strategic Humanitarian Services
10	COHEB Int'l	Community Humanitarian Emergency Board International
11	BAHO	Basic Assistance Humanitarian Organization
12	RHEMA Care	Rhema Care
13	APA	Association Pour la Paix, l'Aide et le Développement
14	Plan	Plan International

Other organisations that facilitated the mission in the West and Littoral region

#	Acronym	Organisations
14	TC	Tomorrow Children
15	CLG	Choose Life Generation
16	APPPHAK	Association pour la promotion et la protection des personnes handicapées, âgées et les orphelins du Cameroun
17	FDM	Femmes du Monde
18	BGC	Breaking Grounds
19	FJC	Fountain of Justice
20	CEPROSCON	Centre de Promotion de la Santé Communautaire du Noun
21	APROJED	Association pour la promotion des jeunes en détresse
22	WILPF	Women International League for Peace and Freedom
23	RM	Reset the Mind
24	ACCO	Ageing Community Care
25	SOCIALIA	Association d'Assistance et de Solidarité aux Personnes Socialement Vulnérables du Cameroun

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