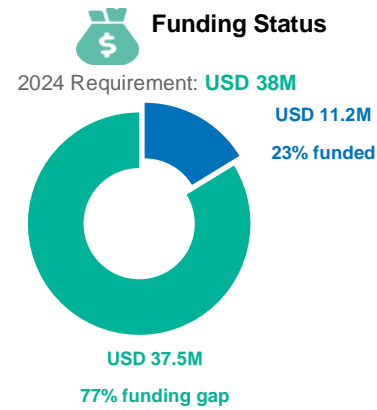
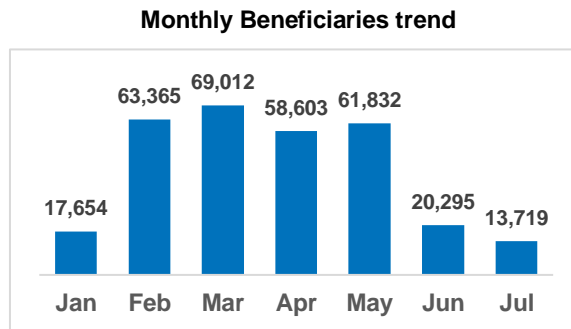
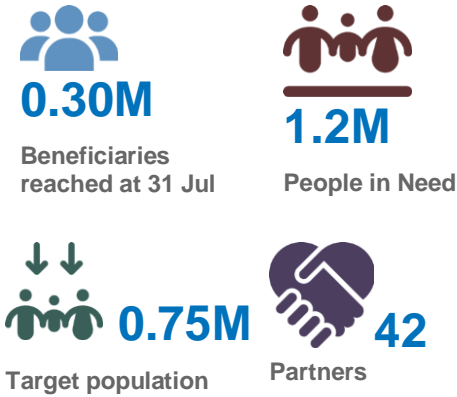


Key Figures



Response Overview

In the month of July 2024, the Protection Cluster and its AoRs reached **13,719 persons** in the North-West and South-West regions with protection services ranging from **legal assistance, individual counselling on HLP related issues, facilitation of access to civil documentation**, to **holistic support to GBV survivors, child-sensitive case management, MHPSS to children** and their caregivers and **protection monitoring**.

Limited funding for protection activities continues to hinder partners' ability to respond to the most urgent needs. These include **MHPSS services**, especially for children, and **holistic GBV and CP Case Management** for both children and adult survivors. Minimal partner presence also meant limited referral options and comprehensive support.

There were concerted efforts to support the processing of **birth certificates**, especially for children living in crisis-affected remote communities, however, there remains a significant need for continued sensitization on the importance of birth registration.

Cultural and environmental factors continue to hinder both the reporting of **GBV incidents** (especially those involving children) and participation in **GBV risk mitigation and response** interventions.

Key Highlights

The security situation in NWSW regions remains tense and unpredictable, with an increase in criminality and NSAG incursions into urban areas like downtown Bamenda.

The Protection Cluster NWSW held two mid-year review workshops in the NW and SW, to evaluate the cluster's progress against the 2024 HRP targets. Unfortunately, as of 30 June 2024, the cluster had **not yet reached 50%** of its target. Reasons for this include **late and limited funding, access restrictions** and **under-reporting by partners**. Partners agreed on the need to **identify alternate funding sources** especially for local NGOs and to explore more **collaborative ways of working**, such as forming consortiums.

The Protection Cluster joined UNHCR on missions to the NW and SW regions, participating in focus group discussions with women, youths, and community leaders. A recurring request from both IDPs and host community members in both regions was the need for **livelihood opportunities** and **social infrastructure**. **Drug abuse and addiction** remains rife among young men aged **18 – 25 years**, with the preferred drugs being marijuana, tramadol, and other dangerous mixtures. They are reported to feed their addictions through theft, harassment of community members and other criminal acts.

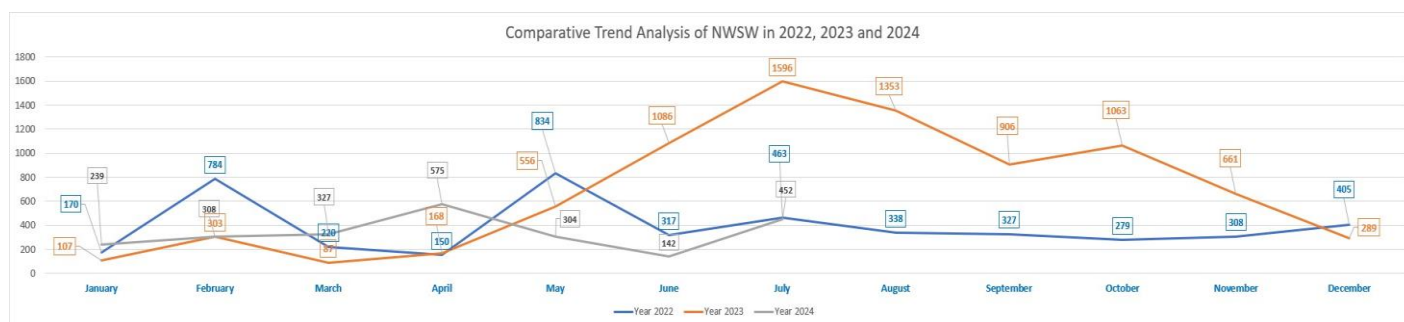
Child Protection

The **Child Protection AoR** conducted a **Child Protection Needs Assessment** from March – June 2024, to assess protection risks faced by children living in the crisis-affected regions of the **North-West, South-West, Far North** and **East**. The key risks identified across all four regions were: **(i) unaccompanied & separated children, (ii) sexual exploitation & abuse, (iii) child marriage and adolescent parenthood, (iv) recruitment and use by NSAGs, and (v) child labor.**

In addition to these, **disruptions to education** and **human trafficking** were also identified in the North-West and South-West regions respectively.

Protection Monitoring

In July 2024, **452 human rights violations** were recorded in the northwest and southwest regions, bringing to total **1,811 violations** recorded in both regions since January 2024. **Arbitrary arrests and detentions (326 victims), Killing (incl. extra-judicial, arbitrary or summary execution) (24 victims) and Threats to Life and personal security (21 Victims)** made up the top three reported violations. Men and boys remain the most affected.



Looking Ahead

The Protection Cluster NWSW Cameroon and its AoRs will continue to coordinate and support efforts to strengthen the protection environment in the North-West and South-West regions.

The Child Protection AoR will roll-out the report of its Needs Assessment in September. The report will also serve as a secondary data source to complement other sources for the HNO.