



The Impact of COVID-19 on Human Rights Response During Concurrent Protection Crises in Cameroon

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Abstract : Cameroon is currently facing several human rights protection concerns. The Northern regions suffer from Boko Haram insurgency, the East registers attacks from Central African Republic rebels, and the Northwest and Southwest are facing a violent conflict. Coupled with COVID-19, human rights response has been severely affected.

[Conflict](#) can be defined as the result of opposing interests involving scarce resources, goal divergence and frustration. The protection of human rights is [most challenged](#) during conflict. Conflict situations present a threat not only to human rights per se but also affect the work of institutions charged with human rights protection. Cameroon continues to be troubled by several protection crises, as discussed below, affecting almost every region of the national triangle. These protection crises have occasioned complex humanitarian emergencies raising several human rights concerns. Moreover, although the COVID-19 pandemic has affected the social, economic, political and security dynamics in every country, its impact in a fragile context like Cameroon, including the implications for human rights protection, are more apparent. [Humanitarian actors](#) and human rights organisations have been stretched in terms of ensuring that adequate protection measures are put in place.

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Human rights protection concerns in Cameroon

There are four main crises in Cameroon at the moment. First, in 2016, English-speaking lawyers and teachers protested against the [erosion](#) of the country's English legal and education system. These peaceful demonstrations were met by [violent suppression](#) from the security forces resulting in the arbitrary arrest, detention and the killing of civilians in the Northwest and Southwest regions. The [crisis](#) escalated in October 2017 following a declaration of independence of a new state 'Ambazonia'. Since then, talk of peace and Second, in the Far North region, [Cameroon](#) faces attacks from Boko Haram. Between July 2016 and 2018, there were over 120 attacks and 23 suicide bombings, resulting in the death of more than 150 civilians. Similar attacks have been documented since January 2019 killing more than 100 civilians and leaving over 270,000 [persons displaced](#).

Third, the East and Adamaoua region is now home to over 290,000 refugees from the CAR, fleeing violence from the deadly clashes between the Anti-Balaka and Ex-Seleka rebel groups. Over 70 per cent of these CAR refugees are living with host communities, raising tensions over limited resources such as water and services like education and healthcare.

According to the humanitarian [bulletin report](#) on Cameroon by the United Nations Office for the Coordination of Humanitarian Affairs (OCHA), as at August 2021, 4.4 million people in the country were in need of humanitarian protection and assistance, 1 million of whom were internally displaced persons (IDPs) and 458,901 refugees and asylum seekers, while 466,578 others were IDP returnees.

Lastly, the advent of the COVID-19 pandemic has also given rise to specific human rights protection crises in the country. The [Cameroon government](#) introduced lockdowns, masking, quarantine and a ban on public gatherings. These measures impacted on the fundamental [rights](#) of women (e.g., increasing domestic violence), children (e.g., access to education) as well as IDPs and refugees (e.g., access to essential services).

Impact of COVID-19 on human rights response

Prior to the pandemic, several human rights and humanitarian actors in Cameroon including local non-governmental organisations (NGOs) had protection programmes such as campaigns, advocacy and capacity-building training to enhance the promotion and protection of human rights in the country. [However](#), the outbreak of the pandemic led many NGOs to suspend field operations programmes; others needed new sources of funds to incorporate COVID-19 measures into their programme design and implementation. Organisations also reduced their staff capacity and limited work only to a few essential staff, which made it difficult to scale through with protection programmes.

Further, COVID-19 created new programmatic areas such as improving access to refugees and IDP in host communities, providing facemasks, better water and sanitation and hygiene measures (WASH), human resources and security, vaccination data and information management and immunisation service-delivery modalities. These new concerns have [impacted](#) human rights response mechanisms within the context of the ongoing conflicts in the country given that some funds have had to be redirected to accommodate the pandemic.

Additionally, the impact of the pandemic has been felt differently by several vulnerable groups. For [women](#), especially those in displacement and refugee camps, lockdown measures exposed them to increased levels of sexual exploitation and domestic violence. This has led to additional [protection concerns](#) even when dealing with the impacts of the pandemic.

More so, refugees and IDPs have also felt the brunt of the COVID-19 pandemic. This is because of poor hygiene conditions in displacement camps and also because the pandemic has severely weakened the capacity of international institutions to serve conflict-affected areas. The World Health Organization and other international officials have [expressed concerns](#) that restrictions associated with the pandemic will impede humanitarian assistance and human rights protection.

Additionally, other international envoys and regional organisations working on human rights protection in Cameroon were forced to suspend some of their activities following travel restrictions into the country and between its regions as part of COVID-19 regulations. Likewise, the pandemic distracted warring parties from engaging in [meaningful peace talks](#) and striking a ceasefire agreement.

Tailored interventions

Despite the disarray that hit protection actors with the advent of the COVID-19 pandemic, several measures have been put in place to tailor interventions and design responses. A COVID-19 [National Preparedness and Response Plan](#) was developed by the Ministry of Public Health with the support of human rights and humanitarian organisations. The plan includes the management of arrivals at points of entry, isolation, medical treatment, infection prevention and control, supplies, risk communication, surveillance and capacity building. All actors providing protection in Cameroon were called on to adopt measures that comply with this National Preparedness and Response Plan. By doing so, protection actors were better able to meet the additional protection concerns occasioned by the pandemic, including preparing for its aftermath. For instance, the [United Nations mission](#) in Cameroon developed a socio-economic response initiative for medium and long-term interventions in response to the effects of the pandemic.

A COVID-19 response team was also created with over 31 actors, including United Nations agencies and international and national NGOs. These partners have capacities in terms of technical experts, human resources, financial resources, logistics and materials to support protection and response mechanisms to the pandemic. These actors intervene mostly in regions in which they already carry out protection activities.

However, several organisations also considerably [scaled up](#) interventions in the major cities of Yaoundé and Douala, which are hotspots of the COVID-19 outbreak but where few protection activities had been implemented previously.

The United Nations Office for the Coordination of Humanitarian Affairs (OCHA) also leads an internal COVID-19 [contingency planning](#) exercise, including a United Nations Country Team wide Business Continuity Plan. They also put in place a COVID-19 taskforce, which is an operational mechanism comprising focal points from UN agencies and national and international NGOs, with the aim to coordinate and monitor COVID-19 preparedness and response activities.

Local organisations have also generated new ways of working, especially using internet and online platforms. For instance, several advocacy campaigns on the importance of a human rights-based approach to the COVID-19 response were held online.

Protection actors have also been incorporating COVID-19 protection measures during in-person human rights campaigns, humanitarian outreach and assistance missions. For example, most provide wash points, facemasks and hand sanitisers during physical meetings and outdoor activities. They also continue to monitor and report on both the pandemic and the conflict while working remotely.

Recommendations

Human rights protection should increasingly be at the centre of all prevention, preparedness, containment and treatment efforts. There should be timely, updated, context-specific analyses to plan for the response to and mitigation of the effects of COVID-19 on existing conflict dynamics.

Analysis of the protection concerns in Cameroon should consider the implications of COVID-19 on social, economic and political relationships, and how they could affect risk factors for conflict or violence. There should be measures to ensure that COVID-19 responses are informed by and tailored to the needs of vulnerable and marginalised groups. Conflict-sensitive responses should take into account the disproportionate impact of conflicts and now COVID-19 on the poorest and most vulnerable, including women, children and displaced persons. Additionally, protection actors in Cameroon should include peacebuilding and conflict prevention experts in protection coordination mechanisms.