

Cameroon

Country:

Emergency type:

Conflict Instability Climate Crisis Displacement

Jul 24, 2024

Covering Period:

Jun 1, 2024 to Jun 30, 2024

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## **Key Figures**



**3,400,000**Total people affected



**816,000**Women of reproductive age



**88,600**Estimated pregnant women



**367,000**People targeted with SRH services



**594,000**People targeted with GBV programmes

# **Highlights**

• The humanitarian situation continues to worsen across Cameroon, negatively impacting affected populations' livelihoods, and necessitating a stronger, coordinated and well-funded response.



- In June 2024, there was an increase in violence against civilians in the Far North, North West and South West regions of Cameroon. Frequent lockdowns continued and there were bans on the use of motor bikes in the North West and South West regions.
- The violence and restrictions on movement continue to hinder humanitarian efforts and limit access to essential sexual and reproductive health (SRH) and protection services for women and girls.

#### **Situation Overview**

- Clashes between government forces and armed separatist groups in the North West and South West regions during June were the main source of insecurity, driving displacement and reducing humanitarian access. Protests in major urban areas led to violence and the destruction of vehicles.
- In the Far North region, military operations by the Multinational Joint Task Force to counter Non-State Armed Groups (NSAGs), as well as clashes and arrests of militants, were reported throughout June in Logone-and-Chari, Mayo-Sava and Mayo-Tsanaga divisions, causing further displacement.
- In the East region, the humanitarian situation remained the same.

### **UNFPA** Response

- 35 UNFPA-deployed midwives provided SRH services to 9,161 people including assisting 1,377 women to give birth safely.
- 184 women and girls received individual clean delivery kits for safe childbirth; 47 mothers received baby boxes containing supplies for newborns.
- 1,802 people (79% women) were reached through 95 awareness-raising sessions on SRH and available services.
- 1,377 deliveries, including 296 cesarean sections, were supported at UNFPA health facilities. Midwives recorded 225 obstetric complications 41 were managed and 84 women were referred. Eight maternal deaths were recorded in June 7 of them at UNFPA- supported health facilities and 1 in the community. Medical personnel were only able to audit 1 of these deaths. Twenty (20) cases of neonatal mortality were recorded 16 in hospitals and 4 in the community. Two were audited.
- 1,010 women attended at least 2 antenatal consultations at UNFPA-supported health facilities.
- 193 people were diagnosed with and treated for sexually transmitted infections (STIs).
- 11,402 people were reached with services to prevent and respond to gender-based violence (GBV) in
  the South West and North West regions, including through 3 newly-established Women and Girls'
  Safe Spaces; 9,511 people accessed information on GBV and availables services; 1,570 received
  mental health and psychosocial support. In addition, 57 people participated in training to strengthen
  capacity for the delivery of services.
- 500 dignity kits were distributed to women and girls in Guidiguis, Koza Moulvoudaye and Mozogo in the Far North Region. Forty-seven (47) women and girls participated in income-generating activities. Twenty-five (25) women and girls received cash to access SRH and GBV services.



## **Results Snapshots**



9,161
People reached with SRH services
92.5% Female



21 Health facilities supported



11,402
People reached with **GBV prevention**, mitigation and response activities 72% Female



17
Safe Spaces for women and girls supported

NFI	547	Dignity kits and newborn baby boxes distributed to individuals
	30	Reproductive health kits provided to 8 health facilities

#### **Coordination Mechanisms**

# **্ব্র্ট** Gender-Based Violence:

- The Gender-Based Violence Area of Responsibility (GBV AoR) for the Far North held its monthly meeting where locations and a timeline were coordinated for upcoming GBV safety audits. UNFPA will organize a briefing in July to address the gap in knowledge on the content of post-rape kits.
- The GBV AoR advocated for increased resource mobilization and more frequent meetings and information sharing in Maya Tsanaga, where the Women-led Organization (WLO) ALDEPA leads the coordination.



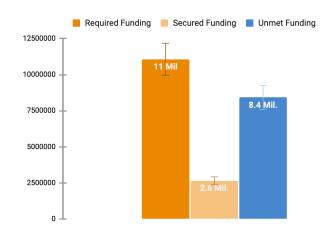
## Sexual and Reproductive Health:

- The Sexual and Reproductive Health in Emergency Technical Working Group (SRHiE TWG) met on 25
  June. Updates on the operational presence of SRH service providers were provided, including a review
  of the organizations providing SRH services.
- Members of the SRHiE TWG are developing solutions to address the mismatch between medical supplies in Inter-Agency Reproductive Health (IARH) kits and medications used in HIV/AIDS programmes in Cameroon, including aligning the content of post-rape kits with the National Protocol for the Treatment of Sexual Violence Survivors. Sufficient post-rape kits are not available at heath facilities where some organizations are referring clients. A potential solution to group-order post-rape kits and other essential supplies, and to develop a digital platform to share information and updates on SRH and family planning needs in emergencies, is being explored.
- UNFPA also joined the Health Sector Partner consultation convened by ECHO to prepare its humanitarian response for 2025

## **Funding Status**

UNFPA Cameroon is grateful for the continued support of its donors. As of the end of June 2024, thanks to the generous contributions of USAID-BHA, Canada, Norway, and UN-CERF, UNFPA has secured 24% of the US\$ 11,070,664 required to deliver critical SRH and GBV services in Cameroon in 2024. A funding gap of US\$ 8, 416,004 remains.

UNFPA and USAID-BHA have signed a cost extension for the "Prevention and Response to GBV and SRH in Underserved Areas of the Far-North, North West and South West regions of



Cameroon". The US\$4.5 million project aims to reach 51,520 direct and 232,510 indirect beneficiaries during a 36-month period.