



# Situation Report #25

## The humanitarian crisis deepens in Cameroon

Photo: © UNFPA/Cameroon

Country:	Cameroon
Emergency type:	Conflict, Displacement, Inter-Community Violence, Climate Disaster
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### Key Figures



### Highlights

- Conflict, non-state armed group (NSAG) activity, recurrent climatic shocks, and resultant displacement continue to generate humanitarian needs, including in the Far North, North West and South West regions.
- Severe flooding in the Far North region has impacted more than 459,000 individuals as of October 2024 and resulted in at least 30 fatalities, with extensive damage to infrastructure and agricultural resources ([OCHA](#)).
- In October, UNFPA provided sexual and reproductive health (SRH) and gender-based violence (GBV) services to 14,830 individuals across the Far North, North West and South West.
- A critical funding gap of US\$7,145,975 is preventing UNFPA from providing life-saving SRH and protection services to all those in need in Cameroon.

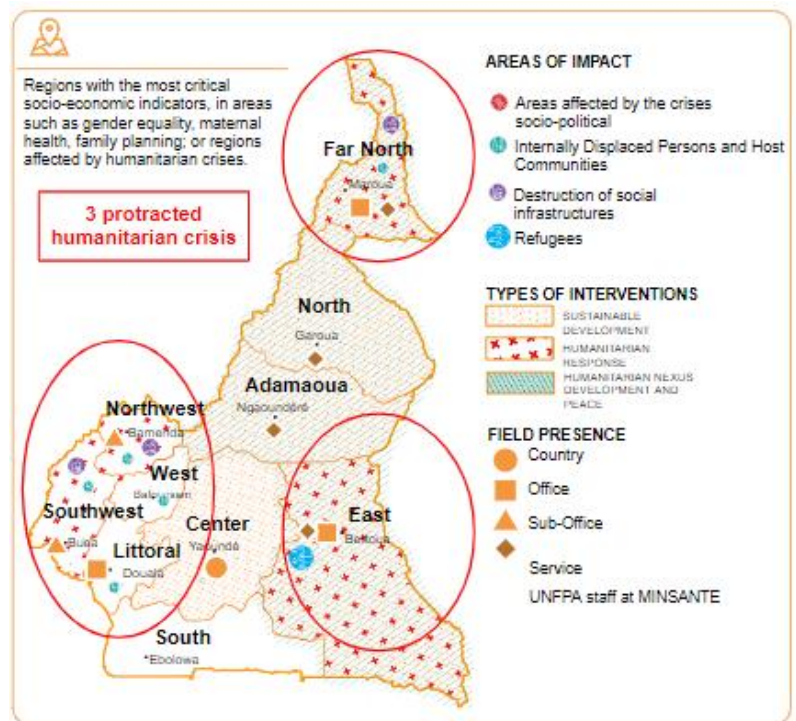
## Situation Overview

- From July to October 2024, heavy rainfall in the Far North region of Cameroon caused significant flooding, particularly in Mayo-Danay and Logone-and-Chari divisions. As of 18 October, over 459,000 people have been affected and 56,000 homes, essential infrastructure, including health facilities, and tens of thousands of hectares of crops destroyed. As a result of damage to infrastructure and crops, women and girls are unable to access SRH services, while food insecurity will increase for the most vulnerable.
- NSAGs continued to enforce lockdowns in the North West and South West regions, disrupting public life, while clashes with government forces persisted, resulting in civilian casualties ([International Crisis Group](#)).

## UNFPA Response

### Sexual and Reproductive Health:

- **Medical consultations:** 8,908 individuals, 56% women and girls, received medical services, including maternal and child health care, nutrition support and youth-centered SRH care.
- **Antenatal care:** 1,982 pregnant women attended at least 2 antenatal consultations at UNFPA-supported health facilities.
- **Safe births:** 47 UNFPA-deployed midwives assisted 2,326 women to give birth safely – 192 (8.25%) deliveries were C-sections.
- **Postnatal care:** Postnatal care services were provided to 800 mothers and their newborns.
- **Newborn support:** 32 baby box kits, containing essential supplies for newborns, were distributed to pregnant women and new mothers.
- **Management of obstetric complications:** UNFPA-deployed midwives successfully identified and managed 290 obstetric emergencies.
- **STI diagnosis and treatment:** 1,123 individuals were diagnosed and treated for STIs.
- **Clinical management of rape:** 75% of reported sexual violence cases received medical and psychosocial support within the critical 72 hour window.
- In collaboration with partners and the local office of the Ministry of Women's Empowerment and the Family, UNFPA-deployed midwives organized an outreach activity at the Gado Badjere refugee camp (East), Bana (West) and in Mada and Fotokolo (Far North) reaching 300 people with SRH information and referral to services. These activities, targeting primarily refugees and internally displaced persons, held in observance of International Day of the Girl Child, raised awareness on issues such as early and forced marriage and unwanted pregnancies refugee and internally displaced populations.



## GBV and Mental Health and Psychosocial Support Services:

- **In the Far North Region:** UNFPA supported 74 sensitization sessions on GBV prevention and mitigation, reaching 5,417 individuals –14.5% internally displaced people (IDPs) and 6.3% refugees. These sessions covered topics such as gender equality, the negative impacts of early and forced marriage, SRH, STI prevention, and menstrual health management. About 505 women and girls attended skills-building activities including knitting, sewing, and embroidery, as well as agricultural and craft activities. Participants also received individual and group therapy.
- **Coordination Efforts:** Three GBV case management meetings were held in Mada, Vélé and Guéré health districts to improve coordination and strengthen response efforts. The main recommendation was to encourage service providers to raise awareness among communities on the importance of forensic medical certificates to facilitate survivors' access to legal services.
- **North West and South West Regions:** In Kupe Manengouba, Manyu and Menchum divisions, 3,745 individuals accessed GBV prevention and response services. Twenty-one community-based outreach activities were also held. 150 girls attended International Day of the Girl Child commemorations in Nguti, Eyumojock, Fundong Central, Wum Central, Jakiri, and Ndop Central.
- In the **North West**, 26 sensitization sessions on SRH in Ndop, Jakiri and Belo reached 5,684 people; 337 dignity kits were also distributed. A safety audit was carried out in Jakiri to identify protection risks for women and girls.
- **Psychosocial Support and Case Management:** 25 case managers and GBV focal points attended a five-day training on GBV Case Management, women and girls' safe space (WGSS) management, the GBV information management system (GBVIMS) and the ethical management of data.
- **Engaging Men and Boys:** In Kupe, Manengouba, Manyu and Menchum divisions, 2,003 men and boys, including traditional council members, participated in sessions promoting positive social norms, gender equality, and sexual and reproductive health and rights (SRHR) for women and girls, with a focus on ending GBV; 39 men and boys agreed to be GBV champions in their communities.

## Results Snapshots



8,908

People reached with **SRH services**  
56% women and girls



21

Health facilities supported



5,417

People reached with **GBV information**



221

Dignity kits, menstrual health kits and newborn baby boxes distributed

505

People reached with **GBV services**



17

Women and girls' safe spaces supported

## Coordination Mechanisms

### Gender-Based Violence:

The GBV Area of Responsibility (AoR) briefed local-level cluster coordinators in the Far North region on the different composition and use of dignity kits and non-food items, and updated referral pathways.

The GBV AoR coordination team participated in the 2025 Humanitarian Programming Cycle (HPC) process, ensuring that GBV and SRH issues are comprehensively integrated into the Humanitarian Needs Overview and Humanitarian Response Plan (HNO/HRP) in 2025.

### Sexual and Reproductive Health:

UNFPA coordinates the Sexual and Reproductive Health in Emergencies Technical Working Group (SRHiE TWG) within the Health Cluster, in the Far North and at the national level. The coordination team participated in the 2025 HPC cycle planning phase.

### Mental Health and Psychosocial Support:

In October, the North West and South West Mental Health and Psychosocial Support Thematic Working Group (MHPSS TWG) completed the first-ever mapping of organizations providing MHPSS services in both regions. This comprehensive mapping, coupled with the newly established referral pathway, will significantly enhance the coordination and accessibility of MHPSS for vulnerable populations in these areas.

## Funding Status

UNFPA has mobilized US\$ 500,000 out of the US\$ 1,174,045 needed to provide SRH and GBV services to women and girls affected by the flooding in the Far North region. As of the end of October, US\$ 3,924,689 of US\$ 11,070,664 (35%) has been mobilized for UNFPA's response in Cameroon in 2024. UNFPA is grateful for the generous contributions from USAID-BHA, Canada, Norway, DG-ECHO, UN-CERF and UNFPA's Emergency Humanitarian Thematic Fund. Additional funding, however, is urgently required.

Grateful to UNFPA Cameroon's humanitarian implementing partners:

