UNITED NATIONS POPULATION FUND

SITUATION REPORT

Cameroon: Climate Disaster, Conflict and Displacement

1 — 31 July, 2025

Highlights

- In July, the floods affected over 178,000 people in Cameroon, causing massive displacement, severe food insecurity, and increasing gender-based violence (GBV) risks in the affected divisions. A 40 per cent increase in GBV cases has been recorded in internally displaced persons (IDP) sites.
- The floods have also disrupted sexual and reproductive health (SRH) services. Tragically, six maternal deaths[1] were in July reported due to inaccessibility to health centres.
- In July, UNFPA supported 32 health facilities and deployed 55 midwives, reaching 7,414 people with SRH services, including 3,000 antenatal consultations and 1,036 assisted births. GBV awareness campaigns reached 3,237 people across the Far North, North-West, and South-West regions. Safe spaces provided psychosocial support to 319 women and girls.
- UNFPA trained and deployed 70 volunteers to engage in peace-building activities with communities in Fotokol, Makary, Guéré, Mokolo, Yagoua, Kaélé et Logone Birni of the Far North.

3,369,000
Total people affected[2]

808,560
Women of reproductive age[3]

87,792
Estimated pregnant women[2]

367,000
People targeted w/ SRH services

594,000
People targeted w/ GBV programmes

[1] Far North Regional Delegation of Health.
[2] 2025 Cameroon Humanitarian Needs and Response Plan.
[3] Estimated figures are based on the Minimum Initial Services Package (MISP) for Sexual and Reproductive Health in Humanitarian Settings calculator.

Situation Overview

The Far North, North-West, and South-West regions of Cameroon continue to face a complex humanitarian crisis caused by ongoing armed conflict, insecurity, and natural disasters such as flooding.

The situation in the North-West and South-West remains especially volatile, marked by frequent clashes between state security forces and non-state armed groups. Civilians endure multiple forms of violence, including physical and sexual violence, indiscriminate shootings, arbitrary arrests, kidnappings, and the use of improvised explosive devices (IEDs). Approximately 300 people were forcibly displaced from Banga-Bakundu due to recurring conflicts during July.[4]

Currently in the Far North region, the floods have affected an estimated 178,395 people, with projections to reach over 400,000 by September in divisions like Mayo-Danay and Logone-et-Chari. This has led to massive displacement in localities such as Yagoua, Makary, and Blangoua. Displaced persons are often forced into makeshift shelters, exacerbating protection risks, with women and girls facing higher risks of sexual exploitation, domestic violence, and early marriage. The increase of new IDPs in these sites during July, correlated with a 40 per cent increase in reported GBV cases in IDP sites.[5]

The floods have also caused a major health crisis due to widespread disruption to SRH services. Floodwaters are preventing pregnant women from reaching facilities when in labor, leading to an increase in maternal mortality. Health infrastructure has been damaged or is inaccessible, necessitating temporary medical service points and mobile clinics.

The destruction of harvests from the flooding has plunged nearly 200,000 people into acute food insecurity, threatening to raise malnutrition rates to critical levels in affected areas. Malnutrition in pregnant and breastfeeding women increases the chances of complications, such as miscarriage, premature deliveries, and underweight babies.

Humanitarian actors continue to face significant challenges due to insecurity, logistical constraints, bureaucratic hurdles, and funding shortages; resulting in limited access to and coverage of vulnerable populations in urgent need of aid.

UNFPA Response

UNFPA remains committed to strengthening SRH services and preventing and responding to GBV by deploying medical personnel and volunteers, maintaining safe spaces, and reinforcing multisectoral coordination to ensure an effective response to evolving needs.

Sexual and reproductive health:
In July, 32 health facilities were supported by the deployment of 55 midwives who provided vital SRH services to 7,414 people (4,928 women and 2,486 men). Antenatal consultations were provided to 3,000 women, and 1,036 births were assisted — including 252 cesarean sections in health facilities. 36 women were treated for severe pre-eclampsia /eclampsia and 58 for postpartum hemorrhage. In addition, 13 newborns were treated for complications from neonatal asphyxial, with all babies surviving. Midwives also provided 546 postnatal consultations.

[4] Cameroon: North-West and South-West regions - Overview of the Humanitarian Access, January - June 2025.
[5] According to assessment conducted by Association de Lutte contre les Violences faites aux Femmes à l'Extrême Nord (ALVF-EN).

Infection management included treatment for 458 STI cases, and modern contraceptive methods[6] were also provided to 915 women. Awareness campaigns reached 8,231 people through outreach strategies, and 3,023 were sensitized within health facilities on SRH, STI, and HIV services. A total of 6,507 women and girls participated in SRH awareness sessions that provided information on family planning, prevention of STIs, and antenatal and other lifesaving services available.

Gender-based violence:
Awareness campaigns on GBV, available services, and referral pathways reached 3,237 people across the Far North, North-West, and South-West regions during July. These sessions aimed to strengthen community knowledge of GBV risks and promote access to survivor-centred services. Participants included 2,258 women and 979 men, of which 102 were persons with disabilities. Efforts to engage men and boys also included the creation of a dedicated platform, which aims to strengthen men's engagement and participation in the fight against GBV. Ten religious and traditional leaders — who hold important and influential roles in communities — were also trained in the Far North on positive masculinity, and three mobilization sessions were held in the South-West, reaching 223 men and boys on the promotion of positive social norms.

UNFPA and partners continued to provide support to GBV survivors. Of the reported cases, 84 per cent experienced rape — and 90 per cent of these cases were treated within the critical initial 72 hours window. 319 women and girls, including 39 with disabilities, also accessed case management and psychosocial support in safe spaces. From July 14–18, a five-day refresher training on GBV case management and psychosocial support (PSS) was organized under the European Civil Protection and Humanitarian Aid Operations (ECHO) project for case workers and counselors. 19 participants from five intervention areas in the North-West and South-West attended, with the aim of strengthening technical capacities on ensuring ethical care for survivors and delivering services in women and girls safe spaces.

Mental Health & Psychosocial Support:
To increase the knowledge of frontline health workers on the identification and management of common mental health conditions that women and girls sometimes experience during the perinatal period, 25 health personnel, including midwives, in the South West region, were trained on the Mental Health Gap Humanitarian Intervention Guide. The training was carried out thanks to the financial support of ECHO.

Adolescents and youth:
UNFPA supported the training and deployment of 70 volunteers to carry out peace-building activities as part of the project for the implementation of the national civic education programme to strengthen peace, peaceful coexistence, and living together in communities affected by crises in Cameroon (PBF PRONEC REAMORCE). Financed by the Peace Building Fund, activities were conducted in the municipalities of Fotokol, Makary, Guéré, Mokolo, Yagoua, and Kaélé during July.

[6] This includes oral pills, injectables, implants and IUDs.

Results Snapshot

6,433
People reached with **SRH services**
97% female

32
Health facilities supported

8,110
People reached with **GBV prevention, mitigation and response** activities
72% female

23
Safe spaces for women and girls supported

Coordination Mechanisms

Gender-Based Violence: UNFPA continued its multisectoral coordination efforts in the North-West, South-West and Far North regions to monitor the implementation of activities, identify gaps and strengthen synergies between actors working on GBV prevention and response. Particular emphasis was placed on preparing coordinated responses to the increased risks associated with mass displacement due to flooding and insecurity. The updated GBV referral pathway was also launched for the North West and South West, with the addition of a list of gender focal points in all regional delegations in the two regions.

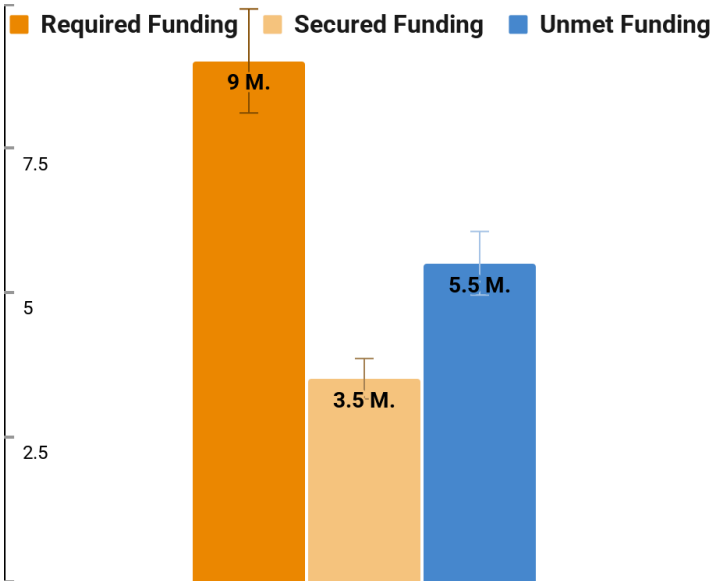
Sexual and Reproductive Health: Despite the withdrawal of several organizations from crisis-affected areas in the Far North, North-West, and South-West, the Sexual and Reproductive Health in Emergencies (SRHiE) Technical Working Group meetings continued at regional and national levels. Discussions focused on updating intervention zones, re-engaging actors, and strengthening existing operational capacity. Due to the recent mass displacement and the increased number of survivors of rape seeking medical treatment, the mapping of post-rape kits was also updated to identify needs and gaps.

Funding Status

As of July 2025, UNFPA's humanitarian operations in Cameroon continue to face a significant funding gap of 61%, with only US$3.5 million raised against the US$9 million required for the year.

This persistent shortfall severely compromises UNFPA's ability to provide crucial SRH and GBV services, leaving women and girls in Cameroon at heightened risk.

UNFPA extends its gratitude to its generous donors for their vital support, including DG-ECHO, the Government of Canada, UN-CERF, and the various contributors to the UNFPA Emergency Fund/Humanitarian Thematic Fund.



"Thanks to the well-equipped and adapted ambulance and mobile clinic donated to our hospital by UNFPA through the SWEDD project, women and girls can now be safely transported to the hospital. Our collaboration with UNFPA is crucial in our fight against maternal death, as the timely intervention of the mobile clinic and ambulance saves lives, especially during this flooding period."

— Dr. Hissein Amazia, Director of the regional annex hospital Kousseri

Current Donors

- UNFPA Emergency Fund / Humanitarian Thematic Fund
- Central Emergency Response Fund (CERF)
- European Civil Protection and Humanitarian Aid Operations (ECHO)
- Global Affairs Canada
- Peace Building Funds (PBF)

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