



Situation Report

Cameroon: Conflict, Climate Disaster, and Displacement

1-28 February 2026

Highlights

- As of February 2026, the humanitarian situation in Cameroon's Far North, North-West (NW), and South-West (SW) regions remains dire. Escalating attacks by non-state armed groups (NSAG) in Darak and Bargaram in the Far North Region resulted in at least 71 casualties, the displacement of 256 individuals,¹ and the destruction of vital public and medical institutions.
- Targeted attacks by NSAGs have rendered the Darak Medical Health Centre non-operational, severely disrupting the delivery of essential sexual and reproductive health (SRH) services. While a January attack first disrupted services and cut power, a subsequent attack in February saw the facility burned to the ground. As a result, all active cases are referred to alternative medical centres in Blangoua.
- On February 27, 2026, a series of fires swept through Goledje, Joli Soir, and the Camp Protestant internally displaced Population (IDP) sites in Kolofata. The blazes resulted in several burn injuries and the loss of shelter and essential belongings.



2,900,000

Total people affected²



396,000

Women of reproductive age³



57,300

Estimated pregnant women³



180,100

People targeted w/ SRH services



191,400

People targeted w/ GBV programmes

¹ Displacement Tracking Matrix, February 2026.

² [2026 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

In February, the Far North Region experienced several serious attacks by NSAGs in Bargaram and Darak, leading to multiple civilian and military casualties, abductions, and the destruction of key public institutions and security facilities. Overall, the incidents resulted in at least 71 people killed, with others abducted or injured, as well as the burning of several state buildings, including medical, administrative, education, and military structures. This escalation of violence triggered the displacement of about 51 households (256 individuals) from Bargaram, Tchika, Darak, and Boungour toward Ngouma. The affected people are being hosted by families or living in spontaneous sites.

These recent attacks in the Far North have sharply worsened the humanitarian situation, driving new displacement and heightening protection risks for already vulnerable communities. The destruction and looting of health facilities and public services, particularly around Darak, have seriously limited access to basic healthcare, including SRH services, and disrupted continuity of care for women, adolescents, and GBV survivors. The influx of displaced people into relatively safer areas like Ngouma and Blangoua is overstressing already limited health services. As needs increase, access to quality SRH care and GBV case management, including clinical management of rape, is becoming more constrained. Urgent priorities include reinforcing health and protection services and improving timely access to care for survivors through stronger coordination with local authorities.

UNFPA Response

Sexual and reproductive health:

Across 26 UNFPA-supported health facilities, a total of 13,073 people were reached with SRH services. This included:

- 5,888 SRH consultations.
- 775 safe deliveries and 129 life-saving caesarean sections.
- 679 pregnant women were newly enrolled in antenatal care (ANC) and 1,716 pregnant women completed the recommended four ANC visits.
- 655 postnatal consultations were conducted.
- 404 first-time users provided with modern contraception methods.
- 1,384 sexually transmitted infection (STI) cases were treated, including the immediate enrollment of HIV-positive pregnant women into antiretroviral programmes to prevent mother-to-child transmission.
- 100% of survivors of rape who sought medical care were managed within the critical 72-hour window.

Gender-based violence:

- 4,202 people (58% women and girls), participated in GBV awareness raising sessions.
- 520 women and girls benefited from psychosocial activities within women and girls safe spaces, which promoted resilience and recovery through practical activities.
- 4 GBV case managers were trained in minimum standards and survivor-centred care, thereby strengthening local response capacities.
- GBV referral pathways were updated and disseminated to community and health actors across the different regions of Cameroon, improving the rapid and safe referral of survivors to appropriate services.

Results Snapshot



13,073

People reached with SRH services
83% female and 17% male



26

Health facilities supported



4,722

People reached with GBV prevention,
mitigation and response activities
78% female 12% male



7

Safe spaces for women and girls
supported

Coordination Mechanisms

Gender-based violence:

In alignment with its strategic partnership with the Ministry for the Promotion of Women and the Family (MINPROFF), the GBV Sub-Cluster convened a series of high-level preparatory meetings to coordinate activities for the upcoming International Women's Day celebrations. A critical milestone of these consultations was the dissemination of the updated digital GBV Referral Pathway, which has been enhanced to include specific legal sanctions for each form of GBV as defined by Cameroonian legal instruments. To ensure a unified and impactful response, the Sub-Cluster also established a harmonised activity calendar, effectively synchronizing the diverse initiatives planned by civil society organizations and ensuring comprehensive coverage across the regions for this year's national celebration of International Women's Day.

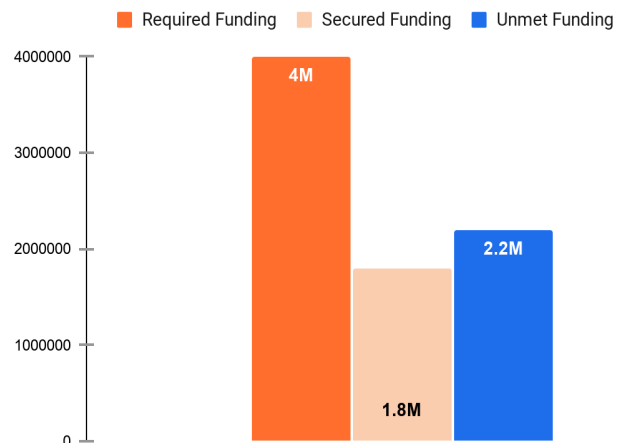
Mental health and psychosocial support (MHPSS):

As the technical lead for the MHPSS Technical Working Group in the NW and SW regions, UNFPA has successfully institutionalized a streamlined, data-driven framework across all cluster response activities. By prioritizing evidence-based interventions, UNFPA ensures that psychosocial support remains a core, high-standard component of the broader humanitarian mission. In direct response to recent conflict-related displacements, the organization facilitated a single, targeted online psychological first aid refresher session. Attended by 53 connected participants, this session effectively reinforced the technical competencies of frontline teams. This proactive capacity-building ensures that responders are equipped with the specialized tools necessary to address the acute trauma and complex emotional needs of newly displaced populations in real-time.

Funding Status

For 2026, UNFPA requires US \$4,013,060 to implement critical reproductive health and protection services in Cameroon. As of February, UNFPA has secured US \$1,828,933, with US \$2,184,127 still required.

UNFPA thanks our donors for this vital support, which is helping to ensure that women, girls and youth in Cameroon receive life-saving and life-changing services.



Disclaimer: Funding available is based on cash funding rolled over from previous years, and transfers from/to other UNFPA departments. It does not include funds from agreements that have been signed but not yet received.

“I was forced into marriage at 16 and dropped out of school. I was later abandoned by my husband. Moving back to my parents, I felt like a heavy burden on my family. I depended on others for money, which made me feel small and powerless. When the pastry-making training started, I wasn't sure I could do it, but I tried anyway. Little by little, I learned to make doughnuts and fish rolls, practising hard, asking questions, and watching closely. Slowly, something changed inside me—I began to believe I could actually succeed. Today, I sell pastries in my neighbourhood. With the money I earn, I can feed my children and take care of small needs at home. The biggest change, however, is how I feel about myself: I feel strong and know I can do something on my own.”

- Cynthia (pseudonym) is an 18 year-old mother from Benakuma. Thanks to the generous funding from GIZ, she received psychosocial support and counselling, and vocational training at a UNFPA-supported women and girls' safe space in the Northwest region of Cameroon.

Current Donors

- UNFPA Emergency Fund
- European Civil Protection and Humanitarian Aid Operations (ECHO)
- Global Affairs Canada Peace Building Funds
- German Agency for International Cooperation (GIZ)

For more information

Justin Koffi
Resident Representative
jukoffi@unfpa.org

Mbea Mbea (Media Enquiries)
Communications Specialist
mmbea@unfpa.org