



Situation Report

Cameroon Humanitarian Response

1-30 November 2025

Highlights

- Compounded by post-electoral lockdowns, insecurity in the North-West, South-West, and Far North regions has disrupted mobile clinic operations and cut off access to critical gender-based violence and maternal health services.
- Against this backdrop, Cameroon marked a significant milestone in its response to gender-based violence with the inauguration of the country's first One-Stop Centre. The facility, which provides comprehensive support to survivors, builds on the transformation of the AFIRI Centre Safe Space, established with the support of UNFPA and the Embassy of France in Cameroon. The launch was formalized through the signing of an agreement between the AFIRI One-Stop Centre and Jamot Hospital in Yaoundé, establishing a centre of excellence for survivor care.
- In November 2025, Cameroon further strengthened its emergency preparedness by launching its first national humanitarian rosters for sexual and reproductive health and gender-based violence. A total of 34 specialists, including 13 midwives and 21 GBV experts, were trained for rapid deployment within 48 hours in the event of an emergency. Led by the Ministries of Women's Empowerment and the Family (MINPROFF) and Public Health (MINSANTE), this initiative established a standby pool of expertise to ensure continuity of life-saving maternal health services and support for GBV survivors during crises.



3,369,000

Total people affected¹



808,560

Women of reproductive age²



87,790

Estimated pregnant women²



367,000

People targeted w/ SRH services



594,000

People targeted w/ GBV programmes

¹ [2025 Cameroon Humanitarian Needs and Response Plan](#).

² Estimated figures are based on the Minimum Initial Services Package (MISP) for Sexual and Reproductive Health in Humanitarian Settings calculator.

Situation Overview

Cameroon continues to face complex humanitarian challenges in the North-West, South-West, Far North, and East regions, where insecurity, displacement, and damaged infrastructure have disproportionately affected women and girls. These conditions have limited access to sexual and reproductive health services and increased exposure to gender-based violence. Recent elections have further heightened tensions in some areas, complicating humanitarian access.

As one of eight humanitarian countries in transition, Cameroon is gradually moving toward greater national ownership of humanitarian coordination. In this context, the humanitarian system is intensifying consultations with national authorities, local leaders, and partners to support the rollout of the Area-Based Coordination approach. These efforts aim to ensure a smooth transition of coordination responsibilities, strengthen local capacities, and sustain assistance for the most vulnerable populations in affected communities.

UNFPA Response

Sexual and reproductive health

Facility-based service delivery and maternal health care were strengthened through the deployment of 57 humanitarian midwives, significantly increasing the capacity of supported health facilities. This support enabled 1,900 skilled deliveries, including 300 Caesarean sections. A total of 1,880 women attended a first antenatal care visit, with 1,014 completing four visits, reflecting a 54.2 per cent retention rate.

Health facilities also improved the management of obstetric complications, treating 120 cases of postpartum haemorrhage, 100 cases of severe pre-eclampsia or eclampsia, and 180 cases requiring post-abortion care. Preventive services expanded access to care, reaching 7,560 new family planning users and providing 1,700 treatments for sexually transmitted infections. In parallel, mobile clinics extended essential antenatal and postnatal services to 1,660 people in hard-to-reach areas.

Clinical services were reinforced through community outreach, with 34,190 people sensitized on sexual and reproductive health and gender-based violence, including 140 persons with disabilities. By combining facility-based care with mobile services and community engagement, these efforts helped close critical service gaps and strengthened access to care and awareness among vulnerable women, men, and young people across the region.

Targeted obstetric fistula campaigns further restored dignity and improved quality of life for women in highly challenging contexts. In the Far North, 50 women received free surgical repair and psychosocial support. In the North-West and South-West, teams operated under severe security constraints to treat 50 per cent of identified fistula cases at Mutengene and Mbingo Baptist Hospitals. Beyond delivering life-saving care, these interventions strengthened regional capacity to address preventable maternal morbidity.

Gender-Based Violence

Humanitarian interventions improved access to essential services for vulnerable populations. Among survivors receiving case management support, 64 per cent of women and girls benefited from cash transfers, helping them meet basic needs while reducing risks of further exploitation and abuse.

In addition, 1,203 people accessed psychosocial support services, including counselling, emotional support, and wellness activities delivered through safe spaces. Prevention efforts were strengthened through targeted training for 41 field workers on gender-based violence safety audits. These audits engaged 260 community members, including 120 women and girls and 11 persons with disabilities, enabling local teams to identify risks, document threats affecting women and girls, and recommend practical mitigation measures.

Results Snapshot



43,477

People reached with SRH services
77% female, 23% male



30

Health facilities supported



9,746

People reached with GBV prevention,
mitigation and response activities
72% female, 28% male



27

Safe spaces for women and
girls supported

Coordination Mechanisms

Gender-Based Violence: In the Far North, data collection capacity was strengthened for 53 actors through joint training with Child Protection partners. In the North-West and South-West, 123 security personnel were trained in collaboration with OCHA and UNFPA. The 16 Days of Activism campaign was launched with MINPROFF, with additional case management training planned for the coming month.

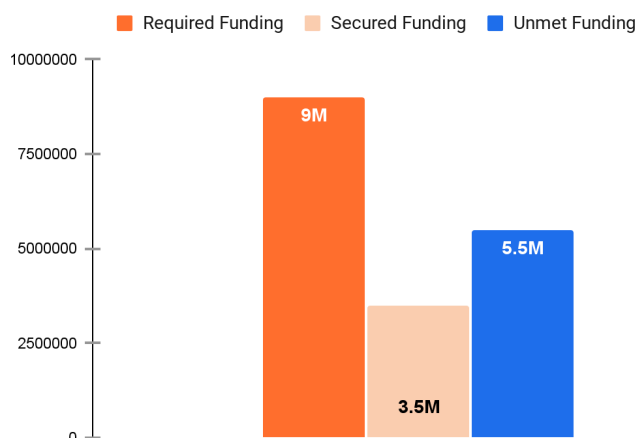
Sexual and Reproductive Health: A November 2025 MISP Readiness Assessment identified critical gaps in clinical rape management and emergency obstetric care in the North-West and South-West, requiring urgent supply and staffing support. In parallel, a multisectoral flood response mission in Blangoua assessed sexual and reproductive health and protection risks for displaced women, leading to targeted recommendations to rapidly restore life-saving services.

Mental Health & Psychosocial Support (MHPSS): Under the 2025 global theme UNiTE to End Digital Violence against All Women and Girls, the MHPSS Working Group convened two webinars on technology-facilitated GBV and the mental health needs of survivors in conflict settings, reaching 87 participants. The group is also preparing terms of reference for a forthcoming MHPSS gap assessment.

Funding Status

As of November 2025, UNFPA has only secured \$3.5 million of the \$9 million needed this year, leaving a critical 61% funding gap. This shortfall directly compromises the provision of essential SRH and GBV services, putting thousands of vulnerable women and girls in Cameroon at heightened risk.

We are grateful to our generous donors for their support.



Disclaimer: Funding available is based on cash received during the current year as well as 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.

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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