



Situation Report

Cameroon: Conflict, Climate Disasters, and Displacement

1-30 December 2025

Highlights

- Security in the Far North, North West and South West regions remains highly fragile due to clashes between non-state armed groups (NSAGs) and state forces, with intermittent lockdowns due to widespread violence, including improvised explosive devices (IEDs), killings and kidnappings. Notably, there has been destruction of medical facilities, which has limited access to essential service provision, including sexual and reproductive health (SRH) and gender-based violence (GBV) services.
- The establishment of two UNFPA-supported men's clubs (often called 'Husbands' Clubs' or 'Husbands' Schools') in Cameroon aim to promote positive masculinity and transform unequal power dynamics, positioning the fight against GBV as a collective community responsibility, rather than a "woman's issue". These safe, non-judgmental spaces foster open dialogue on often-taboo topics like consent and SRH, helping to dismantle the discriminatory norms that fuel violence.
- In December 2025, Cameroon inaugurated the National Women's Council, a landmark body designed to transition women from social actors to strategic political stakeholders. The Council is mandated to monitor national gender policies, combat GBV and discrimination, and review electoral lists to ensure equitable representation, directly integrating women into high-level national governance. Its establishment followed sustained and effective advocacy efforts by UNFPA at Cameroon's National Parliament.



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

As of December 2025, Cameroon remains affected by a protracted and multifaceted humanitarian crisis driven by persistent insecurity, climate shocks, and structural vulnerabilities. Ongoing violence by NSAGs in the Far North continues to cause displacement and disrupt livelihoods. The socio-political crisis in the North-West and South-West regions remains unresolved, with continued clashes, targeted attacks, and serious disruptions to basic services, education, and healthcare.

The East and Adamawa regions continue to host large numbers of refugees from the Central African Republic, placing sustained pressure on host communities and already limited social services. These combined crises have resulted in prolonged displacement, heightened protection risks—particularly GBV affecting women and girls—and uneven access to essential services, including SRH care, especially in insecure and hard-to-reach areas. Humanitarian access constraints and chronic underfunding further limit response capacity.

UNFPA Response

Sexual and reproductive health

During the reporting period, the demand for family planning remained high, with 800 new users and 1,100 contraceptives distributed.

In December, UNFPA-deployed midwives supported 1,250 antenatal consultations, 580 skilled deliveries, and successfully referred 50 pregnant women with obstetric emergencies to hospitals for lifesaving care. This was a 34% decline in antenatal consultations and a 70% reduction in skilled deliveries from the previous month. This was primarily driven by post-election "ghost town" strikes and severe movement restrictions, which forced many women who had previously initiated care to resort to high-risk home births; highlighting the direct impact of the security crisis on maternal health outcomes. In order to minimize these risks, UNFPA distributed 400 clean delivery kits and 300 baby boxes to vulnerable mothers in the most inaccessible regions.

Gender-Based Violence

GBV/SRH projects implemented in the Far North, North-West and South-West regions reached more than 11,000 people through prevention, response and capacity-building activities during December. Community awareness-raising activities reached approximately 11,300 people, including 9,300 women and girls, with the inclusion of about 600 people living with disabilities. For survivors of GBV, 60% who sought medical assistance were treated within the critical 72-hour window.

Monitoring and referral mechanisms to women and girl safe spaces (WGSS), psychosocial services, and SRH services were activated in all intervention areas, enabling the participation of 1,400 women and girls, including 51 of whom were living with disabilities. In addition, targeted cash transfers and community training reached more than 50 women and girls, thereby helping to strengthen economic resilience and local capacities for GBV prevention and response.

Results Snapshot



3,059
People reached with SRH services
89% female, 11% male



30
Health facilities supported



13,052
People reached with GBV prevention,
mitigation and response activities
87% female, 13% male



27
Safe spaces for women and
girls supported

Coordination Mechanisms

Gender-Based Violence: An innovative online campaign featuring a series of eight webinars for the 16 Days of Activism was organized and chaired by the GBV Area of Responsibility (AoR). In total, 256 participants (82% female and 12% male) from across Cameroon attended the webinars. Topics included digital safety and protection pathways, online harassment and digital violence, digital mental health interventions, supporting survivors on online GBV, image-based violence against women and girls with disabilities, and cybersecurity.

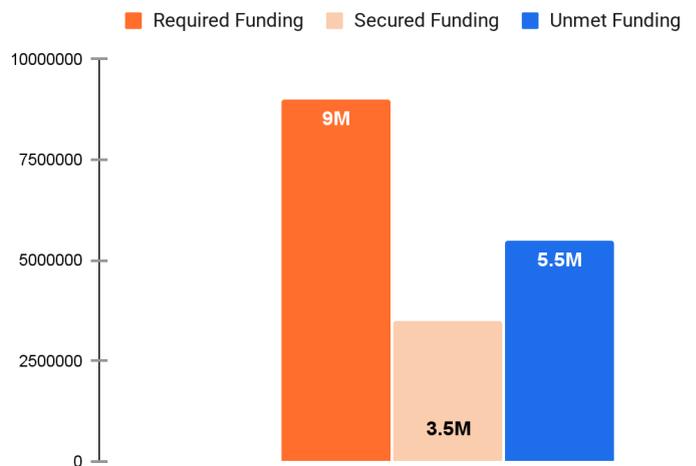
Sexual and Reproductive Health: During December, UNFPA coordinated training for technicians from community youth centres, bringing together the Ministries of Women's Empowerment and Family (MINPROFF), Youth Affairs and Civic Education (MINJEC), and Social Affairs (MINAS) to develop joint action plans aimed at strengthening girls' leadership and protection in these centres by 2026. The plans provide clear referral and collaboration pathways to ensure safer and more comprehensive services. In parallel, UNFPA reinforced sector coordination by presenting the NovemberMISP Readiness Assessment during the NWSW Inter-Sector meeting, supporting SRH data analysis at the Health Cluster, and working with the Regional Delegation of Public Health to review humanitarian projects, human resource deployment, and SRH activities, including the obstetric fistula repair campaign. These efforts culminated in the SRH in Emergencies Technical Working Group's annual review and projections for 2026, consolidating strategic guidance for SRH in the region.

Mental Health & Psychosocial Support (MHPSS): To decisively strengthen community resilience, UNFPA—in its role as Technical Lead of the MHPSS Working Group—spearheaded a critical capacity-building initiative for the Diocese of Buea Health Services. This training empowered 32 frontline professionals with essential MHPSS competencies, ensuring they are equipped to address urgent mental health and psychosocial needs. The MHPSS TWG also presented its 2026 Action Plan and is committed to a rigorous Cluster Coordination Performance Monitoring process to guarantee UNFPA's response remains effective and accountable.

Funding Status

As of December 2025, UNFPA has received US\$3.5 million. We are grateful to our generous donors for their support.

However, with US\$9 million needed this year, UNFPA has faced 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.



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.

After my husband threatened to kill me and take my nine-year old daughter, we fled our home. For three months, my daughter and I lived in the bush in a small tent made from rice bags and survived on the little food we could find. One day, during an awareness session, a young girl informed the UNFPA team of our situation and led them to us. They found us weak, malnourished, and deeply traumatized. The team immediately offered me assistance and invited me to a 'safe space' where I received counselling and psychosocial support to help me rebuild my life. From then, I began to feel stronger. I was provided accommodation by the community, and benefited from cash assistance to start a small business. My daughter has resumed school. To say I am happy is an understatement. I am more than grateful to UNFPA who supported me. I can say I have successfully reintegrated, and have enough reason to live in this world.

- Juliet (pseudonym), a 34-year-old internally displaced woman from Ndu, and a recipient of the UNFPA case management services in Nkambe (CERF financed project), North West Region.

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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