



Situation Report

Cameroon: Politics, Conflict, Climate Disaster, and Displacement

1-31 January 2026

Highlights

- As of January 2026, the humanitarian situation in Cameroon's Far North, North-West (NW), and South-West (SW) regions remains dire. The targeted destruction and looting of the Darak Medical Health Centre on 20 January by non-state armed groups (NSAGs) has paralysed local healthcare, disrupting essential sexual and reproductive health (SRH) and gender-based violence (GBV) creating a protection crisis for women and girls.
- In the North-West region, following the restoration of power on 23 January, a month-long blackout caused by burnt electric poles in Sabga finally ended, allowing the local health facility to resume critical maternal and neonatal care.



2,900,000

Total people affected¹



396,000

Women of reproductive age²



57,300

Estimated pregnant women²



180,100

People targeted with SRH services



191,400

People targeted with GBV programmes

¹ [2026 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 is facing a complex humanitarian crisis marked by armed conflict, displacement, climate shocks, and food insecurity. Approximately 2.9 million people need assistance, including over 2 million who are internally displaced persons, refugees, and returnees.

The operational environment in the North-West and South-West regions remains volatile, with ongoing conflict and instability creating severe barriers to health equity for women and girls. In Finkwi in the NW region, frequent 'ghost towns,' road blockages, and checkpoints restrict the movement of patients and medical supplies, leaving expectant mothers and survivors of violence particularly isolated. This crisis is further compounded by a series of unpredictable electricity outages at the local health facility in the NW. After a month-long blackout caused by burnt electric poles in Sabga, power was restored on 23 January. These persistent power failures render incubators for premature babies non-functional, directly compromising the survival of vulnerable newborns. Without reliable electricity, doctors and midwives are forced to perform emergency obstetric procedures by torchlight or candlelight at night, while the lack of refrigeration prevents the proper storage of temperature-sensitive medications like oxytocin for haemorrhage prevention and essential vaccines. Ultimately, these conditions severely undermine the quality and safety of maternal and neonatal care, putting the lives of both mothers and infants at constant risk.

In Ashong in the NW region, geographical inaccessibility remains the primary hurdle, forcing women to travel long distances from remote settlements to reach essential services. While community sensitization in Ekondo Titi (SW region) has successfully raised awareness of SRH and GBV, extreme poverty continues to prevent pregnant women from affording critical laboratory tests such as full blood counts and obstetric ultrasounds.

Similarly, the Far North is still facing constant attacks from armed groups. In Ngouma and Darack, these groups have been kidnapping female health workers, making it even harder for local women to get the medical help they need.

UNFPA Response

Sexual and reproductive health:

- 7,400 SRH consultations were conducted across 24 health facilities.
- Across 24 supported health facilities, 520 mothers gave birth safely with help from professionals, and 75 life-saving Caesarean sections were performed, including 23 at the Kumba Baptist Hospital.
- 480 pregnant women were newly enrolled in antenatal care (ANC) and 1,020 pregnant women completed the recommended four ANC visits.
- 460 postnatal consultations were conducted.
- Supported 165 first-time users of modern contraception methods.
- 300 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.

Gender-based violence:

- 4,699 people (62% women and adolescent girls, and 38% men and adolescent boys), participated in GBV awareness raising sessions on themes such as the consequences of GBV, including psychological and emotional violence; the importance of menstrual hygiene management, and available support services for women and girls in their various communities.
- 560 women and girls benefited from psychosocial activities within women and girls safe spaces, which promoted resilience and recovery through practical activities such as sewing and food production.
- 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



10,131

People reached with SRH services
87% female, 13% male



24

Health facilities supported



4,699

People reached with GBV prevention, mitigation and response activities
78% female, 22% male



7

Safe spaces for women and girls supported

Coordination Mechanisms

Gender-based violence:

Through regular coordination with the Ministry for the Promotion of Women and the Family (MINPROFF) and the Ministry of Social Affairs (MINAS), the GBV Sub-Cluster aligned interventions with national mechanisms to strengthen survivor support. However, the Cluster Coordination Performance Monitoring (CCPM) in the NW/SW regions identified critical gaps that informed the new annual action plan: while online capacity building was appreciated, partners emphasized the need for face-to-face training. Furthermore, funding shortages weakened the gender-based violence in emergencies (GBViE) rapid response mechanism during new displacements, necessitating referral pathways be updated every three months to account for frequent project phase-outs.

Sexual and reproductive health:

UNFPA reaffirmed its reproductive health leadership during the North West region's Maternal Death Review, providing technical expertise to analyse root causes and advocating for a robust maternal and perinatal death surveillance and response system to reduce preventable mortality. This effort emphasizes improved quality of care and rigorous data collection within crisis areas.

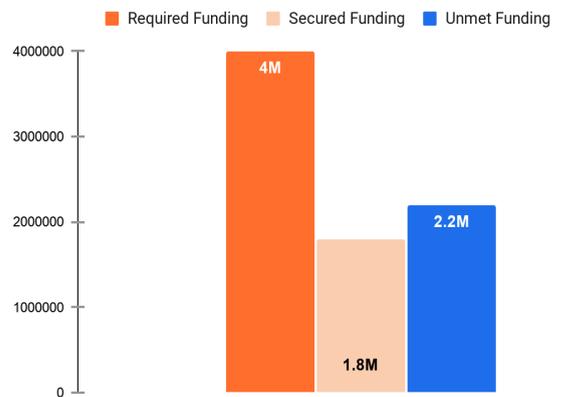
Concurrently, the transition to Area-Based Coordination in the NW/SW regions reached key milestones, including the election of co-chairs and the drafting of a Modus Operandi to synchronize Humanitarian Coordination Platform (HCPs), the Inter-Cluster Co-ordination Group (ICG) ahead of OCHA’s decommissioning.

Mental health and psychosocial support (MHPSS):

The NW/SW’s MHPSS Technical Working Group, under the technical leadership of UNFPA, is spearheading the 2026 Strategic Action Plan, focusing on four pillars: decentralizing coordination to the divisional level, integrating mental health into primary health facilities, standardizing school-based initiatives, and launching a monthly MHPSS fact sheet to improve data visibility and 5W reporting. These efforts ensure a streamlined, data-driven response that addresses the critical psychosocial needs of conflict-affected populations in the NW/SW regions.

Funding Status

For 2026, UNFPA requires US \$4,013,060 to implement critical reproductive health and protection services in Cameroon. As of January, UNFPA has secured US \$1,828,933 thanks to the generous support of DG-ECHO, Global Affairs Canada, and the UNFPA Emergency Fund.



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.

“When armed clashes erupted in Mundemba, I fled my home while heavily pregnant. On the way, I was sexually assaulted. By the time I arrived at Ekondo-Titi Beach, I was overwhelmed by fear, shame, and pain. Although I knew that I needed medical care, the trauma and stigma, as well as the high cost of transportation stopped me from going to the hospital. I was constantly worried about my own health and that of my unborn baby. Everything began to change when a friend referred me to the women and girls’ safe space. From day one, I was treated with respect and received psychosocial support and counselling. My fears reduced and I grew stronger and began to heal. I was also referred to a health facility and received cash assistance to cover the cost of regular antenatal check-ups and transportation to get there. Today, I feel more stable and hopeful, no longer defined only by the violence I experienced, but as a survivor and mother rebuilding her life.”

- Alar [not her real name], 28-year-old GBV survivor in the North West Region of Cameroon who received services from UNFPA thanks to the support of ECHO.

Current Donors

- UNFPA Emergency Fund
- Directorate General - European Civil Protection and Humanitarian Aid Operations (DG-ECHO)
- Global Affairs Canada Peace Building Funds

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