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# 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 (GBV) and maternal health services.
- Cameroon marked a significant milestone in its response to GBV 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 (SRH) and GBV. 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 affected<sup>1</sup>



**808,560**

Women of reproductive age<sup>2</sup>



**87,790**

Estimated pregnant women<sup>2</sup>



**367,000**

People targeted w/ SRH services



**594,000**

People targeted w/ GBV programmes

<sup>1</sup> [2025 Cameroon Humanitarian Needs and Response Plan](#).

<sup>2</sup> 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 SRH services and increased exposure to GBV. 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 healthcare 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. 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.

A total of 1,880 women attended a first antenatal care visit, with 1,014 completing four visits, reflecting a 54 per cent retention rate. In parallel, mobile clinics extended essential antenatal and postnatal services to 1,660 people in hard-to-reach areas.

Treatment for sexually transmitted infections was provided to 1,700 people, and family planning services reached 7,560 new users.

Targeted obstetric fistula interventions helped restore dignity and improve the quality of life for women experiencing fistula. In the Far North, 50 women received free surgical repair and psychosocial support. In the North-West and South-West, medical teams operated under severe security constraints and as a result were only able to treat 50 per cent of identified fistula cases at Mutengene and Mbingo Baptist Hospitals. Beyond delivering life-saving surgical care, these efforts also strengthened regional capacity to address preventable maternal morbidity, contributing to more resilient and responsive health systems.

Clinical services were reinforced through community outreach, with 34,190 people, including 140 persons with disabilities, attending information and education sessions on SRH and GBV. By combining facility-based care with mobile services and community engagement, these efforts help increase awareness and strengthen access to care among vulnerable women, men, and young people across the region.

## Gender-Based Violence

Humanitarian interventions improved access to essential services for vulnerable populations. Among GBV survivors that received case management support, 64 per cent of women and girls also benefited from cash assistance, 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 GBV 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 December, the Child Protection and GBV Area of Responsibility (AoR) groups held a joint monthly meeting under OCHA's leadership, where they provided capacity-building to AoR members on data collection and reporting using the ActivityInfo platform. A total of 53 organizations and agencies benefited from this joint training.

As part of OCHA's broader Civil-Military Coordination initiative, UNFPA delivered 12 specialized sessions on GBV in armed conflict and the prevention of sexual exploitation and abuse (PSEA) to 254 personnel from the Army, Police, and Gendarmerie in the North-West and South-West regions.

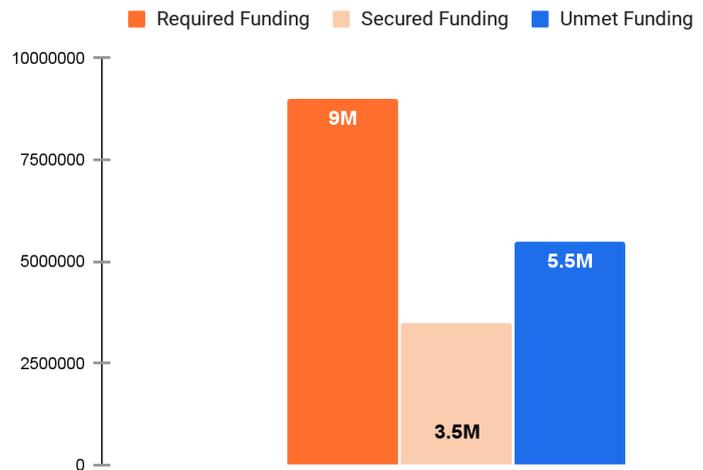
**Sexual and Reproductive Health:** A MISP Readiness Assessment conducted in November 2025 identified critical gaps in clinical rape management and emergency obstetric care in the North-West and South-West, requiring urgent supply and staffing support. In parallel, a multisectoral flood response mission in Blangoua assessed SRH 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.

## Funding Status

As of November 2025, UNFPA has only secured US\$3.5 million of the US\$9 million needed this year, leaving a critical 61 per cent 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.

UNFPA 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.

*“For a long time, my daily life was a nightmare; simply fetching water or farming near contested zones exposed to constant harassment. One day I was faced with a brutal encounter that left me with severe injuries. Everything changed when a community volunteer reached out to me and brought me to the women and girls’ safe space. There, I received counselling and psychosocial support, which made my chronic stress begin to fade. Through cash assistance, I was finally able to afford medical care for my injuries at health facilities.”*

- Salle, 30 years old mother of five children, living in Cameroon’s conflict-torn South-West area. Salle received support from UNFPA through a project funded by ECHO.

### 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

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