

Country:

Cameroon •

Climate disaster • Conflict, Crisis Displacement, Inter-Community Violence

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Key Figures



3,400,000Total people affected



816,000Women of reproductive age



88,600Estimated pregnant women



367,000People targeted with SRH services



594,000People targeted with GBV programmes

Highlights

- In December 2024, UNFPA provided life-saving Sexual and Reproductive Health (SRH) services to 9,020 individuals and protection from Gender-based Violence (GBV) to 35,745 persons, mostly women and girls, across crisis-affected regions. Further highlights are:
 - UNFPA supported 2,677 women in giving birth safely in Far North, North West, and South West of Cameroon crisis zones.
 - During integrated mobile clinics conducted in the flood affected areas in the Far North, UNFPA provided humanitarian health and protection services and information to 14,636 people.



• UNFPA supported various sensitization activities among crisis-affected communities during the 16 days of activism against gender-based violence, including in partnership with the X-Maleya Musical group.

Situation Overview

Insecurity persisted throughout December in both the Far North and Anglophone regions of Cameroon. Boko Haram continued attacks in the Far North, notably increasing hostage-taking tactics with multiple kidnappings in some villages. Clashes between government forces and separatists continued in the North West and South West, with casualties reported on both sides. Nigerian Biafra rebels also engaged in cross-border hostilities in the Bakassi peninsula, and the fate of a Cameroonian official kidnapped in October 2024 remains unknown. Meanwhile, the government intensified its crackdown on civil society, suspending non-governmental organizations (NGOs) and summoning a prominent human rights activist, raising concerns about shrinking civic space ahead of the 2025 elections.

UNFPA Response

Sexual and Reproductive Health:

During mobile clinics run in the month of December in the localities of Makary, Yagoua and Kousseri, a total of 14,636 people accessed specialized sexual and reproductive health services and information. These services included: antenatal and postnatal care, respectively 264 and 52 consultations; family planning services to 290 women; 294 sexually transmitted infections were diagnosed and treated; 189 women and girls participated in psychosocial support activities; and those in need of specialized GBV and mental health services were referred. In addition to sexual and reproductive health services, 715 persons received primary health care, and 12,832 people were sensitized about sexual and reproductive health and GBV.

In supported health facilities and thanks to the deployment of 47 humanitarian midwives, UNFPA provided the following services:

- Antenatal Care (ANC): UNFPA and partners provided ANC counselling to 2,576 pregnant women, with 1,578 women
 attending at least two examinations, 1,317 attending for the first time, and 749 completing all four recommended ANC
 consultations.
- **Births:** 2,677 women were assisted in giving birth by skilled personnel through UNFPA-supported facilities, and 196 of them got a caesarean section. Twenty (20) additional pregnant women gave birth in surrounding communities. Additionally, 75 baby boxes were distributed to new mothers.
- **Obstetric complications:** UNFPA and partners recorded and managed 497 obstetric complications, including 75 post-partum haemorrhages, 40 cases of eclampsia/pre-eclampsia, 192 perineal/vaginal tears, and 72 blood transfusions. Fourteen (14) newborns were treated for asphyxia.
- **Postnatal care (PNC):** Through UNFPA-supported facilities, 854 women received a post-natal consultation within 6 hours of delivery, and 548 mothers and their newborns received at least two postnatal consultations during the month.
- Contraception: UNFPA and partners provided contraceptive services to 578 women of child-bearing age, including 68 for combined oral contraceptives, 234 for injections, 41 for Intrauterine Device (IUDs), and 130 for implants. During the month, 84 women renewed their contraceptive methods and 21 withdrew IUDs or implants.
- Maternal and neonatal deaths: 9 maternal deaths and 11 neonatal deaths were recorded during the month.
- Medical equipment and materials were distributed and installed in 19 health facilities at Basic Emergency Obstetric and Newborn Care (BEmONC) and Comprehensive Emergency Obstetric and Newborn Care (CEmONC) levels to enhance Emergency Obstetric and Newborn Care (EmONC) functions. Key items included operating tables, anesthesia monitors, surgical suction aspirators, oxygen concentrators, cesarean and minor surgery sets, infant resuscitation kits, and



gynecological tables. Additionally, delivery sets, Kalma syringes (AMIU), portable fetal Dopplers, and other devices were provided. Notably, the operating theatre at Mozogo District Hospital, as well as the oxygen circuit at Mokolo Hospital are now fully operational.

GBV and Mental Health and Psychosocial Support Services:

- **GBV prevention and risk mitigation:** UNFPA supported 327 sensitization sessions on GBV prevention and mitigation, reaching 12,156 individuals in the Far North, 9,283 in the North West and 474 persons in the South West during the 16 days of activism against GBV; 83% of those reached are women and girls. These sessions covered topics such as gender equality; the consequences of GBV, particularly the consequences of early and forced marriage; family planning; sexually transmitted infections and HIV prevention; menstrual health management; as well as referral to specific services.
- **Dignity kits:** as key entry point for GBV referral and risk mitigation, UNFPA delivered 280 dignity kits to vulnerable women and girls, namely to 145 women and girls affected by floods in Logone et Chari and to 135 in crisis areas in the North-West.
- Capacity Building: UNFPA supported training for 36 GBV focal points from police, health, the Ministry of Women's Empowerment and the Family (MINPROFF), and other NGOs on GBV Case Management, including management of women's and girls' safe spaces (WGSS). In addition, 20 community workers were trained on GBV core concepts, first psychological aid (FPA), and survivor-centered approach in Blangoua. Additionally, a roster of 12 social workers were trained by UNFPA and the Association de lutte contre les violences faites aux femmes (ALVF-EN) in GBV case management as part of Anticipatory Actions intervention in the Far North region.
- **GBV protection services:** 701 women and girls participated in psychosocial support activities, including individual and group therapy, peer-to-peer training on lifeskills, income generating activities, GBV case management, and psychosocial support groups activities. Among cases for those receiving GBV case management, only 1% of reported cases were rape, and 2% had mental health issues. About 582 women and girls attended training, including knitting, sewing, embroidery, agricultural, and craft activities and 50 of them accessed income generating activities to strengthen their resilience and mitigate future GBV risks. In the North West, partners organized one social cohesion group discussion with survivors, where they shared their stories and experiences to help support each other.

Results Snapshots



9,020

People reached with **SRH services** 93% women and girls



32

Health facilities supported



35,745

People reached with **GBV & SRH information** 83% women and girls



355

280 Dignity kits distributed and 75 Baby boxes



701

Women and girls reached with GBV protection services



15

Women and girls' safe spaces supported



Coordination Mechanisms



Gender-Based Violence:

The GBV Area of Responsibility (AoR) Coordination team held its end of year meeting at national level with the online participation of sub-national GBV AoR members from approximately 70 organizations from Far North, North West, South West, Littoral, Center, and West regions. Key priorities for 2025 were identified, such as a GBV AoR training on a sectorial framework in order to strengthen reporting. UNFPA Cameroon also coordinated the 16 Days Campaign against GBV, with widespread engagement in the Far North, Littoral, North West, South West, East and Centre. The online service mapping tool for the update of the GBV Referral pathways for the North West and South West has been finalized.



Sexual and Reproductive Health:

UNFPA held a well-attended coordination meeting on SRH in crisis settings, with participation from the Ministry of Public Health and regional officials. The meeting reviewed progress, reaffirmed objectives, and initiated planning for 2025, focusing on challenges such as coordination, geographical coverage, monitoring, and SRH supplies in humanitarian zones.

Funding Status

UNFPA mobilized US\$3,924,689 out of US\$11,070,664 for its humanitarian response, representing 35% of the 2024 appeal. We are grateful for the generous contributions from USAID-BHA, Canada, Norway, DG-ECHO, and UN-CERF, In 2025, UNFPA requires US\$9 million to provide lifesaving sexual and reproductive health and gender-based violence services to vulnerable women and girls. While UNFPA has secured US\$3,450,000 for activities in 2025, a significant funding gap of US\$5,550,000 remains. We urgently call upon donors to increase their support in 2025 to enable UNFPA to continue delivering essential services and protect the rights and dignity of those affected by humanitarian crises in Cameroon.

Grateful to UNFPA Cameroon's humanitarian implementing partners:















