



Situation Report #30

The ongoing humanitarian crisis in Cameroon and defunding challenges are increasing risks for women and girls

Photo: © UNFPA/Cameroon

Country:	Cameroon
Emergency type:	Climate Disaster, Conflict and Inter-Community Violence, Displacement
Date Issued:	May 8, 2025
Covering Period:	March 1, 2025 to March 31, 2025
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Key Figures

 3,369,000 Total people affected ¹	 808,560 Women of reproductive age ²	 87,790 Estimated pregnant women	 367,000 People targeted with SRH services	 594,000 People targeted with GBV programmes
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Highlights

- In March 2025, Cameroon faced heightened security challenges in the Northwest, Southwest and Far North regions. UNFPA Cameroon continues to support 32 health facilities and 17 women and girls' safe spaces (WGSSs) in the main humanitarian localities in the regions of far North, Northwest, Southwest, Westeast to ensure lifesaving health and protection services are available for women and girls.
- UNFPA humanitarian interventions provided 4,288 vital sexual and reproductive health (SRH) services, survivors of gender-based violence (GBV) benefited from income generated activities and 32,111 people were reached with GBV and SRH information.

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

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

- With only 35% of the necessary humanitarian funding secured, UNFPA has a staggering US\$ 5.8 million shortfall which means that women and girls are not receiving critical SRH and GBV services in Cameroon with devastating consequences.

Situation Overview

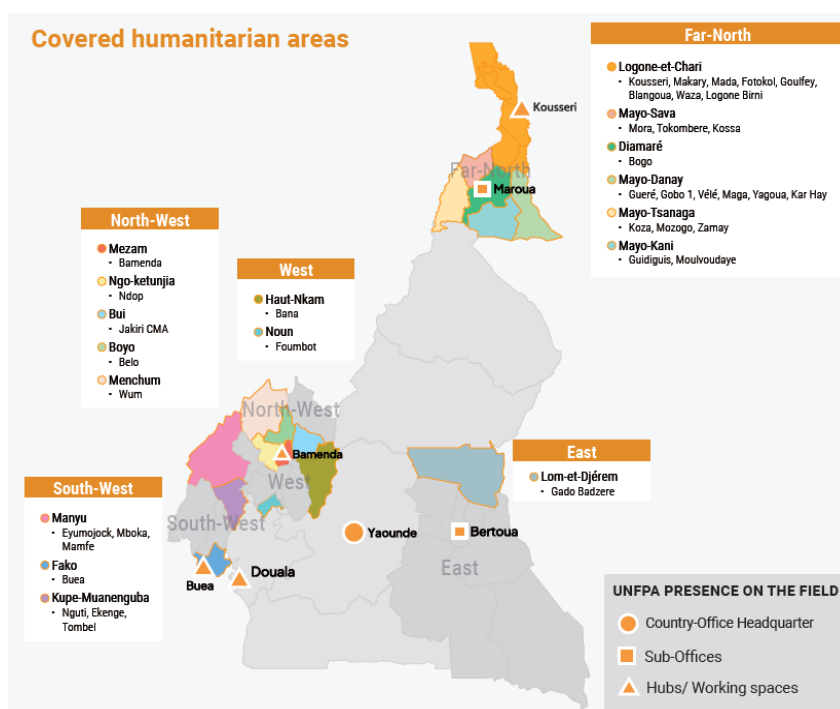
In March, the North-West and South-West regions continued to experience conflict, leading to displacement and limited access to essential services including for SRH and response to GBV. The Far North region also faces insecurity, with incidents causing civilian casualties and protection concerns. These challenges create significant humanitarian needs across the country, impacting the safety and well-being of the population.

The month of March was also marked by a series of fires in the Mayo-Sava department, particularly affecting the Kolofata health district. These disasters severely affected 3,974 people, resulting in the destruction of material and essential goods, and exposing around 1,984 women and 299 girls to an increased risk of GBV and need for SRH services.

UNFPA Response

Sexual and Reproductive Health

- 30 midwives from 12 health districts have been trained on clinical management of rape (CMR), [Minimum Initial Service Package \(MISP\)](#) and data collection. 13 additional midwives were also recruited thanks to UN-CERF funds covering Northwest, Southwest and Far North, and 3 of them were deployed to the Far North region during March 2025. This brings the total number to 47 midwives that UNFPA has currently deployed in Cameroon. Due to the termination of USAID funding, UNFPA has secured other funds to sustain their critical work until the end of May 2025. However, if additional funds are not secured, 21 deployments will be discontinued, reducing the number of deployed midwives by 44%. This will leave midwifery gaps in 11 health zones in the Far North and result in serious risks of an increase in maternal and neonatal mortality.
- Humanitarian midwives reached 31,472 individuals, of which 27,161 were women. 17,845 of the people reached were internally displaced persons, and 2,293 were people living with disabilities. Awareness efforts reached 21,016 people on reproductive health topics, and 1,606 antenatal care visits took place. Midwives assisted 367 safe deliveries, including 131 caesarean sections and responded to 209 obstetric complications, most of which were eclampsia/pre-eclampsia, and perineal/vaginal tears. 13% of deliveries with complications were affected by postpartum haemorrhages, 68% of which required blood transfusions. UNFPA also ensured



postnatal follow-up, with 173 consultations conducted within 6 hours of delivery. 242 clients received family planning services, including 89 in the immediate postpartum period. The management of sexually transmitted infections involved 1,392 cases. Clinical management of rape was provided within 72 hours for 40% of reported incidents of sexual violence in March.

- 48 Inter-agency Reproductive Health (IARH) Kits were dispatched in 11 health facilities in the Far North region, reinforcing the quality and availability of SRH services in these health facilities.

GBV and Mental Health and Psychosocial Support Services:

- A total of 11,095 individuals in the Far North region were sensitized on GBV prevention, availability of service and mitigation measures through 54 sessions in the framework of disaster preparedness and anticipatory action activities funded by ECHO as well as in the post-flood response supported by UNFPA Humanitarian Trust Fund. Women and girls constituted 71% of the participants of the sessions.
- 191 women and girls accessed GBV protection services either receiving GBV case management, and or participating in psychosocial support activities, including individual and group therapy as well as livelihood training.
- Due to the termination of USAID's funding, 12 WGSS in the Far North region were handed over to local community-based organizations. This handover aimed to ensure the continuation of basic psychosocial first aid and peer-to-peer support, while also providing protection and safety for women and girls in affected communities. The termination of USAID's support has completely disrupted specialized GBV services in 10 health zones where women-led NGOs were providing specialized mental health and psychosocial support services to the communities. As of February 28, UNFPA experienced a drastic reduction in its specialized GBV response services, downscaling support by 70%; only 5 women and girls' safe spaces remain functional in the Far North region of Cameroon.

Results Snapshots



4,288

People reached with **SRH services**
86% female, 14% male



27

Health facilities supported



32,302

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



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Women and girls' safe space supported

Coordination Mechanisms



Gender-Based Violence:

In March, meetings of the GBV Area of Responsibility (AoR) at national and sub-regional levels were held regularly. These meetings ensure GBV was integrated into the multi-sectoral assessment that was conducted in the Mayo-Sava department, within the Kolofata health district. This assessment took place following fires that occurred from March 21-23, 2025.

The GBV AoR also estimated the impact of the USAID stop-work order and termination, which is estimated at a 47% reduction in support. This reduction by almost half of GBV funding across crisis zones in Cameroon translates to a significant decrease in access to critical GBV services for women and girls in affected communities. This reduction not only disrupts ongoing programmes but also severely limits the ability to respond to new cases of violence, potentially leaving vulnerable populations without vital support and increasing their risk of further harm.

♥ Sexual and Reproductive Health:

The SRH coordination in humanitarian settings continued with regular meetings at national and subnational levels. However, the suspension of U.S. funding has had a profoundly heavy impact. Several organizations have withdrawn from certain areas, staff contracts have been terminated, and ongoing humanitarian projects, along with the majority of SRH-specific activities, have been halted. This disruption is particularly concerning given the important reduction in activities on maternal health vis-à-vis the increased risk of maternal mortality in crisis settings, which can be over 60% higher than in stable environments. The cessation of SRH services will undoubtedly exacerbate this risk, leaving vulnerable women without access to essential care and potentially leading to preventable maternal and newborn deaths.

Funding Status

By March 2025, UNFPA Cameroon had mobilized about 35% of humanitarian funding needed (US\$ 3,165,968) out of the US\$ 9 million required for 2025. Without further financial support, critical SRH and GBV services are at risk, which will have devastating repercussions for women and girls in Cameroon.

UNFPA thanks its donors: DG-ECHO, Canada, UN-CERF and the various contributors to the UNFPA Emergency Fund / Humanitarian Thematic Fund.

UNFPA is grateful to humanitarian implementing partners supporting our response in Cameroon.

