

SITUATION REPORT

Cameroon's protracted crisis deepens, affecting some 3.4 million people

Country:	Cameroon
Emergency Type:	Insurgency, climate crisis and displacement (refugees & IDPs' crisis)
Date issued:	April 1, 2024
Covering Period:	March 1-31, 2024
Contact Persons:	Justin Koffi, Resident Representative, jukoffi@unfpa.org Noemi Dalmonte, Deputy Resident Representative, dalmonte@unfpa.org Aymar Narodar Some, Humanitarian Programme Coordinator, asome@unfpa.org Lililane Munezero, GBV AoR Coordinator, lmunezero@unfpa.org Samuel Sawalda, Humanitarian Communications Focal Point, sawalda@unfpa.org

HIGHLIGHTS

Cameroon's protracted crisis deepens, affecting some 3.4 million people, leaving mostly women and girls most exposed. Underfunded response struggles to meet urgent needs across 5 of the country's 10 regions.

- **Far North (FN):** Repeated attacks by NSAGs, flooding and community clashes.
- **North West and South West (NW/SW):** lockdowns, abductions, sporadic gunshots, IED attacks.
- **Littoral and West :** Displaced population from the NW/SW.

KEY FIGURES

3,400,000	816,000	88,600	367,000	594,000
TOTAL AFFECTED PEOPLE	WOMEN OF REPRODUCTIVE AGE	ESTIMATED PREGNANT WOMEN	WOMEN AND GIRLS TARGETED WITH SRH SERVICES	WOMEN AND GIRLS TARGETED WITH GBV PROGRAMMES
				

SITUATION OVERVIEW

In March 2024, be it in the FN or NW/SW, the **general situation** was marked by repeated NSAG attacks while in the NW and SW specifically, ongoing lockdowns continued to create a volatile environment. All these lead to the disruption of humanitarian access and critical services in some areas while tensions ahead of next year’s projected election heightens. Specifically:

- Fighting continued in English-speaking regions, with separatist leaders continuing to enforce weekly ghost towns on Mondays, and clashing with troops. During the lockdowns, businesses are closed, transportation is halted, and markets are inaccessible. They make it harder for people to access basic necessities like food and medicine. Delivering humanitarian aid also becomes more difficult, worsening the situation for displaced people and those in need. Separatist leaders imprisoned in Cameroon appealed to Nigeria for help.
- In the FN, violence dipped slightly, with Government Forces pushing back NSAGs on March 4 in Kolofata, and neutralizing 2 NSAG members in Nguetchewe on March 11.
- Politics heated up across the country as the projected 2025 election approaches. The ruling party is reported to be cracking down on opposing groups, while the opposition explored uniting.
- The trial of high-profile figures accused of murdering a journalist began, likely becoming a major political point in the coming year.

UNFPA’s Presence and Progress since last report:

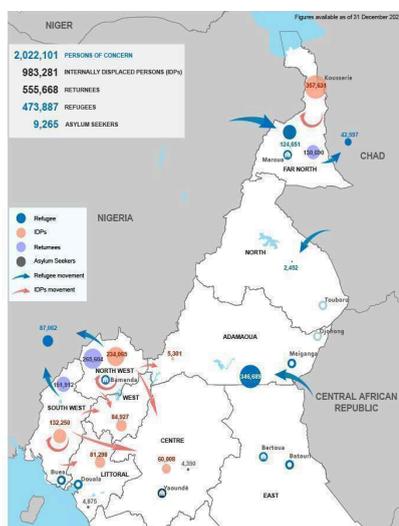
- Far North region (Maroua, Kousseri), East region (Bertoua and Gado Bajere), West (Foumbot and Bana), South West region (Buea,), North West region (Bamenda)

UNFPA RESPONSE

Gender-Based Violence:

- **Empowering Survivors:** A PDM survey conducted in some health districts with beneficiaries (Mada, Guéré, Guidiguis, Moskota) in the FN shows that 89% of GBV survivors reported feeling better after receiving cash assistance within case management and mental health & psychosocial support.
- **Safe Spaces, Strong Voices:** 1,044 women and girls participated in psychosocial support activities at Women and Girls' Safe Spaces (WGSS) across the country.
- **Raising Awareness, Breaking the Silence:** Over 13,392 people participated in awareness campaigns on GBV, early marriage, personal hygiene and risks of early and unwanted pregnancies in the FN, the East and NW/SW.
- **Building-capacity for Change:** Trained social workers and psychologists on GBV case management and strengthened coordination across regions.

- **Inter Agency GBV Coordination:** 21 GBV partners representing 17 organizations (including UN agencies, INGOs, NNGOs and WLO) in Kousseri, Far North have been trained in GBV coordination mechanisms and reporting. UNFPA continues to lead GBV AoR’s monthly meetings in the whole country.



Challenges:

Under-reporting of GBV cases requires innovative approaches to data collection.

- Supporting survivors' economic needs remains a serious challenge.
- Dignity kits are needed to mitigate GBV risks and restore the dignity of vulnerable women and girls from the recent movements of displaced populations in Mayo Tsanaga and Logone-and-Chari.

Sexual & Reproductive Health:

- Integrated Mobile Clinics provided essential SRH and protection services to about 100 000 people affected by climate and security crises in hard-to-reach areas of the FN, despite security challenges. Services offered included: Pre and post natal consultations, screening for STIs and HIV, mental health consultations, care for victims of GBV, primary health care etc.
- Collaboration with partners, including with Community-based Organizations has proved to be crucial in reaching out to vulnerable populations in remote localities of the FN to address gaps in healthcare and GBV prevention and response.
- Distribution of dignity and hygiene kits and livelihood training for women and girls in the FN and NW/SW.
- **Skilled Deliveries:** 1,215 deliveries were attended by skilled birth attendants, promoting maternal health.
- 123 Baby boxes have been distributed to vulnerable women who newly deliver babies.
- As far as essential **comprehensive care** is concerned, the following results have been achieved in the course of the month: Antenatal care has been administered to 2,553 people, postnatal care to 1,687, and treatment for sexual violence to 04 persons.
- In the FN, concerning acute respiratory diseases, 3,123 cases were referred to various health facilities including 1,453 pregnant girls/women who had not started antenatal care, 1,087 unvaccinated children, 399 malnourished children, 129 suspected tuberculosis patients and 55 people living with HIV/ AIDS.
- As part of UNFPA's efforts to **strengthen the health system and invest in the future**, a midwife has been deployed to Bana in the West Region to respond to the increased demand in SRH services among the IDPs who fled the NW/SW. In all, UNFPA has now deployed 35 midwives in health facilities to bolster healthcare worker capacity in Cameroon's fragile regions.

Challenges:

- Address the needs of SRH and GBV to hard to reach areas.

MHPSS

- 68 teachers in the NW were trained on MHPSS and GBV/Violence in Schools.
- 22 persons (16 women & 6 men) representing Women Human Rights Defenders' Network benefitted from a session on Mental Health & Well-being of WHRDs in the NW & SW regions, during their training on Protection Mechanisms for WHRDs organized by OHCHR-CARO.

Collaboration & Advocacy:

- **BHA-USAID Visit:** A successful field visit to Yaounde, Maroua and Koza of a delegation of BHA-USAID fostered collaboration and identified areas for improvement, such as cash transfer alternatives and co-location of services.
- **Empowering Midwives as Advocates:** Midwives were trained on communication skills and UNFPA's core mandate to amplify their impact within communities.
- **Building Partnerships:** Advocacy meetings were held with local authorities and religious leaders, in Mayo Tsanaga Division in the FN to secure their support towards UNFPA's interventions, and ensure culturally-sensitive interventions.

Operational Constraints:

- Cash transfer for GBV case management requires further exploration of alternative approaches.
- In a nutshell, all these efforts demonstrate UNFPA's unwavering commitment to improving the lives of women, girls, and vulnerable populations in Cameroon's humanitarian regions. The next section will highlight the key results achieved through these activities.

RESULTS SNAPSHOTS

32,335 People reached, services delivered and capacities strengthened



17,899

People reached with SRH services
74,2% Female



14,436

People reached with GBV prevention, mitigation and response activities
81% Female



388

Non-Food Items distributed to individuals



14

Safe spaces for women and girls supported



13

Inter-Agency Reproductive Health kits distributed to **20** Service delivery



21

Health facilities supported

Points including supplies to enable:

- Clean deliveries at home for **245** women without access to health facilities
- Safe normal deliveries for **450** of women and girls in health facilities
- Safe complicated deliveries for **210** of women and girls in health facilities requiring obstetric surgery or treatment for severe obstetric complications
- **35** community midwives to ensure increased quality of care in communities for pregnant women in remote areas

COORDINATION MECHANISMS

Gender-Based Violence

- UNFPA plays a vital leadership role by co-chairing the well-established and fully functional Gender-Based Violence Working Group at both national and sub-national levels. This working group fosters collaboration among diverse partners, ensuring a unified and comprehensive approach to GBV prevention, response, and survivor support across Cameroon. In March, GBV AoR Coordination team led GBV AoR monthly meetings at both National and sub national levels and about 70 organizations participated in the meeting. UNFPA is taking a multi-pronged approach to strengthen the response to GBV in the FN.
- We have disseminated the **Inter-Agency Minimum Standards for GBV in Emergencies** to **60 GBV AoR partners** in view of building partner capacity. This comprehensive resource equips local organizations, WLOs and the Ministry of Women's Empowerment and the Family (MINPROFF) with the knowledge and tools to deliver quality GBV services.
- To further empower social workers on the frontlines, we have made **16 Inter-Agency GBV Case Management tools readily available within the WGSS in the FN**. These resources will enhance their ability to provide effective support to GBV survivors.

Sexual and reproductive health

- UNFPA actively contributes to the Health Cluster's SRH in Emergencies Working Group, established at the national level and operational in the Far North region, in a view to **strengthening Response Mechanisms for Sexual and Reproductive Health**. Through this working group, UNFPA collaborates with partners to address critical SRH needs, bolstering healthcare systems and ensuring access to essential services for vulnerable populations during crises.
- The Group's 4th meeting was held on 19 March 2024 with the participation of several humanitarian actors, the Ministry of Public Health, WHO and OCHA. During this session, we presented a crucial tool - the updated mapping of post-rape kits 3. This enhanced resource will significantly improve service providers' ability to locate and deliver life-saving care, but also raise awareness about the MISP.
- Moving beyond Sexual GBV response, UNFPA also highlighted progress within the SRHiE TWG at the Health Sector's monthly meeting held on March 21st, 2024, the objective being to **empower the Health Sector with Effective Tools**. A key focus of this presentation was the **5W Tool**. This innovative tool empowers health sector actors to efficiently assess and address critical Sexual and Reproductive Health needs within the humanitarian context.

FUNDING STATUS

- UNFPA's humanitarian response plan for UNFPA in Cameroon requires a total of **USD 11,070,664**. As of March 2024, only **USD 1,955,000 (17.8%)** has been received: USD 750,000 from USAID, 420,000 USD from Canada, USD 305,000 from Norway and USD 500,000 from CERF, leaving a funding gap of **USD 9,045,000 (82.2%)**.
- Their invaluable contributions allow us to provide life-saving sexual and reproductive health services, combat gender-based violence, and empower women and girls in the Far North, East, North West, and South West regions.
- UNFPA is actively pursuing new funding opportunities, with a proposal currently in the pipeline with the African Development Bank (AfDB). We urge all donors to consider the urgent needs of women and girls in Cameroon and contribute to a more secure and healthy future for all. By working together, we can ensure that UNFPA continues to deliver life-saving services and empower women and girls to rebuild their lives and communities.

