



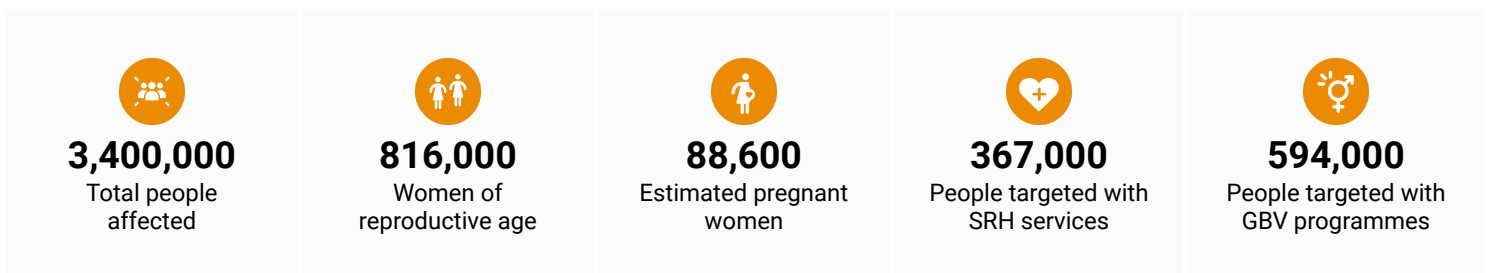
Situation Report #24

Devastating flooding in Cameroon's Far North

Photo: © UNFPA/Cameroon

Country:	Cameroon ▾
Emergency type:	Conflict ▾ Instability, Climate Change, Crisis Displacement, Inter-Community Violence
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Covering Period:	Sep 1, 2024 to Sep 30, 2024
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Key Figures



Highlights

- Extensive flooding in the Far North region has affected over 356,730 people, resulting in at least 30 deaths. The floods have caused widespread damage to infrastructure, including homes, health centres, schools, and agricultural assets ([OCHA](#)).
- Instability continues in the region with incidents of violence, including an attack on 4 September that resulted in civilian casualties.
- The security situation along the Maroua-Kousseri road has deteriorated, with a notable increase in incidents of carjacking and kidnapping during the period 12 to 15 September.

- A two-week lockdown in the North West and South West regions impacted UNFPA programme activities and outreach to individuals – in already hard-to-reach communities – receiving cash and voucher assistance (CVA).

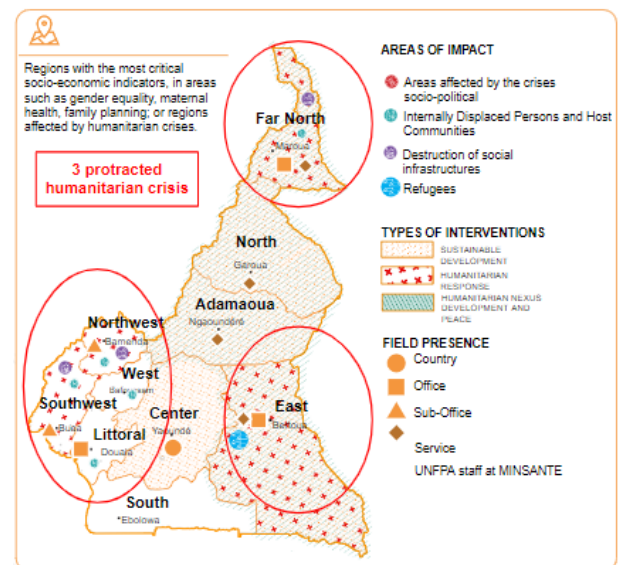
Situation Overview

- Ongoing flooding in the Far North region of Cameroon, particularly in the Mayo-Danay and Logone-and-Chari divisions, has caused considerable damage and destruction. As of 19 September, torrential rains have affected around 365,000 people, destroyed more than 56,000 houses, flooded tens of thousands of hectares of crops, and caused the deaths of thousands of livestock.
- Priority needs include health, food, shelter/essential household items, water and sanitation.
- The ongoing rains and the continuous rise of the rivers Chari and Logone are likely to result in a worsening of the situation and increased risks of disease outbreaks in the weeks to come.
- Local authorities and partners are facing logistical challenges, particularly due to deteriorating road conditions, which is hindering access to affected populations and the timely delivery of aid.

UNFPA Response

Sexual and Reproductive Health:

- **General consultations:** 3,557 individuals (58% women and girls) accessed medical consultations, maternal and child health care, nutrition services, and youth-focused sexual and reproductive health (SRH) care.
- **Antenatal care:** 1,127 pregnant women attended at least two antenatal care consultations at UNFPA-supported facilities.
- **Deliveries:** 1,559 women were assisted to give birth – including 207 by C-section – by 45 midwives deployed by UNFPA.
- **Postnatal care:** 1,008 mothers and newborns received postnatal care services.
- **Newborn support:** 17 baby box kits containing essential items for newborns were distributed to expectant and new mothers.
- **Obstetric complications:** 45 UNFPA-deployed midwives successfully identified and managed 392 acute obstetric complications.
- **Maternal and neonatal deaths:** 8 maternal deaths were recorded in three localities. UNFPA recorded 23 neonatal deaths at health facilities and is working with these facilities to strengthen neonatal care.
- **Sexually transmitted infections:** 436 individuals received diagnosis and treatment for sexually transmitted infections (STIs).
- **Clinical management of rape:** Medical and psychosocial support was provided to 21% of reported sexual violence cases within the crucial 72-hour window.



GBV and Mental Health and Psychosocial Support Services:

- In the Far North region, 3,844 persons, including 989 internally-displaced persons (25%) and 748 refugees (19%), were sensitized on GBV prevention and mitigation during 86 sessions supported by USAID-BHA. Sessions covered gender equality, the consequences of early and forced marriage, SRH, the prevention of STIs, and menstrual health management.
- 1,082 women and girls attended knitting, sewing, embroidery, agricultural and craft activities, as well as individual and group therapy, at multiple locations in the Far North, including Fotokol, Mada, Vélé, Guéré, Moulvoudaye, Guidiguis, Koza, and Moskota, supported by USAID-BHA.
- Three GBV case management meetings were convened to enhance coordination and response efforts.
- In the North West and South West regions, CERF funding supported 180 outreach activities and 4 mobile women and girls’ safe space (WGSS) clinics to provide information to 39,614 people, including 23,407 women (59%), on GBV and available services, including in hard-to-reach localities in the North West (Ndop (Bamunka, Bamali, Baba I, Bamessing), Jakiri (Ber, Jakiri Urban, Matum, Ngomrin, Sop, and Kar), Belo (Fuli, Kitchu, Acha, and Afua), Befang, Aghem, Ngwah, Abuh, Nguti, Mboka, and Eyumojock in the South West).
- 631 women and girls participated in psychosocial support activities (pastry making, detergent production, games) and 151 accessed case management and mental health and psychosocial support (MHPSS) services.
- 563 men and boys (including traditional council members) participated in sessions on ending GBV and promoting positive social norms, gender equality, and comprehensive sexual and reproductive health and rights (SRHR) for women and girls in their communities.

Results Snapshots



3,557
People reached with **SRH services**
58.7% women and girls



21
Health facilities supported



43,458
People reached with **GBV information**



17
Functional Women and Girls Safe Spaces supported

1,899
People reached with **GBV services**
94.3% women and girls



169
Dignity kits, menstrual health kits and newborn baby boxes distributed

Coordination Mechanisms

Gender-Based Violence:

In September, the Gender-Based Violence Area of Responsibility (GBV AoR) Coordination team led its GBV AoR monthly meetings at both national and sub-national levels with approximately 65 organizations participating. Discussions focused on the 2025 Humanitarian Programme Cycle (HPC) process, GBV response updates in Cameroon and flooding in the Far North region. UNFPA, in its capacity as co-lead of the GBV AoR, conducted a GBV safety audit in **Makary, Fotokol, Kousseri, Guéré, Velé, Yagoua, Mada and Kai Kai**, localities hit hard by the [ongoing heavy flooding](#). The audit revealed alarming protection risks for women and girls, exacerbated by displacement and poor living conditions in flood-affected areas. The evaluation identified psychological violence (26%), physical assault (22%), denial of resources, opportunities, or services (22%), and sexual violence (20%) as the most recurrent forms of GBV since the onset of the floods. In response, UNFPA collaborated with OCHA and the Protection Cluster in a week-long session to define GBV persons in need (PIN) and establish a calculation methodology for the 2025 Humanitarian Programme Cycle (HPC).

UNFPA is working to provide essential protection services and is supporting community-led initiatives for women and girls. Significant funding gaps remain, however, to address growing needs.

Sexual and Reproductive Health:

UNFPA, as the lead of the Sexual and Reproductive Health in Emergencies Technical Working Group (SRHiE TWG), is actively involved in the Far North's flood response. UNFPA coordinates and represents the group at monthly health sector meetings, advocating for prioritizing sexual and reproductive health in the humanitarian response and addressing the specific needs of women and girls. UNFPA emphasizes the full integration of SRH services into all aspects of the crisis response. On 12 September, the SRHiE TWG convened an emergency meeting to coordinate the flood response. Discussions centred on maintaining access to SRH services through mobile clinics, community-based SRH services (including prenatal and postnatal care, family planning, STI management, and GBV response), and distributing Inter-Agency Reproductive Health Kits (IARH kits) and menstrual health supplies. UNFPA has distributed IARH kits to health facilities and humanitarian organizations including ALIMA. The kits include supplies and medicines for the clinical management of rape and treating STIs.

Mental Health and Psychosocial Support:

In September, the North West and South West Mental Health and Psychosocial Support Thematic Working Group (MHPSS TWG) held their monthly meeting and launched a tool for mapping organizations implementing MHPSS activities. The final report, due at the end of October, will establish the first-ever mapping and referral pathway for MHPSS in both regions.

Funding Status

The devastating floods in Cameroon's Far North have created an urgent need for **US\$ 1,174,045** to address the immediate SRH and protection needs of 129,149 individuals.

In 2024, UNFPA appealed for **US\$ 11,070,664** to provide life-saving SRH and protection services to women and girls in need. Only **US\$ 3,924,689 (30%)** has been secured to date. While we deeply appreciate the generous support of USAID-BHA, Canada, Norway, DG-ECHO, and UN-CERF, UNFPA Cameroon urgently needs additional funding to protect the health and well-being of women and girls affected by this crisis.

We extend our sincere gratitude to our implementation partners:

