



CAMEROON

HUMANITARIAN RESPONSE IN CAMEROON

Situation report
N°01- January-July 2022

FOREWORD

The complex humanitarian context in Cameroon continues to generate new needs. This aggravates the vulnerability of women, girls and young people exposed to shocks caused by the ongoing socio-political crisis in the Northwest and Southwest regions, instability and non-state and transboundary armed groups' activities in the Far North as well as influx of refugees from the Central African Republic in the East.

As of the end of July 2022, UNFPA has been able to reach **575 022 affected persons** with lifesaving Sexual and Reproductive Health (SRH) and Gender-Based Violence (GBV) response services.

With an approximately **2.5 million USD as generous contributions this year** from the governments of Korea, Norway and the United States of America, as well as from the UN Central Emergency Fund (CERF) and the UN Peacebuilding Fund (PBF) and the Directorate-General for European Civil Protection and Humanitarian Aid Operations (ECHO), our humanitarian funding sadly decreased by at least **10% compared to 2021**. Our appeal remained the same amount of **12.5 million USD in 2022**.

At mid-year, the humanitarian response plan is financed only at **32 %** of the needs; with the health and GBV prevention and response sectors among the least funded interventions. Humanitarian needs in health, including specific reproductive health needs, have been supported at **21%** of demand and GBV sector only at **2.6 %** of the appeal.

Pregnancies, menstruations, sexual activities do not end because of the crisis. They rather become harder to safeguard based on the principles of human rights and dignity. I have the hope that the key achievements underlined in this situation report can bring renewed interest and commitment towards ensuring access to SRH care and GBV response services to affected women and youth both in crisis zones as well as within host communities.

Dr. Koffi
Resident Representative



HIGHLIGHTS

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575 022

Persons were reached with gender-based violence (GBV) protection and response services or sexual and reproductive Healthcare (SRH) in emergencies and related social services both in crisis-affected zones and in host communities, between January and July 2022.

36 450

Internally Displaced Persons (IDPs) and Host Communities members received psychological first aid (PFA) and COVID-19 prevention assistance

5 307

Vulnerable women benefited from dignity kits and COVID-19 hygiene items

4 718

Women got GBV medical care and SRH kits in health facilities

509

Women supported with in-kind assistance for self-socio-economic empowerment.

25

Health care providers have been trained on clinical management of rape and care for GBV survivors.

169

Persons benefited from mental health care both in health facilities and in women and girls safe spaces (WGSS)

18

Health personnel and social workers were trained to provide mental health and psychosocial support.

82 047

Persons benefited from enhanced information and awareness raising on GBV prevention in communities

46 300

Were sensitized through Radio programs

11 631

Target population members received information on GBV referral pathway

INFORMATION & AWARENESS RAISING

94 463

Persons benefited from enhanced information and awareness raising on GBV prevention in communities.



COORDINATION

Care and access to justice for GBV and Human Rights violations survivors are increased

1 Study on Human Rights violations and GBV carried out

1 GBV service Mapping Assesment carried out

2 Safety audits as assessments carried out in IDPs sites

1 Booklet on national and international laws and texts on gender-based violence was elaborated.

105 000 Persons received referral pathways to manage GBV and HR violations cases

32 Defense and security officers the National army and police forces trained on GBV and Human Rights (HR) protection in the context of Humanitarian response.

14 GBV actors were trained on GBV Coordination mechanism

13 staffs of others cluster (Wash, food security, nutrition, education, health) were trained on GBV mainstreaming and referral pathways systems;



SERVICE DELIVERY TO SPECIAL SOCIAL GROUPS



13 565

socially marginalized and conflict-affected persons were reached Indigenous women and women living with disabilities were given access to knowledge, information, and skills for better management of human rights violations that concern them.

13 515 socially marginalized and conflict-affected persons were reached through outreach activities on GBV, the referral system for GBV survivors, and the existing legal as well as judicial services at their disposal.

50 persons from community-based associations and other providers of GBV prevention and care services were strengthened in the protection of GBV and sexual exploitation and abuse.

CASE MANAGEMENT

31 5232

Cases of GBV and SRH **successfully managed** Those women and girls were received in Safe Spaces or were referred to healthcare centers where they benefited from timely and lifesaving protection services.

<p>295 SRH Kits were prepositioned in health-care facilities to manage HIV/STIs cases; provide post-rape treatments and contraceptive methods, and manage assisted.</p>	<p>119 women suffering from obstetric fistula benefited from specialized trauma-informed psychological management in health facilities.</p>
<p>5,520 pregnant and lactating women benefited from perinatal mental health services at health facilities.</p>	<p>58 health personnel, social workers and case managers who come into direct contact with survivors were trained in providing quality psychosocial support services which are trauma-informed, survivor-centered, age and gender appropriate.</p>
<p>502 Persons benefited from mental health care both in health facilities and in women and girls safe spaces (WGSS)</p>	<p>280 Female GBV and SRR reached through group therapy</p>
	<p>2 New women and Girls Safe Spaces rehabilitated</p>

450

persons in need of emergency health care were reached out after the burning down of the Mamfe referral hospital.

Mamfe, the capital city of the Manyu Division in the South West Region with about 80 000 inhabitants, underwent a violent attack on June 8th, 2022.

Unidentified gunmen put fire on the Referral Hospital, killing tens of people with a large number of casualties.

The health center was half burnt and required immediate relocation in order to pursue health-care service vice delivery despite the prevailing armed conflict.

In the meantime, most of the services were disrupted, and cases

of sexually transmitted diseases started rising. It became harder to perform emergency obstetric care.

Access to contraceptives and other family planning services became more limited.

An emergency relocation site was found. UNFPA, through its local implementing partner, the Cameroon Baptist Convention Health Service (CBCHS), provided lifesaving sexual and reproductive health services to reach more than 450 persons in need of emergency health care.



ACHIEVING THE

THREE TRANSFORMATIVE RESULTS BY 2030

END
PREVENTABLE
MATERNAL
DEATHS

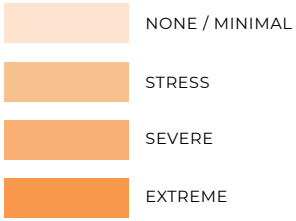
END
THE UNMET NEED
FOR FAMILY
PLANNING

END
GENDER-BASED VIOLENCE
AND ALL HARMFUL
PRACTICES, INCLUDING
CHILD MARRIAGE





INTERSECTORIAL SEVERITY MAP



UNFPA WORKING STATIONS

- 1** UNFPA Bureau Pays - Cameroun
- 2** UNFPA SOUS BUREAU DE MAROUA
- 3** UNFPA SOUS BUREAU DE Bertoua
- 4** Service unfpa bamenda
- 5** Service unfpa Buea
- 6** Service unfpa Douala

ZONE IMPACTS

- Socio-political crisis zones
- IDPs and HC
- Destruction of Healthcare
- Reugee zones

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