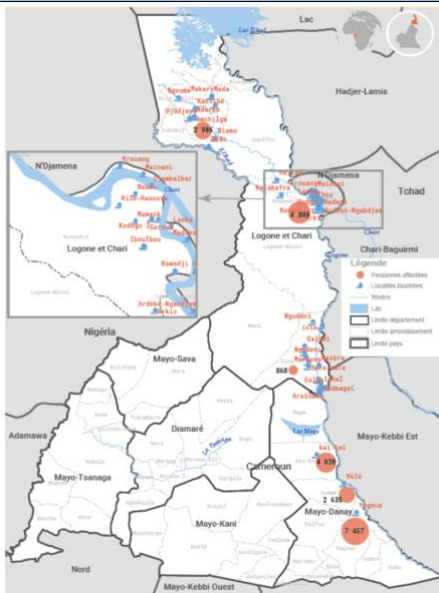


Highlights

- **479,393 people in urgent need of humanitarian assistance in the floods situation of the Far North in Cameroon**
 - 108,918 women and girls of childbearing age in need of reproductive health services
 - 85,900 women and girls in need of gender-based violence protection service
 - 158,199 young people exposed to the humanitarian crisis and lacking access to family planning

- **2,150,000 USD required by UNFPA to provide lifesaving reproductive health services and protection from GBV**

1. SITUATION OVERVIEW



*Maisons submergées par les eaux et abandonnées dans le quartier Goré à Kousséri dans Logone et Chari
Crédit photo : OCHA/Kwembi Joëlle*

Heavy rainfall between August and October in the Far-North and North Regions of Cameroon has caused flooding, resulting in casualties and displacement. While climatic events are recurrent throughout August and early October, this year's rainfall continues throughout October. As of the 27th of October, all six administrative divisions of the Far North and 3 out of 4 in the North were affected at varying degrees. Thousands of people are on the move, displaced by climate effects; these added to the ones on the move as seasonal migrants.

On October 19th, the Regional Delegation of Public Health for the Far North shared the number of 479,393 people in need in the seven most affected Health Districts, according to the following distribution:

Health district	Number of households affected	Number of persons affected
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Yagoua	2, 657	12, 888
Maga	9, 451	42, 359
Vele	21, 498	202, 319
Kousseri	7, 498	13, 844
Makary	390	1, 280
Goulfey	1, 791	12, 805
Guere	1, 220	78, 698
Total	64, 798	479, 393

In the Logone-and-Chari, Mayo-Danay and Mayo-Tsanaga of the Far North ([OCHA Information Note n°2](#)) :

- 27,400 hectares of farmland were destroyed, including crop lands,
- 126 schools were flooded, preventing some 15,826 girls and 22,987 boys from accessing education,
- 294 water points and 1,194 latrines were submerged reducing access to clean water for inter alia menstrual hygiene and health management for women and girls and dignified access to latrines;
- Many health facilities were destroyed or become not operational, causing disruption or discontinuity of sexual and reproductive health services despite tents were erected in hospitals. The Ministry of Public Health (MoH) has yet to quantify these.

In addition to the flood situation, first, the region is not spared from the insecurity prevailing at the borders with Nigeria due to insurgent activities by non-state armed groups. 1,000 new Nigerian refugees arrived in Amadabo (Logone-and-Chari) last week, fleeing attacks in Borno state. In Logone-and-Chari, there are 40,000 Nigerian refugees estimated off-camp by UNHCR.

Second, these divisions experience regular grazier-farmers conflicts and current risks or intercommunity tensions are rising, as local beliefs see floods as a sign of a great fishing season. In Logone-Birni (Logone-and-Chari) last inter-community clashes are very recent and last till June 2022.

Third, on the 6th of October, the Ministry of Health declared a Cholera Outbreak in the Far North; three districts were affected (Fotokol, Mora & Mokolo), and as of the 26th of October, 196 cases were notified, five confirmed, and 11 deaths reported.

Fourth, the Far North is the most food-insecure part of the country, with areas of IPC 3 and 4. The food crisis that characterised the Far North Region affects women and girls disproportionately and exacerbates their exposure to Gender Based Violence (GBV). ([GBV AoR Advocacy Note, October 2022](#)).

Last, the current flood situation exacerbates a very complex humanitarian context in the Far North of Cameroon, which already counts one-third of the people in need of the current humanitarian action plan.

2. HUMANITARIAN NEEDS



Inhabitants of Lacka, a neighborhood in the town of Kousseri forced to move as a result of floods. @UNFPACameroon.

Based on current information, and national data of 479, 393 people affected in the Far North, the most relevant needs in relation with reproductive health and rights in emergency can be estimated as follow:

- 108,918 women of childbearing age, including 16, 838 pregnant women, are in need of life-saving, temporary and mobile, sexual and reproductive health services, including family planning, safe deliveries, emergency obstetric care,
- 85,900 women and girls are in need of gender-based violence protection service,
- 158,199 young people are lacking access to family planning services,
- to ensure psychosocial first aid cares to reduce levels of mental distress among the affected population,
- 92,080 women and girls menstruating in the next 30 days in need of menstrual health and hygiene management,
- At least 119,848 women and girls in need of dignity kits,
- GBV risk mitigation as per lack of access to clean water, precarious shelter and food insecurity context cause urgent needs of GBV risk mitigation interventions to be duly planned with various humanitarian sector and more precisely Shelter, Food Security and WASH;
- SRH and GBV rapid need assessment and GBV safety audit, to precise the information on GBV and SRH needs and ensure people centred and accountable response

Detailed on population are expressed in the table below in accordance with the data generated by the MISP (2019) with national communicated PIN of 479, 393:

Health district	Adult men 20%	Women of childbearing age 23%	Pregnant women 3.5 %	Number of births expected in the next month	Adults living with HIV Aids



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Yagoua	2, 578	2, 928	453	50	671
Maga	8, 472	9, 624	1, 488	165	2, 204
Vele	40, 464	45, 967	7, 106	790	10, 528
Kousseri	2, 769	3, 145	486	54	720
Makary	256	291	45	5	67
Goulfey	25, 601	29, 083	4, 496	500	6, 661
Guere	15, 740	17, 880	2, 764	307	4, 095
Total	95, 979	108, 918	16, 838	1, 871	24, 946

3. GOVERNMENT, UN AND OTHER STAKEHOLDERS' RESPONSE

The Ministry of Public Health (MoH), CARE Cameroun, UNHCR, UNICEF, Solidarité International and the French Red Cross have prepositioned health supplies (care gangs, rapid malaria tests, oral rehydration salt etc) in health facilities in Mayo-Danay and Logone-and-Chari and sensitised 1, 727 people on water-borne diseases, including cholera. In Mayo Danay, the MoH trained 18 health agents on the response to epidemics, cholera specific response and epidemiological surveillance and distributed as well water, hygiene and sanitation materials (buckets, cups, hydroalcoholic gels.), face masks and treated mosquito bed nets. As of the 27th of October, 4 resettlement camps and 2 temporary hospital were set up in the (Danayré, Yagoua, Wouro-Dabang and Dana), 52 households received essential Non-Food Items (NFI), 58 treated-mosquito bed mosquito nets, 76 tents have been set up and 116 defecation pots and 4 emergency latrines built, and 74 households have received psychological assistance.

The current overall response in the region has many limits, not only due to the under-financing of the humanitarian crisis in Cameroon hampering preparedness action and rapid response, but also to the weakness of the social protection system and the persistence of negative social norms that hamper gender equality and women empowerment as well as the development of youth potential. The region of Far North has limited support services to meet the basic reproductive health needs and rights of women and girls, limiting their bodily autonomy.

4. KEY ACTIVITIES IMPLEMENTED BY UNFPA, WORK IN PROGRESS

- UNFPA participated in OCHA-led crisis meetings on floods in Maroua, as well as in the preparation of a Multi sectorial Need-Assessment Mission in Yagoua held on the 5th of October 2022.
- The GBV AoR contributed to training on community protection mechanisms (GBV, Child Protection, Land, Property and Shelter) in Maga and Yagoua targeting 100 community volunteers of the local Organisations SALEM and ASGARA, frontline responders in Mayo-Danay and protection monitoring actors are to be trained this week. .



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- UNFPA coordinates the GBV AoR at regional level as well as the GBV-IMS

5. UNFPA PROPOSED ACTION

- Conduct SRH and GBV rapid need assessment and to highlight the specific needs of women and girls, unveil the main GBV risks, the gaps to access services and gather recommendations to improve women and girl safety.
- Provide emergency obstetric and neonatal cares to 10,000 pregnant women and their baby ,
- Ensure availability of Minimum Essential Service Package for SRH to 65,000 women of childbearing and 95,000 young people among the affected population
- Provide MHPSS services to build resilience of affected community in resettlement
- Support with reproductive health commodities and services 7 health districts in the Far North and 5 in the North, and a total of 24 health facilities
- Conduct 288 mobile clinics serving the 14 targeted health districts
- Establish 14 temporary Women and Girls Safe Spaces, to reduce GBV risk, ensure availability of case management services for GBV survivors and offer first aid psychosocial support to women and girls in need,
- Provide cash transfers as a component of GBV case management to 500 GBV survivors,
- Distribute dignity kits to 10,000 women and girls and 7,000 menstrual hygiene kits to younger women and adolescents girls,
- Conduct awareness-raising sessions for affected populations on SRH information and services, GBV concepts and available services
- Conduct short training on MISRP, CMR, EMOnc, GBVIMS et GBV Case Management
- Involve Women Led Organizations in the GBV response and prevention
- Run Safety Audit and other critical coordination activities to ensure adherence to IASC guidelines and GBV risk mitigation

6. FUNDING SITUATION

- 2,150,000 USD required by UNFPA to provide lifesaving reproductive health services and protection from GBV
- Overall HRP funding are estimated at 33% of the requirement as of the 27th of October 2022 ([FTS](#)) causing weak preparedness capacities to ensure rapid response, participate in assessments and response (e.g. lack of prepositioning of SRH and dignity kits)

7. CONSTRAINTS, CHALLENGES AND RECOMMENDATIONS

Main challenges of the current response are :

- Reduced humanitarian access, as per insecurity and as affected zones have degraded roads as a result of floods
- Limited efficiency of the supply chain in the region with risk of procurement constraints to deliver supplies to the last mile
- Quality and timely situation data and need analysis (timeliness and completeness)

Key recommendations are :

- Conduct a specific GBV and SRH need assessment as multi-sectorial assessments have limited capacities to gather specific vulnerability of women and girls and youth to the current situation
- Strengthen anticipatory action and preparedness work in the two regions



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Country Office:	Cameroon
Crisis :	Flooding in the Far-North and North Regions
Period:	5-27 October, 2022
Crisis location:	Far-North and North Regions
Fund donors:	2,150,000 USD funding gap to respond to floods UNFPA is already present in both North and Far North with KOIKA, Norway, CERF and UNFPA Emergency Funds to support its overall humanitarian action
Date issued:	October 27, 2022
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