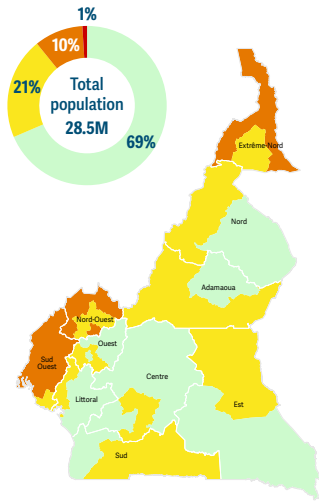


ACUTE FOOD INSECURITY | Cameroon's food crisis in conflict-affected regions was slightly worse than 2023 but not as severe as 2022.

PEAK 2024 (OCTOBER–DECEMBER)

3.1M people or **11%** of the total population faced high levels of acute food insecurity. Of them, nearly **0.3M** were in Emergency (CH Phase 4).

This is a slight deterioration since the 2023 peak, mostly related to livelihood disruptions associated with persisting conflicts and floods in the second half of 2024. Out of 58 areas analysed, 13 were in Crisis (CH Phase 3), mostly in northern and western regions.

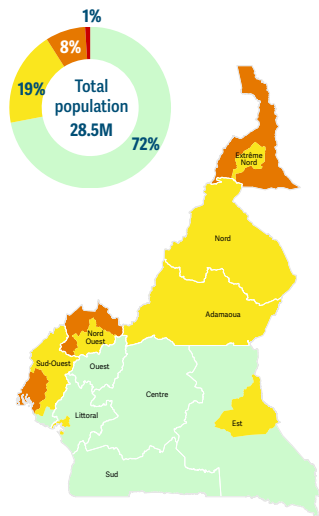


Source: CH Cameroon, December 2024.

PROJECTION 2025 (JUNE–AUGUST)*

2.6M people or **9%** of the population are projected to face high levels of acute food insecurity. Of them, around **0.3M** are projected in CH Phase 4.

Although an improvement, the country still has a concerning food crisis mostly driven by reduced purchasing power associated with livelihood disruptions and high food prices. Out of 58 analysed areas, nine are projected in CH Phase 3, mostly in northern and western regions.



* The projection period differs from the period defined as peak in 2024.
Source: CH Cameroon, April 2025.

DRIVERS OF THE FOOD CRISIS 2024–2025

Conflict/insecurity Persisting conflicts in the Nord-Ouest and Sud-Ouest, and insurgency in the Extrême Nord, caused population displacement and hampered agricultural production and livelihoods. In conflict-affected areas, the reduced harvest led to low household food stocks (RPCA, March 2024; FEWS NET, September 2024).

Economic shocks In conflict-affected areas, average staple food prices remained above the previous year and the five-year average throughout the year, failing to decrease seasonally during the harvest period due to atypically high demand (FEWS NET, September 2024).

Weather extremes In the Extrême Nord, floods from torrential rains between July and

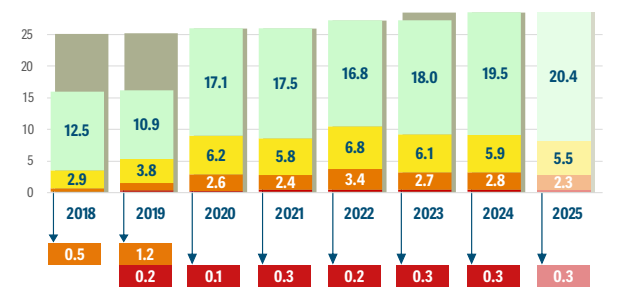
September 2024 led to localized below-average crop yields and livestock losses, reducing food availability (FEWS NET, September 2024). As of November 2024, 0.5 million people were affected, with 155 000 people displaced (OCHA, November 2024). Preliminary forecasts place 2024 cereal production at 5 percent above the recent five-year average (FAO, November 2024).

DISPLACEMENT

0.4M refugees and asylum-seekers
Source: UNHCR Nowcasted estimate, December 2024.

1.0M IDPs
Source: OCHA, December 2024.

Peak numbers of people (in millions) by phase of acute food insecurity, 2018–2025



Source: CH Cameroon.

A protracted food crisis A lower-middle-income country, Cameroon has been included in all editions of the GRFC. The number of people facing high levels of acute food insecurity reached its highest level in 2022. Persisting insecurity and conflict in the Nord-Ouest, Sud-Ouest and Extrême Nord regions, bordering Nigeria and Chad, are the main drivers.

NUTRITION CRISIS | Poor food access, disease outbreaks, and lack of health and nutrition services underpin this nutrition crisis.

PEAK 2024 (JULY–OCTOBER)

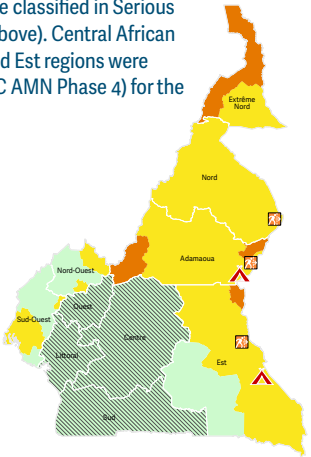
0.4M children aged 6–59 months

ACUTE MALNUTRITION BURDEN (NOVEMBER 2023–OCTOBER 2024)

0.2M MAM **0.15M SAM**

12 100 pregnant and breastfeeding women

Source: Cameroon IPC TWG, March 2024.



Source: Cameroon IPC TWG, March 2024.

CONTRIBUTING FACTORS

Fewer than 20 percent of children aged 6–23 months consumed a minimum acceptable diet in Adamaoua, Extrême Nord, Nord and Sud-Ouest (IPC, March 2024). Women's low dietary diversity was a particular concern in the Extrême Nord region.

Multiple disease outbreaks occurred across the country, including measles and cholera, alongside high levels of acute respiratory infections and diarrhoea. Inadequate access to drinking water and suboptimal hygiene and sanitation practices persisted, especially for refugees in Adamaoua and Est regions and in rural areas, contributing to the spread of diseases. In August, flooding in the Extrême Nord damaged drinking water sources

and latrines, intensifying disease outbreaks (UNICEF, September 2024). Border area basic social services in Adamaoua and Est regions were overwhelmed due to refugee movements, coinciding with humanitarian assistance funding cuts (IPC, March 2024). By September, the nutrition sector had received only 13 percent of requested funding for 2024 (UN, October 2024). Shortages of ready-to-use therapeutic food and micronutrient powders limited nutrition prevention and treatment service provision, particularly affecting refugees. Measles vaccination coverage remained low partly due to continued vaccine hesitancy since COVID-19 (IPC, March 2024).