



A beneficiary of Cash distribution in Maroua

Appeal: MDRCM042	Hazard: Food Insecurity	Country: Cameroon	Type of DREF: Response
Crisis Category: Orange	Event Onset: Slow	DREF Allocation: CHF 150,070	
Glide Number: -	People Affected: 2,500,000 people	People Targeted: 80,000 people	
Operation Start Date: 08-12-2025	Operation Timeframe: 4 months	Operation End Date: 30-04-2026	DREF Published: 10-12-2025
Targeted Regions: Est, Extrême-Nord, Nord			

Description of the Event

Date when the trigger was met

08-11-2025

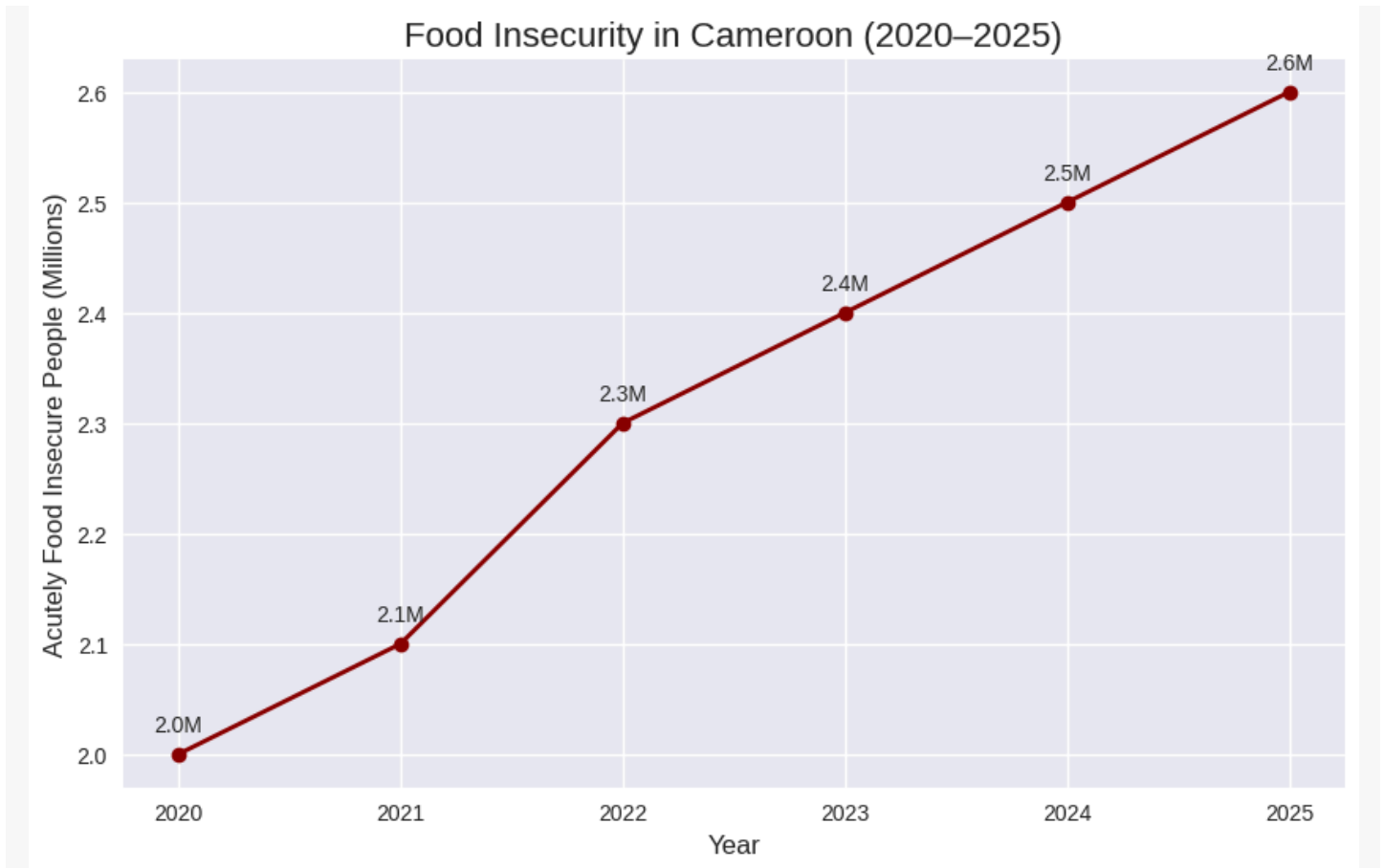
What happened, where and when?

The food security situation in Cameroon has deteriorated throughout 2025 due to overlapping climatic, economic, conflict-related and public-health shocks. Between June and August 2025, projections estimated that 2.6 million people about 9% of the population would face Crisis (IPC Phase 3) or worse. By late 2025, the Food Security Cluster reported 2.5 million people in need of assistance, while WFP estimated 3.3 million affected nationwide. Rising prices, market disruptions, displacement and irregular rainfall have further eroded household coping capacity.

In October 2025, a FAO-led multisector assessment in the Far North confirmed severe needs across three departments, including reduced food access, high market stress and harmful coping strategies. On 8 November, the African Union's Africa Drought Watch Bulletin warned of intensified drought stress and vegetation anomalies across the northern half of the country. Shortly after, cholera cases were confirmed in Doumo Health Area (North Region), highlighting growing public-health risks amid declining water access. Furthermore, on 25 November, WFP announced reductions in food assistance due to funding shortfalls, placing additional strain on vulnerable households.

Forecasts from FEWS NET (Oct 2025–May 2026) indicate that large parts of the country are likely to remain in Crisis (IPC Phase 3) through mid-2026. However, major information gaps persist in the North and East regions, where the extent of food insecurity, market functionality and WASH-related health risks remains insufficiently documented.

Given these gaps, the DREF operation will prioritize evidence generation through targeted ECVA and detailed food security and market assessments in Bénoué and Mayo Louti (North) and Lom & Djerem and Kadey (East). Limited multipurpose cash assistance for 150 households and preventive WASH support for an estimated 80,000 people will address immediate vulnerabilities while assessments inform future, larger-scale interventions.



Food insecurity trends in Cameroon since 2020



Scope and Scale

Cameroon is facing a rapidly worsening, multi-regional food security crisis affecting millions. According to the Food Security Cluster, 2.5 million people are currently in need, while WFP estimates that 3.3 million people nationwide are impacted by food insecurity. This deterioration is driven by the combined effects of climatic shocks, conflict, displacement, market disruption, and rising food prices, with the Far North, North, Adamaoua, East, and the North-West and South-West regions most affected.

The Far North remains the epicenter, with more than 1.2 million people acutely food insecure. Repeated shocks—early-season floods washing away newly planted crops followed by prolonged dry spells—have severely reduced agricultural production. Insecurity and population displacement continue to limit access to farmland and markets, while sharp price increases make essential foods unaffordable. Families are already selling productive assets, indicating severely eroded coping capacity.

As families exhaust remaining food stocks and financial resources, they are increasingly resorting to negative coping strategies such as skipping meals, reducing dietary diversity, withdrawing children from school to work, or selling livestock and tools essential for recovery. Such practices heighten protection risks and cause long-term harm to health, livelihoods, and education. Meanwhile, humanitarian resources are diminishing, and WFP has already warned of imminent reductions in food assistance for refugees, internally displaced people, and vulnerable host communities.

Without timely support, acute malnutrition is expected to rise, especially among children under five and pregnant and lactating women. Families will be forced to liquidate their last remaining assets, further reducing their ability to recover in the next agricultural season. Weakened nutritional status and poor water quality will increase vulnerability to disease outbreaks, including cholera, which can spread rapidly under current conditions. As desperation grows, households may adopt high-risk survival strategies, heightening exposure to child labor, early marriage, and gender-based violence. If assistance does not expand quickly, this crisis could deepen into a humanitarian emergency with avoidable loss of life and irreversible livelihood collapse.

Health and WASH vulnerabilities are also rising. On 10 November 2025, two cholera cases were confirmed in the Doumo Health Area (North Region), a warning sign of worsening sanitation and water scarcity. Adamaoua and East Regions, despite lower levels of insecurity, host large numbers of displaced populations while facing erratic rainfall and vegetation anomalies that strain already limited food availability.

Source Name	Source Link
1. FAO 2025	https://www.fao.org/giews/countrybrief/country.jsp?code=CMR#:~:text=According%20to%20the%20latest%20Cadre%20Harmonis%C3%A9%20%28CH%29%20analysis,307%20000%20people%20in%20CH%20Phase%204%20%28Emergency%29
2. Africa Drought Watch	https://au.int/sites/default/files/styles/full/public/pressreleases/45167-AMHEWAS_Bulletin.png?itok=eggQ-a81
3. WFP	https://www.wfp.org/countries/cameroon
4. UNOCHA	https://www.unocha.org/publications/report/cameroon/cameroon-humanitarian-update-september-2025#:~:text=In%20the%20North%2DWest%20and,or%20markets%20except%20on%20weekends
5. Relief web	https://reliefweb.int/report/cameroon/cameroon-food-security-outlook-conflict-and-high-food-prices-are-driving-persisting-crisis-ipc-phase-3-outcomes-october-2025-may-2026
6. FEWS NET	https://fews.net/west-africa/cameroon/fews-net-analysis-note/november-2025

Previous Operations

Has a similar event affected the same area(s) in the last 3 years?	Yes
Did it affect the same population group?	No



Did the National Society respond?	-
Did the National Society request funding form DREF for that event(s)	-
If yes, please specify which operation	-
If you have answered yes to all questions above, justify why the use of DREF for a recurrent event, or how this event should not be considered recurrent:	
-	
Lessons learned:	
<p>In 2022, the Cameroon Red Cross launched an Emergency Appeal to address the growing food insecurity crisis affecting multiple regions of the country. The approach designed at that time was comprehensive and integrated combining cash and livelihoods support with health, nutrition, and WASH interventions, recognizing that hunger in Cameroon is not caused by food shortages alone; rather, it is driven by interconnected challenges such as drought and floods, poor access to safe water and sanitation, recurring cholera outbreaks, and high levels of acute and chronic malnutrition.</p> <p>Unfortunately, the appeal received extremely limited funding. As a result, only a small portion of the planned response was implemented. The Cameroon Red Cross was able to deliver cash assistance in only 3 localities. None of the complementary health, nutrition, WASH or livelihood activities could proceed. The response therefore remained partial, and short term without tackling the underlying drivers of the crisis.</p> <p>Year after year, the food insecurity situation has continued to worsen. More households slide into Crisis or Emergency levels of food insecurity, and coping capacities have been eroded, pushing families into deeper vulnerability.</p> <p>The lesson learned from the 2022 operation is that an integrated approach is essential as Food insecurity in Cameroon is rooted in multiple, overlapping deprivations. If assistance is limited to cash or food alone, gains are temporary, and families remain exposed to disease, poor nutrition, and livelihood collapse. This DREF operation intends to integrate cash support with WASH, livelihood strengthening, Protection and effective community engagement, to strengthen recovery and resilience.</p>	
Did you complete the Child Safeguarding Risk Analysis in previous operations, what was risk level?	No

Current National Society Actions

Start date of National Society actions

11-11-2025

Health	Cameroon Red Cross and IFRC joined a multisector needs assessment in the far North region in October 2025. That assessment, which only focused on the Far North region, revealed worrying malnutrition issues associated with widespread food insecurity in the region. During the planned assessment in North and East regions, reliable data on malnutrition levels will be collected to inform better planning of the action to be taken.
Water, Sanitation And Hygiene	Awareness campaigns have been launched within communities to help people control and prevent waterborne diseases, particularly cholera.
Coordination	The Cameroon Red Cross actively participates in meetings of the Food Insecurity Cluster in the Far North region. The assessment planned as part of this operation will be conducted in close collaboration with humanitarian actors present in the targeted localities. The Cameroon Red Cross also works closely with other humanitarian clusters, particularly those focusing on health and nutrition.
National Society Readiness	When it comes to combating food insecurity, the Cameroon Red Cross (CRC) has proven experience gained during interventions in 2021, 2022, and 2023. The National Society has



staff trained in multisectoral needs assessment, cash distribution, and disaster risk management in general. The CRC has framework agreements with two financial service providers and has recently demonstrated its ability to set up cash distribution operations in a timely manner.

Additionally, CRC has a national network of more than 105,000 volunteers across the country, including more than 600 trained in community health, WASH, epidemic prevention, risk communication, and community engagement.

In the North region, several volunteers have had their capacities strengthened as part of the implementation of the Community Epidemic Preparedness and Response Program (CP3), including the Mayo-Louti department.

In the Mayo-Oulo Health District, specifically in the Doumo and Dourbeye health areas, 10 volunteers have already been trained in Community-Based Surveillance (CBS) and are actively involved in detection and community awareness.

However, this number remains insufficient to ensure complete coverage of all exposed communities, hence the need for additional support to strengthen the community work. The CRC has a National Contingency Plan for Diarrheal and Cholera Epidemics, which provides a framework for interventions according to different scenarios. However, current conditions do not allow for its full activation, as the epidemic remains localized to a single health area and regional epidemiological thresholds have not yet been exceeded.

Similarly, the Cholera Early Action Protocol (EAP), developed as part of forecast-based financing (FbF), is based on two related triggers, climatic and epidemiological, which are not currently met. Indeed, no flooding or heavy rainfall has been observed according to the defined thresholds, and the two confirmed positive cases were imported.

In addition, an Emergency Operations Center (EOC) is being implemented within the CRC to improve the coordination and operational management of health emergencies. This system, combined with community reporting tools (WhatsApp groups, NYSS platform, remote supervision, etc.), enables a more rapid response to alerts.

Thanks to these capabilities, community roots, previous experience, coordination with MoH and Movement partners, the Cameroon Red Cross remains a key player in providing a rapid, structured response that complies with the standards of the International Federation (IFRC) and the Ministry of Public Health.

Assessment

In October 2025, the Cameroon Red Cross and the International Federation joined the consortium led by the FAO for a multisectoral assessment in the Far North region. This assessment highlighted the need for intervention to address food insecurity in this region. The assessment report also indicates worrying levels of poor access to water, latrines, and even adequate information on hygiene and sanitation, exposing populations to the risk of diseases such as cholera and other waterborne illnesses.

Following confirmation of cholera cases in Doumo, the Cameroon Red Cross conducted a rapid assessment, which identified a need for chlorination products, community WASH kits, ORS, and community communication materials, as well as local capacity building for surveillance and awareness raising.

IFRC Network Actions Related To The Current Event

Secretariat

The Federation's office in Yaoundé is providing technical support to the Cameroon Red Cross (CRC) in preparing this DREF for an appropriate response to the situation. It is participating with the CRC in national coordination meetings with MoH and other actors. The IFRC supports the CRC and provides technical support throughout the process of preparation, planning, and implementation of activities.

Participating National Societies

The French Red Cross (FRC) is present in Cameroon and participated in the multisectoral assessment in the Far North region alongside the Cameroon Red Cross and the



International Federation. The FRC has been working in this region for several years and provides ongoing support to the Cameroon Red Cross.

ICRC Actions Related To The Current Event

The ICRC is present in Cameroon, as well as in the Far North, Northwest, and Southwest regions. The Cameroon Red Cross will enter discussions with the ICRC regarding possible support for this operation in the regions where the ICRC is present.

Other Actors Actions Related To The Current Event

Government has requested international assistance	No
National authorities	The government launched the Emergency Project to Combat the Food Crisis (PULCCA) on 22 August 2024 in Bamenda, North-West Region, financed by the World Bank. This project to be implemented in 2 years has a budget of 35 billion CFA francs and aims to provide food and health aid and strengthen the resilience of the population.
UN or other actors	<p>Food security remains a top priority for agencies such as WFP, which has delivered lifesaving food support to more than half a million vulnerable people, including displaced families, refugees, and host communities. However, WFP has warned that cuts to food assistance are already affecting refugees and other highly vulnerable households in Cameroon due to serious funding shortages.</p> <p>The FAO conducted a multisectoral assessment in the Far North region. UNICEF is also responding in health and WASH, supporting access to nutritious food for children, and strengthening water, sanitation, and hygiene services to reduce disease risks in crisis-affected areas.</p> <p>OCHA coordinates operational presence in hard-to-reach communities, especially in conflict-affected North-West and South-West regions where movement restrictions severely limit access to markets and services.</p> <p>Despite these efforts, access constraints and underfunding continue to leave significant populations unreached. The UN stresses that assistance remains far below requirements, leaving households at risk of further deterioration if support is not scaled up.</p>

Are there major coordination mechanism in place?

There is a food security cluster, and the Red Cross is part of it. As for cholera, the Incident Management System (IMS) has been activated at the regional level under the coordination of the Regional Public Health Delegation (DRSP Nord).

Needs (Gaps) Identified



Livelihoods And Basic Needs

According to the joint assessment led by FAO, the food situation in the Far North region is worrying. Food insecurity affects 15.5% of households. 51.8% of households have an acceptable consumption score, but 31.3% are in a borderline situation and 16.9% are in a poor situation, with municipalities such as Makary (44.8%) and Maga (34.9%) particularly affected.

The assessment further highlights that female heads of household have a lower food consumption score (25% in poor conditions) compared to men (16.5%), indicating increased vulnerability. Refugees are the most affected, with 56.3% in poor consumption conditions, compared to 19.2% of internally displaced people and 16.4% of hosts.

Negative coping strategies are common, as shown by an average rCSI of 5.0, which is higher among women (5.8) than men (4.6), reaching critical levels in Blangoua and Logone-Birni (>11).



There is not sufficient information regarding the other affected regions, hence the need to assess the food insecurity situation in other regions, with a view to developing evidence-based planning to address it.



Health

In Cameroon today, many families face more than just a lack of food. Their ability to stay healthy and survive is undermined by deep, long-standing nutrition and health problems that feed directly into the food insecurity crisis. Recent data from Global Nutrition Report show that roughly 29% of children under five remain stunted, a sign of chronic under-nutrition that affects growth, cognitive development, and long-term well-being, especially among the poorest households. According to UNICEF's Humanitarian Situation Report No. 2 (January–June 2025), 37,350 children with Severe Acute Malnutrition (SAM) received life-saving treatment during that six-month period. A follow-up report for the third quarter 2025 (July–September) shows 21,900 children with SAM received treatment. At the same time, the burden of malnutrition and micronutrient deficiency remain pervasive, as iron-deficiency anaemia, vitamin A deficiency, and other micronutrient gaps remain common among children under five and pregnant or lactating women, especially in poor or displaced households where diet diversity is limited and access to health services is weak.

In crisis-affected zones, where households have already lost crops, livelihoods or savings, even a single illness can cause a downward spiral. Diseases such as cholera which remains a regional threat can decimate households' physical strength, reduce their ability to work or farm, and mean that even when food is available, people cannot make use of it. In other words, weakened health undermines food security, and food insecurity deepens health risks, trapping families in a vicious cycle of hunger, illness, and poverty.

For many households, this is not the first time they face such hardship. Years of repeated shocks; - floods, droughts, conflict, displacement, have gradually eaten away at what little buffer people had. Livestock, tools and savings have been sold, social support networks are overstretched; and coping strategies that once worked no longer do. In this context, malnutrition is no longer a temporary setback. It is a condition that has become entrenched, passed from one season to the next without recovery.

Given this reality, humanitarian response must go beyond food. It must address health, nutrition, water, sanitation, and protection altogether. For families already stretched thin, that integrated approach is a lifeline to save lives, restore dignity, or prevent long-term damage to communities.



Water, Sanitation And Hygiene

In many of the crisis-affected zones of Cameroon, especially in the Far North, but also in some rural and conflict-affected areas, access to safe drinking water, basic sanitation, and good hygiene practices is severely limited. This lack of WASH services is a central driver of vulnerability, illness and deeper food insecurity. Nationwide data show that only about 70% of Cameroonians have access to at least basic drinking water services; the gap is much larger in rural regions, where reliable safe-water coverage drops sharply. Sanitation access is even more inadequate: only 43% of the population enjoys basic sanitation facilities (latrines, toilets), and coverage in rural areas is extremely low compared with urban zones.

In the Far North, among the most drought and climate-affected parts of the country, the situation is worse. Studies in the Lake Chad Basin of the Far North have documented that a substantial portion of water points are non-functional or contaminated. Most community water points are broken or non-functional, and many of the existing wells or boreholes are shallow, unprotected or at risk of contamination from nearby waste or latrines.

Household practices further exacerbate the problem. Water storage is often unsafe (clay pots or open containers), and only a small fraction treat water before drinking it. In many places, hygiene and sanitation behaviour is constrained by lack of infrastructure. Households and communities often lack latrines, hand-washing stations, and open defecation remains common.

Waterborne diseases especially diarrhoeal illnesses and cholera have repeatedly afflicted communities in the Far North and other vulnerable zones. Over the past decade, the Far North has been among the regions most impacted by cholera outbreaks in Cameroon. When people drink contaminated water or lack sanitation, disease spreads rapidly, particularly in lean seasons or during population displacement, further weakening health and undermining already fragile food security.

Compounding this is the fact that while the national government, through its 2025–2030 water policy has committed to expanding access, progress is slow, uneven, and underfunded. As of 2025, large rural and remote areas remain far below national targets, and many water systems suffer from poor maintenance, broken pumps, or seasonal drying due to climate stress.

Given this reality, the DREF intervention will integrate WASH as a core pillar. The operation will support rehabilitation or installation of



safe water points (boreholes, wells, protected sources) and ensuring their functionality and maintenance, distributing water treatment supplies, promoting household water treatment and safe storage, integrating health and WASH outreach, community hygiene promotion, disease surveillance, and early warning systems to detect and prevent outbreaks.

Any identified gaps/limitations in the assessment

In 2022, the Red Cross launched an emergency appeal for food security, with a focus on health/nutrition, WASH, and livelihoods. Given the low funding rate for this emergency appeal, only a few households were able to benefit from cash assistance (CVA). The other planned activities could not be carried out due to lack of funding. The situation described by the African Union in its report confirms that these problems remain unresolved to this day and constitute a gap that needs to be addressed. The assessment planned as part of this operation will give us more visibility on the gaps that need to be addressed.

[Assessment Report](#)

Operational Strategy

Overall objective of the operation

This operation aims to gather reliable, up-to-date information in order to guide an evidence-based response for drought-affected households, by conducting a detailed multisector assessment, while providing limited cash assistance to 150 families and WASH support reaching 80,000 people to safeguard dignity, protection and resilience during the four-month period.

Operation strategy rationale

Given the limited scope of confirmed information beyond the Far North, the proposed DREF operation now prioritizes assessment and WASH interventions, with only a minimal and targeted cash component where conditions allow and where evidence from the Far North justifies immediate relief. This strategic shift ensures that the response remains evidence-based while addressing the most immediate public-health and water-related risks. At the same time, the assessments will generate the data needed to define and scale appropriate interventions as the crisis evolves. The operation will therefore:

- 1- conduct rapid food security and market assessments in the North and East regions to fill critical information gaps and guide future programming.
- 2- Implement WASH activities to reduce disease risks linked to poor water access, weakened immunity, and ongoing cholera alerts.
- 3- Provide limited, targeted multipurpose cash assistance in specific areas of the Far North where needs have already been confirmed and market functionality allows small-scale support.

CASH Distribution:

One round of multi-purpose cash assistance for the most vulnerable 150 households (1,200 people).

Cash is appropriate because it's the easiest and fastest way to provide immediate assistance to the vulnerable community, helping them to meet their most urgent needs. Given functioning markets in targeted areas and allows families to meet priority needs.

Each of the 150 households will therefore receive 1 transfer of 75,000 XAF for this first phase of the response, enabling them to buy staple foods, repay debts, purchase water and hygiene items, and cover basic health needs without resorting to harmful coping strategies. This amount was calculated based on the estimations of the Food Security Cluster in Cameroon, which provides that one household has an average of 8 people, and that each of the 8 people must receive about 9,500 XAF per round.

WASH

WASH interventions are prioritised due to the rising public-health risks caused by limited water availability, declining water quality and weakened household resilience. Recent cholera cases in the North Region underscore how quickly waterborne diseases can spread in the current context of drought, displacement and market disruption. Ensuring access to safe water, basic hygiene supplies and community hygiene promotion is essential to preventing outbreaks, particularly as food insecurity further erodes immunity.

The WASH strategy therefore focuses on disease prevention and WASH stabilisation, especially in cholera-affected or high-risk areas such as the Doumo Health Area (North) and vulnerable communities in the Far North. Interventions will include:

- Hygiene promotion on handwashing, safe water handling and faeces disposal
- Provision of household water treatment options and safe-storage support



- Distribution of water purification tablets and key hygiene items
- Water safety and basic sanitation measures at household and community level
- Strengthening community water-point management and local WASH committees
- Reinforced hygiene and infection-prevention measures in schools, markets and health facilities

Assessment

The operation places a strong emphasis on assessment and evidence generation to ensure that any future scale-up is based on accurate, context-specific and up-to-date information. While the recent FAO-led assessment provided insights for the Far North, major information gaps remain in the North and East regions, where climatic stress, market disruption and population movements suggest significant but insufficiently documented needs.

To address these gaps, the operation will conduct targeted, multi-layered assessments combining Emergency Community Vulnerability Assessment (ECVA) approaches with detailed sectoral needs analysis. These assessments will focus on Bénoué and Mayo Louti divisions in the North Region, and Lom & Djerem and Kadey divisions in the East Region. They will examine key determinants of household well-being, including:

- food consumption and dietary diversity.
- income sources and livelihood disruptions.
- coping strategies already adopted by households.
- market performance, price dynamics and feasibility of cash-based assistance.
- access to water, basic services and public-health risks.

Community Engagement and Accountability (CEA) & Protection, Gender and Inclusion (PGI)

CEA and PGI underpin the entire operation. Communities will be informed of objectives, selection criteria and assistance modalities, with strengthened feedback and complaint mechanisms. Volunteer training will integrate PGI, addressing risks faced by women, girls, boys, older people and persons with disabilities. These principles will guide targeting, distributions, communication and referrals for protection concerns such as GBV and child protection.

Targeting Strategy

Who will be targeted through this operation?

The targeting strategy prioritizes households whose lives and well-being are most at risk, combining immediate life-saving support in the Far North with preventive health and WASH interventions in the North, while preparing for evidence-based scale-up.

This operation will target:

- 150 households (approx. 1,200 people) in the Far North with multipurpose cash and livelihood assistance
- 250,000 people in the Far North and North regions of Cameroon: the broader population in both regions will benefit from hygiene promotion, epidemic prevention, and WASH activities.

Beneficiary targeting will prioritize those whose lives and wellbeing are currently most at risk, particularly households with minimal savings, limited livelihood options, and weak social safety nets, who often cannot withstand even short disruptions in food availability or water access. The most vulnerable groups include:

- Children under five – high nutritional vulnerability; malnutrition increases susceptibility to diarrheal diseases.
- Pregnant and lactating women – diets affect maternal health and infant development.
- Female-headed households – limited land, livestock, income, and caregiving responsibilities reduce adaptive capacity.
- People with disabilities and older persons – mobility constraints hinder access to markets, water, and health facilities.
- IDPs, refugees, and host communities – asset and livelihood losses increased reliance on humanitarian assistance.

Explain the selection criteria for the targeted population

The selection of people to be supported through this operation is based on the urgency of needs, level of vulnerability, and exposure to food insecurity and disease risks. The Far North is prioritized for cash assistance because it has the highest number of food-insecure people in the country and functioning markets that allow families to immediately access food once purchasing power is restored. The North region is prioritized for WASH interventions due to the ongoing cholera outbreak, which significantly increases mortality risk among malnourished and food-insecure households. The East region is prioritized only for food insecurity assessment. No beneficiary targeted in this region during the first phase of the operation.

Within these regions, Cameroon Red Cross will apply transparent and community-validated selection criteria to identify households most exposed to hunger, illness, and negative coping strategies. Selection will consider:

- Severity of food insecurity (households skipping meals, reducing portion sizes, or with no food stocks remaining)



- Health and nutrition vulnerability (presence of pregnant or breastfeeding women, or children under five, especially those already malnourished)
- Socioeconomic vulnerability (households with no stable income sources, limited savings, high dependency ratios)
- Protection vulnerability (female-headed households, people with disabilities, elderly persons living alone)
- Displacement status (IDPs, refugees, and host communities under severe strain)

These groups are at heightened risk of hunger-related mortality, rapid health deterioration, and irreversible loss of livelihoods. To ensure inclusive and accountable targeting, CRC will work closely with Community leaders and Women's groups. Health facilities and Local authorities to identify beneficiaries fairly and transparently while preventing exclusion or favoritism. Intensive community engagement and accountability approach will ensure people understand who is being targeted, why these criteria are used and how to provide feedback or raise concerns.

Total Targeted Population

Women	41,000	Rural	-
Girls (under 18)	-	Urban	-
Men	39,000	People with disabilities (estimated)	-
Boys (under 18)	-		
Total targeted population	80,000		

Risk and Security Considerations (including "management")

Does your National Society have anti-fraud and corruption policy?	No
Does your National Society have prevention of sexual exploitation and abuse policy?	No
Does your National Society have child protection/child safeguarding policy?	No
Does your National Society have whistleblower protection policy?	No
Does your National Society have anti-sexual harassment policy?	No

Please analyse and indicate potential risks for this operation, its root causes and mitigation actions.

Risk	Mitigation action
Contamination from cholera or other water-related diseases of volunteers and staff in the field: it is not uncommon for humanitarian workers to become infected in the course of their work, whether through accident or negligence. Given that volunteers will be brought into contact with suspected cases of cholera, they may be exposed to this disease.	To limit these risks, volunteers will all be briefed on the dangers associated with their activities and how to limit the risks. They will also be given masks and hand sanitizer for their protection.
Due to the rampant food insecurity situation in targeted localities, beneficiaries may suffer sexual exploitation, abuse, or harassment due to IFRC funding or operations.	IFRC staff, Cameroon Red Cross staff and volunteers and any partner working with us within the framework of this operation will be briefed on IFRC policy on Safeguarding (Prevention of Sexual exploitation and abuse and sexual harassment).



The North, Far North, and East regions of Cameroon are affected by sporadic armed conflict, banditry, and communal violence, which pose significant risks to humanitarian personnel and communities. Armed groups and criminal elements are known to operate along major transit routes and in remote areas, increasing the likelihood of attacks, kidnappings, or theft. These risks are compounded by the presence of displaced populations, competition over scarce resources, and limited security presence in rural areas. Field staff may also face indirect risks from community tensions linked to aid distribution, particularly in cash or WASH interventions.

Mitigation measures include careful route planning, coordination with local authorities and community leaders, limiting the visibility of cash activities, using local volunteers familiar with the security context, and adhering to strict operational safety protocols.

Please indicate any security and safety concerns for this operation:

Part of the operation will be carried out in regions with conflict spot areas in Cameroon. To limit the risk, volunteers will be briefed on safety instructions and will be required to adhere to set safety hours. In addition, the ICRC will be kept informed of all field visits, with hourly radio room calls. These volunteers are already deployed on a voluntary basis and have the trust of the communities. Additionally, activities are not targeting hot spots per se.

Has the child safeguarding risk analysis assessment been completed?

No

Planned Intervention



Livelihoods And Basic Needs

Budget: CHF 29,000

Targeted Persons: -

Indicators

Title	Target
Number of assessment reports produced and shared with relevant stakeholders	4

Priority Actions

- A detailed multisectoral livelihoods and food security assessment in Bénoué and Mayo Louti divisions (North region), as well as in Lom & Djerem and Kadei divisions (East region) to provide evidence based for future expansion.



Multi Purpose Cash

Budget: CHF 30,804

Targeted Persons: 1,200

Indicators

Title	Target
Number of people reached with Multipurpose Cash distribution	1,200
Percentage of surveyed people whose households received cash transfers / vouchers are satisfied with the amount received	80



Priority Actions

- Identification and registration of 150 vulnerable households based on agreed vulnerability criteria and community validation.
- Implementation of one round of multipurpose cash transfers at the value of 75,000 XAF per household,
- Coordination with authorities and humanitarian partners to ensure harmonization of transfer values, targeting, and delivery methods.
- Training of volunteers and staff on Cash and Voucher Assistance (CVA), including beneficiary registration, protection and data privacy, complaints and feedback handling, and safe delivery modalities.



Water, Sanitation And Hygiene

Budget: CHF 27,622

Targeted Persons: 80,000

Indicators

Title	Target
Number of handwashing facilities available	20
Percentage of houses and places where cases of cholera were detected that were disinfected	100
# of people reached with WASH awareness-raising	80,000

Priority Actions

- Acquisition, installation, and maintenance of 20 handwashing facilities in public places and at the Integrated health facility in the DOUMO health district, where cases of cholera have recently been confirmed.
- Acquisition of inputs for water purification.
- Mapping and disinfection of water points.
- Disinfection in the homes of suspected and/or confirmed cholera cases.
- Installation of three oral rehydration stations (ORS) in collaboration with local health authorities



Protection, Gender And Inclusion

Budget: CHF 0

Targeted Persons: 80,000

Indicators

Title	Target
% of volunteers trained on PGI and PSEA	100
Number of women led VSLA supported	40
# of awareness sessions on rights, inclusion and protection	30
% of communication materials adapted for inclusiveness	100

Priority Actions

- Integrate PGI modules into all volunteer trainings, including safe identification and referral of protection cases, prevention of SEA, gender-based violence (GBV) awareness, and inclusion of people with disabilities.
- Regular household visits for follow-up on high-risk cases (e.g., elderly living alone, persons with disabilities), linked to existing



community protection networks and health referral pathways.

- Inclusive beneficiary registration, with forms capturing sex, age, disability status and specific vulnerabilities, to ensure equitable selection and prioritization.
- Targeted support and prioritization of female-headed households, older persons, people with disabilities, and caregivers of small children during distributions and activity access.
- Inclusive communication and messaging, using adapted formats (local languages, pictograms for low-literacy households, audio messages for visually impaired persons, child-friendly materials).
- Promotion of women's leadership in decision-making roles within community structures such as water committees, VSLAs, and volunteer leadership positions.
- Establishment and monitoring of safe, confidential feedback and complaints mechanisms (FGDs, helpdesks, hotline or community focal points), with special attention to safe channels for women and survivors of violence.
- Awareness sessions on preventing violence, rights to assistance, safety in accessing services, and inclusion in emergencies.
- PGI monitoring and reporting tools to track equitable access and address any emerging exclusion risks throughout the operation.



Community Engagement And Accountability

Budget: CHF 8,406

Targeted Persons: 80,000

Indicators

Title	Target
# posters produced, distributed and pasted	600
# of persons reached through awareness raising activities	80,000
# of beneficiary selection committee trained and have a beneficiary selection criterion validated	4
Percentage of feedback acted upon	60
# of operational decisions made based on community feedback received	-
# of community consultations (context analyses, needs assessments) held	8

Priority Actions

- Integrate CEA/RCCE training into EPIC training to strengthen the capacities of the 70 volunteers and 12 team leaders involved in the operation.
- Deploy trained volunteers to conduct awareness-raising activities through home visits, focus group discussions (FGDs), mass communication, mobile cinema sessions, and other channels.
- Establish and train beneficiary selection committees.
- Support the development and validation of beneficiary selection criteria with these committees.
- Conduct field visits for beneficiary selection in targeted communities (Extreme North and North).
- Post communication materials in strategic areas of targeted communities.
- Collect, document, analyze, and disseminate feedback reports.
- Hold community consultations (context analyses, needs assessments, meetings, and FGDs) in targeted communities.



Secretariat Services

Budget: CHF 34,553

Targeted Persons: -



Indicators

Title	Target
Number of surge staff deployed	1
Number of DREF presentation workshops organized	1

Priority Actions

The IFRC Cluster Delegation in Yaoundé will provide continuous technical, coordination, and operational support to the Cameroon Red Cross to ensure quality and accountability throughout the DREF implementation. The Secretariat's role will focus on strengthening CRC capacity to deliver the planned activities efficiently and in line with global standards.

To achieve this, the IFRC will support the following:

- Introductory briefing with local and regional authorities, ensuring strong visibility and positioning of CRC as the lead responder and reinforcing partnerships from the onset.
- Regular participation in coordination forums, including Food Security, Health, and WASH platforms, to ensure harmonization of approaches with UN agencies, INGOs and government actors, and to advocate for CRC leadership in community-level action.
- Remote and onsite supervision and technical guidance and quality assurance across all components
- Communication and visibility support to showcase humanitarian impact, promote accountability to communities and partners, and strengthen CRC positioning for a potential scale-up



National Society Strengthening

Budget: CHF 19,685

Targeted Persons: -

Indicators

Title	Target
Number of PDM conducted	1

Priority Actions

- Monitoring operations at branch level by headquarters, with technical supervision provided by the delegation.
- Informing responders of operational risks and providing protective equipment and visibility gear.
- Coordinating with the IFRC throughout the operation.
- Conducting post-distribution monitoring for cash transfers and seedlings.
- Conducting a lesson learned workshop.

About Support Services

How many staff and volunteers will be involved in this operation. Briefly describe their role.

150 volunteers and 5 supervisors will be deployed as part of this operation. They will be trained in the various topics selected, then will go into the field to carry out the activities listed above.

The CRC will designate a focal point to coordinate the operation. This person will be supported by experienced CRC staff, including those responsible for health, monitoring and evaluation, logistics, and finance.

The teams at the Federation's office in Yaoundé will provide the necessary support to the CRC in implementing this operation.



Does your volunteer team reflect the gender, age, and cultural diversity of the people you're helping? What gaps exist in your volunteer team's gender, age, or cultural diversity, and how are you addressing them to ensure inclusive and appropriate support?

The volunteers who will be made available under this DREF belong to the localities where the activities will be implemented. This group consists of both men and women of different ages and are people who are accepted by the communities.

Will surge personnel be deployed? If yes, please provide the role profile needed.

Yes

The operation will deploy one surge staff with a solid background in emergency food security, livelihoods, and if possible, cash-based interventions. The profile required is an experienced food security officer capable of conducting rapid needs assessments and guiding the design and implementation of this operation. This person will oversee targeting and food security outcome tracking. They will also support coordination with health and WASH teams to maintain an integrated response and provide technical guidance to volunteers and branch staff. Their role will be essential in ensuring that all food security interventions are evidence-based, timely, and aligned with operational standards.

If there is procurement, will it be done by National Society or IFRC?

CRC already have contracts with Financial Service Providers in place. The IFRC will make direct payments for all CVA activities. Any procurement with value above CHF 5000 will be paid directly by IFRC.

How will this operation be monitored?

Monitoring will be conducted jointly by the Cameroon Red Cross and the IFRC to ensure that the operation remains on track, achieves its expected results, and adapts quickly to evolving needs. The monitoring approach will combine routine field supervision, structured reporting, community feedback, and financial oversight to capture both the effectiveness and the accountability of the response.

CRC volunteers and branch staff will be responsible for daily operational monitoring of field activities, using standardized reporting tools to track key indicators across CVA, livelihoods, health, nutrition, WASH, PGI and CEA. Supervisors will compile weekly activity reports for CRC headquarters and the IFRC Delegation. The IFRC will provide close technical monitoring throughout the operation, including monthly coordination and monitoring meetings at country level, and joint field missions to verify progress, assess quality and identify challenges early.

A DREF monitoring call will be held one month after the launch of the operation, involving IFRC technical focal points (CVA, Health, WASH, PGI, CEA, PMER), to review performance against plans, track expenditures, mitigate risks and ensure compliance with quality standards. Throughout the operation, financial monitoring and reconciliation will be carried out monthly to ensure strong accountability.

Post-Distribution Monitoring (PDM) will be conducted after each cash distribution round to assess how households are using the assistance, measure changes in food consumption and coping strategies, and identify any emerging protection concerns. For WASH and Health components, monitoring will include field observations, CBS reports, service delivery statistics (awareness sessions, referrals), and beneficiary feedback to measure uptake and behavior change.

The IFRC Delegation in Yaoundé will conduct additional monitoring visit during the midterm phase of the operation to provide technical verification and ensure quality assurance across sectors. Findings from all monitoring activities will be consolidated in monthly operational updates, shared with the IFRC and Movement partners. A final narrative and financial report will document achievements, lessons learned, and next steps toward a potential scaleup.

Community feedback and complaints systems established under CEA will serve as a continuous monitoring mechanism, allowing affected people to report concerns, challenge targeting decisions, or request additional clarity.



Please briefly explain the National Societies communication strategy for this operation

A communication strategy will be developed to raise awareness of the operation and the CRC in this context. Several means and methods of communication will be used. First, when the DREF is approved, an information session will be held for partners and other stakeholders. A presentation of the objectives and activities will be made during the coordination meetings of the One Health platform and the SGI.

Weekly social media strategies will be shared on social networks, a monthly newsletter will be produced and distributed, and other stakeholders will be involved in each training workshop.



Budget Overview



DREF OPERATION

MDRCM042 - Cameroon Red Cross Food Insecurity

Operating Budget

Planned Operations	95 833
Shelter and Basic Household Items	0
Livelihoods	29 000
Multi-purpose Cash	30 804
Health	0
Water, Sanitation & Hygiene	27 622
Protection, Gender and Inclusion	0
Education	0
Migration	0
Risk Reduction, Climate Adaptation and Recovery	0
Community Engagement and Accountability	8 406
Environmental Sustainability	0
Enabling Approaches	54 238
Coordination and Partnerships	0
Secretariat Services	34 553
National Society Strengthening	19 685
TOTAL BUDGET	150 070

all amounts in Swiss Francs (CHF)



Contact Information

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[Click here for the reference](#)

