



A CRC volunteer is conducting a rapid situational assessment.

| | | | |
|--|---|--|--------------------------------------|
| Appeal: MDRCM043 | Hazard: Fire | Country: Cameroon | Type of DREF: Response |
| Crisis Category: - | Event Onset: Sudden | DREF Allocation: CHF 433,917 | |
| Glide Number: - | People Affected: 6,993 people | People Targeted: 6,993 people | |
| Operation Start Date: 11-02-2026 | Operation Timeframe: 5 months | Operation End Date: 31-07-2026 | DREF Published: 13-02-2026 |

Targeted Regions: **Extrême-Nord**

Date of event

07-02-2026



Scene of the fire at the IDP camp in Kolofata

What happened, where and when?

On 7 February 2026, a series of large-scale fires affected multiple internally displaced persons (IDP) camps in Kolofata, Mayo-Sava Department, Far North Region, Cameroon. The fires occurred in quick succession between 10:00 and 11:45 a.m., initially impacting the Ndaba (Bergerie), Kordo Bergerie, and Camp LéléDé sites, before spreading to Camp LéléDé Tribune, located more than two kilometres away.

The rapid and uncontrollable spread of the fires was exacerbated by strong winds, the highly flammable nature of shelter materials (millet stalks and wooden poles), and the absence of firefighting capacity within the camps. As a result, the affected sites were almost entirely destroyed.

The incident resulted in one confirmed fatality (an eight-year-old child), several injuries, and left thousands of already highly vulnerable displaced persons without shelter, food, or essential household items, significantly aggravating their humanitarian needs.

Scope and Scale

According to information collected by the Cameroon Red Cross from the field, 6,993 people (approximately 1,100 households) have been affected by the fires. The incident resulted in one confirmed death, 15 injured persons, and four hospitalizations. The affected population includes a high proportion of pregnant and lactating women, children, older persons, widows, and 80 persons with disabilities, indicating significant protection, gender, and inclusion concerns.

Disaggregated data show that the affected population comprises 3,115 women (including 625 lactating women, 455 pregnant women, 215 older women, 225 widows, and 95 women with disabilities), 798 children (including 790 unaccompanied or separated children and six children with disabilities), and 3,080 men (including 1,500 older men and 80 men with disabilities).

A total of 4,500 shelters were affected, of which 3,500 were completely destroyed, leaving households without adequate shelter. The fires also caused substantial losses of livelihoods and productive assets, including approximately 300 livestock, food stocks, bicycles, mills, and sewing machines. Cash losses are estimated at over XAF 3.4 million, further reducing household coping capacity.

At present, affected households are sleeping in the open, with no pre-positioned emergency stocks available to meet immediate needs.

Shelter reconstruction options are severely constrained due to scarcity of construction materials. In addition, high levels of psychosocial distress have been reported, particularly among children and bereaved families, underscoring the need for urgent multisectoral humanitarian assistance, including shelter, household items, protection, and psychosocial support.

Previous Operations

| | |
|--|-----------|
| Has a similar event affected the same area(s) in the last 3 years? | No |
| Did it affect the same population group? | - |
| Did the National Society respond? | - |
| Did the National Society request funding form DREF for that event(s) | - |
| If yes, please specify which operation | - |
| <p>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:</p> <p>-</p> | |
| <p>Lessons learned:</p> <p>No fire incidents requiring an emergency response were recorded in the targeted locality. However, the Far North region has experienced several other emergencies, including floods and population movements. These responses enabled the National Society to draw on lessons learned and good practices, which have helped to mitigate key operational constraints and challenges. Within the framework of the current operation, these lessons learned will be applied, notably through:</p> <ul style="list-style-type: none"> - The rapid assessment of the situation, timely mobilization of resources, and swift coordination within the Movement to effectively support the National Society. - The early consideration of logistical arrangements to ensure the efficient transportation of materials to the field, as well as the deployment of personnel to support the concerned divisional committee. - The integration of measures to address language barriers, particularly for awareness-raising activities related to the different components of the intervention and for community engagement activities. All sensitization and community mobilization materials will be translated into the local language to ensure accessibility and effective participation. | |
| 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

07-02-2026

| | |
|---------------------|---|
| Health | Cameroon Red Cross volunteers and community members provided immediate first aid and supported the evacuation of injured persons to health facilities. Basic psychological first aid was provided, with particular attention to children and affected families. |
| Coordination | Cameroon Red Cross Society is leading the response at local level, in coordination with relevant authorities. Movement coordination is ensured through regular information sharing between the |



| | |
|-------------------|---|
| | National Society, IFRC, Yaoundé Cluster Delegation, and other Movement partners (ICRC and French Red Cross) |
| Assessment | Rapid initial assessments were conducted to identify affected households, damages, and priority needs. |

IFRC Network Actions Related To The Current Event

| | |
|---|--|
| Secretariat | IFRC provides coordination, technical, and strategic support to ensure a coherent and principled Movement response. |
| Participating National Societies | The French Red Cross is the only Partner National Society present in Cameroon. It is currently coordinating with other Movement partners in Cameroon to determine and provide appropriate support to the National Society. |

ICRC Actions Related To The Current Event

The ICRC has a sub delegation nearby the locality, and the affected area is part of the priority zones and regular work including assistance to the local health structure, nutrition, wash infrastructures and protection. In close coordination with the local and divisional branches of the National Society, a multidisciplinary team has been deployed to support field assessment and response plan.

Other Actors Actions Related To The Current Event

| | |
|--|---|
| Government has requested international assistance | No |
| National authorities | Local administrative authorities, health services, and traditional leaders were present on site to support coordination efforts and provide reassurance to affected communities. Decisions are expected to follow; however, no concrete actions have been undertaken at this stage. |
| UN or other actors | The engagement of other humanitarian actors is currently under discussion, with additional assessments and response actions expected as coordination mechanisms are activated. A team composed of a psychologist, a social worker, and a community facilitator, deployed to the field by ARDHU (Action pour le Respect des Droits de l'Homme et de la Dignité Humaine), is conducting a rapid assessment in the affected localities, alongside the provision of psychosocial support. UNHCR has prepositioned NFI at local level and they are coordinating to see how the distribution can be done. |

Are there major coordination mechanism in place?

Movement coordination is ensured through regular information sharing at all levels between the National Society, IFRC Yaoundé Cluster Delegation, the ICRC and the French Red Cross.



Needs (Gaps) Identified



Shelter Housing And Settlements

Following the fires incidents, shelter needs are extremely high, both immediate and medium-term. These needs relate to physical safety, protection, health, and the dignity of affected households. A significant number of shelters, including tents, makeshift hangars, and emergency shelters were completely destroyed, resulting in the loss of construction materials and essential household items such as cooking utensils, mattresses, blankets, and clothing. Due to the intensity of the fires, no materials could be salvaged or reused, forcing displaced households to sleep outdoors. This situation has had a direct and severe impact on the ability of affected families to live in safe and dignified conditions.



Health

The fires destroyed shelters and forced affected populations to sleep outdoors, increasing exposure to harsh weather conditions and elevating the risk of:

Acute respiratory infections (ARI) due to cold nights and smoke exposure.

Waterborne diseases, including acute diarrhoeal diseases and potential cholera outbreaks, linked to disrupted water and sanitation infrastructure.

Vector-borne diseases, particularly malaria, due to increased mosquito exposure.

Skin infections and wound complications resulting from burns and poor hygiene conditions.

Insect and reptile bites, especially among children sleeping outdoors.

Pregnant and lactating women, children under five, older persons, and persons with disabilities are at heightened risk. In addition, the psychological impact of the disaster has increased stress, anxiety, and psychosocial distress among affected populations.

While health facilities in the area were not destroyed, they are under strain due to increased caseload and limited resources.



Water, Sanitation And Hygiene

The risks related to water, sanitation, and hygiene (WASH) following the fires are extremely high, as the affected populations no longer have access to water supply facilities, nor to hygiene and sanitation infrastructure. There is a critical need for emergency water provision, sanitation materials, and hygiene items, as well as for hygiene promotion and community sensitization on safe hygiene and sanitation practices.



Protection, Gender And Inclusion

The fires have significantly increased exposure and protection risks for women, children, older persons, and persons with disabilities. These risks include gender-based violence (GBV), family separation, loss of privacy and dignity due to the absence of safe spaces, as well as the exploitation and abuse of children, youth, and other people with specific needs. In addition, the destruction of shelters and personal belongings might have severely affected menstrual hygiene management (MHM) for women and adolescent girls, who have lost access to sanitary materials, adequate washing facilities, and private spaces for changing and disposal. This situation increases health risks, psychological distress, and protection concerns. These groups require targeted protection interventions that are sensitive to gender, age, disability, and inclusion considerations.



Risk Reduction, Climate Adaptation And Recovery

In light of this situation, there is an urgent need to establish community-based protection and fire prevention mechanisms, strengthen and improve site planning using more fire-resistant materials, and install firebreak systems. Enhanced coordination between administrative authorities and humanitarian actors is critical to reduce the risk of future fires and mitigate their potential impact.





Community Engagement And Accountability

The fires have also caused significant damage to key infrastructure, including health centres and other essential facilities within the camp. Affected populations require clear, reliable, and up-to-date information. It will therefore be essential to use community communication channels, particularly through community leaders to share information on the implementation of activities as well as on the measures that will be put in place to support their reintegration. To address existing information gaps, it will be important to strengthen community feedback mechanisms, including the systematic collection of feedback by volunteers and the establishment of a feedback and response system.

Any identified gaps/limitations in the assessment

In addition to the needs identified above, several other priority needs have been identified, particularly in the areas of education, food assistance, and the resettlement of the affected population.

Operational Strategy

Overall objective of the operation

This operation aims to enable 1000 Household affected by the recent fires to independently meet their essential needs through immediate and flexible humanitarian assistance in the sectors of shelter, WASH, and health, primarily through cash-based intervention. Cross-cutting actions in protection and community engagement will further strengthen the relevance and accountability of the response. Over a period of five (5) months, the operation is expected to lead to a tangible improvement in households' ability to meet their priority needs and stabilize their post-crisis situation.

Operation strategy rationale

This operational strategy is grounded in joint field assessments conducted by CRC volunteers in close coordination with the ICRC sub-delegation in Kolofata and aligned with the Movement Response Plan, which clearly defines sectoral responsibilities and complementarity among partners.

Under the Movement Response Plan:

ICRC, in coordination with CRC, is supporting:

- Distribution of Essential Household Items (EHI) to 1,000 households (600 Ndaba, 400 Tribune),
- A first round of cash distribution to 1,000 households;
- Rehabilitation of the Mini-AEP water system and replacement of damaged infrastructure;
- Construction of 40 emergency latrine blocks (in addition to 30 latrines by CRC which will be funded by high commission of Canada);
- Provision of Aqua Tabs, support to burned patients, and reinforcement of health centres;
- Positioning of medical supplies for cholera response.

The proposed DREF-funded intervention is therefore designed to complement and reinforce these sectoral inputs, rather than duplicate them.

Specifically:

1) Multipurpose Unconditional Cash Transfers (MP-UCT)

The selection of multipurpose unconditional cash transfers is based on the ability to provide a rapid, flexible, and dignified response to the priority needs of affected households. The expected outcomes are :

- Improved access to essential goods and services, including food, temporary shelter materials, health care, and WASH-related needs.
- Reduction in negative coping strategies, such as reducing food consumption, selling productive assets, or incurring high-risk debt.
- Stabilization of household consumption levels during the assistance period.
- Strengthened household decision-making capacity, allowing beneficiaries to prioritize their most urgent needs according to their specific context.

Under this modality, 1000 Household with an average of 7 persons/HH will be identified and supported through unconditional multipurpose cash assistance of XAF 9,500 per person per month for a period of three (3) months.

The transfer value was defined in accordance with the November 2025 national revision of the Minimum Expenditure Basket (MEB) and cash transfer values in Cameroon, as established by the National Cash Working Group.

Cash transfers will be delivered through secure mechanisms, prioritizing electronic mobile money solutions in partnership with accredited financial service providers with whom the CRC already has a valid contractual agreement. Where necessary, alternative options (such as supervised direct payments) will be considered for households without access to mobile financial services.



The RedRose platform will be used to support beneficiary registration and management, helping to mitigate risks related to beneficiary identification, duplication, and data integrity. Community sensitization sessions will be conducted ahead of distributions to ensure clear communication on project objectives, targeting criteria, withdrawal modalities, complaint and feedback mechanisms, and beneficiaries' rights and responsibilities.

Close coordination will be ensured with local administrative authorities to support security during distributions, as well as with other humanitarian actors to avoid duplication and promote complementarity. This cash assistance will complement interventions implemented by the ICRC and other partners in sectors such as WASH, health, protection, and shelter.

2) Protection, Gender and Inclusion (PGI)

The main outcome here is that affected communities benefit from strengthened protection, gender, and inclusion measures, including SGBV prevention and response, safeguarding systems, and disability-inclusive support, ensuring equitable and safe access to assistance.

To this end, the operation will integrate Protection, Gender, and Inclusion across all activities through training on SGBV, child protection, and disability inclusion. Targeted support will be provided to persons with disabilities, while PGI considerations will be mainstreamed into cash assistance with specific GBV risk mitigation measures. Psychosocial support services will be available to affected individuals, and SGBV prevention and response efforts will include community awareness activities, dissemination of safe reporting mechanisms and referral pathways, and coordination with protection actors and the SGBV working group. Dignity kits will also be distributed to address immediate protection and hygiene needs.

Child protection actions will include the development of key messages for community sensitization, while safeguarding measures will focus on conducting child safeguarding risk analyses and ensuring staff and volunteers receive briefings and sign the Code of Conduct and relevant policies. The operation will strengthen community awareness on safeguarding principles, promote zero tolerance toward sexual exploitation and abuse (PSEA), and establish accessible and confidential reporting mechanisms. These combined efforts aim to ensure a safe, inclusive, and accountable response for all affected populations.

3) Community Engagement and Accountability (CEA)

The Cameroon Red Cross will place affected communities at the centre of the response through structured Community Engagement and Accountability (CEA) mechanisms.

Before and throughout the implementation of the operation, inclusive community consultations will be conducted to:

- Identify priority needs and preferences for assistance
- Adapt delivery modalities to local realities
- Better understand socio-cultural dynamics and potential risks

Volunteers trained in CEA will conduct regular information and awareness-raising sessions covering:

- Targeting criteria and beneficiary selection processes
- Cash distribution modalities
- Public health prevention measures (including community-based surveillance and epidemic control)
- WASH practices, including personal and environmental hygiene
- Available services and referral pathways

Information will be shared through accessible and context-appropriate communication channels, including community meetings, mass and small-group sensitization sessions, door-to-door visits, and, where relevant, local radio messaging. Communication materials such as toolkits and leaflets will be translated into local languages.

To strengthen transparency and accountability, complaint and feedback mechanisms will be established, including:

- Secure complaint boxes
- Telephone contacts of community focal points
- Complaint registers during distributions
- Community dialogue and feedback sessions

All feedback and complaints will be systematically documented, analyzed, and addressed within defined timelines, with escalation mechanisms in place for sensitive cases. Feedback trends will be used to adjust implementation in real time.

Capacity Strengthening

To support effective implementation, the 34 volunteers will receive integrated capacity strengthening across key thematic areas, including cash assistance, WASH, health, CEA, and PGI.

Targeting Strategy

Who will be targeted through this operation?

Internally displaced persons (IDPs) affected by the fires are the primary target of this response. Priority will be given to the most vulnerable groups, including persons with disabilities, children, older persons, pregnant women, and lactating women, given their heightened exposure to health, psychosocial, and protection risks. All interventions will be designed and implemented in an inclusive manner to ensure that these groups have equitable, safe, and appropriate access to essential services, while preserving their dignity and well-being.



Explain the selection criteria for the targeted population

The assistance will target approximately 7,000 individuals from vulnerable households identified through a transparent selection process based on predefined vulnerability criteria, including but not limited to:

- Large households with high dependency ratios
- Loss of or damage to shelter (houses totally or partially destroyed)
- Loss of essential household items or productive assets (furniture, utensils, tools, and domestic equipment)
- Vulnerable household members (children under five years of age, pregnant and lactating women, older persons, and persons with disabilities)
- Female-headed households (with no stable source of income, with priority given to single-parent households)
- Low-income levels or loss of livelihoods (economic activities destroyed or inability to meet basic needs)
- Multiple and overlapping vulnerability factors (priority given to households meeting several of the above criteria)

Total Targeted Population

| | | | |
|---------------------------|-------|--------------------------------------|------|
| Women | 3,116 | Rural | 100% |
| Girls (under 18) | 315 | Urban | 0% |
| Men | 3,077 | People with disabilities (estimated) | 3% |
| Boys (under 18) | 485 | | |
| Total targeted population | 6,993 | | |

Risk and Security Considerations (including "management")

| | |
|---|-----|
| Does your National Society have anti-fraud and corruption policy? | Yes |
| Does your National Society have prevention of sexual exploitation and abuse policy? | Yes |
| 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 |
|---|--|
| Risk of delays in launching DREF activities at the branch levels due to administrative bottlenecks/slow processes and delays in resource allocations from the Cluster to the National Society (headquarters), and from headquarters to the divisional committees (field). | The National Society will begin with mobilization activities that do not require funding. The NS must also commit to providing prefinancing for the launch of activities immediately after the DREF approval, while administrative bottlenecks are being resolved. |



| | |
|--|--|
| Exploitation, sexual abuse, and gender-based violence among the IDPs. | Safe reporting mechanisms, awareness raising, strict supervision, and application of PSEA procedures. |
| Security risks with theft, harassment, or crowd-related incidents during distributions. | Coordination with local authorities, staggered distributions, and volunteer presence. |
| Exclusion or targeting errors with vulnerable households (elderly, disabled, displaced) may be missed. | Validation of lists with community leaders, feedback mechanism, and prioritization of most vulnerable households. |
| Disruptions to Mobile Money payments due to network downtime or agent liquidity shortages. | Prior coordination with the service provider, verification of agent liquidity, staggered payments, and use of the RedRose system for beneficiary verification, transaction validation, and full traceability, with a fallback option (voucher or controlled cash) if needed. |
| Potential exclusion of households that lost official identification documents due to the fire. | Supervised community-based verification and exception procedures approved by management, with beneficiary registration and validation in RedRose, and payments conducted under reinforced controls with a full audit trail. |

Please indicate any security and safety concerns for this operation:

The operation will take place in a security-sensitive area with a history of instability, requiring continuous monitoring of the security situation.

Security and safety risks will be monitored on an ongoing basis, including risks related to population movements, community tensions, and operational activities in IDP settings.

At the time of reporting, no security incidents or health issues have been reported among staff or volunteers; the situation will continue to be closely monitored.

Standard National Society and IFRC security protocols will be followed throughout the operation, including movement tracking, coordination with local authorities, and adherence to safety guidelines.

Volunteers and staff will be briefed on personal safety, duty of care, and risk mitigation measures prior to and during field activities.

Planned Intervention



Multi Purpose Cash

Budget: CHF 335,795

Targeted Persons: 6,693

Indicators

| Title | Target |
|--|--------|
| Number of people receiving cash assistance | 6,993 |
| Number of PDMs conducted | 2 |
| # of volunteers trained on Cash | 34 |
| # of market assessments conducted | 1 |
| # of beneficiaries receiving cash | 6,993 |



| | |
|--|----|
| % of households using cash for their priority needs | 80 |
| % of households reporting the cash amount was sufficient for immediate needs | 70 |
| % of households satisfied with the distribution modality | 80 |
| % of households experiencing difficulties during cash withdrawal | 10 |
| Number of PDMs conducted | 2 |

Priority Actions

Under the cash assistance component, the following activities will be implemented:

- Rapid Market Assessment (RMA) and selection of the most appropriate delivery mechanism
- Briefing and training of 34 volunteers on cash transfer fundamentals, fraud, and corruption prevention
- Community sensitization on the project objectives and targeting criteria
- Beneficiary targeting and registration
- Community validation of beneficiary lists
- Transfer of funds to the Financial Service Provider (FSP)
- Cash distribution to heads of households
- Post-Distribution Monitoring (PDM) and market monitoring
- Ongoing community sensitization throughout the operation



Protection, Gender And Inclusion

Budget: CHF 0

Targeted Persons: 6,993

Indicators

| Title | Target |
|---|--------|
| # of safe referrals provided | 10 |
| # of population reached with SGBV prevention and response and Child protection messages | 6,993 |
| # staff and volunteers trained on PGI | 45 |
| # staff and volunteers briefed/refreshed on safeguarding | 45 |
| # population reached with PSS | 6,993 |

Priority Actions

1. PGI Training on SGBV, child protection and disability inclusion
2. Rapid Gender analysis in coordination with other actors
3. Assistive devices for persons with disabilities
4. PGI mainstreamed in Cash with GBV risk mitigation actions.
5. Provision of PSS

SGBV prevention and response

1. Community awareness on Sexual and Gender based violence in the affected areas.
2. Dissemination of Referral pathways and safe reporting mechanisms.
3. Coordination with protection external actors/SGBV working group.
4. Dignity kits with ICRC support



Child Protection

- Elaboration key messages for CP community awareness

Safeguarding:

1. Conduct child safeguarding risk analysis
2. Safeguarding prevention and response with briefings to staff and volunteers and signature of the CoC and policies.
3. Community awareness on safeguarding and zero tolerance to PSEA and establishing reporting mechanisms



Community Engagement And Accountability

Budget: CHF 23,494

Targeted Persons: 6,993

Indicators

| Title | Target |
|---|--------|
| Number of exchange sessions with community leaders | 20 |
| % of complaints received and addressed | 80 |
| Number of trained volunteers | 34 |
| Number of field visits conducted for awareness-raising activities | 60 |

Priority Actions

Conduct inclusive community consultations with women, men, youth, elderly persons, and persons with disabilities to identify priority needs, preferences, and risks.

Organize community information sessions on the objectives of the operation, targeting criteria, beneficiary selection process, and planned assistance modalities.

Disseminate key messages on cash assistance, including transfer values, distribution timelines, withdrawal modalities, and safe use of funds.

Implement door-to-door and small group sensitization to ensure access to information for vulnerable and hard-to-reach households.

Share health, hygiene (WASH), and epidemic prevention messages, including surveillance at community level and referral pathways.

Establish and manage feedback and complaints mechanisms, including complaint boxes, designated community focal points, and complaint registers during activities.

Ensure two-way communication, collecting community feedback and concerns throughout implementation and responding in a timely manner.

Document, analyze, and act upon feedback and complaints, with clear referral and escalation procedures for sensitive cases (including PGI/SEA-related concerns).

Adapt activities and implementation modalities based on community feedback and evolving needs.

Coordinate CEA activities with local authorities and other humanitarian actors to ensure consistency and avoid duplication.



Secretariat Services

Budget: CHF 33,933

Targeted Persons: -



Indicators

| Title | Target |
|---|--------|
| Number of missions conducted | 2 |
| Number of lessons learned workshops conducted | 1 |
| Number of volunteers insured | 34 |

Priority Actions

The IFRC Secretariat will support the operation through the following activities:

Provide technical support to the training of volunteers, including capacity strengthening on cash assistance, CEA, PGI, and operational standards.

Provide technical guidance and quality assurance for cash distributions, including risk mitigation, compliance with IFRC cash standards, and use of digital tools.

Support Movement coordination, ensuring coherence and complementarity between the National Society, IFRC, and other Movement partners.

Support monitoring of the operation and production of narrative and financial reports, in line with DREF requirements and timelines.

Provide support to logistics and procurement procedures, ensuring compliance with IFRC policies and timely delivery of services.

Facilitate a lesson learned exercise at the end of the operation to capture best practices and areas for improvement.

Support the insurance coverage of volunteers deployed during the operation, in line with IFRC duty of care standards.



National Society Strengthening

Budget: CHF 40,696

Targeted Persons: 50

Indicators

| Title | Target |
|--------------------------------------|--------|
| Number of volunteers trained | 34 |
| Number of launch workshops conducted | 1 |

Priority Actions

Deploy a National Response Team (NRT) to support coordination and implementation of the operation, including salary and incentive support where applicable.

Provide targeted support to strengthen the local Red Cross committee in Kolofata, including mentoring on coordination, planning, reporting, and community-level response management.

Conduct an integrated capacity-strengthening training for 34 volunteers covering Cash and Voucher Assistance (CVA), WASH, Community Engagement and Accountability (CEA), and Protection, Gender and Inclusion (PGI), enabling volunteers to lead sensitization and response activities effectively.



Support the development of a local contingency plan for fire prevention and response, including risk analysis, early warning, community roles and responsibilities, and basic mitigation measures adapted to IDP camp settings.

Facilitate community-based fire risk awareness and preparedness actions, building on the contingency plan and lessons learned from the current emergency.

Organize a DREF launch and orientation workshop to formally communicate the operation's objectives, activities, roles, responsibilities, and coordination arrangements with key stakeholders.

About Support Services

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

At the local level, 30 volunteers will be deployed to implement the activities, under the supervision of four (4) more experienced volunteers.

At the National Headquarters level, the operation management unit will be composed of the following roles:

- Project Manager: responsible for overall coordination of activities and liaison with sectoral focal points and partners
- Cash Officer: responsible for volunteer training and all arrangements related to cash transfers, including liaison with the Financial Service Provider (FSP)
- PMER Focal Point: responsible for monitoring implementation, tracking indicators, conducting post-distribution monitoring (PDM), and ensuring timely reporting
- Communication Focal Point: responsible for the visibility of the operation
- Community Engagement and Accountability (CEA) Officer: responsible for collecting community feedback and ensuring that the DREF implementation team fully applies the CEA approach
- Gender Focal Point: responsible for integrating gender considerations across the operation
- Logistics Officer: responsible for logistical arrangements, working in close collaboration with the Cash Officer
- Finance Officer: responsible for financial tracking and reporting for the 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 operation will ensure the representativeness of all groups involved (men, women, youth, persons with disabilities) in all activities carried out during the operation (team composition, field deployments, consideration of gender-sensitive data). A minimum threshold of 30% will be achieved.

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

All logistical procedures related to processes with the Financial Service Providers (FSPs) will be carried out with the support of the Logistics function.

How will this operation be monitored?

The operation will be monitored through weekly online coordination and follow-up meetings to track progress, challenges, and corrective actions.

Field monitoring and technical support missions will be conducted jointly by the National Society and the IFRC to support implementation and verify progress.

Monitoring will rely on standard IFRC tools, including activity tracking sheets, beneficiary registration data (RedRose), PDM tools, and CEA feedback mechanisms.

A mandatory DREF monitoring call will be conducted one month after launch, involving the National Society and IFRC Secretariat to review implementation progress, financial status, risks, and corrective actions



The Cameroon Red Cross Society will lead day-to-day monitoring at field level, with IFRC providing oversight and quality assurance.

Key indicators will include the number of beneficiaries reached, timeliness of cash transfers, volunteers trained, and feedback received through CEA mechanisms.

Please briefly explain the National Societies communication strategy for this operation

Communication is a key pillar of the operation, supporting awareness, accountability, and risk mitigation.

A launch event of operation DREF and a lesson learned workshop will be organized to highlight the impact of the operation and promote localisation, showcasing the leadership of the National Society with IFRC technical and communication support.

The Cameroon Red Cross Society will manage internal communication through regular coordination meetings, situation updates, and information sharing among field teams and headquarters.

External communication will include community sensitization led by trained volunteers, radio messaging, and use of digital and social media channels to share key information.

Transparent communication with affected communities will be ensured through community meetings, door-to-door sensitization, and CEA mechanisms, allowing two-way information flow and feedback.

A basic media approach will be applied, including local radio engagement and social media updates, as appropriate.

The IFRC Cluster, in coordination with the ICRC, will provide technical support to the National Society through emergency communication guidance, SitRep development, and support to harmonize communication tools during implementation.



Budget Overview



DREF OPERATION

MDRCM043 - Cameoon Red Cross Fire in Kolofata

Operating Budget

| | |
|---|----------------|
| Planned Operations | 359 289 |
| Shelter and Basic Household Items | 0 |
| Livelihoods | 0 |
| Multi-purpose Cash | 335 795 |
| Health | 0 |
| Water, Sanitation & Hygiene | 0 |
| Protection, Gender and Inclusion | 0 |
| Education | 0 |
| Migration | 0 |
| Risk Reduction, Climate Adaptation and Recovery | 0 |
| Community Engagement and Accountability | 23 494 |
| Environmental Sustainability | 0 |
| Enabling Approaches | 74 628 |
| Coordination and Partnerships | 0 |
| Secretariat Services | 33 933 |
| National Society Strengthening | 40 696 |
| TOTAL BUDGET | 433 917 |

all amounts in Swiss Francs (CHF)



Contact Information

For further information, specifically related to this operation please contact:

National Society contact: Renauld Bodiong, Secetaire General CR Camerounaise,, renauld.bodiong@croixrouge.cm, +237697276118

IFRC Appeal Manager:

Adesh TRIPATHEE, Head of Country Cluster Delegation (Cameroon, Gabon, Guinea Equatorial, Sao Tome e Principe),, adesh.tripathee@ifrc.org, +237650659991/+254731067489

IFRC Project Manager: Dr Aime Gilbert MBONDA, Health & Program Coordinator, aime.gilbert@ifrc.org, +237697760387

IFRC focal point for the emergency: Josuane Flore TENE, DCCPR Coordinator, josuaneflore.tene@ifrc.org, +237677098790

Media Contact: Muriel ATSAMA OBAMA,, Senior Commnication Officer, Muriel.ATSAMA@ifrc.org, +237650610006

National Societies' Integrity Focal Point:

Renauld Bodiong, Secetaire General, Croix-Rouge Camerounaise, renauld.bodiong@croixrouge.cm, +237697276118

[Click here for the reference](#)

