



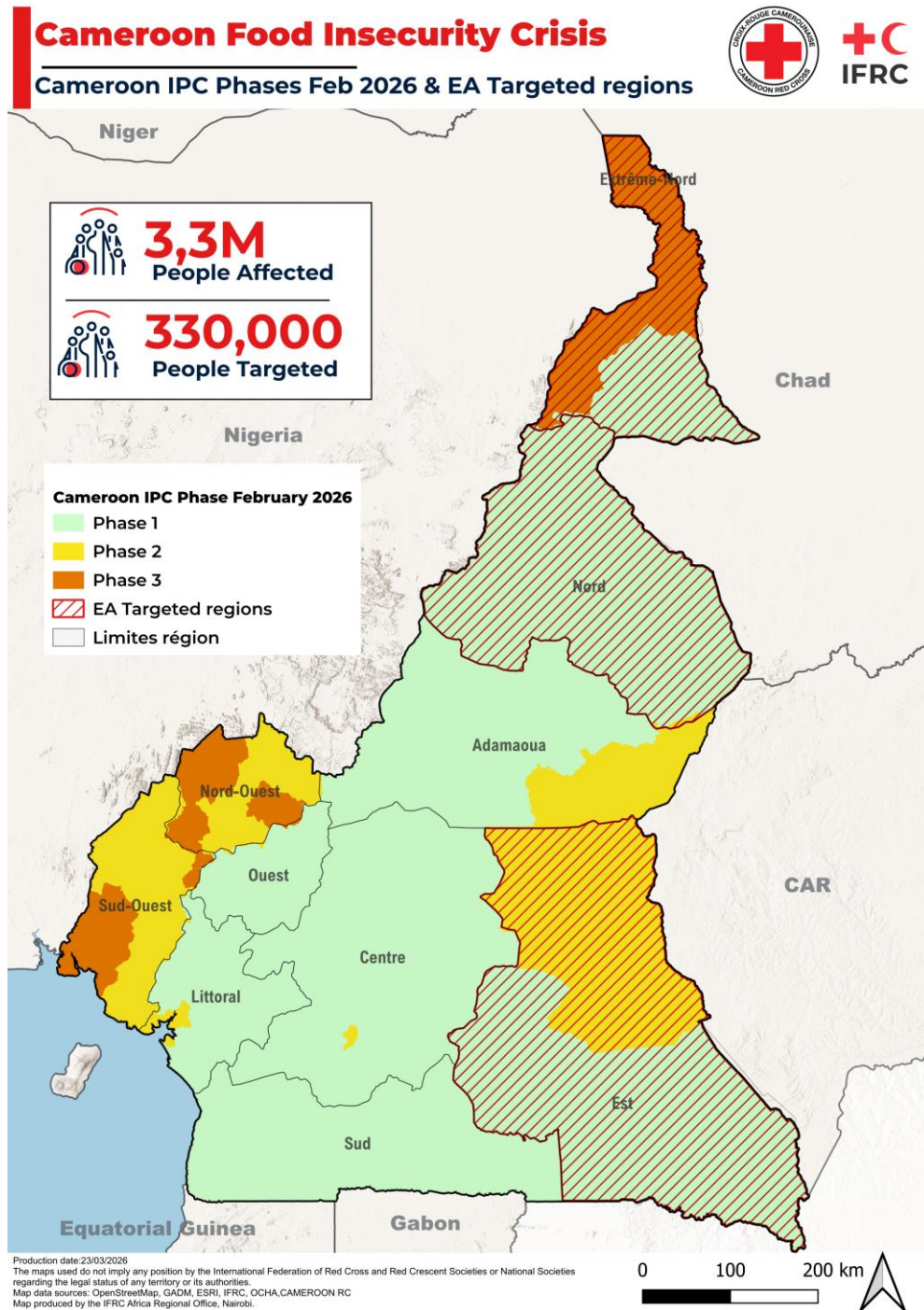
Figure 1: Community meeting in Sougoule with the Lawan and Community members of Complaint Committee (Photo by CRC)

Emergency appeal No: MDRCM042 Emergency appeal launched: 26/02/2026 Operational Strategy published: 01/04/2026	Glide No: XX-2014-123456-XXX
Operation update #2 Date of issue: 17/04/2026	Timeframe covered by this update: From 26/02/2026 to 03/04/2026
Operation timeframe: 18 months (26/02/2026 - 31/08/2027)	Number of people being assisted: 330,000 people
Funding requirements (CHF): CHF 9.6 million for the IFRC Secretariat Ask	DREF amount initially allocated: CHF 1 million CHF

To date, this Emergency Appeal, which seeks CHF 9.6m, is 17% per cent funded. Further funding contributions are needed to enable the National Societies in the region, with the support of the IFRC, to continue with the preparedness efforts of and provide humanitarian assistance and protection to people on the move.

A. SITUATION ANALYSIS

Description of the crisis



Cameroon is facing a deepening food and nutrition insecurity crisis driven by structural poverty, recurrent climate shocks, localised insecurity, displacement, and declining purchasing power. According to Cadre Harmonisé projections (March–October 2025), more than 1.67 million people require food assistance in 2026, while approximately 535,000 need nutrition assistance. Malnutrition among children under five remains severe, with 29% chronic malnutrition, 11% moderate acute malnutrition, and 3.1% severe acute malnutrition. Infant and young child feeding practices are inadequate, with only 32.4% of children aged 6–23 months receiving a minimum acceptable diet.

This operation is informed by a multisectoral food insecurity assessment conducted by the CRC between January and February 2026, covering high-risk divisions across the Far North, North, and East regions. Key findings confirm that household food systems are critically fragile. Overall, 68% of households report no food stocks, with the most acute depletion in Logone-et-Chari (17% with stocks), Kadey (18%), and Mayo-Danay (21%). Market dependence is high across all assessed areas (61–81%), peaking in Logone-et-Chari (81%), Bénoué (79%), Mayo-Sava (73%), and Kadey (73%). Although markets are generally functional, the crisis is primarily driven by eroded purchasing power, rising household debt, and repeated shocks — particularly in Logone-et-Chari, Mayo-Danay, Kadey, and Mayo-Tsanaga.

These findings are consistent with a deteriorating trajectory documented throughout 2025. Between June and August 2025, national projections estimated 2.6 million people (approximately 9% of the population) in IPC Phase 3 or worse. By late 2025, the Food Security Cluster reported 2.5 million people in need, while WFP estimated 3.3 million affected nationwide. In October 2025, a FAO-led assessment in the Far North confirmed severe food access constraints and harmful coping strategies. On 8 November, the African Union warned of intensified drought stress across northern Cameroon, and cholera cases were confirmed in the Doumo Health Area of the North region shortly after. On 25 November, WFP announced reductions in food assistance for refugees, internally displaced people, and vulnerable host communities due to funding shortfalls, further compounding pressure on households with no remaining buffer.

FEWS NET projections (October 2025–May 2026) indicate that large parts of the country will remain in IPC Phase 3 through mid-2026. The CRC assessment provides disaggregated, community-level evidence confirming acute needs across the Far North, North, and East regions, where market dependence is high, food stocks are depleted, and coping capacities are severely eroded.

Scope and Scale

The CRC multisectoral assessment conducted in January–February 2026 across 16 municipalities in the Far North, North, and East regions confirms the scale and severity of the crisis. Based on 5,972 household interviews, 84% of households have poor or borderline food consumption scores, 78% report moderate to severe hunger, and 68% have no remaining food stocks. Coping capacity is rapidly eroding, and conditions are expected to worsen during the lean season, which is projected to begin as early as April 2026 due to accelerated depletion of 2025 food stocks.

The Far North remains the epicentre, with more than 1.2 million people acutely food insecure, driven by repeated floods, prolonged dry spells, displacement, insecurity, and rising food prices. The Adamaoua and East regions, while less affected by insecurity, continue to host significant displaced populations and face erratic rainfall and vegetation anomalies that further constrain food availability. Across all assessed areas, households are increasingly reliant on harmful coping strategies, including skipping meals, reducing dietary diversity, withdrawing children from school, and selling productive assets.

Humanitarian resources are shrinking. WFP has warned of imminent reductions in food assistance for refugees, internally displaced persons, and vulnerable host communities. Two cholera cases confirmed in the Doumo Health Area of the North region on 10 November 2025 signal growing sanitation and water stress. Without timely intervention, acute malnutrition is expected to rise, particularly among children under five and pregnant and lactating women, while disease outbreak risks intensify.

In response, the IFRC and CRC are launching an Emergency Appeal of CHF 9.6 million to assist 330,000 people, representing approximately 10% of the 3.3 million people affected nationwide. The operation will prioritise the most severely affected divisions across the Far North, North, and East regions, where food insecurity, malnutrition, and WASH vulnerabilities converge. This Operations Update also covers the DREF allocation supporting the initial phase of the Appeal.

Assessment findings were shared with stakeholders from 16 February onward. Following consultations, IFRC approved the Emergency Appeal on 24 February, and it was officially launched on 26 February 2026 to enable an immediate scale-up of the response.

To date, this Emergency Appeal, which seeks CHF 9.6m, is 17% per cent funded. Further funding contributions are needed to enable the National Societies in the region, with the support of the IFRC, to continue with the preparedness efforts of and provide humanitarian assistance and protection to people on the move

Summary of response

The Cameroon Food Insecurity Emergency Appeal, launched on 26 February 2026, is an 18-month operation implemented by the International Federation of Red Cross and Red Crescent Societies (IFRC) and the Cameroon Red Cross Society (CRC), aiming to mobilize CHF 9.6 million to assist 330,000 people across the Far North, North, and East regions affected by acute food insecurity, malnutrition, climate shocks, and conflict. To date, the appeal is only 17.25% funded, with CHF 1.66 million raised, leaving a significant funding gap of CHF 7.9 million. Early implementation has focused on preparatory and awareness activities, with 27,230 people reached through community engagement and consultations, including 7,230 (3397 men and 3833 women) individuals reached through hygiene promotion activities for cholera prevention. In addition, 34 staff and volunteers have been trained on Protection, Gender and Inclusion (PGI) and Prevention of Sexual Exploitation and Abuse (PSEA). Some operational milestones that have kicked off includes near-finalization of household registration, contracting of Financial Service Providers (FSPs), training of all four beneficiary committees, completion of eight community consultations, and deployment of surge staff in Cash and Voucher Assistance (CVA), Information Management (IM), and Security and Risk Management (SPRM). However, no cash transfers have yet been delivered, with the first distributions expected imminently.

Overview of the host National Society and ongoing response

Cameroon Red Cross Society (CRC) was established in 1960 and officially recognised as an organisation of public utility in 1963. As an auxiliary to the public authorities in the humanitarian field, the CRC is formally integrated into the national disaster response management system and is regularly called upon by the Ministry of Health for community-based activities including awareness-raising, screening, and surveillance. The CRC maintains a presence across all ten regions of the country, with 58 branches, 320 local units, 148 staff, and approximately 105,000 volunteers, enabling broad access to affected and hard-to-reach communities.

In response to the current crisis, the CRC has mobilised rapidly across multiple fronts. Staff and volunteers have been deployed to the Far North region to begin identification and registration of households for multipurpose cash distribution. WASH activities initiated under the DREF are progressing, with a focus on cholera prevention in the North region. Specifically, cholera risk mapping has been completed in Doumo and Mayo Oulo health areas, with priority zones identified in coordination with district health authorities.

Community water points have been mapped and risk-classified, with high-risk sources disinfected according to WASH standards. A total of 34 volunteers and 2 supervisors were mobilised for two weeks of hygiene promotion activities, reaching 7,230 people (3,397 men and 3,833 women) through door-to-door visits, focus group discussions, and mass awareness sessions. Three Oral Rehydration Points have been identified and validated through participatory community meetings. Chlorine and PPE have been procured, with household disinfection of suspected and confirmed cholera cases ongoing. Standard Operating Procedures have been finalised in alignment with national infection prevention and control guidelines.

More details are held in Section C. Detailed Operational Report.

Needs analysis

Despite ongoing humanitarian efforts, current responses remain insufficient to match the scale, severity, and multi-sectoral nature of food insecurity and vulnerability across the assessed localities. Evidence from the CRC assessment highlights persistent gaps across food security, nutrition, WASH, livelihoods, protection, and community engagement, which continue to undermine households' ability to meet basic needs, protect livelihoods, and recover from recurrent shocks.

Food Security and Cash-Based Assistance

Existing food and cash interventions remain inadequate in coverage, duration, and transfer value relative to the magnitude of needs. Assessment results confirm that 84% of households have poor or borderline Food Consumption Scores and 78% experience moderate to severe hunger, reflecting a widespread inability to meet minimum food consumption requirements despite ongoing support. Gaps are most pronounced in Logone-et-Chari, Mayo-Danay, Mayo-Sava, and Mayo-Tsanaga in the Far North, and in Kadey in the East, where repeated climatic and economic shocks have severely eroded coping capacity. High market dependence compounds these gaps: 68% of households rely primarily on food purchases while 68% report no food stocks, leaving them acutely exposed to price volatility and income shocks. This is particularly critical in the urban and peri-urban areas of Maroua, Kousseri, Mokolo, and Bertoua, and in conflict-affected divisions where income opportunities remain severely constrained. Similar patterns are evident in Bénoué and Mayo-Louti in the North. Market-based responses remain under-scaled and insufficiently adapted to seasonal and geographic variation; in flood-affected divisions such as Logone-et-Chari and Mayo-Danay, intermittent supply and rising prices reduce the effectiveness of cash modalities and reinforce reliance on harmful coping strategies.

Nutrition

Nutrition responses are significantly under-scaled relative to needs, particularly for children under five and pregnant and lactating women in food-insecure and displacement-affected areas. Assessment findings show that 71% of households consume four or fewer food groups, indicating critically low dietary diversity. The most severe gaps are in Logone-et-Chari, Mayo-Sava, Mayo-Tsanaga, and Kadey, where recurrent shocks and limited access to diverse foods converge. In the North, gaps in dietary diversity and access to maternal and child nutrition services are also reported in Bénoué and Faro, reflecting structural service limitations and household poverty. Only 29% of households report access to maternal and child nutrition services, with coverage most limited in remote rural areas, insecure divisions, and Far North flood plains where weak service availability and access constraints impede early detection and timely response to malnutrition. Insufficient linkages between food assistance, community-based nutrition services, and behaviour change activities further limit the effectiveness of prevention efforts.

Water, Sanitation, and Hygiene (WASH)

WASH access gaps continue to undermine health and food utilisation outcomes across all targeted regions. Only 62% of households have access to improved water sources, 44% use improved sanitation facilities, and 47% report regular handwashing with soap, exposing households particularly children and pregnant and lactating women to recurrent disease and nutrition-related risks. Gaps are most acute in the flood-prone divisions of the Far North (Logone-et-Chari, Mayo-Danay), structurally underserved divisions of the North (Mayo-Louti, Faro), and remote and conflict-affected areas of the East (Kadey), where infrastructure damage, displacement, and limited-service delivery persist. WASH interventions remain insufficiently integrated with food security and nutrition responses, limiting their contribution to improved nutritional outcomes. Seasonal flooding, water source contamination, and poor sanitation further compound risks, particularly in Far North flood plains and low-lying areas. Current responses lack the scale, flexibility, and anticipatory focus required to address climate-related WASH vulnerabilities and reduce disease-driven malnutrition risks.

Livelihoods Protection and Early Recovery

Livelihood protection measures remain limited and insufficient to prevent further erosion of household productive assets and coping capacity. The assessment shows that 55% of households exhibit high reduced Coping Strategy Index (rCSI) levels and 38% have adopted stress or crisis livelihood coping strategies, including the sale of productive assets, consumption of seed stocks, and reduced expenditure on health and education. These patterns are most prevalent in the agricultural and agropastoral zones of Mayo-Sava and Mayo-Danay in the Far North, and Bénoué and Mayo-Louti in the North, as well as in conflict-affected rural areas where repeated shocks have severely disrupted livelihoods. Early recovery and livelihood restoration interventions remain under-funded and weakly linked to emergency assistance, limiting households' ability to rebuild income-generating activities between shocks. Households in recurrently affected divisions across the Far North, North, and East consequently remain trapped in cycles of short-term emergency assistance without sustainable recovery pathways.

Protection, Gender, and Inclusion (PGI)

Protection risks linked to food insecurity, displacement, and household indebtedness remain inadequately addressed. Displaced households, representing 11.5% of the assessed sample, consistently present worse outcomes across food consumption, hunger, and coping indicators. Women particularly female-headed households face compounded barriers related to safety, restrictive social norms, and unequal access to assistance, especially in insecure and hard-to-reach areas. Female-headed households, People with disabilities, IDPs, and refugees are the groups most exposed to food insecurity, and their structural economic vulnerability, combined with limited access to land, basic services, and humanitarian assistance, significantly increases protection risk exposure. The most vulnerable households resort to negative coping strategies with serious protection implications, including survival sex, reduced spending on health and education, and engagement in high-risk or exploitative activities. Adolescent girls, women, and boys face heightened risks of violence, school dropout, sexual exploitation and abuse, and limited access to GBV and sexual and reproductive health services. Discriminatory social and cultural norms further heighten exclusion risks for women and persons with disabilities, while the inconsistent integration of protection risk analysis into targeting and delivery mechanisms increases the likelihood of exclusion errors and unintended harm.

Community Engagement and Accountability (CEA)

Community engagement and accountability mechanisms remain uneven across assessed areas. Information sharing on targeting criteria, assistance modalities, and timelines is inconsistent, contributing to confusion, unmet expectations, and reduced community trust. Feedback and complaints mechanisms are not systematically functional or accessible, limiting communities' ability to influence and improve the response. Community feedback is insufficiently analysed and used to inform adaptive programming, reducing responsiveness to evolving needs and local priorities. Strengthening two-way communication and accountability remains essential to improving programme quality, acceptance, and effectiveness.

Operational risk assessment

No significant changes to the overall operational risk context have been recorded since the Emergency Appeal launch. The risks identified in the Appeal document remain valid and are being actively monitored. The following constraints continue to shape implementation planning.

Access and Security

Access and security constraints remain significant across the Far North, particularly in Logone-et-Chari, Mayo-Sava, and Mayo-Tsanaga, where insecurity is linked to non-state armed groups and ongoing conflict restricts movement, disrupts markets, and limits the regular presence of humanitarian actors. Access in these areas remains

unpredictable and requires continuous context monitoring, strong community acceptance strategies, and flexible operational planning. Security clearance requirements apply to all IFRC personnel deploying to areas rated red under the IFRC security colour code.

Climate and Logistics

Seasonal flooding, poor road infrastructure, and community isolation particularly in Mayo-Danay and Logone-et-Chari in the Far North, Kadey in the East, and remote localities in the North-West and South-West risk delaying assistance delivery, increasing transport costs, and reducing market supply during the upcoming rainy season. With the lean season projected to begin as early as April 2026, anticipatory planning, contingency arrangements, and pre-positioning of inputs are being prioritised where feasible.

Market Volatility and Inflation

Market volatility and inflation continue to pose persistent challenges to cash-based interventions across all targeted regions. Rapid price increases in market-dependent urban and peri-urban areas and in conflict-affected areas of the North-West and South-West risk eroding the purchasing power of cash transfers if transfer values are not regularly adjusted. Continuous market monitoring and adaptive transfer value setting remain essential to maintaining the relevance and effectiveness of cash modalities.

Institutional and Capacity Constraints

Limited coverage and functionality of basic services in remote, flood-prone, and conflict-affected areas of the Far North, North, and East continue to constrain delivery capacity. The operation's reliance on volunteer-based systems requires adequate duty-of-care measures, supervision, and surge support to sustain service delivery at the required scale. While the CRC's strong community acceptance and extensive volunteer network represent a comparative advantage, current resources remain insufficient relative to the scale and severity of needs.

Mitigation Measures

These risks are being addressed through flexible and phased programming, regionally adapted security management, anticipatory and seasonal planning, and regular market and context monitoring. Strong coordination with local authorities, the ICRC, and humanitarian partners enables timely adjustments to modalities, targeting, and operational approaches as conditions evolve. No formal risk level upgrade is recommended at this stage, though the security situation in the Far North and the pace of lean season onset will continue to be closely monitored.

B. OPERATIONAL STRATEGY

Update on the strategy

There are currently no changes to the overall strategy published in Operational Strategy at the time of compiling this report. The strategic approach, phasing, sectoral priorities, and geographic focus areas described in the Emergency Appeal document remain valid and are being implemented as planned.

Prioritisation


The current implementation plan prioritises immediate life-saving needs through the DREF grant of CHF 999,855, scaled up from an initial CHF 150,000 assessment allocation. Through this DREF grant, the CRC aims to reach approximately 92,600 people across the Far North, North, and East regions, through multipurpose cash transfers to 2,100 households (12,600 people), integrated WASH, health, and nutrition services for 80,000 people, and mainstream

PGI and CEA across all interventions. The Far North is prioritised for cash and livelihood support given the convergence of acute food insecurity, asset depletion, and displacement pressure.

As additional funding is mobilised, the response is scaling up progressively to the full target of 330,000 people in line with the phased framework and targeting outlined in the Operational Strategy.

C. DETAILED OPERATIONAL REPORT

STRATEGIC SECTORS OF INTERVENTION

 Livelihoods	Female > 18: 14,400	Female < 18: 10,080
	Male > 18: 13,440	Male < 18: 10,080

Objective:	Protect and restore livelihoods of food-insecure households in shock-prone areas to reduce negative coping strategies, prevent further erosion of productive assets, and strengthen households' capacity to recover between shocks
-------------------	--

Key indicators:	Indicator	Target	Actual
		# of assessment reports produced and shared with relevant stakeholders	4
	# of People receiving Livelihood assistance	48,000	0
	# of people meeting their essential food and other basic needs (disaggregated by sex, age, and disability)	48,000	
	% of people meeting their essential food and other basic needs (disaggregated by sex, age, and disability)	80%	0
	% of people protecting key livelihood inputs and assets prior to and early into a disaster/crisis (disaggregated by sex, age, and disability)	75%	0
	% of households employing no negative food-related and livelihood-based coping strategies (disaggregated by sex, age, and disability)	70%	0

Livelihoods activities are yet to fully start. Verification of beneficiaries ongoing. The community assessment report produced is under the initial DREF operation covering 16 municipalities across the Far North, North, and East regions which continue to serve as key evidence base for targeting and modality selection. The report has been shared with relevant stakeholders and is informing the prioritization of vulnerable households and intervention design.

Coordination with technical stakeholders has been strengthened through dedicated Technical Working Group (TWG) meetings, which have enabled alignment on response approaches. Notably, the Minimum Expenditure Basket (MEB) for livelihood support has been defined, providing a standardized basis for cash transfer values and ensuring consistency with national CVA guidelines.

Field teams and volunteers remain actively deployed in the Far North region, where household identification and registration processes are ongoing in preparation for multipurpose cash assistance.

While no households have yet received livelihood support under the Emergency Appeal, these preparatory steps are nearing completion.

To support quality implementation, two surge deployments have been mobilized: a Cash and Voucher Assistance (CVA) surge to strengthen programme design and delivery, and an Information Management (IM) surge to reinforce data systems, registration processes, and monitoring frameworks. All of them are already in the field

Procurement processes for livelihood inputs and the contracting of Financial Service Providers (FSPs) are advancing in parallel. Livelihood interventions, including cash distributions, are expected to commence in the coming weeks, prioritizing the most vulnerable households in the Far North and East regions, in line with the phased implementation framework outlined in the Operational Strategy.



Multi-purpose Cash

Female > 18: 21,600

Female < 18: 15,120

Male > 18: 20,160

Male < 18: 15,210

Objective: Restore and stabilize access to food and essential basic needs for households facing severe economic access constraints, through timely, adequate, and flexible cash-based assistance in areas where markets are functioning but unaffordable, to reduce acute hunger, prevent further asset depletion, and limit negative coping strategies

	Indicator	Target	Actual
Key indicators:	# of people reached with Multipurpose Cash distribution	72000	0
	% of surveyed people whose households received cash transfers / vouchers are satisfied with the amount received	80%	0
	# of people reached with timely and relevant CVA to sustain consumption and production (disaggregated by sex, age and disability)	72000	0
	% of households reporting that cash assistance met their priority food and basic needs	90%	0
	% of households reporting timely, safe, and dignified access to cash assistance	90%	0
	% of households reporting appropriate (disaggregated by sex, age, and disability) use of cash assistance without increased protection risks	90%	0

Multipurpose cash activities remain in the start-up phase, with key preparatory steps nearing completion. CRC staff and volunteers are deployed in the Far North region, where vulnerability-based household identification and registration for the first distribution cycle are in their final stages this week. A CVA surge has been deployed to the Far North to strengthen readiness and support the rollout of cash distributions. No cash transfers have yet been delivered under the Emergency Appeal.

Targeting criteria and registration tools are being finalized in line with IFRC data protection standards. Financial Service Providers (FSPs) have been selected and contracted, and the transfer of funds to the FSP has been initiated to facilitate timely disbursement. Staff and volunteers have been trained on Cash and Voucher Assistance (CVA) and Protection, Gender and Inclusion (PGI) standards.

Market monitoring is ongoing to inform transfer values and confirm the suitability of cash modalities in the targeted areas. The first distribution is expected to commence in the coming weeks, targeting 2,100 households per locality in the Far North and East regions. Each household (average of six members) will receive XAF 9,500 per person across three distribution cycles. Post-distribution monitoring will be conducted after each cycle to assess adequacy, timeliness, use of funds, and protection risks.



Water, Sanitation and Hygiene

Female > 18: 99,000

Female < 18: 69,300

Male > 18: 92,400

Male < 18: 69,300

Objective:

Reduce morbidity and nutrition-related health risks among food- insecure households by improving access to safe water, hygiene practices, and basic sanitation, thereby strengthening food utilization and preventing disease-related deterioration of nutritional status.

Key indicators:

Indicator	Target	Actual
# of handwashing facilities available	20	0
% of houses and places where cases of cholera were detected that were disinfected	100	0
# of people (disaggregated by sex, age, and disability) reached with relevant WASH messages	330,000	7,230 (3,397 men and 3,833 women)
# of people (disaggregated by sex, age, and disability) reached with relevant essential household item kits	120,000	0
% of targeted households (disaggregated by sex, age, and disability) with access to safe drinking water meeting minimum standards	75%	0
% of people (disaggregated by sex, age, and disability) with access to essential hygiene items	75%	0

% of people (disaggregated by sex, age, and disability) demonstrating appropriate hygiene practices (e.g. handwashing with soap at critical times)	75%	0
--	-----	---

WASH activities initiated under the DREF operation are progressing, with a current focus on cholera prevention in the North region. Key achievements to date include:

Cholera risk mapping has been completed in Doumo and Mayo Oulo health areas, with priority zones identified in coordination with district health authorities. Community water points have been mapped, risk-classified, and high-risk sources disinfected in line with WASH standards. Standard Operating Procedures have been finalised in alignment with national infection prevention and control guidelines to ensure safe and consistent disinfection practices. Chlorine and PPE have been procured, with household disinfection of suspected and confirmed cholera cases ongoing in affected communities. Three Oral Rehydration Points have been identified and validated through participatory community meetings involving local leaders, women's groups, youth, and health authorities.



Figure 2: After disinfecting water wells in Mayo Oulo, CRC volunteers ensure the surroundings are also clean. (Photo by IFRC)

A total of 34 volunteers and 2 supervisors were mobilised for two weeks for hygiene promotion activities, reaching 7,230 people (3,397 men and 3,833 women) through door-to-door visits, focus group discussions, and mass awareness sessions in Doumo and Mayo Oulo. This represents 9% of the 80,000 people targeted for WASH awareness-raising under the Appeal.

Protection, Gender and Inclusion (PGI) was systematically integrated throughout the intervention to ensure safe, equitable, and inclusive access to services. Volunteers applied PGI minimum standards during community engagement, including the use of sex-, age-, and disability-sensitive approaches in outreach, tailored messaging for women, men, and vulnerable groups, and facilitation of safe participation in focus group discussions. Key protection messages, including prevention of gender-based violence (GBV), child protection, and referral pathways for at-risk individuals, were incorporated into hygiene promotion sessions. Efforts were also made to ensure accessibility of activities for persons with disabilities and to promote dignity, respect, and community feedback mechanisms in line with Community Engagement and Accountability (CEA) principles.

Broader WASH activities under the Emergency Appeal, including the distribution of household WASH kits, installation of handwashing facilities, and expanded hygiene promotion across the Far North, North, and East regions, are in the planning phase and will be progressively implemented as funding is mobilised and operational capacity is scaled up.



Protection, Gender and Inclusion

Female > 18: 99,000

Female < 18: 69,300

Male > 18: 92,400

Male < 18: 69,300

Objective:

Ensure that humanitarian assistance is safe, dignified, inclusive, and equitable by identifying, preventing, and mitigating protection risks associated with food insecurity, displacement, indebtedness, and negative coping strategies, while addressing gender-, age-, and disability- related barriers to access.

Key indicators:

Indicator	Target	Actual
Number of women led VSLA supported	40	35
# of awareness sessions on rights, inclusion and protection	30	30
% of communication materials adapted for inclusiveness	100	50
# of people (disaggregated by sex, age, and disability) reached by protection, gender, and inclusion programming	330,000	0
# of sectoral or PGI assessments conducted using PGI Minimum Standards	12	0
% of referrals made for survivors of a protection violation, via a common referral pathway	100%	0
% of staff and volunteers (disaggregated by sex and age) trained in PGI and safeguarding (PSEA), including referrals	100%	100%



Figure 3: Awareness session on rights, inclusion and protection (Photo by CRC)

A total of 34 staff and volunteers deployed under the operation participated in a two-day training on Protection, Gender and Inclusion (PGI) minimum standards and Prevention of Sexual Exploitation and Abuse (PSEA), ensuring a shared understanding and consistent application of safeguarding principles across all sectors and delivery modalities. The training covered key components including protection risk identification, safe programming, PSEA principles, and established referral pathways for gender-based violence (GBV), child protection, and other protection concerns, enabling participants to appropriately identify, handle, and refer cases using available services. As part of accountability and compliance measures, all participants formally signed the PGI and PSEA policies/code of conduct, reinforcing their commitment to uphold humanitarian principles and zero tolerance for sexual exploitation and abuse.

As a result of the training, staff and volunteers demonstrated improved capacity to integrate PGI into programme design and implementation, apply inclusive approaches targeting women, men, children, persons with disabilities, and other at-risk groups, and ensure safe, dignified, and accessible service delivery. They are also now equipped to identify protection risks, communicate key protection messages, and activate referral mechanisms where needed. The indicator reporting 100% achievement reflects that all targeted staff and volunteers planned for this phase (34 individuals) have been successfully trained, in line with the current operational scale and deployment.

To date, 35 women-led Village Savings and Loan Associations (VSLAs) have been sensitized on Protection, Gender and Inclusion (PGI), representing 88% of the target, with engagement ongoing for the remaining groups across targeted localities. The sensitization sessions covered key PGI components, including gender equality and equitable access to assistance, Prevention of Sexual Exploitation and Abuse (PSEA), gender-based violence (GBV) risk awareness and mitigation, child protection, safe and dignified participation, and available referral pathways for protection services. Emphasis was placed on strengthening women's capacity to recognize protection risks, understand their rights, and safely report concerns through established community feedback and complaints mechanisms.

As a result, VSLAs are demonstrating improved awareness of protection risks and rights, increased confidence in accessing assistance safely, and strengthened capacity to identify, prevent, and refer protection concerns within their communities. The sensitization is also contributing to reduced exposure to GBV and exploitation risks, enhanced inclusion of vulnerable groups (including persons with disabilities and older persons), and stronger community-level accountability. In addition, VSLAs are acting as community-level multipliers, cascading PGI messages and promoting safe and inclusive practices within their networks.

Progress has also been made in adapting communication materials to enhance inclusiveness, currently at 50%. Materials adapted include posters, community sensitization guides, key message leaflets, and visual IEC (Information, Education and Communication) materials used during awareness sessions. Materials can be assessed through this link <https://x.com/i/status/2044389559408992596>. These have been adapted through the use of simplified language, translation into local languages, incorporation of pictorial/visual illustrations for low-literacy audiences, and inclusion of clear safeguarding and feedback messaging. Where possible, materials have also been reviewed to ensure they are gender-sensitive and accessible to persons with disabilities.

The adapted materials have been partially distributed and are currently being used during community sensitization and VSLA sessions, contributing to improved comprehension and engagement among at-risk populations, particularly women, persons with low literacy levels, and marginalized groups. This has enhanced the effectiveness of awareness activities by ensuring key messages on rights, protection, and available services are better understood and more accessible, thereby supporting safer, more inclusive participation in the response. Samples of the adapted materials can be shared upon request.

PGI considerations are being systematically mainstreamed across all sectoral interventions, with a focus on ensuring safe, equitable, and dignified access for displaced populations, female-headed households, and persons with disabilities. Protection risk analysis is underway to inform targeting criteria and cash delivery modalities, while referral pathways for gender-based violence (GBV) and child protection cases are being mapped in coordination with the Protection Cluster and relevant working groups.

Remaining gaps, particularly in the adaptation of communication materials and the completion of additional PGI assessments, will be addressed in the next phase of implementation.



Figure 4: Training session in Yagoua North Cameroon (CRC Photo)



Community Engagement and Accountability

Objective:

Ensure that affected communities are meaningfully informed, consulted, and able to influence the response, through transparent, accessible, and responsive accountability mechanisms that strengthen trust, relevance, and effectiveness of humanitarian assistance.

Key indicators:

Indicator	Target	Actual
# posters produced, distributed and pasted	600	
# of persons reached through awareness raising activities	330,000	27,230

# of beneficiary selection committee trained and have a beneficiary selection criterion validated	4	4
% of feedback and complaints addressed within agreed timelines	85%	0
# of operational decisions made based on community feedback received	8	8
# of community consultations (context analyses, needs assessments) held	2	0
% of targeted communities receiving clear and timely information on assistance criteria, modalities, and timelines	95%	0

CEA implementation is progressing in the early phase of the operation, with notable achievements in community consultation and beneficiary engagement. All four planned beneficiary selection committees have been trained and have validated selection criteria, providing a foundation for transparent and accountable targeting processes. Eight community consultations have been conducted, meeting the target for this indicator, and contributing to context analysis, needs verification, and community-level planning across targeted localities.



A total of 27,230 people have been reached through awareness-raising activities to date, representing 34% of the target of 80,000. This includes the 7,230 people reached through WASH hygiene promotion activities in Doumo and Mayo Oulo, as well as 20,000 people reached through community consultations and sensitisation sessions conducted during the food insecurity assessment phase. Awareness-raising efforts will be scaled up progressively as the operation expands geographically.



Figure 6: Focus group discussion in Yagoua with women (Photo by CRC)

Poster production and distribution have not yet commenced, pending finalisation of communication materials adapted for local languages and inclusiveness requirements. Feedback and complaints mechanisms are in the process of being established. No formal feedback has been received or acted upon to date, and no operational decisions based on community feedback have been recorded in this period. Establishing functional, accessible, and confidential feedback channels across all targeted localities remains a priority for the next implementation period, alongside the scale-up of information-sharing activities on targeting criteria, assistance modalities, and timelines.

date, and no operational decisions based on community feedback have been recorded in this period. Establishing functional, accessible, and confidential feedback channels across all targeted localities remains a priority for the next implementation period, alongside the scale-up of information-sharing activities on targeting criteria, assistance modalities, and timelines.



Risk Reduction, climate adaptation and Recovery

Female > 18:

Female < 18:

Male > 18:

Male < 18:

Objective: To reduce communities' exposure and vulnerability to recurrent climate- related and disaster risks by strengthening preparedness, anticipatory capacity, and local disaster risk governance in the most at-risk localities

	Indicator	Target	Actual
Key indicators:	Develop or update community preparedness and contingency plans, including evacuation, early warning dissemination, and response roles.	TBC	0
	Conduct participatory hazard, vulnerability and capacity assessments (HVCA/eVCA) in flood- and drought-prone communities.	TBC	0

Risk reduction, climate adaptation, and recovery activities have not yet commenced under the Emergency Appeal, as implementation for this sector is planned to begin in Phase 2 of the operation (months 3–18), with a focus on early recovery and strengthening anticipatory capacities in line with the Operational Strategy.

Initial preparatory work is underway to inform the design and targeting of interventions. The CRC community assessment conducted between January and February 2026 provides a strong evidence base, identifying flood- and drought-prone communities across the Far North, North, and East regions as priority areas for hazard and vulnerability assessments, the establishment of community disaster risk management committees, and anticipatory action planning. Within the Far North, the divisions of Logone-et-Chari and Mayo-Danay— characterised by recurrent seasonal flooding and significant access constraints have been prioritized for the pre-positioning of supplies and anticipatory WASH interventions ahead of the rainy season.

Sector indicators and targets will be finalized and included in the next operational update following the completion of participatory Hazard, Vulnerability and Capacity Assessments (HVCA/eVCA) in the targeted communities. Coordination with relevant technical services and local authorities, particularly on early warning systems and disaster risk governance frameworks, will be initiated in the upcoming implementation period.

Enabling approaches



National Society Strengthening

Objective: Strengthen the Cameroon Red Cross Society's institutional, technical, and operational capacity at headquarters and branch levels to deliver safe, accountable, and high-quality emergency response services at scale, while ensuring duty of care, volunteer protection, and sustainability of essential services.

	Indicator	Target	Actual
Key indicators:	Number of PDM conducted	1	0
	Enhanced Branch and Volunteer Operational Capacity: Percentage of targeted branches and volunteers demonstrating improved readiness and operational performance across sectors (DM, WASH, cash, nutrition, PGI, CEA), as measured through capacity assessments and operational evaluations	95%	0
	Strengthened Institutional Systems and Leadership for Effective Response: Extent to which National Society systems – leadership structures, coordination mechanisms, PMER/MEAL, information management, and digital tools – meet IFRC standards for accountability, transparency, and strategic oversight	95%	0
	Improved Volunteer, Staff, and Youth Development and Duty of Care: Proportion of volunteers and staff adequately trained, insured, supported, and integrated into digital registries and deployment procedures, demonstrating improved safety, competence, and retention	95%	0

National Society Strengthening activities are in the early start-up phase, with foundational actions underway in support of the Emergency Appeal response. A two-day resource mobilisation workshop was organised in Yaoundé to develop the CRC's operational strategy and specific resource mobilisation plan for the Appeal, contributing to strengthened strategic leadership and institutional planning capacity at headquarters level.

Staff and volunteer deployment to the Far North is underway, with field presence being established to support household identification, registration, and initial response activities. 34 volunteers have completed PGI and PSEA training, contributing to strengthened safeguarding and accountability practices across the operation.

Digital data collection tools are being deployed to support household registration, targeting, and monitoring processes, in line with the digital transformation priorities outlined in the Operational Strategy. Coordination between the IFRC Cluster Delegation and CRC headquarters is being maintained through regular operational meetings to ensure strategic alignment and timely decision-making.



Coordination and Partnerships

Objective:	Ensure effective, coherent, and complementary humanitarian action through strong coordination within the Red Cross and Red Crescent Movement and with external partners, aligned with national response mechanisms and humanitarian coordination structures		
	Indicator	Target	Actual

Key indicators:	Strengthened Movement Coordination and Unified Planning: Degree to which the IFRC, CRC, and in-country PNSs implement harmonized planning, monitoring, and reporting processes under the CRC's leadership (measured through adherence to Ways of Working, MciE tools, and frequency/quality of coordination meetings)	95%	0
	Effective Engagement with Government and External Partners: % of response activities aligned with national frameworks and cluster coordination mechanisms, as evidenced by participation in coordination fora and integration into government-led sectoral plans	95%	0

Federation-wide Coordination

A partners' call was organized on 26 February 2026 and was attended by at least 11 Participating National Societies (PNSs), marking the formal launch of Federation-wide coordination for the operation. IFRC led this coordination, ensuring harmonized planning, implementation, and reporting across all Federation partners in line with the established Ways of Working. Regular coordination exchanges with PNSs were conducted to align technical support, avoid duplication, and strengthen resource mobilisation efforts. Weekly operational meetings between the IFRC Country Cluster Delegation and the Cameroon Red Cross Society (CRC) were held to ensure strategic oversight, timely decision-making, and coherence across sectors.

Movement Coordination

Movement coordination was guided by the Movement Cooperation Agreement (MCA) signed in May 2024 between the IFRC, the International Committee of the Red Cross (ICRC), the CRC, and the French Red Cross. Coordination was operationalized through regular bilateral and multilateral engagements to ensure complementarity and clear division of roles. The French Red Cross actively supported the operation, particularly in the nutrition component, leveraging its established presence and technical expertise in-country.

The ICRC supported the National Society primarily in areas affected by insecurity, facilitating access, strengthening humanitarian diplomacy, and ensuring complementarity of interventions in line with its mandate. While the ICRC was not part of the routine weekly operational coordination meetings led by IFRC, it remained engaged through the established Movement coordination framework, including ad hoc coordination exchanges and strategic discussions, particularly on access and security-related issues. This approach ensured alignment of Movement partners while respecting respective mandates and operational modalities.

External Coordination

The IFRC Country Cluster Delegation actively participated alongside the CRC in national and regional coordination platforms, including meetings with the Ministry of Public Health, Ministry of Agriculture, Office for the Coordination of Humanitarian Affairs (OCHA), World Food Programme (WFP), Food and Agriculture Organization (FAO), United Nations Children's Fund (UNICEF), and Food Security Cluster partners. This engagement ensured alignment with government priorities and broader humanitarian coordination mechanisms.

The CRC also continued to participate in the Food Security, Nutrition, Water, Sanitation and Hygiene (WASH), Cash, and Protection clusters, contributing to joint analysis, response planning, and information sharing. A stakeholder

conference was planned for the third month of the operation to review the evolving situation, assess progress of the response, and mobilise support for longer-term resilience-building efforts.



Secretariat Services

Objective:

Provide technical, operational, and support services to enable effective implementation, oversight, and accountability of the Emergency Appeal.

	Indicator	Target	Actual
Key indicators:	Number of surge staff deployed	4	1
	4Number of DREF presentation workshops organized.	1	0
	Number of regional and global staffs deployed	4	3
	Strengthened Coordination and Resource Mobilisation: % of required financial and technical resources mobilised through strengthened partnerships and donor engagement	95%	17%
	Enhanced Risk, Logistics, and Operational Management Capacity. Extent to which risk management, logistics, and financial systems meet IFRC standards, as measured through periodic compliance and performance assessments	95%	0
	Improved Information, Data, and Decision-Making Systems: % of operational decisions informed by real-time data, consolidated analysis, and PMER/IM systems	95%	20%
	Increased Human Resource and Surge Readiness: Proportion of required surge and staff capacity deployed and performing according to established competency and duty-of-care standards	95%	0

Secretariat services are being progressively activated to support the effective launch and implementation of the Emergency Appeal across key functional areas.

Human Resources and Surge

An SPRM staff member from the IFRC Regional Office for Africa has been deployed to Cameroon to support resource mobilisation for the operation. The IFRC Cluster Delegation is deploying a staff member to the Far North to fill the Field Coordinator surge role. Discussions are underway with multiple Participating National Societies to fill the remaining surge positions advertised, covering technical profiles across CVA, food security, WASH, nutrition, PGI, and PMER. Negotiations are also underway to deploy a global communications staff member from Geneva to support external communications during the initial phase of the Appeal.

Resource Mobilisation

Confirmed contributions currently amount to approximately CHF 1,435,019, representing approximately 15% of the CHF 9.6 million funding requirement. Ongoing discussions with the American Red Cross for a potential contribution of up to CHF 233,682 would bring total confirmed contributions to approximately CHF 1,668,701 if confirmed. Contributions received to date include the Japanese Red Cross Society (JPY 5,000,000, approximately CHF 25,000), Red Cross of Monaco (EUR 10,000, approximately CHF 9,000), and Canadian Red Cross (CAD 175,000, approximately CHF 98,000). Resource mobilisation efforts are ongoing, with the IFRC strengthening partnerships locally and internationally to secure the financial and technical support required to scale up the response.

As part of the SPRM deployment, a two-day workshop was organized to support the development of the Resource Mobilization (RM) Strategy of the Cameroon Red Cross. The workshop brought together participants from the NS headquarter, local branches, as well as representatives from the ICRC and the French Red Cross. During the sessions, participants collectively defined the main structure of the strategy, including RM priority areas, strategic objectives, and a set of priority actions accompanied by an initial implementation roadmap. The workshop also provided an opportunity to present the RM Plan for the IFRC Food Insecurity EA, with particular emphasis on strengthening local resource mobilization initiatives. So far, three regional staffs have been deployed to support SPRM, information management, cash and voucher assistant.



PRM deployment, a two-day workshop was organized to support the development of the Resource Mobilization (RM) Strategy of the Cameroon Red Cross

Communications

Several communications products have been published across social media platforms and the IFRC website to raise visibility of the food insecurity crisis and the Appeal. A coordinated communications plan is being developed to support humanitarian diplomacy, donor engagement, and amplification of community and volunteer perspectives throughout the operation.

- <https://x.com/AdeshTripathee/status/2031300706196664837?s=20>
- Food insecurity [Cameroon 2026: Standing with Families Facing Food Insecurity](#)
- <https://x.com/AdeshTripathee/status/2029182367806427387?s=20>
- <https://x.com/AdeshTripathee/status/2028760836613783939?s=20>
- <https://x.com/AdeshTripathee/status/2028425721715015907?s=20>
- <https://x.com/AdeshTripathee/status/2027346048952209870?s=20>
- <https://x.com/AdeshTripathee/status/2026722220072927567?s=20>
- <https://x.com/AdeshTripathee/status/2026229759357698207?s=20>
- <https://x.com/AdeshTripathee/status/2025491381053993202?s=20>
- <https://x.com/AdeshTripathee/status/2023798117918011557?s=20>
- <https://x.com/CroixRougeCam/status/2025337162015641840?s=20>
- <https://x.com/CroixRougeCam/status/2023800368954831109?s=20>
- <https://x.com/CroixRougeCam/status/2014277358929260795?s=20>
- [Cameroon's "silent food insecurity crisis" deepens as millions struggle to find food | IFRC](#)
- <https://x.com/ifrcamerica/status/2033888136581832888?s=46&t=D36KdbxETFvdjdKHQ7koIA>
- https://www.linkedin.com/posts/ifrc_cameroon-activity-7440048408314400768-UdZg?utm_medium=ios_app&rcm=ACoAABVYXBoBN8pjf159qssK6vGqiG9pPLaXRdk&utm_source=social_share_send&utm_campaign=copy_link
- <https://www.facebook.com/share/p/1FJMIXDYdV/?mibextid=wwXlfr>

PMER

The development of the PMER framework for the Emergency Appeal is underway. This will include the establishment of a monitoring system, centralized data management mechanisms, post-distribution monitoring protocols, and structured reporting aligned with IFRC standards. No PDM has been conducted to date, pending the commencement of distributions.

D. FUNDING

IFRC Secretariat Coverage	Amount Raised (CHF)	Funding Gap (CHF)	Coverage %
Total hard pledges + in kind + soft pledges	1,656,011	7,943,989	17.25%

The various donors supporting n this emergency appeal are:

- Japanese Red Cross Society
- Canadian Red Cross Society
- The Netherlands Red Cross Society (Back donor Netherlands Government)
- The Monaco Red Cross Society
- American Red Cross Society

Contact information

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

At the Cameroon Red Cross:

- **Secretary General:** Renauld Bodiong; email: renauld.bodiong@croixrouge.cm, phone: +237696596816

At the IFRC:

- **IFRC Regional Office for Africa Disaster, Climate, and Crisis Unit:** Louise Daintrey-Hall, Head of Regional Strategic Partnerships and Resource Mobilisation; email: louise.daintrey@ifrc.org, phone: +254 110 843 978
- **IFRC Country Cluster Delegation:** Adesh Tripathee, Head of Delegation; email: adesh.tripathee@ifrc.org, phone: +237 650 65 99 91
- **IFRC Geneva:** Santiago LUENGO, Senior Officer Operations Coordination; email: santiago.luengo@ifrc.org, phone: +41 (0) 79 124 4052

For IFRC Resource Mobilisation and Pledges support:

- **IFRC Regional Office for Africa:** Franciscah Cherotich Kilel , Head of Regional Strategic Partnerships and Resource Mobilisation; email franciscah.kilel@ifrc.org

For In-Kind donations and Mobilisation table support:

- **IFRC Regional Logistics Unit for Africa: Nikola Jovanovich,** Head of Africa Regional Logistics Unit; email: nikola.jovanovic@ifrc.org, phone: +41-78-305-53-27

For Performance and Accountability support:

- **Regional Head, PMER and Quality Assurance:** Beatrice Okeyo; email: beatrice.okeyo@ifrc.org, phone: +254 732 404022

Reference documents



Click here for:

- Operations strategy: <https://go-api.ifrc.org/api/DownloadFile/94408/MDRCM042OS>
- Operations update one: <https://go-api.ifrc.org/api/DownloadFile/94409/MDRCM042eu1>

How we work

All IFRC assistance seeks to adhere the **Code of Conduct** for the International Red Cross and Red Crescent Movement and Non-Governmental Organizations (NGO's) in Disaster Relief, the **Humanitarian Charter and Minimum Standards in Humanitarian Response (Sphere)** in delivering assistance to the most vulnerable, to **Principles of Humanitarian Action** and **IFRC policies and procedures**. The IFRC's vision is to inspire, encourage, facilitate and always promote all forms of humanitarian activities by National Societies, with a view to preventing and alleviating human suffering, and thereby contributing to the maintenance and promotion of human dignity and peace in the world.