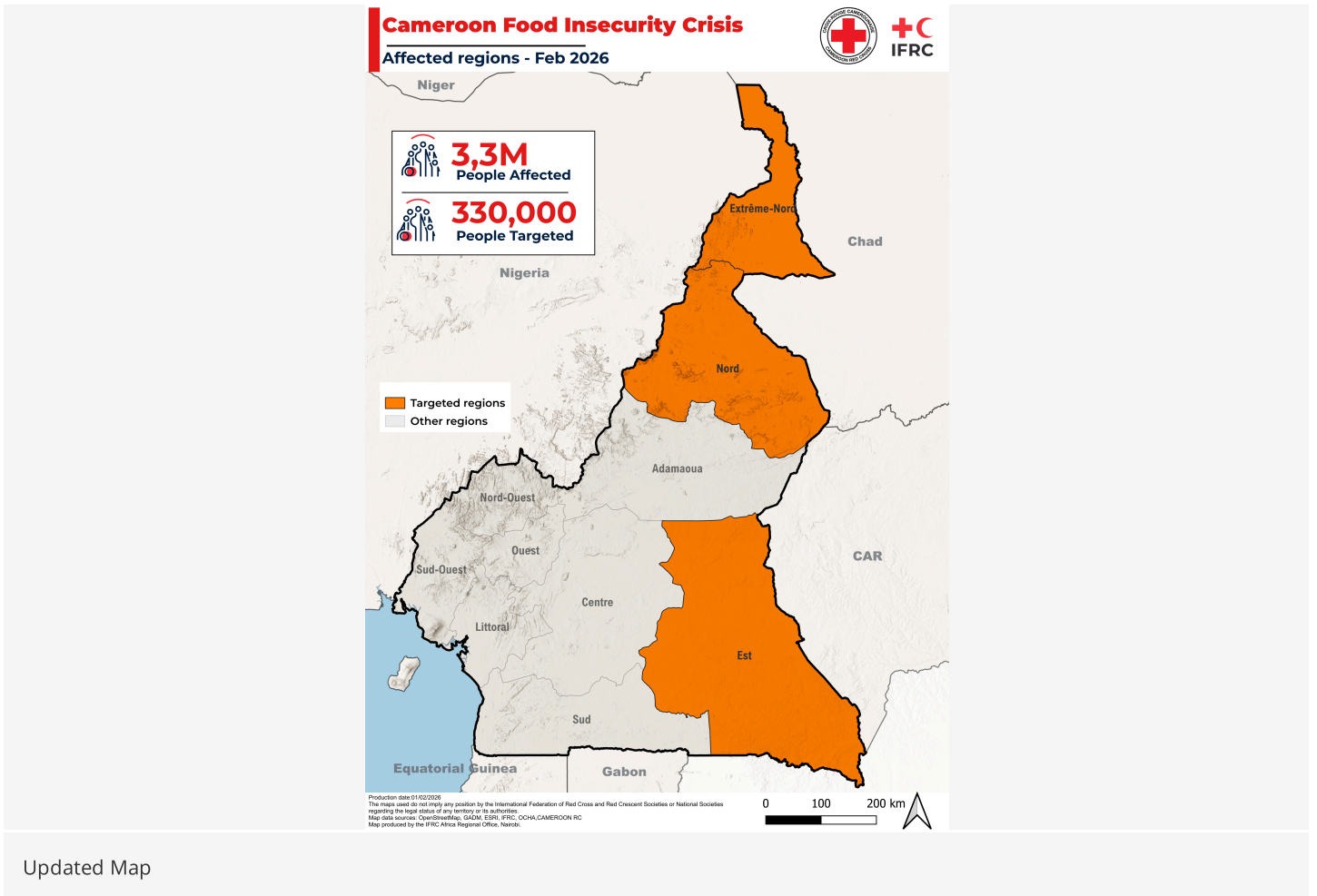




Mother and child in the Far North (Photo CRC)

Appeal: MDRCM042	Total DREF Allocation: CHF 999,855	Crisis Category: Orange	Hazard: Food Insecurity
Glide Number: -	People Affected: 3,300,000 people	People Targeted: 12,600 people	
Event Onset: Slow	Operation Start Date: 08-12-2025	New Operational End Date: 30-09-2026	Total Operating Timeframe: 9 months
Reporting Timeframe Start Date: 08-12-2025		Reporting Timeframe End Date: 26-03-2026	
Additional Allocation Requested: 849,785		Targeted Regions: Est, Extrême-Nord, Nord	

Description of the Event



Date when the trigger was met

24-02-2026

What happened, where and when?

The food security situation in Cameroon has steadily deteriorated throughout 2025 due to overlapping climatic, economic, conflict-related, and public-health shocks. In response to growing concerns and information gaps, the Cameroon Red Cross conducted a large-scale community assessment in January–February 2026 across the Far North, North, and East Regions. The assessment covered 5,972 households in 16 municipalities, using household surveys, focus group discussions, key informant interviews, and market analysis.

The findings confirm structurally entrenched food insecurity: 84% of households had poor or borderline Food Consumption Scores, 78% experienced moderate to severe hunger, and 68% had no food stocks at the time of the survey. More than 70% of households reported exposure to at least one major shock in the previous 12 months, including drought, floods, insecurity, and crop pests. Significant WASH and nutrition vulnerabilities were also identified, increasing the risk of disease outbreaks.

These results align with earlier national and regional alerts. Between June and August 2025, projections estimated that 2.6 million people, around 9% of the population, would face Crisis (IPC Phase 3) or worse. By late 2025, the Food Security Cluster reported 2.5 million people in need, while WFP estimated 3.3 million people 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 shortly after in the Doumo Health Area in the North Region. On 25 November, WFP announced reductions in food assistance due to funding shortfalls, further increasing pressure on vulnerable households.

FEWS NET projections (October 2025–May 2026) indicate that large parts of the country are expected to remain in IPC Phase 3 through mid-2026. While national data signal persistent deterioration, the CRC assessment provides granular, disaggregated evidence confirming acute needs in the North and East Regions, where market dependence is high and coping capacities are severely eroded.



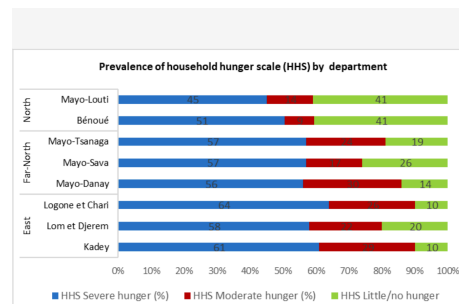
The assessment findings were shared with stakeholders from 16 February onward. Following consultations, IFRC approved the Emergency Appeal on 24 February, and it was officially launched on 26 February to enable an immediate scale-up of the response.



MUAC measurement of a child in the Far North Region (Photo CRC)



Interview with female headed household. (Photo CRC)



Prevalence of HH hunger scale by department (from Assessment)

Scope and Scale

The Cameroon Red Cross community 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, findings show that 84% of households have poor or borderline food consumption, 78% report moderate to severe hunger, and 68% have no remaining food stocks. The data highlight rapid erosion of coping capacity and confirm that conditions are likely to worsen during the lean season beginning as early as April 2026.

In response to these findings, the IFRC and the Cameroon Red Cross 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 prioritize the most severely affected divisions in the Far North, North, and East Regions, where food insecurity, malnutrition risks, and WASH vulnerabilities converge. This Operations Update also covers the DREF allocation supporting the initial phase of the Appeal.

These assessment results reflect a broader national deterioration. According to the Food Security Cluster, 2.5 million people are currently in need, while WFP estimates 3.3 million people are affected by food insecurity nationwide. The Far North remains the epicenter, with more than 1.2 million people acutely food insecure, driven by repeated floods, prolonged dry spells, displacement, insecurity, and rising food prices that have sharply reduced agricultural production and purchasing power.

As food stocks and financial reserves decline, households are increasingly resorting to negative coping strategies, including skipping meals, reducing dietary diversity, withdrawing children from school, and selling productive assets. Humanitarian resources are shrinking, and WFP has warned of imminent reductions in food assistance for refugees, internally displaced persons, and vulnerable host communities.

Without timely support, acute malnutrition is expected to rise, particularly among children under five and pregnant and lactating women. Poor nutrition combined with limited access to safe water heightens the risk of disease outbreaks. On 10 November 2025, two cholera cases were confirmed in the Doumo Health Area in the North Region, signaling growing sanitation and water stress. The Adamaoua and East Regions, while less insecure, host significant displaced populations and face erratic rainfall and vegetation anomalies that further strain food availability.

Together, these factors point to a rapidly deepening, multi-regional crisis that requires immediate and scaled humanitarian intervention to prevent further deterioration and irreversible livelihood losses.

Source Information

Source Name	Source Link
1. Full assessment Report	https://drive.google.com/drive/u/0/folders/1yLI_M2XzY5U7pKoxlRmzoGHvMUj0mfvF
2. Disaster Brief Updated	https://drive.google.com/drive/u/0/folders/1yLI_M2XzY5U7pKoxlRmzoGHvMUj0mfvF



Summary of Changes

Are you changing the timeframe of the operation	Yes
Are you changing the operational strategy	Yes
Are you changing the target population of the operation	Yes
Are you changing the geographical location	No
Are you making changes to the budget	Yes
Are you requesting an additional allocation?	Yes

Please explain the summary of changes and justification:

This update reflects a significant scale-up of the DREF operation MDRCM042 in response to the evolving humanitarian situation.

The most substantial change concerns the scale of direct assistance. The initial DREF planned one round of multipurpose cash assistance for 150 households. Under this update, direct cash assistance will now reach 2,100 households, representing approximately 12,600 people. In addition, approximately 80,000 people will continue to be supported under the other pillars as initially planned

The operational budget has consequently increased from CHF 150,070 to CHF 999,855 to support the expanded caseload and implementation costs associated with large-scale cash programming.

The geographic areas of intervention remain unchanged. The expansion requires increased mobilisation of staff and volunteers to manage beneficiary targeting, registration, distribution processes, community engagement, and post-distribution monitoring.

IFRC Network Actions Related To The Current Event

Secretariat

The International Federation of Red Cross and Red Crescent Societies, through the Yaoundé Country Cluster Delegation and in coordination with the Regional Office for Africa, continues to provide comprehensive technical and operational support to the Cameroon Red Cross in the scale-up from DREF to Emergency Appeal.

During the initial phase, the IFRC supported the design, methodology, and quality assurance of the multisectoral community food security assessment conducted across the Far North, North, and East Regions. The Secretariat also provided technical guidance for the development of the Cash and Voucher Assistance strategy, including market analysis, transfer value calculations, PGI mainstreaming, and Financial Service Provider engagement.

Under the Emergency Appeal framework, IFRC support has expanded to include:

- Strategic planning and operational scale-up aligned with the CHF 9.6 million Appeal
- Technical assistance across Food Security, Livelihoods, CVA, Health, Nutrition, WASH, and PGI sectors
- Risk management, financial oversight, and compliance support
- Procurement and logistics coordination
- Monitoring, Evaluation, Accountability and Learning support
- Strengthened reporting and donor communication
- Deployment of surge and technical profiles as required

The IFRC Cluster Delegation actively participates alongside the CRC in national and regional coordination platforms, including meetings with the Ministry of Public Health,



	<p>Ministry of Agriculture, OCHA, WFP, FAO, UNICEF, and Food Security Cluster partners, ensuring alignment with Government priorities and humanitarian coordination mechanisms.</p> <p>Through its Federation-wide coordination mandate, IFRC ensures coherence among Movement partners supporting the operation and facilitates resource mobilization efforts to meet the funding requirements of the Appeal. The Secretariat will continue to reinforce CRC's operational capacity to deliver integrated assistance at scale, while maintaining accountability, quality standards, and visibility of the Red Cross response.</p>
<p>Participating National Societies</p>	<p>The French Red Cross is present in Cameroon and actively contributed to the multisectoral food security assessment conducted in the Far North Region alongside the Cameroon Red Cross and the IFRC. Leveraging its long-standing operational presence in the region, the French Red Cross provided technical input and contextual expertise, strengthening the quality and relevance of the assessment findings.</p> <p>The French Red Cross has been working in the Far North for several years, supporting the Cameroon Red Cross in areas including health, WASH, and resilience programming. Its sustained presence and established partnerships at community level contribute to continuity of action and reinforce the National Society's operational capacity in conflict- and climate-affected localities.</p> <p>Under the Emergency Appeal framework, coordination between the Cameroon Red Cross, IFRC, and the French Red Cross continues to ensure complementarity of interventions, avoid duplication, and maximize collective Movement impact in the most affected regions.</p>

ICRC Actions Related To The Current Event

<p>International Committee of the Red Cross (ICRC) maintains a permanent presence in Cameroon, including in the Far North, North-West, and South-West Regions, where it implements protection and assistance activities in areas affected by armed conflict and insecurity.</p> <p>In the context of the current food security emergency, the Cameroon Red Cross will engage in consultations with the ICRC to explore potential areas of support and complementarity in regions where the ICRC operates. These discussions will aim to ensure coherent Movement action, particularly in conflict-affected localities where access constraints, protection risks, and livelihood disruptions intersect.</p> <p>Coordination will be conducted in line with the Movement Cooperation Agreement and established Movement coordination mechanisms, ensuring clarity of roles, operational complementarity, and adherence to security and access protocols. This approach will strengthen collective impact while safeguarding humanitarian space and operational efficiency in sensitive areas.</p>
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Other Actors Actions Related To The Current Event

<p>Government has requested international assistance</p>	<p>No</p>
<p>National authorities</p>	<p>The Government of Cameroon continues to lead national efforts to address the food security crisis. On 22 August 2024, the Government launched the Emergency Project to Combat the Food Crisis (PULCCA) in Bamenda, North-West Region. The project, financed by the World Bank, has a two-year implementation period and a budget of 35 billion CFA francs.</p> <p>PULCCA aims to provide emergency food and health assistance while strengthening the resilience of vulnerable populations through livelihood support, improved access to</p>



	essential services, and risk mitigation measures. The initiative targets priority regions affected by food insecurity, climatic shocks, and conflict-related disruptions.
UN or other actors	<p>Food security remains a top priority for agencies such as WFP, which has delivered lifesaving food support to more than half a million vulnerable people, including displaced families, refugees, and host communities. However, WFP has warned that cuts to food assistance are already affecting refugees and other highly vulnerable households in Cameroon due to serious funding shortages.</p> <p>The FAO conducted a multisectoral assessment in the Far North region. UNICEF is also responding in health and WASH, supporting access to nutritious food for children, and strengthening water, sanitation, and hygiene services to reduce disease risks in crisis-affected areas.</p> <p>OCHA coordinates operational presence in hard-to-reach communities, especially in conflict-affected North-West and South-West regions where movement restrictions severely limit access to markets and services.</p> <p>Despite these efforts, access constraints and underfunding continue to leave significant populations unreached. The UN stresses that assistance remains far below requirements, leaving households at risk of further deterioration if support is not scaled up.</p>

Are there major coordination mechanism in place?

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

Needs (Gaps) Identified



Livelihoods And Basic Needs

Cameroon Red Cross community assessment, conducted among 5,972 households across 16 municipalities in the Far North, North, and East Regions, confirms that livelihood erosion is widespread and directly driving the current food insecurity crisis.

The findings show that 84% of households fall into poor or borderline Food Consumption Score categories, meaning only 16% maintain acceptable food consumption. In addition, 78% of households experience moderate to severe hunger, and 68% report having no food stocks at the time of the survey, demonstrating extreme depletion of household reserves and minimal buffer capacity ahead of the lean season. Furthermore, 71% of households consume four or fewer food groups, reflecting low dietary diversity and reduced food quality. These indicators collectively reflect crisis-level food access across multiple divisions.

Coping mechanisms further confirm the severity of livelihood stress. The assessment indicates that 55% of households fall under high Reduced Coping Strategy Index categories, reflecting frequent meal reduction, meal skipping, food borrowing, and reliance on less preferred foods. In addition, 38% of households have adopted stress or crisis livelihood coping strategies, including selling productive assets, consuming seed stocks, or reducing expenditures on health and education. These behaviors are sustained and structural rather than temporary seasonal adjustments.

Livelihood fragility is compounded by weak production performance. While agriculture remains the primary livelihood source, only 62% of households cultivated during the last season, and among those, 76.8% reported moderate or poor harvests, significantly limiting both self-consumption and income generation. Repeated exposure to drought, floods, crop pests, and insecurity continues to erode productive capacity.

Households reported distress sales of livestock, agricultural tools, and other productive assets, signaling declining resilience ahead of the next agricultural season. High market dependence is evident, with 68% of households relying primarily on market purchases for food, despite declining purchasing power and rising prices. At the same time, more than 70% of households reported experiencing at least one shock in the past 12 months, further constraining recovery potential.

Displaced households, representing 11.5% of the surveyed population, exhibit consistently worse outcomes across food consumption, hunger severity, and coping indicators. Female-headed households also demonstrate higher vulnerability, reporting lower food consumption and greater coping stress compared to male-headed households. Very poor host communities show similarly fragile livelihood profiles.



The CRC findings clearly demonstrate that food insecurity is not confined to the Far North. Divisions in Kadey, Lom-et-Djerem, Bénoué, and Mayo-Louti show comparable patterns of poor consumption, high hunger prevalence, limited food stocks, and elevated coping stress, confirming the multi-regional and systemic nature of the crisis.

Given that 68% of households have no food reserves, 78% face moderate to severe hunger, 55% are under high coping stress, and over one-third have already adopted crisis livelihood strategies, livelihoods protection and multipurpose cash assistance are urgently required to prevent irreversible asset depletion. Without immediate economic stabilization, households will continue liquidating productive assets, accumulating debt, and undermining long-term income potential.

An integrated livelihoods and basic needs response under the Emergency Appeal is therefore critical to protect immediate consumption, stabilize purchasing power, prevent further distress sales, support seasonally aligned agricultural recovery, and reduce harmful coping strategies before the lean season intensifies the crisis further.

Health

The Cameroon Red Cross community assessment confirms that food insecurity in the Far North, North, and East Regions is deeply intertwined with structural health and nutrition vulnerabilities affecting 5,972 surveyed households across 16 municipalities.

Although 56% of households report the presence of a health facility in their area, access remains largely constrained by affordability. Financial barriers to consultation, medication, and transport significantly limit effective utilization of services. This economic constraint is reflected in coping behaviors, where illness often leads to borrowing, asset depletion, and further food consumption reduction.

Access to nutrition-specific services is particularly limited. Only 29% of households report access to maternal and child nutrition services, including growth monitoring, antenatal nutrition counselling, and Infant and Young Child Feeding support

. Divisions with the weakest access, including Logone-et-Chari, Mayo-Sava, Mayo-Tsanaga, and Kadey, overlap with poor dietary outcomes, confirming the link between service gaps and inadequate nutritional intake.

Dietary indicators further demonstrate structural vulnerability. Assessment findings show that:

84% of households fall into poor or borderline Food Consumption Score categories

78% report moderate to severe hunger

68% report having no food stocks at the time of the survey

55% of households fall under High rCSI, indicating frequent meal reduction, skipping meals, and reliance on borrowing or cheaper foods

These coping patterns reflect sustained food access stress rather than temporary seasonal shocks.

The nutritional vulnerability of women and children is further evidenced by low Minimum Dietary Diversity indicators in high-risk divisions, particularly where access to nutrition services is weakest. Reduced dietary diversity among women and children, combined with limited health outreach, increases risks of micronutrient deficiencies, impaired child growth, and adverse maternal outcomes.

The assessment demonstrates that malnutrition is becoming structural rather than seasonal. Illness reduces labor capacity and income, which further reduces food consumption and increases borrowing, reinforcing a cyclical vulnerability pattern identified during community consultations

Without integrated interventions combining food assistance, targeted nutrition screening for children under five and pregnant and lactating women, strengthened referral pathways, and affordability-sensitive health support, acute malnutrition risks are likely to increase during the upcoming lean season. Addressing food access alone will not sufficiently improve nutrition outcomes. An integrated health and nutrition response is therefore essential to prevent deterioration, reduce mortality risk, and protect long-term human capital in affected communities.

Water, Sanitation And Hygiene

Cameroon Red Cross assessment of 5,972 households across 16 municipalities confirms that WASH deficits are widespread and directly linked to food insecurity severity and poor nutritional outcomes.

Access to safe drinking water remains inconsistent. While boreholes constitute the primary source of water for many households, only 62% of households report access to improved water sources, meaning that 38% rely on unimproved sources such as open wells, surface

water, and seasonal streams, particularly in Logone-et-Chari, Mayo-Danay, and parts of Kadey. Seasonal variability further worsens access, with drying of water points during peak dry periods forcing households to use unsafe alternatives. Communities reported frequent breakdowns of boreholes and limited local maintenance capacity, reducing reliability of access.

Sanitation coverage remains inadequate across surveyed divisions. Only 44% of households use improved sanitation facilities, leaving 56% dependent on unimproved latrines or unsafe sanitation practices, including open defecation in rural and displacement-affected areas. In addition, only 47% of households report regular handwashing with soap, meaning that more than half lack consistent hygiene practices at household level. These sanitation and hygiene gaps geographically overlap with divisions reporting the highest levels of hunger and coping stress.

Water handling and treatment practices are also limited. With 38% of households relying on unimproved water sources, safe storage and routine water treatment remain insufficient. Many households store water in open or uncovered containers, and systematic treatment prior to consumption is not widespread. In areas with high displacement and seasonal flooding, contamination risks increase significantly, particularly for children under five.

The health–nutrition linkage is clear. The assessment shows that 84% of households fall into poor or borderline food consumption categories, 78% experience moderate to severe hunger, and 55% are classified under high coping stress, meaning frequent meal reduction and food borrowing. In such contexts, even minor illness episodes linked to unsafe water significantly reduce labor productivity, increase health expenditures, and deepen food insecurity.

With only 29% of households reporting access to maternal and child nutrition services, preventive health and hygiene messaging coverage remains limited. This increases vulnerability to diarrheal diseases and reduces children’s nutrient absorption, compounding already poor dietary diversity outcomes.

Cholera remains a persistent risk in the North and Far North Regions, particularly in areas affected by displacement, flooding, and degraded infrastructure. Given that 68% of households report having no food stocks, illness episodes can rapidly push families into severe crisis.

The assessment confirms that WASH is not a secondary concern but a structural driver of food insecurity. With 38% lacking improved water access, 56% lacking improved sanitation, 53% without regular handwashing with soap, and 71% consuming four or fewer food groups, improvements in food access alone will not translate into improved food utilization or reduced malnutrition risk. Addressing water safety, sanitation access, hygiene behaviors, outbreak prevention, and integrated nutrition–WASH programming is therefore essential to breaking the reinforcing cycle between disease and hunger in the affected regions.

Any identified gaps/limitations in the assessment

In 2022, the Cameroon Red Cross launched an Emergency Appeal to address food insecurity, with integrated interventions planned across health and nutrition, WASH, and livelihoods sectors. However, due to a low funding rate, implementation was significantly constrained. Only a limited number of households were reached through Cash and Voucher Assistance, while the majority of planned sectoral activities could not be carried out. As a result, structural vulnerabilities in food utilization, livelihood recovery, and WASH infrastructure remained largely unaddressed.

Subsequent regional analyses, including reports from the African Union, confirm that the drivers of food insecurity identified in 2022 persist. Climatic stress, market volatility, displacement pressures, and weak service coverage continue to erode household resilience. The limited scale of prior interventions created implementation gaps in livelihood protection, nutrition-sensitive programming, and preventive WASH measures, which are now reflected in the current deterioration.

While the recent CRC community assessment has provided robust household-level data across the Far North, North, and East Regions, certain limitations remain. These include:

- Rapidly evolving market conditions and price fluctuations that may shift during the lean season
- Access constraints in insecure or hard-to-reach areas that may limit full representativeness
- Seasonal variations in illness and food availability that require continued monitoring
- Limited longitudinal data to track household recovery trajectories over time

The assessment nonetheless provides strong evidence of widespread crisis-level food insecurity and structural service gaps. However, continued monitoring, post-distribution analysis, and updated market assessments will be necessary to refine targeting and adapt transfer values during implementation.

The current Emergency Appeal addresses the gaps left by underfunded previous interventions and seeks to ensure a sufficiently scaled, integrated, and sustained response. Further evidence generation and operational monitoring will strengthen visibility on remaining gaps and guide adaptive programming throughout the operation period.



Operational Strategy

Overall objective of the operation

This Operations Update outlines the scale-up from the initial Assessment DREF to a full Response DREF. The objective is to provide immediate, life-saving assistance to approximately 92,600 people across the Far North, North, and East regions. Support will be delivered through cash grants to 2,100 (12,600 people), complemented by integrated WASH, health, and nutrition services, as well as PGI and CEA components to 80,000 people.

Operation strategy rationale

The Emergency Appeal is grounded in the findings of the Cameroon Red Cross Society community assessment, which confirms widespread, structurally entrenched food insecurity affecting 3.3 million people nationwide, with 92,600 people targeted under this operation. The assessment demonstrates that food insecurity is driven not only by insufficient food availability but by collapsing purchasing power, depleted household assets, limited access to health and nutrition services, poor WASH conditions, and sustained reliance on negative coping strategies.

Given the scale and geographic spread of needs across the Far North, North, and East Regions, the operation moves beyond the initial DREF's limited and assessment-focused scope toward a fully integrated, multi-sectoral response combining immediate life-saving assistance with early recovery and resilience-strengthening measures.

The strategy adopts a phased and shock-responsive early recovery approach:

- Phase 1: Immediate life-saving response (0–6 months)

Prioritizes protection of food consumption and prevention of further deterioration among households facing crisis or emergency food insecurity. This includes multipurpose cash assistance to 12,000 highly vulnerable households in prioritized divisions, community-based malnutrition screening and referral, WASH stabilization in cholera-prone areas, and protection-sensitive targeting to mitigate negative coping strategies.

- Phase 2: Early recovery and anticipatory capacity strengthening (3–18 months)

Focuses on livelihood protection, restoration of productive assets, income diversification, and strengthening households' capacity to anticipate and absorb future shocks. Cash assistance will be progressively linked to livelihood recovery interventions to reduce dependency and prevent distress asset sales.

Cash and Livelihoods Strategy

Markets remain largely functional in targeted areas, but households lack purchasing power. Cash and Voucher Assistance is therefore appropriate and cost-efficient. The operation will deliver multipurpose cash assistance to 2,100 prioritized households in the Far North and East Regions to cover essential food and basic needs during the emergency phase. Transfer values will be informed by market monitoring and Food Security Cluster guidance and adjusted as required. Post-Distribution Monitoring and market assessments will ensure appropriateness, accountability, and protection-sensitive implementation.

Livelihood support will complement cash assistance through protection of productive assets, provision of agricultural inputs where seasonally appropriate, and support to climate-sensitive and diversified income strategies. This approach prevents irreversible asset depletion while enabling transition from consumption support to recovery.

Health, Nutrition, and WASH Strategy

The assessment confirms that food assistance alone will not improve nutritional outcomes. Therefore, the operation integrates:

- Community-based malnutrition screening and strengthened referral pathways
- Support to Infant and Young Child Feeding and maternal nutrition practices
- Reinforcement of severe acute malnutrition management capacity
- Household water treatment, hygiene kit distribution, and cholera-prevention measures
- Rehabilitation and strengthening of community water-point functionality
- Integrated hygiene promotion linked to nutrition and cash programming

This integrated design addresses the structural link between illness and food insecurity and reduces disease-related malnutrition risks.

Assessment and Adaptive Programming

While the recent assessment provides robust evidence, the context remains fluid due to early lean season onset, price volatility, and insecurity. Continuous market monitoring, Post-Distribution Monitoring, and operational reviews will guide adaptive management. A stakeholder conference is planned during the third month of implementation to review progress, reassess needs, and mobilize additional



resilience-oriented support.

Community Engagement, Protection, and Inclusion

Protection, Gender and Inclusion and Community Engagement and Accountability are cross-cutting pillars of the operation. Targeting will prioritize displaced households, female-headed households, households with high dependency ratios, children under five, pregnant and lactating women, persons with disabilities, and older persons. Clear communication, feedback mechanisms, safeguarding protocols, and harmonized Movement coordination will mitigate duplication and ensure dignified, equitable assistance.

Targeting Strategy

Who will be targeted through this operation?

The operation will target 92,600 of the most affected people. The response will prioritise high-severity divisions in the Far North, North, and East Regions where poor food consumption, depleted food stocks, high market dependence, displacement, and repeated shocks converge.

Within the overall caseload:

- 2,100 highly vulnerable households, representing approximately 12,600 people, in prioritised divisions of the Far North and East Regions will receive multipurpose cash assistance and complementary livelihood support to protect food consumption and prevent further asset depletion.
- The remaining approximately 80,000 people within the total target of 92,600 people will benefit from integrated health, nutrition, WASH, and protection interventions aimed at reducing malnutrition, mitigating disease risks, and limiting negative coping strategies.

Targeting will focus on households facing crisis or emergency levels of food insecurity, with priority given to those exhibiting poor or borderline Food Consumption Scores, moderate to severe hunger, high Reduced Coping Strategy Index levels, depleted food stocks, and reliance on erosive livelihood coping mechanisms.

The most vulnerable groups include:

- Displaced households, including internally displaced persons and refugees, without stable income sources or access to cultivable land
- Very poor host households with limited or no regular income and high food expenditure ratios
- Female-headed households with high dependency burdens and limited livelihood assets
- Children under five living in households with poor dietary diversity and elevated malnutrition risk
- Pregnant and lactating women with inadequate Minimum Dietary Diversity for Women and limited access to nutrition services
- Households including persons with disabilities or older persons whose mobility constraints limit access to markets, assistance, or services

Selection criteria will combine food security indicators, socio-economic vulnerability, displacement status, exposure to recent climatic or conflict-related shocks, and protection risks. Targeting will be conducted transparently, with community engagement and harmonized Movement coordination to prevent duplication and ensure equitable, dignified assistance.

Explain the selection criteria for the targeted population

The selection of households is based on severity of need, vulnerability profile, and exposure to food insecurity, livelihood collapse, and health risks. Geographic prioritization reflects assessment findings and operational feasibility.

The Far North and East Regions are prioritized for multipurpose cash and livelihood support due to the convergence of high food insecurity levels, asset depletion, market functionality, and heavy displacement pressure. Functioning markets in targeted areas make cash assistance appropriate to restore purchasing power rapidly and prevent further negative coping.

The North Region, alongside parts of the Far North and East, is prioritized for integrated WASH and health interventions due to cholera alerts, poor sanitation conditions, and the documented interaction between illness and food insecurity. Addressing disease risks is essential to prevent further deterioration in nutritional status.

Within prioritized divisions, the Cameroon Red Cross will apply transparent, community-validated criteria combining:

- Severity of food insecurity, including poor or borderline Food Consumption Score, moderate to severe hunger, depleted food stocks, and high Reduced Coping Strategy Index
- Livelihood vulnerability, including loss of productive assets, high food expenditure ratios, and absence of stable income sources
- Health and nutrition risk, including households with children under five, pregnant or lactating women, or documented malnutrition



cases

- Protection vulnerability, including female-headed households, persons with disabilities, older persons living alone, and households exposed to exploitation risks
- Displacement status, including IDPs, refugees, returnees, and highly vulnerable host households

Targeting will be conducted through community engagement processes involving local leaders, women’s groups, health facilities, and local authorities to ensure fairness and transparency. Beneficiary lists will be validated through participatory approaches and cross-checked to prevent duplication. A strengthened Community Engagement and Accountability mechanism will ensure affected populations understand selection criteria, have access to feedback channels, and can raise concerns safely and confidentially.

Total Targeted Population

Women	6,426	Rural	-
Girls (under 18)	-	Urban	-
Men	6,174	People with disabilities (estimated)	-
Boys (under 18)	-		
Total targeted population	12,600		

Risk and Security Considerations (including "management")

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

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

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



volunteers will be brought into contact with suspected cases of cholera, they may be exposed to this disease.	
The North, Far North, and East regions of Cameroon are affected by sporadic armed conflict, banditry, and communal violence, which pose significant risks to humanitarian personnel and communities. Armed groups and criminal elements are known to operate along major transit routes and in remote areas, increasing the likelihood of attacks, kidnappings, or theft. These risks are compounded by the presence of displaced populations, competition over scarce resources, and limited security presence in rural areas. Field staff may also face indirect risks from community tensions linked to aid distribution, particularly in cash or WASH interventions.	Mitigation measures include careful route planning, coordination with local authorities and community leaders, limiting the visibility of cash activities, using local volunteers familiar with the security context, and adhering to strict operational safety protocols.
<p>Please indicate any security and safety concerns for this operation:</p> <p>Part of the operation will be carried out in regions with conflict spot areas in Cameroon. To limit the risk, volunteers will be briefed on safety instructions and will be required to adhere to set safety hours. In addition, the ICRC will be kept informed of all field visits, with hourly radio room calls. These volunteers are already deployed on a voluntary basis and have the trust of the communities. Additionally, activities are not targeting hot spots per se.</p>	
Has the child safeguarding risk analysis assessment been completed?	No

Planned Intervention



Livelihoods And Basic Needs

Budget: CHF 39,288
Targeted Persons: 0
Targeted Male: -
Targeted Female: -

Indicators

Title	Target	Actual
Number of assessment reports produced and shared with relevant stakeholders	4	1
People xxxxx	12,600	0

Progress Towards Outcome

One comprehensive multisector Food Security Assessment has been successfully conducted, finalized, and disseminated to relevant stakeholders. The assessment provided robust, evidence-based analysis of household vulnerability, food consumption patterns, coping strategies, livelihood disruption, and market dynamics across the Far North, North, and East Regions

The findings have directly informed geographic prioritization, targeting criteria, transfer value calculations, and the strategic design of the Emergency Appeal. The assessment has also strengthened coordination with local authorities, UN agencies, and humanitarian partners by enabling data-driven decision-making, transparent information sharing, and alignment of response strategies.

The operation is now transitioning from assessment and limited early action under the DREF to scaled implementation under the CHF 9.6



million Emergency Appeal, with livelihoods and basic needs support forming a central pillar of the response to stabilize vulnerable households and prevent irreversible economic decline.



Multi Purpose Cash

Budget: CHF 717,402

Targeted Persons: 12,600

Targeted Male: -

Targeted Female: -

Indicators

Title	Target	Actual
Number of people reached with Multipurpose Cash distribution	1,200	0
Percentage of surveyed people whose households received cash transfers / vouchers are satisfied with the amount received	80	0

Progress Towards Outcome

- Rapid market assessment conducted, confirming adequate market functionality and supply capacity to support cash-based interventions.
- Transfer value calculated based on the Minimum Expenditure Basket (MEB) and updated price monitoring data to ensure relevance and purchasing power adequacy.
- Digital beneficiary registration tools selected, with preliminary configuration and data protection safeguards integrated.
- Standard Operating Procedures finalized, including segregation of duties, fraud prevention measures, and reconciliation protocols.
- Post-Distribution Monitoring (PDM) tools developed, incorporating satisfaction, expenditure patterns, protection risks, and market impact indicators.
- Volunteer training on CVA and accountability scheduled prior to first disbursement.
- Target outcome established: minimum 80% beneficiary satisfaction rate regarding transfer value adequacy and modality appropriateness.



Water, Sanitation And Hygiene

Budget: CHF 27,607

Targeted Persons: 80,000

Targeted Male: -

Targeted Female: -

Indicators

Title	Target	Actual
Number of handwashing facilities available	20	0
Percentage of houses and places where cases of cholera were detected that were disinfected	100	0
# of people reached with WASH awareness-raising	80,000	0

Progress Towards Outcome

- Cholera risk mapping completed in Doumo and Mayo Oulo health areas, with priority zones identified in coordination with district health authorities.
- Community water points mapped and risk-classified, with high-risk sources disinfected according to WASH standards.
- 34 volunteers and 2 supervisors mobilized for two weeks of hygiene promotion activities.
- 7,230 people sensitized (3,397 men and 3,833 women) through door-to-door visits, focus group discussions, and mass awareness sessions in Doumo and Mayo Oulo.
- 3 Oral Rehydration Points (ORPs) identified and validated through participatory community meetings involving local leaders, women's groups, youth, and health authorities.
- Chlorine and PPE procured, with household disinfection of suspected and confirmed cholera cases ongoing in affected communities.
- Standard Operating Procedures finalized in alignment with national IPC guidelines to ensure safe and consistent disinfection practices.



Protection, Gender And Inclusion

Budget: CHF 0

Targeted Persons: 80,000

Targeted Male: -

Targeted Female: -

Indicators

Title	Target	Actual
% of volunteers trained on PGI and PSEA	100	100
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

Progress Towards Outcome

- PGI and PSEA training modules adapted to the operational context and integrated into volunteer training packages to ensure gender-sensitive and protection-compliant implementation.
- Volunteer rosters finalized, with safeguarding focal points identified at branch level to strengthen accountability and survivor-centered referral pathways.
- Safeguarding and reporting mechanisms established, including confidential complaint channels and referral pathways aligned with CRC and IFRC standards.
- Mapping of women-led VSLA groups initiated, with draft eligibility and support criteria developed to align livelihoods recovery with gender equity objectives.
- Awareness modules on rights, inclusion, and protection developed and contextualized, incorporating local language adaptations and culturally appropriate messaging.
- Communication materials reviewed for accessibility and non-stigmatizing language, ensuring inclusion of persons with disabilities, older persons, and marginalized groups.



Community Engagement And Accountability

Budget: CHF 8,406

Targeted Persons: 80,000

Targeted Male: -

Targeted Female: -



Indicators

Title	Target	Actual
# posters produced, distributed and pasted	600	0
# of persons reached through awareness raising activities	80,000	27,230
# of beneficiary selection committee trained and have a beneficiary selection criterion validated	4	4
Percentage of feedback acted upon	60	0
# of operational decisions made based on community feedback received	-	0
# of community consultations (context analyses, needs assessments) held	8	8

Progress Towards Outcome

- 34 CRC volunteers and 2 supervisors deployed for community engagement activities over a two-week period in Doumo and Mayo Oulo.
- 7,230 people reached through direct community sensitization, including 3,397 men and 3,833 women, via door-to-door visits, focus group discussions, and mass awareness sessions.
- 3 days of structured community consultation meetings conducted to ensure participatory identification of Oral Rehydration Point sites.
- Women, youth, traditional leaders, and health authorities actively involved in site selection discussions, strengthening inclusion and community ownership.
- Participatory hygiene promotion delivered on 4 key prevention themes, including handwashing at critical times and household water treatment, using interactive demonstrations.



Secretariat Services

Budget: CHF 118,731

Targeted Persons: 0

Targeted Male: -

Targeted Female: -

Indicators

Title	Target	Actual
Number of surge staff deployed	4	0
Number of DREF presentation workshops organized	1	2
Number of regional and global staffs deployed	4	2



Progress Towards Outcome

A high-level diplomatic roundtable was organised by the Movement, convening Ambassadors, Heads of Delegation of UN agencies, and key funding partners. During this session, the findings of the CRCS community food security assessment were formally presented, highlighting priority needs, identified response gaps, and the scale-up rationale under the Emergency Appeal.

This engagement strengthened donor awareness, enhanced transparency, and fostered strategic dialogue to support timely resource mobilization and coordinated action.

Additionally, a Food Security Delegate from the Kinshasa Cluster Delegation was deployed to Cameroon to support the technical design of the assessment, data analysis, and prioritisation of interventions for the Emergency Appeal.

The IFRC continues to increase its technical presence and operational support to ensure effective implementation, compliance, and adaptive management throughout the Appeal period.



National Society Strengthening

Budget: CHF 88,420

Targeted Persons: 0

Targeted Male: -

Targeted Female: -

Indicators

Title	Target	Actual
Number of PDM conducted	1	0

Progress Towards Outcome

- Regular field supervision conducted by Headquarters with technical accompaniment from IFRC to ensure compliance, reporting quality, and adherence to standards.
- Responders briefed on operational and security risks, with protective equipment and visibility materials distributed to frontline volunteers.
- Coordination mechanisms maintained between CRC Headquarters, branches, and IFRC through routine operational meetings and reporting.

About Support Services

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

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

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

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

With the scale-up to the Emergency Appeal, the CRC will increase the number of volunteers and supervisory staff to match the expanded geographic coverage and higher caseload. Additional trained volunteers, team leaders, and technical staff will be mobilized at branch level to support multipurpose cash distributions, health and WASH activities, community engagement, PGI, and monitoring functions.



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

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

CRC is prioritizing gender-balanced recruitment during the scale-up phase, encouraging female volunteers to take on team leader roles, and integrating PGI and safeguarding training into all volunteer capacity-building sessions. Efforts are also underway to engage youth networks and explore partnerships with organizations representing persons with disabilities to promote more inclusive volunteer participation.

Will surge personnel be deployed? Please provide the role profile needed.

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

Under the CHF 9.6 million Emergency Appeal supporting 330,000 people across the Far North, North, and East Regions, surge capacity will be reinforced to support implementation at scale.

In addition to the technical support provided under the DREF phase, the IFRC Secretariat will deploy specialized surge profiles, including:

- Cash and Voucher Assistance (CVA) Surge Delegate to support large-scale multipurpose cash assistance for 12,000 households, ensuring strong risk management, compliance, and post-distribution monitoring.
- Food Security and Livelihoods Technical Surge to guide targeting, outcome tracking, seasonal alignment, and integration with nutrition and WASH components.
- Strategic Partnerships and Resource Mobilization (SPRM) Support to strengthen donor engagement, funding coordination, and reporting quality under the Federation-wide approach.
- PMER Technical Support to reinforce monitoring systems, performance tracking, data quality assurance, and adaptive management.
- Communication Surge Support to enhance visibility, document impact, amplify community voices, produce human-interest content, and ensure consistent messaging to donors, partners, and the public. This role will also support transparency and accountability communications, including beneficiary information materials and media engagement.

These surge capacities will work alongside CRC headquarters and branch teams to ensure quality, accountability, and effective delivery throughout the 18-month operation.

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

Procurement under this Emergency Appeal will follow a shared modality between the Cameroon Red Cross Society (CRC) and the IFRC Secretariat, in line with IFRC procurement standards and financial controls.

The CRC already has framework agreements in place with selected Financial Service Providers (FSPs) for Cash and Voucher Assistance (CVA). Under the Emergency Appeal scale-up, the IFRC will process direct payments to Financial Service Providers for all CVA transfers, ensuring compliance, traceability, and financial risk mitigation.

For goods and services procurement:

- Procurement below CHF 5,000 may be managed at CRC level in accordance with IFRC procurement procedures and oversight mechanisms.
- Procurement above CHF 5,000 will be processed and paid directly by IFRC, ensuring strengthened financial control, transparency, and



adherence to global procurement standards.

The IFRC Logistics and Procurement team will provide technical oversight, quality assurance, and compliance monitoring throughout the operation to ensure efficiency, value for money, and risk mitigation at scale.

How will this operation be monitored?

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

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

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

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

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

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

Please briefly explain the National Societies communication strategy for this operation

The Cameroon Red Cross Society (CRC), with support from the IFRC, will implement a structured and phased communication strategy aligned with the Emergency Appeal communication plan. The strategy aims to position the food insecurity crisis as urgent and escalating, reinforce the credibility of the CRC multisectoral assessment, support donor mobilization, and sustain public and partner engagement throughout the operation.

The approach will be implemented in three phases:

1. Pre-Launch Phase:

Prior to the official Appeal launch, CRC and IFRC will shape the narrative through coordinated messaging. Key actions include finalizing a press kit (factsheet, photos, quotes), preparing website content, developing a human-interest story and short field video, and conducting targeted media outreach to national and international outlets. Teaser content and data-driven posts will be shared across CRC, IFRC Africa, and IFRC Global digital platforms to build anticipation.

2. Launch Phase:

On launch day, synchronized visibility actions will be implemented. This includes publication of the Appeal page and news article on the IFRC website, issuance of a joint CRC-IFRC press release, direct engagement with journalists, and coordinated social media amplification across Global, Regional, and National channels. Visual content such as infographics, quote cards, and short videos will be used to maximize engagement.

3. Sustained Momentum Phase:

Beyond launch, weekly thematic content will maintain visibility, including human-interest stories, nutrition and livelihood spotlights, climate-resilience features, and progress updates. Donor acknowledgments, radio interviews, and potential op-eds will reinforce advocacy and accountability messaging.

Throughout the operation, communication will emphasize transparency, community voices, impact reporting, and accountability to affected populations. Regular updates will be shared with partners through coordination platforms, newsletters, and diplomatic briefings to ensure sustained engagement and support.



Budget Overview



DREF OPERATION

Code - Cameroon Red Cross
Food Insecurity

Operating Budget

Planned Operations	792,704
Shelter and Basic Household Items	0
Livelihoods	39,288
Multi-purpose Cash	717,402
Health	0
Water, Sanitation & Hygiene	27,607
Protection, Gender and Inclusion	0
Education	0
Migration	0
Risk Reduction, Climate Adaptation and Recovery	0
Community Engagement and Accountability	8,406
Environmental Sustainability	0
Enabling Approaches	207,151
Coordination and Partnerships	0
Secretariat Services	118,731
National Society Strengthening	88,420
TOTAL BUDGET	999,855

all amounts in Swiss Francs (CHF)

Internal

#V2022.01

[Click here to download the budget file](#)



Contact Information

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[Click here for the reference](#)

