



Fire camps in Kolofata

Appeal: MDRCM043	Total DREF Allocation: CHF 500,000	Crisis Category: Yellow	Hazard: Fire
Glide Number: -	People Affected: 23,184 people	People Targeted: 23,184 people	
Event Onset: Sudden	Operation Start Date: 11-02-2026	New Operational End Date: 31-07-2026	Total Operating Timeframe: 5 months
Reporting Timeframe Start Date: 11-02-2026		Reporting Timeframe End Date: 31-07-2026	
Additional Allocation Requested: 66,083		Targeted Regions: Extrême-Nord	

Description of the Event

Date of event

09-03-2026

What happened, where and when?

On 7 February 2026, a series of large-scale fires affected multiple internally displaced persons (IDP) camps in Kolofata, Mayo-Sava Department, Far North Region, Cameroon. The fires occurred in quick succession between 10:00 and 11:45 a.m., initially impacting the Ndaba (Bergerie), Kordo Bergerie, and Camp Léléde sites, before spreading to Camp Léléde Tribune, located more than two kilometres away. The rapid and uncontrollable spread of the fires was exacerbated by strong winds, the highly flammable nature of shelter materials (millet stalks and wooden poles), and the absence of firefighting capacity within the camps. The incident resulted in one confirmed fatality (an eight-year-old child), 15 injuries, four hospitalizations, and left approximately 6,993 people (1,100 households) without shelter, food, or essential household items.

On 27-28 February 2026, a second large-scale fire broke out at the Camp Protestant IDP site in Kolofata at approximately 11:45 a.m., rapidly spreading to the neighbouring sites of Joli Soir and Goledje. As with the initial incident, the fire's rapid propagation was driven by the high density of shelters, highly flammable construction materials comprising millet stalks and wooden poles, strong dry-season winds, and the complete absence of firefighting infrastructure within the camps. No fatalities were recorded; however, six persons sustained injuries and five were hospitalized at Kolofata District Hospital. The destruction was near-total: Camp Protestant, covering approximately four hectares, was burned to 98%; Joli Soir was entirely destroyed; and Goledje sustained approximately 80% destruction, with some households having proactively dismantled their shelters to create firebreaks. Among those affected were a large proportion of women, including pregnant and breastfeeding mothers, as well as orphaned and separated children and elderly men. Material losses included cereals, grain mills, and other essential productive assets. Cameroon Red Cross volunteers were among the first responders on site, providing first aid, emergency evacuation to Kolofata District Hospital, psychosocial support, debris clearance, and potable water distribution.

The two successive fire incidents have collectively left a total of 3,312 households, representing approximately 23,184 people, in a state of acute humanitarian need. This figure, drawn from the multisectoral needs assessment, constitutes the consolidated operational caseload for this response. It compounds the pre-existing vulnerabilities of an IDP population already weakened by years of displacement, chronic insecurity, and increasingly precarious living conditions in the Far North Region.



volunteers fixing the water pump in kolofata camp



NFI distribution planning in ICRC base



CRC volunteer assessing the water distribution point

Scope and Scale

According to information collected by the Cameroon Red Cross from the field, a total of 3,312 households (approximately 23,184 people) has been affected by the two successive fire incidents. The first fire (7 February 2026) affected 1,100 households (~6,993 people), resulting in one confirmed death, 15 injuries, and four hospitalizations. The second fire (27-28 February 2026) affected an additional 2,312 households, with six injuries and five hospitalizations recorded. No fatalities were reported in the second incident.

The affected population includes a high proportion of pregnant and lactating women, children, older persons, widows, and persons with

disabilities, indicating significant protection, gender, and inclusion concerns. Disaggregated data from the first incident show that the affected population comprises 3,115 women (including 625 lactating, 455 pregnant, 215 older women, 225 widows, and 95 women with disabilities), 798 children (including 790 unaccompanied or separated children and six children with disabilities), and 3,080 men (including 1,500 older men and 80 men with disabilities). Full disaggregated data for the second incident are pending finalization of registration.

Across both incidents, a total of 4,500 shelters were affected in the first fire alone, of which 3,500 were completely destroyed. The second fire resulted in near-total destruction across Camp Protestant, Joli Soir, and Goledje, with an estimated 7,300 shelters completely destroyed. Combined shelter losses are severe, leaving the vast majority of affected households without adequate shelter. Material losses across both incidents include approximately 300 livestock, food stocks, grain mills, bicycles, and sewing machines, with cash losses estimated at over XAF 3.4 million, further reducing household coping capacity.

At present, affected households are sleeping in the open, with no pre-positioned emergency stocks available to meet immediate needs. Shelter reconstruction is severely constrained due to the scarcity of construction materials, notably millet stalks and wooden poles. High levels of psychosocial distress have been reported, particularly among children and bereaved families, underscoring the urgency of a multisectoral response encompassing shelter, household items, protection, and psychosocial support.

Summary of Changes

Are you changing the timeframe of the operation	No
Are you changing the operational strategy	No
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 in response to a second large-scale fire that struck Kolofata on 27 February 2026, less than three weeks after the initial incident that triggered this operation. The most substantial change concerns the scale of direct assistance. The initial DREF planned multipurpose unconditional cash transfers for 1,000 households (~7,000 people). Under this update, direct cash assistance will now reach 3,312 households, representing approximately 23,184 people. The expanded caseload reflects the 2,312 additional households severely affected by the second fire across Camp Protestant, Joli Soir, and Goledje IDP sites, as confirmed by the Rapid assessment of the Red Cross local committee and Plan International rapid needs assessment conducted on 2-3 March 2026.

It is noted that the ICRC has completed one round of cash distribution for the original 1,000 households under the Movement Response Plan. Therefore, the CVA intervention will support one round for the new 2,312 additional households and a second round for the original 1,000 households.

In addition, a Disaster Risk Reduction component has been incorporated into this operational update to address the structural fire risk factors identified across all affected IDP sites. Following a directive issued by local authorities requiring households to rebuild shelters on elevated platforms to limit fire propagation, CRC volunteers will conduct community-level fire prevention sensitization, support firebreak establishment, train community fire watch volunteers, and facilitate contingency planning.

The geographic area of intervention remains Kolofata, Mayo-Sava Department, Far North Region. The operational strategy is unchanged, with multipurpose unconditional cash transfers remaining the primary modality, complemented by PGI, CEA, and NS strengthening components. The expansion requires increased mobilisation of staff and volunteers to manage beneficiary targeting, registration, distribution processes, community engagement, and post-distribution monitoring across all affected sites.



IFRC Network Actions Related To The Current Event

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

ICRC Actions Related To The Current Event

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

Other Actors Actions Related To The Current Event

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

Are there major coordination mechanism in place?

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

Needs (Gaps) Identified



Shelter Housing And Settlements

Following the fires incidents, shelter needs are extremely high, both immediate and medium-term. These needs relate to physical safety, protection, health, and the dignity of affected households. A significant number of shelters, including tents, makeshift hangars, and



emergency shelters were completely destroyed, resulting in the loss of construction materials and essential household items such as cooking utensils, mattresses, blankets, and clothing. Due to the intensity of the fires, no materials could be salvaged or reused, forcing displaced households to sleep outdoors. This situation has had a direct and severe impact on the ability of affected families to live in safe and dignified conditions.

Health

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

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

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

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

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

Insect and reptile bites, especially among children sleeping outdoors.

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

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

Water, Sanitation And Hygiene

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

Protection, Gender And Inclusion

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

Risk Reduction, Climate Adaptation And Recovery

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

Community Engagement And Accountability

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

Any identified gaps/limitations in the assessment

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

Operational Strategy

Overall objective of the operation

This operation aims to enable 3,312 households affected by the recent fires to independently meet their essential needs through immediate and flexible humanitarian assistance in the sectors of shelter, WASH, and health, primarily through cash-based intervention. Cross-cutting actions in protection and community engagement will further strengthen the relevance and accountability of the response. Over a period of five (5) months, the operation is expected to lead to a tangible improvement in households' ability to meet their priority needs and stabilize their post-crisis situation.

Operation strategy rationale

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

Under the Movement Response Plan, the ICRC in coordination with CRC is supporting:

- distribution of Essential Household Items (EHI) to 1,000 households (600 Ndaba, 400 Tribune).
- a first round of cash distribution to 1,000 households.
- rehabilitation of the Mini-AEP water system; construction of 10 emergency latrine blocks (in addition to 30 latrines by CRC funded by the High Commission of Canada);
- provision of Aqua Tabs, support to burned patients, and reinforcement of health centres; and positioning of medical supplies for cholera response.

The DREF-funded intervention is designed to complement these inputs, not duplicate them. Following the second fire of 27-28 February 2026, which generated an additional 2,312 affected households, the total operational caseload has been revised upward to 3,312 households (~23,184 people), as confirmed by the multisectoral assessment.

1) Multipurpose Unconditional Cash Transfers (MP-UCT)

The initial plan provided for three rounds of cash assistance to 1,000 households. Given the scale of the second fire and the resulting expansion of the caseload, this plan has been revised. Under this update, a single round of multipurpose unconditional cash assistance will be delivered to 3,312 households, including the original 1,000 households, at XAF 9,500 per person per month for a period of three months. This revision reflects a deliberate prioritization of breadth of coverage over depth, ensuring that all 23,184 affected people receive at least one round of assistance. The ICRC has already completed one cash distribution round for the original 1,000 households under the Movement Response Plan, which partially offsets the reduction in rounds for that caseload.

- Transfer value: XAF 9,500 per person per month for 3 months, based on the November 2025 national revision of the Minimum Expenditure Basket (MEB) as established by the National Cash Working Group.
- Delivery mechanism: MTN MoMo and Express Union, with supervised direct payment as a fallback for households without access to mobile financial services.
- Beneficiary management: RedRose platform for registration, deduplication, and data integrity.
- Pre-distribution: Community sensitization sessions covering targeting criteria, withdrawal modalities, feedback mechanisms, and beneficiary rights and responsibilities.
- Coordination: Close coordination with local authorities for security during distributions and with humanitarian actors to avoid duplication.

2) Protection, Gender and Inclusion (PGI)

The affected population includes a high proportion of female-headed households, pregnant and lactating women, unaccompanied and separated children, older persons, and persons with disabilities, all requiring targeted attention. PGI will be mainstreamed across all activities as follows:

- SGBV prevention and response: community awareness sessions, dissemination of safe reporting mechanisms and referral pathways, and coordination with the SGBV working group.
- Psychosocial support: services available to all affected individuals, prioritizing children and bereaved families.
- Dignity kits: distribution to women and girls to address immediate protection and hygiene needs.
- Child protection: development and dissemination of key messages for community sensitization; identification and follow-up of unaccompanied and separated children.
- Disability-inclusive assistance: targeted support to persons with disabilities to ensure equitable access to all services.
- Safeguarding: Code of Conduct briefings for all staff and volunteers, PSEA promotion, child safeguarding risk analysis, and



establishment of confidential reporting mechanisms.

3) Community Engagement and Accountability (CEA)

CEA will be implemented throughout the operation to ensure affected communities are informed, consulted, and heard. Activities include:

- Community consultations conducted in local languages (Kanuri, Mandara, Arabe-Choa, Mouktele) to identify needs, adapt modalities, and understand socio-cultural dynamics.
- Awareness sessions by trained volunteers covering targeting criteria, distribution modalities, health and WASH practices, and available referral pathways.
- Multi-channel communication using community meetings, small-group sessions, door-to-door visits, and local radio messaging, with materials translated into local languages.
- Accountability mechanisms including complaint boxes, community focal point contacts, distribution complaint registers, and community feedback sessions.
- Systematic documentation and analysis of all feedback, with real-time adjustments to implementation and escalation pathways for sensitive cases.

Capacity Strengthening

4) Disaster Risk Reduction (DRR) and Fire Prevention

The two successive fires in Kolofata have exposed critical vulnerabilities in the IDP camp settings, including extreme shelter density, exclusive use of highly flammable construction materials, absence of firebreaks, and no community-level fire prevention capacity. Local authorities have issued directives requiring households to rebuild shelters on elevated platforms to limit fire propagation at ground level. CRC volunteers will actively support this risk reduction approach through the following activities:

- Conduct community sensitization sessions on fire causes, safe cooking practices, safe storage of flammable materials, and compliance with the elevated platform construction directive.
- Support communities in identifying and maintaining firebreak zones between shelter clusters.
- Train community fire watch volunteers and establish basic early warning and evacuation procedures, including designated assembly points and evacuation routes.
- Facilitate community contingency planning sessions, ensuring persons with disabilities, older persons, and unaccompanied children are explicitly included in evacuation planning.
- Support community leaders and site managers in mapping high-risk zones within each site to prioritize preventive action.
- Ensure systematic liaison with local authorities and site managers to monitor progressive implementation of risk reduction directives across all affected sites.

34 volunteers (30 field, 4 supervisors) will receive integrated training across cash assistance, WASH, health, CEA, and PGI to support effective implementation across the expanded operation.

Targeting Strategy

Who will be targeted through this operation?

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

Explain the selection criteria for the targeted population

The assistance will target approximately 23,184 individuals from vulnerable households identified through a transparent selection process based on predefined vulnerability criteria, including but not limited to:

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



Total Targeted Population

Women	7,651	Rural	100%
Girls (under 18)	6,260	Urban	0%
Men	3,941	People with disabilities (estimated)	5.4%
Boys (under 18)	5,332		
Total targeted population	23,184		

Risk and Security Considerations (including "management")

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

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

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



Risk of delays in launching DREF activities at the branch levels due to administrative bottlenecks/slow processes and delays in resource allocations from the Cluster to the National Society (headquarters), and from headquarters to the divisional committees (field).	The National Society will begin with mobilization activities that do not require funding. The NS must also commit to providing prefinancing for the launch of activities immediately after the DREF approval, while administrative bottlenecks are being resolved.
Exploitation, sexual abuse, and gender-based violence among the IDPs.	Safe reporting mechanisms, awareness raising, strict supervision, and application of PSEA procedures.

Please indicate any security and safety concerns for this operation:

The operation will take place in a security-sensitive area with a history of instability, requiring continuous monitoring of the security situation. Security and safety risks will be monitored on an ongoing basis, including risks related to population movements, community tensions, and operational activities in IDP settings.

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

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

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

Planned Intervention



Multi Purpose Cash

Budget: CHF 335,795
Targeted Persons: 23,184
Targeted Male: -
Targeted Female: -

Indicators

Title	Target	Actual
Number of people receiving cash assistance	23,184	0
Number of PDMs conducted	2	0
# of volunteers trained on Cash	34	34
# of market assessments conducted	1	1
# of beneficiaries receiving cash	23,184	7,000
% of households using cash for their priority needs	80	0
% of households reporting the cash amount was sufficient for immediate needs	70	0



% of households satisfied with the distribution modality	80	0
% of households experiencing difficulties during cash withdrawal	10	0
Number of PDMs conducted	2	0

Progress Towards Outcome

The following activities have been completed to date:

- Rapid Market Assessment conducted and MTN MoMo and Express Union selected as Financial Service Providers.
- Community sensitization conducted across Ndaba (737 HH) and Tribune (263 HH) on project objectives and -targeting criteria.
- Beneficiary targeting and registration completed for the initial 1,000 HH.
- Community validation of beneficiary lists completed for the initial 1,000 HH.
- First round of cash distribution completed by the ICRC for the initial 1,000 HH at XAF 55,000 per household.



Protection, Gender And Inclusion

Budget: CHF 0

Targeted Persons: 23,184

Targeted Male: -

Targeted Female: -

Indicators

Title	Target	Actual
# of safe referrals provided	10	0
# of population reached with SGBV prevention and response and Child protection messages	23,184	1,000
# staff and volunteers trained on PGI	45	0
# staff and volunteers briefed/refreshed on safeguarding	45	0
# population reached with PSS	23,184	0

Progress Towards Outcome

Following the 7 February fire, CRC volunteers identified persons with specific needs during registration of the initial 1,000 HH. PSS was provided to affected individuals and bereaved families. Dignity kits were distributed in coordination with the ICRC.

The second fire expanded the PGI caseload to 3,312 HH (~23,184 people), including 800 pregnant women, 640 breastfeeding women, 100 orphaned or separated children, and 1,252 persons with disabilities. The following activities are planned or ongoing:

PGI training for 34 volunteers on SGBV, child protection, and disability inclusion.

Rapid gender analysis across all 5 sites.

GBV risk mitigation integrated into cash distributions for all 3,312 HH.

24 PSS sessions across 5 sites.





Risk Reduction, Climate Adaptation And Recovery

Budget: CHF 0

Targeted Persons: 23,184

Targeted Male: -

Targeted Female: -

Indicators

Title	Target	Actual
Percentage of households in targeted sites reporting awareness of fire prevention measures and compliance with elevated platform construction directive	70	0
Number of fire prevention sensitization sessions conducted	60	0
Number of community fire watch volunteers trained	3	0
Number of sites with functional early warning and evacuation procedures in place	3	0
Number of firebreak zones identified and maintained	6	0
Number of community contingency plans developed and validated	3	0
Number of risk zone maps produced with community leaders and site managers	3	0
Number of coordination meetings held with local authorities on DRR directive implementation	6	0



Community Engagement And Accountability

Budget: CHF 23,494

Targeted Persons: 23,184

Targeted Male: -

Targeted Female: -

Indicators

Title	Target	Actual
Number of exchange sessions with community leaders	20	0
% of complaints received and addressed	80	0



Number of trained volunteers	34	0
Number of field visits conducted for awareness-raising activities	60	20

Progress Towards Outcome

CEA activities were initiated by CRC volunteers immediately following the 7 February 2026 fire. Community information sessions were conducted across Ndaba (737 HH) and Tribune (263 HH) sites covering targeting criteria, distribution modalities, health and hygiene messages, and cholera prevention. Door-to-door and small group sensitization ensured that vulnerable and hard-to-reach households among the initial 1,000 HH were informed and included in the registration process. Complaint registers and community focal points were established during the first distribution round, and feedback collected was used to adjust the registration and distribution process.

Following the second fire, CEA activities will be expanded to cover all five affected sites and the additional 2,312 households, bringing the total CEA reach to 3,312 households (~23,184 people). Priorities for the next phase include: inclusive community consultations in 4 local languages (Kanuri, Mandara, Arabe-Choa, Mouktele) across 5 sites; 12 structured information sessions on the expanded operation covering cash transfer values, distribution timelines, and withdrawal modalities; reinforcement of feedback and complaint mechanisms across all sites (3 complaint boxes, 5 community focal points, complaint registers at each distribution point) with clear escalation procedures for sensitive cases including PGI and SEA-related concerns; and coordination with local authorities, Plan International, and IOM to ensure consistency and avoid duplication. Implementation modalities will be continuously adapted based on community feedback across all 3,312 targeted households.



Secretariat Services

Budget: CHF 33,933

Targeted Persons: 23,184

Targeted Male: -

Targeted Female: -

Indicators

Title	Target	Actual
Number of missions conducted	2	0
Number of lessons learned workshops conducted	1	0
Number of volunteers insured	34	0

Progress Towards Outcome

Technical support has been provided to the CRC from the onset of the operation, including guidance on beneficiary registration, cash distribution modalities, and use of the RedRose platform. The IFRC Head of Delegation and the Health and Care Coordinator have maintained close engagement with CRC leadership and field teams throughout both fire incidents, ensuring operational continuity and timely decision-making.

IFRC has facilitated regular coordination between the CRC, ICRC sub-delegation in Kolofata, and the French Red Cross, ensuring clarity of roles under the Movement Response Plan and avoiding duplication across sectors. The ICRC completed one round of cash distribution and EHI delivery to the original 1,000 households, with full IFRC awareness and coordination.

IFRC Secretariat has actively engaged in external coordination mechanisms to ensure coherence between the DREF operation and the broader humanitarian response in the Far North Region. The operation has been articulated within the existing inter-agency coordination architecture, including the Cash Working Group, where alignment with the National MEB and cash transfer values has been maintained. Coordination has been sustained with Plan International, whose rapid needs assessment of 2-3 March 2026 provided the primary evidence base for the scale-up of the operation and the confirmation of the expanded caseload of 3,312 households. Liaison has also been maintained with IOM, which was present on site following the second fire, as well as with local administrative authorities



including the sub-prefect, mayor, and canton chief of Kolofata, to ensure security during distributions and progressive implementation of risk reduction directives.



National Society Strengthening

Budget: CHF 40,696

Targeted Persons: 49

Targeted Male: -

Targeted Female: -

Indicators

Title	Target	Actual
Number of volunteers trained	34	34
Number of launch workshops conducted	1	0
number of NRT deployed	1	1

Progress Towards Outcome

Following the activation of the DREF, initial capacity strengthening support was provided to the CRC Kolofata local committee through on-site mentoring by the IFRC Health and Care Coordinator and CRC national staff on coordination, registration, and distribution management for the initial 1,000 HH response

Deployment of a National Response Team (NRT) to support coordination and implementation across all 5 sites and 3,312 HH

About Support Services

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

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

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

- Project Manager: responsible for overall coordination of activities and liaison with sectoral focal points and partners
- Cash Officer: responsible for volunteer training and all arrangements related to cash transfers, including liaison with the Financial Service Provider (FSP)
- PMER Focal Point: responsible for monitoring implementation, tracking indicators, conducting post-distribution monitoring (PDM), and ensuring timely reporting
- Communication Focal Point: responsible for the visibility of the operation
- Community Engagement and Accountability (CEA) Officer: responsible for collecting community feedback and ensuring that the DREF implementation team fully applies the CEA approach
- Gender Focal Point: responsible for integrating gender considerations across the operation
- Logistics Officer: responsible for logistical arrangements, working in close collaboration with the Cash Officer
- Finance Officer: responsible for financial tracking and reporting for the operation

Does your volunteer team reflect the gender, age, and cultural diversity of the people you're helping? What gaps exist in your



volunteer team's gender, age, or cultural diversity, and how are you addressing them to ensure inclusive and appropriate support?

The operation will ensure the representativeness of all groups involved (men, women, youth, persons with disabilities) in all activities carried out during the operation (team composition, field deployments, consideration of gender-sensitive data). A minimum threshold of 30% will be achieved.

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

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

How will this operation be monitored?

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

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

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

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

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

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

Please briefly explain the National Societies communication strategy for this operation

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

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

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

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

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

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

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



Budget Overview



DREF OPERATION

MDRCM043 - Cameoon Red Cross Fire in Kolofata

Operating Budget

Planned Operations	412 400
Shelter and Basic Household Items	0
Livelihoods	0
Multi-purpose Cash	368 926
Health	0
Water, Sanitation & Hygiene	0
Protection, Gender and Inclusion	0
Education	0
Migration	0
Risk Reduction, Climate Adaptation and Recovery	19 979
Community Engagement and Accountability	23 494
Environmental Sustainability	0
Enabling Approaches	87 600
Coordination and Partnerships	0
Secretariat Services	45 115
National Society Strengthening	42 485
TOTAL BUDGET	500 000

all amounts in Swiss Francs (CHF)



Contact Information

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