DREF Operation

Cameroon: floods in Fako

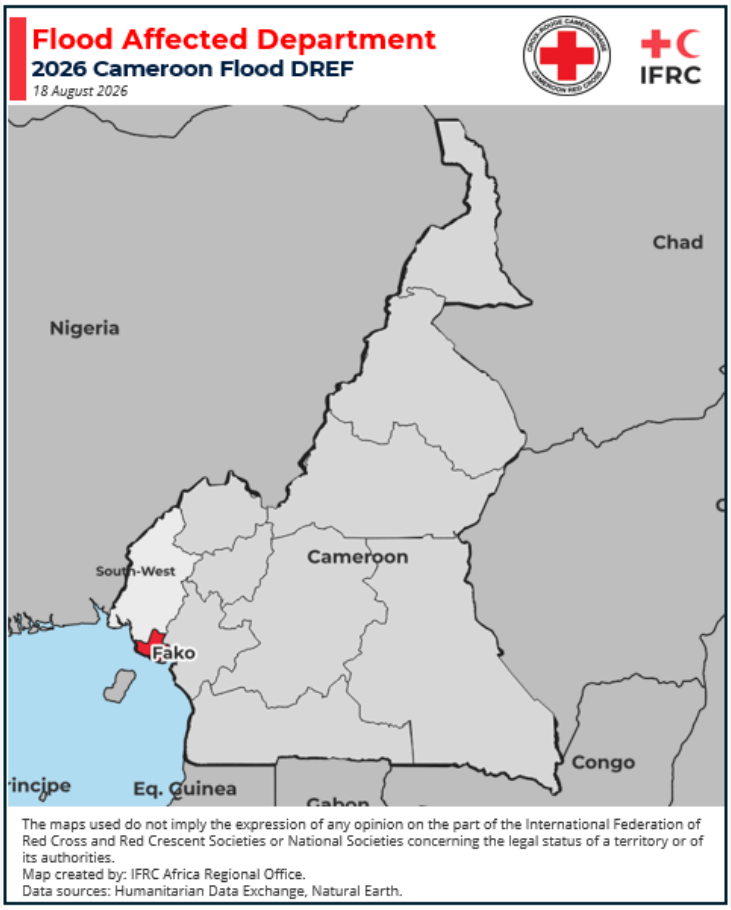
Houses completely affected by the flooding situation in Limbe

Appeal: **MDRCM045**	Hazard: **Flood**	Country: **Cameroon**	Type of DREF: **Response**
Crisis Category: Yellow	Event Onset: **Sudden**	DREF Allocation: **CHF 450,001**	
Glide Number: -	People Affected: **12,000 people**	People Targeted: **12,000 people**	
Operation Start Date: **13-08-2026**	Operation Timeframe: **5 months**	Operation End Date: **31-01-2027**	DREF Published: **20-08-2026**

Targeted Regions: **Sud-Ouest**

Date of event

05-08-2026



Map of the Cameroon DREF floods Fako

What happened, where and when?

In the early hours of Wednesday, August 5, 2026, after more than a month of continuous rains, torrential downpours fell on the coastal city of Limbe, in the department of Fako, South-West region of Cameroon. At around 6:30 a.m., the waterlogged hillside overlooking the Mbende and Gardens neighborhoods gave way. The landslide swept away an inhabited house, burying its four sleeping occupants. Three adult women died, including a pregnant woman who lost her unborn child. The fourth occupant, an adult male, was pulled alive from the rubble by Cameroon Red Cross volunteers and community members. He is currently hospitalized in intensive care at the regional hospital of Limbe. The lives of many people are threatened and the search continues.

These same rains saturated the drainage systems of Limbe and Jenguele. Runoff from the Mount Cameroon massif carried mud, rocks, vegetation and solid waste accumulated in the residential plain, flooding Down Beach, Church Street, Motowoh, Mawoh, Mabeta New Layout, Cité SIC, Isokolo, Manga Williams Avenue, Bonjo and the Mile 1, 2 and 4 districts. The fence of the Limbé Wildlife Centre has been breached. Water entered the offices of the Bank of Central African States (BEAC), an unprecedented event in the city's institutional memory. Roads have become impassable for pedestrians and vehicles. Cassava fields and markets have been flooded, with significant losses of goods.

As of August 8, 2026, several neighborhoods remain under water. More than 1,500 households, or about 12,000 people, are affected, and nearly 2,000 people (250 households) whose homes were completely flooded are now homeless and in an emergency situation. The fairly large number of people with special needs remains very worrying, with nearly 700 people concerned.

Stagnant water, contaminated with faeces, accumulates in low-lying and densely populated neighbourhoods, where shallow wells are the main source of drinking water, in a region which has repeatedly been the epicenter of national cholera outbreaks.

The Fako Departmental Committee in Limbe, in collaboration with the prefect of Fako, the mayor and the security forces, continues to

assess the situation as it evolves. The departmental committee, which does not have a contingency stock, is almost powerless in the face of the situation, which continues to grow. If nothing is done in the coming days, the humanitarian situation in the city of Limbe could spiral out of control.

Houses affected by the flood 5 August 2026

CRC volunteers at the Mbende landslide site

Jenguele channel overtopping its banks

Scope and Scale

The heavy rains recorded in Limbe caused flooding in several neighborhoods, including Mbende, Gardens, Church Street, Down Beach, Motowoh, Mawoh, Mabeta New Layout, Cité SIC, Isokolo, Mile 1, Mile 2, Mile 4, Manga Williams Avenue, Bonjo, and Batoke. Low-lying areas, located near watercourses and characterized by insufficient or obstructed drainage systems, are particularly affected.

The floods have resulted in the destruction and damage of homes and household property, disruption of economic activities and livelihoods, as well as difficulties in accessing water, essential services and infrastructure. Contamination of water sources also increases health risks.

People living in flood-prone and landslide-prone areas are particularly vulnerable, notably because of poverty, fragile housing and clogged drainage systems. Children, the elderly, people living with disabilities, pregnant women, low-income households and people whose livelihoods have been affected, including small-scale traders, are among the groups most at risk.

Flooding is a recurring risk in Limbe, particularly during periods of heavy rainfall, regularly leading to temporary displacement, damage to property and homes, as well as disruptions to economic activities and access to essential services. The repetition of these events further weakens vulnerable households.

The DREF intervention therefore aims to meet the immediate humanitarian needs of the affected populations, while strengthening preparedness, risk reduction and community awareness in order to limit the impacts of future flood events.

Previous Operations

Has a similar event affected the same area(s) in the last 3 years?	**Yes**
Did it affect the same population group?	**Yes**
Did the National Society respond?	**Yes**
Did the National Society request funding form DREF for that event(s)	**Yes**
If yes, please specify which operation	PCM537/MDRCM034 Year 2023

If you have answered yes to all questions above, justify why the use of DREF for a recurrent event, or how this event should not be considered recurrent:

Floods are recurrent in Limbe, but the event of August 5, 2026, is of significant magnitude. While in 2023 more than 2,000 people and about 300 households were affected, the 2026 assessments show that about 12,000 people were affected. The initial report also indicates more than 250 homes completely destroyed, several deaths, one serious injury and the flooding of several water sources, increasing health risks. In addition, some areas that are usually less affected were also affected, including public buildings where, according to the information collected, water entered for the first time.

Despite the existing preparedness measures, the mobilization of Cameroon Red Cross volunteers and the actions of local authorities, the available capacities and resources remain insufficient in the face of the scale and diversity of needs. Local resources and other support possibilities have been considered, but do not cover all the needs identified, thus justifying additional support from the DREF.

The response will therefore combine immediate humanitarian assistance, preparedness, prevention and risk reduction, including in the areas of WASH, health, cash transfers and protection. It will also strengthen community awareness of the occupation of risk areas, waste management and maintenance of drainage systems, as well as advocacy with the authorities. This approach will help meet current needs while building local capacity to better anticipate and reduce the impacts of future floods.

Lessons learned:

Based on past operations in the region (floods, cholera, monkeypox), the National Society has identified several key lessons that will guide this intervention:

-Anticipation and rapid mobilization: Previous experiences have shown that planning and pre-positioning stocks, personnel and logistical resources before events are triggered can reduce response times and ensure immediate assistance.

-Coordination and operational planning: Rapid assessment of the situation, timely sharing of terms of reference and involvement of local authorities and sectoral ministries are essential to ensure smooth implementation and increase acceptance of activities.

-Inclusive and adapted communication: Awareness campaigns and training must be conducted in the most appropriate language for the area of intervention. The experience of cholera and monkeypox has shown that the lack of English-language materials in an English-speaking area has limited the understanding and effectiveness of activities. The documents must therefore be systematically translated and adapted to local languages.

-Rigorous financial and logistical management: Delays in the payment of per diems, late arrival of equipment or lack of funds for printing were major obstacles in previous operations. Anticipatory and strict financial management, as well as sound logistical planning, are necessary to avoid these difficulties and keep the volunteers motivated.

-Community acceptance and protection of volunteers: Systematically informing the authorities and communities concerned facilitates access to and adherence to activities. Volunteers must receive their personal protective equipment (PPE) at the beginning of the project to ensure their safety during field visits.

Did you complete the Child Safeguarding Risk Analysis in previous operations, what was risk level?	**No**

Current National Society Actions

Start date of National Society actions

05-08-2026

Health	Cameroon Red Cross volunteers alongside the population carry out a number of health-related activities, including first aid; psychosocial support for disaster victims.

	Volunteers also helped evacuate the wounded and transfer the bodies to the morgue. Awareness-raising is also carried out within communities on the prevention of waterborne and vector-borne diseases.
Water, Sanitation And Hygiene	Volunteers raise awareness in communities about basic handwashing measures and methods of collecting and treating drinking water. Volunteers also helped clear some streets and lanes clogged with garbage carried by the mudslides.
Risk Reduction, Climate Adaptation And Recovery	Awareness raising is carried out by volunteers on disaster risks and impact reduction measures.
Community Engagement And Accountability	In collaboration with the communities, the volunteers conducted a needs assessment. They also share reliable weather forecast information.
Coordination	At the field level, the Cameroon Red Cross, an auxiliary of the public authorities, coordinates its actions with the prefect of Fako, the town hall of Limbe and the Ministry of Territorial Administration, through the Departmental Committee for Disaster Management. These three bodies were present at the scene of the disaster on August 5. • Health authorities: Coordination with the South-West Regional Public Health Delegation and the Limbé District Health Service on epidemiological surveillance, case referral and any cholera alerts. • Municipality: Follow-up to the ongoing pipeline study conducted by the Limbe City Council, the planting program for the stabilization of the Gerem embankments, launched in 2023, and public awareness campaigns on the location of construction sites and waste management . At the central level; the various management of the Mouvement partners are informed of the situation and follow its development. The SN and the IFRC have mobilized to request a DREF response and are coordinating with the field team. The teams are working in conjunction with other ongoing projects, in particular the PAP cholera.

IFRC Network Actions Related To The Current Event

Secretariat	The IFRC Cluster in Yaoundé is monitoring the situation in close collaboration with the National Society. Its operational team provides technical support for the development of this operational action plan, with the involvement of the support services concerned.
Participating National Societies	The French Red Cross (FRC) is the only National Society partner present in the country, and its office is currently part of the Delegation of Chad. To date, no FIU intervention has been reported in this situation.

ICRC Actions Related To The Current Event

No action has yet been taken by the ICRC in this situation.

Other Actors Actions Related To The Current Event

Government has requested international assistance	No
National authorities	The Prefect has issued an injunction to evict the populations who live on the hillsides. The Minister of Housing and Urban Development issued an information statement on the extent of the damage and urgent measures, including the mobilization of the intervention team to secure public spaces and the decongestion of areas at risk of landslides.
UN or other actors	To date, no intervention by UN agencies has been reported in the affected areas.

Are there major coordination mechanism in place?

Crisis meetings, chaired by the prefect of Fako, are held and information and strategic orientations on the response to be provided are shared. Coordination is done with the mayor, and the decentralized public services, the humanitarian actors.

Needs (Gaps) Identified

Health

The floods affected about 12,000 people, including nearly 2,000 people (250 households) who were homeless and about 700 people with special needs. Standing water contaminated with faeces, overflowing latrines and flooding of water sources increase the risk of diarrheal diseases, including cholera, as well as vector-borne diseases such as malaria. This is a worrying situation in an area that has already experienced several cholera outbreaks and where an earlier CAP survey indicated that about 20% of the population uses wells, boreholes or other alternative sources of water.

Since the beginning of the emergency, CRC volunteers have already been providing first aid, psychosocial support, evacuation of the wounded and awareness raising on waterborne and vector-borne diseases. However, this initial response remains insufficient in view of the extent of the needs.

The gap concerns 12,000 people in need of psychosocial support and directly exposed to diarrhoeal diseases, 500 households particularly exposed to vector-borne diseases, and just over 50,000 people who will need to be covered by community-based surveillance activities. The DREF will strengthen the response through 25 volunteers trained in EPIC and SBC, community surveillance and referral, psychosocial support as well as the distribution of 1,500 impregnated mosquito nets to 500 vulnerable households.

Water, Sanitation And Hygiene

The floods have severely deteriorated WASH conditions in the affected neighbourhoods. The assessment reports 654 flooded or non-functional latrines, affecting 500 households. It also indicates 6 wells/boreholes and 8 other water sources affected, while 350 households no longer have sufficient access to safe drinking water. Stagnant water, overflowing latrines, waste and contamination of water points greatly increase health risks. The DREF already indicates that six wells have been destroyed and plans to take them into account in the treatment and disinfection activities.

CRC volunteers have already started sensitizing communities on handwashing, water collection and treatment, and have helped clear some roads clogged with waste. However, these initial actions do not cover all needs.

The gap concerns 500 households in need of safe water treatment and storage, and 500 households in need of WASH kits, and disinfection of water sources, households and latrines. To meet these needs, the DREF is planning 60,000 Aquatabs, 500 WASH kits for 500 households, 6 buckets of chlorine of 30 kg, as well as cleaning, disinfection and disposal operations for waste and stagnant water.

Protection, Gender And Inclusion

Many people continue to live on the mountainsides. They thus remained exposed to the risk of landslides. Community awareness raising by volunteers on the risks to which they are exposed is an urgent action

Risk Reduction, Climate Adaptation And Recovery

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Community Engagement And Accountability

- Affected populations have insufficient information on the risks associated with floods, landslides, contaminated water and waterborne diseases.
- There is a lack of awareness in communities about how to behave before, during, and after a flood.
- Local media communicate more about the problems than about the measures that allow people to reduce their exposure to risks.
- People need to be more involved in identifying problems and community solutions.
- Religious, traditional, community leaders and neighborhood leaders are important relays but must be more mobilized.
- The mechanism for people to ask questions, make complaints or give their opinion on the response must be strengthened.
- Communities do not have enough information about the activities and services offered by the Red Cross

Any identified gaps/limitations in the assessment

In addition to the needs identified above, other important needs have also been identified, including in terms of education, food supply and resettlement of affected populations.

Operational Strategy

Overall objective of the operation

This operation will contribute to providing immediate assistance to the populations affected by the floods in Limbe, i.e. about 12000 people through disease risk awareness and flood warning, in addition to direct assistance to 500 households (i.e. 4000 people) through CASH, WASH, HEALTH, DRR, CEA and PGI intervention.

The operation will be implemented for 05 months.

Operation strategy rationale

This operation is planned on the basis of the assessment of the situation made by the departmental committee of FAKO. Thus, the CRC plans to provide immediate assistance to 500 of the most vulnerable households whose homes have been completely or partially destroyed, as follows:

1- The CRC plans to assist 500 vulnerable households (i.e. 4000 people) whose homes have been completely or partially destroyed through multi-purpose cash due to 9500 FCFA per household member for 3 months corresponding to the transfer value harmonized by

the CWG of Cameroon. This cash will allow the targeted households to cover their basic needs. The distributions will be preceded by volunteer strengthening activities on the CVA fundamentals, data collection, 121. Targeting activities will be carried out in collaboration with the communities through the establishment of community targeting committees. The distribution will be done by the 121 platform. 02 post-distribution monitoring will be carried out as well as price monitoring on the markets.

NS has framework agreements with FSP, MTN and Express Union, which are widely used in the area. A feasibility study had been conducted in previous operations which found that cash transfers were the recipients' preference; they can be carried out safely in some cities in the South-West, including Limbe; Markets are functional and goods are available. A cash distribution operation took place there in 2023 without incident.

A kick-off workshop as well as a lesson learned workshop will be held.

2- In the health sector:
The implementation of health activities will rely mainly on the 25 Cameroon Red Cross volunteers who will be deployed to the affected communities twice a week. Before their deployment, their capacities will be strengthened on Community-Based Epidemic Preparedness and Response as well as Community-Based Surveillance (CBS), to enable them to quickly identify the main health risks and events within the affected populations.

During community raids, volunteers will provide community-based surveillance, including detection and notification of alerts related to diseases with epidemic potential. People who are sick, injured or show signs requiring care will be directed and referred to the appropriate health facilities. Particular attention will be paid to affected households and the most vulnerable.

Volunteers will also contribute to the basic psychological care of people affected by the floods and, when necessary, will refer them to specialized services. In addition, 1,500 impregnated mosquito nets will be distributed to 500 vulnerable households, at a rate of three nets per household, with explanations on their correct use.

Implementation will be carried out in coordination with health facilities, local health authorities and the Departmental Committee of the Red Cross, in order to facilitate the reporting of alerts, the referral of people in need of care and the regular monitoring of the activities carried out by volunteers.

02 psychologist volunteers will be mobilized to listen, advise and refer as needed.

3- In the WASH sector
The implementation of WASH activities will also rely on the 25 volunteers of the Cameroon Red Cross, whose capacities will be strengthened on WASH interventions in emergency situations. They will then be deployed to the affected communities three times a week for 10 weeks to provide awareness-raising, distribution, water treatment and sanitation activities. These awareness-raising sessions will also include the DRR, Health and ERP sectors and will be addressed to the entire population affected by these floods

At the household level, 60,000 Aquatabs tablets will be distributed for the treatment of drinking water, accompanied by practical demonstrations on their use. In addition, 500 WASH kits will be distributed to 500 affected households, including jerry cans, buckets with lids, soaps, cups, children's defecation jars and basins. Volunteers will also raise awareness among households about safe water storage, handwashing, food hygiene and waste management.

At the community level, volunteers will participate in clean-up, waste and standing water removal, as well as cleaning and disinfecting targeted households and community spaces, including New Market and CMA. Personal protective equipment and the necessary equipment will be made available to them to carry out these activities in good safety conditions.

Particular attention will also be paid to water supply sources affected by flooding. In coordination with the relevant technical services, water points identified as requiring intervention will be cleaned, treated/disinfected and monitored for water quality, before being reused by communities. The six 30 kg chlorine buckets will contribute to the planned treatment and disinfection operations. This activity is particularly relevant as the report reports the destruction of six wells and the use of potentially contaminated water sources by some populations.
All activities will be carried out in coordination with local authorities, relevant technical services and community leaders, to prioritize the most affected areas and monitor WASH interventions.

4- In the field of PROTECTION:
Global awareness-raising will be organized among the community with a focus on the issues of prevention of sexual exploitation, gender-based violence, child protection and menstrual hygiene management. At the end of this, distribution of dignity kits will be organized for 1484 women and girls of childbearing age; 500 posters will be produced in local languages to support awareness-raising. 25 volunteers will be trained in PEAS, child protection, minimum standards for ERP; Also, a gender analysis will be carried out at the outset to clearly establish the needs of all parties, and to establish the extent of these needs.

5 - Community engagement and accountability will be integrated throughout the operation to ensure that affected populations have reliable, accessible and up-to-date information, can participate in decisions that affect them, and have safe and accessible ways to escalate their questions, complaints, suggestions and concerns.
The main ACE activities will consist of:

- Identify and mobilize 30 community leaders (religious, traditional, neighborhood chiefs and other influential people in the three neighborhoods) targeted in order to strengthen information dissemination, community mobilization and the escalation of people's concerns.

- Organize a one-day workshop with identified leaders, on flood and landslide risks, prevention measures, key WASH and health messages, their role in community engagement as well as the CRC's feedback and complaints mechanism.

- Organize community dialogue sessions, home visits and focus groups to identify the information needs of the population, disseminate prevention messages and collect their questions, concerns and suggestions.

- Disseminate information on the activities of the CRC, the criteria for selecting beneficiaries, the modalities of assistance, the rights of affected persons and the means available to request information or make a complaint.

- Establish or strengthen a feedback mechanism accessible to the affected populations, in particular through volunteers, telephone contacts, community sessions and collection tools available at the level of the Departmental Committee.

- Record, categorize, analyze and follow up on feedback and complaints received, with referral of cases requiring specific care to the competent services.

- Integrate ACE questions into the PDM in order to measure the beneficiaries' understanding of the selection criteria, assistance modalities, their satisfaction, the difficulties encountered and their knowledge of the feedback mechanism.

- Implement follow-up on rumours and emerging concerns in the communities and ensure, in coordination with the sectors concerned, the dissemination of corrective messages and verified information.

- Support community mobilization around clean-up and water evacuation work in targeted neighborhoods, involving leaders and communities in identifying priorities and planning actions.

- Use multiple communication channels tailored to the local context, including VADs, community dialogues, community leaders, visual supports, and local media, to reach different population groups, including vulnerable people and those with limited access to digital means.

6- In terms of DRR, volunteers will be trained and deployed to conduct community outreach. These awareness-raising sessions will be carried out at the time of the WASH and health awareness-raising. Messages on the risks of anarchic settlements and in flood-prone areas, exposed to landslides will be integrated into the awareness posters.

Targeting Strategy

Who will be targeted through this operation?

This operation will target: a total of 12,000 affected people, including
- 4000 people, i.e. 500 of the most vulnerable households, whose houses have been completely or partially destroyed to receive cash and WASH kits;
- 1484 women to receive dignity kits; These women will be targeted among the 500 households benefiting from the cash
- 12,000 people who will benefit from awareness campaigns in WASH, health, RRC, CEA, IGP

Explain the selection criteria for the targeted population

- The targeting of the 500 households (whose houses have been completely or partially destroyed) beneficiaries of direct cash assistance and WASH kits will give priority to households headed by women and children, households with people with special needs, households where the head of household is unemployed, families with more than 7 members, households whose homes or livelihoods have been destroyed.

- For Health and WASH activities, the intervention will directly target 12,000 affected and vulnerable people in the targeted areas. In addition to this direct assistance, awareness-raising and mass communication activities will be carried out through volunteers and available community channels. These activities could have a potential reach of more than 108,000 people. However, this potential reach will not be counted as a direct beneficiary of the operation and will not be included in the targeting indicators. The indicators will be based only on the people directly reached by the activities of the operation.

- The targeting of 1,484,00 women beneficiaries of the dignity kits will be made on the basis of the 4,000 people benefiting from the cash, knowing that women represent 53% of family members and 70% are of childbearing age.

Total Targeted Population

Women	**4,579**	Rural	**-**
Girls (under 18)	**1,781**	Urban	**100%**
Men	**4,343**	People with disabilities (estimated)	**16%**
Boys (under 18)	**1,297**		
Total targeted population	12,000		

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
Cholera or other waterborne outbreak in the affected population.	WASH activities are planned; ECV activation; active case-finding and referral; coordination with the District Health Service

Access constrained by impassable roads.	Pre-positioning at neighbourhood level; motorcycle and head-load distribution where vehicles cannot pass; community-based distribution points
Continued heavy rainfall causes a second landslide or renewed flooding.	Continuous monitoring of the meteorological bulletin; early warning messaging in hillside communities; support to the administration's evacuation injunction
Difficulty in accessing certain areas due to the rains that continue to fall.	Provide volunteers with personal protective equipment.
The inaccessibility of support teams to the Division's headquarters due to the socio-political unrest in the region.	A remote activity monitoring plan will be put in place. In addition, coordination meetings will be held every week to avoid any lack of information
Poor perception of the Red Cross and reluctance on the part of the community	At the beginning of the project, the team will meet with the authorities to explain the rationale for this type of assistance and the objectives of the project . Good communication will be maintained with the authorities throughout the operation through visits during missions and regular newsletters on the progress of implementation
Community tension over targeting or the demolition process	Public display of transparent selection criteria; community validation of beneficiary lists; feedback and complaints mechanism from week one

Please indicate any security and safety concerns for this operation:

Since 2016, the Southwest region has been in the grip of a sociopolitical crisis. Armed groups operate in the region, carrying out kidnappings and killings in some outlying localities in Fako division. Nevertheless, Limbe, which is the regional capital, remains relatively quiet due to much stricter security.

However, it should be pointed out that the "Ghost town" is observed every Monday, with the entry and exit of the city as well as other economic activities interrupted, normality prevails from Tuesday to Sunday. To this end, the operation will be implemented in accordance with the security procedures of the National Society and the IFRC and will be based on a regular assessment of the security and access conditions in the targeted areas. Thus, National Society and IFRC staff involved in this operation must complete the IFRC's online courses, namely Level 1 on Fundamentals, Level 2 on Personal and Voluntary Safety in Emergencies and Level 3 on Safety for Managers and, before any deployment, they will benefit from a safety briefing on the risks related to the security context as well as on the procedures for communicating and reporting incidents, and the wearing of the Jacquette/Red Cross chasuble will be mandatory.

The movements of the teams will be planned, coordinated and monitored, and the activities will only be carried out when the conditions are safe and in accordance with the instructions for the ghost town. To this end, the National Society and the IFRC Cluster will ensure regular coordination with local authorities and humanitarian actors in order to monitor the evolution of the context and access conditions. All personnel must have a mission order duly signed by the hierarchy of the Cameroon Red Cross or the IFRC Cluster.

In the event of a deterioration in the security situation, activities may be suspended, postponed or redirected to accessible and safe areas. In particular, the teams will avoid travel on roads that pose safety risks.
Particular attention will be paid to community engagement and acceptance, as well as respect for the Fundamental Principles of the International Red Cross and Red Crescent Movement, in order to facilitate safe and impartial access to affected populations.

These measures will enable the National Society and the IFRC Cluster to continuously adapt implementation to the context and ensure that assistance is delivered safely, effectively and in line with the "Do No Harm" principle.

Has the child safeguarding risk analysis assessment been completed?	No

Planned Intervention

Multi Purpose Cash

Budget: CHF 219,171
Targeted Persons: 4,000

Indicators

Title	Target
Number of people who received cash	4,000
% of households reporting that they can cover their basic needs thanks to the assistance received	80
Number of volunteers trained in the use of 121	25

Priority Actions

In order to allow affected households to receive cash to cover their priority basic needs, several activities will be carried out, namely:
1- Needs assessment
2- Market study
3- ERP analysis
4-Signing of an amendment with the PSF
5- Training of 25 volunteers on CVA fundamentals, data collection, 121 and distribution for 05 days
6- Identification and registration of the 500 beneficiary households
7- Carrying out home visits (VAD)
8- Distribution of cash to 500 households
9- Realization of 02 PDM
10- Organization of a workshop to launch the operation
11- Organization of a lessons learned workshop
12- Training of the PSF
13- Price tracking

Health

Budget: CHF 26,455
Targeted Persons: 12,000

Indicators

Title	Target
Number of volunteers trained on CBS	25
Number of volunteers trained on EPIC	25

Number of people sensitized on the prevention of diarrhoeal and vector-borne diseases	12,000
Number of households that received nets	500
Number of people who received psychological support	100
% of volunteers reporting into CBS system	95
% of alerts investigated within 24 hours	80
# of confirmed cased detected via CBS mechanism and reported within 24-48H to health services	-
% of people in need of first aid who have been cared for by CRC volunteers.	90

Priority Actions

In the health sector, priority actions will consist of:

1- Acquire and distribute 1500 impregnated mosquito nets to 500 households, i.e. 3 mosquito nets per household;
2-Strengthen the capacities of the 25 volunteers on Community-Level Epidemic Preparedness and Response as well as Community-Based Surveillance;
2- Strengthen community-based surveillance by the 25 volunteers initially trained;
3-Ensure the referral of victims to health facilities;
4-Strengthen the basic psychological care of victims.
4- Establishment and deployment of 02 psychologist volunteers for 10 days
5- Awareness-raising on the prevention of diarrheal and vector-borne diseases. By volunteers for 12,000 people with the possibility of reaching several thousand more through mass awareness.

Water, Sanitation And Hygiene

Budget: CHF 30,896
Targeted Persons: 12,000

Indicators

Title	Target
Number of households receiving aquatabs	500
Number of disinfections performed	20

Priority Actions

The priority actions are:

1- Acquire and distribute 60,000 aquatabs tablets;
2- To build the capacity of 25 volunteers on WASH;
3- Acquire and distribute 500 WASH kits to 500 households, i.e. 1000 cans (02 cans/HH) + 1000 buckets of 20L with lid (02 buckets/HH) + 3500 soaps of 250g (7 pieces of soaps/HH) + 1000 cups of 1L (02 cups/HH) + 500 jars of defecation for children (01 jar/HH) + 500 basins of 20L (01 basin/HH);

5- Acquire 06 buckets of chlorine of 30 Kg;
6- Acquire 10 sprayers;
7- Deploy 10 volunteers to ensure the disinfection of affected areas;
8- Acquire Personal Protective Equipment (25 pairs of boots, 25 pairs of gangs, 25 coats, 100 face masks). This equipment will be made available to 25 volunteers who will carry out disinfection in households, at the new market and at the CMA, i.e. 3 campaigns for 3 months. Indeed, during these sessions, the management of common water will also be promoted to contribute to environmental hygiene. Supported by community water evacuation and cleaning works. This will be included in WASH awareness campaigns.
9- Deploy 22 volunteers and 03 supervisors to raise awareness on WASH as well as on other themes; i.e. 3 descents for 10 weeks.

Protection, Gender And Inclusion

Budget: CHF 36,705
Targeted Persons: 12,000

Indicators

Title	Target
Number of dignity kits distributed	1,484
% of cases referenced	30
Number of volunteers trained on PSEA/IGP/SMPSS	25
# of people reached with PSEAS, child protection and PGI messages	12,000

Priority Actions

• Briefing of 25 volunteers on the PEAS/IGP/SMPSS approach
• Implementation of protection/PEAS referencing circuit
• Assessment of accessibility, inclusion of protection risks and integration of ERP / PSEA standards
- ERP analysis
• Acquisition of 1484 dignity kits.

Risk Reduction, Climate Adaptation And Recovery

Budget: -
Targeted Persons: 12,000

Indicators

Title	Target
Number of people sensitized on DRR	12,000

Priority Actions

• Briefing of volunteers on DRR
• Disaster risk sensitization and risk reduction measures reaching 12,000 PEOPLE. With the possibility of reaching several thousand more thanks to mass awareness.

Community Engagement And Accountability

Budget: CHF 29,691
Targeted Persons: 12,000

Indicators

Title	Target
% Feedbacks requiring a response	80
% of people who say they are aware of the selection criteria	80
% of people who say they are aware of the feedback mechanism	80

Priority Actions

1- Identify and mobilize 30 community leaders (religious, traditional, neighborhood chiefs and other influential people from the targeted neighborhoods) in order to strengthen the dissemination of information, community mobilization and the reporting of people's concerns.
2- Organize a one-day awareness and community engagement workshop with identified leaders on flood and landslide risks, prevention measures, key WASH and health messages, as well as their role in community mobilization.
3- Organize community dialogues, home visits and focus groups to disseminate reliable information on risks, prevention measures, CRC activities, selection criteria and assistance modalities.
4- Establish and promote a feedback and complaint mechanism accessible to affected populations, allowing to collect, record, analyze and follow up on their questions, complaints, suggestions and concerns, with referral of cases requiring specific care.
5- Integrate the CEA into the monitoring of the operation and the PDM, in particular through the measurement of the satisfaction of the beneficiaries, their understanding of the assistance, their knowledge of the feedback mechanism and the difficulties encountered, while ensuring feedback to the communities.
6- Retrain volunteers on the CEA with a focus on communication with communities, community participation and collecting feedback

Secretariat Services

Budget: CHF 71,943
Targeted Persons: 5

Indicators

Title	Target
Number of surge deployed	1
Number of staff deployed	4
Number of Lessons Learned Workshops	1

Priority Actions

• Support for Surge deployment
• technical support for the implementation of activities (Programs, CVA, Logistics, Communication, PMER and Finance) through missions

and remote monitoring
• Support for launch workshops
• Mission management for coordination and advocacy

National Society Strengthening

Budget: CHF 35,140
Targeted Persons: 35

Indicators

Title	Target
Number of volunteers trained on the different themes included the 121	25
Number of NDRTs deployed	1
Number of field missions by headquarters including distributions, PDMs and workshops	8
Number of launch workshops	1

Priority Actions

• Training of 25 volunteers on the different themes including the impregnation of the 121 platform with the practical test
• Deployment of a Wash NRT to support Wash/health activities
• Kick-off workshop
• Mission Management for coordination and advocacy with the authorities
• Technical supervision of the various sector managers through field missions•

About Support Services

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

To carry out this assessment, 25 volunteers will be deployed in the city of Limbe. In addition, 6 staff at the national headquarters who will have the role of supervising and participating in the implementation of the evaluation and 1 NRT staff will be deployed to ensure the role of local coordination.

All volunteers will be trained and then distributed as needed based on their performance and experience, as assessed by the instructors, to cover the different specific activities. For the implementation of the operation, the staff will work with their cluster peers when relevant. This is the case of:

- Logistics and purchasing which will coordinate with the IFRC Cluster logistics for the various items to be purchased as well as their delivery to the field
- The monitoring and evaluation manager: he coordinates, plans the evaluation actions to be carried out in the field, he prepares the evaluation report and ensures the proper completion of the evaluation tools; it contributes to the establishment of indicators for decision-making; he analyzes and interprets the results for statistical processing;
-The Community Engagement and Eligibility Manager with the Cluster Feedback and Communication Managers: his role is to collect community feedback, ensure that the DREF implementation team appropriates the CEA approach on all stages of the DREF; that actions be made visible on the platforms and that visibility materials are actually produced;

- The ERP Manager: To ensure that gender and inclusion are taken into account at all stages of implementation
- NRT WASH: Coordinate WASH activities in the field (awareness raising, distribution of kits);
- Surge Cash: Coordinate cash activities by ensuring that procedures are followed.
- The Financial Manager: his role is to make the financial report and the final financial report. Ensures compliance with the management procedures of the IFRC and the CRC, develops the financial management tools of the activity.
- The National Disaster Management Director will have the duty to coordinate the entire operation in a comprehensive and strategic manner, assisted by the Operation Focal Point for the day-to-day implementation of the response. They will work closely with the MD and the committee chair.

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?

Respect for gender, age and cultural diversity issues will be at the heart of the selection of volunteers who will be engaged for the implementation of the activities of this operation. These issues will also be addressed in the activities of ERP and the CEA to ensure that these cross-cutting themes are well integrated into the other sectors during implementation. The mobilization of volunteers will take into account the gender aspect with at least 30% of volunteers being women.

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

Yes
A resource person/Surge with a CASH profile with mastery of procedures and context will be deployed to provide support to the National Society for the selection of the service provider and the implementation of the DREF. This deployment will last 3 months.

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

All purchases required for this operation will be made by the International Federation, in close collaboration with the National Society's logistics department. The Federation will carry out the procurement procedures with the participation of the National Society, and suppliers will be paid directly by the International Federation.

As for cash assistance, the National Society has framework agreements with financial service providers (FSPs), including MTN and Express Union, which have a large presence in the area of intervention.

Feasibility studies carried out in 2022 and 2023 confirmed the population's preference for cash assistance. Despite security constraints in the South-West region, cash transfers can be carried out safely in some areas, notably in Limbe, where markets remain functional and essential goods are available. A cash distribution operation carried out in May 2023 also took place without major incident.

The implementation of this cash assistance will benefit from the technical support of the IFRC, in particular for the use of the framework agreements concluded between the National Society and the selected PSFs.

In addition, the National Society is building capacity on Platform 121, with technical support from the Netherlands Red Cross 510 Team. This platform will be mobilized as part of the implementation and monitoring of cash transfers for the benefit of affected populations.

How will this operation be monitored?

The operation is based on a three-level monitoring system: continuous monitoring in the field, periodic technical verification by the National Society headquarters and the IFRC Cluster, as well as monitoring of results through two post-distribution monitoring exercises (PDM) linked to cash transfer cycles. All findings are recorded in a single action tracking log and reviewed at weekly operational meetings to ensure timely implementation of corrective actions.

Three supervisors supervise the 22 volunteers, provide daily reporting and first-level data quality control. The National Society's PMER

Manager, with the support of the PMER team of the IFRC Cluster, leads the design of monitoring tools, Kobo questionnaires, monitoring tables and PDM protocols, as well as data quality assurance, analysis and reporting. The Cash team monitors the markets and performance of the financial service provider (FSP); Finance is responsible for reconciling payments and monitoring the budget; ECA manages feedback and complaints; the ERP monitors protection and inclusion; Logistics monitors purchases and deliveries; and the Departmental Committee contributes to monitoring in the field. Overall responsibility for the implementation of actions arising from the follow-up findings rests with the National Director of Disaster Management, under the coordination of the IFRC DRM/Cash Coordinator.

Monitoring includes the quality of targeting and recording, the functioning of markets and minimum expenditure basket (MEB) prices, distribution processes, payment reconciliation, feedback and complaints, ERP, business progress, quality of training, procurement, budget execution, and performance changes. Targeting is verified prior to transfers through database edits, deduplication and household spot checks. The markets are monitored during the baseline study, monthly and seven days before each transfer cycle, with a revision of the transfer amount in the event of a significant change in the SEM. Each distribution is monitored in particular on waiting time, queue and crowd management, dignity, access security and the performance of the PSP. Payment reconciliation is completed within ten business days of each cycle, and unresolved cases are processed before the next cycle.

Feedback from communities is collected continuously through help desks, free channels, and community sessions, analyzed every two weeks, and reviewed at weekly meetings. Protection and inclusion are monitored at every distribution and training, with adjustments made, as necessary, to venue layout, timings and communication channels. The progress of activities is monitored weekly and monthly; the quality of the training is evaluated by means of pre/post-tests and feedback from participants; purchases are monitored through tracking tools and stock sheets; and budget execution is reviewed monthly through the monitoring of expenditure and the budget consumption rate.

All tracking data is collected through Kobo Toolbox using tablets that can work offline. It is disaggregated by sex, age and disability, anonymised before analysis and stored securely in accordance with IFRC data protection requirements.
Six joint monitoring missions are planned around the main stages of the operation: market assessment and feasibility analysis, targeting and registration, cash transfer rounds 1, 2 and 3, as well as MIP2 and closure. Each mission mobilizes the relevant technical functions and reports within five working days. The actions to be undertaken, with deadlines and clearly designated managers, are included in the action monitoring register.

Two MIPs are directly linked to the timing of cash transfers. The MIP1 is conducted 14 to 20 days after the first transfer cycle, with a representative random sample of households, with a 95% confidence level, a 5% margin of error and a 10% margin for non-response. The sample is stratified by locality and includes a reasoned subsample of at-risk households, supplemented by four focus groups and key informant interviews. The PDM1 assesses, among other things, the receipt and completeness of transfers, the time and costs of access, security and protection, the adequacy of the transfer amount in relation to the SEM, the use of aid, satisfaction, the information received, feedback mechanisms and inclusiveness. The results are produced within ten working days and are used to agree on corrective actions to be implemented prior to the second transfer cycle.

The PDM2 is conducted 15 to 20 days after the third transfer cycle, using the same sampling approach, but with a stronger focus on outcomes: coverage of priority needs, food consumption, reduction of negative coping strategies, residual needs, satisfaction and cumulative effects of the three transfer cycles. The results feed directly into the lessons learned workshop, the final report of the DREF and the reporting of indicators at the Federation level.

Learning is built in throughout implementation. A kick-off workshop clarifies the design of the operation, the follow-up schedule and the reporting responsibilities. Weekly meetings review progress, community feedback, and follow-up actions, while monthly reviews with the IFRC focus on indicators and budget execution. The results of the follow-up are incorporated into the operational updates and the final report. Finally, a lessons-learned workshop bringing together assisted households, authorities, partners, volunteers, the project management team, National Society leaders and the IFRC will capitalize on learnings for future operations.

Please briefly explain the National Societies communication strategy for this operation

The communication strategy will aim to ensure regular, reliable and accessible information on the situation, risks, prevention measures and actions of the Cameroon Red Cross for the benefit of the affected populations.

The CRC will combine outreach (home visits, community dialogues and leadership relays), digital and media communication through the production of awareness capsules, content for social networks and newsletters presenting the main activities and results of the operation. In addition, posters and picture boxes will be produced. Finally, key messages will be developed and broadcast through radio stations and speakers

The content will include flood and waterborne disease prevention, hygiene and sanitation, assistance modalities, targeting criteria and the feedback and complaints mechanism.

The information and concerns gathered from the communities, as well as the rumours identified, will be used to adapt the messages and strengthen the relevance of communication throughout the operation.

The FRC Communication team will support the NS in producing the "two pager" which summarizes and informs about the operation as well as the production of all other communication tools. The IFRC communications team will also support the CRC's communications team in writing articles and documenting the operation and saving content on ShaRed. A communication mission will be organised.

Contact Information

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