Protracted Relief and Recovery Operation – Cameroon 200552

Food and nutrition assistance to Nigerian and Central African refugees and host populations in Cameroon	
Number of Beneficiaries	276,560
Duration of Project	24 months (1 October 2013 to 30 September 2015)
WFP Food Tonnage	19,385
Cost (United States dollars)	
Food and Related Costs	17,772,922
Cash and Vouchers and Related Costs	0
Capacity Development & Augmentation	0
DSC	4,502,230
ISC	1,559,261
Total cost to WFP	**23,834,413**

EXECUTIVE SUMMARY

The East, Adamaoua, North and Far-North regions are the poorest in Cameroon. Furthermore, there has been a significant influx of refugees from the Central African Republic to the East and Adamaoua regions, and recently, from Nigeria to the North and Far-North regions, compounding pre-existing social and economic challenges.

In March 2013, the Office of the United Nations High Commissioner for Refugees registered over a thousand new refugees from the Central African Republic in addition to the 87,000 already present. About 10,000 Nigerian refugees are hosted in the North and Far-North, regions already affected by recurrent drought and flooding. A February 2013 food assessment carried out by the Food and Agriculture Organization of the United Nations and WFP found 38,900 severely food-insecure and 173,000 moderately food-insecure Cameroonians in the North and Far-North regions.

Protracted relief and recovery operation 200552 is aligned with the Government's Growth and Employment Strategy Document 2010–2020 and the United Nations Development Assistance Framework 2013–2017. It builds on previous operations to scale up activities targeting vulnerable refugees from the Central African Republic and Nigeria and host Cameroonian households, while enhancing attention to gender issues.

The operation is aligned with the WFP Strategic Plan (2014-2017), in particular Strategic Objectives 1, 3 and 4, and it aims to:

- Provide relief assistance to refugees from Nigeria and Central African Republic (Strategic Objective 1);
- Treat moderate acute malnutrition through targeted supplementary feeding to children aged 6–59 months and pregnant and lactating women (Strategic Objective 1);

- Prevent stunting through complementary feeding to children aged 6–23 months, and assist clients following anti-retroviral therapy through supplementary food promoting therapy adherence and nutritional recovery (Strategic Objective 4);
- Enhance livelihoods through food assistance for assets activities, under food, cash and voucher transfer modalities, for people affected by recurrent droughts, floods and the influx of refugees, with special attention to women (Strategic Objective 3).

SITUATION ANALYSIS

Context

1. With a population of nearly 20.5 million (47 percent rural), Cameroon ranks 150th out of 187 countries on the 2013 Human Development Index.[1] The annual growth rate is 2.1 percent and life expectancy at birth is 55 years. Though the country has agricultural potential and resources, over 53 percent of its population remains poor with an average per capita income of US$2,114.[2] Cameroon ranks 26th out of 47 countries in the International Food Policy Research Institute (IFPRI) Global Hunger Index.[3]

2. The Gender Inequality Index ranks Cameroon 137th out of 148 countries.[4] Women account for 52 percent of poor households, and half of poor household members are under 15. The poverty rate is 41.6 percent in households headed by men against 33.4 percent in households headed by women. According to the third Cameroon Household Survey (ECAM III), only 18 percent of rural women have secondary-level education, with the lowest levels in the North (12 percent) and Far-North (14 percent) regions. Female participation in the labour market is 64.2 percent compared to 77.4 percent for men.[5]

3. Employment for young people is a Government priority; the National Institute of Statisics (INS) estimates that seven out of ten of the country's young people are under-employed.[6] A 2011 analysis on gender progress by the Ministry for Women and the Family (MINIPROF) showed the highest proportion of poor women in the Far-North (63 percent) and North (53 percent).[7] Literacy rates for women vary from 23 percent in the Far-North to 92 percent in the South.

4. In addition to domestic issues, Cameroon is a refugee-receiving country. Between 2005 and 2012, the East and Adamaoua regions have hosted 87,000 refugees from the Central African Republic, and a thousand new Central African refugees have arrived since March 2013. Attacks between Nigerian military and *Boko Haram* militants near the Nigeria-Cameroon border have forced about 10,000 Nigerians into Cameroon.

5. Many vulnerable Cameroonian families in the northern refugee-receiving regions have yet to recover from the 2009–2010 food crisis and 2011 and 2012 floods. Recurrent droughts and floods have destroyed livelihoods and exacerbated the food insecurity of these households. An increase in climatic shocks and further influxes of refugees pose major risks to the country.

The Food Security and Nutrition Situation

6. Cameroon imports 25 percent of its cereal consumption[8] and is therefore vulnerable to fluctuations in the international grain market, particularly in the North, Far-North, East and Adamaoua regions where cereals and cassava are the staple foods. The economy depends on agricultural production and natural resources with farming contributing 30 percent of gross domestic product. Agricultural production has declined due to climactic conditions and diminishing foreign demand.

[1] UNDP, Human Development Report, 2013.
[2] UNDP, Report: percentage of population in multidimensional poverty, 2013.
[3] IFPRI, Global Hunger Report, 2012.
[4] Explanatory note on 2013 Human Development Report composite indices.
[5] United Nations, World Population Prospects, 2010.
[6] INS, 2010.
[7] MINIPROF, Femmes et hommes au Cameroun, analyse situationnelle de progrès en matière de genre, 2012.
[8] United States Department of Agriculture, 2008.

7. Northern Cameroon suffers from poor soil, limited and erratic rainfall, drought, crop diseases, low food crop production and crop destruction, resulting in chronic and acute food shortages and food insecurity.[9] A February 2013 food security assessment estimated that 211,900 Cameroonians are affected by food insecurity, of which some 38,900 are severely food insecure.[10]

8. In the East and Adamaoua regions hosting 88,000 Central African refugees, food insecurity is mainly caused by poverty, shocks, and subsistence production. Most refugees are farmers who live among the local population, with limited access to arable land. Increased agricultural production is possible if refugee access to land can be improved through negotiations with traditional leaders and local authorities, and participation of both refugees and local populations in food assistance for assets (FFA) activities is ensured.

9. According to the May 2012 joint assessment mission (JAM), 18 percent of Central African refugee households in the East and Adamaoua regions are severely food insecure and 37 percent are moderately food insecure. Refugees purchase around 80 percent of their food and self-produce the rest. Income comes from precarious activities, including petty trade, manual work, the sale of firewood and agricultural goods. Two out of three Central African refugee households practiced farming during the 2011–2012 agriculture season and one quarter of the refugees own livestock.

10. Refugees typically cultivate small plots of vegetables for family needs near their homes. Some refugee women are involved in petty trade, an activity seen as appropriate by their husbands or community. Households headed by women are most exposed to food insecurity, violence and harassment.

11. The June 2013 JAM indicated that food production remains stagnant in the East and Adamaoua due to the absence of markets, lack of seeds, destruction of crops by livestock, and insufficient pasture.[11] Over 75 percent of households hosting refugees pursue negative coping strategies.

12. The market functions at the national level, but local difficulties lead to unstable prices and supply problems in East, Adamaoua, North and Far-North regions. Poor or non-existent infrastructure impedes the supply and storage of food. Since 2007, seasonal price volatility and inconsistent availability have constrained access to food for the poorest households.

13. Demographic and Health Surveys (EDS-MICS) from 2004, 2006 and 2011, reveal that at the national level, global acute malnutrition (GAM) among children aged 6–59 months has remained stable, while severe acute malnutrition (SAM) has doubled.

14. Between 2006 and 2012, GAM rates overall in the East and Adamoaua regions remained within the acceptable threshold of less than 5 percent. However, a 2011 Standardized Monitoring and Assessment of Relief and Transitions (SMART) survey among the refugee population reported GAM rates of 17 percent for the East and 14.5 percent for Adamaoua. A 2012 SMART survey showed that in the Far-North and North regions, GAM rates had improved from 14.2 percent and 15.1 percent respectively in 2006 to 6.5 percent and 5.5 percent respectively. These two surveys were conducted at different times of the year, the latter during the harvest season when GAM rates are lower.[12] A

[9] African Development Bank, The AfDB and Cameroon: 40 years of Partnership, 2010.
[10] WFP/FAO, Evaluation approfondie de la securite alimentaire et de la situation agricole ans les regions du Nord et de l"extreme Nord du Cameroun, February 2013.
[11] These are preliminary indications; final results of the June 2013 JAM are expected in October 2013.
[12] 2006 MICS survey was conducted in May-June (lean season), the 2011 SMART survey in July-August, and the 2012 SMART survey in November (harvest season).

2013 SMART survey is ongoing among host and refugee populations in the four regions; results expected by November 2013 will be used to confirm trends and inform caseload numbers.

15. Stunting is a major public health concern in Cameroon, with chronic malnutrition rates in children aged 6–59 months exceeding the World Health Organization critical threshold of 30 percent at the national level. Rates in these four poorest regions range from 45 percent in the Far-North, to 40 percent in the North and Adamaoua, and 37 percent in the East.[13] Stunting is higher in rural areas (40.5 percent) than urban areas (21.9 percent) and boys are more affected (35 percent) than girls (30 percent).

16. Micronutrient deficiencies are common. The 2011 EDS-MICS survey revealed a 60 percent prevalence of anaemia among children under five and 40 percent among women of childbearing age. Boys were slightly more affected (62 percent) than girls (59 percent).

17. Poor infant and young child feeding practices are a contributing factor for undernutrition. The EDS-MICS survey indicated that only 20 percent of children are exclusively breast fed in the first six months and over a third of children aged 6–9 months do not receive complementary foods.

18. According to the EDS-MICS survey, 4.3 percent of adults aged 15–49 are HIV positive, down from 5.5 percent in 2004. Women are more affected (5.6 percent) than men (2.9 percent). HIV prevalence rates in the East and Adamaoua regions rank among the highest in the country at 6.3 percent and 5.1 percent respectively, with the lowest rates reported in the North and Far-North regions.

19. A 2012 study on the vulnerability of people living with HIV (PLHIV) found 14.1 percent of anti-retroviral therapy (ART) clients suffer from acute malnutrition, increasing to 58.2 percent for children under 15. Five percent of HIV-positive children were acutely malnourished, with no significant difference between boys and girls.

POLICIES, CAPACITIES AND ACTIONS OF THE GOVERNMENT AND OTHERS

Policies, Capacities and Actions of the Government

20. The Directorate of Surveys and Agricultural Statistics (DESA), National Early Warning Unit, and Cereals Authority are the main food security actors within the Ministry of Agriculture and Rural Development (MINADER). These structures are responsible for emergency response, assessment, monitoring and evaluation. The Ministry of Public Health (MoPH) is also tasked with food security monitoring, although insufficient resources limit its actions. DESA and INS will continue to partner in the areas of monitoring and assessments.

21. The Government's "Cameroon Vision 2015" and Growth and Employment Strategy Document 2010–2020 define an economic growth and poverty-reduction strategy centred on job creation. Under this strategy, growth is based on modernizing productive structures, particularly in the agricultural sector, and is accompanied by human development, health care, training, and social protection. Cameroon also declared its commitment to improving the nutritional status of its population by joining the Scaling Up Nutrition movement in March 2013. Talks are ongoing between United Nations agencies and non-governmental organizations (NGOs) to support the Government in elaborating a common results framework and in scaling up activities to address stunting.

[13] SMART nutrition survey 2012

Policies, Capacities and Actions of other Major Actors

22. The United Nations Country Team and NGO partners are developing a joint strategy for the East and Adamaoua, involving local authorities, with coordination, monitoring and evaluation mechanisms at central and local levels.

23. In line with the global memorandum of understanding between the United Nations Children's Fund (UNICEF) and WFP, UNICEF provides therapeutic food to children with SAM, while WFP provides commodities to children and pregnant and nursing mothers for treatment of MAM. UNICEF, as the nutrition sector lead, works with WFP in Government and partner capacity development, advocacy, coordination and data collection.

24. The International Federation of Red Cross and Red Crescent Societies (IFRC) and Cameroon Red Cross (CRC) are WFP and UNHCR's main implementing partners for general food distribution (GFD) and non-food distribution in 74 sites hosting Central African refugees. They also conduct nutrition activities in three health districts in the East in partnership with UNHCR. International Medical Corp (IMC), the Eastern Regional Delegation of Public Health and the *Association d'Assistance au Développement* are other WFP partners in nutrition activities.

25. In the East and Adamaoua, IMC, *Première Urgence*, International Relief and Development (IRD) and IFRC support health services for Central African refugees, malnutrition screening in mobile clinics, water and sanitation projects, agriculture activities, and community-based training. In the Far-North, the National Red Cross, and *L'Organisation des Femmes pour la Sante, la Sécurité Alimentaire et le Développement* (OFSAD), among others, will provide support to community-based activities for targeted supplementary feeding (TSF), rural road projects, reforestation and nutrition.

Coordination

26. UNHCR leads the coordination of emergency assistance to refugees and provides them with non-food items and protection documents.

27. A Management Committee comprised of FAO and WFP is the main coordinator of food security activities. WFP also coordinates field interventions with all major organizations supporting refugees and host populations.

28. The Directorate of Health Promotion coordinates nutrition interventions at central level, while regional public health delegates in the Far-North and East regions oversee field implementation with partners.

OBJECTIVES OF WFP ASSISTANCE

29. PRRO 200552 is aligned with the WFP Strategic Plan 2014-2017, specifically to Strategic Objectives 1, 3 and 4,[14] and is consistent with the WFP Gender Policy.[15] The operation is in line with Millennium Development Goals (MDGs) 1, 3, 4 and 5.[16]

30. The operation aims to protect and restore livelihoods and enhance the resilience of vulnerable local populations and refugees in the Eastern regions and selected

[14] Strategic Objective 1: Save lives and protect livelihoods in emergencies; Strategic Objective 3: Reduce risk and enable people, communities and countries to meet their own food and nutrition needs; Strategic Objective 4: reduce undernutrition and break the intergenerational cycle of hunger.

[15] WFP/EB.1/2009/5-A/Rev.1

[16] MDG 1: Eradicate extreme poverty and hunger; MDG 3: Promote gender equality and empower women; MDG 4: Reduce child mortality; and MDG 5: Improve maternal health.

communities in the more arid North prone to natural disasters. It places a focus on environmental protection and asset creation activities to promote sustainability, self-reliance and socio-economic integration.

31. The PRRO aims to stabilize GAM levels below 10 percent and introduce activities to address stunting. The nutrition strategy will address immediate needs while building long-term human and physical assets of host communities and refugees. WFP, in collaboration with UNICEF, will pilot two interventions to prevent stunting in the North of Cameroon, targeting two health districts each with complementary feeding and home fortification activities. The results of these two pilots will contribute to the development of a comprehensive national model to address stunting in Cameroon.

WFP RESPONSE STRATEGY

Nature and Effectiveness of Food Security-Related Assistance to Date

32. Following an influx of refugees from the Central African Republic, WFP launched EMOP 106630 in June 2007, followed by EMOP 107350 in March 2008. From 2011–2013, PRRO 200053 supported the most vulnerable host and refugee populations through targeted food distributions, TSF to children under five and pregnant and lactating women (PLW), and FFA activities aimed at building autonomy and resilience and contributing to the integration of refugees into local communities. The PRRO assisted around 233,000 people per year.

33. The PRRO gave special emphasis to women involved in farming activities in host and refugee communities. Women constituted 60 percent of FFA participants yet have struggled to access new ideas, training and technology due to low literacy rates.

Strategy Outline

34. Based on recent WFP/FAO food security assessments[17] the PRRO incorporates two components: a relief package providing GFD to vulnerable Central African and Nigerian refugees, and nutritional assistance to refugees and host populations; and a recovery component providing FFA to assist local populations and refugees with disaster risk reduction and climate change adaptation activities.

35. At the end of 2014, an emergency food security assessment (EFSA) or JAM will be conducted with the Government to re-assess GFD needs for 2015.

36. A cash and voucher feasibility study and cost-efficiency analysis will be conducted in 2013 to assess near-term options for this transfer modality in the assisted areas. Results are expected in the first trimester of 2014.

37. TSF activities assisting the Far-North and North regions were previously conducted under country programme 105300. Due to the 2012 Sahel crisis, TSF activities in the Far-North were transferred from the country programme to EMOP 200396 which ends in December 2013. Thus, TSF activities under CP 105300 cover only the North region. From January 2014, TSF activities for the Far-North will continue under this PRRO. The PRRO will also provide TSF in the East and Adamaoua regions. Interventions will focus on the early detection and management of acute malnutrition, and preventing moderately acute malnourished children aged 6–59 months and PLW from becoming severely acute malnourished.

[17] JAM of Feb-March and June 2013

38. Year-round complementary feeding to prevent stunting in children aged 6–23 months will target the North, where stunting rates are among the highest in the country and above critical levels. This will be entirely community-based and carried out in partnership with MoPH, nutrition focal points and community health worker networks.

39. WFP will provide food by prescription (FbP) to malnourished ART clients in the East and Adamaoua. In addition, moderately malnourished HIV-positive children will receive TSF. Nutritious food will be provided to complement nutritional assessment, education and counseling (NAEC) conducted for ART clients attending authorized treatment centres (ATC).

40. TSF and complementary feeding interventions will be accompanied by behaviour change communication (BCC) activities for households on nutrition. Specific attention will be given to promoting appropriate infant and young child feeding, maternal nutrition, health care, water sanitation and hygiene.

41. Food assistance-based training (FFT) on the efficient creation and use of assets will be implemented in the East and Adamoua regions and, in partnership with FAO, will help foster economic self-sufficiency among refugees and host populations through training in agriculture and husbandry activities. FFT will also provide men with incentives for, and sensitization on, involvement in nutrition issues.

42. FFA activities in the East and Adamaoua regions will help increase income-generation and self-sufficiency through rural road rehabilitation, the creation of agricultural land, husbandry, market gardening, sewing, and weaving. Refugee and host populations will be involved in the same FFA projects to facilitate social cohesion between the two groups. In the North and Far-North regions, which are prone to natural disasters, FFA activities will focus on climate change mitigation and resilience building activities such as the management of shock-prone watershed areas and irrigation for agriculture and reforestation. FFA will provide early recovery support for refugees, host communities and food insecure households during the lean season.

Hand-over Strategy

43. UNHCR will work closely with WFP to monitor the status of refugees and their needs. Repatriation will depend on security in the north of Nigeria and stability in the Central African Republic.

44. Communities will participate in the planning of the FFA and FFT activities to ensure response to priority needs, and also that maintenance plans are in place following project completion. WFP will rely on technical expertise from local authorities. The need for food assistance is expected to decline as local food production improves. WFP will further explore opportunities to phase out food-based interventions following the results of a nutrition and food security assessment survey to be conducted at the end of 2014.

45. In collaboration with UNICEF, WFP will support the integration of activities to treat acute malnutrition into existing health structures, a key Government priority. WFP will establish modalities for the transport, management and distribution of food for nutrition activities with Government and NGO partners, to help transfer the management of these activities by the end of the programme.

46. WFP will work with the Ministry of Land and Forestry and the Ministry of Territorial Administration to facilitate improved land access for refugees. While the land tenure system in the targeted regions is largely through informal village agreements, the Government plays an important role in ensuring refugees are able to establish livelihoods through access to land. WFP will continue to promote leadership and strengthen the capacity of government counterparts through the joint implementation of activities.

BENEFICIARIES AND TARGETING

47. The PRRO will assist 276,560 people most in need of assistance in the targeted areas for 24 months. Targeting of refugees will be done through local consultation to ensure transparent prioritization. Targeting of host communities will be based on food insecurity and nutrition assessments and other vulnerability criteria to be agreed with UNHCR, partners and community members. Targeted groups will include subsistence farmers, women-headed households, petty traders, casual labourers, and unemployed youth, over 50 percent of them women and girls.

48. GFD will be provided to 18,000 Central African refugees, representing the 18 percent of severely food insecure indicated by the 2012 JAM and including a contingency for new arrivals. Based on the WFP, UNICEF and UNHCR contingency plan, 10,000 Nigerian refugees will also receive GFD**.** If there is no new influx of refugees and food security improves, only these refugees will be reached through GFD. WFP will ensure food rations at distribution points are collected mostly by women and that women hold the majority of decision making roles in food distribution committees.

49. As food insecurity is higher among the refugee population, FFA and FFT will assist 37,480 moderately food insecure Central African refugees not receiving GFD and 28,600 of the most food insecure Cameroonians hosting refugees. In the North and Far-North regions, 41,670 severely food insecure Cameroonians will be targeted through FFA.

50. TSF will be implemented in the Far-North region where GAM rates exceed 5 percent, with the presence of aggravating factors. Given relatively low GAM rates in the East and Adamaoua regions yet an indication of high rates among refugees, WFP will target malnourished children aged 6–59 months and PLW in the nine communities currently hosting refugee populations. Working with partners, WFP aims to reach 77,155 children aged 6–59 months old and 35,625 PLW with TSF through 318 health centres.[18] Ration sizes, entry and exit criteria will follow the National Protocol for Management of Moderate Acute Malnutrition (NPMMAM)[19]. The number of TSF beneficiaries is expected to decrease annually. Results of the ongoing 2013 SMART survey will be used as necessary to confirm trends and revise caseload numbers.

51. As part of the national plan for addressing undernutrition, WFP will introduce a stunting prevention pilot in two districts in the North region where chronic malnutrition rates are among the highest in the country. This pilot will provide complementary food all year round for 26,030 children aged 6–23 months. Numbers of beneficiaries are expected to increase due to an annual population growth rate of 2.5 percent.

52. In July 2013 the Government, with WFP support, started implementing FbP in four ATCs in the East and will extend the approach to other ATCs in the East and Adamaoua regions from January 2014. The programme targets up to 2,000 ART clients from both refugee and host populations selected through a nutrition assessment by a trained clinician to determine the most appropriate nutrition intervention, including a prescription for food where indicated. To promote sustainable optimum nutrition practices, NAEC will continue throughout the client's treatment period irrespective of enrolment in the FbP programme. Clients will be discharged following two consecutive months of satisfactory anthropometric measurements.[20] The standard anticipated length of treatment for adults is six months.

[18] Caseload calculation based on MAM prevalence rate, 60% coverage rate, and capacity of NGOs and partners.
[19] Moderate acute malnutrition is classified by weight-for-height below 80 percent of the median reference. In line with the NPMMAM, mid-upper arm circumference (MUAC) < 115 mm will be used for admission and 125 mm will be the discharge criterion for children. For PLW, the criterion for treatment is a MUAC < 210mm.
[20] Beneficiaries will be discharged when BMI is above 18.5 or MUAC is above 23cm or when there is no further weight loss.

53. In the most vulnerable sub-districts of the drought-prone North and Far-North regions, targeting will continue to be adjusted through regular joint food security and nutritional surveys.[21] WFP and partners will set up a system of sentinel sites in vulnerable zones to be monitored monthly for data collection[22] allowing for early corrective action as necessary.

TABLE 1: BENEFICIARIES BY ACTIVITY

Activity		2013 (Oct. to Dec.)		2014 (Jan. to Dec.)		2015 (Jan. to Sep.)		Total
		Boys/ men	Girls/ women	Boys/ men	Girls/ women	Boys/ men	Girls/ women	
Relief package								
GFD	CAR refugees	7,692	8,308	8,679	9,321	6,217	6,783	18,000
	Nigerian refugees	4,808	5,192	4,821	5,179	4,783	5,217	10,000
	Total	**12,500**	**13,500**	**13,500**	**14,500**	**11,000**	**12,000**	**28,000[23]**
TSF	Refugee children 6–59	51	53	1,190	1,239	876	912	4,321
	Host children 6–59	860	896	20,064	20,882	14,765	15,367	72,834
	Total children 6–59	**911**	**949**	**21,254**	**22,121**	**15,641**	**16,279**	**77,155**
	Refugee PLW	0	98	0	1,389	0	1,150	2,636
	Refugee host		1,222		17,376		14,390	32,989
	Total PLW	**0**	**1,320**	**0**	**18,765**		**15,540**	**35,625**
	Total TSF+PLW	**911**	**2,269**	**21,254**	**40,886**	**15,641**	**31,819**	**112,780[24]**
Comp. F	Host children 6–23	0	0	6,290	6,545	6,465	6,730	26,030[25]
FBP	ARV treatment patients	120	180	400	600	280	420	2,000[26]
Enhance access to food								
FFA	CAR refugees	0	0	12,344	16,736	12,344	16,736	29,080
	Host populations	0	0	24,906	33,764	24,906	33,764	58,670
	Total FFA	**0**	**0**	**37,250**	**50,500**	**37,250**	**50,500**	**87,750[27]**
FFT	CAR Refugees	381	669	1,523	2,677	1,143	2,007	8,400
	Host population	690	445	3,747	2,809	2,316	1,593	11,600
	Total FFT	**1,071**	**1,114**	**5,270**	**5,486**	**3,459**	**3,600**	**20,000[28]**
TOTAL		**14,602**	**17,063**	**83,964**	**118,517**	**74,095**	**105,069**	**276,560[29]**

[21] Among 68 sub-districts, these 24 are more affected: Kaele, Guidiguis,Moulvoudaye, Porrhi, Bourha, Maroua II, Maroua III, Bogo, Blangoua, Darack, Kousseri, Guere, Gobo, Wina, Datchéka, Tchatibali, Kai-Kai, Vele, Maga, Yagoua, Figuil, Mayo Oulo, Rey Bouba, Lagdo.

[22] Sentinel sites will be created as a part of capacity development project for health centers, partners, and other involved stakeholders (UNICEF, IFRC and IMC). The monitoring and the management tools of these sites will be developed in a partnership framework between WFP and partners.

[23] Total assisted during two years

[24] Cumulative total

[25] Cumulative total

[26] Cumulative total

[27] Total assisted during two years

[28] Cumulative total

[29] Sum of activity totals

NUTRITIONAL CONSIDERATIONS AND RATIONS

54. To counter micronutrient deficiencies, WFP will use iodized salt and Vitamin A-fortified vegetable oil. GFD and FFA beneficiaries will receive a daily 555g ration composed of cereals, pulses, vegetable oil and iodized salt providing 2,048kcal per day. Most FFA activities will be carried out during the dry season (November–July) depending on the targeted regions. Each household will participate in the activities for an average of 60 days

55. As the nutritional component of this operation focuses on the rehabilitation of acutely malnourished children, PLW, and PLHIV, as well as stunting prevention among children aged 6–23 months, nutrient-rich and fortified commodities will be used. The supplementary feeding ration will cover at least 50 percent of the recommended daily allowance for malnourished children and PLW. In line with the NPMMAM, moderately malnourished children will receive one 92g sachet of Plumpy'Sup per day providing 500 kcal, and PLW mothers and ART clients will receive a daily Supercereal ration of 1,221 kcal.

56. To address stunting, children aged 6–23 months will receive a daily year-round complementary feeding ration of 20g of Nutributter of 108kcal. Nutributter is best suited in this context also given the high levels of micronutrient deficiencies and relatively low GAM rates.

TABLE 2: FOOD RATION BY ACTIVITY *(g/person/day)*

	TSF		**Complementary feeding – children 6-23 months**	**FFT/A**	**FBP – ART clients**	**GFD**
	PLW	**Children under 5**				
Cereal				450		450
Pulses				75		75
Supercereal (with sugar)						
Supercereal (without sugar)	250				250	
Vegetable oil	25			25	25	25
Sugar	15				15	
Salt				5		5
Plumpy'Sup		92				
Nutributter			20			
TOTAL	**290**	**92**	**20**	**555**	**290**	**555**
Total kcal/day	**1,221**	**500**	**108**	**2,048**	**1,221**	**2,048**
% kcal from protein	12.5	10.2	10	11.7	13.2	11.7
% kcal from fat	33.2	54.9	58	19.3	34.9	19,3
Number of feeding days per year or per month	270/year	60/year	360/year	20/month	180/year	30/month

TABLE 3: TOTAL FOOD REQUIREMENTS BY ACTIVITY *(mt)*								
	GFD - Nigerian/ CAR refugees	**TSF – children (6-59m)**	**TSF – PLW**	**FBP ARV-patient**	**FFA**	**FFT**	**Complementary feeding (6-23m)**	**Total**
Cereal	8 384				4 739	540		13 662
Pulses	1 397				790	90		2 277
Supercereal			1 573	83				1 657
Vegetable oil	466		157	8	263	30		925
Sugar			94	5				99
Salt	93				53	6		152
Plumpy'Sup		426						426
Nutributter							187	187
TOTAL	10 340	426	1 825	97	5 844	666	187	19 385

IMPLEMENTATION ARRANGEMENTS

Participation

57. In the case of GFD, distribution committees comprised of men and women will participate in beneficiary selection following agreed criteria. WFP will develop the beneficiary register in collaboration with UNHCR, ensuring accurate recordkeeping of food distributed.

58. TSF activities will be implemented through 318 health centers already receiving support. UNICEF will support treatment of cases of SAM while WFP will provide food supplements for stunting prevention and moderately malnourished beneficiaries. For community outreach activities, health centre staff and community health workers will conduct nutritional screening, enroll ART patients and children under five in the programme, and provide sensitization on the appropriate use of nutritional products.

59. Communities receiving FFA will participate in planning, implementation and monitoring, in compliance with WFP work norms. FFA activities for refugees and host populations will be implemented by cooperating partners, and projects will support sustainable development at the local level.[30] Cooperating partners will include both host and refugee populations at all stages of the project process and ensure maximum sensitization to avoid conflicts between the two groups.

60. FFA proposals will be assessed by WFP in consultation with institutional technical expertise at the regional level, cooperating partners, local associations, district authorities, UNHCR, UNICEF and the United Nations Population Fund (UNFPA). WFP and cooperating partners' responsibilities will be defined by field-level agreements. Partners will be responsible for preparing proposals, beneficiary selection (50 percent women), managing activities, technical support, food distribution and reporting. WFP will monitor and supervise activities.

61. In the North and Far-North regions, limited access during the rainy season can present challenges. Food stocks are prepositioned to manage these seasonal access constraints.

[30] In East region, UNDP plans FFA activities in some areas where CAR refugees are settled. The Cooperation Framework Agreement between WFP and UNDP will be an umbrella for joint partnership, developing local capacities and cost sharing.

Through cooperation with locally based partners, WFP activities will be implemented fully even in villages where access is seasonally limited.

Partnerships

62. WFP works with counterparts in MINADER, the Ministry of Economy and Planning and the MoPH to implement rural development activities, food security assessments, vulnerability monitoring, and provide health and nutrition support.[31] Government technical services at the sub-national level play a key role both in the selection of field projects and in monitoring and evaluation throughout the project cycle.

63. UNHCR will support transport of GFD from WFP extended delivery points (EDPs) to distribution sites. Transport costs will be included in the field-level agreement. Such costs will be paid by WFP and reimbursed by UNHCR, where applicable. WFP will contract local transporters for the movement of supplementary feeding rations between EDPs and final delivery points. MoPH will transport rations for nutrition outreach activities from Government health centres to villages.

Partners and capacities

64. Food distribution will be carried out by a wide network of NGOs and other cooperating partners. WFP will organize capacity development workshops for both old and new partners and provide technical and logistic equipment where and when necessary.

65. To mitigate risks and ensure protection at distribution points, especially for women, distributions will take place in secure and accessible locations, and local security authorities will be informed, enabling them to take precautionary measures. Standard operating procedures will be followed, including sensitization on issues related to the food basket, number of feeding days and beneficiary feedback systems, post-distribution monitoring and the usage of numbered or machine-readable ration cards.

66. Nutrition activities will be implemented through MoPH health facilities in collaboration with UNICEF and cooperating partners who have experience working with WFP and UNICEF. Screening and identification of malnourished children and sensitization on the appropriate use of specialized nutritious foods and BCC to deliver messages on nutrition, health and hygiene sensitization will be carried out in maternal and child health clinics and through community outreach activities. WFP has supported the Government with the development of national guidelines on food and nutrition support for PLHIV and FbP will be implemented in authorized treatment centres.

Procurement

67. WFP will procure regionally and internationally. Local purchases will be explored as an alternative wherever possible.

Logistics

68. The Commodity Movement Processing and Analysis System (COMPAS) is installed at each EDP to monitor and report on food transactions. WFP holds contracts with freight forwarders to deal with receipt, transit and delivery of food commodities to the main warehouses. Food procured locally will be delivered directly to WFP warehouses. All WFP food commodities are transported to EDPs and distribution sites by contracted transporters.

[31] These ministries will be fully involved in the design of FFA activities in collaboration with cooperating partners. When possible, local Government counterparts will also implement some of the FFA activities.

Transfer modalities

69. Options for future use of cash or vouchers will be reviewed following the planned feasibility study, and a budget revision will be prepared if it is deemed appropriate to include this transfer modality.

Non-food inputs

70. WFP will plan complementary support jointly with the Government and other partners. WFP and partners will provide equipment and materials required for asset construction, bicycles and motorbikes for health centres, materials for nutrition centres, and seeds and tools where projects are not implemented with FAO. General distribution cards and monitoring and evaluation kits will be provided by WFP.

PERFORMANCE MONITORING

71. Monitoring and evaluation will be strengthened through vulnerability assessment and mapping analysis, EFSAs, post-distribution monitoring, nutrition surveys and studies to analyze vulnerability and evaluate the impact of assistance. Cooperating partner reports will be received on a monthly basis.

72. WFP will improve the quality of monitoring and impact assessments through: baseline and follow-up nutrition and food security surveys; reinforcement of cooperating partners' monitoring capacity; and training in food security and nutrition monitoring and vulnerability analysis for Government counterparts.[32]

73. The logical framework matrix (Annex II) summarizes indicators that will be monitored to measure operational results. The monitoring plan matrix will detail the monitoring and evaluation system. Existing monitoring report formats and checklists will be adjusted to include new indicators.

74. Outcome indicators under Strategic Objectives 1 and 4 will be collected through the programme monitoring system and nutritional outcomes obtained through baseline and follow-up surveys. A mid-term evaluation will be conducted in the last quarter of 2014 to refine 2015 activities and, if necessary, adjust beneficiary caseloads based on performance of ongoing projects and evolving needs.

75. Output data, disaggregated by beneficiary categories, gender and age, will be collected monthly by cooperating partners and WFP monitors.

76. Distribution data collected by partners is consolidated by sub-offices into a single report by activity and intervention area before submission to the WFP country office.

RISK MANAGEMENT

77. Tools for food security monitoring and an early warning system are in place to mitigate contextual risks such as weather-related shocks. The Government will use grain stocks in food-insecure regions, selling at moderate prices during the lean season and periods of shortage. Programmatic risks include lack of funding, for which WFP has developed a resource mobilization strategy, and pipeline breaks will be mitigated through local purchase, loans from other operations, and enhanced contribution forecasting.

[32] Tools will include pre-evaluation of a project proposal, follow-up of activities according to the importance and duration of the project, and end-of-project evaluation. Activities will be monitored monthly in accordance with WFP work norms. WFP is developing a global M&E system that will provide the framework for monitoring PRRO implementation.

Security Risk Management

78. Contextual risks also include political and security situations in neighbouring countries and shocks that could deeply affect the security of the region. Specifically these are: i) a potential deterioration of conditions in Nigeria related to actions of the *Boko Haram*; and ii) the fragile situation in Central African Republic and Chad that could lead to population movements affecting northern Cameroon and requiring a move into Security Level 2, with associated impact on the food and nutrition status of local residents. The Government and international partners are monitoring the situation.

79. WFP maintains all facilities in compliance with minimum operating security standards (MOSS) and minimum security telecommunications standards (MISTS). WFP will support safety of staff and operations through close monitoring of compliance with United Nations Department of Safety and Security (UNDSS) guidelines.

Approval

…… Date: …….

Ertharin Cousin

Executive Director

ANNEX I-A

PROJECT COST BREAKDOWN			
Food	**Quantity** ***(mt)***	**Value** ***(US$)***	**Value** ***(US$)***
Cereals	13,662	4,226,780	
Pulses	2,277	1,065,298	
Oil and fats	925	850,053	
Mixed and blended food	2,270	2,959,493	
Others	251	69,629	
Total food	**19,385**	**9,171,253**	
Cash transfers		0	
Voucher transfers		0	
Total food, cash and voucher transfers			9,171,253
External transport			1,367,129
Landside transport, storage and handling			5,746,059
Other direct operational costs			1,488,481
Direct support costs (see Annex I-B)			4,502,230
Total WFP direct costs			**22,275,152**
Indirect support costs (7.0 percent)			1,559,261
TOTAL WFP COSTS			**23,834,413**

ANNEX I-B

DIRECT SUPPORT REQUIREMENTS (*US$*)	
Staff and staff-related costs	
International professional staff	1,501,449
International general service staff	0
Local staff - national officers	470,000
Local staff - general service	303,750
Local staff - temporary assistance	696,667
Local staff - overtime	0
Hazard pay and hardship allowance	0
International consultants	45,000
Local consultants	20,250
United Nations volunteers	78,750
Commercial consultancy services	0
Staff duty travel	155,282
Subtotal	**3,271,148**
Recurring expenses	
Rental of facility	42,000
Utilities	61,500
Office supplies and other consumables	43,800
Communications services	163,126
Equipment repair and maintenance	74,850
Vehicle running costs and maintenance	183,636
Office set-up and repairs	68,400
United Nations organization services	28,360
Subtotal	**665,672**
Equipment and capital costs	
Vehicle leasing	160,650
Communications equipment	0
Local security costs	404,760
Subtotal	**565,410**
TOTAL DIRECT SUPPORT COSTS	**4,502,230**

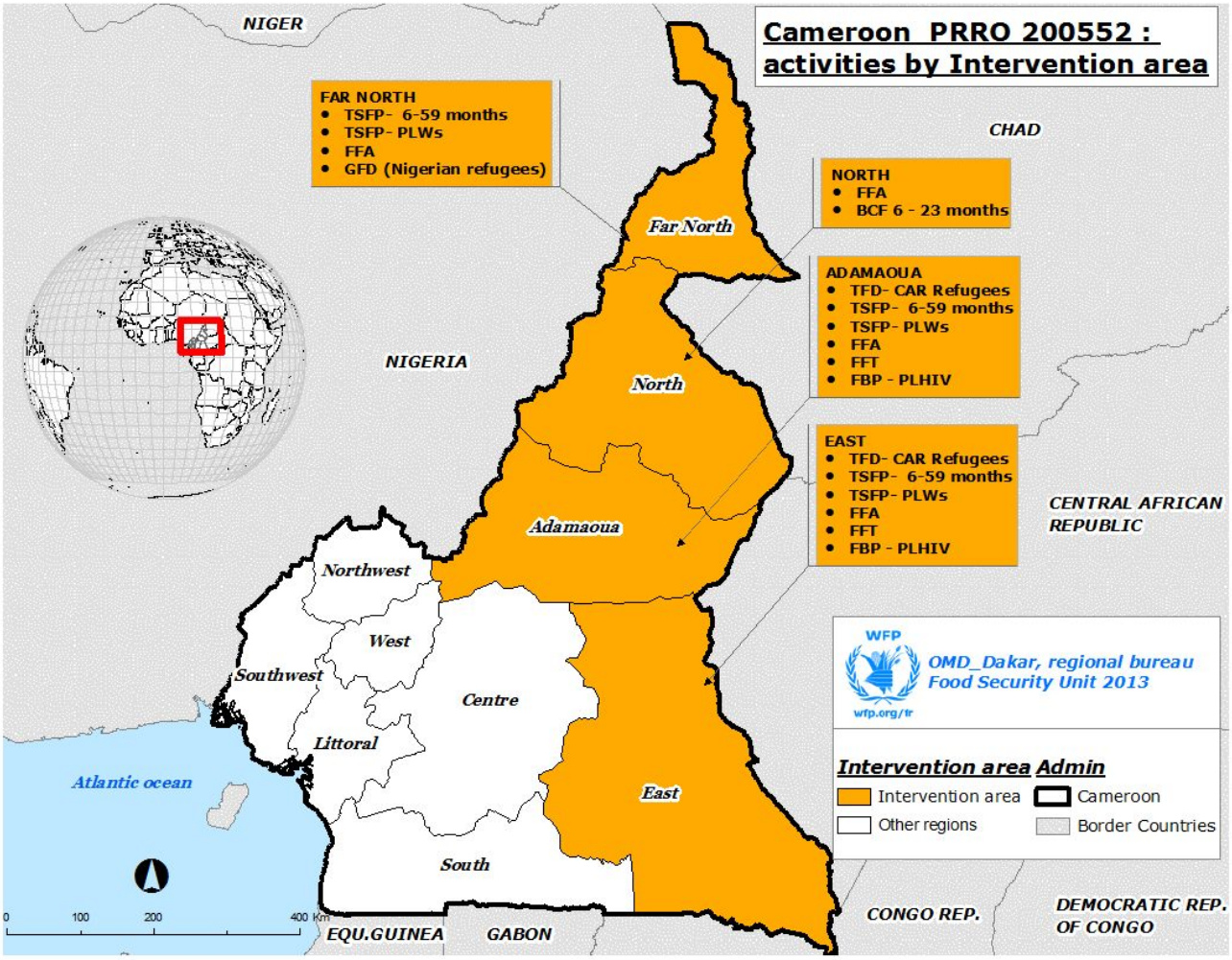
ANNEX II – LOGICAL FRAMEWORK

Results	Performance indicators	Assumptions
Strategic Objective 1: *Save lives and protect livelihood in emergencies*		
Outcome 1.1 Adequate food consumption over assistance period for targeted households, communities and refugees	1.1.1 Household Food Consumption Score. Target: 100% of households with at least borderline Food Consumption Score (Disaggregated by gendered household type)	– Government implementation of poverty reduction strategy will continue. – Socio-political stability
Output 1.1 Food distributed timely in sufficient quantity and quality to targeted CAR and Nigeria refugees	1.1.1 Actual beneficiaries having received WFP food as a percentage of planned beneficiaries disaggregated by gender and age. 1.1.2 Actual quantity of food distributed through Targeted Food Distribution as a percentage of planned distributions (by project activity and commodity) 1.1.3 Percentage of Targeted food distributions occurring more than 7 days later than the planned date of distribution	- Partners' capacity to reach all targeted beneficiaries is adequate. - No major influxes of new refugees
Strategic Objective 3: *Reduce risk and enable people, communities and countries to meet their own food and nutrition needs*		
Outcome 3.1 Adequate food consumption over assistance period for targeted households, communities, and refugees	3.1.1 Household Food Consumption Score. Target: 80% of household with acceptable food consumption score. (Disaggregated by gendered household type) 3.1.2 Percentage of households with an improved Coping Strategy Index – Target: 85% (Disaggregated by gendered household type) 3.1.3 Percentage of beneficiaries who utilize community assets (disaggregated by sex, age group, asset types) (Target: 80%)	Sufficient access to training opportunities for women
Output 3.1 FFA distributed timely in sufficient quantity and quality to targeted CAR refugees and host population	3.1.1 Actual beneficiaries having received WFP food assistance through FFA/FFT as a percentage of planned beneficiaries (by category, age group, and gender) 3.1.2 Actual quantity of food distributed through FFA as a percentage of planned distributions (by project activity and commodity) 3.1.3 Percentage of food distributions occurring *mor*e than 7 days later than the planned date of distribution	
Output 3.2 Male and female household members trained for new knowledge and skills (prevention of malnutrition, environmental protection, and agricultural issues)	3.2.1 Number and type of training sessions for beneficiaries carried out in planned domains 3.2.2 Number of participants in beneficiary training sessions implemented Target: 60% women and 40% men.	
Output 3.3 Community infrastructure improved through completed micro-projects	3.3.1 Number and type of assets created or rehabilitated through FFA	
Output 3.4 Development and encouragement of income generating activities	3.4.1 Number and type of Income Generating Activities developed	

Results	Performance indicators	Assumptions
Strategic Objective 4: *Reduce undernutrition and break the intergenerational cycle for hunger*		
Outcome 4.1 Undernutrition including micronutrient deficiencies amongst children aged 6–59 months, pregnant and lactating women and PLHIV is reduced	4.1.1 Prevalence of acute malnutrition under-5 (weight-for-height as %) (<10%) 4.1.2 Recovery rate of children ,women and PLHIV on ART treated for malnutrition >75% 4.1.3 Non-response rate <15% 4.1.4 Average length of stay in supplementary feeding programme: the target average length should not surpass: 9 months for pregnant women, 6 months for lactating women , 2 months for children under 5 and 6 months for PLHIV 4.1.5 Defaulter rate <15% 4.1.6 Death rate <3%	– No major disease outbreaks – Treatment of malnutrition is well integrated into Government health centers. – Adequate malnutrition prevention activities are carried out by relevant stakeholders. – Partners (UNICEF/Govt/NGOs) have adequate resources to implement their nutritional activities. – Effective functioning of Government nutrition coordination mechanisms.
Output 4.1 Food distributed in sufficient quantity and quality to targeted women and children under five in secure conditions	4.1.1 Number of women, children <5 and PLHIV receiving food, by category and as percent of planned figures 4.1.2 Tonnage of food distributed, by type, as percent of planned distribution 4.1.3 Quantity of fortified foods, complementary foods and special nutritional products distributed, by type, as percent of planned distribution	
Cross-cutting results and indicators		
Output A Gender equality and empowerment improved	A1 Percentage of women who make decisions over the use of cash, voucher or food inside their households (Target: 80%)	The activities are effectively implemented under this PRRO
Output B WFP assistance delivered and utilized in safe, accountable and dignified conditions;	B.1 Proportion of assisted people who do not experience safety problems to/from and at WFP programme sites (Target: 90%) B.2 Proportion of assisted people informed about the programme (who is included, what people will receive, where people can complain) (Target: 80%)	
Output C Food assistance interventions coordinated and partnerships developed and maintained	C.1 Proportion of project activities implemented with the engagement of complementary partners (Target: 30%) C2. Number of partner organizations that provide complementary inputs and services (Target: 1)	

ANNEX III

MAP



ACRONYMS USED IN THE DOCUMENT

ATC – authorized treatment center
ART – anti-retroviral therapy
BCC – behavior change communication
BCF – blanket complementary feeding
CAR – Central African Republic
CP – country programme
CRC – Cameroon Red Cross
CSB – corn soya blend
DESA – Directorate of Surveys and Agricultural Statistics
DSC – direct support cost
ECAM – Enquête Camerounaise Auprès des Ménages III
EDS-MICS – Enquête Démographique et de Santé, et à Indicateurs Multiple
EDP – extended delivery point
EFSA – Emergency Food Security Assessment
EMOP – emergency operation
FAO – Food and Agriculture Organization
FbP – food by prescription
FFA – food assistance for assets
FFT – food assistance-based training
FSA – food security assessment
GAM – global acute malnutrition
GDP – gross domestic product
GFD – general food distribution
HIV– human immunodeficiency virus
IFPRI – International Food Policy Research Institute
IFRC – International Federation of Red Cross and Red Crescent Societies
IMC – International Medical Corps
INS – Institut National de la Statistique
IRD – International Relief and Development
JAM – joint assessment mission
M&E – monitoring and evaluation
MAM – moderate acute malnutrition
MDG – Millennium Development Goal

MINADER – Ministry of Agriculture and Rural Development

MINIPROF – Ministère de la Promotion de la Femme et de la Famille

MoPH – Ministry of Public Health

NGO – non-governmental organization

NPMMAM – National Protocol for Management of Moderate Acute Malnutrition

ODOC – other direct operational cost

OFSAD – Organisation des Femmes pour la Sante, la Sécurité Alimentaire et le Développement

PLHIV – People living with HIV/AIDS

PLW – pregnant and lactating women

PNSA – National Programme for Food Security

PRRO – protracted relief and recovery operation

SFP – supplementary feeding programme

SMART – Standardized Monitoring and Assessment of Relief and Transitions

TFD – targeted food distribution

TSF – targeted supplementary feeding

UNDAF – United Nations Development Action Framework

UNDP – United Nations Development Programme

UNHCR – United Nation High Commissioner for Refugees

UNICEF – United Nations Children's Fund

WFP – World Food Programme