



POST-DISTRIBUTION MONITORING

WFP Cameroon, August 2024

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1. KEY FINDINGS

The Post-Distribution Monitoring (PDM) was conducted covering April to June 2024 distributions, with a total of 3,004 households surveyed in WFP's intervention regions. This report shows the results and key findings in the Adamawa, East, Far North, North, Northwest, and Southwest regions, where WFP was implementing General Food Distribution (GFD), Malnutrition Prevention & Treatment and Food assistance for Asset creation (FFA) activities. The results were analyzed, compared and trends provided based on February 2024 and June 2023 PDMs results. The key findings are outlined below:

- **Food security:** Since 2023, household food security has continued declining. Only 38% were able to achieve an acceptable diet, compared to 45% earlier in February and 75% in 2023. Cash households reportedly doing better (41%) than households receiving in-kind (33%). Further, up to 62% of households adopted severe negative (crisis and emergency) livelihood strategies during periods of increased pipeline breaks.
- **Economic capacity:** Up to 86% of households reported they were able to meet their essential needs, in line with the minimum expenditure basket (MEB) an increase from 82% in February. A majority of these are small to medium-sized households (1-7 members) that have more economic capacity to spend on food and non-food items (58%) than large-sized households with more than 8 members (28%).
- **Dietary Diversity:** Under malnutrition prevention activity, 37% of women and girls of reproductive ages (15-49 years) met a minimum diversity score, having eaten at least 5 out of 10 food groups in a 24-hour recall period, a slight improvement compared to 34% in February. Meanwhile, 14% (13% earlier this year) of children aged 6-23 months reached a minimum acceptable diet having consumed at least 5 out of 8 food groups in a day, a consistent improvement since 5% in 2023. This could mean mothers are prioritizing the nutrition of their children over theirs.
- **Resilience Capacity:** The RCS indicator measures households' perceptions of their resilience capacities to manage shocks and stressors. Households benefiting from cash assistance had a much higher resilience capacity (17%) than those receiving in-kind (7%). The survey also found that WFP beneficiaries are more capable of managing shocks (14%) than non-beneficiaries (11%).
- **Access to WFP's assistance and decision-making:** There was an overall improvement in protection indicators with 99% of households reporting they faced no safety problems to or on sites (same as February 2024), and 97% confirmed that WFP programmes were dignified (95% in February) and 85% people reported they had no issues accessing WFP programmes (83% in February). A percentage of 26% of women reported they make the sole decision on the use of household's entitlement and food consumption. Further, 39% of households confirmed they know where or who to address their complaints and feedback to.



2. METHODOLOGY

From April to June 2024, WFP Cameroon assisted more than 410,656 beneficiaries with 2,717 MT of food and USD 1.29M in cash-based transfers. Despite resource shortfall during this period, WFP’s alternative actions, have enable continuous assistance to the most vulnerable population.

This Post-Distribution Monitoring was a testament to the strong collaboration between WFP Cameroon and MINADER-DESA (1), conducted against the April 2024 - June 2024 distributions (General Food Distribution, Nutrition and FFA Programmes) in the Adamawa, East, Far North, North, Northwest, and Southwest regions. The surveyed households consisted of 15% IDPs, 23% refugees, and 62% host population. Meanwhile thirty-four percent of the households surveyed were female headed and sixty-six were male headed.

A two-stage random sampling approach was used to select participating households, with statistical significance level of 80%. Data were collected through qualitative and quantitative approaches, using questionnaires designed and filled via the ODK software technology, and interview guides whose data were aggregated in MODA.

In total, 3,004 households were interviewed, and thirty-eight focus group discussions were organized to voice-in beneficiary perception of WFP operations. The analysis was done using SPSS, R and Excel.

Although the sample size is representative (at regional level), it was not large enough to cover all activities at the divisional or community levels.

(1) MINADER-DESA : Direction des enquêtes et Statistiques Agricoles (fr) / Directorate for Agricultural Surveys and Statistics

3. HOUSEHOLD PROFILES

The key demographics of the sampled households are outlined below.

Figure 1: Activities of the Head of Households (HHs)

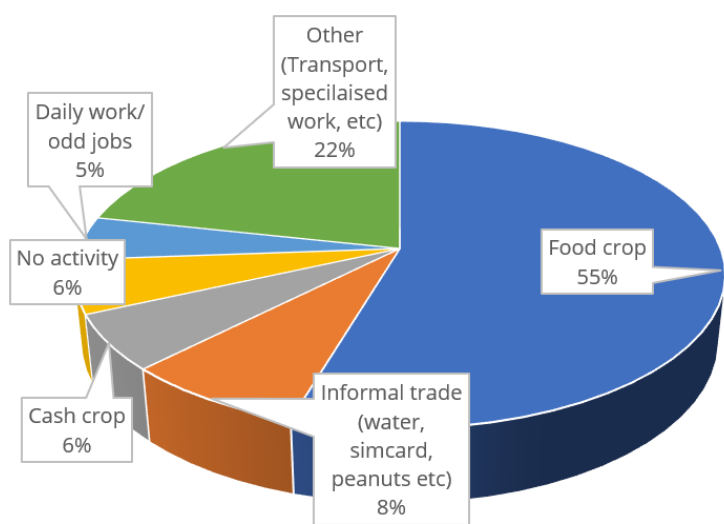
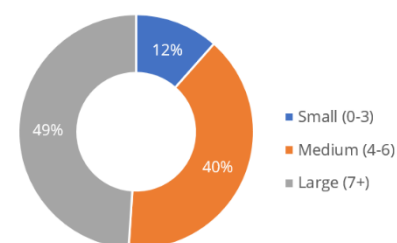


Figure 2: Average HH size is 7



Average age of HH Heads is 50

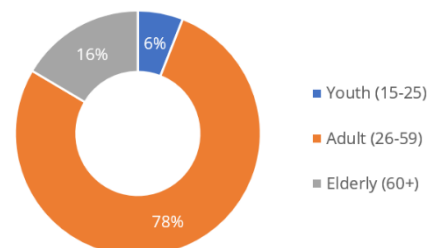


Figure: 3 Education Level of HH Heads

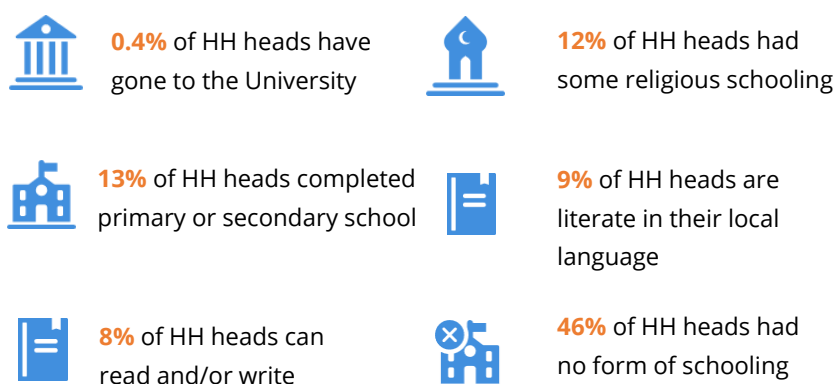
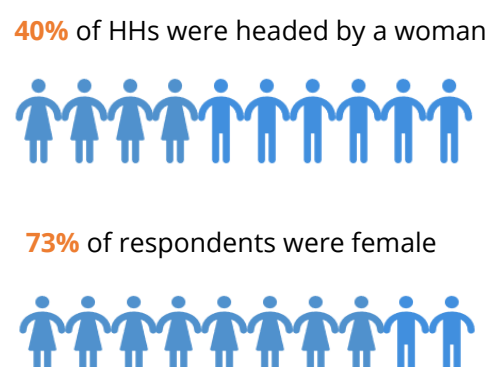


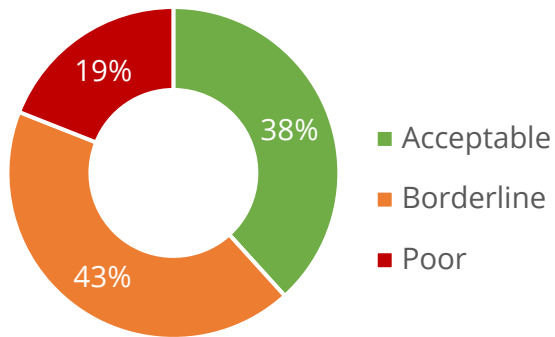
Figure 4: Proportion by Gender



4. GENERAL FOOD DISTRIBUTION (GFD) RESULTS

I. FOOD CONSUMPTION SCORE (FCS) – GFD

Figure 5: Female Headed HHs



The **Food Consumption Score (FCS)** is based on households' dietary diversity, food frequency, and measure how often HHs consume different food groups in a seven-day period.

The acceptable food consumption score of beneficiaries is decreasing since 2023, from 75% in 2023 to 45% earlier in February 2024 to 38% mid-year, June 2024.

The acceptable FCS for female and male headed households (HHs) are the same (38%) however, more female headed households have a poor FCS than male headed households.

From a regional perspective, the Adamawa, and North regions had the lowest acceptable FCS compared to other regions, a contrast from the first quarter 2024 where these regions had the highest acceptable FCS (58% in February 2024 to 26% in June 2024). HHs in the FAR-North recorded the highest acceptable score (52%), followed by Northwest (45%), East (36%) and in the Southwest (34%)

Residents and refugees recorded similar acceptable food consumption scores (36% and 37% respectively) and IDPs had the highest (47%) among beneficiary groups. **Beneficiaries who receive cash assistance have a much higher acceptable FCS (41%) than those who receive in-kind (33%).**

Figure 6: Male Headed HHs

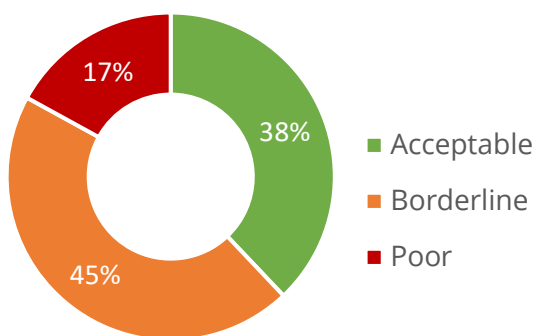


Figure 7: FCS by Beneficiary Status

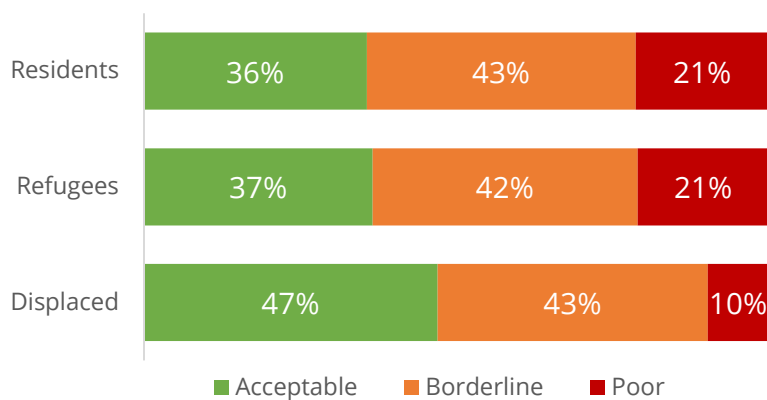


Figure 8: FCS by Geographic location

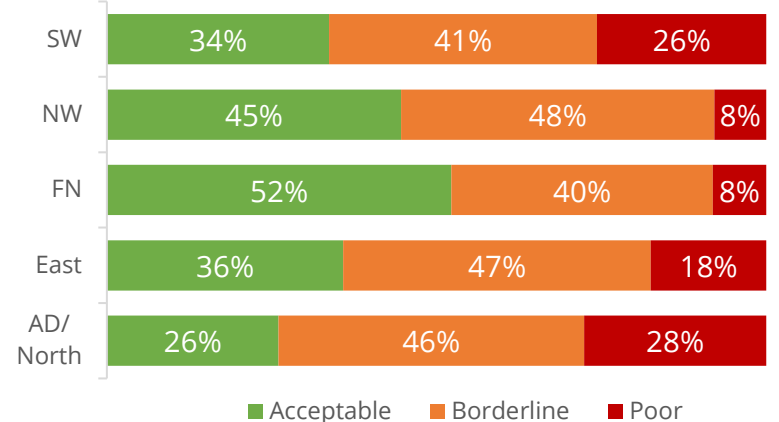


Figure 9: FCS Trend

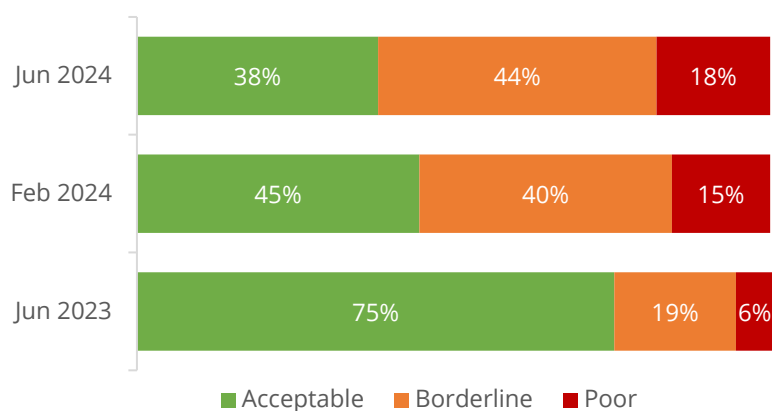
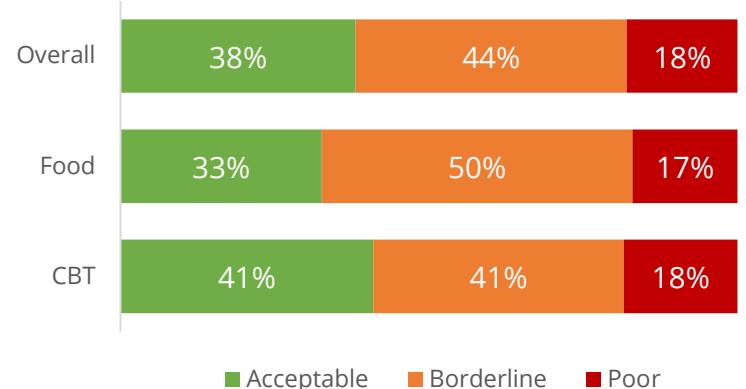
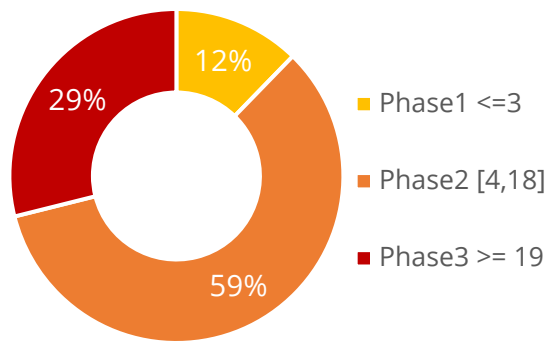


Figure 10: FCS by Assistance modality



II. REDUCED COPING STRATEGY INDEX (rCSI) - GFD

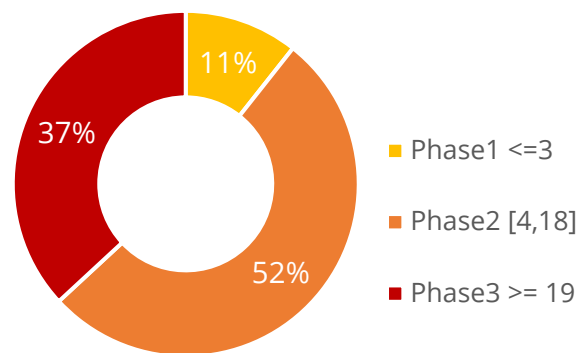
Figure 11: Female Headed HHs



The **reduced Coping Strategy Index (rCSI)** is used to assess the stress level a household faces when exposed to food shortage or lack of money to purchase food. It is divided into 3 phases: Phase 1: rCSI between 1 and 3 points — Phase 2: rCSI between 4 and 18 points — Phase 3: rCSI equal to or above 19 points. Phase 3 represents the worst stress level. The higher the rCSI score or average, the more frequent and/or extreme coping mechanisms were adopted.

At the national level, 27% of beneficiary HHs had a relatively high level of stress (3 ≥ 18) an improvement from 31% in February. Further HHs average (rCSI) reduced slightly compared to February 2024 (from 15.09 points in February to 14.2 rCSI in June 2024).

Figure 12: Male Headed HHs



From a gender perspective, male-headed HHs were more stressed during periods of food shortages (37%) compared to female-headed ones (29%).

In terms of regional disparities, HHs in the Southwest adopted more negative consumption coping strategies. In fact, up to 41% of beneficiary HHs had an rCSI above 19, making this region the worst followed by Far-North with 39%.

Regarding HH status, 4% of IDPs used extreme negative consumption strategies most frequently, 21% of Residents and Refugees HHs used these negative of strategies frequently in the recall period of 7 days. Furthermore, the situation was more critical in HHs receiving cash assistance (30%) than those receiving in-kind (21%). Cash households need sensitization on adapting and coping during periods of lack of assistance or money to purchase food.

Figure 13: rCSI by Beneficiary group

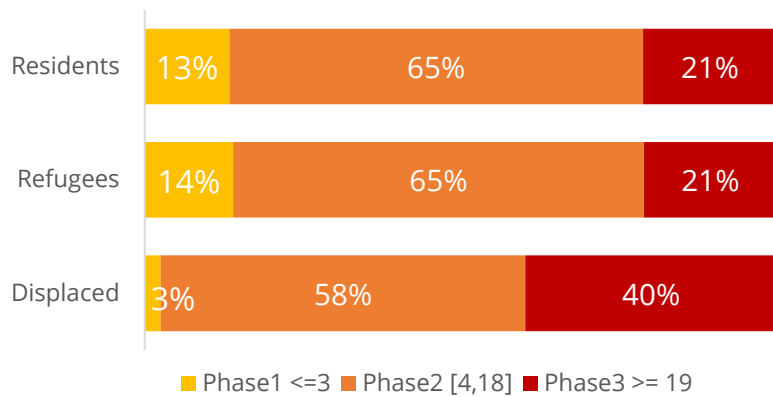


Figure 14: rCSI by Geographic location

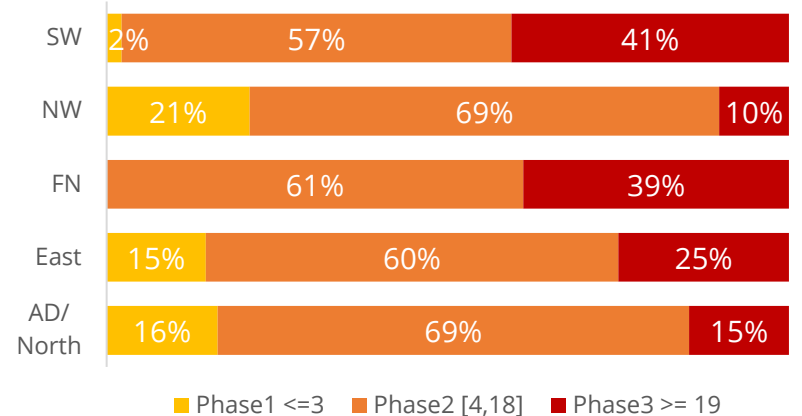


Figure 15: rCSI Trend

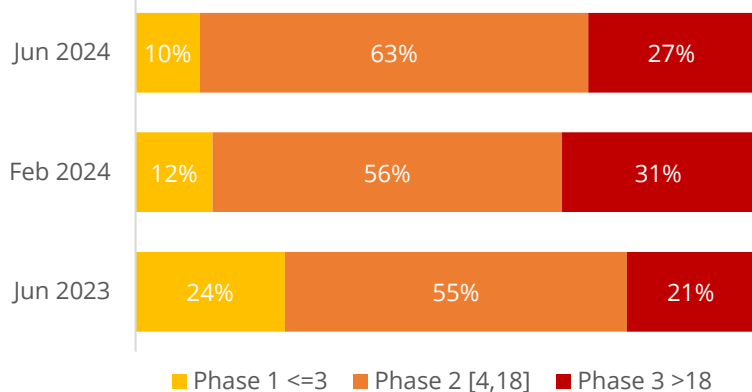
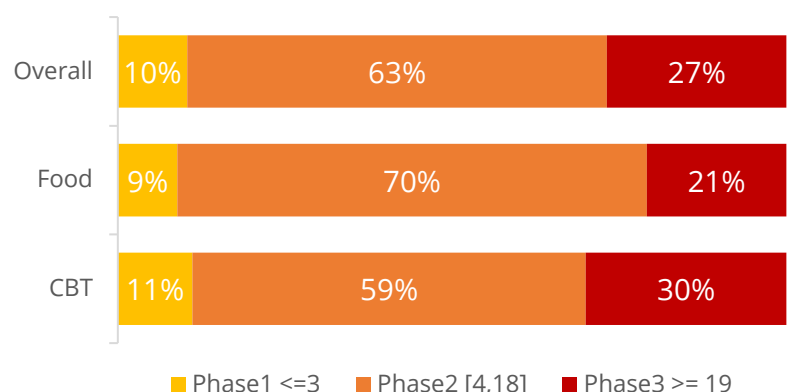
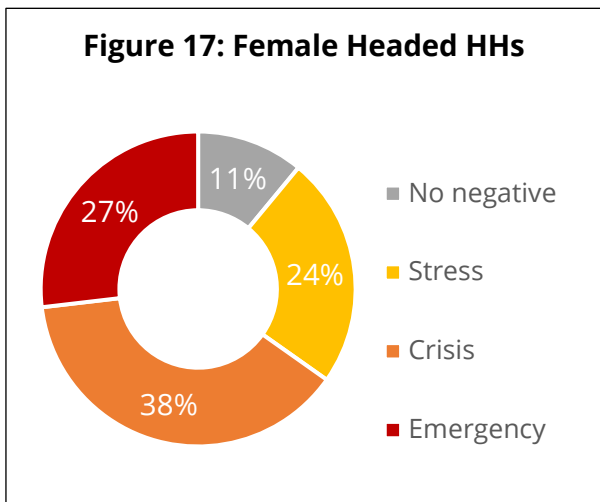


Figure 16: rCSI by Assistance modality

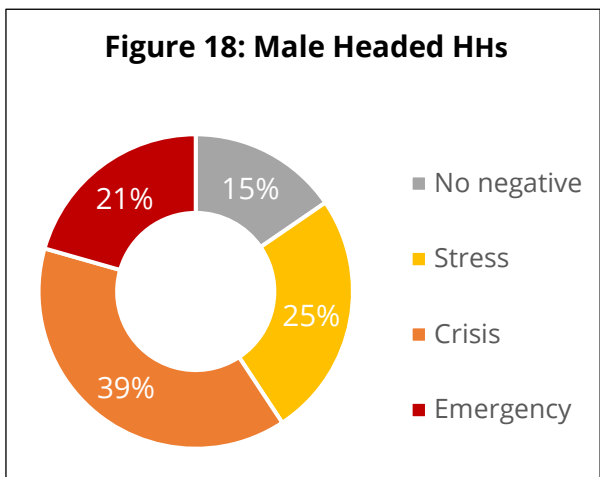


III. LIVELIHOOD COPING STRATEGY— FOOD SECURITY (LCS-FS) – GFD



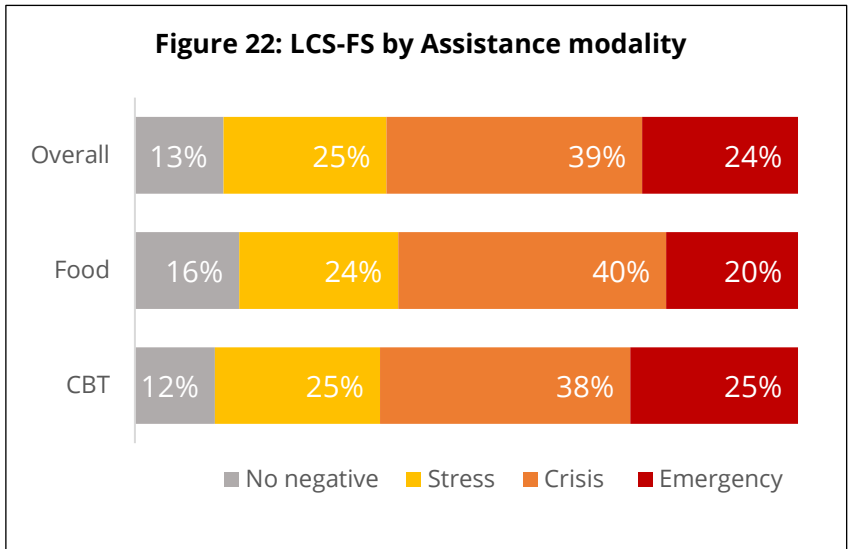
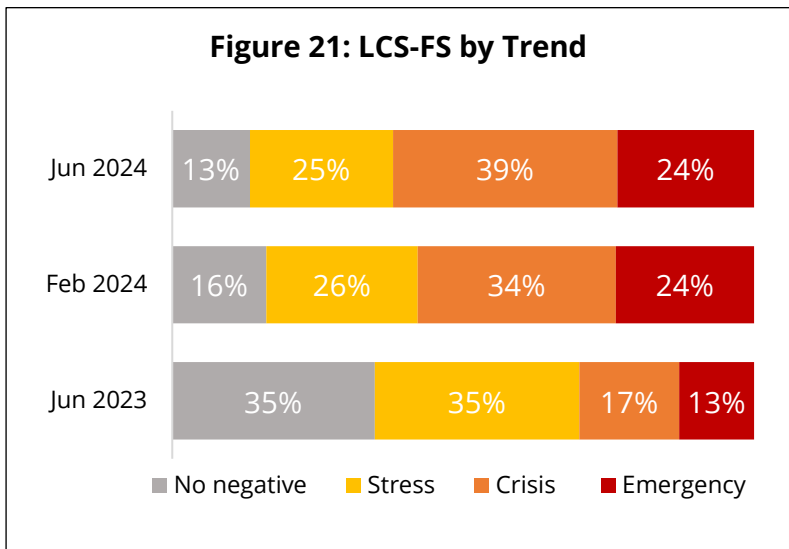
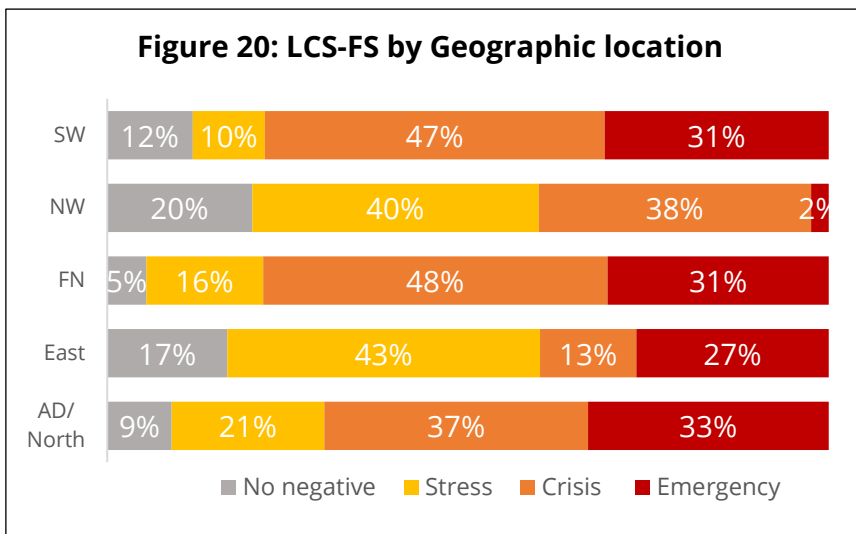
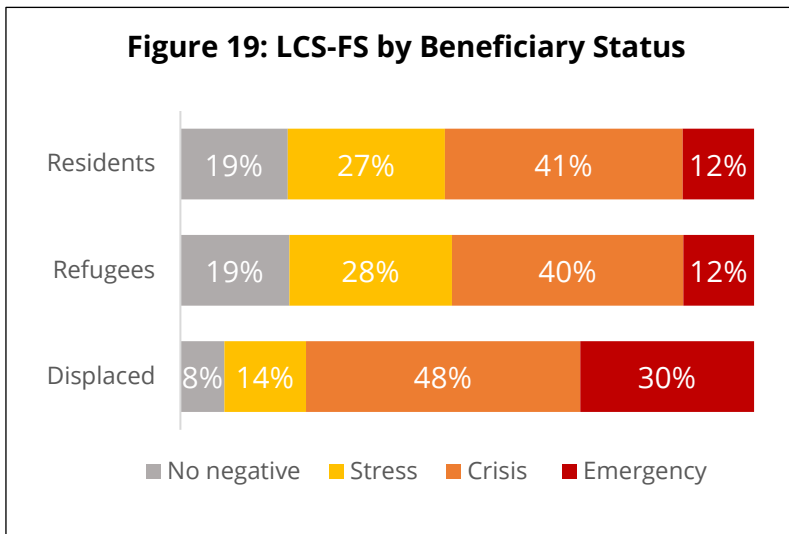
The **livelihoods Coping Strategy Index (ICSI)** measures the extent to which HHs use different livelihood coping strategies as a response to the lack of food or money to purchase food.

At the national level, an average of 27% of female-headed beneficiary HHs used emergency coping strategies, compared to 21% of male-headed HHs. Overall, compared to February 2024, more households are using negative coping strategies, up to 24% of HHs used these extreme negative livelihood (see fig.xxx) strategies to cope during periods of food shortage. Further, 13% of households did not use any negative strategy during periods of lack a decline from 16% in February and 35% same period last year 2023.



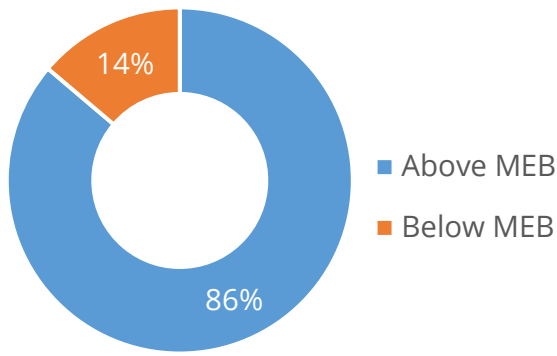
Over three-quarters of beneficiary HHs in the Far North (79%) used crisis and emergency coping mechanisms, followed by Southwest (78%), Adamawa, and North regions (70% each). Using strategies that negatively affect future productivity like affect like selling means of transport reducing expenses on health or education, begging strangers, engaging in highly degrading or high-risk jobs, or sold their house or land.

In terms of assistance modality, 88% of beneficiaries receiving cash assistance adopted either stress, crisis or emergency livelihood coping



IV. ECONOMIC CAPACITY TO MEET ESSENTIAL NEEDS (ECMEN) - GFD

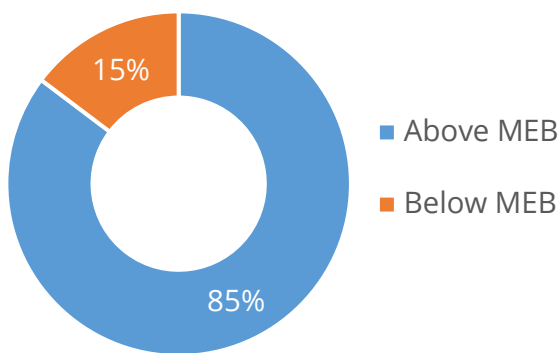
Figure 23: Female Headed HHs



The **Economic Capacity to Meet Essential Needs (ECMEN)** measures households' economic capacity to meet all their essential needs using the **Minimum Expenditure Basket (MEB)** as a benchmark to calculate their expenditure (food and non-food items) on Household needs. The MEB used was 7,000 XAF per month per household.

Eighty-six percent of HHs have an economic capacity to meet their essential needs equal to or above the MEB value, a slight increase compared to February this year. Female headed households have higher economic access than male headed HHs.

Figure 24: Male Headed HHs



As showed on figure 27, Ninety-four percent of beneficiary HHs in the NW indicated they spent above the MEB benchmark to meet their essential needs followed by 90% in the Adamawa/North regions, 85% in the SW, 83% in the Far North, the lowest record in the East (70%). These results indicate that HHs in the East and Far North have a lower access to markets, shelter, education, health, food, etc., than the other regions (same as in Feb). In terms of beneficiary status, Refugee HHs had the lowest ECMEN score (74%) followed by IDPs (79%).

Small to medium beneficiaries HHs sized 1-7 members have higher ECMEN score than large HHs with members above 7 (91% and 78% respectively). Household sizes were also used as parameter to understand the expenditure patterns. Smaller and medium-sized HHs (4-7 members) had a higher economic capacity (97% and 86%, respectively) than HHs with more than 7 members (76%).

Figure 25: ECMEN by Beneficiary Status

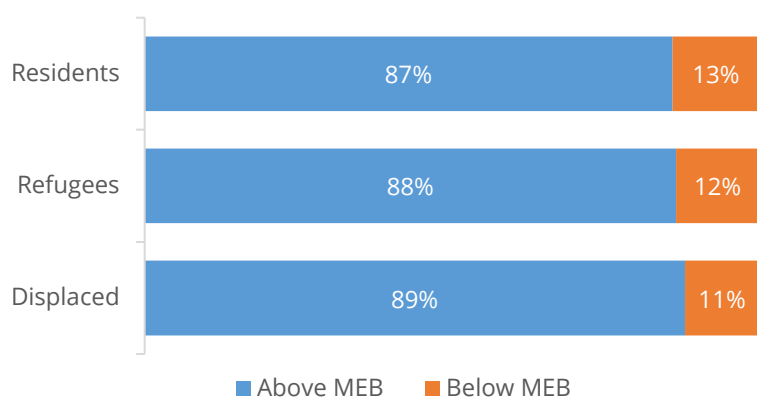


Figure 26: ECMEN by Geographic location

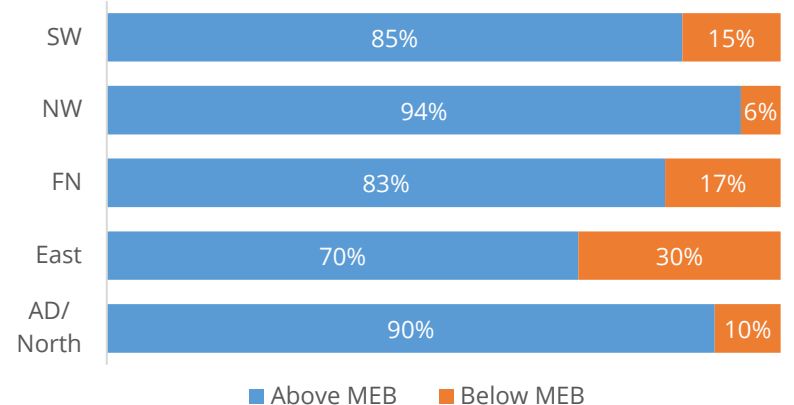


Figure 27: ECMEN Trend

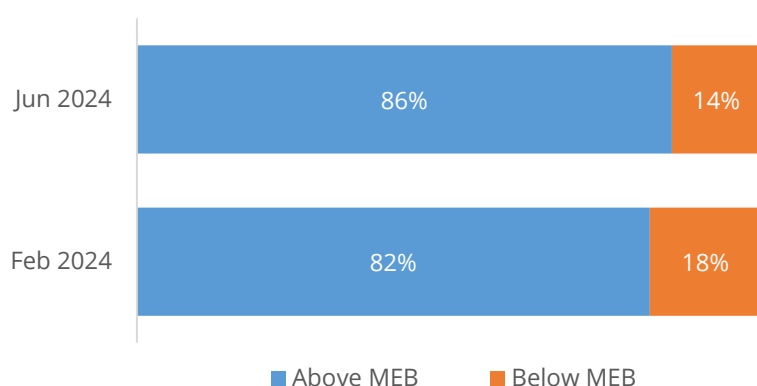
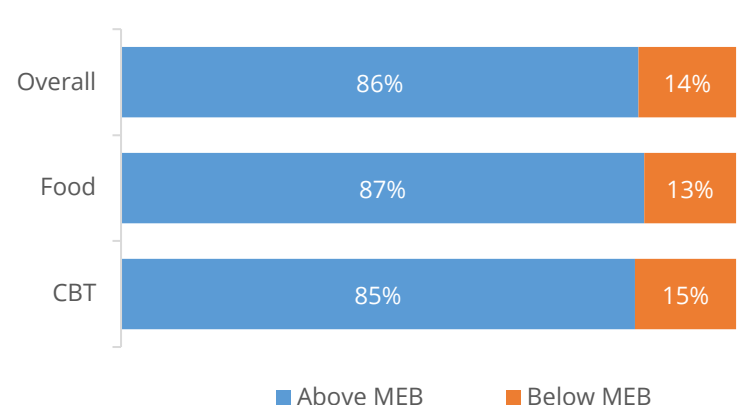


Figure 28: ECMEN by Assistance modality



5. NUTRITION RESULTS

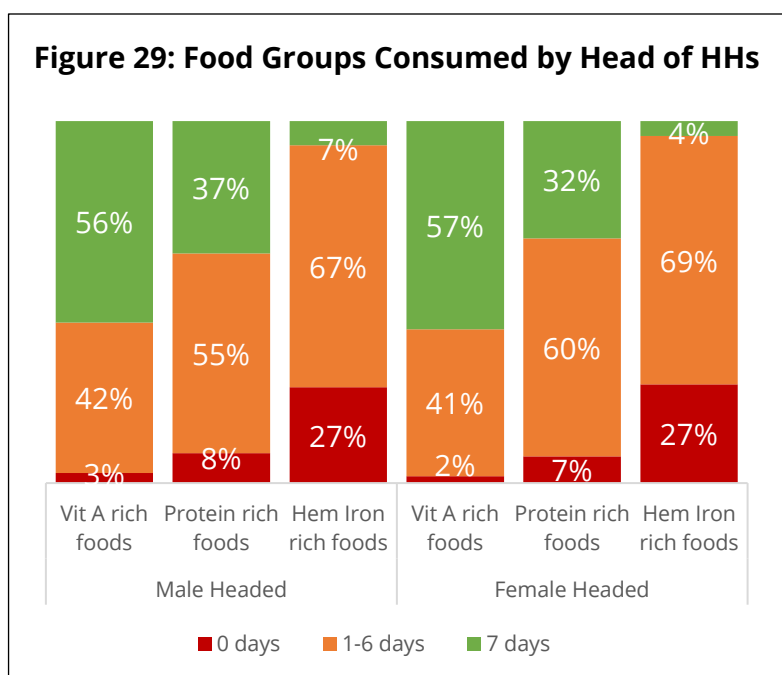
I. FOOD CONSUMPTION SCORE – NUTRITION

The **Food Consumption Score - Nutrition (FCS-N)** measures beneficiaries' nutritional well-being and access to nutritious foods. It is measured by inspecting how often HHs consume food items from the different food groups during a 7-day reference period.

Over the seven days preceding data collection, in an average of 6 days a week, HHs consumed cereals, tubers, and roots food group which include rice, maize, bread millet, sorghum etc.. The results also revealed a high average consumption of vegetables of about 5 days per week, including leafy vegetables and other vegetables like carrots, tomatoes, etc. followed by oils and fats (4.61 days per week). However, other important food groups such as dairy, eggs, meat and poultry, fruits, fish, and seafoods were rarely consumed (average of 0.13 to 1.40 days per week). Households' main consumption during the recall period was staples, vegetables, oils, and fat. Consumption of foods rich in protein and Iron was low and should be encouraged. Access to such foods could be increased through local production (HHs and community farms, fishponds, poultry, etc.).

Table 1: Household's Weekly Consumption of Food Groups

Number of Days	2.41	6.56	0.84	0.79	1.40	0.13	4.93	0.83	4.61	2.73
Food Group	Legumes and Peanuts	Cereals, Tubers and Roots	Milk and Dairy	Meat and Poultry	Fish and Seafood	Eggs	All Vegetables	Fruits	Oils and Fat	Sugars



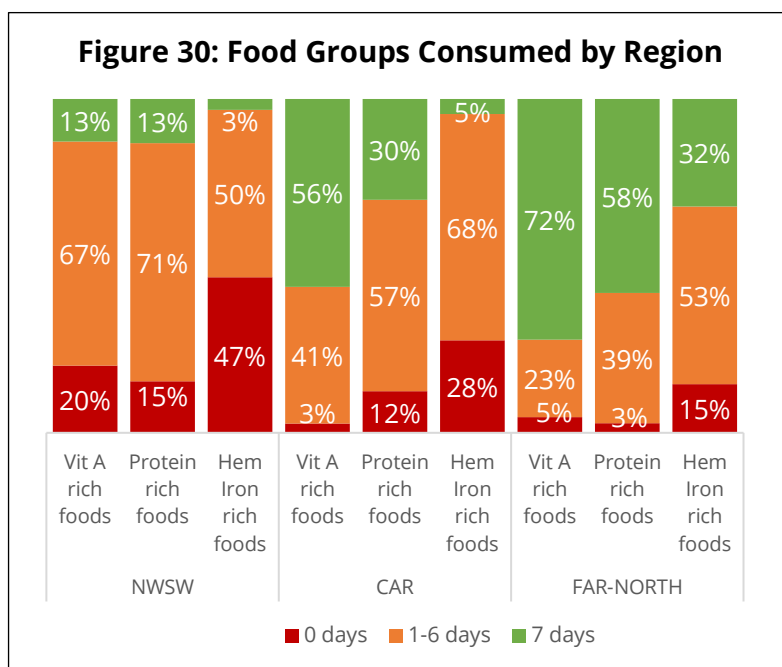
The dietary consumption between male-headed and female-headed HHs were generally similar from February 2024 results. Iron rich food also remained the least consumed food group.

Male headed HHs had a higher daily consumption of Protein and Iron-rich foods (37% and 7%) compared to 32% and 4% for female-headed HHs for the same foods. For Vitamin A food groups, female headed HHs have almost the same proportion (57%) of daily consumption compared to male headed HHs (56%).

From a regional perspective (see figure 31), the NWSW regions stand out with the poorest daily consumption of the food groups, a repeat from the PDM conducted in February 2024, necessitating immediate intervention. Up to 20%, 15% and 47% of HHs in the NWSW did not consume neither Vitamin A, Protein nor Iron food groups respectively in the recall period. Only 13% of HHs consumed Vitamin A and Protein each and 3% confirmed they consumed Iron foods daily. However, on average 63% of the HHs confirmed consuming the different food groups once in 6 days.

In the CAR crisis regions, only 3% of HHs reported having no consumption of Vitamin A foods 7 days prior to the survey, 12% for Protein and up to 28% for Iron rich foods. However, more than half (56%) confirmed they consumed Vitamin A, 30% consumed Protein foods. Only 5% consumed Vitamin A every day but more than half of the HHs (68%) interviewed consumed Iron rich foods at least once in 6 days.

HHs in the Far-North Region have the best consumption of all food groups, similar situation to February. Up to 74%, 58% and 32% respectively reported they consumed Vitamin A, Protein, and Iron rich foods every day in a week.



II. COVERAGE

Figure 31: Coverage by Age group

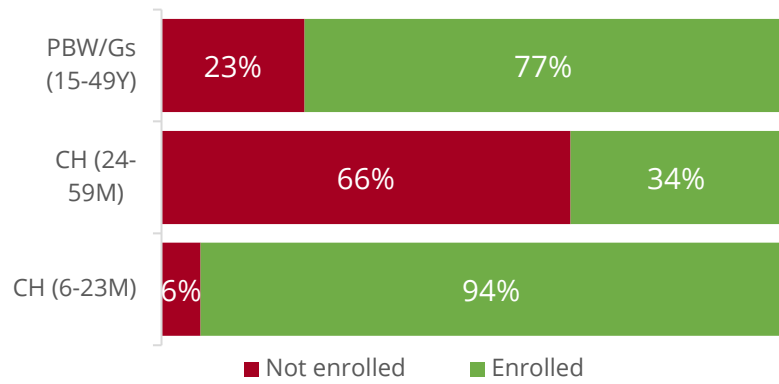


Figure 32: Coverage by Geographic Location

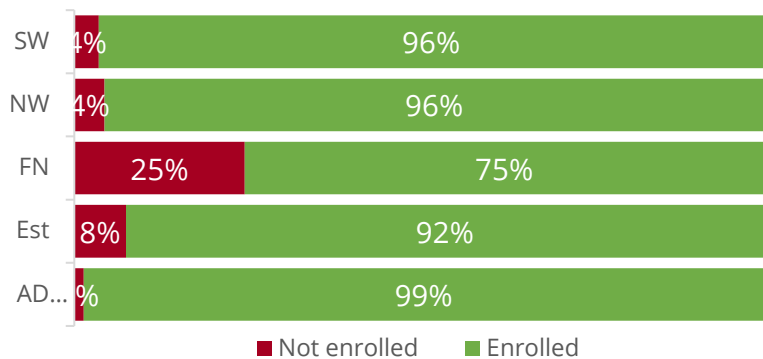
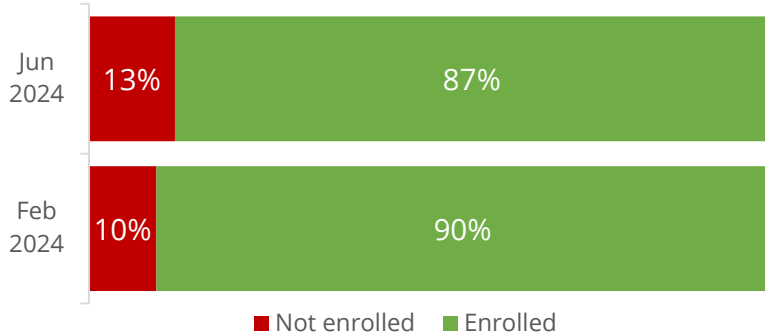


Figure 33: Coverage Trend



The **Coverage** indicator measures individuals enrolled and receiving prevention interventions for wasting or stunting as a proportion of those eligible for inclusion through food, cash or capacity strengthening.

Out of the 1,077 children surveyed, 87% of those eligible for malnutrition prevention and treatment interventions are enrolled. A total of 94% of eligible children aged 6-23 months and 34% of children 24-59 months were enrolled, the remaining 66% were not eligible for MAM supplementation.

Eighty (80) pregnant and breastfeeding women and girls (PBW/Gs), 77% were enrolled out of 104 PBW/Gs surveyed

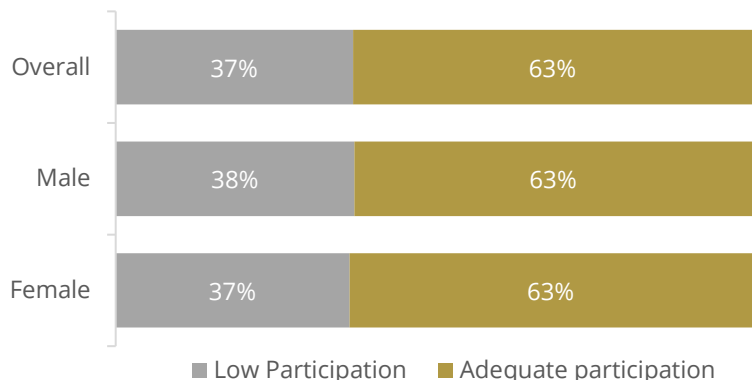
Regionally, the Adamawa and North regions have achieved remarkable success with the highest enrollment rates (99%). This is followed by the Northwest and Southwest regions (96%) and East (92%) regions. However, the Far-North region has recorded the least enrolment rate, with only 75% of the eligible persons observed confirming they are receiving assistance from WFP.

Eighty-seven percent (87%) of households surveyed confirmed that the eligible Children and PBW/Gs were enrolled in nutrition interventions compared to 90% Feb 2024.



III. ADHERENCE

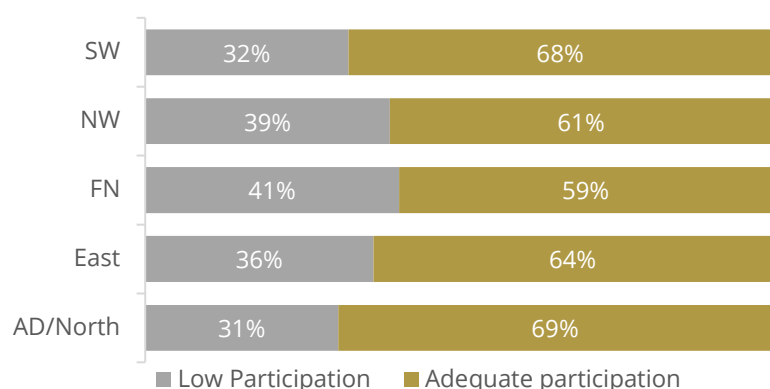
Figure 34: Adherence by Gender



The **Adherence** indicator is defined as the proportion of the population that received a minimum of 66% (at least 3 distributions in this case) of the planned distributions within a specific period.

A total of 63% of the population surveyed confirmed they received at least 3 distributions between November 2023 and January 2024.

Figure 35: Adherence by Geographic Location

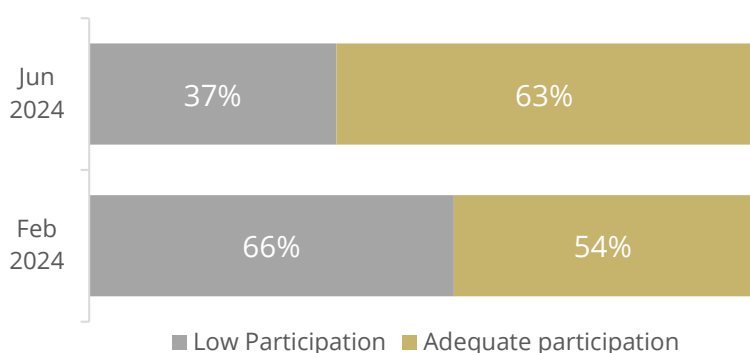


Regionally, the Adamawa and North regions (69%), followed by the Southwest (68%), and East regions (64%), recorded high participation rates, while the Northwest and Far North regions had the least.

Beneficiaries HHs in the NWSW regions indicated that they have received at least 2 distributions in the survey period. In the East, Adamawa and North regions, beneficiaries HHs indicated that the communication on the distribution dates were not clear so they were either late or missed it. Further, food shortages also meant some couldn't participate. Meanwhile HHs in the Far-North regions also reported that they are waiting for second assistance and food shortages as reasons for low participation.

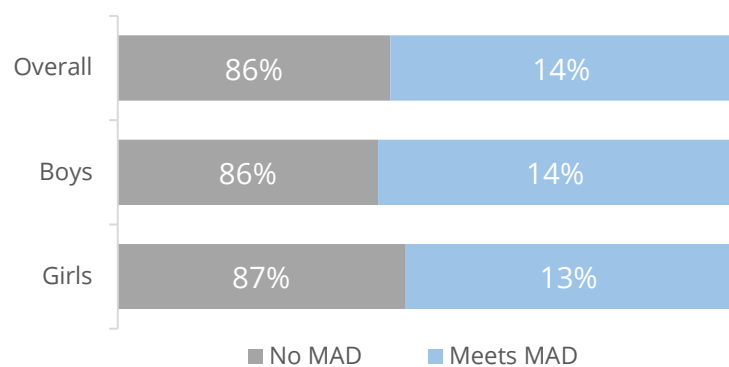
In June 2024, 63% of beneficiaries reported they received at least two-thirds distributions a significant increase compared to 54% in February 2024. Most beneficiaries surveyed indicated that they received at least 2 distributions already, others confirmed they just enrolled and have receive one distribution, others were absent.

Figure 36: Adherence Trend



IV. MINIMUM ACCEPTABLE DIET (MAD)

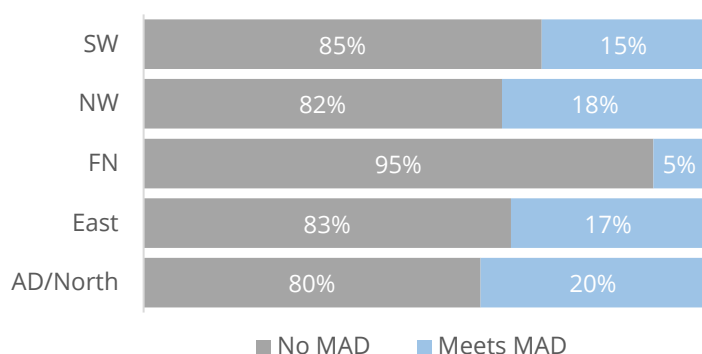
Figure 37: MAD by Gender



The **Minimum Acceptable Diet (MAD)** assesses infant and young children feeding (IYCF) among children aged 6-23 months. It is measured as the percentage of children who consumed foods and beverages (including breast milk) from at least 5 out of 8 food groups during the previous day.

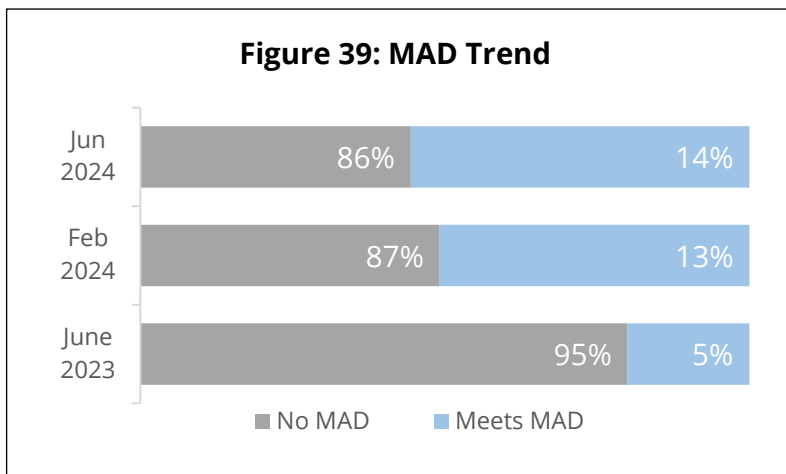
Overall, 14% of children aged 6 to 23 months reached the required dietary diversity for a child, a slight improvement from 13% in 2023. Boys had a slightly better dietary diversity (14%) than girls (13%)

Figure 38: MAD by Geographic Location



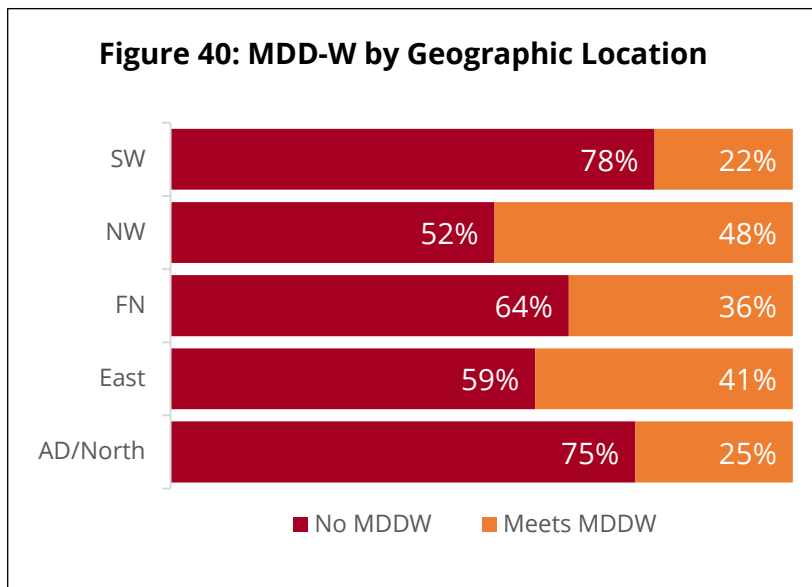
Regionally, up to 20% of children observed in both Adamawa and North regions reached a minimum acceptable diet a significant increase from 3% earlier this year. Followed by the NW, East and SW regions (18%,17% and 15% respectively).

Meanwhile only 5% of children observed had an adequate diverse diet in the Far North region a decline from 16% in February 2024



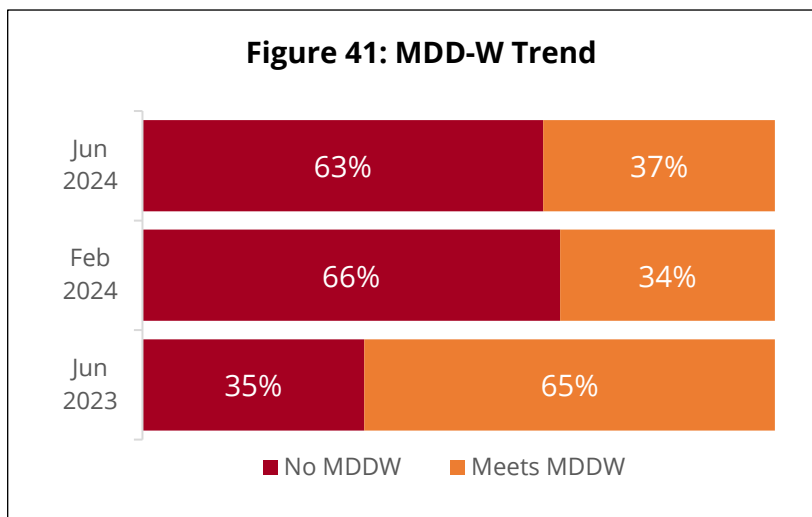
As demonstrated in figure 39, 14% of children aged 6-23 months reached a minimum acceptable diet a slight increase from 13% the Feb 2024 PDM. Since 2023, more children have access to diverse diets.

V. MINIMUM DIETARY DIVERSITY FOR WOMEN (MDD-W)



The **Minimum Dietary Diversity for Women (MDD-W)** measures the micronutrient adequacy of women and girls of reproductive age (WRA, 15-49 years). It is measured as a percentage of the WRA who consumed 5 or more food groups, out of 10, in the last 24 hours. Women who achieve MDD have a higher micronutrient intake and a good nutritional status of their children.

The Northwest and East regions recorded the highest dietary score in women (48% and 41% respectively). These regions also recorded high adequate diets for the children monitored. 36% and 25% WRA in the region have an adequate MDD-W in the Far North and Southwest regions respectively. The Southwest regions recorded the lowest MDD-W score (22%).



According to the survey, slightly more WRA confirmed they are consuming adequate diversified diets (34% of WRA in Jun 2024) compared to 34% Feb 2024.

Women and children have seen an improved access to diverse diets compared to February 2024



6. FOOD ASSISTANCE FOR ASSETS (FFA) PROGRAMME

I. RESILIENCE CAPACITY SCORE (RCS) – FFA

Figure 42: Female Headed HHs

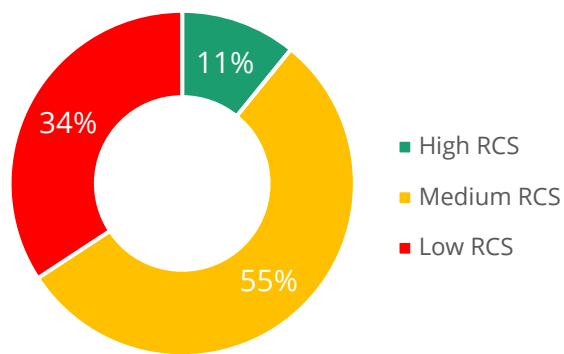
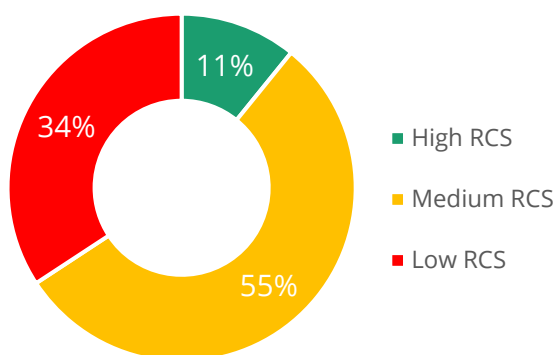


Figure 43: Male Headed HHs



The **Resilience Capacity Score (RCS)** measures households' perception of their resilience capabilities to generic or country specific shocks and stressors. The RCS provides a score ranging from 0 (no resilience) to 100 (fully resilient). (Low if $RCS < 33\%$, Medium if $RCS \geq 33\%$ and $RCS < 66\%$, High if $RCS \geq 66\%$). The average RCS for the population analysed indicates the overall resilience status of the population surveyed.

The resilience capabilities have improved from 9% in February 2024 to 14% in June 2024, see figure 46: At the national level, 11% of resilience activity participants from female-headed HHs had a high RCS score compared to 23% from male-headed HHs. WFP beneficiaries (14%) were more resilient than non-beneficiaries (11%). Meanwhile, beneficiary households receiving cash had a significantly higher capacity score (17%) than beneficiary HH who received in kind assistance from WFP (7%).

More specifically, the average score per resilience capacity ranges between 2.81 to 3.55. The best performance was recorded in HHs ability to prepared for future shocks (Anticipatory capacity of 3.55), followed by their ability to access financial support in times of hardship (financial capacity of 3.53) as seen on figure 44. The least performant score was HHs' perception of relying on support from friends, family member and community at large in time of need (Social Capacity of 2.81). Only 5% and 8% of HHs in the East and Far North had a high RCS score, indicating a need to sensitize beneficiaries on being ready to withstand sudden shocks.

Figure 44: Average Capacity by Resilience Category

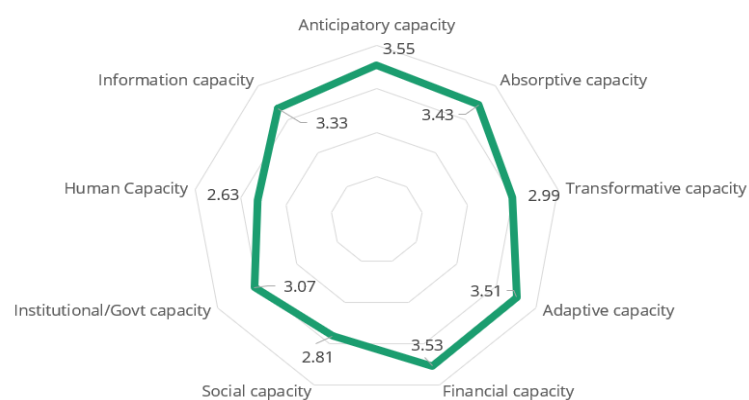


Figure 45: RCS by Geographic location

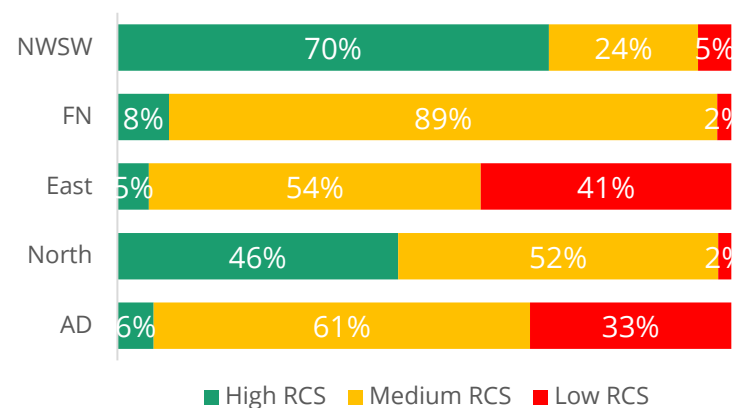


Figure 46: RCS Trend

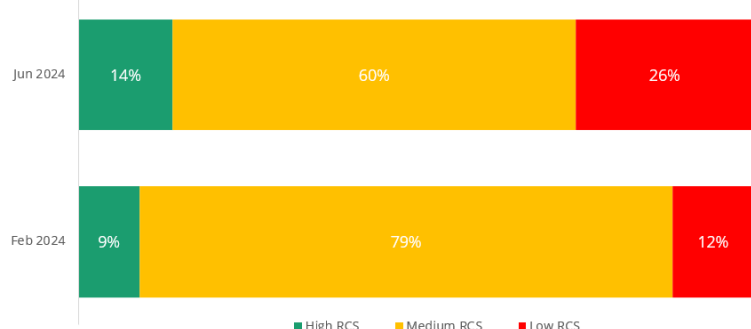
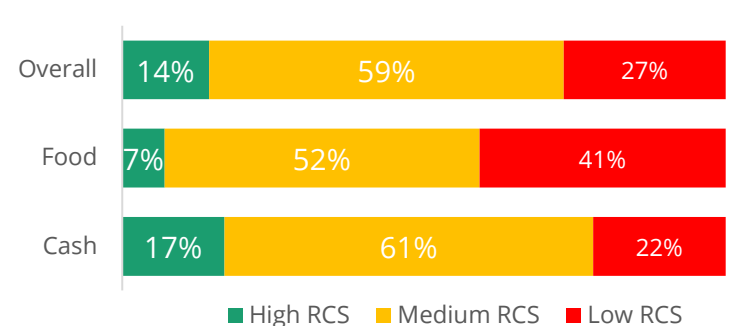
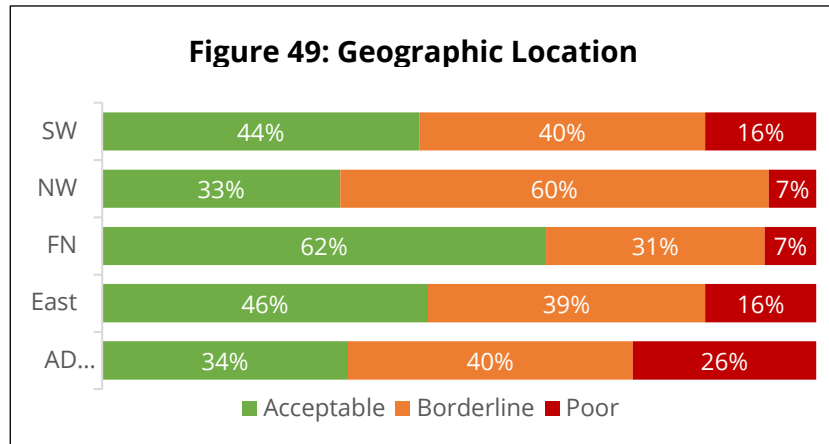
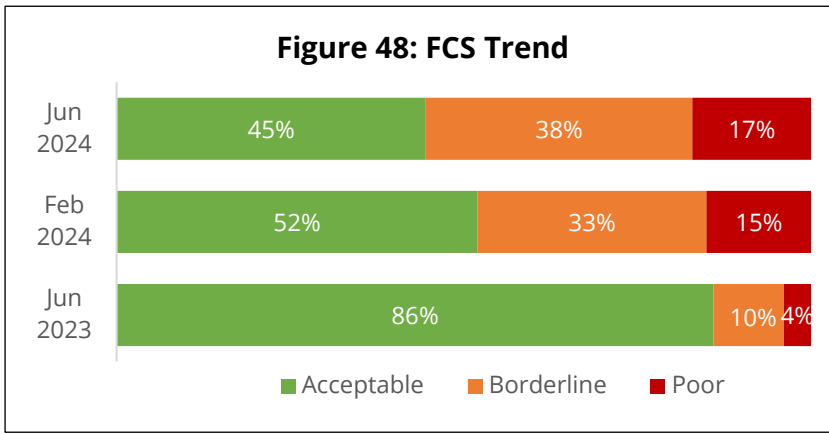


Figure 47: RCS by Assistance modality



II. FOOD CONSUMPTION SCORE – FFA

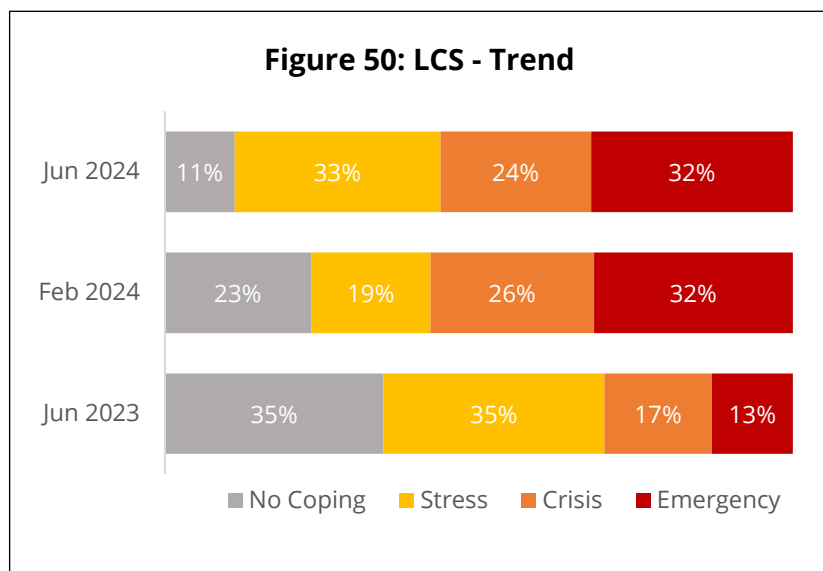


The **Food Consumption Score (FCS)** is based on households' dietary diversity, food frequency, and measure how often HHS consume different food groups in a seven-day period. This indicator is measured strictly for FFA HHS monitored in the sample.

Similarly, to FCS for general food assistance, the consumption of food assistance by the FFA participants keeps declining from 86% in June 2023, to 52% in February 2024 and 45% in June 2024 during data collection of the post distribution monitoring exercise.

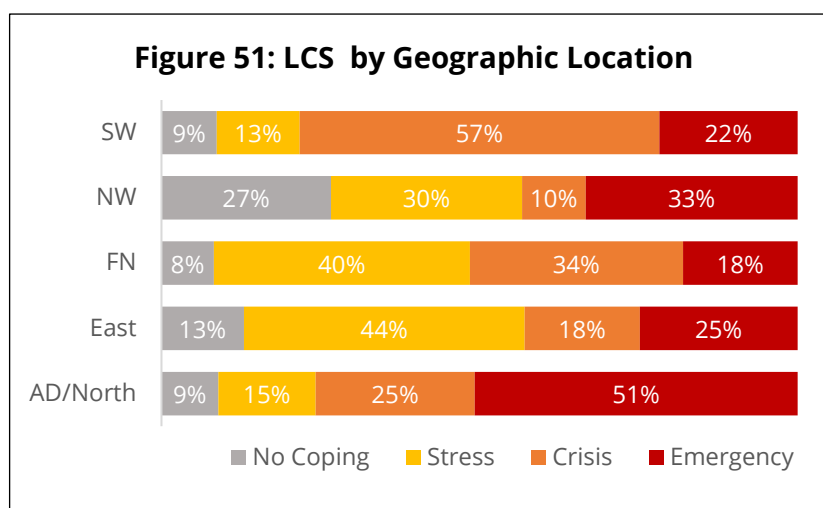
From a regional perspective, the Far North Region recorded the highest acceptable food consumption score, with 62% of FFA HHS reporting adequate diversity and access to foods, followed by HHS in the East and Southwest (46% and 44% respectively). Households in the Adamawa and North,

III. LIVELIHOOD COPING STRATEGY – FFA



The **livelihoods Coping Strategy Index (ICSI)** measures the extent to which HHS use different coping strategies as a response to the lack of food or money to purchase food.

At the national level, the proportion FFA HHS using the emergency coping strategies remain the same as in February this last year. However, there has been a consistent decline in HHS who do not adopt any negative coping strategies since last year, 2023.

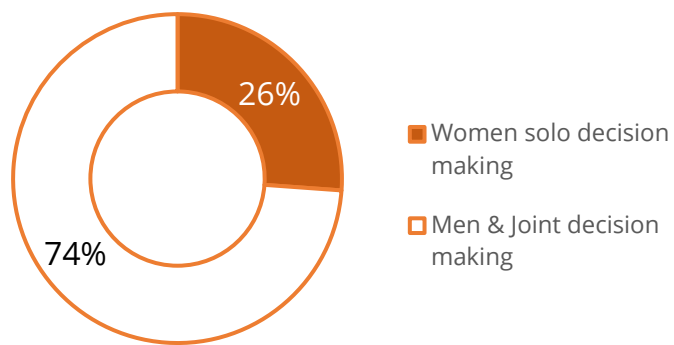


Up to 51% of FFA respondents in the Adamawa and North and used emergency coping strategies followed by HHS in the NW although they also reported the highest proportion of HHS who did not use any negative strategy. Further HHS SW reported high use of the crisis coping strategy (57%) followed by Far North (34%), Adamawa and North regions (25%). Strategies adopted to circumvent periods of lack included selling their houses, lands, reducing expenses on health, begging strangers, or engaging in life-threatening jobs for the crisis and emergency strategies. This has negative impact on their future productivities.

In terms of modality, more cash beneficiaries adopted emergency and crisis coping mechanisms (60%),

7. PROTECTION & ACCOUNTABILITY TO AFFECTED PERSONS (AAP)

Figure 52: Household Decision Making



Twenty-six percent of women confirmed making sole decisions on how entitlements are used in the HHs (69% for food HHs and 31% for CBT HHs). Meanwhile 19% of men reported to solely make decisions in the HHs (46% for food HHs and 54% for CBT HHs). A total of 55% confirmed that both men and women jointly decide for the household.

Only 39% of beneficiaries interviewed indicated they know where or who to call to address their complaints or feedback. Indicating the need for WFP to strengthen on the availability and accessibility of the Community Feedback Mechanisms.

Figure 53: Complaint and Feedback

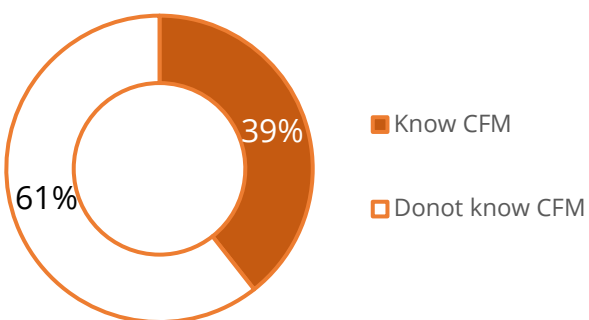
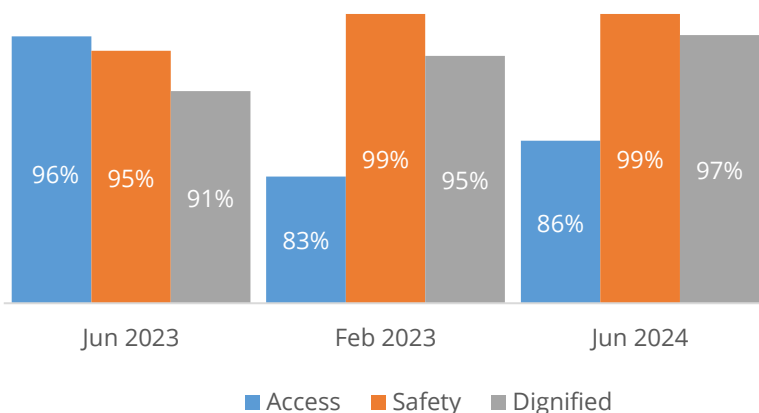


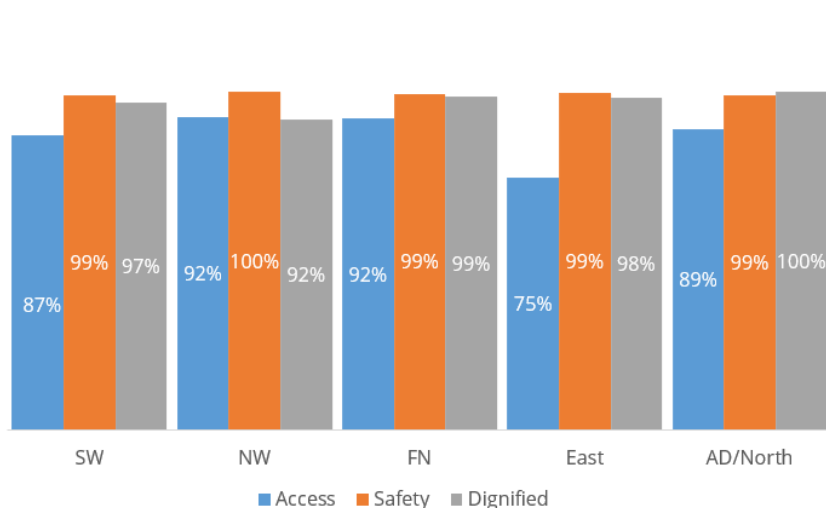
Figure 54: Protection - Trend



On a national level, there is an increase in the number of HHs reporting access, safety, and dignity of WFP programmes from earlier this year. 86% reported they had had no issues accessing WFP programmes (83% in Feb), 99% reported they faced no security challenges to and on sites same in February 2024. Lastly 97% reported that WFP and partners served them are dignity an increase from 95% in February.

Over 25% of the beneficiary HHs in the East, regions reported having issues accessing WFP sites or facing challenges on the sites, followed by 13% in the SW and 11% in the Adamawa and North regions.

Figure 55: Protection by Geographic Location



HHs reported that their farm produce was stolen their farms, and in the community, irregularity of distributions, poor network, and communication on distribution dates limiting their access. Meanwhile HHs also indicated the sites are small, WFP microfinance partners sometimes are not very receptive while guiding beneficiaries to collect their entitlement

WFP could increase security on sites, enhance sensitization on beneficiary targeting in communities to management tension and conduct refresher trainings with partners on the dignity of WFP beneficiaries.

8. CONCLUSION

This round of Post Distribution Monitoring (PDM) was conducted in from June to August 2024 to assess key trends in beneficiaries' food security and nutrition outcomes, as well as regarding gender and protection outcomes. From the analysis, the following conclusions were drawn:

- Beneficiary HHs have a poorer access and availability to food, from February 2024. CBT HHs have a better diet access than in-kind; however, CBT HHs are reportedly using more consumption and livelihood negative coping strategies than in-kind HHs during periods of food shortages.
- The proportion of children with an adequate diet diversity is consistently increasing since last year and the proportion of women with adequate diet diversity increased slightly from February although still to catch up to last year's results.
- Protection indicators are generally better than in February 2024, however HHs are still facing access challenges to WFP programmes especially in the East regions, with reports of theft in communities limiting their access.
- The acceptable food consumption for FFA HHs still on a decline since last year 2023, however their resilience and capability to withstand sudden shocks has improved.

This report provides data on the outcome of WFP's specific contribution in terms of food assistance to vulnerable populations. It adds to the evidence base generated to support decision-making, programme adjustment and advocacy on WFP Cameroon food security and nutrition assistance. Based on its findings, the following recommendations are proposed:

- Intensify the awareness for all beneficiaries on the importance of consuming different food groups to improve food consumption and diversity.
- The availability, utilization and access to food is comparatively lower in the Southwest, Adamawa, and North regions. They also used high consumption and livelihood negative strategies, hence more attention and awareness raising could be useful.
- Where possible, implement more resilience activities (Income Generating Activities, farming, vegetable gardens, etc.) to better prepare beneficiary communities against risks linked to lack of food or insufficient food (in view of rising food prices especially as FFA beneficiary household are seen to have higher food consumption and lower stress livelihood stress levels than GFD HHs). Also build beneficiary capability to prepare for the future, increase saving initiatives within communities and groups.
- Enhance communications on distribution dates, increase security on sites to reduce risks for beneficiaries,
- Strengthen partners capacity on good practices on distribution process, and dignity of its beneficiaries through refresher trainings.
- Engage in more resource mobilization activities to ensure consistent distributions, increase resources and coverage of support.

Data for this Post-Distribution Monitoring exercise was collected in partnership with the MINADER's Directorate for Agricultural Surveys and Statistics (DESA).



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