



SAVING
LIVES
CHANGING
LIVES

MALNUTRITION PREVENTION AND TREATMENT

Context

According to the 2022 Global Nutrition Report, Cameroon suffers from the triple burden of malnutrition - stunting, anaemia, and overweight in women and children. The 2021 Fill the Nutrient Gap study indicates 48 percent of households cannot afford a nutritious diet.

Several factors compromise the Government's efforts in the fight against malnutrition in Cameroon. These include the security crises in the country, the global economic downturn and the effects of climate change.

Malnutrition hampers physical and cognitive development, compromises the immune system, increases susceptibility to both communicable and non-communicable diseases, and restricts productivity and overall human potential attainment.

Undernourished female preschoolers are likely to grow into malnourished women, who are more likely to give birth to undernourished babies, thus perpetuating the intergenerational transmission of deprivation. As such, good nutrition and care practices are vital to human and economic development during the first 1,000 days of life: from conception throughout pregnancy and up to 24 months of age.

Stunting affects all segments of the population. It is disproportionately higher in children living in the four most vulnerable regions (Adamawa, East, Far North, and North), where rates exceed the national average and the WHO's high threshold. Stunting is more prevalent among poorer communities and in rural areas. The rates are higher in boys and children from mothers who are uneducated.

WFP Cameroon Malnutrition Response

The World Food Programme (WFP) nutrition strategy aligns with the national draft multisectoral nutrition development plan, integrating both nutrition-specific and nutrition-sensitive interventions. The plan, developed by the Government and its partners, including WFP, integrates the new challenges of improving nutrition, well-being, and human capital to achieve economic and social development in Cameroon by 2030.

Consequently, WFP contributes to national efforts by providing nutrition support to the most vulnerable people through the prevention and treatment of malnutrition, focusing on delivering support to mothers and children during the first 1,000-day window – from conception to two years of age. WFP implements a two-pronged approach to respond to immediate needs and provide longer-term support to build resilience in six regions directly affected by crises in Cameroon: Adamawa, East, Far North, North, Northwest, and Southwest. In 2024, WFP assisted more than 163,100 children and pregnant and breastfeeding women and girls (PBW/G) with 1,565 mt of specialized nutritious foods (SNF) and USD 135,600 as nutrition assistance.

REGIONS	Global Acute Malnut rate (%)	Severe Acute Malnut rate (%)	Chronic Malnut rate (%)
Far North	8	1.7	35.5
North	6.9	2.6	39.4
Adamawa	6.6	1.3	32.1
East	3.9	1.1	36.9

PEOPLE REACHED 2024

Modality	Children (6-59 months)	PBW/G	SNF (Metric tonnes) / Cash transferred (USD)
MAM Management	108,759	187,572	124,702 mt
Malnutrition Prevention	23,718	13,985	29,196 mt / \$8,507

Emergency Nutrition Response

MANAGEMENT OF MODERATE ACUTE MALNUTRITION (MAM)

WFP provides supplementary feeding to moderately malnourished children aged 6-59 months and PBW/G. They receive a monthly ration of specialized nutritious foods (SNFs) until their nutritional status improves. As recommended in the national protocol for managing acute malnutrition, children also receive systematic complementary services (vaccinations, micronutrient supplementation, and deworming). In 2024, WFP and partners managed 297,500 children and PBW/G suffering from MAM, provided SNF to 86,490 of them, recording a 98.6 percent recovery rate.

WFP and partners set up 'Positive Deviance Homes' to promote local and sustainable solutions to prevent and manage acute malnutrition using local nutritious food, led by community-identified parents known as 'Mères et Pères Lumières'.

PREVENTIVE SUPPLEMENTARY FEEDING – TOP-UP APPROACH

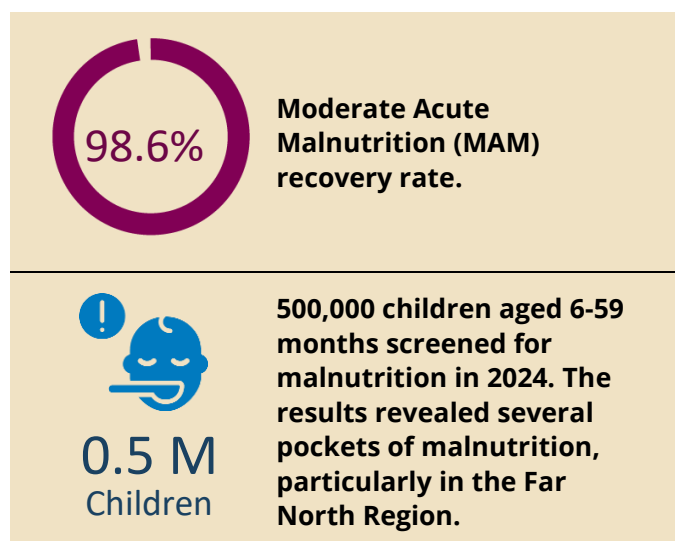
To ensure equitable access to age and physiologically appropriate nutrient adequacy of WFP's food ration, WFP provides a preventive supplementation as a top-up to regular food assistance to children, PBW/G and PLHIV who are extremely vulnerable.

In 2024, approximately 33,070 children and PBW/G received SNFs to cover their nutritional needs, as a top-up to their household food assistance. Complementary services are systematically implemented, including family planning services, and sensitization on good hygiene and other essential family care practices. Additionally, 1,289 PLHIV were integrated into WFP's assistance.



SOCIAL BEHAVIOUR CHANGE (SBC) INTERVENTION

WFP promotes appropriate IYCF practices for PBW/G through nutrition education and counselling conducted by community health workers, IYCF support group leads and community-identified model parents. They use existing platforms including distribution sites, IYCF support groups, village savings and loans associations (VSLA), and positive deviance homes to deliver SBCC sessions.



NUTRITION SURVEILLANCE

Before any intervention, WFP and partners systematically screen all children aged 6-59 months through mid-upper arm circumference measurement to determine their nutritional status. Additionally, to ensure that WFP targets the most vulnerable children, WFP and partners screened approximately 500,000 children aged 6-59 months in an exhaustive campaign across all WFP intervention regions.

SUPPORT TO ART CLIENTS

In collaboration with the Ministry of Public Health, WFP implements nutrition assessment, counselling, and support (NACS) for people living with HIV (PLHIV). In 2024, due to funding shortfalls, NACS was implemented in only two HIV care units (Adamawa Region), reaching 756 antiretroviral therapy (ART) clients.

WFP also provides livelihood support to vulnerable ART clients through their VSLAs and cooperatives, organised with the support of WFP. In 2024, eight VSLAs were created, bringing the total to 45 VSLAs and seven cooperatives. The WFP distributed 210 starter kits to these groups, and they collectively generated a profit of USD 3,000 from the sales of their produce.

Nutrition in Resilience-Building

WFP's resilience-building pathway is implemented through activities related to improved access to diversified, nutritious, and safe foods, nutrition services, women's empowerment, healthy food value chain development, and SBCC.

This modality aims to improve feeding practices and uptake of mother and child health care services, including prenatal and postnatal consultations, growth monitoring, and immunisations. SBCC is focused on the causes of malnutrition, the importance of food diversification, appropriate feeding practices, reproductive health, and other practices related to preventing malnutrition, low birth weight, and overweight in babies.

In 2024, USD 35,600 in cash-based transfers (CBT) were distributed to 4,640 PBW/G to improve feeding practices and uptake of mother and child health care services. The cash assistance also enabled PBW/G to register for the Ministry of Health's insurance programme, which gives access to all prenatal and postnatal services for a reduced subscription fee of USD 10 (6,000 FCFA). WFP's SBCC messages on healthy eating practices, hygiene, reproductive and mother and child health reached an estimated 10,200 people.

CAPACITY STRENGTHENING

Together with other nutrition actors and sectoral ministries, such as MINADER, MINEPIA, and MINPROFF, WFP supports the Ministry of Health in strengthening the capacities of community health workers, health personnel, and caregivers to deliver more effective community-based malnutrition prevention interventions.

Under the emergency assistance component, WFP conducts training sessions on nutritional screening, admission and exit criteria for malnutrition treatment,

use/preparation of nutritious foods, data collection and analysis tools.

For the nutrition in resilience-building component, the training sessions focus on improved agricultural techniques, fish production, poultry farming, Infant and Young Child Feeding (IYCF), food processing, and management of VSLAs. Discussions are also held on cross-cutting issues such as gender and protection.

WFP also promotes food diversification by providing technical assistance to community groups, particularly cooperatives set up by PLHIV to create and manage income-generating activities and VSLAs. In 2024, WFP trained 2,775 stakeholders on nutrition screening, infant and young child feeding (IYCF) and mid-upper arm circumference measurements.

Resource Outlook

The funding requirement to cover the nutrition needs of children aged 6-23 months and PBW/G is USD 14 million, with a shortfall of USD 12.6 million (90 percent of the total needs) from July to December 2025.

In the current situation, WFP is prioritising malnutrition treatment (MAM management) in some areas with very high prevalence rates, thereby considerably reducing its capacity to prevent malnutrition in a context where access to healthy, sufficient and nutritious food is limited. This can aggravate the risk of a resurgence of high rates of malnutrition. Currently, no resources are available for malnutrition prevention interventions.

Photo page 1: WFP/Emily Pinna

Photo page 2: WFP/Joseph Marie Fambove

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