POST-DISTRIBUTION MONITORING

WFP Cameroon, August 2025 Report

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1. KEY FINDINGS

The Post-Distribution Monitoring (PDM) was conducted covering January to June 2025 distributions, with a total of 3,305 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 implemented General Food Distribution (GFD), Malnutrition Prevention & Treatment and Food assistance for Asset creation (FFA) activities. The results were analyzed, compared to trends from previous PDMs results. The key findings are outlined below:

- **Food security:** The household food security declined in the first half of 2025, compared to end of 2024 (December 2024 PDM results). Only 53% were able to achieve an acceptable food consumption, compared to 58% in December, however it was still higher than 38% reported in June 2024. Households receiving cash are reportedly doing better (61%) than households receiving in-kind assistance (48%). Further, up to 46% of households did not adopt any negative livelihood strategies during periods of increased pipeline breaks, a significant improvement compared to 20% during previous reporting period in 2024.

- **Economic capacity**: Only 56% of households reported they were able to meet their essential needs, based on the minimum expenditure basket (MEB), a sharp decline from 89% in December 2024. The decline was driven primarily by the Southwest (0%) and Northwest regions (17%) where households reported they were unable to meet their essential needs. These findings highlight a strong reliance on cash assistance to maintain adequate economic capacity.

- **Dietary Diversity**: Thanks to the integration of nutrition into WFP's activities, 48% of women and girls of reproductive ages (15-49 years) achieved the minimum diversity score – consuming at least 5 out of 10 food groups in a 24-hour recall period. This marks a significant improvement from 38% in December 2024, with a steady upward trend since 2023. Meanwhile, 14% of children aged 6-23 months met a minimum acceptable diet (up from 5% in 2023 and 15% in December 2024), having consumed at least 5 out of 8 food groups. These results underscore the importance of integrating nutritious foods support in WFP interventions and highlight the need to further sensitize women on the importance of dietary diversity for their children.

- **Resilience Capacity:** The Resilience Capacity Score (RCS) measures households' perceived ability to manage shocks and stressors. The survey found more growing confidence, 37% of households reporting high resilience, up from 27% during the past reporting period in December 2024 and just 14% in June 2024. Notably, WFP's Cameroon interventions have had a broader impact, as non- beneficiary households also benefited from the community-based activities that increased their capabilities of managing shocks from 13% in December 2024 to 39% in June 2025.

- **Access to WFP's assistance and decision-making:** Access and Dignity protection outcomes declined slightly, with 78% of households issues accessing WFP programmes, a fall from 83% in December 2024 and 85% in June 2024. Similarly, 96% of respondents confirmed that WFP programmes were dignified (slight drop from 97% in December2024). Meanwhile safety perceptions remain stable, with 99% of households consistently reporting no safety concerns en-route to or at distribution sites since June 2024. t. A percentage of 25% of women surveyed reported they make the sole decision on the use of household's entitlement and food consumption, whilst 64% reported both men and women take the decision together. Additionally, 41% of households confirmed they know where or who to address their complaints and feedback to, no change from December 2024.

2. METHODOLOGY

From January to May 2025, WFP Cameroon assisted more than 432,600 beneficiaries with 2,809 MT of food and USD 4.24M in cash-based transfers. Despite resource shortfall during this period, WFP's support has enabled 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 July - December 2024 distributions (General Food Distribution, Nutrition and FFA Programmes) in the Adamawa, East, Far-North, North, Northwest, and Southwest regions. The households surveyed consisted of 14% IDPs, 25% of refugees, and 61% host population. Meanwhile forty-three percent of the households surveyed were female headed and sixty-seven were male headed.

A two-stage random sampling approach was used to select participating households, with statistical significance level of 90%. Data was 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 server.

In total, 3,305 households were interviewed, and thirty-six focus group discussions (3337 female participants) were organized to voice-in beneficiary perception of WFP operations. The analysis was done using SPSS, R and Excel.

(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)

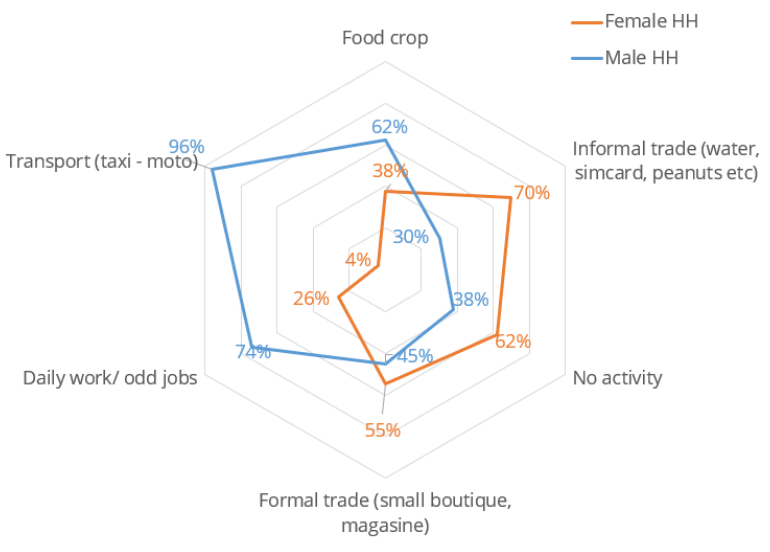
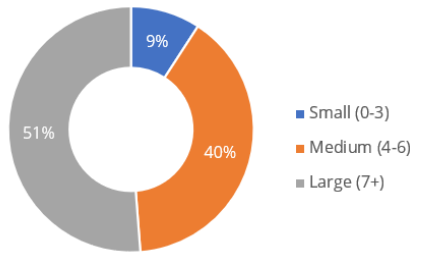


Figure 2: Average HH size is 7



Average age of HH Heads is 50

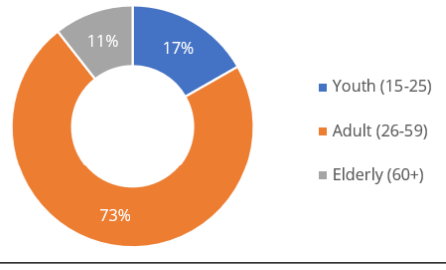


Figure 3: Education Level of HH Heads

1% of HH heads have gone to the University

8% of HH heads had some religious schooling

23% of HH heads completed primary or secondary school

9% of HH heads are literate in their local language

16% of HH heads can read and/or write

36% of HH heads had no form of schooling

Figure 4: Proportion by Gender

33% of HHs were headed by a woman

78% of respondents were female

4. UNCONDITIONAL RESOURCE ASSISTANCE RESULTS

I. FOOD CONSUMPTION SCORE (FCS)

Figure 5: Female Headed HHs

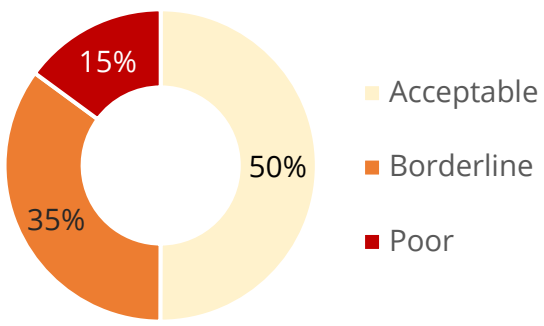
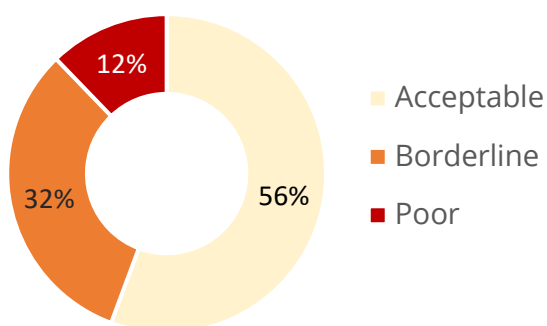


Figure 6: Male Headed HHs



*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 53%, a slight decline from 58% December 2024, however still an improvement from 38% same time last year in June 2024. The acceptable FCS for male headed households (HHs), 56%, are higher than that for female headed households (50%). Moreover, more female headed households have a poor FCS than male headed households.

From a regional perspective, Households in the East recorded the highest acceptable score (76%), followed by Far-North (76%). The Southwest region had the poorest acceptable FCS (10%) compared to other regions, followed by the Northwest, (27%). Only nutrition activity was implemented in the Southwest during the survey period due to resource limitations, meanwhile general food assistance – in kind started in the Northwest in May explaining the poor performance of households in these regions. This means these households are heavily dependent in WFP assistance

Residents and Refugees recorded the highest acceptable food consumption score (56%) among beneficiary groups, mainly covered in the East, Adamawa and North regions. IDP households were the group with the lowest food consumption score in this period (41%).

Beneficiary households' who receive cash assistance have a significantly higher acceptable FCS (61%) than those who receive in-kind (48%).

Figure 7: FCS by Beneficiary Status

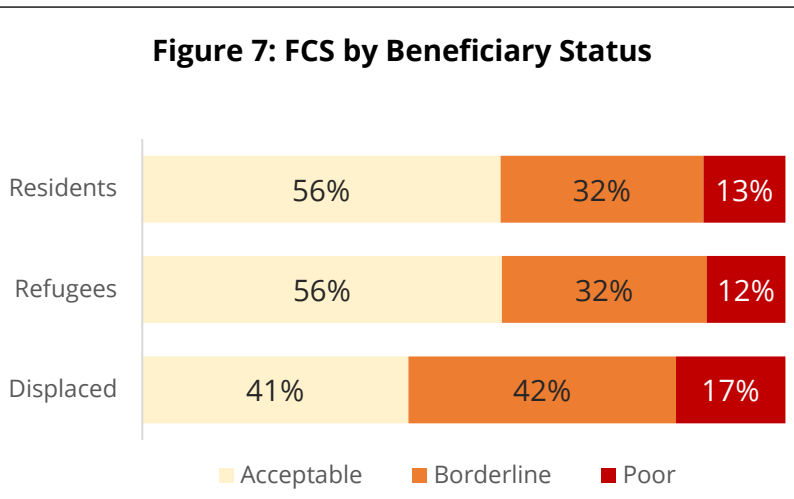


Figure 8: FCS by Geographic location

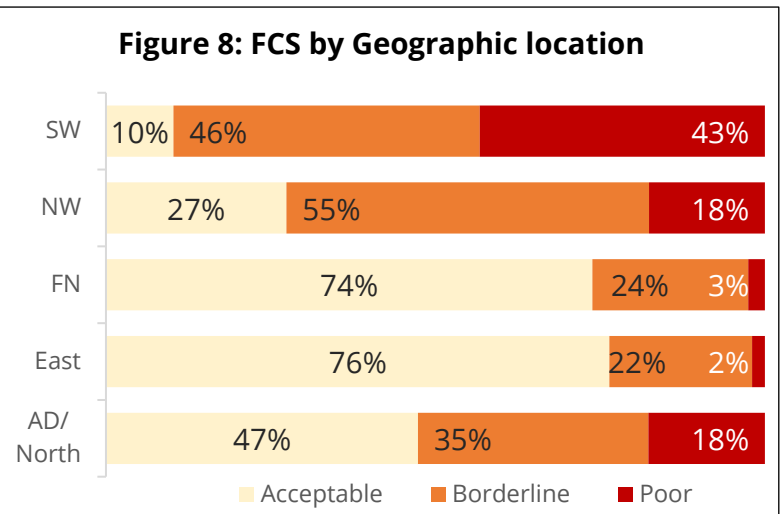


Figure 9: FCS Trend

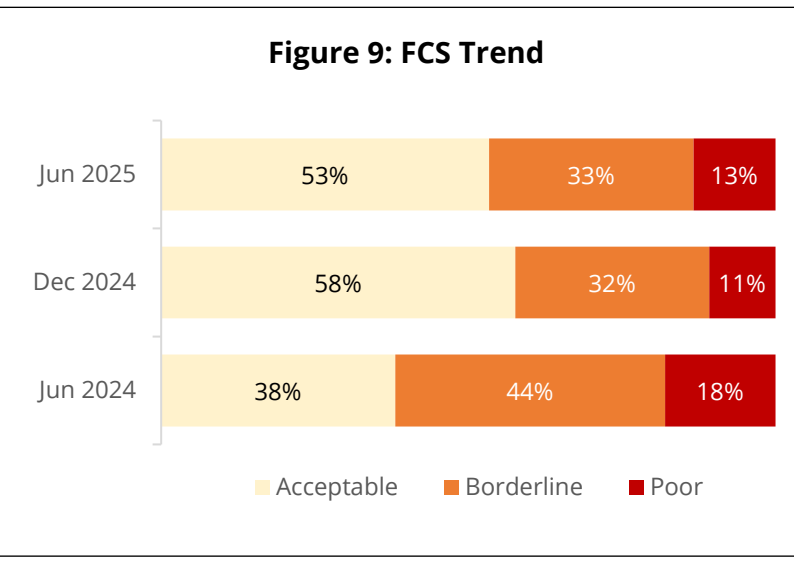
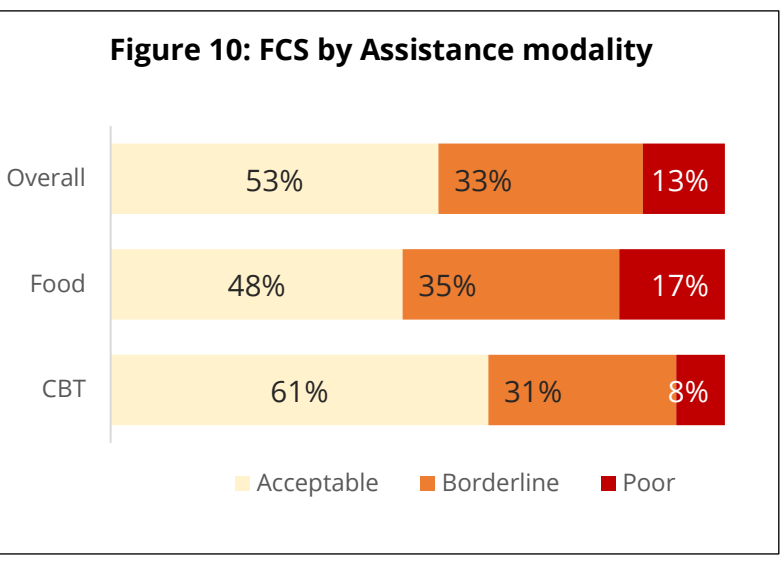


Figure 10: FCS by Assistance modality



II. REDUCED COPING STRATEGY INDEX (rCSI)

Figure 11: Female Headed HHs

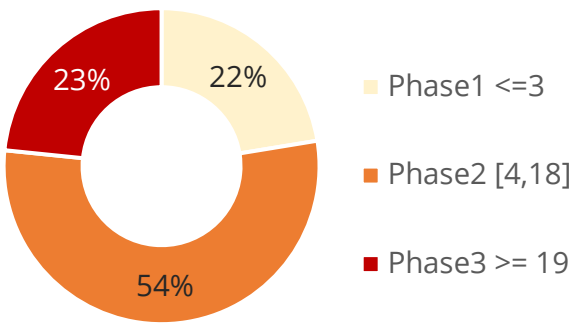
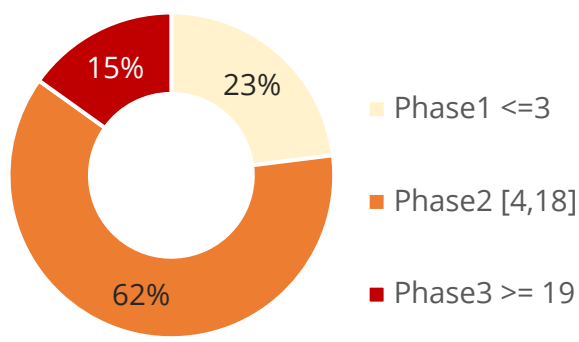


Figure 12: Male Headed HHs



*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, 18% of beneficiary HHs had a relatively high level of stress (3 ≥ 18) an improvement from 22% in December 2025. Further HHs average weekly stress reduced since June 2024 (from 14.2 rCSI in June 2024 to 12.25 rCSI in Dec 2024 and 11.52 in Jun 2025). From a gender perspective, more female-headed HHs used phase 3 negative consumption coping strategies during periods of food shortages (23%) compared to male-headed ones (15%).

In terms of regional disparities, HHs in the Far-North, Adamawa, and Southwest regions the most adopted extreme coping negative consumption coping strategies (26%, 24% and 22% respectively). More than three-quarters of households in the East were categorized in Phase 1, not using frequently the negative consumption strategies when stressed

Regarding households' status, 233% of IDPs used extreme negative strategies frequently when stressed. 19% of Residents and 15% Refugees also used these negative of strategies frequently in the recall period of 7 days. Furthermore, the situation was a bit more critical in households receiving cash assistance (23%) than those receiving in-kind (15%).

Households need sensitization on adapting and coping strategies during periods of lack of assistance or money to purchase food.

Figure 13: rCSI by Beneficiary group

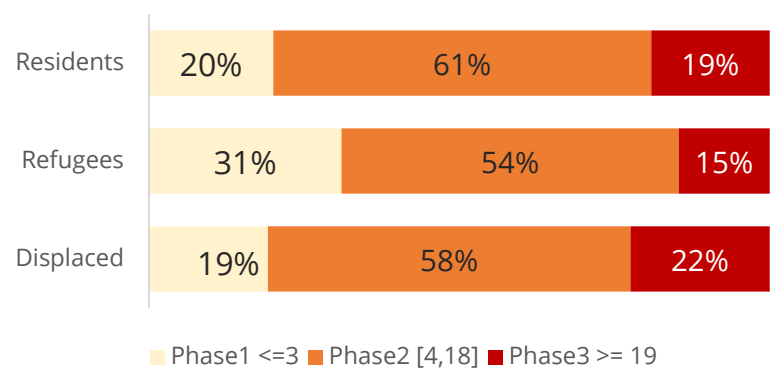


Figure 14: rCSI by Geographic location

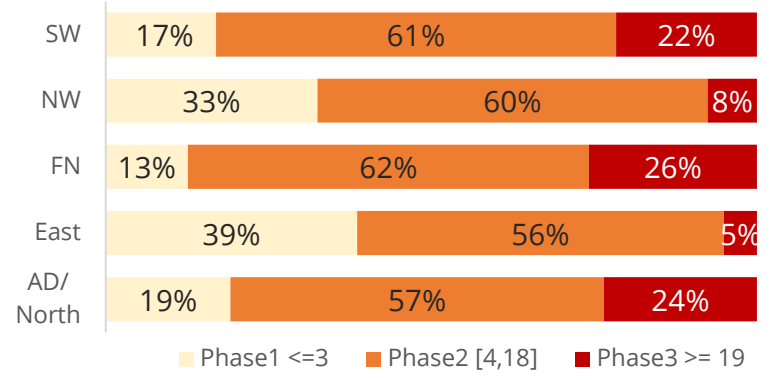


Figure 15: rCSI Trend

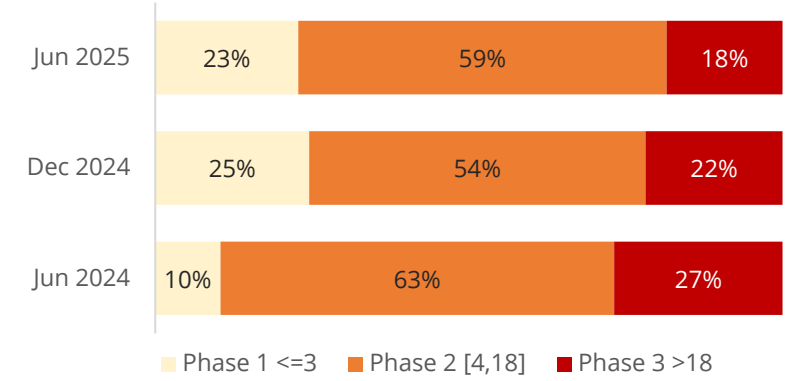
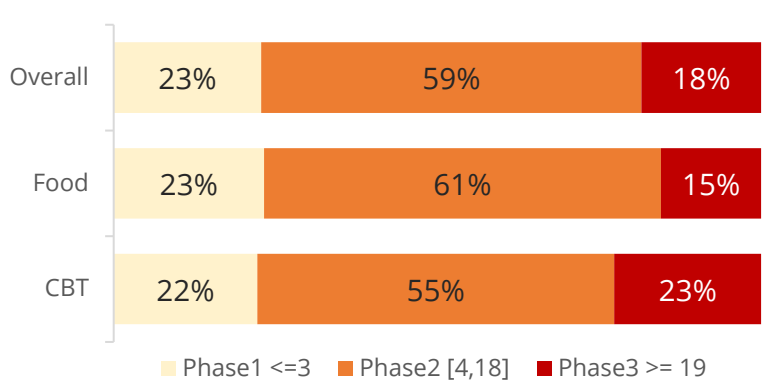


Figure 16: rCSI by Assistance modality



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

Figure 17: Female Headed HHs

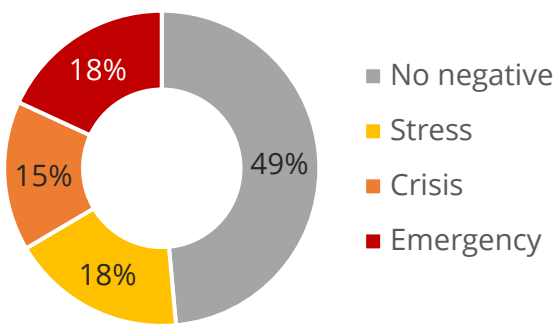
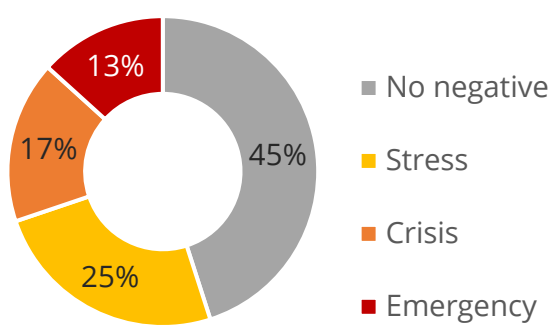


Figure 18: Male Headed HHs



*The **livelihoods Coping Strategy Index** (lCSI) measures the extent to which HHs use different livelihood coping strategies as a response to the lack of food or money to purchase food. Crisis and Emergency 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 etc should be discouraged.*

Overall, up to 46% of households did not use any negative strategy during periods of lack, an improvement from 20% in Dec 2024 and 13% same period last year in Jun 2024. Further, less households (32%) are using crisis and emergency negative livelihood coping strategies to cope during periods of food shortage compared to (46%) in Dec 2024 and 62% last year June (see fig.21). Female headed households rely more on livelihood coping strategies (83%) than male headed households (79%).

Up to 100% of households in the Southwest and 85% in the Northwest regions did not use any long-term negative livelihood. During the period of the survey, they receive nutrition and in-kind food assistance, therefore these strategies affecting assets, resilience and productivity do not apply. Meanwhile households in the Adamawa, and North regions report the highest use of emergency (26%) and crisis strategies (28%).

In terms of assistance modality, 61% of beneficiaries receiving in-kind assistance (influence by NWSW regions) did not adopt any livelihood coping strategies during periods of food shortages compared to 26 % of beneficiaries receiving cash assistance.

Figure 19: LCS-FS by Beneficiary Status

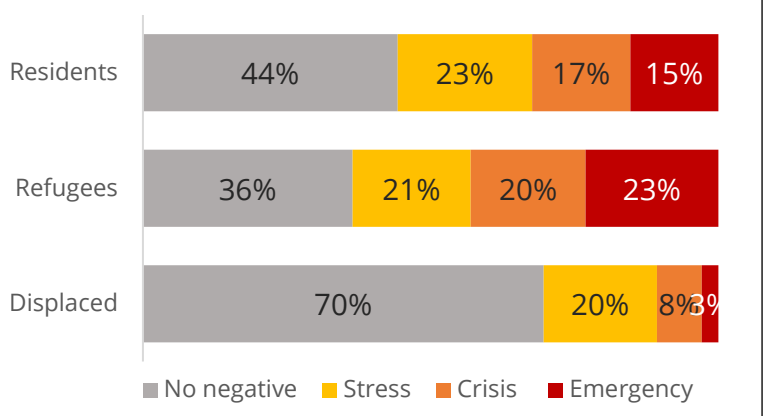


Figure 20: LCS-FS by Geographic location

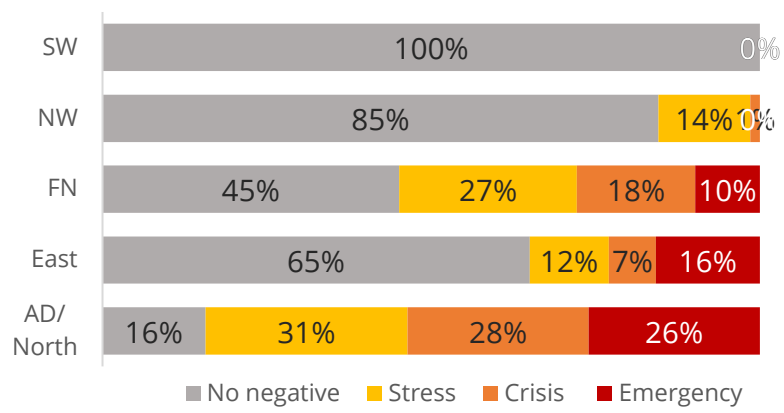


Figure 21: LCS-FS by Trend

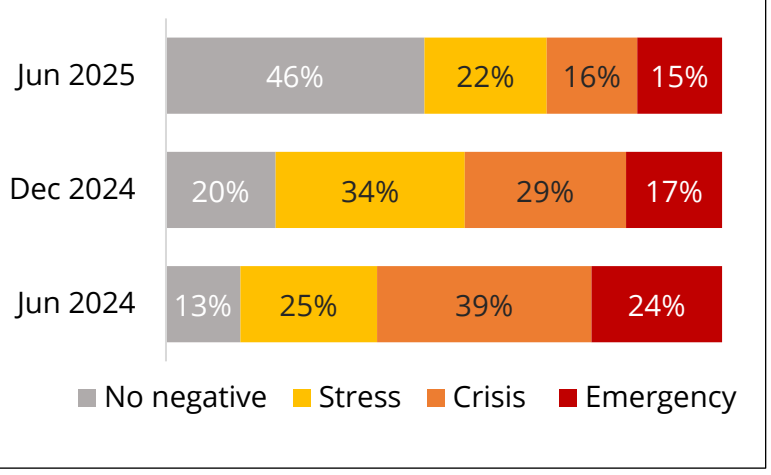
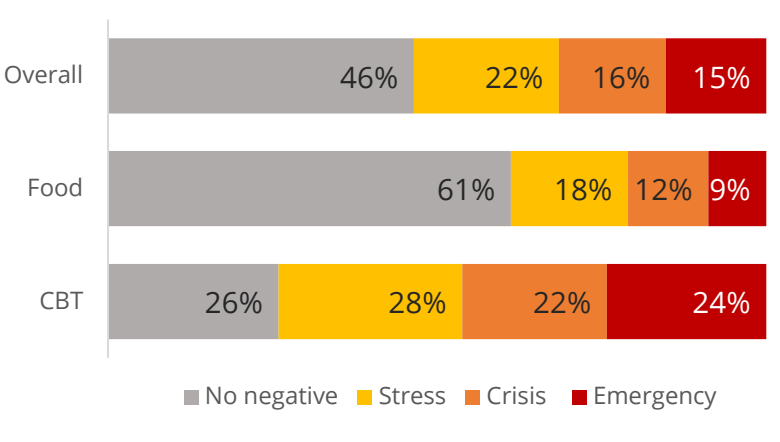


Figure 22: LCS-FS by Assistance modality



IV. ECONOMIC CAPACITY TO MEET ESSENTIAL NEEDS (ECMEN)

Figure 23: Female Headed HHs

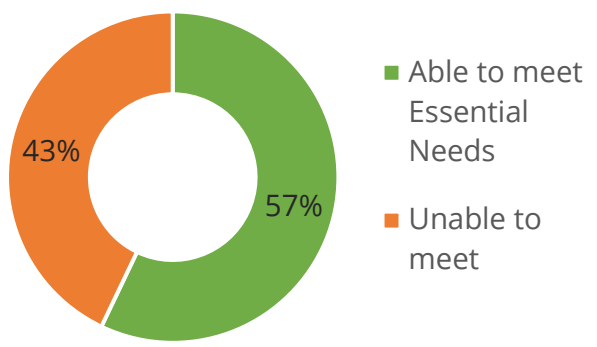
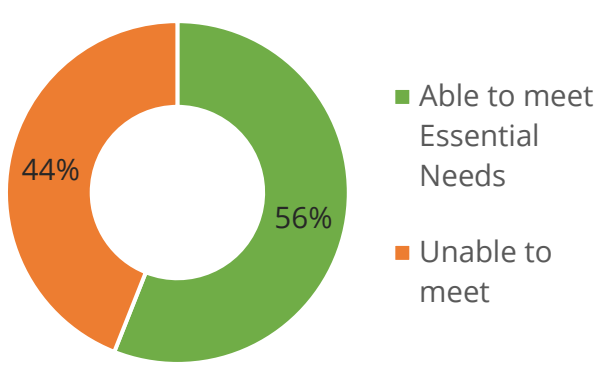


Figure 24: Male Headed HHs



*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.*

Only 56% of households have an adequate economic capacity to meet their essential needs equal to or above the MEB value, a significant decrease compared from 89% in Dec 2024 and 86% in June last year. Female headed households (57%) have higher economic access than male headed households (56%).

As showed on figure 26, 80% and 71% of beneficiary households in the Adamawa/North and East regions indicated they spent above the MEB benchmark to meet their essential needs. The lowest was recorded in the d in the Southwest and Northwest regions. These results tie with the food consumption score findings and indicates that households have a lower access to their essential needs food, markets, shelter, education, health, etc., than the other regions.

In terms of beneficiary status, IDPs HHs had the lowest ECMEN score (25%). Households who received cash assistance (80%) have a significantly higher ECMEN than households who received in-kind assistance (39%)

Figure 25: ECMEN by Beneficiary Status

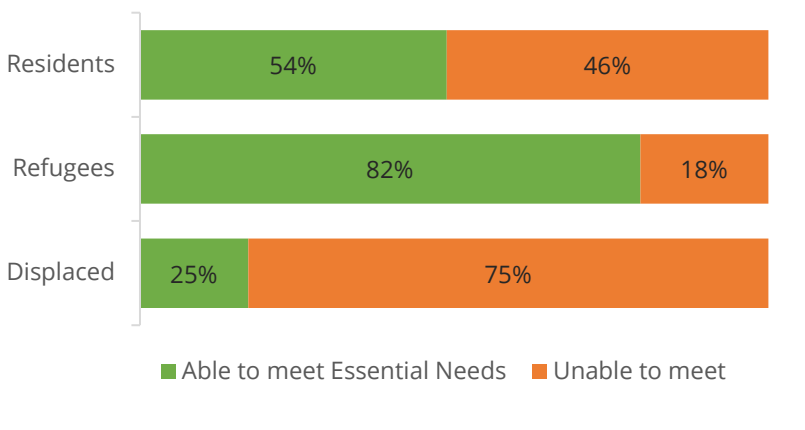


Figure 26: ECMEN by Geographic location

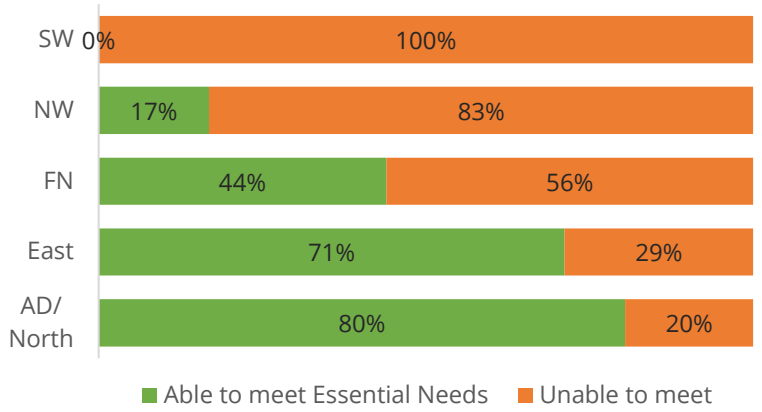


Figure 27: ECMEN Trend

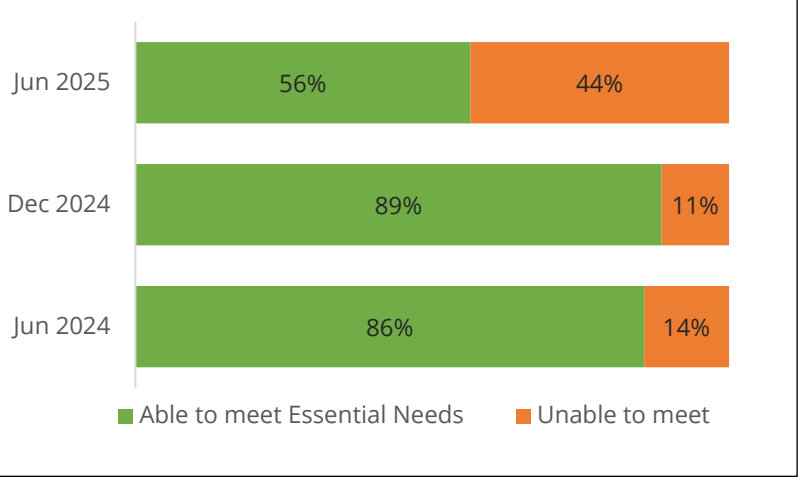
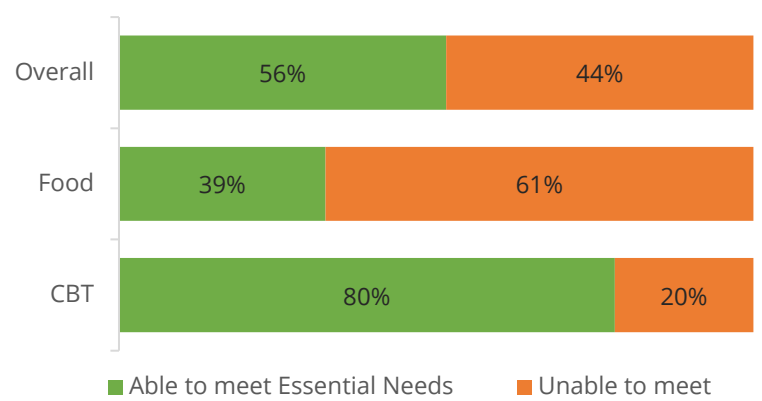


Figure 28: ECMEN by Assistance modality



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, households consumed almost daily cereals, tubers, and roots food group which include., slight increase from Dec 2024. The results also revealed a high average consumption of oils and fat of about 6 days per week, followed by vegetables including leafy vegetables and other vegetables like carrots, tomatoes (almost 5 days per week). However, other important food groups such as nuts, dairy, eggs, meat and poultry, fruits, fish, and seafoods were rarely consumed (average of 0.18 to 2.90 days per week). In fact, compared to the last survey in Dec 2024, the average days households consumed milk, dairy, meat and poultry products decreased slightly. Households could be sensitized on the importance of variety in their diets. Further, access to such foods could be increased through local production (resilience projects i.e, households and community farms, fishponds, poultry, etc.).

Table 1: Household's Daily Consumption of Food Groups

Average Days, Jun 2025	6.47	5.55	4.79	3.46	2.59	1.66	1.27	0.84	0.26	0.19
Average Days, Dec 2024	6.25	5.03	4.77	2.99	2.90	1.45	1.01	0.93	0.18	0.23
Food Group	Cereals, Tubers and Roots	Oils and Fat	All Vegetables	Sugars	Legumes and Peanuts	Fish and Seafood	Fruits	Milk and Dairy	Eggs	Meat and Poultry

Figure 29: Food Groups Consumed by Head of HHs

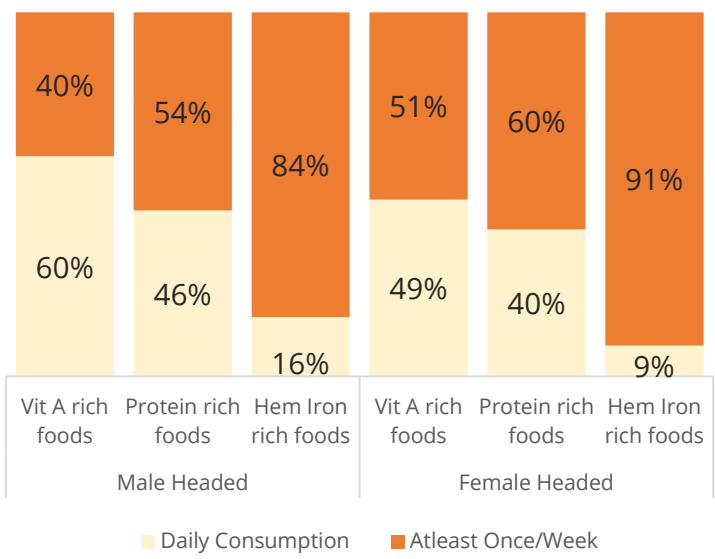
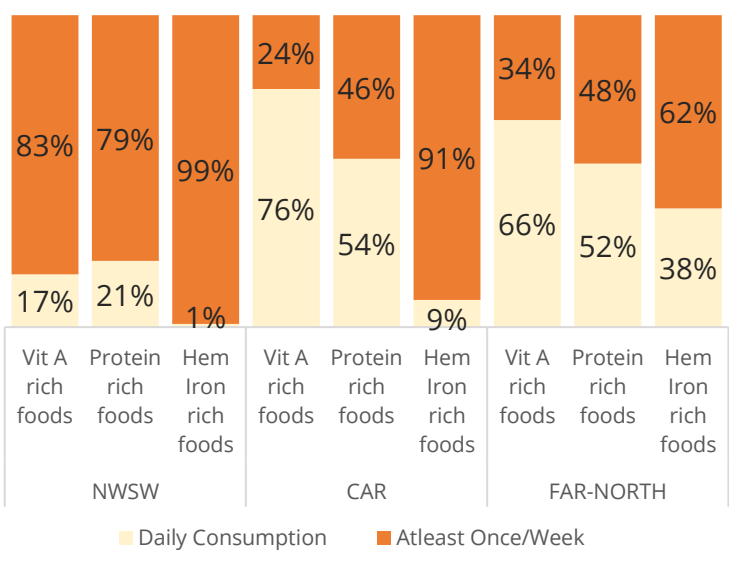


Figure 30: Food Groups Consumed by Region



Overall, Iron rich foods have remained the least daily consumed food group. However, slightly more households recorded a daily consumption of this food group (13%) compared to from 11% in December 2024 and 7% in June 2024. Therefore, households are observing a steady increase in the consumption of iron foods.

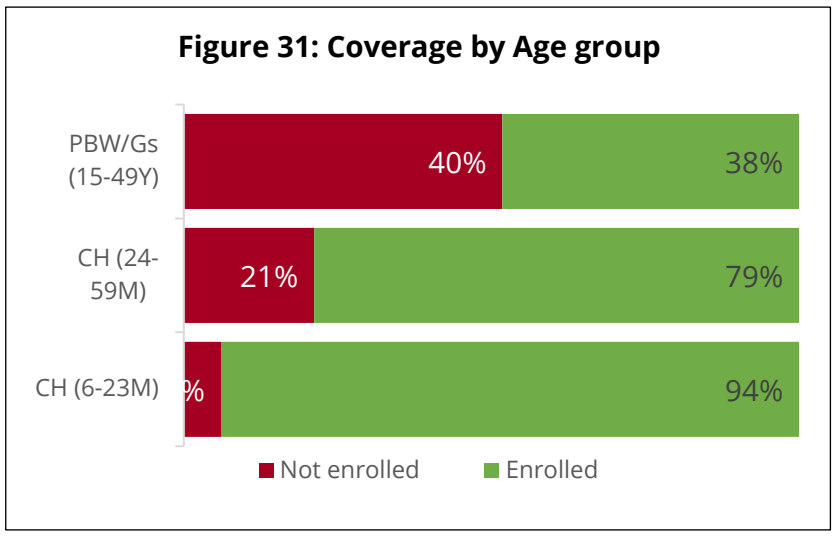
Female headed households had a higher daily consumption of all 3 food groups than male headed, particularly vitamin A foods 60% of female headed households consuming daily compared to 49% of male headed. Further, more female headed households (16%) consumed iron foods daily, more than half of male headed households (9%) who confirmed.

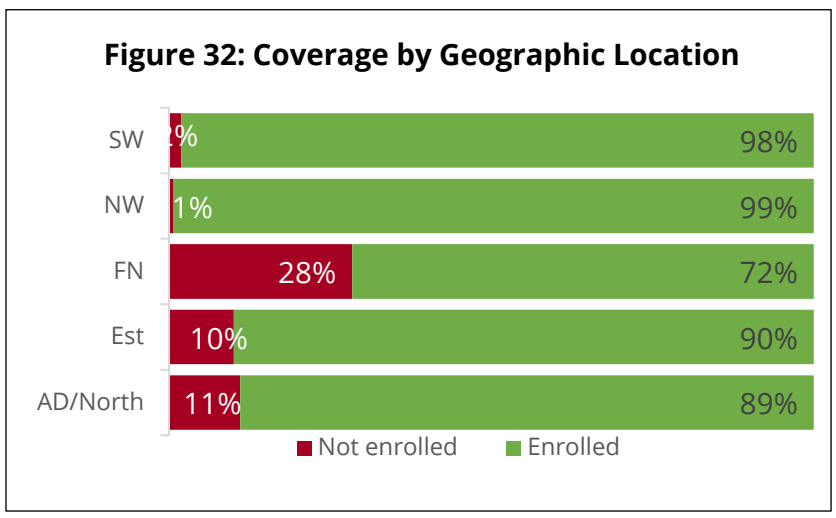
From a regional crisis perspective (see figure 30), the NWSW regions stand out with the poorest daily consumption of the food groups, a repeat since PDM conducted in Dec 2023 to the current survey in June 2025, necessitating immediate intervention. Only 1% of households consumed Iron foods daily, 17% for daily consumption of Vitamin A foods and 21% for Protein rich foods.

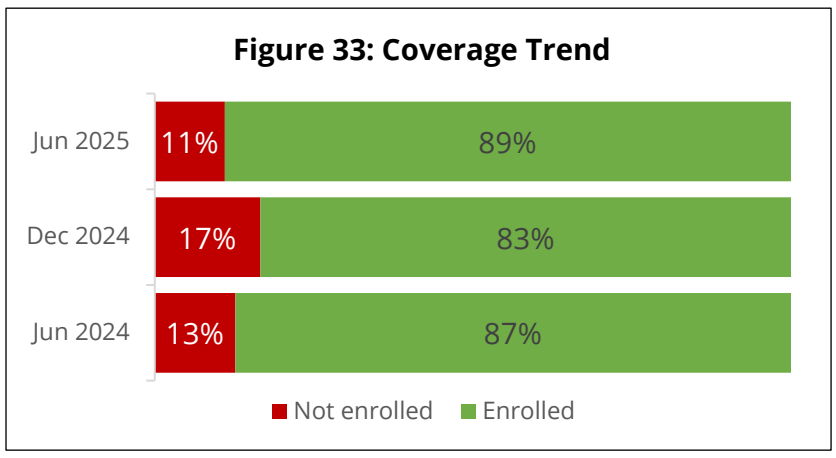
In the CAR crisis regions (East, Adamawa and North), up to 76% of households reported they consumed Vitamin A daily and 54% for Protein foods 7 days prior to the survey. These regions have the consumption of these 2 food groups compared to the NWSW regions and the Nigerian crisis region.

Up to thirty-eight percent of households in the Nigerian crisis (Far-North region) consumed hem iron rich foods such as flesh meat and fish daily. A significant difference on the performance of this food group compared to the other regions.

II. COVERAGE







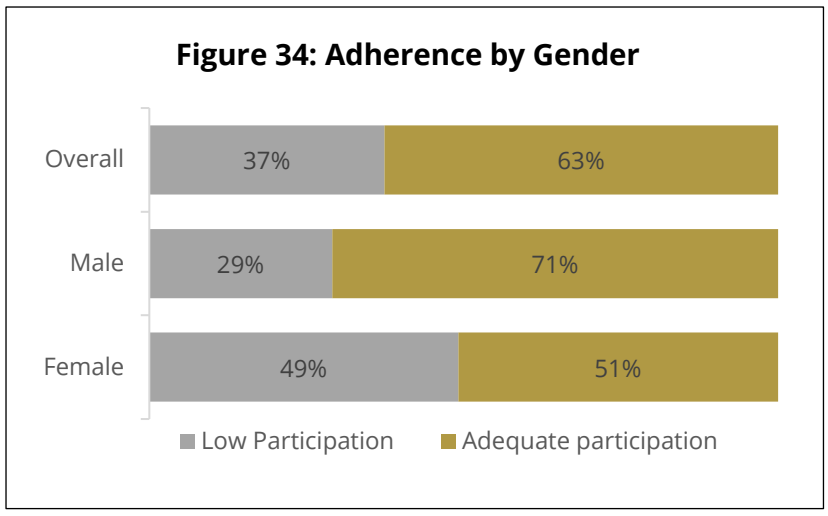
*The **Coverage** indicator measures individuals enrolled and receiving prevention interventions for wasting or stunting as a proportion of those eligible for inclusion through food, cash or capacity strengthening.*

Out of the 1,313 children surveyed, 92% of those eligible for malnutrition prevention and treatment interventions were enrolled. Of the eligible children, 94% aged 6-23 months were enrolled and 79% of children 24-59 months were enrolled, the remaining were not eligible for MAM supplementation. While for PBW/Gs eligible for the programme, 38% were enrolled out of 72 PBW/Gs surveyed.

Regionally, the Northwest and Southwest were the regions with the highest enrollment rates 99% and 98% respectively. This is followed by the East region (90%) and Adamawa/North and (92%) regions. However, the Far-North region recorded the least enrolment rate (72%) same trend since last year June 2024 (75%), and 70% in Dec 2024.

Overall, the enrollment rate has increased from the previous PDM survey period in Dec 2024.

III. ADHERENCE



*The **Adherence** indicator is defined as the proportion of the population that received a minimum of 66% (at least 2 out of 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 January and May 2025. With significantly more boys (72%) who have participated in distributions than girls and pregnant/breastfeeding women (51%).

Figure 35: Adherence by Geographic Location

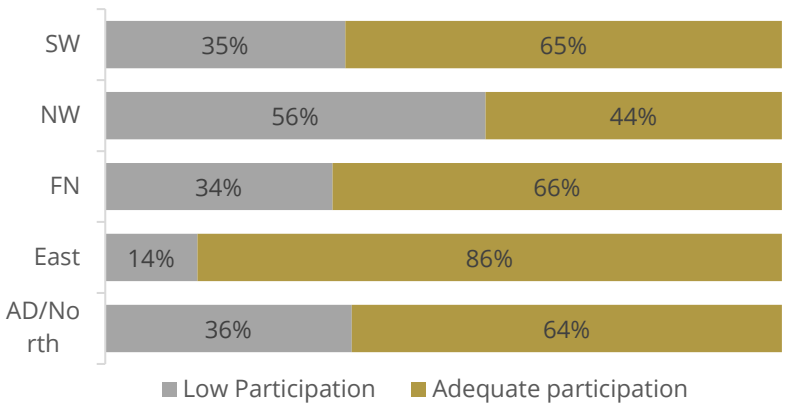
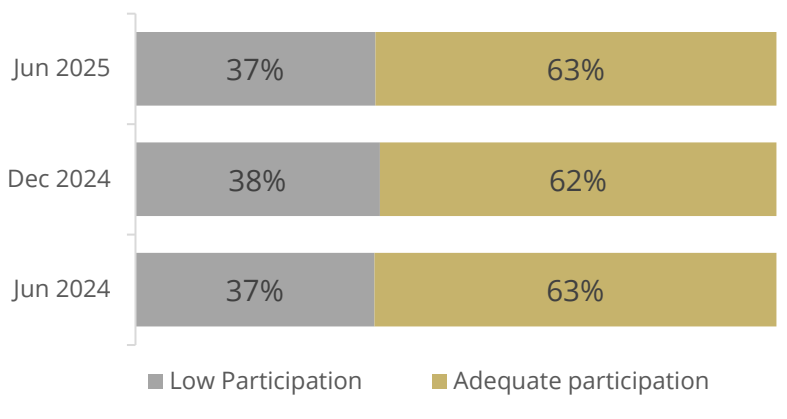


Figure 36: Adherence Trend



Regionally, households in the East (86%) reported the highest participation, followed by the Far-north, Southwest, Adamawa and North regions (66%, 65% 64% respectively), while the Northwest region recorded the lowest rates (44%).

Beneficiaries HHs in the NWSW regions confirmed that they were recently enrolled in the programme or have received double distribution in the survey period and are waiting for the next. In the East, Adamawa and North regions, beneficiaries HHs reported they missed some distributions due absences, limited stock or have received one distribution. Meanwhile HHs in the Far-North regions indicated that they are no longer not part of the programme or that distributions are still ongoing.

63% of beneficiaries reported they received at least two-thirds distributions a slight increase compared to 62% in December 2024, and same proportion reported as last year June 2024. The other beneficiaries indicated that they received at 1 or 2 least distributions already and are waiting for the others

IV. MINIMUM ACCEPTABLE DIET (MAD)

Figure 37: MAD by Gender

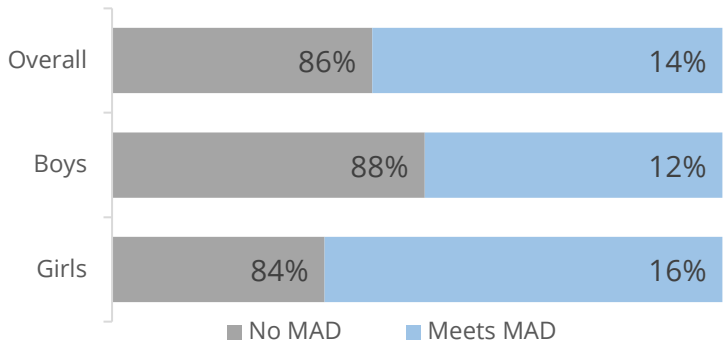
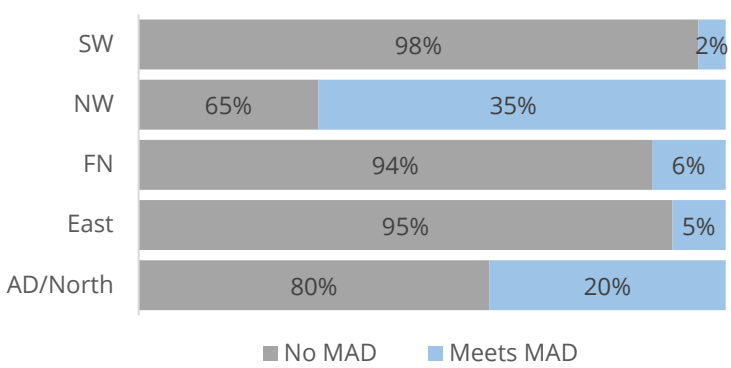


Figure 38: MAD by Geographic Location



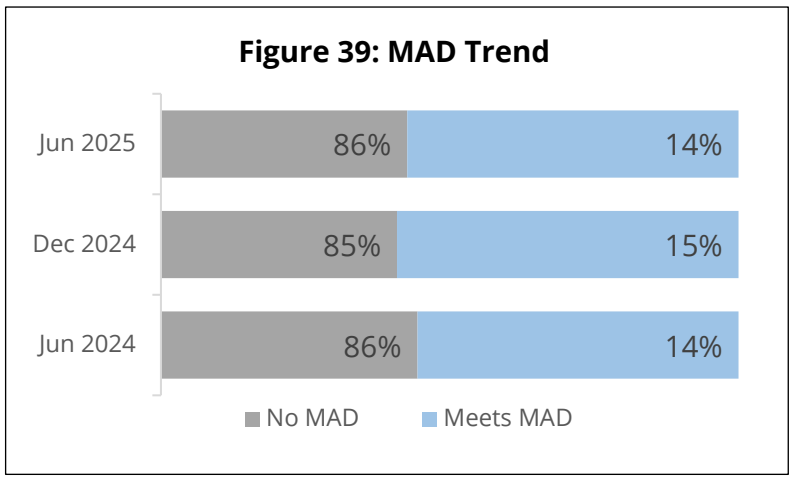
*The **Minimum Acceptable Diet (MAD)** assesses infant and young children feeding (IYCF) among children aged 6-23 months. It is measured as the percentage of children who consumed foods and beverages (including breast milk) from at least 5 out of 8 food groups during the previous day.*

Overall, 14% of children aged 6 to 23 months reached the required dietary diversity for a child, a slight decline from 15% in Dec 2024, but a no change compared to same period last year (14% in June 2024). Girls had a better dietary diversity (16%) than boys (12%).

Regionally, Northwest registered the highest MAD score (35%), significant improved from 15% in the previous PDM. Followed by 20% in the Adamawa and North regions, fall from 29% in Dec 204.

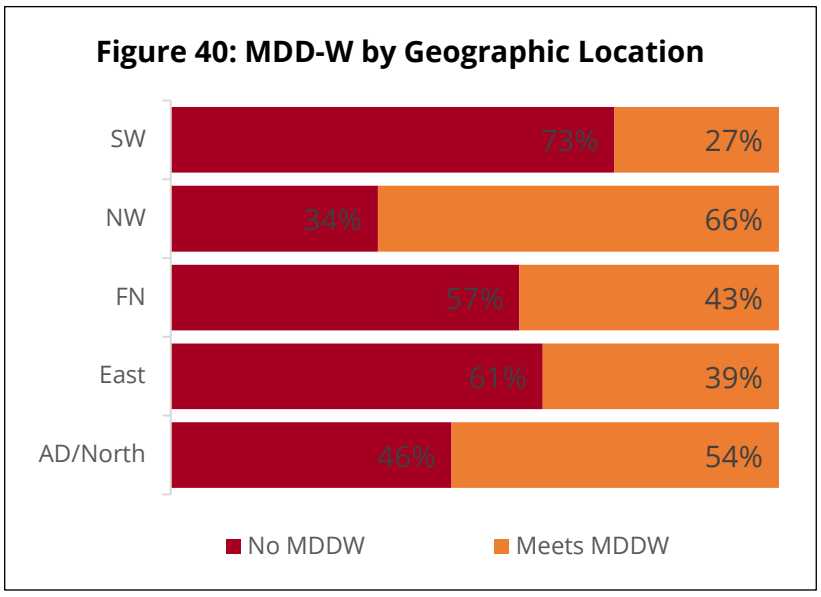
The Children in Southwest recorded the lowest MAD score (2% current period), in fact a steady decline from 7% in Dec 2024 and 15% in June last year same period. The East region also follows this trend (5% in the current survey, 14% in Dec 2024 and 17% in June 2024).

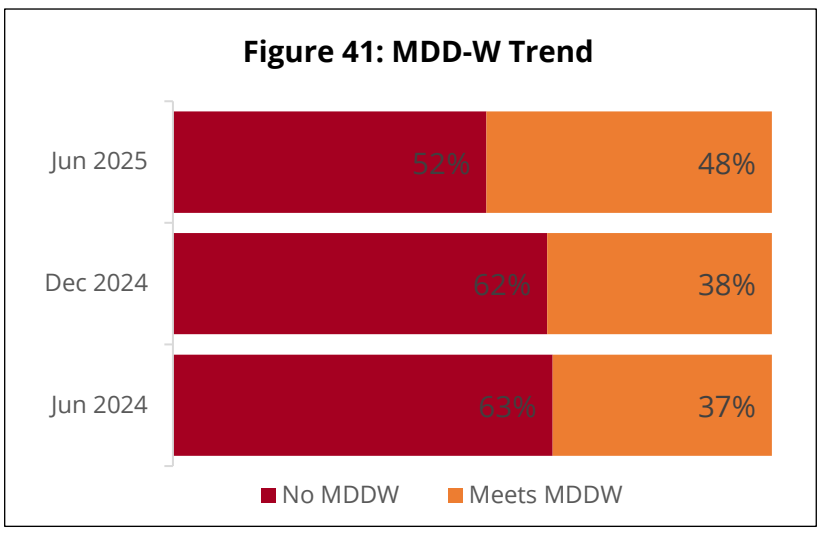
The MAD score decreased slightly (6%) in the Far-North from 7% in Dec 2024, however increased has compared to 5% in June 2024.



Overall, as demonstrated in figure 39, the MAD score has declined slightly from December survey 2024, however the diversity did not change from June 2024 (14%). Could mean the children's dietary remain the same during this period but increase slightly at the end of the year. The next survey will confirm this hypothesis. However, more children have access to diverse diets from 2023.

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.*

Overall, more Women of Reproductive Age (WRA) are meeting the Minimum Dietary Diversity (MDD) requirement, with 48% achieving this in the latest assessment compared to 38% in December and 37% in June 2024, see figure 41. This indicates an improvement in access to diverse diets for women and children since June 2024.

The Northwest recorded the highest dietary diversity (66%) followed by Adamawa/North and Northwest regions score in women (54%). These 3 regions also recorded high adequate diets for the children monitored.

The MDD-W score in the Far-North has improved significantly in this survey period. 43% of women reported they achieved an adequate diversity score compared 33% in Dec 2024. This breaks the decline trend the region has observed from 68% in Jun 2023, 41% in Dec 2023, 36% in Jun 2024 and 33% in Dec 2024. This could mean WRA are now accessing more diverse foods needed for to have achieve a minimum diverse diet.

Further, the Southwest region recorded an increase in the MDD-W score (22% in Dec 2024 to 27% in June 2025)

6. FOOD ASSISTANCE FOR ASSETS RESULTS

I. RESILIENCE CAPACITY SCORE (RCS)

Figure 42: Female Headed HHs

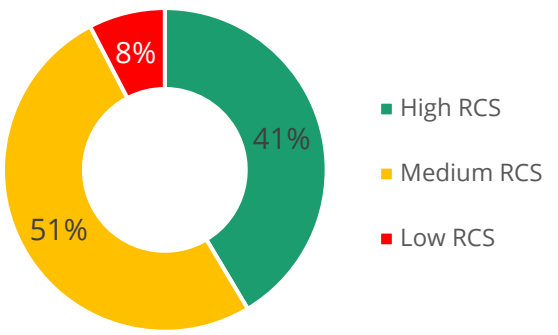
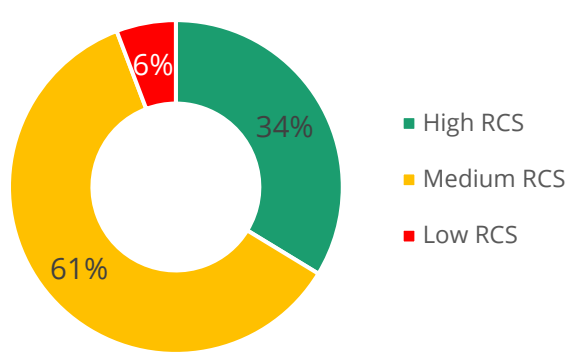


Figure 43: Male Headed HHs



*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>=33% and RCS<66%, High if RCS>=66%).
The average RCS for the population analysed indicates the overall resilience status of the population surveyed.

The resilience capabilities have improved since 2023 (9% score). In fact, the benefits of the WFP resilience programme positively impacted the capacity of non-beneficiaries since 6% in 2023 to 39% in the current period. At household level, 41% of FFA activity participants from female-headed households had a high RCS score compared to 34% from male-headed households.

As presented on figure 45, FFA Households Adamawa and North reported the highest RCS score (46%) followed by the East (16%). The Far-North reported the lowest (7%).

In terms of the different categories used measure the resilience capacity, the average household capacity score ranges between 2.31 to 3.09. the average capacities of households show a slight decline from the previous survey as seen on figure 44. However, the best performance remains in HHs ability to prepare for future shocks (Anticipatory capacity of 3.09), followed by their ability to access financial support in times of hardship (financial capacity of 2.90). The least performance is moved from Human capacity last year to Institutional Capacity (2.31 average score) which access to public support.

Figure 44: Average Capacity by Resilience Category

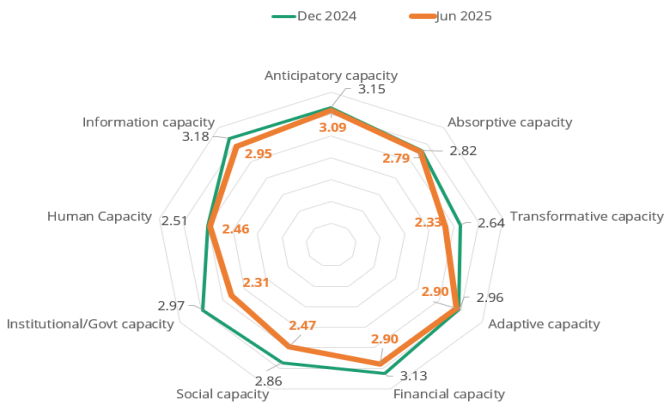


Figure 45: RCS by Geographic location

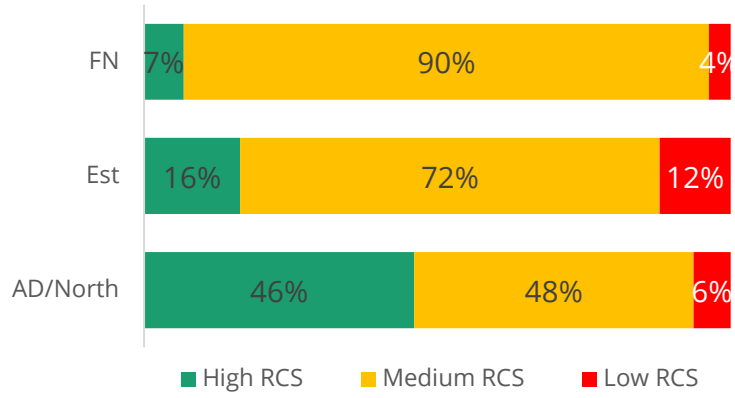


Figure 46: RCS Trend

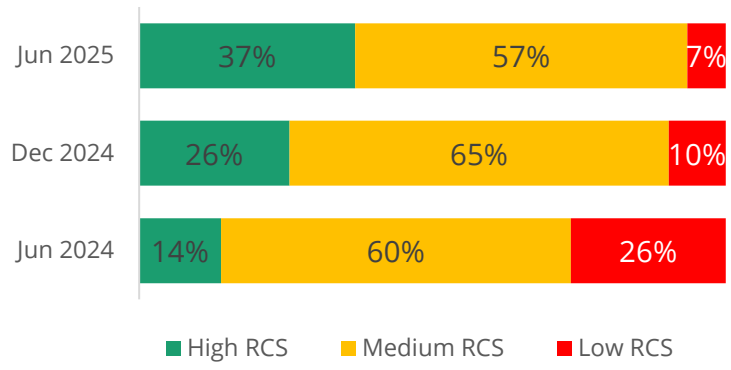
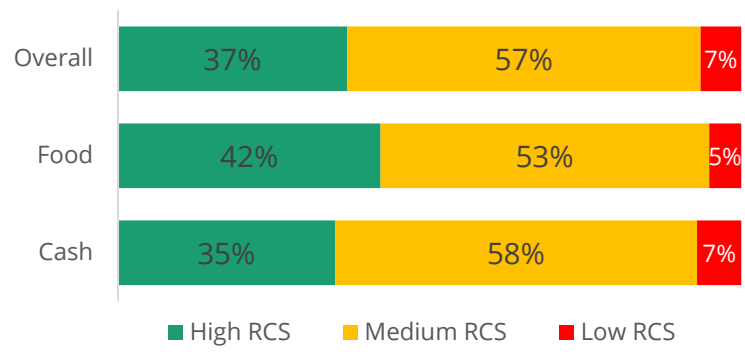
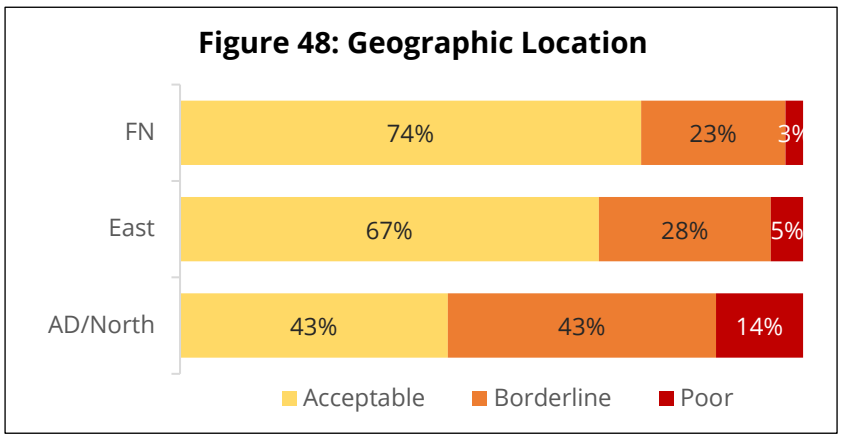
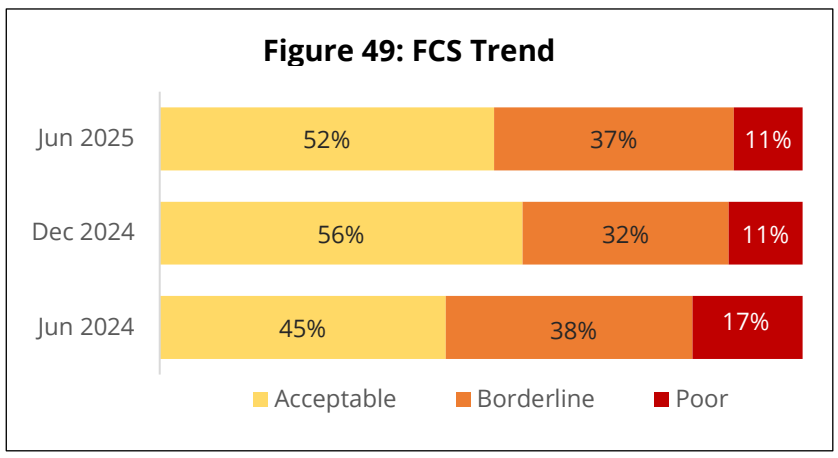


Figure 47: RCS by Assistance modality



II. FOOD CONSUMPTION SCORE



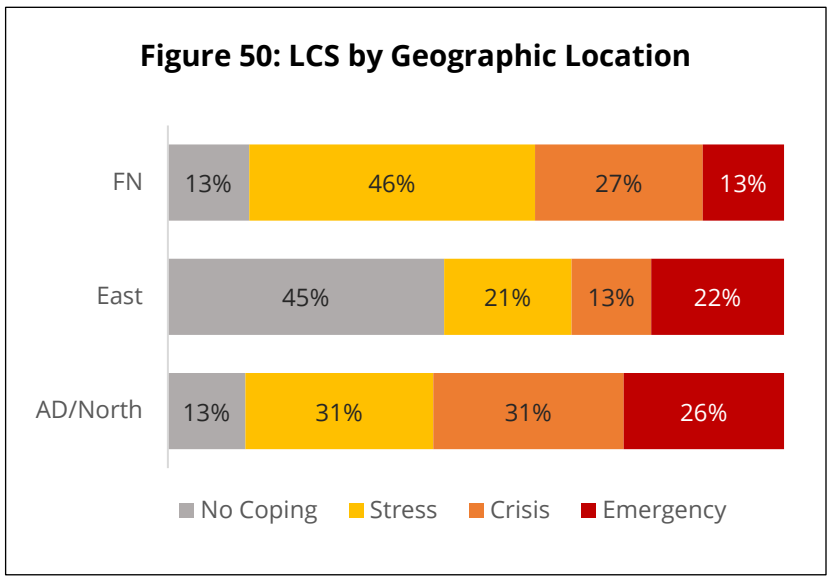


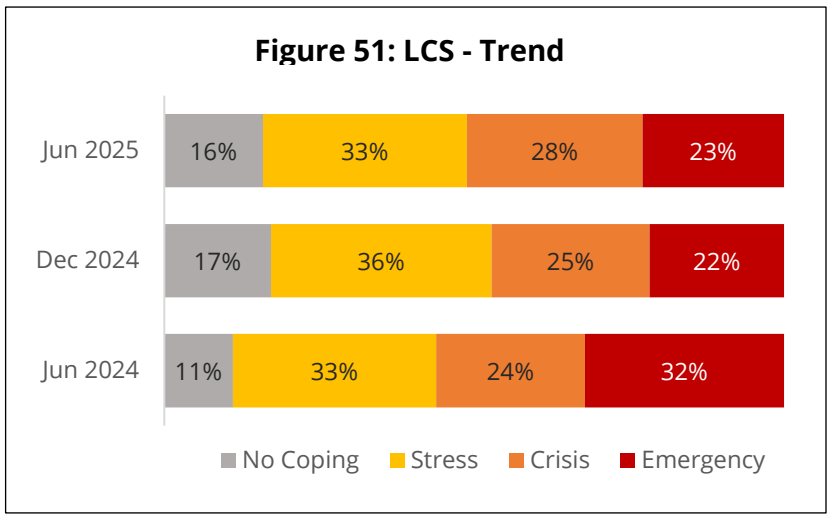
*The **Food Consumption Score** (FCS) is based on households' dietary diversity, food frequency, and measure how often HHs consume different food groups in a seven-day period. This indicator is measured strictly for FFA HHs monitored in the sample.*

The acceptable food consumption of FFA beneficiary households declined from 56% in Dec 2024 to 52% in Jun 2025, however still an improvement from same time last year 45% in June.

From a regional perspective, the regions in the Far-North recorded the highest acceptable food consumption score, with 74% of FFA HHs reporting adequate diversity and access to foods, followed by HHs in the East Region and (67%). The lowest score was recorded in the Adamawa and North regions with an acceptable food consumption score of 43%.

III. LIVELIHOOD COPING STRATEGY





*The **livelihoods Coping Strategy Index** (lCSI) 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, there is a decline in the proportion of households not adopting any negative livelihood coping strategies from 17% to 16%. Also, more households are using the emergency and crisis coping strategies between Dec 2024 ((47%) and June 2025 (51%, more than half of the households interviewed).

However, up to 45% of households in the East did not use any negative strategies, the highest region, maintaining the positive trend from 13% in June to 23% in Dec 2024.

Thirteen percent of households in the Far-North and Adamawa/North reported they didn't apply any negating strategies, also the more than one-quarter of households in Far-North, compared to 36% for Adamawa and North regions applied stress negative strategies which are easily reversible.

WFP can work on sensitizing households on the use of the Crisis and emergency strategies as they are almost impossible to reverse of lack included selling their houses, lands, reducing expenses on health, begging strangers, or engaging in life-threatening jobs. They have a negative impact on their future productivities.

7. PROTECTION & ACCOUNTABILITY TO AFFECTED PERSONS (AAP)

Figure 52: Household Decision Making

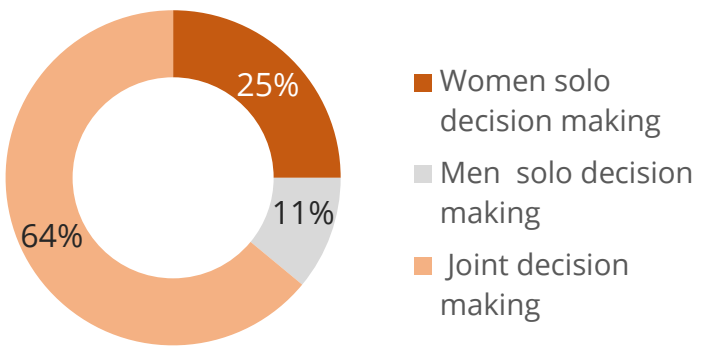


Figure 53: Complaint and Feedback

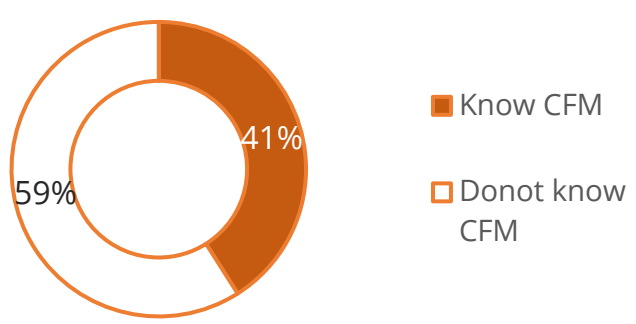


Figure 54: Protection - Trend

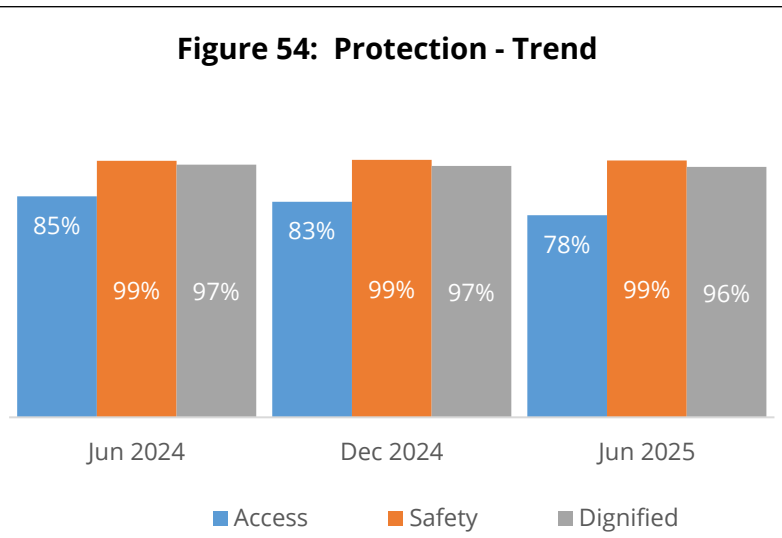
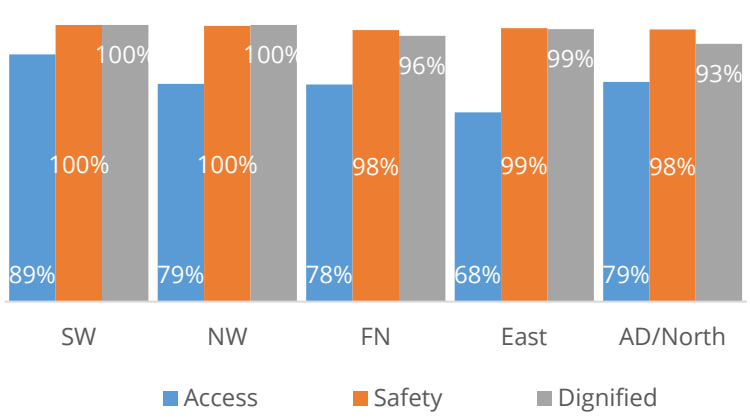


Figure 55: Protection by Geographic Location



Twenty-five percent of women confirmed making sole decisions on how entitlements are used in the HHs (32% for food HHs and 15% for CBT HHs). Meanwhile 12% of men reported have full control of the HHs entitlements (8% for food HHs and 43% for CBT HHs). A total of 64% confirmed that both men and women jointly decide for the household.

41% of beneficiaries interviewed indicated they know where or who to call to address their complaints or feedback no change from December 2024. Indicating the need for reinforcements on the accessibility of the Community Feedback Mechanisms.

Hotline cards shared on food distribution sites

On a national level, there was a 7% decline in the proportion of HHs reporting access and a slight decline for households who reported the dignity of WFP programmes are adequate from December 2024 and June 2024, see figure 54. Meanwhile the proportion of households reporting have no safety issues on or to WFP sites have remained consistent (99%) since June 2024.

Regionally, over 32% of the beneficiary HHs in the East regions reported having issues accessing WFP programmes decline from 22% in Dec 2024, followed by 21% in the Northwest, Adamawa and North regions. These access issues were mainly reported by households receiving cash with complaints of network, sim card or phone issues, expired identification cards and late cash disbursements for FFA households.

Households receiving in-kind assistance in the Southwest region reported that physical challenges and lack of timely information are the main reasons for limited access to their WFP sites. Continued desk support should be done on the ground to improve operations.

Meanwhile 4% of households in the Far-North, East, North and Adamawa regions indicated WFP programmes are not adequate reported issues such as lack of lights in warehouses, protection materials on FFA sites, no private space for people with disabilities, and disorder on sites.

8. CONCLUSION

This round of Post Distribution Monitoring (PDM) was conducted from January to May 2025 to assess key trends in beneficiaries' food security and nutrition outcomes, as well as regarding gender and protection outcomes. 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. From the analysis, the following conclusions were drawn:

Food Access & Consumption:

- Overall, beneficiary households showed a declined in access and availability to food, from December 2025 particularly for Food consumption score in the Southwest and Northwest region. This can be explained by the delay in the launch of activities in these regions due to resource limitations, this means beneficiary households are very much dependent on food assistance.

Coping Strategies:

- There was an improvement in the proportion of households not using any negative coping strategies during periods of lack, particularly for food households. Further, the PDM found that during periods of food shortages, households who received cash assistance are reportedly using more consumption and livelihood negative coping strategies than those who benefited from in-kind assistance. This was the same from June 2024 survey.

Resilience and FFA impact:

- Households engaged in Food Assistance for Assets (FFA) showed improved food consumption, resilience, and capacity to withstand shocks since 2023

Nutrition outcomes:

- The proportion of children with adequate diet diversity decreased slightly from December 2024. This decline is worst in the Southwest and East regions, which has declined since June 2024. Meanwhile the proportion of women with adequate diet diversity increased significantly from December and June 2024, only the Diversity for Women in the East decreased.

Access & Protection:

- Access to WFP programmes remains generally positive, with 78% of beneficiary households reporting no challenges in reaching distribution sites. However, this marks a decline from previous months, driven mainly by households receiving cash-based transfers (CBT), who reported issues related to mobile networks, phones, SIM cards, and delayed disbursements. Safety perceptions remain high, with 99% of respondents indicating no concerns en route or at distribution sites.
- Additionally, 96% of households affirmed that WFP assistance was delivered with dignity. In terms of decision-making, 25% of women reported making sole decisions regarding household entitlements, while the majority indicated joint decision-making. Furthermore, 41% of households knew where or to whom they could address complaints and feedback, showing no change from December 2024.

Based on these findings, the following recommendations are proposed:

Thematic Area	Recommendation	Responsible Entity
Coping Strategies	Prioritize in-kind assistance in regions where cash recipients are resorting to negative coping strategies.	Programme teams
	Enhance market monitoring to ensure cash assistance aligns with local purchasing power and food availability.	
	Introduce complementary livelihood support to reduce reliance on harmful coping mechanisms.	
Resilience & FFA Impact	Integrate climate-smart agriculture and asset-building into FFA to further strengthen shock absorption.	FFA Programme team
	Monitor and document best practices from successful FFA sites for replication.	
Nutrition Outcomes	Increase targeted nutrition support for children in the Southwest and East regions where diet diversity is declining.	Nutrition Programme team
	Expand awareness campaigns for caregivers on child feeding practices and food group diversity.	
	Maintain and reinforce gains in women's dietary diversity through continued nutrition mainstreaming.	
General Food Assistance	Resource mobilization particularly for the Southwest and Northwest regions should be intensified, based on the results households in these regions are very dependent assistance.	Programme Team
	Improve CBT delivery systems by addressing network, SIM card, and disbursement delays with the cash transfer institutions.	CBT Team
	Enhance digital literacy and mobile access among beneficiaries to reduce access barriers.	
Access & Protection	Strengthen feedback mechanisms and ensure visibility of complaint channels to improve accountability.	CFM and Protection unit
	Promote women's decision-making through gender-sensitive programming and community engagement.	

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