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SPR Reading Guidance







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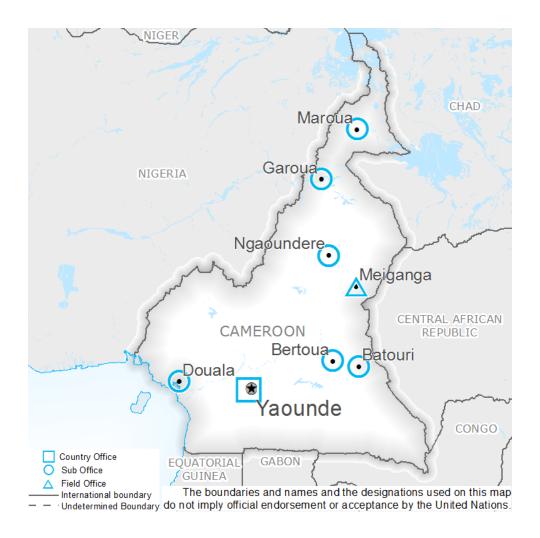
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Country Context and WFP Objectives



Country Context

Despite a decade of economic growth, nearly 40 percent of Cameroon's 23.7 million people [1] still live below the poverty line and human development indicators remain low. Classified as lower middle income, the country ranks 153 out of 188 countries according to the 2015 United Nations Development Programme (UNDP) Human Development Index.

Growth in the agricultural sector is crucial for driving economic growth and reducing poverty, however, despite great potential, Cameroon continues to struggle with food security, especially in rural areas, due to outdated agricultural practices, high post-harvest losses and fragmented markets, along with recurrent climate shocks affecting agricultural production, especially in the northern regions. The 2015 Global Hunger Index ranks Cameroon 68 out of 104 with a score of 24.2, placing it in the "serious" severity level of hunger.

Poverty has a strong regional dimension concentrated in rural areas and specifically in the country's northernmost and eastern regions: North, Far North, Adamawa and East, where structural underdevelopment and recurring climatic hazards, have limited opportunities for communities to thrive and break out of the poverty trap. The Sahelian regions – North and Far North of Cameroon are highly food insecure areas, frequently exposed to food crisis and climate shocks, and with rates of acute and chronic malnutrition exceeding the emergency thresholds.

Chronic malnutrition remains a public health issue in Cameroon and a main obstacle to achieving zero hunger by 2030, and affecting more than 31 percent of children aged under five [2]. The high malnutrition rates are primarily a result of low educational levels of mothers, poor feeding practices and limited access to basic health services – all within the context of overall household food insecurity.

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Adding to domestic challenges, over the past few years, Cameroon has been caught in between two major security crises in the sub-region (Central African Republic and Nigeria) resulting in large scale population movements across borders as well as within the country. Spill-over conflict and insecurity linked to Boko Haram insurgency has provoked disruptions in economic activities, notably cross-border trade and agriculture. Cameroon currently hosts some 360,000 refugees from the Central African Republic (C.A.R.) and Nigeria and over 180,000 internally displaced persons (IDPs) who fled insecurity along the Nigeria-Cameroon border.

As a result of multiple shocks and stresses and pressure from insecurity and displacement, the overall food security situation sharply deteriorated in 2015 and 2016, with the number of food insecure people in the country reaching 2.6 million in October 2016 [3]. The Far North Region, hosting a large number of refugees and IDPs, is most affected. Similarly, the Standardized Monitoring and Assessment of Relief and Transitions (SMART) survey conducted by the United Nations Children's Fund (UNICEF) in 2015 indicates an increase in malnutrition rates, especially in the Far North, compared to results from 2013 and 2014.

Women in Cameroon, especially in the north and eastern regions, continue to face social gender norms, restricting their roles within society. The husband typically controls household resources, which raises concern for maternal and child health, emphasising inter-generational poverty gap.

Though education indicators remain relatively good at the national level with major improvements seen in recent years, access to primary education remains a challenge in the northern regions. In 2011, the net rate of school attendance for girls was of 65.8 percent and 79.2 percent for boys in these regions [4]. In Cameroon 54 percent of women have only completed primary education or have received no schooling at all, and 20 percent are illiterate [5].

According to the 2011 demographic, health and multiple Indicator (EDS-MICS) survey, 4.5 percent of adults aged 15-49 years are HIV positive. Women are more affected than men, with a prevalence of 5.6 percent against 2.9 percent. The prevalence of acute malnutrition, among people living with HIV, is at 14.1 percent [6]. Cameroon has been recognised as one of the five fast track countries in the region with an urgent need of building on and scaling up strategies of prevention and control of HIV.

- [1] Population Reference Bureau, 2015.
- [2] Emergency Food Security Assessment, 2015.
- [3] Humanitarian Needs Overview, 2016.
- [4] Food security and Nutrition Strategic Review Cameroon, 2016.
- [5] Systems Approach for Better Education Results (SABER), 2016.
- [6] Enquête Démographique et de Santé (EDS) and Enquête par grappe à Indicateurs Multiples (MICS), 2011.

Response of the Government and Strategic Coordination

The Government of Cameroon prepared a long-term development vision for the next 25 years called "Cameroon: an Emerging, Democratic and United Country despite its Diversity", of which the Growth and Employment Strategy Document (GESD 2010–2020) is part. The vision also has medium-term objectives that support a transformative agenda and makes people more resilient and engaged towards inclusive and sustainable development while leaving no one behind. WFP and the United Nations (UN) system supported these efforts through its United Nations Development Assistance Framework (UNDAF) 2013–2017, which was under a major review in 2016 to align with the 2030 Agenda for Sustainable Development.

The new UNDAF 2018–2022, which will be implemented under the "Delivering as One" (DaO) approach, will sharpen the focus of UN assistance to better support the new challenges of the country and align with the Government's planning cycle. The UNDAF defines 4 strategic pillars: (i) employment opportunities and protection measures; (ii) health and nutrition; (iii) improving access to education and quality vocational training; and (iv) strengthening the resilience of target populations to address food insecurity, and environmental, social and economic shocks.

The integration of a pillar on resilience, early recovery and food security in the UNDAF portrays the government commitments in addressing hunger, malnutrition and food insecurity, putting the Sustainable Development Goal 2 (SDG2) at the forefront of the agenda. Although Cameroon has made encouraging progress towards reducing the proportion of people suffering from hunger, disparities between rural and urban areas persist and more efforts are needed. Nutrition interventions are being reviewed with increased focus on prevention support, in conformity with the National Food and Nutrition Policy 2015-2025 which builds on strategies defined through the Scaling Up Nutrition (SUN) movement. A joint WFP-United Nations Children's Fund (UNICEF)-Government work plan defines



strategies geared towards reducing undernutrition, especially stunting, in the Government's four priority regions.

WFP worked with Joint United Nations Programme on HIV/AIDS (UNAIDS) and other UN agencies to support the government's efforts to scale up strategies of prevention and control of HIV. Together with UNAIDS, WFP supported the government to strengthen capacity of the nutrition promoters working on HIV and psycho-social agents. Furthermore joint supervision missions were conducted with WFP, the government, and other non-government partners. Additionally, the Office of the United Nations High Commissioner for Refugees (UNHCR) facilitated WFP's sensitisation campaigns in refugee camps.

Summary of WFP Operational Objectives

Through the implementation of a country portfolio of relief, recovery and development assistance activities in Cameroon: Country Programme 200330, PRRO 200552 and two regional Emergency Operations (EMOP 200777 and 200799), WFP aimed to reduce the impact of humanitarian crisis in the country and support the government's efforts towards achieving zero hunger. Furthermore, in 2016, WFP embarked on the formulation of the country strategic plan which, informed by the findings and recommendations of the country Strategic Review Exercise, will constitute the appropriate portfolio of programmes required to streamline food security and nutrition activities in both humanitarian and development contexts, including a plan for further strengthening of local capacity and national ownership of social and economic investments that pursue Sustainable Development Goal 2 (SDG2): End hunger, achieve food security, improve nutrition, and promote sustainable agriculture.

WFP's response strategy is geared towards reducing high levels of food insecurity and malnutrition, with a specific focus on the four northernmost and eastern regions of the country affected by insecurity, refugee influxes and displacements, and where traditionally food insecurity and malnutrition levels are highest. In a context of a continuously deteriorating and complex humanitarian situation in the country, WFP's primary focus in 2016 remained to assist displaced and crisis affected populations, to save lives, secure livelihoods and mitigate the effects of shocks on already vulnerable host communities, while aiming to strengthen national capacity for management of safety-net programmes, crisis response and early warning systems.

The Regional EMOP 200777 supported vulnerable populations affected by the crisis across the Lake Chad Basin countries. In Cameroon, it responded to the growing needs in the Far North region, resulting from increased waves of population displacements and a significantly deteriorating food security situation.

The Regional EMOP 200799 assisted vulnerable populations affected by the crisis in the Central African Republic (C.A.R.). In Cameroon, WFP assisted refugees who fled from C.A.R. as well as vulnerable host populations affected by the refugee influx.

Launched in October 2013, the PRRO came to an end in March 2016. It supported food insecure and vulnerable communities through nutrition rehabilitation and livelihood support activities.

Designed to support the government's efforts to address hunger and malnutrition, the Country Programme focused on mitigating the effects of climate shocks, supporting social safety nets and sustainable management of community grain stocks, and promoting primary education, especially for girls, in the chronically poor northern regions.

Since November 2015, WFP manages a United Nations Humanitarian Air Service (UNHAS) operation in Cameroon to enable humanitarian actor's safe access to project implementation sites, with flights linking Maroua, Ngaoundere and Garoua from its base in Yaounde, as well as Maroua and N'Djamena with support from UNHAS Chad.

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Country Resources and Results

Resources for Results

Country priorities in 2016 remained concentrated on emergency assistance to address the magnitude of needs arising from the Central African Republic (C.A.R.) and Lake Chad Basin crises. The scale of the crises prompted donors, both existing and new, to step up contributions to humanitarian programmes, while the share of resources available for recovery and development initiatives remained restricted. This translated into a decline in funding levels for PRRO and country programme, which in spite of continuous fundraising efforts, remained severely under-resourced. Throughout the year, WFP continued to reach out to donors at local and central levels, while soliciting the host government for in-kind support, but to little avail. Consequently, the Country Programme was suspended from the second half of 2016 to give priority to emergency needs.

In 2016, WFP's emergency response to the C.A.R refugee crisis (EMOP 200799) saw a decline in funding, as donor priorities increasingly shifted towards the Lake Chad Basin Crisis (EMOP 200777). As resources were running short towards year-end, WFP was forced to reduce the level of assistance provided to the C.A.R. refugees. WFP and the Office of the United Nations High Commissioner for Refugees (UNHCR) launched an urgent appeal for resources in November 2016 and these efforts will be reinforced in 2017 to ensure that assistance continue to the C.A.R. refugees until longer term solutions have been identified. In the Far North region, WFP response under Regional EMOP 200777 was adapted to the level of funding received though the capacity existed to scale up operations further. As additional donor pledges were secured over the course of the year, WFP could scale up assistance to an additional 20,000 internally displaced persons (IDPs) in areas where it was much needed.

WFP was grateful for the generous support received from a large number of donors, including multilateral contributions, which represented about 9 percent of total funding received. WFP advance financing mechanism and immediate response account played a critical role in securing resources at an early stage, before donor pledges were confirmed, enabling WFP to swiftly procure food commodities through the Global Commodity Management Facility (GCMF) in Douala, which contributed to reducing lead time and mitigate funds shortage. Multi-year pledges under EMOP 200799 allowed WFP to better plan activities ahead. Flexible and timely funding from donors remain key to maximising efficiency and effectiveness of resources.

WFP ensured that resources were spent wisely and that it achieved the maximum with the available funds. WFP endeavoured to find the least costly option for the planned commodity type as well as purchase locally and through GCMF to reduce both lead times and transport costs.

Furthermore, in 2016, WFP benefited from an allocation from the United Kingdom's Department for International Development (DFID) emergency preparedness window, which enabled the country office to put in place a set of preparedness measures as regards to information and communications technology (ITC), infrastructure, emergency communication, food storage and pre-positioning, and staff readiness and emergency preparedness. With this contribution, WFP carried out road rehabilitation project which has significantly improved road conditions and access to beneficiaries in the Minawao refugee camp, especially during the rainy season.

Achievements at Country Level

In a context of a continuously deteriorating and complex humanitarian crisis in the country, WFP support was vital in addressing food and nutrition needs, while mitigating the impact of the humanitarian crisis on surrounding local communities in the Far North and eastern regions. WFP reached a large coverage of the affected population providing continuous food assistance to over 350,000 people, including refugees from Nigeria, Central African Republic (C.A.R.), internally displaced persons (IDPs) and other vulnerable populations, and reaching over 100 sites on a monthly basis across the Far North and Eastern regions. In the Far North region, the number of IDPs doubled in 2016 with 180,000 people reported having fled their homes along the Cameroon-Nigeria border. WFP food support covered 62 percent of the identified IDPs, while activities where closely coordinated with the main food assistance actors operating in the region to ensure synergy to maximise coverage of the IDP needs. Despite an overall deterioration of the food security situation in the country, monitoring data indicated improvements in the food consumption patterns among households receiving WFP food assistance.

WFP significantly scaled up nutrition preventive support interventions in 2016 to enable an early detection of cases of malnourished children, while also preventing those at risk from falling into the malnutrition trap, reaching over 130,000 children under five with nutritious supplements. These efforts, along with partner complementary interventions, generated positive impacts in stabilising malnutrition in targeted health areas, especially in the more



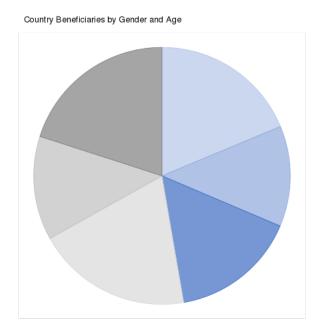
established refugee sites in eastern Cameroon where humanitarian assistance was largely concentrated, and where Global Acute Malnutrition rates remained below 1 percent. Similarly, the 2016 Standardized Monitoring and Assessment of Relief and Transitions (SMART) survey indicated a general reduction of moderate acute malnutrition rates from 11.7 percent in 2015 to 8.7 in 2016, though the nutrition situation remained of concern in the Far North.

In eastern Cameroon, important progress has been made in stabilising the humanitarian situation following two years of a consolidated emergency response to the refugees. Though continued food support remains critical for the most vulnerable refugees, WFP together with the Office of the United Nations High Commissioner for Refugees (UNHCR) and partners will initiate a shift in assistance towards self-reliance and resilience in 2017 to gradually move refugees away from dependency on humanitarian assistance.

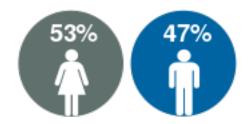


Beneficiaries	Male	Female	Total	
Children (under 5 years)	106,156	111,259	217,415	
Children (5-18 years)	71,791	74,112	145,903	
Adults (18 years plus)	90,154	113,581	203,735	
Total number of beneficiaries in 2016	268,101	298,952	567,053	











Annual Food Distribution in Country (mt)

Project Type	Cereals	Oil	Pulses	Mix	Other	Total
Country Programme	-	2	-	109	-	110
Regional EMOP	33,512	2,875	8,510	6,363	1,015	52,275
Single Country PRRO	208	89	69	166	15	547
Total Food Distributed in 2016	33,720	2,965	8,579	6,638	1,030	52,932

(USD)

Project Type	Cash	Value Voucher	Commodity Voucher
Regional EMOP	4,736,973	-	-
Total Distributed in 2016	4,736,973	-	-

Supply Chain

Logistics infrastructure in Cameroon is organized around the port of Douala, which accounts for more than 90 percent of the country's imports and is the main entry point for cargoes destined for Chad and Central African Republic (C.A.R.). The large quantities of food were supplied from the Global Commodity Management Facility (GCMF) stocks pre-positioned at the port of Douala, which enabled swift delivery to the various field locations. A total of 45,690 mt of GCMF food was pre-positioned in the port to serve operations in Cameroon, Chad, C.A.R and Nigeria. WFP Cameroon also purchased about 3,548 mt directly from local suppliers in the country.

Food received at the port of Douala and in local suppliers' warehouses was transported to WFP warehouses in Maroua in the Far North and Bertoua in the East. The logistics hub established in Bertoua served to mitigate pressure on the other extended delivery points in the region. Some 23,000 mt of food was pre-positioned in the hub and re-forwarded as needed to the other central stores. In Maroua, seven mobile warehouses were put in place, providing 6,300 mt of additional storage capacity.

Access constraints, due to insecurity, remoteness of areas and poor state of roads, particularly during the rainy season, remained major challenges for food delivery. Especially in the remotely located Logone and Chari in the Far North region, access remained restricted to 60 percent of project sites during the rainy season. Despite these

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challenges, WFP ensured delivery to the most remote areas, as a result of early planning, contingency measures put in place, and a strong collaboration and coordination with experienced partners and government counterparts. A warehouse was established in Kousseri, in the Logone and Chari department, to ensure early food pre-positioning and rapid delivery to surrounding sites. Furthermore, in an effort to secure road access to the Minawao refugee camp at the height of the rainy season, WFP carried out road rehabilitation project funded through the United Kingdom's Department for International Development (DFID) Emergency Preparedness Programme. The project consisted of the construction of five bridges which significantly improved road conditions and access to beneficiaries in the refugee camp.

WFP also supported cross-border delivery of emergency assistance to northeast Nigeria where access is hampered from within the country due to insecurity. In 2016, 2,200 mt of foods were transported across the border and distributed by WFP teams in Nigeria. The very first convoy of food supplies was delivered in July 2016, under the United Nations (UN) led cross-border operation.

The cash-based transfers (CBT), launched for the first time in Cameroon in 2016, provided opportunities for a more efficient response and to mitigate supply chain challenges, which constituted a major hindrance for the operation in the past. Policies were put in place to facilitate women's participation as wholesalers and retailers, which constituted an opportunity to support their engagement in market activities, considering that cultural barriers often hinder their full participation. The agreement with a competent wholesaler to supply retailers helped to avoid interruptions at shops during distributions.



Annual Food Purchases for the Country (mt)

Commodity	Local	Regional/International	Total
Beans	1,482	-	1,482
lodised Salt	329	-	329
Rice	1,737	-	1,737
Total	3,548	-	3,548
Percentage	100.0%	-	

Implementation of Evaluation Recommendations and Lessons Learned

Two operational evaluations were conducted in 2016 including evaluation of PRRO 200552, conducted in May, and evaluation of EMOP 200777, conducted in June. Key recommendations from these evaluations included the need to: integrate food and nutrition security activities to maximise efficiency; strengthen activities designed to address cross-cutting issues including gender and nutrition; close follow up of cash-based transfer (CBT); and invest in strengthening monitoring and evaluation (M&E) systems. All these recommendations were applied to improve design and implementation of WFP activities in 2016. In collaboration with the WFP Regional Bureau for West and Central Africa, Cameroon country office also conducted a gender and market analysis of food sectors in two target regions, to ensure innovative gender mainstreaming in the design of future market support activities. M&E systems and tools have been significantly strengthened, and complaint and feedback mechanisms have been rolled out in all project sites.

In line with the evaluation recommendations, WFP's previous learning in nutrition recommends a focus on prevention programme using a blanket supplementary feeding as a medium for complementary services. In 2016, the country office took a strategic shift from treatment to prevention of malnutrition through a community-based approach – combining both nutrition specific and nutrition sensitive activities and ensuring better convergence of partner activities.

The CBT, launched for the first time in Cameroon in 2016, proved effective. WFP Cameroon initiated a participatory lessons learned process, in order to improve the programme implementation and design of the future interventions. CBT introduced a nutrition education component to strengthen promotion of nutrition practices among CBT

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beneficiaries and encourage them to prioritise nutritious foods in their choice of food basket to be purchased.

The evaluation of the PRRO, along with the Regional EMOP evaluation, further recommended that in order to face protracted crises, WFP should provide a more flexible package that shifts support from emergency response to early community recovery and resilience building in relation to changes in the local context. These recommendations are being applied in the design of the response from 2017 onwards and the future Country Strategic Plan.

Furthermore, in December 2016, the first Systems Approach for Better Education Results (SABER) exercise was carried out in Cameroon to analyse the policies and systems related to school meals programme in the country and to establish an action plan for the implementation of national school feeding policy. The exercise provided the following recommendations and priority actions: 1) Revision and validation of the draft national policy on school feeding; 2) Elaboration of the budget for school feeding including a funding strategy; and 3) Design and implementation of a Home Grown School Feeding pilot programme, which feeds into WFP forthcoming response design and Country Strategic Plan.



Story Worth Telling

In 2016, WFP introduced mobile phone cash-based transfer assistance in Cameroon to offer the most vulnerable refugees and displaced Cameroonian families the freedom to buy the products of their choice. For some, it has not only been a means of providing food for the family, but also a way of engaging in new income opportunities.

MORA, Far North region of Cameroon – Tens of thousands of displaced families have flocked in the town of Mora, near the Nigerian frontier, to escape Boko Haram insurgency, which has ravaged villages along the border for over two years. Homes destroyed and families torn apart, many women are left alone to care for the household as their husbands have been killed in attacks or deserted the family to find work elsewhere. In Mora, WFP cash-based transfer (CBT) programmes, which exclusively target single women households, provided some relief in the turmoil of chaos. Especially for women like Fadi – widowed and sole carer for 10 children, who has received money every month since May this year, sent by WFP through her mobile phone. The cash transfers gave her a sense of normality, as she could go to the local market to buy meat, canned fish, rice, milk for the children, and other products to prepare the meals of her preference.

GADO, Eastern Cameroon – Three refugee women from the Central African Republic have profited from the increased market demand that the CBT programme brings, to start up a small shop where they sell cassava flour, a locally preferred staple food. The women are amongst 30 local traders in the Gado refugee camp, working to supply the market with enough quantities of varied food products. "When WFP saw that I was committed to my business, selling small food stuff, they encouraged me to become a supplier to the CBT programme" says Fatou Saleh, one of the three women retailers in the camp. "I am now a provider to hundreds of families who buy from me with money in their mobile phones and I employ two other women in my shop." Fatou has become a respectable business woman, self-reliant and no longer needs WFP food assistance to sustain her family.

While aiming to expand the programme, WFP took efforts to support women's engagement in market activities, considering that cultural barriers often hinder their participation. Trainings were carried out for selected women's groups and women traders for them to manage shops in 2017.

The objective – after three months, these women will have achieved sufficient financial independence to be taken out of the food assistance programme.

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Project Objectives and Results

Project Objectives

Launched in October 2013, PRRO 200552 was designed to run until September 2015 to provide nutrition and recovery support to protracted refugees from the Central African Republic (C.A.R.) and other vulnerable groups in Cameroon. As the humanitarian situation deteriorated significantly in 2015 and 2016, the PRRO changed its operational focus to adapt to the evolving context and subsequent shift of donor priorities towards humanitarian assistance due to insecurity in the Lake Chad Basin and new influxes of refugees and internally displaced persons (IDPs). Consequently, the relief component of the PRRO was transferred to the Regional EMOP 200777 assisting people affected by insecurity in northern Nigeria and Regional EMOP 200799 providing support to people affected by crisis in C.A.R., while the PRRO maintained non-relief assistance to long time refugees and host populations.

The PRRO came to an end in the first quarter of 2016, following a six month extension through a budget revision (BR#2). However, as the needs continue to be critical, WFP will reassess its strategy to determine appropriate forms of assistance for the vulnerable groups targeted under the PRRO and possible inclusion in the Country Strategic Plan (CSP), planned for 2018.

Aligned with the WFP Strategic Plan (2014–2017), in particular Strategic Objectives 1, 3 and 4, and the United Nations Development Assistance Framework (UNDAF) 2013–2017, the objectives of the PRRO were to:

- Enhance livelihoods through food assistance for assets activities, for people affected by recurrent droughts, floods and the influx of refugees, with special attention to women (WFP Strategic Objective 3);
- Treat moderate acute malnutrition through targeted supplementary feeding to children aged 6-59 months and pregnant and lactating women (WFP Strategic Objective 1); and
- Prevent stunting through complementary feeding to children aged 6-23 months (WFP Strategic Objective 4).



Approved Budget for Project Duration (USD)

Cost Category	
Direct Support Costs	4,502,230
Food and Related Costs	21,978,067
Indirect Support Costs	1,853,621
Total	28,333,919

Project Activities

PRRO targeted long-term refugees from the Central African Republic (C.A.R.) and food insecure and vulnerable communities affected by recurrent climatic shocks and refugee influxes in the structurally poor eastern and northern parts of Cameroon – namely the North, Far North, East and Adamawa regions. The project was operational only during the first quarter of 2016 (January-March), which did not allow sufficient time to generate significant impacts and adequately measure project performance. In addition, PRRO suffered from severe resource constraints during the last months of implementation: no new contributions were allocated against the project in 2016 and WFP struggled to ensure continuity of activities in 2016 using some carry-over stocks from 2015. This resulted in WFP reaching a lower number of beneficiaries than planned. An evaluation of the entire PRRO (October 2013-March 2016), conducted in May 2016 pointed to an overall successful project performance with regards to the relevance of selected activities, realization of project targets, and its ability to mitigate a further deterioration of food and nutritional security amongst its beneficiaries.



Strategic Objective 3

The Food Assistance for Assets (FFA) activities were carried out in the north and eastern regions, and aimed to help building the resilience of vulnerable communities to recover from potential shocks and adapt to climatic and social stresses. In the North region, one FFA project was executed in 2016, for which project implementation started in 2015, focusing on the rehabilitation of rural water supply infrastructure to boost agricultural productivity within the community. The project helped ensure food security of participating households and constituted a source of livelihood, engaging communities in small-scale dry season farming and cattle rearing, which helped them endure the difficult lean season. In the East and Adamawa regions, activities targeted C.A.R. refugees and host communities to help facilitate social cohesion between the two groups, promoting self-sufficiency with an emphasis on environmental protection. The activities consisted of the creation of tree plantations and improved stoves to help mitigate firewood depletion and deforestation. Food distributions carried out at the end of project implementation ensured access to food for participating households. Given the limited implementation period and limited available resources, the number of participants in the FFA projects were lower than planned.

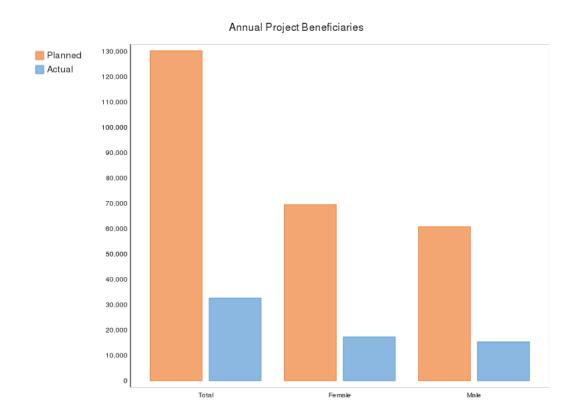
Food for training (FFT) activities were not implemented in 2016 due to the limited implementation time frame.

Strategic Objective 1

In the nine health districts of the Far North region that were the least affected by Boko Haram violence, children aged 6-59 months and pregnant and lactating women suffering from moderate acute malnutrition received appropriate treatment through targeted supplementary feeding. The programme focused on early detection and management of acute malnutrition, and on prevention of severe acute malnutrition. As recommended by the national protocol for integrated management of acute malnutrition, the food basket was composed of SuperCereal, oil and sugar for women and of Plumpy'Sup for children. Only 41 percent of the planned beneficiaries were actually reached due to funding constraints.

Strategic Objective 4

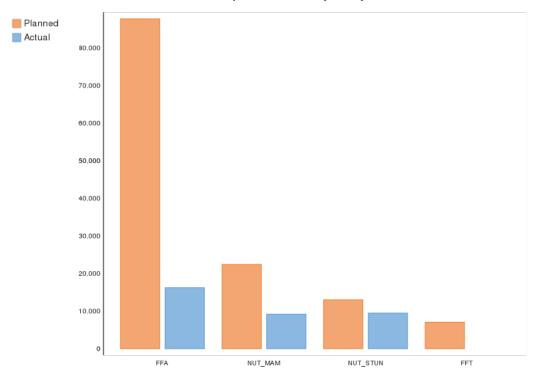
A community-based complementary feeding programme was implemented to prevent high level of stunting among children aged 6-23 months in the North region. Children received a daily ration of Nutributter. Due to limited resources, activities were implemented in one out of two planned health districts and as a result only 72.9 percent of the planed beneficiaries were reached.



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Annual Project Beneficiaries by Activity



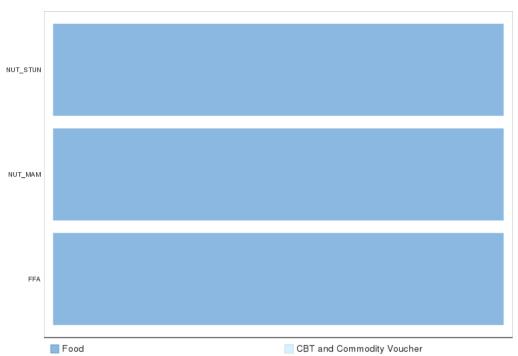
FFA: Food-Assistance-for-Assets

NUT_MAM: Nutrition: Treatment of Moderate Acute Mainutrition

NUT_STUN: Nutrition: Prevention of Stunting

FFT: Food-Assistance-for-Training

Modality of Transfer by Activity



FFA: Food-Assistance-for-Assets

NUT_MAM: Nutrition: Treatment of Moderate Acute Malnutrition
NUT_STUN: Nutrition: Prevention of Stunting





Commodity	Planned Distribution (mt)	Actual Distribution (mt)	% Actual v. Planned
Beans	567	38	6.7%
Corn Soya Blend	82	30	36.9%
lodised Salt	19	15	79.1%
Peas	-	30	-
Ready To Use Supplementary Food	23	136	581.1%
Ready To Use Therapeutic Food	155	-	-
Rice	1,324	208	15.7%
Sugar	7	-	-
Vegetable Oil	141	89	63.4%
Total	2,319	547	23.6%

Operational Partnerships

PRRO was implemented in close partnership with communities, local and international non-governmental organizations (NGOs), United Nations (UN) partners and government authorities.

Local NGOs such as *Centre Régional d'Appui à la Professionnalisation Agropastoral* (CRPA) and *Action pour la Promotion de la Creation* (APCRE) were involved in the implementation of the food assistance-for-assets (FFA) activities. WFP's partnership with local NGOs played a critical role in the execution of the projects due to their expertise of the specific needs and contexts of local communities, while providing opportunities for capacity development at the local level.

Nutrition programmes were conducted in coherence with the initiatives of existing humanitarian and development programmes including those of the United Nations Children's Fund (UNICEF), the Ministry of Public Health and Society (MPHS) and international NGOs, with a view of supporting the government's commitments to significantly reduce undernutrition under the Scaling Up Nutrition (SUN) movement. WFP established effective working relationships with administrative, political and technical government partners at central and local levels, which enabled integration of nutrition activities in existing regional health systems and structures.

The complementary feeding activities were implemented in collaboration with the local NGO, *Services d'Appui aux Initiatives Locales de Développement* (SAILD) with support of the Regional Delegation of public health for the North region (DRSP/N). The Treatment of Moderate Acute Malnutrition programme was implemented directly with Regional Delegation of public health for the Far North region (DRSP/EN).

Due to the limited project implementation time frame in 2016, no partner trainings were carried out.

Performance Monitoring

Activities were monitored through on-site food distribution monitoring, food basket monitoring, post-distribution monitoring (PDM), and baseline and follow-up surveys to measure outcome-level results. Outputs indicators, collected on a monthly basis, were entered in the Country Office Tool for Managing Effectively (COMET). At outcomes level, one PDM was conducted for the food assistance for assets (FFA) projects to allow for the collection of indicators such as programme participation, coverage and the minimum acceptable diet (MAD).

The country office has made major efforts to strengthen the monitoring and evaluation system, including deploying additional monitoring staff in the country office as well as in the sub/field offices, and the introduction of new technology to improve data collection procedures. The use of new technology and the roll-out of COMET in the



country office, facilitated data collection procedures, as well as the aggregation, analysis and dissemination of beneficiary data.

Results/Outcomes

Through the food assistance for assets (FFA) projects, WFP ensured access to food for participating households contributing to mitigating food insecurity, though a lower number of beneficiaries were reached than initially planned due to resource constraints. Three projects were carried out in 2016, one in the Far North and two in the eastern regions. In the Far North, projects focused on the rehabilitation of rural water supply infrastructure to boost agricultural production within the community, while in the east, 700 improved stoves were created and a nursery of 12,000 tree seedlings was established to help mitigate firewood depletion and deforestation. The food security indicators remained at a good level: the percentage of households reported having a poor food consumption remained at zero, far below the baseline and well in line with the project end target. Dietary diversity was at good levels for households headed by women and those headed by men compared to targets, though households headed by men score was slightly less than those headed by women. The household coping strategy index remained stable since 2014, with households headed by men reporting slightly lower scores than those headed by women.

Performance of nutrition activities was measured against the number of discharged beneficiaries, treatment recovery rate, non-response rate, default rate and treatment mortality rate. The treatment programme performance indicators reported positive results, but due to the project's limited implementation period, little change was observed against the results registered in late 2015. Indicators remained within the SPHERE standards, except for the default rate, which was above the minimum standard. This could be related to funding constraints which resulted in occasional supply breaks to health centres. The complementary feeding programme continued to generate positive outcomes related to the minimum acceptable diet (MAD). Communities reported high levels of satisfaction with Treatment of Moderate Acute Malnutrition programme and Complementary Feeding programme with increased strength, weight and appetite, reduced illness and fewer stresses in the household and community.

Progress Towards Gender Equality

Women in Cameroon, especially in the north and eastern regions, continue to face social gender norms, restricting their roles within society and with little voice in their household and local community. In this context, PRRO paid special attention to women's participation in activities, in an effort to increase their participation in decision making in the household as well as in the wider community.

During its implementation, PRRO focused on raising awareness of communities and their leaders in target villages, addressing social norms that require women to seek the authorisation of their husbands and community leaders to visit health centres and distribution sites. While 51 percent of the food assistance for assets (FFA) participants were women against a target of 58 percent, communities agreed that women's participation in FFA activities had supported greater levels of acceptance for women to work and socialise outside the household.

While the nutrition programmes were successful in raising nutrition awareness among women through the engagement of government health staff, non-governmental organizations (NGOs) and community health workers for the cause of nutrition issues, more efforts are needed to ensure men's commitment through behavioural change communication.

Protection and Accountability to Affected Populations

Monitoring results revealed a good performance in accountability and protection indicators, with 100 percent of assisted men and women experiencing no safety problems travelling to or from, or staying at the PRRO's food assistance for assets (FFA) and Nutrition sites against the target of 80 percent. WFP will continue to strengthen reporting and monitoring systems as beneficiaries might have faced protection issues but did not know how to report on those, given the sensitive nature of issues and cultural taboos surrounding them.

WFP and partners introduced measures to ensure that beneficiaries received timely and adequate information about the programmes, including their entitlements, selection criteria and way to communicate to WFP and partners. Under FFA activities, cross-age and gender community participation was ensured in the planning and implementation phases of the programme to ensure that beneficiaries were consulted and informed. Local committees set up at project sites provided a platform for discussion where beneficiaries were able to express their



views on their needs and preferences, and to provide feedback and file complaints. A toll free hotline, based in Yaoundé but accessible through all telephone numbers in Cameroon, was introduced in August 2016. Beneficiaries of WFP projects were able to call free of charge to lay complaints and get feedback in their local dialects in a secured, safe and dignified manner.



Figures and Indicators

Data Notes

Cover page photo © WFP/ Sylvain Cherkaoui. Woman with child benefiting from WFP nutrition assistance.

Global Commodity Management Facility purchases are reported under the regional EMOP 200799 and 200777.

Overview of Project Beneficiary Information

Table 1: Overview of Project Beneficiary Information

Beneficiary Category	Planned (male)	Planned (female)	Planned (total)	Actual (male)	Actual (female)	Actual (total)	% Actual v. Planned (male)	% Actual v. Planned (female)	% Actual v. Planned (total)			
Total Beneficiaries	60,754	69,479	130,233	15,331	17,301	32,632	25.2%	24.9%	25.1%			
By Age-group:	By Age-group:											
Children (under 5 years)	26,622	28,841	55,463	9,694	9,455	19,149	36.4%	32.8%	34.5%			
Children (5-18 years)	19,910	22,433	42,343	3,288	3,445	6,733	16.5%	15.4%	15.9%			
Adults (18 years plus)	14,222	18,205	32,427	2,349	4,401	6,750	16.5%	24.2%	20.8%			
By Residence	status:	'										
Refugees	14,991	17,144	32,135	1,057	1,145	2,202	7.1%	6.7%	6.9%			
Residents	45,763	52,335	98,098	14,494	15,936	30,430	31.7%	30.4%	31.0%			

Participants and Beneficiaries by Activity and Modality

Table 2: Beneficiaries by Activity and Modality

Activity	Planned (food)	Planned (CBT)	Planned (total)	Actual (food)	Actual (CBT)	Actual (total)	% Actual v. Planned (food)	% Actual v. Planned (CBT)	% Actual v. Planned (total)
Food-Assistance-for-Assets	87,750	-	87,750	16,225	-	16,225	18.5%	-	18.5%
Food-Assistance-for-Training	7,060	-	7,060	-	-	-	-	-	-
Nutrition: Treatment of Moderate Acute Malnutrition	22,413	-	22,413	9,186	-	9,186	41.0%	-	41.0%



Activity	Planned (food)	Planned (CBT)	Planned (total)	Actual (food)	Actual (CBT)	Actual (total)	% Actual v. Planned (food)	% Actual v. Planned (CBT)	% Actual v. Planned (total)
Nutrition: Prevention of Stunting	13,010	-	13,010	9,481	-	9,481	72.9%	-	72.9%

Annex: Participants by Activity and Modality

Activity	Planned (food)	Planned (CBT)	Planned (total)	Actual (food)	Actual (CBT)	Actual (total)	% Actual v. Planned (food)	% Actual v. Planned (CBT)	% Actual v. Planned (total)
Food-Assistance-for-Assets	17,550	-	17,550	3,245	-	3,245	18.5%	-	18.5%
Food-Assistance-for-Training	1,412	-	1,412	-	-	-	-	-	-
Nutrition: Treatment of Moderate Acute Malnutrition	22,413	-	22,413	9,186	-	9,186	41.0%	-	41.0%
Nutrition: Prevention of Stunting	13,010	-	13,010	9,481	-	9,481	72.9%	-	72.9%

Participants and Beneficiaries by Activity (excluding nutrition)

Table 3: Participants and Beneficiaries by Activity (excluding nutrition)

Planned (male)	Planned (female)	Planned (total)	Actual (male)	Actual (female)	Actual (total)	% Actual v. Planned (male)	% Actual v. Planned (female)	% Actual v. Planned (total)			
Food-Assistance-for-Assets											
8,424	9,126	17,550	1,558	1,687	3,245	18.5%	18.5%	18.5%			
8,424	9,126	17,550	1,558	1,687	3,245	18.5%	18.5%	18.5%			
42,121	45,629	87,750	7,788	8,437	16,225	18.5%	18.5%	18.5%			
678	734	1,412	-	-	-	-	-	-			
678	734	1,412	-	-	-	-	-	-			
3,389	3,671	7,060	-	-	-	-	-	-			
	8,424 8,424 42,121 678	(male) (female) 8,424 9,126 8,424 9,126 42,121 45,629 678 734 678 734	(male) (female) (total) 8,424 9,126 17,550 8,424 9,126 17,550 42,121 45,629 87,750 678 734 1,412 678 734 1,412	(male) (female) (total) (male) 8,424 9,126 17,550 1,558 8,424 9,126 17,550 1,558 42,121 45,629 87,750 7,788 678 734 1,412 - 678 734 1,412 -	(male) (female) (total) (male) (female) 8,424 9,126 17,550 1,558 1,687 8,424 9,126 17,550 1,558 1,687 42,121 45,629 87,750 7,788 8,437 678 734 1,412 - - 678 734 1,412 - - - - - - -	(male) (female) (total) (male) (female) (total) 8,424 9,126 17,550 1,558 1,687 3,245 8,424 9,126 17,550 1,558 1,687 3,245 42,121 45,629 87,750 7,788 8,437 16,225 678 734 1,412 - - - 678 734 1,412 - - -	Planned (male) Planned (female) Planned (total) Actual (male) Actual (female) Actual (total) Planned (male) 8,424 9,126 17,550 1,558 1,687 3,245 18.5% 8,424 9,126 17,550 1,558 1,687 3,245 18.5% 42,121 45,629 87,750 7,788 8,437 16,225 18.5% 678 734 1,412 - - - - - 678 734 1,412 - - - - - 678 734 1,412 - - - - -	Planned (male) Planned (female) Planned (total) Actual (male) Actual (female) Actual (total) Planned (male) Planned (female) 8,424 9,126 17,550 1,558 1,687 3,245 18.5% 18.5% 8,424 9,126 17,550 1,558 1,687 3,245 18.5% 18.5% 42,121 45,629 87,750 7,788 8,437 16,225 18.5% 18.5% 678 734 1,412 - - - - - - 678 734 1,412 -			

Nutrition Beneficiaries

Nutrition Beneficiaries



Beneficiary Category	Planned (male)	Planned (female)	Planned (total)	Actual (male)	Actual (female)	Actual (total)	% Actual v. Planned (male)	% Actual v. Planned (female)	% Actual v. Planned (total)
Nutrition: Treat	ment of Modera	ate Acute Malnu	trition						
Children (6-23 months)	5,250	5,813	11,063	1,853	2,052	3,905	35.3%	35.3%	35.3%
Children (24-59 months)	3,750	3,938	7,688	1,324	1,390	2,714	35.3%	35.3%	35.3%
Pregnant and lactacting girls (less than 18 years old)	-	1,575	1,575	-	1,104	1,104	-	70.1%	70.1%
Pregnant and lactating women (18 plus)	-	2,087	2,087	-	1,463	1,463	-	70.1%	70.1%
Total beneficiaries	9,000	13,413	22,413	3,177	6,009	9,186	35.3%	44.8%	41.0%
Nutrition: Preve	ention of Stunti	ng							
Children (6-23 months)	6,245	6,765	13,010	4,551	4,930	9,481	72.9%	72.9%	72.9%
Total beneficiaries	6,245	6,765	13,010	4,551	4,930	9,481	72.9%	72.9%	72.9%

Project Indicators

Outcome Indicators

Outcome	Project End Target	Base Value	Previous Follow-up	Latest Follow-up
SO1 Save lives and protect livelihoods in emergencies				
Stabilized or reduced undernutrition among children aged 6–59 months and pregnant and	l lactating wom	en		
MAM treatment recovery rate (%)				
EAST, ADAMAOUA, NORTH AND FAR NORTH REGIONS, Project End Target: 2016.03,				
Base value: 2015.12, WFP programme monitoring, Health Centers registers and reports,				
Latest Follow-up: 2016.03, WFP programme monitoring, Health centers registers and reports	>75.00	79.00	-	78.05
MAM treatment default rate (%)				
EAST, ADAMAOUA, NORTH AND FAR NORTH REGIONS, Project End Target: 2016.03,				
Health centers registers and reports, Base value: 2015.12, WFP programme monitoring,				
Health centers registers and reports, Latest Follow-up: 2016.03, WFP programme				
monitoring, Health centers registers and reports	<15.00	20.00	-	20.29



Outcome	Project End Target	Base Value	Previous Follow-up	Latest Follow-up
MAM treatment mortality rate (%)				
FAR-NORTH REGION, Project End Target : 2016.03, Health centers registers and reports, Base value : 2015.12, WFP programme monitoring, Health Centers registers and reports, Latest Follow-up : 2016.03, WFP programme monitoring, Health centers registers and reports	<3.00	0.00	-	0.12
MAM treatment non-response rate (%)				
FAR-NORTH REGION, Project End Target : 2016.03, Health centers registers and reports, Base value : 2015.12, WFP programme monitoring, Health Centers registers and reports, Latest Follow-up : 2016.03, WFP programme monitoring, Health centers registers and reports	<15.00	1.00	-	1.54
Proportion of eligible population who participate in programme (coverage)				
FAR-NORTH REGION, Project End Target : 2016.03, Base value : 2015.12, WFP programme monitoring, Health Centers/Distribution registers and reports, Previous Follow-up : 2016.01, WFP programme monitoring, Health centers registers and reports, Latest Follow-up : 2016.01, WFP programme monitoring, Health centers registers and reports	>70.00	84.00	84.00	84.00
Proportion of children who consume a minimum acceptable diet				
NORTH REGION, Project End Target : 2016.03, PDM, Base value : 2015.07, WFP programme monitoring, PDM, Latest Follow-up : 2016.03, WFP programme monitoring, PDM	>70.00	54.00	-	54.00
Stabilized or improved food consumption over assistance period for targeted households	and/or individ	uals		
FCS: percentage of households with poor Food Consumption Score				
EAST, ADAMAOUA, NORTH AND FAR NORTH REGIONS, Project End Target : 2016.03, JAM, PDM, Base value : 2011.05, WFP programme monitoring, CFSVA, Previous Follow-up : 2015.12, WFP programme monitoring, PDM, Latest Follow-up : 2016.01, WFP programme monitoring, PDM	<4.00	19.00	0.00	0.00
FCS: percentage of households with poor Food Consumption Score (female-headed)				
EAST, ADAMAOUA, NORTH AND FAR NORTH REGIONS, Project End Target : 2016.03, WFP survey, Base value : 2011.05, Joint survey, CFSVA, Previous Follow-up : 2015.12, WFP programme monitoring, PDM, Latest Follow-up : 2016.01, WFP programme monitoring, PDM	<4.00	19.00	0.00	0.00
FCS: percentage of households with poor Food Consumption Score (male-headed)				
EAST, ADAMAOUA, NORTH AND FAR NORTH REGIONS, Project End Target : 2016.03, WFP survey, Base value : 2011.05, WFP programme monitoring, CFSVA, Previous Follow-up : 2015.12, WFP programme monitoring, PDM, Latest Follow-up : 2016.01, WFP programme monitoring, PDM	<4.00	19.00	0.00	0.00
Diet Diversity Score				
EAST, ADAMAOUA, NORTH AND FAR NORTH REGIONS, Project End Target : 2016.03, PDM, JAM, Base value : 2011.03, WFP programme monitoring, PDM, JAM, Previous Follow-up : 2015.12, WFP programme monitoring, PDM, Latest Follow-up : 2016.01, WFP programme monitoring, PDM	>6.00	4.70	6.34	6.34
Diet Diversity Score (female-headed households)				
EAST, ADAMAOUA, NORTH AND FAR NORTH REGIONS, Project End Target : 2016.03, WFP survey, Base value : 2011.05, Joint survey, CFSVA, Previous Follow-up : 2015.12, WFP survey, PDM, Latest Follow-up : 2016.01, WFP survey, PDM	>6.00	4.70	6.79	6.79
Diet Diversity Score (male-headed households)				
EAST, ADAMAOUA, NORTH AND FAR NORTH REGIONS, Project End Target : 2016.03, Base value : 2011.05, Joint survey, CFSVAA, Previous Follow-up : 2015.12, WFP survey, PDM, Latest Follow-up : 2016.01, WFP survey, PDM	>6.00	4.70	6.07	6.07



Outcome	Project End Target	Base Value	Previous Follow-up	Latest Follow-up
SO3 Reduce risk and enable people, communities and countries to meet their own food a	and nutrition ne	eds		
Improved access to livelihood assets has contributed to enhanced resilience and reduce food-insecure communities and households	d risks from dis	saster and shoc	ks faced by tar	geted
CAS: percentage of communities with an increased Asset Score				
EAST, ADAMAOUA, NORTH AND FAR NORTH REGIONS, Project End Target : 2016.03, PDM, Base value : 2016.01, WFP programme monitoring, PDM, Previous Follow-up : 2015.12, WFP programme monitoring, PDM, Latest Follow-up : 2016.01, WFP programme monitoring, PDM	=80.00	80.00	100.00	100.00
FCS: percentage of households with poor Food Consumption Score				
EAST, ADAMAOUA, NORTH AND FAR NORTH REGIONS, Project End Target : 2016.03, PDM, Base value : 2014.07, WFP programme monitoring, PDM, Previous Follow-up : 2015.12, WFP programme monitoring, PDM, Latest Follow-up : 2016.03, WFP programme monitoring, PDM	=4.00	20.00	0.00	0.00
FCS: percentage of households with poor Food Consumption Score (female-headed)				
EAST, ADAMAOUA, NORTH AND FAR NORTH REGIONS, Project End Target : 2016.03, WFP survey, Base value : 2011.05, Joint survey, CFSVA, Previous Follow-up : 2015.12, WFP programme monitoring, PDM, Latest Follow-up : 2016.01, WFP programme monitoring, PDM	<3.80	19.00	0.00	0.00
FCS: percentage of households with poor Food Consumption Score (male-headed)				
EAST, ADAMAOUA, NORTH AND FAR NORTH REGIONS, Project End Target : 2016.03, WFP survey, Base value : 2011.05, Joint survey, CFSVA, Previous Follow-up : 2015.12, WFP programme monitoring, PDM, Latest Follow-up : 2016.01, WFP programme monitoring, PDM	<3.80	19.00	0.00	0.00
Diet Diversity Score				
EAST, ADAMAOUA, NORTH AND FAR NORTH REGIONS, Project End Target : 2016.03, PDM, Base value : 2011.05, WFP survey, CFSVA, Previous Follow-up : 2015.12, WFP programme monitoring, PDM, Latest Follow-up : 2016.01, WFP programme monitoring, PDM	=6.00	4.70	6.79	6.79
Diet Diversity Score (female-headed households)				
EAST, ADAMAOUA, NORTH AND FAR NORTH REGIONS, Project End Target : 2016.03, WFP survey, Base value : 2011.03, WFP survey, CFSVA, Previous Follow-up : 2015.12, WFP programme monitoring, PDM, Latest Follow-up : 2016.01, WFP programme monitoring, PDM	=6.00	4.70	6.79	6.79
Diet Diversity Score (male-headed households)				
EAST, ADAMAOUA, NORTH AND FAR NORTH REGIONS, Project End Target : 2016.03, WFP survey, Base value : 2011.05, WFP survey, CFSVA, Previous Follow-up : 2015.12, WFP programme monitoring, PDM, Latest Follow-up : 2016.01, WFP programme monitoring, PDM	=6.00	4.70	6.07	6.07
CSI (Food): Percentage of male-headed households with reduced/stabilized Coping Strategy Index				
EAST, ADAMAOUA, NORTH AND FAR NORTH REGIONS, Project End Target : 2016.03, PDM, Base value : 2014.07, WFP programme monitoring, PDM, Previous Follow-up : 2015.12, WFP programme monitoring, PDM, Latest Follow-up : 2016.01, WFP programme				
monitoring, PDM	=80.00	70.00	86.00	86.00



Outcome	Project End Target	Base Value	Previous Follow-up	Latest Follow-up
CSI (Food): Percentage of households with reduced/stabilized Coping Strategy Index				
EAST, ADAMAOUA, NORTH AND FAR NORTH REGIONS, Project End Target : 2016.03, Base value : 2014.07, WFP programme monitoring, PDM, Previous Follow-up : 2015.12, WFP programme monitoring, PDM, Latest Follow-up : 2016.01, WFP programme monitoring, PDM	=100.00	93.00	93.00	93.00
CSI (Food): Percentage of female-headed households with reduced/stabilized Coping Strategy Index				
NORTH REGION, Project End Target : 2016.03, PDM, Base value : 2014.07, WFP programme monitoring, PDM, Previous Follow-up : 2015.12, WFP programme monitoring, PDM, Latest Follow-up : 2016.01, WFP programme monitoring, PDM	=100.00	70.00	100.00	100.00

Output Indicators

Output	Unit	Planned	Actual	% Actual vs. Planned
SO1: Nutrition: Prevention of Stunting				
Number of cooking demonstrations undertaken for fortified foods, complementary foods and special nutritional products	demonstratio n	81	84	103.7%
Number of health centres/sites assisted	centre/site	28	28	100.0%
Number of women exposed to nutrition messaging supported by WFP	individual	8,500	8,533	100.4%
SO1: Nutrition: Treatment of Moderate Acute Malnutrition				
Number of health centres/sites assisted	centre/site	163	163	100.0%
SO3: Food-Assistance-for-Assets				
Number of assets built, restored or maintained by targeted communities and individuals	asset	6	6	100.0%

Gender Indicators

Cross-cutting Indicators	Project End Target	Base Value	Previous Follow-up	Latest Follow-up
Proportion of households where females and males together make decisions over the use of cash, voucher or food				
CAMEROON, Food-Assistance-for-Assets, Project End Target : 2016.03, Base value : 2015.12, Latest Follow-up : 2016.01	=30.00	14.00	-	14.00
Proportion of households where females make decisions over the use of cash, voucher or food				
CAMEROON, Food-Assistance-for-Assets, Project End Target : 2016.03, Base value : 2015.12, Latest Follow-up : 2016.01	=40.00	31.00	-	31.00
Proportion of households where males make decisions over the use of cash, voucher or food				
CAMEROON, Food-Assistance-for-Assets, Project End Target : 2016.03, Base value : 2015.12, Latest Follow-up : 2016.01	=40.00	55.00	-	55.00



Cross-cutting Indicators	Project End Target	Base Value	Previous Follow-up	Latest Follow-up
Proportion of women beneficiaries in leadership positions of project management committees				
CAMEROON, Food-Assistance-for-Assets, Project End Target : 2016.03, Base value : 2015.12, Latest Follow-up : 2016.01	>50.00	50.00	-	50.00
Proportion of women project management committee members trained on modalities of food, cash, or voucher distribution				
CAMEROON, Food-Assistance-for-Assets, Project End Target : 2016.03, Base value : 2015.12, Latest Follow-up : 2016.01	>60.00	60.00	-	60.00

Protection and Accountability to Affected Populations Indicators

Cross-cutting Indicators	Project End Target	Base Value	Previous Follow-up	Latest Follow-up
Proportion of assisted people informed about the programme (who is included, what people will receive, where people can complain)				
CAMEROON, Food-Assistance-for-Assets, Project End Target : 2016.03, Base value : 2015.12, Latest Follow-up : 2016.01	=90.00	100.00	-	100.00
Proportion of assisted people who do not experience safety problems travelling to, from and/or at WFP programme site				
CAMEROON, Food-Assistance-for-Assets, Project End Target : 2016.03, Base value : 2015.12, Latest Follow-up : 2016.01	=100.00	100.00	-	100.00

Partnership Indicators

Cross-cutting Indicators	Project End Target	Latest Follow-up
Amount of complementary funds provided to the project by partners (including NGOs, civil society,		
private sector organizations, international financial institutions and regional development banks)		
ADAMAWA, Nutrition, Project End Target: 2016.01, Latest Follow-up: 2016.03	>1,894.00	18,581.00
Amount of complementary funds provided to the project by partners (including NGOs, civil society,		
private sector organizations, international financial institutions and regional development banks)		
EAST, Food-Assistance-for-Assets, Project End Target: 2016.01, Latest Follow-up: 2016.03	=831.00	2,994.00
Number of partner organizations that provide complementary inputs and services		
EAST, Food-Assistance-for-Assets, Project End Target: 2016.03, Latest Follow-up: 2016.03	>2.00	1.00
Number of partner organizations that provide complementary inputs and services		
NORTH, Nutrition, Project End Target: 2016.03, Latest Follow-up: 2016.03	=2.00	1.00
Proportion of project activities implemented with the engagement of complementary partners		
CAMEROON, Food-Assistance-for-Assets, Project End Target: 2016.03, Latest Follow-up: 2016.03	=100.00	100.00
Proportion of project activities implemented with the engagement of complementary partners		
CAMEROON, Nutrition: Prevention of Stunting, Project End Target: 2016.03, Latest Follow-up: 2016.03	=100.00	100.00