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Draft country programme document**

Republic of Cameroon

Summary

The draft country programme document (CPD) for the Republic of Cameroon is presented to the Executive Board for discussion and comments. The Board is requested to approve the aggregate indicative budget of \$17,660,000 from regular resources, subject to the availability of funds, and \$35,000,000 in other resources, subject to the availability of specific-purpose contributions, for the period 2008 to 2012.

* E/ICEF/2007/8.

** In accordance with Executive Board decision 2006/19 (E/ICEF/2006/5/Rev.1), the present document will be revised and posted on the UNICEF website no later than six weeks after discussion of the CPD at the Board session. It will then be approved by the Executive Board at its second regular session of 2007.

<i>Basic data[†]</i> <i>(2005 unless otherwise stated)</i>	
Child population (millions, under 18 years)	7.9
U5MR (per 1,000 live births) (1998-2004)	149
Underweight (% , moderate and severe) (2004)	18
Maternal mortality ratio (per 100,000 live births) (1998-2004)	670
Primary school attendance (% net, male/female) (2006)	78/73*
Primary schoolchildren reaching grade 5 (% , 2004)	96
Use of improved drinking water sources (% , 2004)	66
Adult HIV prevalence rate (%)	5.4
Child work (% , children 5-14 years old) (2004)	43.3
GNI per capita (US\$)	1 010
One-year-olds immunized against DPT3 (%)	80
One-year-olds immunized against measles (%)	68**

[†] More comprehensive country data on children and women are available at www.unicef.org.

* MICS 2006, September 2006 Preliminary report Table 3.

** 71 % , data from Immunization coverage survey, National Institute of Statistics 2005.

The situation of children and women

1. Cameroon is a country of challenges and certain contradictions. It is a politically stable, middle-income country. It has high agricultural production and exports food to neighbouring countries, but also is affected in some areas by food insecurity and chronic malnutrition, especially among children. Cameroon has a good health system and many high-calibre medical professionals, but infant, child and maternal mortality rates are stagnating and even increasing.

2. Cameroon is bordered by several unstable countries, which has consequences in terms of refugees and health-related risks, including polio transmission. Some 46 per cent of the population are under the age of 14 years. There are more than 250 ethnic groups, including indigenous minorities. There are wide geographical, age and gender disparities. The urbanization rate is 38 per cent.

3. Life expectancy had increased, from 44 years in 1976 to 54 years in 1987, but is now decreasing because of the scourges of HIV/AIDS and poverty, especially among women and young people. HIV-related mortality is higher among women aged 25-34 years.

4. The country reached the completion point of the Highly Indebted Poor Countries initiative in April 2006. However, this has not yet resulted in a significant increase in the allocation of public funds to social sectors, except for health. In the area of child survival and development, the Government's financial contribution jumped from 5 per cent in 2003 to 22 per cent in 2006. Some 40 per cent of the population live on less than \$465 per person per year. In 2005, the economic growth rate was only 5 per cent, which is less than the estimated 7 per cent needed per year to halve poverty by 2015, as planned in the poverty reduction strategy paper (PRSP).

5. The Common Country Assessment (CCA) identified women, young people and children as vulnerable groups whose rights are not entirely fulfilled. These groups continue to suffer from the effects of the economic crisis of the 1990s.

6. The unemployment rate among young people below age 30 years is 9 per cent overall, but as high as 20 per cent in urban areas (25 per cent for women). The overall national poverty headcount ratio decreased between 1996 and 2001 but remained high in the three northern provinces, where it rose by 1.3 per cent.

7. The infant and under-five mortality rates have stagnated at 74 and 144 per 1,000 live births respectively, with important geographical and socio-economic disparities. The main causes are the high prevalence rate of malaria (40 per cent of deaths of children age five years), diarrhoeal diseases, measles, malnutrition and low birth weight. Less than 1 per cent of children under the age of five years sleep under insecticide-treated nets. Despite immunization campaigns, there has been a resurgence of polio, with three cases found in the last two years. The rate of chronic malnutrition increased from 29 to 32 per cent between 1998 and 2004. Other morbidities such as cholera, worms and schistosomiasis affect children's survival and well-being. The maternal mortality ratio increased from 430 per 100,000 live births in 1998 to 669 in 2004, mainly due to the poor quality of and low demand for services. Families' care practices for young children remain weak. The national policy framework for early childhood is under development.

8. Attendance at pre-school education is very low and concentrated in urban areas. The primary net enrolment rate is 77 per cent (78 for boys and 73 for girls), with a gender parity index of 0.9. Even as girls' education is improving overall (an increase from 71 to 86 per cent in their gross enrolment rate between 2003 and 2005), there has been less progress in the three northern provinces. The national repetition rate has decreased to 25 per cent, but is still higher than the 10 per cent targeted by the sector-wide approach (SWAp) to education. Enrolment of children in need of special protection remains a challenge. The conceptual and institutional framework for non-formal basic education has been drafted and is under technical review. The quality of learning is weakened by poor training of teachers and shortage of essential learning materials and equipment.

9. The socio-economic and legislative environment does not favour adolescents' welfare or their participation in decision-making processes. Regarding HIV and AIDS, there is a lack of behaviour-related and epidemiologic data for 10-15-year-olds and a wide gap among young people between knowledge and the utilization of life skills necessary to adopt safer sexual behaviour. Access to adolescent-friendly social services, including voluntary counselling and testing, is limited.

10. Updated social data relating to children and women, especially those in need of special protection, are insufficient. There is an absence of diagnosis and analysis of poverty with a child rights perspective in various development-related strategies. Planning, monitoring and evaluation are not only poorly institutionalized but also are not focused on human rights, gender and results-based approaches. The absence of an integrated data management system persists despite efforts to establish DevInfo in Cameroon. The recommendations of the Committee on the Rights of the Child have yet to be fully implemented, but Cameroon has just submitted its second and third periodic reports to the Committee. A family code is being drafted, and a Child Protection Code has been drafted and is under review.

11. The reported number of trafficked children is rising in the subregion. Studies have revealed many cases of sexual exploitation, corporal punishment, domestic labour and paedophilia. The weak child protection environment is characterized by a shortage of social and judicial protection mechanisms, structures and policies.

Key results and lessons learned from previous cooperation, 2003-2007

Key results achieved

12. The previous country programme contributed to decreasing the number of measles-related deaths from 258 in 2001 to 25 in 2004, and to reducing measles-related morbidity by 95 per cent for the same period. Immunization coverage increased to 78 per cent between 2002 and 2006 for each antigen. Between 2002 and 2005, coverage of vitamin A supplementation through routine activities rose from 29 to 99 per cent for children 6-11 months old, leaving the country with the challenge of addressing children aged 12-59 months. The district approach for the scaling-up of prevention of mother-to-child transmission of HIV (PMTCT) has been adopted in the National Strategic Plan for HIV and AIDS 2006-2010. A national policy on nutrition has been adopted and a national budget allocated for its implementation. In the programme intervention zones, the skills of caregivers have been reinforced through an integrated package for early childhood development. This experience has been integrated into the drafting of the national early childhood policy. The child-focused budget analysis developed in the health and nutrition project in 2006 resulted in greater budget allocations to children and mothers. These results were achieved in collaboration with the Joint United Nations Programme on HIV/AIDS (UNAIDS), the United Nations Population Fund (UNFPA), the World Food Programme (WFP), the World Health Organization (WHO), national associations, community-based organizations and international and national non-governmental organizations (NGOs), under the coordination of the Ministries of Health, Basic Education and Planning.

13. The country programme contributed to the development of the education SWAp, which was funded through the Fast-Track Initiative. The policy document on non-formal basic education was finalized, the education data management system strengthened and annual education statistics are produced for the intervention zones. The girls' education strategy has been validated and the Cameroon Network of Mothers' Associations is contributing to its implementation in the three northern provinces. Enrolment rates for girls have increased by 5 per cent per year in the intervention zones and the gender parity index improved from 0.75 in 2003 to 0.9 in 2006. The repetition rate has decreased, although the objective of a 10-per-cent reduction was not met. The primary-school promotion rate increased from 65 to 70 per cent between 2004-2005 and 2005-2006. The quality of education was improved through capacity-building for teachers and children's participation in school management, which in turn contributed to the creation of the child-friendly school model. These results were achieved under the coordination of the Ministry of Basic Education with support from the United Nations Educational, Scientific and Cultural Organization (UNESCO), WFP and national and international NGOs.

14. The national youth policy was approved, thanks in part to the participation and advocacy of adolescents through the youth network. An innovative and replicable

model of youth-friendly information, education and counselling centres has been established in 6 of the 10 provinces, with the result that peer education is operational in 24 local councils, reaching a yearly average of 145,000 children and young people. This enabled young people in some secondary schools, out-of-school sites and universities to analyze and contribute to solving social problems affecting adolescents like sexually transmitted infections, HIV and AIDS, early pregnancy, drugs, alcohol, tobacco and school drop-outs, through risk and vulnerability mapping and behavioural analysis. The model has been adopted in the National Strategic Plan for HIV and AIDS for national use. These results were achieved under the leadership of the Ministries of Secondary Education and Youth and in collaboration with UNAIDS, UNESCO, UNFPA, faith-based organizations, youth groups and NGOs.

15. The Child Protection Code has been technically validated under the leadership of the Ministries of Social Affairs and Justice, collaborating with the International Labour Organization (ILO), French cooperation and NGOs. The new Criminal Procedure Code provides special measures for children in conflict with the law. The average pre-trial detention period for children decreased from 199 to 60 days in project sites, as a result of capacity-building and networking of legal professionals and social workers. The birth registration rate is higher than the national average in the programme intervention zones. Child trafficking was officially recognized and an action plan was elaborated in 2005. The capacities of stakeholders have been reinforced to fight sexual exploitation of children. An increasing number of children affected by HIV and AIDS are benefiting from judicial assistance and psychosocial care and support.

16. Through an integrated communication approach, the population had access to accurate information relating to immunization, girls' education and the "four Ps" of the *Unite for Children, Unite against AIDS* campaign (Prevent mother-to-child HIV transmission, Provide paediatric treatment, Prevent infection among adolescents and young people, Protect and support children affected by HIV/AIDS). In addition, a network of community communicators is providing parenting education to more than 15,000 families in the convergence zones. Data on children and women made available through the demographic and health survey (DHS) and various specific statistic surveys contributed significantly to the design of the United Nations Development Assistance Framework (UNDAF). The national contingency plan was reviewed in light of the UNICEF Core Commitments for Children in emergencies and its priorities included in the UNDAF. These results were achieved through the support and coordination of the ministries of Planning and Communication, in collaboration with the United Nations Development Programme (UNDP), UNESCO, UNFPA, bilateral cooperation and NGOs.

Lessons learned

17. Four key lessons were learned from implementing the previous country programme: (a) the Country Programme Monitoring Committee (a joint government/UNICEF body established for the first time during this programme cycle) has played a major role in coordination, impetus and monitoring of the country programme through statutory meetings; (b) weak mastery of the three programmatic approaches (human-rights-based approach to programming, results-based management and gender) by UNICEF and its counterparts impeded the efficient and effective monitoring and evaluation of the country programme;

(c) partitioning of cross-cutting social policies into sectoral projects did not allow the proper involvement of all stakeholders; and (d) the strategy of convergence reinforced the integrated approach, programme ownership and model replication.

The country programme, 2008-2012

Summary budget table

(In thousands of United States dollars)

<i>Programme</i>	<i>Regular resources</i>	<i>Other resources</i>	<i>Total</i>
Young child survival	3 750	15 000	18 750
Basic education	3 750	7 000	10 750
Children, HIV and AIDS	3 500	10 000	13 500
Child protection	2 000	2 000	4 000
Social policies and partnership	3 100	1 000	4 100
Cross-sectoral costs	1 560	—	1 560
Total	17 660	35 000	52 660

Preparation process

18. The preparation of the country programme started in December 2005 with the mid-term review of the previous programme, which provided orientations for the design of the proposed programme. The CCA, which was based on the PRSP, was then developed by the Government and the United Nations system, taking into consideration the human rights approach and recommendations of various treaty bodies. The UNDAF was endorsed by all partners at the Joint Strategy Meeting in February 2007. Concerns for children, including those in emergency situations, were particularly taken into account; thus orienting the elaboration of the country programme towards achieving UNDAF outcomes.

19. The country programme preparation process was led by the Country Programme Monitoring Committee, chaired by the Ministry of Planning, Programming and Regional Development and involving all other concerned ministries. Civil society, including youth representatives, participated in the various stages of the process. The draft country programme was endorsed in March 2007 by the Committee as well as representatives of the donor community.

Goals, key results and strategies

20. The overall goal of the country programme is to contribute to poverty reduction by strengthening an enabling environment where the rights of every child to survival, development, protection and participation are fulfilled in a sustainable manner by the year 2012.

21. The expected key results are:

(a) The health and survival of mothers and children are improved, contributing to the reduction of maternal and child and mortality to achieve the Millennium Development Goals by 2015. This will entail strengthening health

policies and programmes for scaling-up high-impact interventions for maternal and child survival, improving nutrition among children and women and increasing knowledge and reinforcing skills in the use of potable water and good health practices in hygiene and sanitation;

(b) Children have the best start in life, access to quality basic education and gender disparities are reduced. Emphasis will be placed on parenting education and access to quality pre-school and basic education;

(c) Children, adolescents and their parents are empowered to protect themselves against HIV and AIDS and have access to comprehensive prevention, care, support and treatment. This will be done through improved knowledge, strengthened life skills and access to youth-friendly services, PMTCT and paediatric HIV care packages and care and support to orphans and vulnerable children;

(d) Children, especially those vulnerable to violence, exploitation, abuse and discrimination, have access to appropriate legal and protection services. The judicial and institutional protection framework will be strengthened and capacities of stakeholders reinforced for prevention of all forms of child abuse and management of children who are victims;

(e) National social policies, including poverty reduction strategies, reflecting child and woman's rights are elaborated, implemented, monitored and evaluated. Emphasis will be placed on the collection of disaggregated data and capacity-building. Advocacy and partnerships will be strengthened for the fulfilment of child and woman's rights.

22. To achieve these results, a combination of interrelated strategic approaches reinforced by the human rights-based approach and gender equality have been identified and will be applied at the macro and micro levels. At the macro level, evidence-based advocacy and partnership will help to place child rights at the centre of all policy, programme and budget development and of resource mobilization and leveraging. Best practices, innovations and successful and high-impact interventions will contribute to knowledge generation and scaling-up. Strengthening of evaluation will allow a better assessment of progress towards the expected country programme results and the Millennium Development Goals, and the design of policies and programmes fit for children. At the micro level, communication for behavioural and social change, capacity-building (with a service delivery component) and integration of gender equality into ongoing activities will enable increased participation of duty bearers and rights holders respectively to fulfil their obligations and claim and exercise their rights. At both levels, results-based management will strengthen linkages between the country programme, the UNDAF, the PRSP and the Millennium Goals, and improve the flow of results and the monitoring and reporting of progress at and by all levels. Strategies and interventions at the micro level will provide the necessary elements for evidence-based advocacy to influence national policies and programs and leverage resources.

Relation to national priorities and the UNDAF

23. The country programme is directly linked to the UNDAF which supports national priorities. It contributes to three of the five UNDAF outcomes, on social development, prevention and management of crisis and sustainable economic growth, as well as the UNDAF annex on specific cooperation activities for young

people. It thus supports the response to some national priorities as defined in the PRSP, sectoral strategies; the education SWAp and the National Strategic Plan for HIV and AIDS.

Relationship to international priorities

24. The country programme will contribute towards the achievement of all the Millennium Development Goals, with particular emphasis on the Goals for hunger eradication, reduction of maternal and child mortality, education, gender equality, HIV and AIDS and malaria control, environmental sustainability and partnership building, as well as section six of the Millennium Declaration relating to child protection. It also addresses all goals of the outcome document of the General Assembly Special Session on Children (*A World Fit for Children*) and the five priorities of the UNICEF medium-term strategic plan (MTSP), all of which are relevant to Cameroon.

25. Continuity with the previous country programme is ensured through maintaining the priorities on education and gender equality, child protection and young child survival, with an extension to water, sanitation and hygiene and HIV and AIDS control, including paediatric care.

26. Considering that the Government endorsed the Paris Declaration on Aid Effectiveness and is committed to developing legislative and social reforms, the main innovation linked to the MTSP focus area on policy advocacy and partnerships for children's rights is the support in designing child-friendly social policies, strategies and programmes and fostering partnerships. The country programme's contribution will consist of national capacity-building, leveraging and creating strategic alliances. Given the limited resources and comparative advantages of UNICEF, the country programme will influence policies, create models and use partnerships for scaling-up, with the participation of the "voiceless".

Programme components

27. The country programme will have nationwide coverage, with special attention to macro- level support. There will also be concentration zones depending on indicators, governmental priorities and joint United Nations interventions. Emergency preparedness and response will be mainstreamed in all programme components.

28. **Young child survival.** The programme will contribute to the achievement of Millennium Development Goals 1, 4, 5, 6 and 7. The key results include: (a) health policies and programmes reinforced at the clinical and community levels, in order to permit scaling-up of high-impact interventions for maternal and child survival; (b) nutrition improved among children and women through exclusive breastfeeding, complementary feeding, iron, zinc, iodine and vitamin A supplementation, and deworming by parents and communities; and (c) knowledge increased and skills reinforced in the use of potable water and good health practices in hygiene and sanitation in the intervention zones.

29. The programme will focus on three areas — maternal and child health, nutrition and health promotion, and water, sanitation and hygiene — benefiting about 5 million children under age five years and 800,000 mothers and their communities nationwide. The UNICEF contribution at micro level will include

supplies, procurement services, training and communication for behavioural and social change, and at macro level, policy advocacy, resource leveraging, research, knowledge generation and replication of best practices. Partnership will be ensured under the leadership of the Ministry of Public Health in collaboration with UNAIDS, UNFPA, WFP, WHO, bilateral cooperation, NGOs and civil society networks within the health SWAp that is under development.

30. **Basic education.** At the macro level, evidence-based advocacy will enable a greater and enhanced consideration for early childhood development, non-formal education and the United Nations Girls' Education Initiative within the SWAp. It will also enable leveraging of partnership and resources, especially related to the Heavily Indebted Poor Countries initiative and the private sector. At the micro level, through capacity-building, service delivery, provision of supplies and equipment and communication for behavioural and social change, the country programme will help local communities to prepare children for school, increase girls' enrolment and improve the learning environment by setting standards through the child-friendly school model. The finalization and implementation of the national early childhood development policy will be supported and a model of affordable community preschool for rural communities will be promoted. At the community level, a learning environment model with fewer gender disparities will be promoted through child-friendly schools, including water, sanitation and hygiene. Teachers will be trained and learning achievement standards set, including emergency preparedness and response and life-skills education for HIV prevention, thus improving retention and achievement rates for girls and boys.

31. This will be implemented through three projects: early stimulation and preschool education; access to education and reduction of disparities; and education quality. The Ministry of Basic Education will coordinate the programme in partnership with the Ministry of Social Affairs, UNESCO, UNFPA, WFP, Plan Cameroon and local and community-based associations.

32. The results of the programme in the programme intervention zones, in support of the national education strategy, will be: (a) families' capacities in parenting education reinforced and access to quality pre-school education, notably community-based pre-schools, improved. The proportion of family members adopting early childhood care practices is targeted to increase by 25 per cent and the pre-school enrolment rate to rise from 17 to 32 per cent; (b) access to basic education will be increased and gender disparities reduced, by increasing the net enrolment rate for girls by 10 points, and the parity index from 0.66 to 0.76; and (c) education quality improved, by raising the retention rate of girls from 56 to 81 per cent and increasing the certificate pass rate of girls by 15 per cent.

33. **Children, HIV and AIDS.** The expected results will be obtained through upstream and downstream interventions in support of the national HIV and AIDS strategic plan. These results are: (a) 60 per cent of children and adolescents (boys and girls) have accurate HIV and AIDS information, knowledge, skills and access to youth-friendly services at a level where their vulnerability is reduced; (b) 80 per cent of pregnant women have access to PMTCT services and 60 per cent of infected children and mothers have comprehensive care; and (c) care and support to OVCs improved and scaled up.

34. About 800,000 pregnant women, 700,000 children and their communities nationwide and 3.5 million youths in eight provinces will be reached through

advocacy for policy design, resource leveraging and networking as well as capacity-building, service delivery and communication for behavioural and social change, including young peoples' empowerment.

35. Primary prevention, through councils, youth networks and youth-friendly services, will contribute to a favourable national and community environment for children and young people. To scale-up PMTCT and paediatric care services, support will be provided at the central level. Seventy-five health districts will be supported by reinforcing management according to the district approach with a particular focus on service integration and early paediatric infection diagnosis. Access of OVCs to support and care will be improved by integrating their concerns and needs in all sectoral strategies through evidence-based advocacy.

36. Major partners include the Ministries of Public Health, Social Affairs, Youth, Communication, and Basic and Secondary Education; the National AIDS Control Committee; UNAIDS, UNDP, UNESCO, UNFPA, WFP, WHO, the Global Fund to Fight AIDS, Tuberculosis and Malaria and civil society networks.

37. **Child protection.** The child protection environment is marked by an increasing number of reported cases of violence, abuse, exploitation and trafficking of children. The two expected results of the child protection programme are: (a) the legal and institutional framework of protection is reinforced; and (b) systems of identification, reference and rehabilitation for child victims of violence, exploitation, abuse and discrimination improved through capacity-building of families, communities and other stakeholders. Two projects will be implemented under the coordination of the ministries of Social Affairs and Justice, in collaboration with ILO, the International Organization for Migration (IOM), bilateral cooperation and NGOs.

38. At the macro level, in view of harmonizing national legislation with international standards concerning the rights of the child, the legal and institutional framework project will contribute to the adoption, dissemination and application of a national Child Protection Code. Furthermore, it will contribute to the creation of a child protection commission. The reform of the birth registration system will also be supported. Collection of baseline data on child victims of violence, exploitation, abuse and discrimination will help to develop prevention and intervention mechanisms, including in favour of children who are indigenous minorities.

39. At the micro level, the project will promote alternative measures to detention for children in conflict with law by supporting the establishment of juvenile justice courts in the 10 provincial capitals and supporting the implementation of judicial decisions. Sensitization campaigns and training on prevention of violence, exploitation, abuse and discrimination will be organized in seven provincial headquarters, and in the South province bordering Equatorial Guinea and Gabon to address the issue of child trafficking. The campaigns will target families, communities and stakeholders, benefiting about 20,000 vulnerable children. The creation and/or reinforcement of mechanisms and structures will enable setting of standards of care for vulnerable children. These activities will be strengthened in emergency situations.

40. **Social policies and partnership.** Economic growth is improving after a long period of crisis. Although budgetary allocations to the social sectors are increasing, there is no evidence that resources benefit children and women, or that they

adequately address preventive issues. There are insufficient data to develop social policies and strategies that could enable children and women to improve their well-being. This programme has three key results addressed in three projects, with special attention to emergency preparedness and response: (a) disaggregated data on women and children available and updated, notably for the elaboration and monitoring of social policies; (b) partners are more capable of conceiving, designing, implementing, monitoring, evaluating and reporting on social policies and programmes; and (c) advocacy and partnership reinforced for the fulfilment of children and women's rights.

41. The programme will emphasize the use of disaggregated data, DevInfo for monitoring progress under the UNDAF and towards the Millennium Development Goals, and full integration of children's and women's concerns into social policies and strategic documents including the PRSP, evidence-based advocacy and partnerships. The programme will enhance duty bearers' awareness of children's and women's rights and reinforce rights holders' abilities to claim rights. Behavioural change will be sought through dialogue with and participation and empowerment of rights holders, leaders, families and communities. This will allow the connection of community-level viewpoints to those of decision makers and service providers at all levels. As a result, community concerns will be addressed in programme delivery. The Ministries of Planning, Programming and Regional Development and of Communication will coordinate this nationwide program in collaboration with the Food and Agriculture Organization of the United Nations (FAO), UNDP, UNFPA, the Office of the United Nations High Commissioner for Refugees, WFP and WHO.

42. **Cross-sectoral costs** will support overall programme management, including operating expenses related to planning and coordination. They will also cover support costs related to the Ngaoundere sub-office, selected cross-sectoral staff, training and travel, supplies, information and communication technology, logistics and administration.

43. For the entire country programme, assessments and quality assurance related to harmonized cash transfers to implementing partners will be a priority. Regular resources will be used for priority actions and programme support. Other resources will support scaling-up of efforts and emergency interventions.

Major partnerships

44. Partnership with strategic stakeholders will be maintained through evidence-based advocacy to keep children's concerns high on the political agenda. In line with the Paris Declaration and United Nations reform, the country programme will support the Government in better coordinating partnerships related to children and women.

45. Strong partnerships with United Nations agencies, bilateral and multilateral cooperation, civil society and the private sector are a prerequisite for the success of the proposed country programme. Specific collaboration with FAO, ILO, IOM, UNDP, UNESCO, UNFPA, UNHCR, WFP and WHO will create synergies for implementation of the UNDAF. A joint programme aimed at improving social development of the most vulnerable population in the northern provinces is expected to be developed. Strategic alliances with opinion leaders, women, youth and civil society networks will be strengthened for child rights promotion. Existing partnerships with National Committees for UNICEF, Goodwill Ambassadors and the

donor community will be reinforced to leverage more resources for children, including from the Global Fund to Fight AIDS, Tuberculosis and Malaria, the Global Alliance for Vaccines and Immunization and bilateral cooperation. Partnerships with the private sector in Cameroon will be developed and extended. For specific programmes like basic education, closer collaboration will be forged with the World Bank and donors to the Fast-Track Initiative. Partnerships at grass-roots level will be encouraged to ensure ownership and sustainability of agreed interventions.

Monitoring, evaluation and programme management

46. The key indicators to be used to monitor progress towards achieving the expected results of the country programme are detailed in the summary results matrix. The Country Programme Monitoring Committee, under the leadership of the Ministry of Planning, Programming and Regional Development, will coordinate, manage, monitor and evaluate the programme, within the UNDAF monitoring and evaluation mechanisms, through annual reviews and the 2010 mid-term review, using data from various surveys and studies notably the multiple indicator cluster survey, the DHS and the integrated monitoring and evaluation plans (IMEPs). Routine monitoring and information systems will be strengthened, notably with the participation of all stakeholders. Policy-relevant research and analysis will be carried out with the support of research institutions. Results will feed policy dialogue. The IMEP, outlining monitoring and evaluation mechanisms, major studies, surveys, evaluations and research will be linked to the UNDAF using DevInfo and a social database to monitor progress towards achieving the Millennium Development Goals. The evaluation of the UNDAF is expected in 2010.

Summary results matrix : Government of Cameroon/UNICEF country programme, 2008-2012

UNICEF MTSP focus area	Key results expected in this focus area	Key progress indicators	Means of verification	Major partners and partnership frameworks and cooperation programmes	The expected key results in this focus area will contribute to
1. Young child survival and development	Outcome: the health and survival of mothers and children are improved, contributing to the reduction of maternal and child and mortality to achieve MDGs by 2015	IMR, U5MR, MMR (Baseline= 74 per 1,000, 149 per 1,000, 670 per 100,000)	DHS	United Nations system, Government, NGOs/associations, bilateral and multilateral cooperation SWAp, PRSP, Health Sector Strategy, and country analysis	PRSP UNDAF: outcomes 2 and 4 WFFC : Goals 4 and 5 MDGs: 1,4, 5, 6 and 7
	Health policies and programs reinforced at the clinical and community levels, in order to permit scaling-up of high impact interventions on the mother and child survival	Proportion of health policies/programmes document revised/elaborated and implemented at the clinical and community levels, including the national policy document on hygiene and National Contingency Plan. (Baseline=TBD)	Activity reports of the Ministry of Public Health	United Nations system, Government, NGOs/associations, bilateral and multilateral cooperation SWAp, PRSP, Health Sector Strategy, and country analysis	PRSP UNDAF: outcomes 2 and 4 WFFC : Goals 4 and 5 MDGs: 1,4, 5, 6 and 7
		Utilization rates of each element of the following integrated package of clinical and community services offered (see control list) to children below 5 years and pregnant women increased by at least 25 points. (Baseline=TBD)	Activity reports of the Ministry of Public Health DHS, MICS 4, ICS		
	Nutrition improved among children and women through exclusive breastfeeding, complementary feeding, iron, zinc, iodine and vitamin A supplementation and, de-worming by the parents and community	Exclusive breastfeeding rate increased by 17 points; Supplementation rates in Iron, zinc, and vitamin A in children aged 12-59 months and pregnant women, increased by 30 points; de-worming rate of children aged 15 years increased by 30 points; and proportion of households who consume iodized salt increased by 5 points (Baseline=TBD)	DHS MICS 4 KAP	United Nations system, Government, NGOs/associations, bilateral and multilateral cooperation	PRSP UNDAF: outcomes 2 and 4 WFFC: Goals 4 and 5 MDGs: 1, 4 and 5
		Number of children benefiting from quality management of acute malnutrition in the intervention zones increased by at least 10%. (Baseline=TBD)	DHS MICS 4		
Knowledge of care givers, service providers, communities, increased and skills reinforced in the use of potable water and good health practices in hygiene and sanitation in the intervention zones	Proportion of households (urban/rural) that know good health practices in hygiene, sanitation and the use of potable water increased by 30 points. (Baseline=TBD)	KAP	United Nations system, Government, NGOs/associations, bilateral and multilateral cooperation	PRSP UNDAF: outcomes 2,4 and 5 WFFC : Goal 1 MDGs : 1, 4 and 7	

UNICEF MTSP focus area	Key results expected in this focus area	Key progress indicators	Means of verification	Major partners and partnership frameworks and cooperation programmes	The expected key results in this focus area will contribute to
2. Basic education and gender equality	Outcome: children have a the best start in life, access to quality basic education and gender disparities are reduced	Primary school attendance (% , net male/female, 2006) (Baseline= 78/73) Primary school children reaching grade 5 (% , 2004) (Baseline=96)	Education Diary (2012) MICS 4	United Nations system, Government, NGOs/associations, local councils Education SWAp, PRSP	PRSP Education SWAp UNDAF: Outcomes 2 and 4 WFFC: Goal 2 MDGs: 2,3 and 6
	Families capacities in parenting education reinforced in Programme Intervention Zones (PIZ)	Proportion of family members adopting early childhood care practices increased in PIZ by 25% (Baseline=TBD)	KAP Results (2012)	United Nations system, Government, NGOs/associations, local councils	PRSP UNDAF: Outcome 2 WFFC: Goal 2 MDGs: 2 and 3
	Access to quality pre-school education, notably community-based pre-schools, improved in PIZ	Pre-school education enrolment rate raised from 17% to 32% in PIZ	Education Diary (2012)	Education SWAp, PRSP	
	Access to basic education increased and gender disparities reduced in PIZ	Net enrolment rate increased by 10 points at PIZ (Baseline=55/44)	Education Diary (2012)	United Nations system, Government, NGOs/associations, local councils	PRSP Education SWAp UNDAF: Outcomes 2 and 4 WFFC: Goal 2 MDGs: 2 and 3
		Parity index raised from 0.66 to 0.76 in PIZ			
Education quality improved in PIZ	Girls' retention rate raised from 56% to 81% in PIZ First School Leaving Certificate (FSLC) pass rates for boys and girls increased by 15% in PIZ (Baseline=67/68)	- FSLC Results - Education Statistics Diary	Government NGOs/associations, local councils, Education SWAP, PRSP	PRSP Education SWAp UNDAF: Outcomes 2 and 4 WFFC: Goal 2 MDGs: 2, 3 and 6	

UNICEF MTSP focus area	Key results expected in this focus area	Key progress indicators	Means of verification	Major partners and partnership frameworks and cooperation programmes	The expected key results in this focus area will contribute to
3. HIV/AIDS and children	Outcome: children, adolescents and their parents are empowered to protect themselves against HIV and AIDS and have access to comprehensive prevention, care, support and treatment	HIV/AIDS prevalence (Baseline= 5.4 per cent)	DHS	United Nations system, Government, bilateral and multilateral cooperation PRSP, HIV and AIDS control National Strategic Plan	PRSP UNDAF: Outcomes 2 and 4 and annex on youth WFFC: Goal 4 MDGs: 4, 5 and 6
	60% of children and adolescents (boys and girls) have accurate HIV and AIDS information, knowledge, skills and access to youth- friendly services at a level where their vulnerability is reduced	An increase of 30% of the proportion of children and adolescents who know at least two means of prevention and can reject three wrong ideas. (No data for children Baseline: Adolescents less 15-24 years -30% knowledge)	KAP Survey, MICS 4, Family Health Directorate reports	United Nations system, Government, bilateral and multilateral cooperation PRSP, HIV and AIDS control National Strategic Plan	PRSP UNDAF: Outcomes 2 and 4 and annex on youth WFFC: Goal 4 MDG: 6
		proportion of children 6 – 18 yrs (boys & girls) who benefit from services that provide treatment and care (ARV, OI...) (by gender, urban/rural) Baseline= 2%	National AIDS Control Committee (NACC) Activity Report, Social Demographic Survey 3, MICS 4, Family Health Directorate and Directorate for Disease Control reports		
	80% of pregnant women have access to PMTCT services and 60% of infected children and mothers have comprehensive care	Percentage of pregnant women who benefit from package of PMTCT services (Baseline= TBD)	NACC Annual Report, Directorate for Disease Control reports	United Nations system, Government, NGOs, civil society, bilateral and multilateral cooperation	PRSP UNDAF: Outcomes 2 and 4 and annex on youth WFFC: Goal 4 MDGs: 4, 5 and 6
		Proportion of HIV positive pregnant women who take ARV drugs (Baseline= TBD)	NACC Annual Report, Directorate for Disease Control reports		
		Proportion of HIV positive children (boys & girls) receiving care and treatment (Baseline= TBD)	NACC Annual Report, Directorate for Disease Control reports		

UNICEF MTSP focus area	Key results expected in this focus area	Key progress indicators	Means of verification	Major partners and partnership frameworks and cooperation programmes	The expected key results in this focus area will contribute to
	Care and support to OVCs improved and scaled up	<p>OVC global management strategy including minimum package of basic services and innovative approaches for fostering available (Baseline=No)</p> <p>Proportion of OVC (by gender, urban/rural) identified who benefit from the minimum package of basic services. (Education, Health, Psychosocial support, Judicial Assistance, Stigma reduction...) and proportion of identified OVC who benefit from fostering increased by 50% and at least 10% respectively. (Baseline= TBD)</p>	<p>Annual reports: NACC, Ministry of Social Affairs, Ministry of Justice, Ministry of Education, Ministry of Secondary Education, social scorecard (tableau de bord social), MICS 4</p> <p>Annual reports: NACC, Ministry of Social Affairs, Ministry of Justice, Ministry of Education, Ministry of Secondary Education, social scorecard (tableau de bord social), MICS 4</p>	United Nations system, NGOs, Government, bilateral and multilateral cooperation, private sector	<p>PRSP</p> <p>UNDAF: Outcomes 2 and 4 and annex on youth</p> <p>WFFC: Goals 3 and 4</p> <p>MDGs: 4, 5 and 6</p>

UNICEF MTSP focus area	Key results expected in this focus area	Key progress indicators	Means of verification	Major partners and partnership frameworks and cooperation programmes	The expected key results in this focus area will contribute to
4. Child protection from violence, exploitation and abuse	Outcome: children especially those vulnerable to violence, exploitation, abuse and discrimination access to appropriate legal and protection services	Percentage of children victims of violence, exploitation, abuse and discrimination (Baseline=TBD)	Annual reports of Ministry of Social Affairs, Ministry of Justice and UNICEF, social scorecard (tableau de bord social) TBS, MICS 4	United Nations system, Government, bilateral and multilateral cooperation, NGOs/associations; PRSP, SWAps	PRSP UNDAF: Outcomes 2 and 4 WFC: Goal 3 MDGs: 1, 6 and 8 MD: section VI
	Legal and institutional framework of protection reinforced	Number of texts out of five adopted/revised/amended, disseminated and implemented in conformity with international ratified/adopted instruments (Texts: 5) ¹ (Baseline=law against child trafficking adopted; Child Protection Code validated)	- Official Gazette - Annual reports of Ministry of Social Affairs, Ministry of Justice and UNICEF, social scorecard (tableau de bord social), MICS 4	United Nations system, Government, bilateral and multilateral cooperation, NGOs/associations; PRSP, SWAps	PRSP UNDAF : Outcome 2 WFC: Goal 3 MDGs: 1, 6 and 8 MD : section VI
		Percentage of children in conflict with law benefiting in due time from alternative measures to detention increased by 10% in PIZ (Baseline=TBD)	Annual reports of Ministry of Social Affairs, Ministry of Justice and UNICEF, social scorecard (tableau de bord social), MICS 4		
	Systems of identification, reference and rehabilitation for children victims of violence, exploitation, abuse and discrimination improved	Percentage of identified children victims of violence, exploitation, abuse and discrimination receiving psycho-social support and care from residential, formal and non formal structures increased by at least 5% (Baseline=TBD)	Annual reports of Ministry of Social Affairs, Ministry of Justice and UNICEF, social scorecard (tableau de bord social), MICS 4	Government; SWAps, bilateral and multilateral cooperation, NGOs/associations	PRSP UNDAF: Outcomes 2 and 4 WFC: Goal 3 MDGs: 1, 6 and 8 MD: section VI
Percentage of stakeholders ² who know the measures of prevention and taking care of the children victims from violence, exploitation, abuse and discrimination (Baseline=TBD)		Annual reports of Ministry of Social Affairs, Ministry of Justice and UNICEF, social scorecard (tableau de bord social), MICS 4, KAP Survey			

¹ **Texts** (The 29 December 2005 Law against child trafficking; Child Protection Code (CPC). The application texts of the CPC; Implementation texts for juvenile courts; The Civil Status Registration Ordinance, 1981);

² 2,000 magistrates, judicial police officers, social workers and custom officers trained

UNICEF MTSP focus area	Key results expected in this focus area	Key progress indicators	Means of verification	Major partners and partnership frameworks and cooperation programmes	The expected key results in this focus area will contribute to
5. Policy advocacy and partnerships for children's rights	Outcome: national social policies, including poverty reduction strategies, reflecting child and woman's rights are elaborated, implemented, monitored and evaluated	PRSP integrating child and woman's rights (Baseline=Not completed)	PRSP	United Nations system, Government; SWAps, PRSP	PRSP UNDAF : Outcomes 1,2,3,4 and 5 WFFC Goal: activities (32, 56, 57,59, 60,61,62) MDGs: 1 to 8
	Disaggregated data on women and children available and updated, notably for the elaboration and monitoring of social policies	DevInfo database available, installed, managed and accessible on National Institute of Statistics (NIS) Website as well as other IT facilities (Baseline= database not available)	NIS publications, NIS website, various statistical surveys	United Nations system, Government; SWAps, PRSP	PRSP UNDAF: - outcome 1 - outcome 2 WFFC Goal: M&E activities (60-61) MDGs: 1 to 7
	Partners are more capable of conceiving, designing, implementing, monitoring, evaluating and reporting on social policies and programmes	Relevant child focussed social and economic development analysis, studies, reports and evaluations available for incorporation in social policies and strategic development documents, including PRSP (Baseline= No studies)	PRSP, National Contingency Plan, specific studies, SWAps documents, reports of the Committee on the Rights of the Child, Evaluation reports	United Nations system, Government, NGOs, Communities, Municipalities; Private sector; SWAps, PRSP	PRSP UNDAF: Outcomes 1, 2 and 4 WFFC Goal: activities (59, 60, 61) MDGs: 1 to 8
		Operational and regularly updated IMEP (Baseline= Not updated)	Evaluation reports		
	Advocacy and partnership reinforced for effective realization of child and women's rights	Increase in partnerships and strategic alliances (Baseline= TBD)	UNICEF Annual reports	United Nations system, Government, Parliamentarians, Mayors	PRSP UNDAF : Outcomes 2,3,4 and 5 WFFC Goal: activities (32, 56, 57, 61,62) MDGs: 1 to 8
		Increase in the contributions of mobilized partners. (Baseline= TBD)	UNICEF Annual reports, Ministry of Economy and Finance economic and finance budget reports, finance law		