Executive Summary

2016 was a year of intense analysis and reflection for UNICEF Cameroon. The preparation of the new country program (2018-2020) was done through a systematic and thorough process. Firstly, the situation analysis showed that Cameroon's performance in children's rights has been uneven in recent years, with modest progress in several areas, stagnation and even decline in others.

Progress has been concentrated on children who were already in relatively favorable conditions, widening the gaps between them and the children of the poorest households living in rural areas and in the northern regions of the country. The main determinants of the lack of progress are: insufficient poverty reduction; persistence of harmful socio-cultural practices and norms; low level of public funding for social services; and dysfunctionality of most social systems including unequal distribution.

The country continues to face a complex humanitarian situation with refugees coming from Central African Republic and Nigeria, with internally displaced persons due to Boko Haram insurgency spilling over in the Northern regions of Cameroon. The L2 was extended in 2016. An independent evaluation supported by the UNICEF Regional Office was conducted for the Nigeria + crisis. The key findings showed that progress has been made to scale up the humanitarian response in the Far North but they are areas of improvements such as synergies between sections; monitoring activities plus results and increasing humanitarian space.

The new UNDAF (2018-2020) was signed in December between the Government of Cameroon and the UN system. The UNDAF’s vision aims at reducing disparities and strengthening resilience through four strategic pillars: development of decent job opportunities and social inclusion; health and nutrition; education and vocational training; and resilience, food security and early recovery.

Consultations with duty-bearers and rights holders both at central, decentralized and grass root levels helped to identify priority areas for the new country programme, to develop the various theories of change and the strategic notes. The participation of right holders was done through a qualitative and participatory consultation in rural and urban areas in the most vulnerable regions. A gender review was conducted leading to the selection of three targeted gender priorities: adolescent gender sensitive health; child marriage; transition to secondary school); and two areas for gender mainstreaming: (nutrition & community approaches).

In addition, a future planning exercise was done with the support of the Economist Intelligence Unit (EIU) to better an understanding of how specific trends are going to affect the future of children in Cameroon till 2030. Ten trend summaries and five deep dives were elaborated. Three scenarios (baseline, challenging and aspirational) were developed and discussed during the strategic moment of reflection. The main takeaways of the future planning exercise were: importance of social accountability and investment in social services, engagement with children, youth, civil society organizations (CSO) and private sector; innovative financing going beyond public funding; system resilience (linking humanitarian with development); development of a multifaceted strategy to address
disparities based on gender, geographic location, urban/rural divide.

The most significant achievements of UNICEF Cameroon during the reporting period were:

- Seasonal malaria chemo prevention reached more than 98 per cent of children 3-59 months in all health districts of the Far North and North regions.
- A confidential report on children’s rights was presented in the pre-session of the Committee on the Rights of the Child.
- Launching of ‘end child marriage’ campaign by involving artists (singers); female football players (Women’s African Cup of Nations); members of parliaments; administrative, traditional and religious leaders.
- The assurance quality plan was implemented at 100 per cent leading to better efficiency.

The shortfalls were:

- Insufficiency of funding for humanitarian response
- Failures in recruiting high caliber and geographically diverse HR.
- Getting humanitarian access for areas close to boarders.

UNICEF Cameroon continues to foster strategic partnership with sister agencies, civil society organizations, media, corporate and private sectors to promote and protect children’s rights in Cameroon:

- UN delivering as one with a joint program on resilience led by UNICEF
- MOU with the African Football Confederation on "ending child marriage" and sport for development.
- MOU with one main TV channels - Canal 2 International offering free monthly air time to UNICEF.

To ensure predictable and multi-year funding, UNICEF Cameroon implemented its fundraising strategy: documentation using innovative means (social media, short documents and videos and joint UNICEF-donor field visits) and has continued to nurture habitual donors and explored new ones. This led to multi-year funding allowing the Office, despite the volatile aid environment, to achieve results for children.

**Humanitarian Assistance**

In 2016, the impact of the Lake Chad crisis continued to be felt in the Far North Region, meriting the extension of the L2 designation throughout the year. The presence of Central African Republic refugees in the East and Adamawa Regions became a silent crisis, as international attention shifted away.

Between February and October 2016 (the month of the last Displacement Tracking Matrix by IOM), the number of internally displaced persons in the Far North Region increased from 169,970 to 198,889 (51 per cent females), while the number of unregistered refugees augmented from 8,108 to 26,743. UNHCR counted an increase of 6,493 refugees in Minawao camp from December 2015 (52,381) to October 2016 (58,874; 54 per cent females). This change in the dynamics of displacement moved the focus of UNICEF Cameroon’s interventions from Minawao to the more vulnerable areas of the Far North, particularly Logone and Chari – an area heretofore inaccessible to humanitarians and the site of the highest levels of displacement.

Following an inter-agency assessment in June 2016, UNICEF began implementing humanitarian response programs in child protection, education and WASH in Logone and
Chari, as well as scaling up its other interventions in the area through its partnership with the line ministries for health and nutrition.

One innovative approach was 'Children of Peace' funded by ECHO helped to increase access to education to refugees, internally displaced persons and host community school age children due to access issues and the late shift from refugees to internally displaced persons and host communities; only child protection achieved more than 80 per cent of the annual target followed by education (66 per cent), nutrition (59 per cent) and WASH (43 per cent).

In the East and Adamawa, UNICEF Cameroon continued to push forward its mandate, despite extremely limited funding, to address the needs of the refugees from Central Africa Republic (CAR) and their host communities. UNICEF worked with the Government of Cameroon to bring attention back to these forgotten regions, with focus on the child protection and education challenges. Presently, there are 259,132 refugees (54 per cent females) in the East, Adamawa and the North Regions; of these, 151,429 came after Dec. 2013 and are in the East and Adamawa, mostly residing within the local community (75 per cent). Moreover, UNHCR has registered an increase in the number of refugees, with 6,901 coming during 2016. More than 80 per cent of the annual targets were achieved for nutrition and WASH, followed by education (61 per cent) and child protection (53 per cent) due to the CAR crisis becoming a silent crisis; therefore, underfunded.

Underpinning these crises has been the Sahel nutritional crisis, still ongoing since 2012. Over the course of 2016, 40,312 Cameroonian children under the age of 5 were treated for severe acute malnutrition in the Far North Region (68 per cent of targeted children). A nutritional survey conducted in October demonstrated that, while the rates for moderate acute malnutrition have diminished, the rates for severe acute malnutrition remain disproportionately high and merit continued response.

One of the key constraints was the coordination architecture in the Far North which has become dysfunctional with the number of internally displaced persons outnumbering refugees and counterproductive to ensuring interagency timely and quality delivery of services.

The chronic underfunding of humanitarian programming in Cameroon meant that by October 2016, UNICEF had only received US$10,962,441 of its funding requirements of US$31,400,000, most of which came in the latter half of the year. To mitigate this challenge, UNICEF prioritized its interventions to those areas with the highest levels of needs, as well as sought to build synergies between interventions to maximize impact.

The shift in displaced populations from camps to villages already facing structural strain necessitated a new approach to UNICEF’s humanitarian strategy – one that focuses on bridging the humanitarian-development divide by bolstering the resilience of communities. The two field offices (East and North) were boosted with additional human resources and new mechanisms to increase their autonomy and accountability in delivering high quality response. As it moves into 2017, UNICEF Cameroon will continue supporting populations to address their basic needs, while putting in place systems to cope with shocks.

**Emerging Areas of Importance**

The country office decided to gain a better understanding of how specific trends are going to affect the future of children in Cameroon in 2030 as part of the CPD preparation. Trend analyses and scenario setting was commissioned to the Economist Intelligence Unit via UNICEF Headquarters’ support. Ten trends were analyzed: (1) the changing scope and
nature of conflict, (2) a middle income trap, (3) the demographic shift – challenges of young and urban population, (4) long-term planning of infrastructures and PPPs, (5) systems failure (health), (6) regional and local development trends and issues of equity, (7) the potential of new technologies and hyper-connectivity, (8) water management, (9) energy transition, energy efficiency and renewable energy, and (10) the impact of climate change.

Out of those ten trends, the EIU developed five deep dives (No. 1, 2, 5, 7 and 10). Three scenarios were developed and discussed during visioning exercises to prepare the Country Office for more challenging or aspirational futures and devise strategies to respond to them. CPD outcomes, outputs, assumptions, risks and strategies were reviewed and validated based on the scenarios exercise.

In addition to the above, UNICEF Cameroon worked on four emerging issues: refugee and migrant children, children associated with armed conflict, early childhood development and the movement for ending child marriage.

Refugee and migrant children. UNICEF Cameroon delivered an integrated service package to the refugees (outside and inside) and to internally displaced persons: psychosocial support, identification of unaccompanied and separated children, education, nutrition (treatment of severe acute malnutrition, the infant and young child feeding, vitamin A supplementation and deworming), WASH (distribution of hygiene kits, latrine construction and water supply).

For instance, 96,675 children (54,852 girls); 1,115 teachers (309 females) in 327 schools benefitted from teaching and learning materials. Along with capacity strengthening of parent teacher associations, the programme aimed at making learning environment friendly and attractive to all children. The model has the objective of attracting parents from vulnerable communities to enroll their children in school. For those who dropped out or had never been enrolled, 12,314 children benefited from ‘catch-up’ programmes in Minawao refugee camp and host communities in Logone and Chari. About 60 per cent of them were reintegrated into the formal system for the 2016/2017 academic year.

Children associated with armed conflict. In addition, UNICEF Cameroon incorporated the issue of children associated with armed groups, specifically Boko Haram in its emergency interventions as well as in its high-level advocacy efforts. Many displaced children, children associated with the street and from broken homes have been arrested and detained on a preventive basis without basis in the law, and without proper social supports on suspicion of association with Boko Haram. After numerous suicide bombings carried out by young children, including young girls, there is growing distrust in the region of all children and adolescents, particularly the most vulnerable. Advocacy and policy dialogue has been conducted with the Prime Minister Office, the Ministry of Justice, Ministry of Defense, Ministry of Social Affairs, regarding the different international legal instruments and protocols that Cameroon has ratified on the involvement of children in armed conflict which state that children accused of committing crimes while associated with armed forces/groups should be considered primarily as victims and not as perpetrators of crime.

Information, capacity building and advocacy efforts were conducted throughout the year both at national and regional levels resulting in nearly 150 children suspected of association with Boko Haram receiving support from the Cameroonian Child Institute in Maroua and more than 95 per cent of these children have returned to their families and communities, while only a small proportion are still in the process of family tracing.

Movement to end child marriage. In Cameroon, one in ten girls are married before the age of 15 and one in three before 18. UNICEF Cameroon, has made child marriage one of its
strategic priorities to support the government and its partners' initiative on ending child marriage which is part of African Union Campaign to End Child Marriage. UNICEF Cameroon has been undertaking quantitative and qualitative research to strengthen the evidence and understand the causes and social dynamics around the issue of child marriage. It has been leading advocacy at the government level (Parliamentarians) for the revision of the national law on minimum age for marriage from 15 to 18 and has been raising awareness towards the public and policymakers on the consequences of child marriage. UNICEF engaged in major events (i.e. Women's AFCON 2016) and used innovative strategies such as U-report to engage the youth and communities to express their opinions and eventually to bring about positive change on child marriage.

### Summary Notes and Acronyms

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<tr>
<th>Acronym</th>
<th>Description</th>
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<tr>
<td>AFCON</td>
<td>Africa Cup of Nations</td>
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<td>APAI/CRVS</td>
<td>African Program on Accelerated Improvement of CRVS</td>
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<td>BCP</td>
<td>Business Continuity Plan</td>
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<td>BGAN</td>
<td>Broadband Global Area Network</td>
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<td>C4D</td>
<td>Communication for Development</td>
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<td>CAN</td>
<td>Confederation Africaine de Football</td>
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<td>CAR</td>
<td>Central African Republic</td>
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<td>CBI</td>
<td>Competency Based Interviews</td>
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<td>CBO</td>
<td>Community Based Organization</td>
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<td>CLTS</td>
<td>Community Led Total Sanitation</td>
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<td>CMT</td>
<td>Country Office Management Team</td>
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<td>CO</td>
<td>Country Office</td>
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<td>CPD</td>
<td>Country Programme Document</td>
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<td>CRBP</td>
<td>Children’s Rights and Business Principles</td>
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<td>CRC</td>
<td>Committee on the Rights of the Child</td>
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<td>CRVS</td>
<td>Civil Registration and Vital Statistics</td>
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<td>CSO</td>
<td>Civil Society Organizations</td>
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<td>CSR</td>
<td>Corporate Social Responsibility</td>
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<td>CBO</td>
<td>Country Office Management Team</td>
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<td>DCT</td>
<td>Direct Cash Transfer</td>
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<td>DTM</td>
<td>Displacement Tracking Matrix</td>
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<td>ECCAS</td>
<td>Economic Community of Central African States</td>
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<td>ECD</td>
<td>Early Childhood Development</td>
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<td>ECHO</td>
<td>European Civil Protection and Humanitarian Aid Operations</td>
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<td>ECOWAS</td>
<td>Economic Community of West African States</td>
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<td>EIU</td>
<td>Economist Intelligence Unit</td>
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<td>EPI</td>
<td>Expanded Programme on Immunization</td>
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<td>ERM</td>
<td>Enterprise Risk Management</td>
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<td>EU</td>
<td>European Union</td>
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<td>GAVI</td>
<td>Global Alliance for Vaccines and Immunisation</td>
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<td>HACT</td>
<td>Harmonized Approach to Cash Transfer</td>
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<td>HIV</td>
<td>Human Immunodeficiency Virus</td>
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<td>HR</td>
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<td>HRBA</td>
<td>Human Rights Based Approach</td>
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<td>IDB</td>
<td>Islamic Development Bank</td>
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<td>ICT</td>
<td>Information and Communication Technology</td>
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<td>ITCD</td>
<td>Information Technology and Communication Development</td>
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<td>IDPs</td>
<td>Internally Displaced Populations or Persons</td>
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UNICEF Cameroon has shifted its focus from individual training to capacity development by strengthening capacity-gap analysis; information and knowledge; participation and
institutional development.

In capacity-gap analysis and information; a decentralized monitoring exercise was implemented in nine health districts in the Northern regions of Cameroon. Thirteen tracer interventions were assessed: assisted delivery, newborn care, and immunization of children 0-11 months, management of pneumonia, diarrhea and malaria in children 0-59 months. The analysis showed that three areas (inputs, human resources and accessibility) had good scores (more than 50 per cent) and three scored poorly (utilization, continuity and effective coverage).

In knowledge and institutional capacity, three health districts in the Northern region implemented active case-finding of HIV infected children using health facility gateways, family index and community. In the first 6 months of 2016, only 21 new HIV positive children and adolescent were identified in the three health districts. With the innovative approach, 121 new HIV positive children were identified in four months (August to November 2016). They all initiated antiretroviral treatment.

In institutional development, 24 inspectors and school directors were trained in data collection methods to help carry out the exercise vulnerability mapping in education sector. This provided reliable quantitative and qualitative data to guide planning, and measuring progress of the program against the established baseline.

The last area is the participation through a partnership between health, communication and 62 community radios in five regions. The community radio staff were trained on key issues such as vaccination, Ebola, breastfeeding and WASH. The results were the production in local languages of 105 micro programmes and spots which reached people in remote areas not covered by traditional radio.

**Evidence Generation, Policy Dialogue and Advocacy**

UNICEF Cameroon put a lot of effort in generating evidence for the new CPD and for policy dialogue and advocacy.

Regarding evidence generation and child rights, UNICEF helped the Government to carry out a multidimensional child poverty analysis. The preliminary report shows that more than 95 per cent of children are suffering from at least one deprivation; the higher proportion of worse-off children are found in rural areas and in the Northern regions. The CO elaborated a confidential report on children’s rights that was presented in the pre-session of the Committee on the Rights of the Child.

To better engage in the policy dialogue, the CO supported a national forum on preventing mother-to-child transmission of HIV and children/adolescent HIV care and treatment that was attended by more than 350 participants from all 10 regions of the country; 86 abstracts were selected from field experiences, innovations and best practices. Three abstracts out of the ten awarded were on UNICEF supported interventions. A call for action was adopted by all participants.

UNICEF Cameroon advocated to the Government to align with the Africa Program on Accelerated Improvement of Civil Registration and Vital Statistics (APAI/CRVS) by helping the country to conduct a comprehensive country assessment of the civil registration and vital statistics system and develop a five year, multi-sectoral costed strategic plan. This was done in partnership with the regional APAI/CRVS core group and key stakeholders (World Bank, EU, German Cooperation, and France).
Lastly, the governors’ platforms created for polio eradication were used to advocate for routine immunization, birth registration and prevention of Ebola and child marriage. The forums in North and Adamawa regions were attended by 400 administrative officials, traditional and religious leaders. To date, there are more than 120 leaders engaged in issues pertaining to child rights in 7 out of 10 regions.

**Partnerships**

UNICEF Cameroon continues to foster strategic partnership with sister agencies, CSOs, media, corporate and private sectors to promote and protect children’s rights in Cameroon.

With the private sector, UNICEF engaged in non-financial partnership by signing with the African Football Confederation which has enabled a vast campaign on ending child marriage during the 2016 Africa Women Cup of Nations that took place in Cameroon. Football players displayed at the beginning of each match a banner with key messages and discussed with young girls and boys in schools; videos on the topic were shown in the stadiums during the tournament; a TV broadcast, a concert and a fundraising dinner were also reorganized. The topic has become a hot topic in the stadiums; cities and households.

UNICEF Cameroon signed a partnership with one the main TV channels - Canal 2 International offering monthly air time to UNICEF for a debate about children’s rights and the Sustainable Development Goals; and broadcasting short advocacy videos created by UNICEF.

UNICEF started to develop Children’s Rights and Business Principles (CRBP) platforms to help private sector organizations share information, advocate for standards and exchange good practices. In addition, an online training was developed on incorporating the CRBP in companies’ practices that is freely available for all Cameroonian companies.

The CO strengthened the partnership with grassroots organizations: 176 women associations (9,274 members) and traditional and religious leaders (50 members); they implemented personal communication in 29 priority health districts. It helped to promote routine immunization, find out missed children and solve refusal cases. In result, from February to November 2016, the proportion of missed children decreased from 4.2 per cent to 2.8 per cent, and the proportion of missed children due to refusals from 8.5 per cent to 3.5 per cent.

**External Communication and Public Advocacy**

UNICEF Cameroon aligned its communication strategy with three pillars (voice, reach, engage) of the global communication and advocacy strategy. Firstly, by engaging with renowned individuals to promote children's right in Cameroon: an internationally known Cameroonian singer took part in the campaign against child marriage through a song “15 ans” (“15 years) recorded –pro bono; another talented, multi-cultural African musician, widely respected, dedicated an album to Yaoundé’s street children and one of the most influent personalities in Cameroon agreed to use his media group to promote children’s rights. Finally, a world-renowned Cameroonian footballer will support Cameroon’s youth in 2017.

UNICEF created a digital strategy with the launching of a new website, a Facebook page, an Instagram account for pictures as well as a blog on Medium. This has allowed to engage in an innovative 2-way discussion with Cameroonian people, and to broadcast pieces of content such as short videos and infographics. Since the launching of UNICEF’s new Facebook page in July 2016, the number of followers has increased by 350 per cent, reaching 22K people in December 2016. The audience has increasingly engaged with UNICEF’s posts – two most popular short videos are one featuring the Women National
Football Team (14K ‘likes’) and another on UNICEF’s advocacy campaign against child marriage (45K views). More than 500 people have shared and commented on each post.

To commemorate UNICEF’s 70th anniversary and the International Day of Children’s Rights, seven renowned Cameroonian writers produced stories in which they highlighted their hopes for children in Cameroon and worldwide (Tiny Stories initiative). These stories were published on their Facebook pages and shared by the Hashtag #ForEveryChild.

South-South Cooperation and Triangular Cooperation

UNICEF Cameroon engaged in south-south cooperation in sub-regional issues or opportunities (health and WASH).

The polio outbreak response with the five countries around the Lake Chad basin following the epidemiological situation in Nigeria has strengthened links with Chad and Nigeria and has helped to achieve good quality vaccination campaigns:

- Proportion of parents informed was over 90 per cent.
- Number of children vaccinated increased from 3,543,373 in April to 3,600,829 in October.
- Proportion of unvaccinated children is 2.8 per cent below the threshold of 5 per cent

The CO facilitated transboundary discussions on cholera control and prevention with the effective participation of 73 stakeholders from the four Lake Chad Basin countries, ECCAS and ECOWAS. A regional agenda for cholera preparedness coordination, cholera preparedness in border areas, formalization and operationalization of cross-border collaboration was set up. In addition, the CO organized a regional training on WASH Sector Leadership and Coordination in emergency attended by 30 stakeholders representing 5 countries from the sub-region.

In the upstream level, UNICEF Cameroon facilitated the drafting of the national water policy through learning country visits. It facilitated the connection with Burkina Faso, Gabon and Togo Governments; enabling Cameroonian government counterparts to learn from similar processes including institutional arrangements and stakeholders’ involvements. As a result, a roadmap was elaborated and thematic groups established.

Identification and Promotion of Innovation

The Country Office’s innovation lab followed six initiatives (reducing excreta through biotechnology; use of ODK to improve data collection in remote areas; google fusion; V-sat for education; solar panel for water supply and U-report) in various status of progress.

The most advanced is the U-report which focuses on youth participation and social accountability. It is driven by the Ministry of Youth Affairs and Civic Education and the National Assembly through the public commitment of 4 influential members of national assembly (3 males and 1 female). U-Report, a SMS-based platform, allows registered Cameroonians (called U-Reporters) in all regions to express their views via polls sent directly to their phones. By so doing, they take part in decision-making and become actors of positive change and the improvement of their localities.

To date, close to 1,240 U-Reporters (30 per cent females) are registered and frequently participate in polls. In 2016, 21 polls were conducted. For instance, the poll on polio outbreak response conducted on November 21, assessed the level of information and the quality of the messages received by the population during the national immunization days. This has triangulated data generated by the independent monitoring. The EPI programme in the Ministry of health impressed by the results has decided to use U-report as one way of
generating information on vaccination. The V-sat for education initiative “connect my school” is in the final stage and will be launched in January 2017. It will help to connect school children in remote areas with other children in country and around the world directly or via blogs.

Support to Integration and Cross-Sectoral Linkages

UNICEF Cameroon continued to strengthen cross-sectoral linkages and synergies; education and protection are working closely in 15 temporary spaces for learning and protection in Minawao refugee camp reaching 97,500 children (49 per cent were girls). HIV testing, ‘WASH-in-Nut’ and psychosocial support to care givers are integrated into management of severe acute malnutrition program in roughly half (350) of the UNICEF supported therapeutic centres.

Two new initiatives promoting holistic and multi-sectors approaches are picking up. Firstly, the Country Office supported the Government to develop a multi-sectoral nutrition strategy and a common result framework that will help create a more enabling environment for scaling up nutrition-specific interventions while creating synergies with other sectors (health, WASH, agriculture, and social protection) for the delivery of nutrition-sensitive interventions.

The second area is resilience. The UN Inter-Agency resilience group in Cameroon chaired by UNICEF Cameroon has been working on developing a joint strategy to strengthen the resilience in the Far North region of the country. The Commune of Kousseri, was selected as a pilot. The preliminary results of the risks and vulnerabilities assessment show that the local economy is declining and that the pressure on resources is increasing due to climate change, population growth, and the fragility of the security situation. The pilot will bring together humanitarian, development and peacebuilding approaches in a multi-sectoral programme that aims to strengthen the resilience in the area.

Service Delivery

The Country Office’s strategy in service delivery is to ensure scaling up of evidence-based interventions and model new initiatives. In 2017, UNICEF Cameroon will continue to strengthen and scale up existing synergic approaches (education – child protection, ‘WASH in nut’ and in schools) and will implement a holistic child-centred approach in two communes in East and Far North regions.

In two domains (nutrition and health); more than 80 per cent children were reached. From January to November 2016, a total of 50,717 children with SAM (80 per cent of the expected caseload) were treated. The performance indicators of the program are within SPHERE standards with a cure rate of 80.2 per cent and death rate of 1.8 per cent.

In another area, UNICEF Cameroon supported the Government in implementing National Maternal and Child Health & Nutrition Week (SASNIM). A total of 5,211,598 children (90 per cent coverage) were reached.

For the first time in Cameroon, a seasonal malaria chemo prevention was organized in all health districts of the Far North and North regions. Three successive rounds were organized from August to October 2016 to deliver doses of sulfadoxin pyrimethamin and amodiaquin reaching more than 1.4 million children ages 3-59 months. According to the rapid survey, 98.3 per cent of children received the full treatment during the last cycle.

Data from surveillance showed that the number of malaria cases decreased in the two northern regions by 59 per cent from August-October 2015 (11,388) to August-October 2016 (46,076). More than 71 per cent drop was observed for the same period for number of
deaths (767 in 2015 and 213 in 2016). As a result, the Global Fund agreed to support the 2017 campaign.

Sanitation conditions at household level were improved through community-led total sanitation (CLTS) activities in 81 per cent of the 500-targeted communities. Around 121,083 people (63 per cent of the target) live in open defecation free villages.

**Human Rights-Based Approach to Cooperation**

Under the leadership UNICEF Cameroon, 40 staff from various UN agencies have been empowered on results-based management and theory of change. This training benefited various working groups in improving the quality and formulation of the new UNDAF (2018-2020). Within pillar four (resilience) of the new UNDAF, the human rights-based approach was used to develop an interagency resilience joint programme for the Far North region.

UNICEF prepared the confidential report for the Committee on the Rights of the Child in preparation to the Committee’s pre-sessional working group for Cameroon held in October. This opportunity was used to highlight important priorities and concerns which were shared with key UN agencies (particularly UNHCR) and civil society whose specific observations were captured. The report was presented and shared in front of representatives of the Committee in Geneva, who then produced their recommendations on the present situation of children and the remaining challenges which still need to be addressed.

Within the framework of emergency response, UNICEF is supporting the Government in managing cases of children involved or suspected to have taken part in armed groups’ activities. Judicial officers and social workers were equipped with basic practical skills required to ensure full respect of rights of these children during judicial process.

In line with 2015 MTR’s orientations, the Country Office maintained its focus on the most vulnerable. The situation analysis and MODA generated enough evidence on vulnerabilities and the rise of disparities between rural/urban, northern regions/others, poorest/richest households.

The development of the new Country Programme used human rights-based approaches to programming by analysing the situation of the most deprived children and women and the key determinants of deprivation; by doing capacity-gap analysis of duty bearers and right holders and developing a theory of change that addresses demand and supply sides and enabling environment bottlenecks. Participatory methods using key informant interviews and focus group discussions with youth, women and men provided the insights of their aspirations regarding children’s rights.

**Gender Equality**

In line with the Cameroon national gender policy launched in 2015 and its Multisectoral Action Plan, UNICEF Cameroon has been supporting the promotion of an enabling environment for child protection and participation to ensure equal rights and opportunities for girls and boys, women and men, regarding access to basic social services and advocacy for specific gender issues.

For instance, both women and men are selected as members of school management committees and community animators for sensitization and mobilization on adoption of essential family practices including girls and women menstrual hygiene and positive attitude towards girls’ education.
In education, special efforts were done to increase access for girls especially in most vulnerable population. Through the accelerated learning programme in favor of out of school refugees, internally displaced persons and host community children, 45 per cent of 11,559 children reached were girls. To improve the capacity of teachers to take in account gender issues and develop gender responsive curriculum, 894 teachers (43 per cent females) were trained on gender-sensitive methodologies: differential pedagogy, child centered and psycho-social approaches.

UNICEF Cameroon made child marriage a strategic priority and is committed to support the government and its partners in accelerating the abandonment of child marriage. An in-depth analysis of MICS 2014 was conducted to identify linkages between child marriage and other relevant social determinants namely education, poverty and polygamy. This evidence was instrumental to advocate with the government, members of parliaments, and traditional leaders for the increase of the legal age at marriage at 18. The Government made marriage before 18 years for boys and girls punishable by the penal law.

As part of the development of Cameroon’s 2018-2020 country program document (CPD), UNICEF Cameroon conducted a gender review and identified three targeted gender priorities (adolescent gender sensitive health; child marriage; transition to secondary school) and two areas for gender mainstreaming (nutrition and community approaches).

**Environmental Sustainability**

UNICEF Cameroon continues to advocate and support environmental sustainability. The office has facilitated through GAVI fund the procurement of 50 Solar Direct Drive Refrigerators with a total value of 325,755.5 USD in the East, North, Far North and South regions of Cameroon.

In addition to that, since July 2016, UNICEF has lead a new approach aiming at developing a United Nations resilience strategy in the Far North Region. Environmental sustainability is one of the pillar of the strategy; the hypothesis is that the sustainable management of climate change impact and the sustainable management of natural resources and the local environment will contribute positively to human indicators and economic development. A risk, vulnerability and environmental assessment was conducted in Maroua and Kousseri which will inform the operational plan.

In the WASH sector, support provided to communities for latrines’ construction taking into consideration the water table level at different sites led to the prevention of surface/ground water and soil pollution with human excreta. Beneficiary communities were also sensitized on household water management including, conservation, treatment and rational usage.

UNICEF Cameroon also established a green committee, which has the objectives of promoting environmentally friendly practices in the office and advising management and staff on office progress towards implementing its green action plan. The Country Office has also taken several actions such as using paperless meetings, rationalizing the printing of documents by setting up the printers on double side printing by default, rationalizing the newspaper distribution, and reducing color printers and stopping the printing of documents that can be accessed in the system. This has significantly cut on the paper usage and costs. The CO is encouraging car-pooling for local and field trips, monitoring its travel both domestic and international and encouraging video conferences and skype communication. The relocation of the office to a new building in 2017 will allow the installation of solar panel and recycling paper machine, led light and other more environmental friendly initiatives that are limited with the current office setting.
**Effective Leadership**

Monthly country management team meetings focused on improvement of operations and programme management monitoring and performance in the areas of budget, human resources, finance, administration, information and communication technology (ICT), Supply, logistics, DCT, and grant management.

Office statutory committees were reviewed and updated enforcing accountability and office process simplification. New standard operating procedures were developed (travel, donor reporting, CRC, SSA, transport, financial functions in Vision, etc.) to ensure efficient and effective utilization of resources. Programme and operations management indicators are monitored monthly during the country management team meetings and corrective actions were taken to address any weaknesses identified. Management focused on promoting core values of participation, inclusiveness and mutual respect.

In 2016, the Country Office continued its efforts to increase staff competencies in programmatic and operational areas. As a result, an office learning plan was developed and endorsed by the CMT. The 2014 Global Staff Survey results were analyzed and the office developed an action plan to improve staff morale in coordination with the staff association.

The office successfully closed the 2014 internal audit observations. The office’s Risk Control Self-Assessment library was updated by the CMT. The business continuity plan has been updated for all field offices and Yaoundé office in 2016 and simulation exercises were carried out with support from UNDSS. The office worked closely with the United Nations Department of Safety and Security (UNDSS) to establish a UNICEF Warden system and provided the training to the designated zone wardens and their deputies. The office also worked with UNDSS to ensure that there is continued compliance to The Minimum Operating Security standards and the Minimum Operating Residential Security Standards. Both the enterprise risk management and the business continuity plan were updated in 2016.

**Financial Resources Management**

Monthly monitoring of performance scorecard against key management indicators such as outstanding DCT, unutilized RR, ORR and ORE funds, donor reports, travel certifications led to a better fund utilization and reporting. By end of the year 99 per cent of the 34,724,000 of funds allocated to the office were spend. Bank reconciliations were submitted in a timely and accurate manner. The HACT committee monitored the liquidation of outstanding DCT leading to a considerable reduction in DCTs greater than nine months from 9.6 per cent at the end of 2015 to 0.6 per cent at the end of 2016.

To enhance the HACT quality assurance activities, three local long-term agreements were signed with local audit firms to conduct micro-evaluations, spot checks and audits to be used by UNICEF and other United Nations agencies. One LTA was signed for facilitating capacity building of partners in financial and administrative management and reporting. By end of 2016, 44 (130 per cent of the target) micro-assessment; 72 PMV (82 per cent of the target); 34 spots checks (100 per cent) and 21 scheduled audits (140 per cent) were achieved. Since August 2016, the CO has an established end-user monitoring plan that is have 100 per cent achievement against planned.

UNICEF Cameroon facilitated the establishment of the UN Interagency Harmonized Approach to Cash Transfers (HAFT) with UNDP and UNFPA. A joint UN HACT training was organized for around 150 Government and Non-government implementing partners and
around 10 UNICEF staff. Out of the 44 micro evaluations, 9 were joint with UNDP and UNFPA. UNICEF and UNHCR will conduct an audit of two implementing partners as a joint initiative with the support of Field Result Group in Headquarters.

The table of authority was updated to ensure that the office maintains internal controls and segregation of duties and the SOP on VISION roles functionality developed and shared with all staff.

**Fundraising and Donor Relations**

The resource mobilization in 2016 enabled UNICEF Cameroon to secure resources for the implementation of activities, develop partnerships for additional funding, and to leverage resources to benefit children. Two strategies framed the fundraising activities: firstly, the strengthening of our traditional bi-lateral and multilateral donors via regular documentation, on-time reports and field visits, secondly, exploring partnerships with emerging donors (The top 5: IDB, Japan, KFW, USA, EU/ECHO). It led to multi-year funding (around 2-3 years), allowing UNICEF Cameroon, despite the volatile aid environment, to achieve results for children.

Secondly, the CO has focused on innovating funding, especially with the private or corporate sectors (Confederation of African Football/Africa Cup of Nations and Western Union).

In 2016, the total revenue to UNICEF was $34.5 million. Regular resources (RR) revenue amounted to $10.6 million (31 per cent) and other resources - regular (ORR) revenue amounted to $15.6 million (45 per cent) and other resource - emergency (ORE) contributed $8.5 million (25 per cent of the total). The ORR funds raised in 2016 amounted to 102 per cent of the year ceiling. Unfortunately, the lack of international media focus on Cameroon crises and its chronic underfunding resulted in reduced emergency funds, covering only 25 per cent of the funding needs.

In 2016, 70 per cent of donor reports were submitted on time compared to 53 per cent in the beginning of the cycle (2013). An analysis was done on the reasons of delayed reporting: one third was due to system issues and two-thirds on internal issues. A new SOP on donor reports is being developed to address these issues. The donor report indicator has been included in the quality assurance plan.

**Evaluation and Research**

UNICEF Cameroon strengthened the evaluation function under the leadership of the Country Representative. The preparation of the 2016 PRIME was participatory with adequate funding allocated to surveys, research and evaluation activities. Around 80 per cent of the PRIME activities were completed by end of 2016 and 10 per cent were in progress.

One major evaluation started in the WASH sector although delayed due to difficulties in recruiting high caliber evaluator. The UNICEF Regional Office provided technical support and performed quality assurance throughout the evaluation process. The outsourcing of evaluation activities intends to ensure independence, objectivity and impartiality in judgement of the merits of interventions. The WASH evaluation was started in 2016 and will be completed in 2017. In line with dispositions of the evaluation policy, two other major evaluations (education and nutrition) are planned for 2017; the recruitment process has already started taking into account lessons from the WASH evaluation process.

Under the Nigeria + crisis, a real-time independent evaluation was conducted spearheaded by the regional office. This evaluation has identified successes and weaknesses and areas of improvement. The recommendations will be addressed through a management response and follow up during country management team meetings.
**Efficiency Gains and Cost Savings**

UNICEF Cameroon continued its efforts to ensure more efficiency and cost savings in its operations and program management. Through the UN OMT working plan, the CO carried several joint UN procurements, joint HACT assurance activities and trainings which helped save costs and time. In addition, following the Business Operations Strategy adopted by the UNCT, the OMT continued to work on establishing joint long-term agreements (transport; travel services; transit and vehicle maintenance) that can be used by all United Nations agencies. The United Nations HACT Interagency Committee jointly conducted micro-evaluations for implementing partners and carried out a joint HACT training for about 150 governments and non-governments implementing partners.

UNICEF Cameroon also rolled out its Internet protocol telephony system, which led to significant cost savings and efficiency. Due to in-house meetings and trainings, usage of competitive venues, and holding of meetings at locations where travel costs were minimized; and video conferencing, webinars and Skype meetings across field offices, UNICEF Cameroon reduced many of its operating costs.

The CO also exerted considerable efforts to move to a paperless office in many of its daily operations and cut its paper consumption costs by more than 80 per cent. The UN logistics working group was established and convened its first session to improve collaboration in supply and logistics both in emergency response and preparedness as well as to harmonize and conduct joint logistics and supply activities between the agencies, which will help to rationalize costs.

**Supply Management**

The total amount of supplies for the programs excluding freight value is $US 11,457,007.32 of which 82 per cent in offshore orders and 18 per cent locally and using direct ordering.

The high percentage of offshore procurement is explained by the category of orders this year (vaccines for 33 per cent, nutrition items for 27 per cent and pharmaceuticals for 16 per cent of the total of orders). However, the CO has established and largely used local LTA's to secure recurring supplies for WASH and education sectors.

Logistical transactions continued to increase. Thus, $US 10,244,292.86 of supplies were managed this year in warehouses combined to a context of recurrent emergencies which led the office to reinforce the unit's human resources by the creation of new positions (Logistics Officer and Sr. Supply Assistant).

The value of the inventory of programme supplies controlled by the Country Office physically in the warehouse as of 31th of December 2016 is $US 937,639.61

The value of programme supplies issued from local warehouses controlled by the office to the beneficiaries in 2016 is $US 9,306,653.25.

The office is maintaining the support to the government on strengthening their capacity in warehouses management especially in the Eastern and Far North regions through the logistics staff present in the sub-offices.

The Government is still using the procurement services to cover its routines vaccine requirements, as well as co-financing with GAVI.
### CO CAMEROON 2016

<table>
<thead>
<tr>
<th>Description</th>
<th>Value of all supply input (goods and services) in USD</th>
</tr>
</thead>
<tbody>
<tr>
<td>Programme supplies</td>
<td>$11,457,007.32</td>
</tr>
<tr>
<td>Operational supplies</td>
<td>$2,536,667.22</td>
</tr>
<tr>
<td>Services</td>
<td>$2,723,319.01</td>
</tr>
<tr>
<td>Construction (where applicable)</td>
<td>($1,210,775.62)</td>
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<tr>
<td><strong>Grand Total</strong></td>
<td><strong>$16,716,993.55</strong></td>
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### CO CAMEROON 2016

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<thead>
<tr>
<th>Description</th>
<th>Value of supplies channeled via Procurement Services</th>
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<tr>
<td>via Regular Procurement Services</td>
<td>$3,386,347.90</td>
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<tr>
<td>via GAVI</td>
<td>$13,525,339.45</td>
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<tr>
<td><strong>Grand Total</strong></td>
<td><strong>$16,911,687.35</strong></td>
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### CO CAMERON 2016

<table>
<thead>
<tr>
<th>Description</th>
<th>Value of locally managed procurement</th>
</tr>
</thead>
<tbody>
<tr>
<td>Programme supplies</td>
<td>$2,060,428.65</td>
</tr>
<tr>
<td>Operational supplies</td>
<td>$2,536,667.22</td>
</tr>
<tr>
<td>Services</td>
<td>$2,723,319.01</td>
</tr>
</tbody>
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### Security for Staff and Premises

Staff safety and security continued to be a high priority. The border area with the Central African Republic is level 3 due to the high frequency of organized crime (such as kidnapping and highway robbery). In the Far North, the risk from terrorist attacks carried out by Boko Haram remains a major security risk. To continue its programmatic activities in these areas, UNICEF, as do many other UN Agencies, uses security escorts made available by the authorities.

While the risk from terrorist attacks is significantly high, urban criminality remained another area of serious concern for United Nations staff and dependents particularly in Douala and Yaoundé.

UNICEF Cameroon made major achievements including enhancement of MOSS compliance in Yaoundé and continued its efforts to ensure a safe, efficient environment in the field, through mandatory safety and security training for all staff and consultants; orientation for all newly recruited staff; and training in safe driving and first aid for all drivers. First aid kits were procured for all vehicles. The staff list was updated and sent to UNDSS and security advisories were shared frequently with staff with a focus on programme implementation and staff safety on how to avoid common security threats in their duty stations.

The recruitment of the Security Analyst based in Maroua will support not only the UNICEF country office further in strengthening its security plans, but also provide technical assistance to the UNDSS as well. A warden system for UNICEF was developed with support from UNDSS and training was provided to the wardens and their deputies. The office also has updated its business continuity plan for 2016 and a simulation exercise is being conducted with UNDSS.

UNICEF Cameroon is working towards relocating to a new office in 2017 that will be providing better MORSS compliance with better safety and security facilities.

### Human Resources

The staffing structure approved for the country programme planning process is being implemented despite the challenges to attract candidates mainly for the two sub-offices.
CO recruited 37 fixed-term, and 4 UNV compared to the approved 41 PBR posts. Currently, UNICEF Cameroon has 104 staff.

Gender parity remains a challenge due to the high demand for female professionals from a small pool of qualified candidates. The overall rate is of 37 per cent female and 63 per cent male.

UNICEF applied the simplified L2 emergency procedure and assessed its staffing gaps using the ERM office plan as well as its funding. The office did not use RR funding for bridging the OR funded posts.

Performance management has been incorporated as part of office culture with continuous monitoring during CMT of the progress of performance planning on ‘ACHIEVE’ as one of the key management HR indicators, which led to a completion rate of 98 per cent. Management also encouraged open performance discussions and constructive feedback between supervisors and supervisees.

Improvement areas were identified based on the results of the 2014 Global staff survey and an action plan was developed jointly with the staff association and monitored by the joint consultative committee. By end 2016, all recommendations had been acted upon. A staff retreat was organized and covered areas such as team building and streamlining of processes. Several key trainings were conducted to staff; such as competency based interviewing, VISION, budget trainings in addition to the Special Friday information sessions.

Four joint consultative committee meetings were held and minutes shared with all staff. An awareness session provided information on the minimum HIV standards in the workplace and two UN Cares focal points were nominated.

To improve an ethics culture in the CO, four ethics focal points were appointed by staff in a participatory manner.

**Effective Use of Information and Communication Technology**

The ICT section continued to contribute to the overall office business environment. Since the beginning of the year, staff members have been encouraged to use as many of the new online tools as possible. Personalized and group sessions were organized to enable staffs to better get accustomed with the new collaboration tools (SharePoint, Lync, and OneDrive). The CMT encouraged staff to save critical country documents on the SharePoint sites. The sub-offices have been equipped with adequate tools (VSAT connectivity, internet keys, satellite phones, BGAN, VHF, and HF) to connect to the network and work remotely.

Following ICTD recommendation, personal devices have been configured with corporate collaboration tools. Critical staff members were also equipped with phone terminals that meets the standards to enable them to be operational and ensure business continuity.

To go green, all the printers in the office were configured by default for double side printing and this has enabled the office to save a good amount of paper and ink. Also, users are directed by default and as much as possible to black and white printers. Servers no longer useful in the production network were turn off to save energy.

UNICEF Cameroon continued to participate in several Technology for Development projects such as supporting the Health section with providing the Ministry of health with support to put in place a telephone fleet, used for extensive tracking and reporting of health issues in the regions of North and Far North in collaboration with WHO. This year, different surveys were
conducted on topics related to UNICEF working thematic through U–report where Cameroonian youth were able to express their views on various development concerns via the SMS-based website.

Programme Components from RAM

**ANALYSIS BY OUTCOME AND OUTPUT RESULTS**

**OUTCOME 1** By 2017, mothers, newborns, children and adolescents will use quality high-impact interventions at all levels and in an equitable manner

**Analytical Statement of Progress:**
Maternal, newborn and child health in 2016 were strengthened through the implementation of the H6 and RMNCH trust fund initiatives in the Far North, Center and East regions, a joint collaboration of UN agencies that implemented a package of high impact health interventions to accelerate the reduction of mortalities in these targeted groups. UNICEF laid its support on the new the newborn care through the update of norms and standards, the reinforcement of service delivery (equipment, training on neonatal essential care in the Centre, East and Far-North regions). The post-training supervision showed positive changes in health care providers’ skills.

The focus was also laid on community health activities working in collaboration with UN Women, the Global Funds, PLAN Cameroon, and Cameroon-PSI to harmonize the existing approaches in the country and progressively expand. With regards to vaccine preventable disease, the status of polio free country was maintained thanks to the intensified polio SIAs activities and the improved quality of systematic routine immunization with the strengthening of cold chain and logistics. Children under five in the North and Far North regions received seasonal malaria chemoprevention (SMC) and this contributed to the reduction of more half of morbidity and mortality in the under-fives.

Despite that Cameroon has reached the status of maternal and newborn tetanus elimination, in 2016 five health districts crossed the threshold of one case of neonatal and maternal tetanus. This endangers lives of mothers and newborns, since one case of neonatal and maternal tetanus is a triple public health failure showing that routine immunization of pregnant women is insufficient. The EPI programme supported the immunization of pregnant women and women of child bearing aged 15 to 49 years. The TT2+ coverage from January to October 2016 was 61 per cent as compared to 62 per cent as annual national coverage in 2015. UNICEF provided TT/Td vaccines, supported integrated supervision focused on immunization in health districts, addressed the domain of clean deliveries and cord care during training sessions on essential newborn care in the far-north, center and East regions. Future action points will include the organization of mass immunization activities for women of childbearing age around cases in districts that have notified cases. The intensification and promotion of surveillance of cases of TNN and the strengthening of routine immunization, with a focus on clean delivery.

**OUTPUT 1** Mothers, newborns, children and adolescents are vaccinated routinely and during supplementary immunization activities (SIAs.)

**Analytical Statement of Progress:**
Despite the exit of Cameroon from the list of wild polio virus (WPV) exporting countries, activities against poliomyelitis have been intensified, especially since it is one of the countries affected by the CVDPV and WPV confirmed outbreak responses in the State of Borno in Nigeria (mass campaign in the form of LIDs and NIDs, intensification of routine
immunization, intensification of surveillance activities with focus on border regions with Nigeria).

All this happened in an environment characterized by inadequate delivery of immunization services with only 50 per cent of health facilities vaccinating and offering a single immunization session per month, untrained vaccinators (less than 40 per cent of providers), insufficient promotion of routine immunization activities with still large numbers of children missed, inadequate vaccine management with inadequate use of the SMT (only 7/10 regions) as well as a shortage of the vaccine supply chain with BCG syringes stock-out in all 10 regions of the country.

**Procurement performance and vaccine management.** The cold chain was reinforced with two cold rooms installed in two regions of the country out of the three that were planned, 12 solar refrigerators were also installed in addition to the training of regional logisticians on the use of SMT and DVDMT for vaccine management.

**Routine immunization performance.** The vaccination coverage in Penta 3 is 83 per cent, same as that of the same period in 2015, which is 7 percentage points lower than the national target of 90 per cent.

Only three regions (Adamawa, East and West) out of 10 have reached the target of 90 per cent vaccine coverage (VC).

Only 69 per cent of the districts, 31/189 have a VC above or equal to 80 per cent in PENTA 3 against 61 per cent in 2015, (116/189).

There are still health districts with less than 50 per cent VC (07 DS for PENTA3, 08 for OPV 3, 12 for measles) compared to the end of April 2016.

Persistence of discrepancies between antigens which must be administered at the same time in all regions. This shows the missed opportunities for routine immunization.

The country experienced stock shortages in BCG syringes in all 10 regions.

IPV remains under-administered 24 per cent compared to other antigens given at the same time (OPV 3 82 per cent and Penta 3 83 per cent). The difference in coverage between OPV3 and IPV by non-compliance with SOPs, the lack of knowledge of mothers on vaccines received by children.

The strengthening of social mobilization activities, the training of providers on vaccination in practice, the updating of RED micro-plans in districts and problem areas to reinforce supply and supportive supervision will improve these performances considerably.

**Performance of surveillance of vaccine-preventable diseases.** Five health districts have crossed the elimination threshold for neonatal and maternal tetanus and the TT2 + coverage is 61 per cent with the Northwest region with less than 50 per cent coverage. No vaccine response activities around the cases have been conducted in these districts until then. The investigation of cases recommended an outbreak response campaign in all the districts. A micro plan developed revealed a financial gap.
OUTPUT 2 Children aged 0 to 5 years are vaccinated during polio campaigns.

Analytical Statement of Progress:
National campaigns against poliomyelitis were organized in February and April 2016. The campaign of April and November 2016 were coupled with the MCHNAW (maternal, child health and nutrition action week). Parents’ level of information remained below 95 per cent (88 per cent in April 2016 and 86 per cent in February 2016). The proportion missed children in households has dropped below the 5 per cent threshold since April 2016 (3.3 per cent in households and 4.5 per cent out of households). The proportion of unimmunized children due to refusal is above 5 per cent (8.3 per cent in April 2016). The situation is worrisome in the Centre, Littoral and West regions. The implementation of improved communication strategy has helped to improve parents’ information and decrease the number of children missed.

However, a threat is still looming with the detection of a type 2 derived polio virus and a type 1 wild poliovirus in Borno state in Nigeria. In response to this, UNICEF Cameroon organized five local campaigns synchronized with Nigeria, Chad, CAR and Niger. The first round will be focused three northern regions (Adamawa, Far North and North) while the 4 remaining will be extended to the northwest and western regions.

During the first four rounds, the proportion of children missed remained below 5 per cent. The upward trend is seen in the northern region, surpassing the threshold of 5 per cent on round 4. Between April and November 2016, the level of information increased, from 88 per cent to 92 per cent.

Activities of communication and social mobilization took place within the framework of efforts to maintain the country free of wild poliovirus circulation, including the following.

- Supported the development of communication materials for routine immunization (Mobilizer Guide, Image Box, flyers, posters).
- Supported the organization of advocacy meetings to monitor the implementation of the Government’s commitments at fora (planning meetings, feedback meeting for each campaign, supervision and management of refusals) in the 44 new CSPs (Priority Health District) to take corrective action based on previous results.
- Supported the organization of cross-border meetings with the authorities of the 49 border administrative units to harmonize communication and vaccination activities (sensitization and vaccination of the population of border villages, vaccination at points of entry, dissemination of messages by media that cover the border and especially the documentation of these activities).
- Directory of community radios, and training of community radio staff in 6 regions (Center, Littoral, West, South, North and Far North), 122 spots and microprograms developed on vaccination, Ebola virus and birth registration.
- Established a partnership with telephone networks and television stations for the transmission and dissemination of messages on immunization to 1,100,000 subscribers.
- Strengthened the capacities of the new associations (152) in CIP (Interpersonal Communication) in the two priority regions, in the promotion of vaccination, the search for abandonment and AFP in the community.
- Training of 150 members of the National and Regional Task Force on Health Communication (immunization, essential family practices, cholera and Ebola, birth registration).
Mothers and newborns have access to and use to high-impact interventions.

**Analytical Statement of Progress:**
Policy and strategic documents were finalized, namely: the Health Sector Strategy (HSS 2016-2027), the National Health Development Plan 2016-2020, the Integrated Plan of Monitoring and Evaluation of the National Health Development Plan, the Operational Plan on New-born Health 2016-2018, the revised Clinical IMCI modules that integrated the new-born health aspect, the National Policy on Community Health in Cameroon, the updated National Guide on Community Led Health Interventions.

These documents though not yet disseminated will contribute in enhancing the health system environment. UNICEF ensured that new developments in the domain of MNCAH were taken in account in these documents as well as in the realization of children's health rights and their implementation. At downstream level, health care providers are technically equipped to provide the complete package of essential newborn care: 60 in the Far North, 124 in the East and 183 in the Center region.

Children have access to and use high-impact interventions

**Analytical Statement of Progress:**
After the mass distribution of 2012-2013 a subsequent mass distribution of 12,193,500 LLINs covering the entire national territory was organized in 2016 to strengthen malaria prevention within communities in the country. With regards to malaria epidemics, the Far North and North regions are the most at risk and where children die most with malaria being one of the main cause of mortality in the under-fives. To this effect, the country in partnership with the Islamic Development Bank supported the implementation of the seasonal malaria chemoprevention (SMC) in these two regions targeting children aged 3 to 59 months.

Results were as follows: 1.371996 / 1422020 (96.5 per cent), 1.437.199 / 1477710 (97.3 per cent) and 1.477.698 / 1.507.582 (98.0 per cent) children aged 3-59 months received the first dose of antimalarial in August, September and October 2016. A post survey campaign conducted revealed that 95.5 per cent, 98.5 per cent and 98.3 per cent of the children received the full course of 3 doses during the 3 cycles.

The comparison of the epidemiological surveillance data of malaria cases in health facilities in the period August to October 2015 and 2016 showed that 48 332 (64 per cent) cases of malaria were prevented during the period in the Far North Region compared to 16,980 (47 per cent) in the Northern Region. Also, 414 (78 per cent) malaria deaths were avoided over the period in the Far North Region compared to 140 (59 per cent) in the Northern Region.

In 2016, the community led health interventions were scaled up in 18 health districts of four regions: three in the Far North region (Guidiguis and Moulvoudaye and Gawaza), two in the Eastern region and nine in the Central Region, with a total of 839 community health workers providing a package of curative, preventive and promotional high impact interventions. Focus was laid on essential family practices in the health, WASH, nutrition, HIV and protection. In terms of integrated case management results, were as follows: 14,911 children under 5 years of age were treated, including 9386 (62.9 per cent) for simple malaria, 3110 (20.9 per cent) for ARI and 2415 (16.2 per cent) for diarrhea during the period under review. For the same period, 2 725 cases of severe malaria, 1 541 cases of severe respiratory infection and 1 118 cases of severe diarrhea were referred from the community to the health facilities thanks to the community referral system set up. In addition, a partnership was initiated with 8 local council authorities and other existing community structures (health
committees, school councils, water point management committees, communal committees for the allocation of aid and relief emergency), aimed at capturing their full involvement in view of ensuring sustainability.

Action: These efforts must be sustained, an investment case for resource mobilization and scaling up plan will be developed as well strengthen the partnership with the Global funds and other technical and financial development partners.

OUTPUT 5 Mothers, newborns and children receive high-impact interventions in emergency areas

Analytical Statement of Progress:
The response to the humanitarian crisis has continued in Eastern and Adamawa regions (Central African Republic refugees) and Far North (refugees from Nigeria and internally displaced populations); (1) Routine measles immunization of 228 at entry gates in the Eastern and Adamawa regions and 2,943 children aged 6 months to 15 years in transit camps in Minawao; (2) provision of medicines and consumables for the management of common childhood illnesses and prevention of anemia and malaria in pregnant women; (3) and the distribution of 150 LLINs to internally displaced populations in the Far North region, 4,000 LLINs were donated to an NGO for distribution in the Mokolo district where the refugees are housed and 9,000 in the Eastern and Adamawa regions The Far North and the East have an amount of LLIN to deal with a possible emergency. In addition, 87500 doses of the measles and rubella (MR) vaccine in stock in the Far-North region for the response of a possible measles outbreak.

OUTPUT 6 Mothers, newborns, children and adolescents are in favorable environment to access and receive health interventions with high quality and equitable impact

Analytical Statement of Progress:
The interventions analyzed by the decentralized improved monitoring for action were: Assisted Delivery, Newborn Care, ANC, PMTCT / PECP, Family Planning, immunization, IMCI, Management of 3 Killer Diseases in Children 0-59 Months (Pneumonia, Diarrhea, Malaria), diarrhea with SRO + ZINC, hand washing with soap, use of MIILDA, recognition of signs of danger to immediate care, use of sanitary toilet, and birth registration.

An initial analysis indicated that:
- There are very few registries, and these registries are silent for the essential newborn care and the baby’s exit examination
- The cold chain is a problem except in a district.
- The existence of ambulatory care
- All deviations are in red
- The problem of comfort concerns all health facilities monitored.
- These results also show the weakness of the health system in general and in particular on formative supervision at all levels.
- The analysis shows the existence of human resources at 92 per cent, access to geography at 84 per cent and the existence of drugs at 76 per cent, however a problem persists with regard to use 26 per cent, continuity 2 per cent And effective, coverage 1 per cent.
- The population does not use enough and the few who use are not maintained they are discouraged by the quality and do not return any more. This information is contrary to the problem known to everyone: human resources, inputs and geographical accessibility.
OUTCOME 2 By the end of 2017, children, adolescents and pregnant women, including the most vulnerable, will increasingly and equitably use prevention and care services according to the norms in two intervention regions (North and West) and emergency areas.

Analytical Statement of Progress:
During the current programme cycle, the Ministry of Health adjusted its strategic HIV/AIDS documents to be in line with WHO recommendation changes. Important progress has been made in using PMTCT services. New HIV infections as projected by spectrum show a decrease among children (0-14 years) from 7923 in 2013, 7540 in 2014 to 4915 in 2015 and an increase among adolescents (10-19 years) from 4206 in 2013, 4207 in 2014 to 4197 in 2015.

The percentage of health centres offering PMTCT rose from 2067 in 2010, 3466 in 2014, to 3918 in 2015 out of the total number of 5166 health centres. Antiretroviral coverage increased from 32.7 per cent in 2013, 53.5 per cent in 2014, to 70.4 per cent in 2015 and option B + is nationally implemented. But the screening for partners of pregnant women is still very low (5 per cent).

Access to ART for children (0-15 years) remained very limited without substantial increase. It was 10 per cent in 2003 (50/50334) and 11 per cent in 2014 and 13 per cent at the end of 2015. More than 79,000 children and adolescents (age 0-19) live with HIV in Cameroon. HIV testing among young people remains very low. The MICS 2014 reports 30.7 per cent of young girls and 22.5 per cent of young boys aged 15-24 years know their HIV status. In 2014, the Ministry of Youth and Civic Education reported that 753,632 of young people 15-24 years old have been tested and got the results out 3,609,000 planned (21 per cent).

Adolescents are the only group for which the mortality rate linked to HIV/AIDS continues to rise. The vulnerability of adolescents is accentuated by child marriage and sexual and physical violence. The proportion of adolescents and young people (15-24 years) with correct knowledge on HIV/AIDS, increased from 2011 to 2014 (29 per cent to 32 per cent for women and 34 per cent to 41.2 per cent for men).

The strategic vision was materialized in the development of two operational plans: the e-MTCT operational plan (2016-2017) and the national operational plan (2016-2018) to accelerate HIV care and treatment for children and adolescents.

To facilitate the implementation of both plans, the ‘test and treat’ strategy recommended by WHO was adopted by the Minister of Health and other measures and guidelines have been disseminated such as routine HIV testing in all health facilities, free HIV testing for children under 15 years and pregnant women as well as a free subsidized package for PLWA clinical follow up examinations.

The implementation of these measures will accelerate the achievement of the expected results of the two national operational plans: 90 per cent of HIV+ pregnant women on option B + by the end of 2017; 80 per cent of HIV + women on ARVs have undetectable viral load by the end of 2017; 76 per cent of HIV+ children and adolescents on ART at end of 2018.

OUTPUT 1 PMTCT coverage is enhanced and the quality improved in six priority districts including the North and West regions and in emergency areas.

Analytical Statement of Progress:
During the current programme cycle, UNICEF Cameroon supported the capacity building of health care workers to allow the scale-up of MNCH / services and the reinforcement of community health workers to increase the demand for PMTC. UNICEF supported the Option
B+ pilot stage (2013), the extension stage (2014-2015) and the scale up stage (2016).

Although Option B+ is nationally implemented, the UNICEF area of intervention for the 2016-2017 period is limited to 9 priority health districts in northern and western regions and emergency areas (East and Far North as per 2015 MTR. HIV + pregnant women who are on ART option B+ increased from 54 per cent end 2014 to 79 per cent in 2016, showing the progress toward the expected target of 90 per cent by end 2017.

During 2016, UNICEF continued to support the integration of HIV in the emergency preparedness and response. Out of 655 HIV-positive pregnant women requiring continuation of ART in humanitarian situations, 106 continued ART.

During 2017, the focus will be put on supportive supervision to improve the quality of care for women and exposed children by implementing the standards and norms of performance for PMTCT, data collection and analysis will be strengthened.

Community mobilization and engagement will be supported to improve the retention of HIV + women on ART using new technologies (M-health and U-Report). Supportive supervision will be strengthened to improve women quality of care, data collection and analysis and decision making in the priority health districts.

OUTPUT 2 Coverage of screening, care and ART services for children / adolescents affected by HIV / AIDS is increased and the quality improved in six priority districts of the northern regions and emergency areas

Analytical Statement of Progress:
During the current programme cycle, UNICEF Cameroon supported the capacity building of health care workers to allow the scale-up of MNCH / services and the reinforcement of community health workers to increase the demand for PMTCT. UNICEF supported the Option B+ pilot stage (2013), the extension stage (2014-2015) and the scale up stage (2016).

Although Option B+ is nationally implemented, the UNICEF area of intervention for the 2016-2017 period is limited to 9 priority health districts in northern and western regions and emergency areas (East and Far Nord) as per 2015 MTR. Expected HIV + pregnant women who are on ART option B+ increased from 54 per cent end 2014 to 79 per cent in 2016, showing the progress toward the expected target of 90 per cent by end 2017.

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Community mobilization and engagement will be supported to improve the retention of HIV + women on ART using new technologies (M-health and U-Report). Supportive supervision will be strengthened to improve women quality of care, data collection and analysis and decision making in the priority health districts.
OUTPUT 3 Health and adolescent care facilities in the six priority districts in the northern regions and emergency zones provide high-quality SR / HIV/ IST/ ETP services

Analytical Statement of Progress:
As per 2015 MTR, the focus is on HIV counselling and testing among adolescents aged 15 to 19 and strengthening referral mechanisms of those tested HIV + to treatment services (CTA / UPEC). The expected result is to have at least 80 per cent of HIV+ adolescents accompanied to the CTA/UPE for ART. During the first 3 years of the programme cycle, geographically throughout the country, only 15 departments were covered by the adolescent programme. Due to limited resources, the intervention areas selected for the period of 2016-2017 are nine priority districts of the North and West regions and three districts in humanitarian zones (East and the Far North) comprise of 19 youth centres. Small scale funding agreements were signed with six civil society organizations working with adolescents. Standard equipment kits including communications materials were supplied to 19 youth centres as planned by end 2016.

Capacity building of different stakeholders at different levels was the prerequisite activity to ensure effective participation of adolescents in performing the risk and vulnerability mapping combined with behavioural analysis related to STI/HIV/AIDS in their communities. Capacity building for its endowed competency teenagers needed for their active involvement in mobilizing and sensitizing of their peers to voluntarily and freely getting HIV tested. Training of stakeholders was performed following a two-step process that combined training of peer educators, supervisors and other stakeholders who supported the adolescents to design and implement integrated micro communication plans in accordance with risks and vulnerability mapping and desired behaviour.

Since May 2015, Cameroon has been engaged in the 'All In’ ‘End adolescents AIDS' initiative. The first phase of the country assessment which consisted in a rapid appraisal and evaluation of national HIV programmes for adolescents was conducted. The findings from the rapid assessment were utilized to advocate for the Scaling up of prevention, treatment and care services for adolescents. The second phase consisting in the bottleneck analysis (BNA) of adolescents' access to friendly services was conducted in Douala town and is undergoing. In 2016 HIV counselling and testing were offered to 6,796 adolescents (6,000 was planned) using fixed and advanced strategies in partnership with health care facilities and the NACC testing mobile team. All adolescents tested HIV positive were accompanied to the treatment centres. During 2017 awareness and mobilization campaigns for HIV counselling and voluntary testing will be intensified. The BNA findings will inform the update of adolescents strategic and operational national documents (All In phase 3).

OUTPUT 4 The technical and managerial capacity of partner institutions / organizations at all levels to coordinate quality HIV interventions in six priority districts and in humanitarian emergency zones is increased

Analytical Statement of Progress:
Poor coordination of interventions continues to be a challenge to obtain disaggregated data, within the health information system. This bottleneck limits the ability to generate adolescent-specific data and monitor progress. In fact, during joint supervision missions with UNICEF Cameroon with main implementing partners, the participatory coordination of the different stakeholders was identified as a mechanism to address this challenge. Moreover, the capacity building on the HACT implementation was done to improve better technical and financial resource planning, use and reporting. Ongoing technical support continues to be provided to national partners to filling in FACE forms and elaborate technical proposal and requests.
Financial support was accorded to selected associations for monitoring and coordination of activities within health areas. This approach aims at ensuring the monitoring of implemented activities and stakeholder coordination at different levels.

The First National Forum on the prevention of mother-to-child transmission of HIV (MTCT) and children/adolescents HIV care and treatment was organized in Yaoundé, from 25-27 October 2016. It was attended by 350 participants from all 10 regions of Cameroon. The objective was to generate a new momentum and formulate a strategic vision and priority actions to accelerate the elimination of MTCT and close children and adolescents ARV treatment gap. Experiences, innovations, best practices and lessons learned were shared for an optimal implementation of PMTCT and HIV care and treatment for children and adolescents. A call for abstracts was launched; 86 abstracts out of 97 received were selected (32 for oral presentation and, 54 as posters). The ten best abstracts received awards with three of them on UNICEF supported interventions (two abstracts on case finding of HIV infected children and adolescents in the North region and one abstract on HIV testing among male partners of pregnant women in the West Region). A Call to Action was adopted by all participants.

During 2017 UNICEF will support the follow up and evaluation of the implementation of the Yaoundé, call to action.

**OUTCOME 3** Vulnerable populations in the target communes have equitable and sustainable access to drinking water, adequate basic sanitation infrastructure and appropriate good hygiene practices

**Analytical Statement of Progress:**
During the reported period, access to safe drinking water and adequate sanitation facilities was improved through the construction of 69 boreholes for the benefit of about 38,941 additional inhabitants of target areas, 112 emergency latrines and 44 institutional latrines in 8 schools and 36 health centres. In response to and/or prevent water related diseases and SAM, 334235 WASH kits with key hygiene message were prepositioned/distributed and about 90,000 inhabitants of vulnerable areas sensitized on good hygiene practices. Sanitation conditions at household level were improved through CLTS activities implemented in partnership with local NGOs in 408 communities of which 270 (about 106,000 inhabitants of vulnerable areas) have been declared open defecation free.

CLTS scaling up has been strengthened through the training of 87 partners on the implementation of National CLTS strategy and methodological guideline and NGOs social workers on CLTS approach and, the sensitization of about 110,000 community members on ODF impacts. Maintenance of water points has been ensured through the establishment water point management committees and the training of their members.

To improve WASH response to cholera epidemic, 36 stakeholders were trained on geo-localization and mapping of cholera cases and 431 health workers and environmental health personnel benefited from several training sessions on cholera prevention/response held in the Far North region.

WASH stakeholders’ capacity for emergency coordination at the national and regional levels has been strengthened through regional training on Leadership and Coordination. Also, the programme supported the Government for the inventory of WASH infrastructures in the Far North, the coordination of the sector response to humanitarian crisis, the development of tools for WASH data and information sharing and, preparation of the National Water Policy.
The major challenges remain the low technical, logistic and managerial capacities of boreholes and latrines construction companies. To overcome this, the WASH teams (national and sub offices) have provided technical support, warnings letters were sent when necessary and those that were unable to show signs of improvement have been penalized.

**OUTPUT 1** In 2017, the rate of access to drinking water for vulnerable populations in the target communes is increased by 5 per cent

**Analytical Statement of Progress:**
As part of its response to the Central African Republic crisis in the East and Adamawa regions, UNICEF Cameroon supported interventions that improved access to safe drinking water and adequate sanitation facilities. The programmes supported the construction of 69 boreholes for about 38,941 inhabitants of selected areas hosting CAR refugees. The programme has also completed the construction of 10 boreholes connected small-scale water network for the benefit of health centres and host communities and, initiated the construction of 45 boreholes in the municipalities of Ngora and Mokolo in the framework of sustainable decentralized management model of water infrastructure to be shared at national level.

The sustainability of access to safe drinking water has been addressed through the establishment 47 water point management committees. Members of these committees including water pump artisan repairers received an appropriate training and are skilled to ensure fulltime maintenance and community participation. Mindful of the key role they play in water provision for their households, women’s participation to these committees has been strongly recommended. Each committee has at least one woman.

Mayor and technical staff of the Far-North region municipalities were trained on access to WASH services in the context of decentralization: needs assessment and prioritization, planning, delivery, monitoring and maintenance of WASH facilities. This helped them to be more involved in the monitoring and management of facilities and to better identify priority communities during HNO/HRP discussions held with municipalities at regional level.

The major challenges remain the low technical, logistic and managerial capacities of drilling companies leading to long delays in the completion of boreholes construction. The programme engaged dialogue with these companies to reduce these delays. Work plans for correctives measures have been agreed and are being followed-up. Those that were unable to show signs of improvement have been penalized.

Borehole constriction activities were monitored on regular basis both by UNICEF WASH teams and regional delegations in charge of water and also through the production of weekly updates. Information pooled from monitoring have permitted to stimulate evidences based management. From communities at grassroots level to the central administration, actions are gradually being informed by data.

Additional financial resources are requested to reach programme results in terms of access to safe drinking water in vulnerable areas. Efforts to mobilize both domestic and foreign resources will be maintained and even reinforced. High-level advocacy is being made towards Government authorities to increase budget of the water sector.

**OUTPUT 2** In 2017, 90 percent of the CLTS affected villages in target municipalities reached and maintain ODF status

**Analytical Statement of Progress:**
In its efforts to contribute to the eradication of open defecation in the country, the programme has adopted CLTS approach. A total of 1337 communities have been triggered since 2013 essentially by partners NGOs ADRA and ASOL in the East and ADAMAOUA regions, and MUTCARE, ACEEN, APREPS and PC in the North and Far-North regions. Due to the insecurity that prevails in the Far-North region and resulting difficulties to access to some zones combined with the limited financial resources available, only 953 communities have been audited and 81 per cent (776 communities) declared open defecation free.

During the reported period, sanitation conditions at household level were improved through CLTS activities in 408 of the 500-targeted communities of which 270 (about 106,000 inhabitants) have been declared open defecation free. CLTS scaling up has been strengthened through the training of 87 partners on the implementation of National CLTS strategy and methodological guideline and NGOs social workers on CLTS approach and, the sensitization of about 110000 community members on ODF impacts. The ongoing CLTS activities in 136 additional communities will contribute to the improvement of this result.

Key challenges remain the appropriation of CLTS process by municipalities, limited population financial capacity and sustainability of improved latrines constructed by households in target areas. To overcome these challenges, a national CLTS strategy was finalised in collaboration with the governments, NGOs and local authorities, tested during stakeholders’ trainings (NGOs, ministries of water and health at the central and regional levels, local authorities).

Although the strategy is yet to be officially endorsed by the Government, it has been technically validated and its implementation is ongoing. CLTS is being implemented in a harmonised way by all players. Also, the implementation of the strategy has contributed to the increased number of ODF communities in target areas.

**OUTPUT 3** In 2017, the rate of access to basic sanitation infrastructure in schools, health centers and nutrition centers of the target communes increased by 10 percent

**Analytical Statement of Progress:**
To increase access to adequate sanitation facilities in target areas, the programme has initiated the concoction of improved latrines in selected schools, health and nutrition centres. To date, 44 gender sensitive blocks of latrines equipped with hand washing systems have been constructed for the benefit of 8 schools (38 teachers and 3608 school children) and 36 health/nutrition centres (89 092 patients, users and health/nutrition personnel). Even though the target of the programme is almost met through these results, standard ratios of students per latrine, number of teachers per latrine, number of health personnel per latrine, number of users of health/nutrition centers per latrine are still a concern.

Also, many other schools and health/nutrition centres are not equipped with improved latrines in target areas. It was suggested that the programme continues to support the Government for the construction of institutional latrines. This required the mobilization of additional financial resources to secure the attainment of results in terms of access to adequate sanitation facilities in schools, heal/nutrition centres.

The major challenge remains the low technical, logistic and managerial capacities of companies hired for latrines construction, leading to long delays in the completion of construction activities. The programme initiated several meetings to agree with concerned companies on way forward, updated work plan and technical solutions. Also, formal notices were sent to companies and penalties applied as per contractual clauses.
Latrines constriction activities were monitored on regular basis both by UNICEF WASH teams and regional delegations in charge of water and through the production of weekly updates. By doing so, delays and obstacles have been anticipated, discussions initiated with construction companies, national partners and the Supply unit to agree on way forward and appropriate solution

OUTPUT 4 By 2017, the prevalence of cholera among populations in target health districts is reduced by at least 75 percent

Analytical Statement of Progress:
In 2016, the country recorded 2 suspect cases of choleras (0 death), which have not been confirmed by laboratory tests. UNICEF Cameroon contributed to this encouraging result through the purchase and pre-positioning of about 400,000 WASH kits for the benefit of at least 250,000 inhabitants of cholera hotspot sand the intensification of awareness creation and sensitization activities. To improve WASH response to cholera epidemic, 36 stakeholders of the most affected/exposed regions (Far North, North, Adamawa, South West and Littoral) were trained on geo-localization and mapping of cholera cases and, 431 health and hygiene staffs of most vulnerable municipalities of the North and Far North regions have been trained on hygiene promotion, cholera prevention and response.

Transboundary south-south discussions on cholera control and prevention were also facilitated by the programme with the involvement of 73 stakeholders representing mainly 4 Lake Chad Basin countries (Cameroon, Niger, Nigeria and Chad), ECCAS, ECOWAS led to Douala Roadmap which is a regional agenda for cholera preparedness coordination, cholera preparedness in border areas, formalization and operationalization of cross-border collaboration.

The gradual scaling up of the 'shield and sword' strategy and its appropriation by the Government structures plays an instrumental role in controlling the epidemic. However, armed conflict and poor access to safe drinking water and basic sanitation services in the most at-risk communities are increasing risks of outbreaks. The continuation of current monitoring efforts of, improving access to safe drinking water and adequate sanitation services, promoting good hygiene practices and, controlling population movements will help maintain the actual status of cholera epidemic.

OUTPUT 5 Tools and mechanisms for planning, managing and coordinating WASH interventions are available and operational

Analytical Statement of Progress:
In addition to the national CLTS and WASH in school strategies prepared in 2015, the national hygiene policy was drafted during the reported period and is to be validated by stakeholders. The triggering of the process for the preparation of the national water policy was facilitated through support provided for experience sharing visits between Government partners and Burkina Faso, Togo and Gabon Governments. As result, the roadmap for the policy has been finalized, lessons learned from other countries with regard to institutional arrangements and stakeholders’ involvement. Thematic groups were established and are contributing to the preparation of the policy document. The sector diagnostic analysis is ongoing as per agreed work plan and methodology.

The programme also facilitated the organization of a regional training on WASH sector leadership and coordination in emergency for the benefit of 30 stakeholders representing 5 countries and, provided support to the Government for the organization of the WASH sector group workshop, the coordination of WASH response to emergencies both at the central and regional levels.
Torors of the WASH sector technical and financial partners group was finalized, and the group is functional with UNICEF Cameroon as lead. In order to improve the knowledge of existing WASH infrastructures, their functional status as well as gaps, support was provided to the Government for the inventory and mapping of water and sanitation facilities in the Far-North region, the development of WASH data collection, management and sharing mechanisms and the prioritization of communities to be targeted in 2017 in the framework of the WASH response to emergency situation in the Eat, Adamawa, North and Far-North regions of the country.

**Outcome 4** By 2017, the health, family promotion and rural development system provides a package of integrated nutrition interventions for children and women in emergency situations and at the community level

**Analytical Statement of Progress:** UNICEF Cameroon’s support was instrumental in improving the coverage of key nutrition interventions such as community-based management of acute malnutrition, promotion of infant and young child feeding, prevention and control of micronutrient deficiencies. Thousands of children were admitted in treatment centers for severe acute malnutrition and women were reached with key messages on infant and young child feeding.

One of the lessons that was clearly learned is the need to go beyond emergency nutrition programming. In the past, recurrent nutrition crises and emergency nutrition responses in the most vulnerable regions of the country diverted the focus of the program from long-term and multisectoral nutrition programming.

Going forward, there is a need for a more-focused approach that addresses malnutrition in all its forms in a comprehensive and holistic way. One of the priority areas of the program will be the creation of a more enabling environment that will help to deliver and scale-up nutrition-specific and nutrition sensitive approaches. Capacity development at all levels will also be a key priority area for the program in the years to come. UNICEF will also support the Government of Cameroon to convene and coordinate stakeholders around nutrition issues.

In 2016, more than 51,000 children with SAM (more than 80 per cent of the expected caseload) were treated in UNICEF-supported therapeutic centers, with performance indicators well within SPHERE recommended standards (cure rate of 80.2 per cent, death rate of 1.8 per cent and defaulter rates slightly higher the 15 per cent threshold). In addition, UNICEF supported the implementation of bi-annual supplementation of vitamin A for children 6-59 months coupled with deworming. Great efforts were made to improve infant and young child feeding practices, but progress was still slow. The coverage of key interventions related to infant and young child feeding (exclusive breastfeeding, breastfeeding within the first hour of delivery and minimum acceptable diet) was still below 50 per cent. A total of 5,211,598 children (95 per cent coverage) and 3,448,438 children were reached during the first and second rounds, respectively. UNICEF also supported the government to develop a national multi-sectoral implementation plan for nutrition, with a common results framework for addressing undernutrition.

**Output 1** Increased availability and utilization of IYCF services at all levels and increased offer of adequate complementary food formula for young children

**Analytical Statement of Progress:**
UUNICEF used TFCs as an entry point for the promotion of improved IYCF practices in the four target regions. Through its network of 700 TFCs, UNICEF support the delivery of key messages on IYCF to 50,000 mothers and caregivers of children with SAM.

OUTPUT 2 Increased coverage and utilization of micronutrients interventions and services

Analytical Statement of Progress:
To help accelerate progress towards reducing under-five mortality in Cameroon, UNICEF supported bi-annual vitamin A supplementation (VAS) coupled with deworming. VAS is one of the most cost-effective interventions for reducing childhood mortality.

OUTPUT 3 Increased capacities for humanitarian preparedness, evaluation, response and coordination

Analytical Statement of Progress:
UNICEF Cameroon supported the Government and partners in preparedness, response planning and monitoring of nutrition interventions at national and regional level. UNICEF also provided support for the development of a nutrition sector plan, including situation and gap analysis for preparedness, mitigation, prevention and actions. Thanks to the support provided by UNICEF, the nutrition sector terms of reference were reviewed to highlight key roles and responsibilities as well as expected deliverables. As sector lead, UNICEF also strengthened coordination mechanisms at national and regional level to ensure timely and efficient nutrition interventions. Monthly meetings were used as a platform to discuss trends in admissions for SAM, performance indicators for CMAM activities and identify possible gaps in nutrition response. UNICEF also supported resource mobilization and coordination to ensure best use of limited resources.

OUTPUT 4 Upstream support: Enabled environment for nutrition and increased political commitment and raising evidence

Analytical Statement of Progress:
UNICEF Cameroon worked with partners to strengthen the Government’s capacities in design, implementation, monitoring and coordination of policies and strategies related to multi-sectoral nutrition interventions. More specifically, UNICEF supported the development of an implementation plan for the multisectoral nutrition policy that would mobilize partners around a common platform for integrated nutrition programming and actions. Those resources should come from both donors and, most critically, the government to ensure the system’s sustainability. UNICEF will advocate at national level to ensure allocations for nutrition in the Government budget. UNICEF also fostered inter-sectoral linkages between nutrition, agriculture, health and WASH for the delivery of nutrition-sensitive interventions.

OUTPUT 5 Increased quality of management of acute malnutrition services at all levels

Analytical Statement of Progress:
To support the roll-out of community-based management of acute malnutrition services, UNICEF provided all the supplies and equipment needed for the treatment of severe acute malnutrition. To ensure that the treatment is at scale, UNICEF in collaboration with the Ministry of Public Health scaled up the process of community mobilization through which severely malnourished children were actively screened, detected and referred in a timely manner to the treatment centers. In 2016, UNICEF reinforced capacities of a network of 700 therapeutic feeding centers (TFCs) in the four regions. These centres treated more than 51,000 children with severe acute malnutrition with a cure rate greater than 75 per cent, death rate, lower than 5 per cent. The defaulter rate was greater than 15 per cent due to a lack of a system to trace defaulters and bring them back into the program. UNICEF took
proactive action not only to treat SAM but also to prevent it. TFCs were used as a platform to promote IYCF and other key family care practices.

OUTCOME 5
By 2017, the proportion of children, especially girls and vulnerable children entering and completing primary education increased in the Priority Education Zone

Analytical Statement of Progress:
While the MINEDUB is working on the annual statistical yearbook for the computation of the outcome indicators, available raw data reveal improvements in primary school completion and transition to the lower secondary education. Various and targeted interventions in the education priority zones are effectively contributing to the gradual improvements in girls’ completion rate in these areas.

OUTPUT 1 Communities in the intervention areas enroll children, especially girls and the most vulnerable, and play an active role in keeping them in school

Analytical Statement of Progress:
Communities’ mobilization for the setting up of communities ECD with the support of local authorities, the implementation of catch up classes during the summer holidays for out of school children and those who dropped out and the direct support to schools during the year 2016 evidently contributed to enhance the parents’ commitment to enroll their children in school, including those from the ethnic minority of Baka.

For the 2016-17 academic year started in September 2016, the programme is supporting the process of launching data collection in the schools within the programme intervention zone to assess children’s enrolment in schools thanks to the social mobilization interventions as well as the catch-up curriculum conducted during the summer holidays.

During the last half of the year, PCA was signed with NGOs for them to support local authorities and communities in Ngoura and Ngaoui sub-divisions (East and Adamawa regions), Kai Kai and Bogo (North region) to establish community-based pre-schools.

The challenge remains the multiplicity of deprivations facing the vulnerable children, especially Baka, which call for integrated interventions including health, nutrition, and social protection. This kind of holistic approach is very necessary to ensuring that the needs of these children are addressed consistently.

OUTPUT 2
The quality of pedagogical support is improved in the schools area of intervention and the pilot model CFS is developed

Analytical Statement of Progress:
During the reporting period, the programme partnered the Ministry of Basic Education and the Ministry of Secondary Education to develop a broad strategy and a model for teacher in-service training on a pilot basis in the eight districts of interventions. The development of the strategy and model is planned to be fully rolled out in the 1st quarter of 2017.

The programme is also supporting capacity development for schools and communities in formulating and implementing school improvement performance plans. This was possible worth to partnership agreed with PLAN International-Cameroon that has both experience and expertise in school performance improvement planning (SPIP). Some schools were assisted in the development of their plans. To date, 91 schools in the Adamawa, East and
far north regions have developed SPIPs and are following through to implement them.

Various quantities of learning kits (pens, pencils, erasers, chalk, and exercise books, school bags) were distributed to 105,545 children (45,384 boys/60,160 girls) for the 2016-2017 academic year. The package is a comprehensive one that ranges from service provision and capacity building through training and supportive pedagogic monitoring and supervision towards improving the quality of education delivery in these areas.

Results of the support provided will be measured in terms of quality improvement and communities’ engagement in favour of their children’s education. Statistics of school enrolment and retention are not yet compiled by the Ministry of Basic Education. That notwithstanding, visits paid to school provided evidences of uptake in zones supported by UNICEF.

**OUTPUT 3**  
Actors are better equipped to prepare and respond to emergencies in accordance with the standards of education in emergencies context

**Analytical Statement of Progress:**  
In response to Nigeria and CAR crises, a total of 162,912 (57,367+105,545) of which girls constitute 42 per cent were offered the opportunity to access pre-primary and primary education as well as through existing schools and temporary learning and protective spaces (TLPS). These children also benefited from over 2,188 education kits which included school in a box (SIB), ECD and recreational kits. This support contributed to the improvement of retention rate: 48 per cent in 2015/16 compared to 36 per cent in 2014/15 academic year.

Following advocacy done by UNICEF Cameroon, the Government started expanding access to education services even in areas directly affected by humanitarian crisis due to the Boko Haram activities. This is evidenced by the construction of classrooms, opening of two pre-primary schools in Minawao camp, distribution of educational kits, deployment of additional teachers to the schools. For young children who cannot enroll in formal school, thanks to ECHO funding, 15 temporary learning and protective spaces were constructed in Minawao refugee camp benefiting 2,425 children (1,238 girls) aged 3-5 years. Learning and protective activities are conducted and monitored by 60 trained animators under the supervision of MINEDUB inspectors from local level and in partnership with PLAN and ADELPA.

With regards to teachers in the targeted areas, UNICEF program supported the strengthening of pedagogical capacities, child-centred pedagogy and in psychosocial support services as well as close pedagogic supervision throughout the year. 50 inspectors and school directors, local radio representatives and Child Protection partners went through a five-day psychosocial support training of trainers programme. As part of efforts to roll out the programme to lower levels, 18 of the master trainers further trained 400 teachers (170 in Minawao camp and 250 from Mayo Tsanaga, Logone and Chari and Mayo Sava localities).

To further strengthen education in emergency response and coordination, the sector coordination monthly meetings were revived with full participation from the Ministry of Basic Education, key NGOs and UN partners. The programme also coordinated the HNO and the 2017 HRP development process.

The remaining challenges include the necessity of strengthening the coordination mechanism of the humanitarian response including the communities’ capacities to cope with threats in and around the schools Limited financial resources continue to hamper the ability of partners to provide the required services for the refugees, internally displaced persons, and host community children.
OUTPUT 4
The mechanisms for sector coordination and programme monitoring are strengthened

Analytical Statement of Progress:
The findings from the baseline survey conducted in June provided the reliable quantitative and qualitative data for the programme that are necessary to guide the implementation and monitoring of interventions in the field with partners. The planned studies (out of school children, knowledge, attitudes and practices) are still in preparation with partners and the support of the UNICEF Regional Office. They will be conducted in 2017.

UNICEF Cameroon’s technical supported the preparation of the sector review and continue to participate in the contextualization of the SGD 2030. UNICEF has been able to position the girls’ education and gender equity perspective in the 2018-2020 UNDAF pillar related to education and vocational training.

Reinforcement of coordination and data collection mechanisms will be used as foundation stones for a more effective evidenced based management in education sector. Data will be used to monitor performance at every single level of the education system in Cameroon.

OUTCOME 6
By 2017, children are better protected against violence, abuse, expulsion and neglect

Analytical Statement of Progress:
Based on the priorities agreed during the 2015 MTR, the Child Protection Country Programme refocused on children affected by emergencies situations in the Far-North region of Cameroon. Adequate human, financial and technical resources were allocated for appropriate response for both refugees and internally displaced children. Specific needs of these children were assessed and appropriate response designed and implemented.

UNICEF Cameroon’s strategy and response addressed the needs of unaccompanied and separated children. They benefited from psychosocial support, facilitation of establishment of community-based child protection support mechanisms. Results were monitored, coordination among actors improved and capacity of decentralized services (social welfare and justice) as well as civil society strengthened.

At the level of enabling environment, some important changes occurred at strategic managerial positions. A new management team is managing the Ministry of Social Affairs, executives of the National Office of Civil Registration. These changes opened new ways for UNICEF’s high-level and policy advocacy. This resulted in important milestones notably the formulation of the draft document of the National Policy on Child Protection, the official launching of the National Campaign for the Abandonment of Child Marriage, and the Costed National Strategic Plan on CRVS.

Advocacy efforts also targeted MPs for the country’s alignment with 18 as the world agreed age of marriage for girls and the needs to harmonies the domestic law with international standards. 2016 was characterized with the sensitive and emerging issue of children allegedly associated with Boko Haram, around which the child protection programme played a critical advocacy role with the Ministry of Justice, Defense and Social Affairs. Though it has been challenging to collect evidence and monitor the situation, strong advocacy was conducted at all levels, including with the Prime Minister, to prevent arbitrary detention and remind international standards and procedures regarding children associated with armed groups.
OUTPUT 1
By 2017, a decentralized model of child protection system to prevent and respond to violence and based on innovative approaches is implemented in 2 regions (EN, ES)

Analytical Statement of Progress:
During the reporting period, UNICEF Cameroon supported the Government in coordinating a child protection intersectoral group at the national level, the development of the National Policy on Child Protection, and identification of key indicators and tools for data collection around child protection system (as the basis of a future system) and first testing of the system in 2 targeted areas. Pilot interventions were guided by shared vision of the sector in a concerted manner.

Despite the progress made in putting in place an appropriate legal framework for the protection of children, child protection formal services and community mechanisms still suffer insufficient coordination. This remains limited compared to the magnitude of needs. Because of the absence of consensus on the definition of child protection, the minimum package of services, the absence of national standards and tool for social workforce prevent an effective case management by the system. In 2016, UNICEF Cameroon supported MINAS in developing the national policy on child protection (under finalization) and starting the modeling of a decentralized system in three target districts - Yaoundé, 2 (Central Region), Mokolo (Far North), and one in the East.

A capacity assessment was conducted in social centres in Yaounde district and in the Far-Northern region. This also included an overview of community structures as well as civil society organisations active in child protection in the area. UNICEF supported, in partnership with the Information System Unit in the MINAS, and NGOs a technical workshop to review, standardize child protection indicators on vulnerable children, and develop a data collection tool (under modification) which will allow to collect data on different categories of vulnerable children and keep track of the services provided for them at service level in the 3 targeted zones.

UNICEF Cameroon played a strong advocacy role for establishment of a coordination mechanism between key ministries in child protection and a coordination platform at national level has been launched with the leadership of the MINAS this year. At the higher level the National Commission for the Protection Of Children in Moral, Delinquent or Abandoned Danger has accompanying the process of drafting the National Policy on Child Protection. UNICEF has been supporting technically the Ministry in the process of policy development.

Partnership with the civil society was manly focused in areas affected by humanitarian crisis in the Far-North and eastern regions in partnership with decentralised social welfare services (DRAS).

OUTPUT 2
By 2017, children's justice actors have the key competences for the proper care of children in contact with the law, including those affected by the security situation

Analytical Statement of Progress:
After numerous suicide bombings perpetrated by boys and girls, there is a distrust of children and adolescents especially girls, particularly the most vulnerable. Advocacy and policy dialogue were conducted with the Prime Minister Office, the Ministry of Justice, Ministry of Defense, Ministry of Social Affairs, regarding the different international legal instruments and protocols that Cameroon has ratified on the involvement of children in armed conflict. Information, capacity building and advocacy efforts, were conducted throughout the year both at national and regional level resulting in 240 police officers and
gendarmes from the Far North trained to better understand these legal instruments and 150 children suspected of association with Boko Haram that received support from the Cameroonian Institute for Children in Maroua supported by UNICEF.

UNICEF Cameroon promoted the implementation of resolution 16/12 of 2005, the Paris Commitments to Protect Children from Unlawful Recruitment or Use by Armed Forces or Armed Groups and the N’Djamena Declaration of June 2010 on the Protection of Women and Children in Times of Armed Conflict. Further, UNICEF advocated with the Ministry of Justice for the amendment of law No. 2014/028 of 23 December 2014 on the suppression of acts of terrorism, to clarify that these provisions do not apply to minors.

Thanks to UNICEF support and the collaboration with the different ministries and civil society more than 95 per cent of these 150 identified children have returned to their families and communities, while only a small proportion are still in the process of family tracing. UNICEF is continuing working with the Government to establish emergency procedures for prioritized handling of cases and release of children in detention on suspicion of association at Boko Haram. Following request of the Minister of Justice, the Attorney General has sent instructions to the Public Prosecutor to set up in the Far North region, departmental platforms for the consultation of juvenile justice actors. The platforms of Diamaré, (Maroua) and Logon and Chari (Kousseri) have been operational since May 2016 and bring together key stakeholders in the justice and social services sectors to promote fast tracking of children in preventive detention, particularly children suspected of association with armed groups.

OUTPUT 3 By 2017, civil registration centers provide birth registration within the statutory timeframe in 2 model zones of 2 regions, including those affected by emergency

Analytical Statement of Progress:
Since the first Conference of African Ministers responsible for Civil Registration in 2012, the Government of Cameroon has been actively involved in the Africa Program on Accelerated Improvement of Civil Registration and Vital Statistics (APAI/CRVS). In accordance with its strong commitments, Cameroon launched in 2016, with the technical and financial assistance from UNICEF Cameroon, a complementary assessment of civil registration system following the pre-assessment carried out by Core Group in January 2016 and elaborated a five-year multi-sectoral costed strategic plan for the Civil Registration and Vital Statistics System in Cameroon.

UNICEF, in partnership with the regional APAI/CRVS core group and key stakeholders (World Bank, EU, Germany, France) and with the support of a group of consultants hired by UNICEF, supported the Government throughout the process. The costed strategic plan which is based on results of the comprehensive country assessment has identified priority actions to be carried out for the improvement of the civil registration system in collaboration with the health sector. The plan has the purpose to improve the registration of the following four vital events: births, deaths (with cause of death), marriages and divorces, improve quality and timely production of vital statistics and ultimately improve the entire CRVS system.

Although it is still a challenge to collaborate with different actors on birth registration projects, mainly due to low understanding on the multi-sectorial nature of the CRVS system and low awareness of its role and responsibility in regards to the issue, UNICEF Cameroon played a strong advocacy role with the Government for engagement of different ministries in improving the CRVS system and ensured that the overall process of evaluation and elaboration of the strategic plan has been done in a participatory manner with the multi-sectoral participation of the actors from Ministry of Territorial Administration and

Worth to these actions and interoperability between civil status and health systems, signs of systems uptake are visible. Though fresher data are not yet available, the number of children being registered on time and enjoying their right to citizenship is increasing.

**OUTPUT 4**

By 2017, social services have the capacity to provide care to vulnerable children in accordance with humanitarian standards in 3 regions affected by the emergency (EN, ES, AD).

**Analytical Statement of Progress:**

Together with its partners, UNICEF Cameroon plays a lead role in coordination of the child protection working group and by giving technical leadership in the far North region. Achievements were strongest in psychosocial interventions. As of October, 88 per cent of the targeted population of affected children (internal displaced children, children from host communities and refugees) benefited from UNICEF’s psychosocial support. Community-based child friendly spaces and community structures have been established across the region and in Minawao Camp providing psychosocial support to 57,536 children (28,359 girls and 29,177 boys) on the 65,000 targeted.

Evidence as of November showed that identification of unaccompanied and separated children was effective. Even though UNICEF had reached only 33.31 per cent of the 3,650 target, with 1,216 UASC identified (569 girls and 647 boys), the child protection sector led by UNICEF did identify 3,462 unaccompanied or separated children (74 per cent of the sector target).

Results were weakest for responding to gender-based violence and in ensuring reunification and reintegration of unaccompanied children with 49 internally displaced children reunified with their family (16 per cent of identified unaccompanied children) by UNICEF’s child protection programme since January 2016 due to low field presence in remote unsecured areas and limited implementing partner.

Nevertheless, UNICEF Cameroon is working to strengthen bilateral collaboration with ICRC. With the support of the UNICEF Regional Office and UNICEF HQ, UNICEF Cameroon invested in capacity building of local authorities, national and International NGOs, as well as communities to ensure better expertise in mine risk assessment and education, community based psychosocial support as well as monitoring and reporting on violations of children’s rights. These interventions in longer term child protection in emergency systems-strengthening and preparedness will be pursued in 2017 to lead to a more effective response in crises.

In the eastern regions, UNICEF’s child protection program in response to the Central Africa Republic’s crises has been confronted by a donor withdrawal, a lack of media coverage and in consequence is deeply underfunded. Only 18 per cent of the targeted children benefited from UNICEF psychosocial support in temporary learning and protection spaces in refugee sites (15,799 children: 6,808 girls and 8,991 boys). 527 unaccompanied and separated children (234 girls and 293 boys) have been identified by UNICEF programme (52 per cent of the annual target).

**OUTPUT 5**

By 2017, leaders of community-based social groups, families and adolescents are committed to and take ownership of the behavioral practices of WASH, Protection, Health, Nutrition, HIV, and Education, including in emergency zones.
Analytical Statement of Progress: As part of the implementation of the SDGs, UNICEF Cameroon has made child marriage one of its strategic priorities to support the Government and its partners’ initiative on ending child marriage which is part of African Union Campaign to End Child Marriage. UNICEF Cameroon has been undertaking quantitative and qualitative research to strengthen the evidence and understand the causes and social dynamics around the issue of child marriage, has been leading advocacy at government level.

UNICEF advocated with Parliamentarians for the revision of the national law on minimum legal age for marriage from 15 to 18 and has been raising awareness towards the public and policymakers on the consequences of child marriage. UNICEF supported the abandoning child marriage campaign by participating in a big national event (CAN 2016 women) and developed partnerships with key stakeholders including Canada, UNFPA. Furthermore, UNICEF utilized innovative strategies such as U-report to engage the youth and communities to express their opinions and eventually to bring about positive change on child marriage. The national campaign for the abandonment of child marriage was launched by the MINPROFF (Ministry of Promotion of the Family and Women) on November 18, 2016 and is planned for the next 4 years.

A first advocacy workshop on the issue of abandonment of child marriage was held in June 2016 with nearly 30 traditional and religious leaders from three regions of Cameroon (North / Extreme North / Adamawa) in collaboration with the C4D. Two major fora were held in the Adamawa and Northern region, with a special attention on the issue of abandonment of child marriage. During these fora, UNICEF, WHO and the Ministry of Health, in partnership with key ministries such as Ministry of Territorial Administration and Decentralization, Ministry of Communication, ministry of promotion of the Family and Women, Basic Education, Social Action and Economy, Planning and Land Management combined their efforts to set up and run an initiative to strengthen leadership and commitments made by Governors in achieving the objectives of combating child marriage. Each forum gathered around 150 key actors and decision-makers. A forthcoming advocacy workshop is being prepared with parliamentarians at the national assembly and the media in the 10 regions.

A cross-sectoral platform for reflection on the implementation of the campaigns on the abandonment of child marriage takes places every month to develop a national strategy for concerted interventions and resource mobilization. This platform is led by MINPROFF with the technical and financial support of UNICEF. UNICEF Cameroon organized an important advocacy workshop with parliamentarians to discuss their roles in the framework of the repeal of the law. This workshop saw a participation of 30 parliamentarians from 10 regions of Cameroon.

OUTCOME 7 By 2107, sectorial and local policies take into account equity and social protection for children and women

Analytical Statement of Progress:
UNICEF Cameroon supported the Government to update the social sectors’ strategies (health, education and social services), underpinning the Growth and Employment Strategy Document (DSCE). The three documents (health sectoral strategy, education sectoral strategy, social services sectoral strategy) put emphasis on the most vulnerable populations, particularly the children and women and the hard-to-reach social categories. The free and exemption mechanisms benefiting children and women were analyzed in terms of effectiveness and efficiency. The analyses showed that such mechanisms are not effective and financial barriers to access treatments supposed to be free (such as malaria or HIV/AIDS) exist. It led to the same conclusion for education.
The education sector strategy focuses on community level to increase the rate of pre-
schooling and on reduction of disparities in primary and secondary schools. Gender and
regional disparities are analyzed with new directions identified to address them. The health
sector strategy focuses on prevention of communicable diseases affecting the most
vulnerable people. It advocates for the development of risk-sharing mechanisms to facilitate
financial access to health care for the most vulnerable and poor people. The social services
strategy analyzes the situation of each vulnerable category, particularly women and children
and identifies key required actions to help reducing social inequality/exclusion and promoting
social cohesion (guaranteeing a minimum income to the most vulnerable population,
promoting health insurance, reducing the risk of vulnerability to natural or manmade
disasters).

As a component of its support to the Government, UNICEF Cameroon advocated
successfully for the development of a National Social Policy Strategy (NSPS), under the
supervision of the Ministry in charge of Economy and Planning. A steering committee
representing the relevant ministries, validated the terms of reference of the NSPS which will
be carried out in early 2017. Strategic partnerships have been developed on social
protection with the World Bank (social safety nets), International Labor Office (social
protection policy design, Health Universal Coverage) and other UN agencies. Regarding
capacity development, UNICEF trained 27 civil servants representing the social ministries
and the Ministries of Planning and Finance in social transfers and social protection.
Moreover, 33 civil servants from social ministries and Ministry of Planning have been trained
in child poverty analysis, particularly in the Multidimensional Overlapping Deprivation
Analysis (MODA) methodology, with the support of the Regional Office.

Two main analyses have been realized throughout the year. The first was an equity focused
situation analysis on children and women which highlighted the main disparities in the
country and formulated recommendations to address them (build a non-contributive social
protection system, increase allocations to social sectors, reorient the resources towards the
most deprived regions/zones and reduce the fees burden of families to facilitate the access
of poor children to health and education).

The second was a child poverty analysis which makes use of the Multiple Overlapping
Deprivation Analysis (MODA) methodology for estimating the levels of multidimensional
poverty for children of the country. As indicated by the preliminary report, figures are
alarming with 95.7 per cent of children suffering from at least one deprivation. High national
figures also tend to mask existing disparities. For instance, the analysis revealed that
children from rural areas where predominantly deprived in five dimensions simultaneously
whilst those from urban areas where predominantly deprived in only two dimensions at a
time. It revealed also disparities between the South regions and the North regions (the latter
are the most deprived).

At the local level, UNICEF continued to support the monitoring of the local development
Plans (PCD), to ensure that interventions are more equitable and reinforce social protection
and access to basic social services for the most vulnerable populations. 23 municipalities
have been assessed by the Ministry of Planning and UNICEF to make sure that the rights of
the child are taken effectively into account in the implementation of the PCDs.
Recommendations have been formulated and shared with the 23 municipalities, UNICEF
and local and regional services.

OUTPUT 1 By 2017, equity-based evidences are produced and taken into account in the

Analytical Statement of Progress:
The results of MICS 5 survey and the fourth Cameroon household survey (ECAM 4), published in early 2016 were utilized for the realization of a human-rights and equity based situation analysis of children and women (SITAN). This analysis highlighted the current situation and the evolution of child deprivations during the past decade, indicating the gender, geographic (rural vs urban, northern vs southern regions) and economic disparities. It also indicates the determinants of these deprivations, including mainly poverty, socio-cultural barriers, low financing and provision of social services as well as the exogenous shocks, related to the political and security crises in neighboring countries (Nigeria, Central Africa Republic). In addition, a child poverty analysis which makes use of the Multiple Overlapping Deprivation Analysis (MODA) methodology for estimating the levels of multidimensional poverty for children of the country has been carried out, under the leadership of the Government. This analysis identifies the policy measures necessary to promote the rights of children in Cameroon. Based on the evidence generated by MODA analysis, advocacy and policy dialogue will be used as strategies to put the children on the decision-making table.

These two analyses (SITAN and MODA) are crucial for the definition of a child sensitive national social protection policy. They facilitate the advocacy for such a policy. Other studies currently conducted by the nutrition component will also be very useful to the development of the national policy of social protection. This is the case of the SMART nutrition survey and the feasibility study on local production of food for children. The social policies database updated in November 2016 with the support of UNICEF, contains a collection of reference materials which will also facilitate the development of the national social protection policy.

**OUTPUT 2** By 2017, Cameroun has a social protection strategy document taking into account the needs of the most vulnerable children and women

**Analytical Statement of Progress:**
The National Social Services Development Strategy (SDSS) has been finalized during the first half of the year 2016, with the support of UNICEF Cameroon. This document highlights the key bottlenecks that hinder access to social services for the most vulnerable and sets strategic directions to overcome them, with a focus on the rights and interests of vulnerable persons, particularly children and women. The SDSS is based on four strategic areas: (1) leadership development and empowerment of women, youth and other vulnerable persons, (2) strengthening mechanisms of solidarity with the displaced persons and refugees, (3) strengthening the social security and civil protection tools, and (4) strengthening the coordination and improvement of social services governance.

Nevertheless, the analysis of the SDSS and the two other social sectors strategies (health and education) revealed the absence in Cameroon of a holistic approach to vulnerability in all its forms. It indicates the need to develop a national social protection policy which would be a unifying framework of all these strategies. Thanks to UNICEF Cameroon’s advocacy efforts, the Government agreed to develop a national social protection policy. In this context, the terms of reference for such a policy has been validated by a national Committee comprising all national actors involved in the field of social protection. This committee will oversee policy development. A UNICEF-ILO partnership was developed to jointly support the Government for the implementation of this policy. Other technical and financial partners have shown great interest and pledged to support technically the formulation of the national policy. The recruitment process of consultants who will support the development of the national policy is underway.

**OUTPUT 3** By 2017, social ministries and decentralized entities have technical capacities and tools required for equity-based advocacy, local administration and budget monitoring.
Analytical Statement of Progress:
Over 2 years, UNICEF has supported local authorities in the development of equity and child sensitive municipal development plans (MDP), in collaboration with the National Community-driven Development Program. Throughout 2016, the efforts were focused on equity-based and child sensitive budget monitoring. In all, 23 municipalities were supported for the monitoring of the implementation of their MDP. The objective of the exercise was to analyze the performance of these communes during the implementation phase of planned activities. The question was: Have the municipalities respected their financial commitments in favor of vulnerable children by allocating more resources for basic social services - on their own funds?

Out of 23 municipalities, only two have not allocated increased resources to social sectors from their own budget. Despite the increase of the amounts allocated by the 21 other municipalities, the level is still inadequate to improve child indicators in these municipalities. The results of the analyses were shared with the municipalities advocating for the allocation of more resources to essential social sectors. In this learning by doing exercise, the municipalities were well associated during the data collection and analysis phases. The Government at central and regional levels, including the Ministry of Economy, Planning and Regional Development and the Ministry of Territorial Administration and Decentralization, fully assured the leadership with the technical and financial support of UNICEF Cameroon.

Evaluation and Research

Other publications

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Lessons learned

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Programme documents

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