

Cameroon

Executive summary

The reporting period was marked by the continuation of a security crisis in Cameroon resulting from political unrest in the Central African Republic and Boko Haram activism at Cameroon's northern border with Nigeria. Ensuring adequate security for the continuation of development activities has remained a challenge for the Government of Cameroon and its partners. As in past years, children were used as bomb carriers and casualties related to these bomb blasts claimed many lives and injuries.

In Boko Haram affected areas, children were denied many of their fundamental rights, notably to early learning and stimulation, health, food, education and protection from abuses and exploitation. In addition, climate change has worsened the situation of children, families and communities. A shorter and delayed rainy season negatively affected agro-pastoral activities, aggravating shortages of basic food staples, and children's contribution to domestic duties occurred at the expense of school attendance.

The economic downturn that started in 2014 reached its climax in 2017, leading the Government to sign economic agreements with Bretton Woods' financial institutions. Notwithstanding measures put in place by the Government, social sectors are suffering budgetary restrictions. Many development programmes have been either slowed down or put on hold. Public finances have not been adequate to enable the Government to provide increased security-related expenditures and continuing investments in social development. Insecurity impeded sustainable access to good quality social services. For instance, health centres and schools in the most underserved regions are still lacking adequate numbers of qualified personnel. Good results achieved nationwide during polio immunization campaigns could be compromised by the non-accessibility of some areas in Lake Chad Basin.

Based on its comparative advantages and lessons learned from past experiences, UNICEF Cameroon delivered an integrated package to serve children affected by security related emergencies. Strategies such as integration of water, sanitation and hygiene (WASH) in health and in education, protection in education, and HIV/AIDS in nutrition were effective.

In spite of constraints imposed by negative changes in the programmatic environment, the Country Programme claims concrete results at strategic, operational and grassroots levels. At the strategic level, high-level, evidence-based advocacy and close collaboration with technical and financial partners (the International Labour Organization (ILO), the United Nations Development Program and the World Bank) have led to the development and endorsement of the National Social Protection Policy. This policy stands as an official acknowledgement by the Government of the need to provide an extended safety net that will guarantee continuous and sustainable access to basic social protection interventions to the marginalized and the most vulnerable. Its implementation will enable the Government to limit social consequences of the middle-income trap.

At the operational level, the Country Programme contributed to the development, piloting and roll out of a pedagogical model for in-service training and teacher's supervision and inspection. This clinical model was used in priority education zones, notably in the East region, where 236 pedagogical actors (teachers and inspectors) improved their knowledge and skills in classroom management and teaching practices. In schools of the pilot zones, pupils achieved better learning outcomes.

At the grassroots level, chemoprevention efforts significantly reduced the incidence of malaria and significantly curbed the seasonal prevalence of malaria in children and pregnant women. Since malaria is responsible for almost 33 per cent of child deaths, many lives were saved. In 2017, 1,595,624 children aged 3 to 59 months received this chemoprevention.

More than 60,000 children suffering from severe acute malnutrition (SAM) (greater than 100 per cent of the expected caseload) were treated in the 774 UNICEF-supported therapeutic centres across the four target regions (Far North, North, Adamawa and East), with performance indicators in line with Sphere minimum standards in humanitarian response.

Unfortunately, some expected results were not achieved, including: children's community-based protection systems in two councils (Ngoura and Mokolo); application of alternative measures to detention for children in contact with the law (especially those suspected of interactions with terrorist groups) and harmonization of the approach of managing community management.

Though the majority of children detained were released and sent back to their families, there are some children who are still in detention in the Maroua prison. Contrary to initial planning, which sought to reinforce programme synergies, community development stakeholders did not harmonize their approaches to engaging grassroots level community workers. While some are volunteers, others were provided with significant financial incentives. This issue posed a challenge and reduced efficacy not only of UNICEF's community interventions, but also interventions supported by others.

Humanitarian assistance

Over the course of 2017, the humanitarian situation in Cameroon evolved into a protection crisis. The Far North, already hardest hit by the Lake Chad Basin crisis, saw increased volatility in areas bordering Nigeria with an increase in the number of suicide bombers and attacks on villages. This resulted in an additional 18,345 people being displaced from their homes (International Organization for Migration DTM Round 10). The East, Adamawa and North regions were challenged by the renewal of conflict in the Central African Republic, which brought 13,000 biometrically registered refugees over the border in 2017 (as of end October, UNHCR), with a few thousand more awaiting registration. A lack of funding has impeded a coherent humanitarian response.

Protection issues gained ground in the Far North as displaced people were forcibly relocated while others were made to return home. Internationally noted in 2017 was the escape of 245 children (125 girls and 120 boys) and their families from Boko Haram; they sought refuge in the sous-prefecture of Mozogo. On a positive note, the Government was able to reopen 32 schools, enabling some 5,827 children (2,363 girls and 3,464 boys) to access education.

In the East and Adamawa, the protection problem was exacerbated by the lack of access to basic services. The newly arrived refugees were often unable to access health centres or schools, due to lack of resources or availability. In other cases, the refugee increase put an

added burden on existing services, straining the relationship with host populations, who were already in difficulty. In both cases, this led to the development of negative coping mechanisms, such as child labour.

Against this backdrop, UNICEF Cameroon focused on building protective environments for children, while at the same time improving access to quality basic services. To strengthen programme quality, the child protection and education programmes linked together, targeting the same communities. Similarly, schools were used as a point of entry for WASH programs.

Lake Chad Basin Crisis –Key Results as of Oct 31 2017 (Target/Total Results)

- Number of affected people with a sustainable access to drinking water (30,000/28,500)
- Number of affected people with an access to adequate sanitation (50,000/80,215)
- Number of children aged 3-17 years accessing quality formal or non-formal basic education (114,500/83,784)
- Number of primary and secondary school-aged children attending school in a classroom with a teacher trained in psychosocial support(63,500/76,308)
- Number of children aged 6 to 59 months with SAM admitted for treatment (28,029/23,411)
- Number of children reached with psychosocial support through child-friendly spaces (67,500/70,402)
- Number of unaccompanied children reunified with their families (750/273)
- Number of children associated with armed groups receiving support for reintegration (35/37)

The innovative Children of Peace project in the Far North created safer environments for children and adolescents by (1) building linkages and referral pathways between schools and community-based child protection networks to ensure improved protection for girls and boys and identification of children at risk, (2) providing psychosocial support through child-friendly/secured space with trained animators and social workers, and (3) training teachers on psychosocial support and identification of children at risk. A key intervention was radio education programmes which provided literacy and numeracy lessons for out-of-school children. Child protection and conflict and disaster risk reduction messages were also included to raise the awareness of children on the different protection risks they may encounter on their way to school and in their community.

Equity in practice

Refocusing on equity was a major shift for the UNICEF-supported Programme in Cameroon. Before the formal organizational decision to strengthen the focus on the most vulnerable, UNICEF Cameroon was striving to serve children nationwide. Seizing the opportunity provided by the release of results of the 2011 DHS/MICS, a thorough situation analysis was done. The analysis clearly showed that 4 of the 10 regions of Cameroon were bearing almost half of child rights deprivations. Almost all indicators of child well-being were worse in these regions than in the rest of the country including under-five mortality, live births not registered in the civil status, children in jail, malnutrition, child girls' marriages and waterborne diseases (cholera).

Building on these data, UNICEF Cameroon successfully influenced policy dialogue with the Government and with other United Nations agencies on the importance of focusing on these four regions. Since 2013, all UNICEF Cameroon supported interventions at grassroots and operational levels have taken place in these four regions. Within this geographical refocus,

UNICEF Cameroon played a major role in the national response to cholera outbreak, the humanitarian response to the Central African refugees' crisis and Boko Haram terrorist exactions. The tangible results achieved in this last year of the five-year cooperation cycle support the benefit of the geographical refocus.

Before the equity refocus in 2013, malnutrition was denied by authorities and almost all the population. UNICEF Cameroon partnered with parliamentarians, celebrities, non-governmental and community-based organizations to raise awareness on malnutrition in Cameroon. This led to a greater commitment by the Government to fight against malnutrition. At the operational level, UNICEF Cameroon partnered with communities, families, caregivers and service providers to improve national capacity to respond to malnutrition. To date, with UNICEF's engagement, 75 percent of health centres of the regions of focus have at least one staff person fully equipped with technical skills required to ensure high-standard management of care for malnourished children. Also, mothers were equipped with the knowledge to detect early malnutrition in children in the community.

This work at operational and community levels was complemented at the strategic level by UNICEF Cameroon's technical support to the formulation of child rights-informed policies and strategies at national, sectoral and council levels. Data pooled from multidimensional deprivation analysis (MODA) improved policy makers' awareness of the need to include key child development issues in policies.

This resulted in an appropriate mainstreaming of child rights in council's development plans in the four regions. Therefore, councils are better informed on their role as key duty-bearers for child survival and development. To influence efficient resource allocations to councils, UNICEF Cameroon signed a partnership agreement with Fonds d'Equipement et d'Intervention Intercommunal (FEICOM). This partnership will ensure mobilization of resources to support the implementation of equity-based and child rights-informed council's development plans.

Strategic Plan 2018–2021

The Country Programme Document is fully aligned with all pillars of the 2018–2021 Strategic Plan that are relevant to national development challenges. The resources and results matrix adequately portray contributions to achieving global results for children in Cameroon. To track Country Programme outcomes and outputs, appropriate global indicators were selected, which will facilitate the monitoring of Programme performance as well as contributions to Strategic Plan implementation.

Cameroon is a lower middle-income country facing numerous challenges including poor economic performance, huge social demand, and political and security unrest. Overpowered by an important social demand caused primarily by strong population growth, the economy has failed to generate enough decent jobs, especially for youths. The limited fiscal space and other economic choices have limited the Government's capacity to secure universal national coverage by good quality basic social services. Many children continue to be deprived of many of their rights. Children in the Far North, the most populated region of the country, are still facing high mortality rates, high rates of stunting, lower life expectancy, malnutrition and undernutrition and poor education and learning outcomes. It is within this context that UNICEF Cameroon will operate over the duration of the 2018–2021 Strategic Plan.

UNICEF Cameroon will strive to advance evidence-based policy making and budgetary allocations to social sectors at the strategic level. Grounded in the core principle of "leave no

one behind,” demonstrative and pilot initiatives will be carried out at the operational level to improve the quality of services provided to the population. This will be done through focused high-level policy dialogue aimed at maintaining child rights issues at the top of the national development agenda.

Existing partnerships will be reinforced while new ones will be negotiated to increase commitment of public and private sectors to the well-being of children in the country.

Mindful of weaknesses and unevenness of sector information systems, the Country Programme will implement ‘modelling,’ understood as an integrated approach for quality services delivery with focus on multilevel social accountability and community engagement. Involving actors at grassroots level will also help in addressing sociocultural barriers to child rights fulfilment.

Special effort will be dedicated to strengthening results tracking to ensure effective results-focused programme management at all levels of UNICEF Cameroon’s support. Opportunities offered by technological advancement will be used to reinforce data collection. Existing initiatives such as Connect My School and U-Report will be pursued and improved.

One of the major opportunities to be seized by the Programme will be the Polio Legacy that engaged administrative officials, traditional rulers and community-based organizations in improving results for children. All these actors are already engaged in data collection to monitor progress related to child rights from the grassroots level. This will be completed by existing mechanisms such as Multiple Indicator Cluster Survey (MICS).

The major challenge is related to the continuation of Cameroon’s sociopolitical peace and institutional stability and security. This challenge will be addressed through reinforced risks-informed programme management and strengthening collaboration with civil society organizations. Whenever the situation does not permit UNICEF Cameroon and government partners to deliver directly, civil society organizations will be put into action to extend the Country Programme’s actions. The security factor is important since the United Nations Development Action Framework's geographical focus is made up of regions threatened by a spillover effect of security crises in neighboring countries. Because of security issues, access to vulnerable populations needing UNICEF assistance may become difficult or more costly.

Another challenge is the overall performance of the national economy. The unmet demand for basic social services is still on the rise. The share of city dwellers in the total population is already far above 50 per cent and is rising. The end cycle analysis of the current triennial cooperation agreement (2018–2020) will include reflection on the implications of these social changes for UNICEF business in Cameroon (thematic evolutions to include challenges associated with urbanization and timely responses that anticipate the developments). In the meantime, the huge deficit of infrastructures is still growing. If the national economic performance does not improve, the Government may not be able to ensure that adequate investments are made throughout the national territory to meet the strong and continuous increasing demand for basic social service.

UNICEF Cameroon will continue to advocate at high levels to keep Government and other development key players aware of major challenges regarding child rights. An articulated accountability framework and operating mechanisms incorporating administrative authorities, traditional and community leaders, civil society and community-based organizations (including those inherited from polio response) will be supportive.

Emerging areas of importance

Climate change and children. Despite the ecological diversity of Cameroon, climate change remains an issue particularly in the Sahelian part of the country (Northern Regions) where scarcity of water sources and reduction of surface and groundwater affect mainly children and women. In 2017, to address the issue, the Country Office acted at strategic and operational levels.

At the strategic level, during the development of a national water policy, UNICEF Cameroon advocated for and ensured that climate change issues were captured in the document.

At the operational level, UNICEF Cameroon and the Global Water Partnership produced a WASH Climate Resilient Development Strategic Framework. Both organizations agreed to implement this strategic framework in the Far North region through a pilot project – "Improving the resilience of WASH services in the Mayo Tsanaga sub-basin." The ongoing project aims to develop devices and tools to treat water at community, household and institution levels to address the increased amount of fluoride in drinking water sources in the area, which affects mainly girls and boys. It also aims to develop tools to improve the quality and sustainability of WASH services to increase the resilience of communities to climate change. It is expected that by the end of 2018, the new tools and devices designed will have been tested and functional and a guideline for rainwater harvesting will have been developed.

To address the reduction of water and the need for the production of electricity, solar panels will be promoted for all systems requiring energy. This includes pumping water and energy production for furnaces used in production of materials for treatment of water.

The second decade. In Cameroon, almost half of the population is aged below 18 years old. This important youth and adolescent population constitutes both an opportunity and a challenge to socioeconomic development, given the deficits in socioeconomic infrastructure. HIV/AIDS and poor educational achievements are among the important trends shaping the future of youths and of the country in general. Even though HIV prevalence in the general population is declining, most new infections occur amongst youths and adolescents. To curb this challenging trend, UNICEF Cameroon strives to provide them with all necessary resources to enable them to remain HIV free and (for those already infected) to have continuous and sustainable access to treatment.

This is being done in close collaboration with the Ministry of Youth Affairs and Civic Education. HIV prevention services are provided throughout the network of 19 social and recreational centres run by this ministry. These centres welcome both in-school and out-of-school adolescents. These centres benefited from complete kits of communications materials. Since 2016, these centres have been providing HIV counselling and testing to youths and adolescents aged 15 to 19 and strengthening referral mechanisms for those tested HIV + to treatment services.

To date, HIV counselling and testing have been provided to 199,311 adolescents in priority districts. Both fixed and advanced strategies in partnership with health care units and the National AIDS Control committee testing mobile team were used. Thus far, 46 adolescents (21 in 2016, 13 girls and 9 boys, and 25 in 2017, 14 girls and 11 boys) tested HIV-positive and are receiving treatment.

The Country Programme aims also at making youths' voices heard and considered by decision makers and those managing public affairs. The U-Report platform is functioning for this purpose and the population of U-Reporters has reached nearly 130,000. To bridge the existing gap of social services coverage, a green line is being created. This free access phone line will provide youths and adolescents with all necessary information for their safe growth and development.

Since May 2015, Cameroon has been engaged in the All In end adolescents AIDS initiative. In 2017, a bottleneck analysis of adolescent's access to friendly services was conducted in three towns (Bamenda, Douala and Garoua Boulai). The implementation of the All In initiative was led by the Ministry of Youth Affairs and Civic Education through a platform of government partners, United Nations agencies – the Joint United Nations Programme on HIV/AIDS (UNAIDS), United Nations Educational, Scientific and Cultural Organization (UNESCO), United Nations Population Fund (UNFPA), UNICEF and the World Health Organization (WHO) – and civil society organizations. Key findings from the All In initiative were the basis of operational planning and strong advocacy for adolescent HIV funding during the development of the HIV/TB concept note submitted to the Global Fund in August 2017; the adolescent HIV care and treatment component is well reflected within the concept note. US\$2,000,000 were allocated to adolescent HIV prevention, with a special focus on adolescent girls, for the period 2018–2020.

Summary notes and acronyms

AAEDC	Association des Animateurs et Encadreurs en Développement Communautaire
ACDC	Association Camerounaise pour le Développement Communautaire
ADRA	Adventist Development and Relief Agency
AIDER	Association des Ingenieurs pour l'Assistance au Développement Rural
AIDS	acquired immunodeficiency syndrome
ART	antiretroviral therapy
C4D	communication for development
CBP	community-based preschool
CLTS	community-led total sanitation
CMT	country office management team
CO	Country Office
CP	Country Programme
EU	European Union
FBM	Fondation Bethlehem de Mouda
FEICOM	Fonds d'Équipement et d'Intervention Intercommunal
GWP	Global Water Partnership
HACT	harmonized approach to cash transfer
HIV	human immunodeficiency virus
ILO	International Labour Organization
MICS	Multiple Indicator Cluster Survey
MINAS	Ministry of Social Affairs
MODA	multidimensional deprivation analysis
MINATD	Ministry of Territorial Administration and Decentralization
NGO	non-governmental organization
NSPP	The National Social Protection Policy
ODF	open defecation free
ORE	Other Resources for Emergency
ORR	Other Resources Regular
PAC	partnership, advocacy and communication (UNICEF)
PMTCT	prevention of mother-to-child transmission (of HIV)

RR	Regular Resources
SAM	severe acute malnutrition
SDGs	Sustainable Development Goals
UNAIDS	Joint United Nations Programme on HIV/AIDS
UNDP	United Nations Development Programme
UNESCO	United Nations Educational, Scientific and Cultural Organization
UNFPA	United Nations Population Fund
UNHCR	United Nations High Commissioner for Refugees
WASH	water, sanitation and hygiene
WHO	World Health Organization

Capacity development

Community-led total sanitation (CLTS) scale up was strengthened through the training of 48 NGO social workers on the CLTS approach, National CLTS strategy and guideline. Some 145,000 community members were also taught the positive impacts of ending open defecation. Maintenance of water points was ensured through the establishment of 103 water point management committees and the training of their members. Also, WASH stakeholders (government, municipalities, NGOs) were trained on the management of the WASH infrastructure database and WASH bottlenecks analysis tools.

The ongoing communication for development (C4D) capacity development strategy focused on strengthening C4D skills of government and implementing partners, at national and subnational, levels to drive social and behavioral change.

In partnership with the World Bank, a communication for development trainers' pool was created at the national level. Twenty government and implementing partners and 200 social mobilizers were trained to support 5,000 poorest households in adopting behaviors that improve child survival and development in the Far North and North regions. In addition, trainings for 120 media professionals from 100 community radio stations and 50 governors' platform members engaged in child survival and development helped to improve knowledge about disadvantaged and excluded populations.

A special emphasis was placed on capacity building for staff members in the three UNICEF offices in strategic areas where communication for development is essential for achieving large-scale results for child survival and development.

Evidence generation, policy dialogue and advocacy

Stunting among children under 5 years of age is still a major public health problem in Cameroon, with a national prevalence of 32.7 per cent. Complementary feeding practices in children aged 6–23 months could help reverse this trend. An inventory taken of locally-produced complementary foods commercialized in four regions of Cameroon with high rates of stunting identified 153 points of sale and 19 producers. The survey showed a great potential to improve complementary feeding practices among children aged 6–23 months in the four regions. Improving the quality and the nutritional content of existing complementary foods is a preliminary step in that direction.

UNICEF Cameroon supported the implementation of an operational research project on the maternal profile of children with severe acute malnutrition in the four vulnerable regions of Cameroon (Far North, North, Adamawa and East). The results of the study underscored the need to address the nutritional status of women, particularly adolescent girls, to tackle

undernutrition and other forms of malnutrition in Cameroon. The findings were key to informing programming in the area of adolescent and maternal nutrition in the country.

The national costed Strategic Plan for Civil Registration and Vital Statistics (2018-2020) was politically endorsed. It represents a major milestone for the reform of the civil registration system in Cameroon. The plan is the result of a comprehensive assessment highlighting bottlenecks and key areas for reform, technical support, high level advocacy and policy dialogue with the different ministries, key players and donors. It proposes a structural reform of the system in Cameroon to improve the registration of vital events. The longitudinal approach envisioned by the plan will be computerized and centralized. This costed plan fostered national leadership of the National Office of Civil Registration, interministerial coordination and donors' engagement.

Partnerships

Taking advantage of its position as sector lead in education, nutrition and WASH, UNICEF Cameroon widened the partnership on these thematic issues and ensured that key partners contributed to the advancement of children rights in both development and humanitarian settings. Partnering with Institut de Recherche pour le Developpement, France, UNICEF supported the implementation of two high-quality studies, one on complementary foods to prevent stunting and another on the maternal profile of children with severe acute malnutrition. The findings of the studies provided evidence-based data to guide future nutrition-related policies and plans in Cameroon.

UNICEF facilitated monthly WASH emergency sector coordination meetings at national, regional and departmental levels and the functioning of the sector Group of technical and financial partners. WASH services including humanitarian situations were provided through partnership agreements with national and international NGOs – Adventist Development and Relief Agency (ADRA), Association des Animateurs et Encadreurs en Développement Communautaire (AAEDC), Association Camerounaise pour le Développement Communautaire (ACDC), Association des Ingenieurs pour l'Assistance au Développement Rural (AIDER), Fondation Bethlehem de Mouda (FBM), Global Water Partnership (GWP), and Innovation Africa.

A partnership was formalized with University of Maroua through a memorandum of understanding to support research, surveys and studies to improve child survival and development. In this framework, two basic knowledge aptitudes and practices surveys on essential family practices and social data collection are in progress for the development and implementation of evidence-based communication for development strategies that will strengthen community engagement and resilience and increase the demand for basic social services.

After having shared the leadership of education sector with UNESCO, upon request of all partners including the World Bank, Plan International and central/decentralized governmental institutions UNICEF Cameroon was formally designated as sole sector lead. In this capacity, UNICEF Cameroon successfully set the issue of out-of-school children at the forefront of policy dialogue on education at national level.

UNICEF widened its partnership network for programme implementation by signing a total of 28 partnership agreements with academic and civil society organizations.

External communication and public advocacy

During the reporting period, UNICEF facilitated the shooting and production of an advocacy series of documentaries on education activities for children belonging to the Baka (Pygmies) community in Eastern Cameroon. There are about 40,000 Bakas living in Cameroon, but only 20 per cent of the children go to school. This extremely low school attendance severely hampers their chances to succeed in life, and Baka children are becoming increasingly marginalized.

Since 2015, UNICEF Cameroon has been running education programmes for the Baka children in the East region, but this activity suffers from lack of funding. To help mobilize international attention and support for the Baka children, UNICEF produced this series of documentaries, targeting international audiences and donors. Each documentary focused on one of the main issues the Baka children are facing: lack of access to education, lack of access to health services, and environmental degradation which often leads to starvation.

UNICEF Cameroon is very active on social media such as Facebook and YouTube. A new digital strategy, started in May 2016, led to an increase from 6,000 to 80,000 followers on UNICEF Cameroon's Facebook page. On average, two new videos are broadcasted every month on the YouTube account. Some of these videos were viewed more than 1,000 times.

UNICEF Cameroon also produced information to highlight the situation of children affected by humanitarian emergencies. This information was frequently used by donors (national committees, institutional and private donors), national and international media outlets and UNICEF's Regional Office and UNICEF NY Headquarters.

Various international press trips were organized in the regions affected by humanitarian crises, including the Far North (with Al Jazeera, Svenska Dagbladet, Berliner Zeitung, Economic Times of India and Afrique Magazine) and the East Region (Reuters, Radio France Internationale).

South-South cooperation and triangular cooperation

UNICEF Cameroon supported the organization of several exchange visits in various sectors. In WASH sector, the CO facilitated sessions on emergency nexus development during the 8th regional training on WASH in emergency organized by the Institut International de l'Eau et de l'Environnement in Burkina Faso. UNICEF Cameroon worked to improve nutrition governance and supported the Government to create a more enabling environment for nutrition through technical support, leadership development and capacity strengthening for multisectoral nutrition programming.

UNICEF Cameroon supported the organization of an exchange visit in Senegal for a delegation of top government officials from different sectors (including nutrition, health, agriculture, planning) to learn from the Senegalese experience on multisectoral nutrition programming, identify challenges to multisectoral nutrition programming and gain more insights into multisectoral nutrition programme design, implementation, coordination, monitoring and evaluation. The exchange visit allowed sharing of experiences and lessons learned from the implementation of multisectoral nutrition governance in Senegal to strengthen the implementation of the recently adopted Cameroonian national nutrition policy and its implementation plan.

The visit, which consisted of field trips, group discussions and exchanges with key stakeholders, fostered fruitful dialogue and exchanges between the two teams. This knowledge sharing experience reinforced the understanding of the Cameroonian team about the multisectoral

nutrition system; it enabled them to broaden their knowledge on the processes, tools and approaches needed for putting in place a robust multisectoral nutrition system in Cameroon.

The visit underscored the need to unite multiple partners from different sensitive sectors to accelerate progress for nutrition in Cameroon. Following the visit, a multisectoral task force for nutrition was set up to help reinforce multisectoral nutrition programming in Cameroon. A full-fledged action plan for the implementation of a multisectoral nutrition system in Cameroon was also elaborated following the visit.

Identification and promotion of innovation

In Ngoura municipality, the Country Programme (CP) supported the construction of a remote monitoring small-scale water network operated with a solar pumping system in Garga Sarali; solar electrification and vaccine cold chains equipment in five health centres, and establishment of business centres for mobile phone charging and hairdressing. This permitted the settling of health personnel and ensured that good quality vaccines could be provided to children.

To bridge the information and communication technology gaps, UNICEF Cameroon initiated a pilot project called "Connect My School." Satellite internet equipment was deployed in two schools in the Far North region (Minawao Refugee Camp, Nigerian border), 2 in the East (Abou Boutila, Timangolo) and two in the Centre Region (Yaoundé). This solar-powered equipment provides Internet connectivity within a 500-metre range, allowing a whole school to be connected to the Internet.

UNICEF Cameroon also distributed child-friendly tablets (with a parental control system that only allows access to educative apps such as Wikipedia and educational games, as well as drawing, text and photo/video apps). Nearly 2,000 children have benefitted from this innovation. This initiative helped to increase children's computer literacy in rural settings.

The feedback for this pilot phase was fully satisfactory: school teachers reported that they are using Wikipedia on a daily basis to prepare their classes and increase their knowledge on specific subjects. Children also do a lot of research, and shared what they have learned with their classmates. They also report on their situation by sending a wide range of content to UNICEF. The objective is to take this project to scale, in order to have more vulnerable children benefitting from this technology, getting the most of what online educational tools have to offer and making their voices heard globally. .

Support to integration and cross-sectoral linkages

Education and child protection in emergencies integrated response reached 168,270 school children with safe and protective learning environments and mine-risk education messages through equipping 1,502 teachers, social and community workers in the Logone & Chari, Mayo Sava and Mayo Tsanaga divisions with knowledge and skills in delivering the package. An estimated 1,200 out-of-school children benefited from lessons on literacy, numeracy, child protection and conflict/disaster risk reduction messages broadcast through the Radio Education Programme developed and rolled out in these divisions in response to the humanitarian crisis. UNICEF Cameroon's holistic response to needs of children reinforced positive behaviours.

Information from programme monitoring data showed that health consequences of malnutrition were worsened by poor hygiene, poor sanitation and unsafe drinking water. That is why UNICEF deemed it necessary to integrate WASH in its malnutrition response. The absence of a consensual framework caused some weaknesses in delivery of WASH services to children with

severe acute malnutrition (SAM). Thus, the WASH and nutrition sectors reviewed their strategy. A “WASH in Nut” strategy was jointly approved by stakeholders from both sectors. This strategy takes into consideration lessons learned and is now used as a guideline for planning and implementing WASH response to malnutrition both by WASH and nutrition partners.

The in-patient therapeutic nutritional centre that provides care to children affected by severe acute malnutrition with complications is one of the health facility entry points with a high yield of HIV positive children. With Kreditanstalt Fur Wiederaufbau funding for the nutrition programme, the HIV and nutrition programme's synergy aims to improve the health status of children under 5 years of age with severe acute malnutrition through routine HIV testing, care and treatment in 62 nutrition centres across four regions. High level planning meetings were held with MOH; commodities stock-outs appeared to be the major challenge addressed.

Service delivery

Based on results of SMART surveys, UNICEF Cameroon successfully updated the geographical profile of communities where children are at risk of being malnourished. Mothers in these communities were trained in domestic screening for malnutrition in their children. UNICEF Cameroon reinforced the in-patient therapeutic nutritional centres to ensure availability of all the capacity required for active screening and timely referral of children with severe acute malnutrition in the four vulnerable regions of Cameroon (Far North, North, Adamawa and East). A total of 47,000 children with severe acute malnutrition were admitted between January and September 2017 in 740 UNICEF-supported therapeutic feeding centres in four regions, with performance indicators well within the Sphere minimum standards in humanitarian response.

While attending their children in treatment centres, mothers were provided vital advice in home-based fortifications of food served to their children in order to prevent malnutrition. These mothers also served as front-liners for case referential and tracking of children dropped-out from care. This resulted in significant reductions in children missing in treatment centres or dropped-out before formal discharge. Communication for development actions were also combined to reduce discrimination against mothers of malnourished children by communities. Discrimination suffered by these mothers is a major cause of drop-outs and late referral of sick children to treatment centres.

WASH was integrated in the nutrition response. Mothers of children with severe acute malnutrition were given WASH kits (75,770) with key hygiene messages included within. They were taught about handwashing and water purification. In communities where water points were either repaired or constructed, management committees were setup. Their role is to ensure continuous availability of potable water and correct and equitable utilization by all community members. Sanitation conditions at household level were improved through CLTS activities in 278 communities of which 253 (about 132,000 inhabitants) were declared open defecation free (ODF) by implementing partners. Community-based surveillance structures were put in place to ensure that the ODF status is maintained and reinforced.

Human rights-based approach to cooperation

Guided by the results of the latest Multiple Indicator Clusters Survey (MICS), UNICEF Cameroon strengthened efforts to advocate and serve the most vulnerable children in the country. This commitment to vulnerable children was confirmed by the geographical focus of the 2018–2020 Country Programme on the regions where close to two thirds of vulnerable children are located. By extending capacity reinforcement sessions to the regions, UNICEF Cameroon kept the momentum engaged last year with the technical empowerment of 60 staff

members from UNICEF Cameroon, other United Nations agencies, government and civil society organizations in human rights-based approach principles.

Following the preparation of the confidential report for the Convention on the Rights of the Child Committee in 2016, UNICEF attended the presentation of the report to the Committee. Within the framework of the 2017 World Children's Day, UNICEF Cameroon encouraged and supported the Government to publicly share the Committee on the Rights of the Child recommendations regarding article 36 of the Convention on the Rights of the Child. This was done in the form of a public conference and was widely echoed by national audiovisual and written media.

Some children suspected of involvement in terrorist groups' activities were jailed in the Maroua prison. Following UNICEF Cameroon's advocacy – calling on the Government to provide for fair management of their cases during prosecution and judgment and to consider them as victims rather than criminals since they are minors – some of these children were released and reunified with their families. UNICEF Cameroon is monitoring their social reinsertion processes in collaboration with families. In addition to judicial assistance, UNICEF Cameroon is working in collaboration with social protection NGOs to prevent identified root causes that are driving children out of their home families.

Finally, UNICEF Cameroon has led the overall support that partners brought to the Government to design an articulated national social protection policy. Through this policy, UNICEF Cameroon and other partners intended to craft an integrated and sustainable solution to children's vulnerability in Cameroon. The national social protection policy, technically validated in December, is receiving a positive echo from all actors.

Gender equality

In line with the 2017–2020 UNICEF Cameroon gender action plan, three priorities – adolescent gender sensitive health, child marriage and transition to secondary school – were considered in all country programme interventions. Gender was also mainstreamed in nutrition and community approaches. These priorities were taken into account in all programme planning, monitoring, reporting and evaluation over the reporting period. Ending child marriage also remained at the forefront of all advocacy done by the Representative to government authorities, traditional rulers and civil society. Indicators of gender priorities are well figured-out in action plans of Governors' forums held in 8 of the 10 regions of the country.

As a cross-cutting programme strategy, C4D seized the opportunity of the work done at community level in collaboration with grassroots actors to articulate sensitization and awareness on key issues regarding child rights. Harmful sociocultural practices that hamper advancement in child rights were highlighted in UNICEF communication throughout the year. Equal access for boys and girls to basic services (education, health, nutrition, protection) was emphasized in all public addresses that also denounced child marriage, economic exploitation and gender-based discriminations. Social accountability mechanisms (including traditional authorities and community-based organizations) were put in place in vulnerable communities with special focus on the promotion of gender-sensitive essential family practices.

Sensitization on specific issues related to adolescent girls and women was mostly conducted by joint teams that helped to strengthen knowledge on social participation, social cohesion and conflict reduction. In child-friendly schools interventions promoted by UNICEF Cameroon, 1,339 (664 girls) Baka indigenous children were enrolled in primary school and successfully completed

the school year. Likewise, 124,415 (60,963 girls) children were enrolled in formal or non-formal basic education in humanitarian situations managed by 1,506 teachers (353 female/1,078 male) trained on psychosocial support skills.

To better strategize its multilevel and multisectoral actions, UNICEF Cameroon initiated an anthropologic research project on harmful sociocultural norms and practices that favour child marriages. The research is ongoing and will be completed in 2018. Data generated will enable UNICEF Cameroon to readjust its advocacy and operational strategies.

Environmental sustainability

In 2017, the WASH sector supported communities for the construction of latrines, taking into consideration the water table level at different sites to prevent contamination of surface/ground water and soil with human excreta. Technical guidelines were elaborated to the attention of Government and partners to monitor construction work (borehole, latrines) and to avoid pollution of groundwater during construction work. In addition, an agreement with an NGO (GWP) is in place for the implementation of a strategic framework for WASH climate resilient development. For this purpose, a pilot project for the design and experimentation of a technical tool for fluoride removal from ground water is ongoing in some areas in Far North where fluoride content in ground water is above WHO drinking water standards.

Based on the United Nations resilience strategy in Far North, UNICEF is working with UNDP and the Food and Agriculture Organization (FAO) on a joint project set up to enhance human security in three councils. A memorandum of understanding was signed with Maroua University for evidence generation that will inform community resilience through awareness raising and capacity building of community members to adopt good health, hygiene, child protection and social protection practices.

Upon the recommendation of UNICEF Cameroon greening committee, significant benchmarks were met in achieving carbon neutrality. Measures include coding systems for printers, sensitization of staff on the need to adopt power saving attitudes, reducing paper printing, introducing flowers to improve the air quality and installing LED lights in the office building. The Office also carried out solar and energy audit assessments in all the country offices and also applied for the greening accessibility funds, hoping to mobilize resources to start the design of a solar panel system as well as the installation of sensors for lights and air conditioners.

Effective leadership

The country management team (CMT), programme management team and operations team focused on strengthening performance of programmes and operations. Key performance indicators were aligned with global scorecards to track performance in key areas such as direct cash transfer, grant and budget management, supply and human resources. The performance indicators were also monitored in monthly programme chiefs/operations heads meetings and corrective actions taken to address identified weaknesses. The table of authority was reviewed and bank signatory panel members updated.

Governance and oversight structures were reviewed and shared with staff to facilitate efficient, effective utilization of resources. The Office streamlined office committees and reviewed their terms of reference. A toolkit for key standard operating procedures was developed and shared with the country management team. The Country Office continued to strengthen the enterprise risk management processes and ensured better integration into UNICEF Cameroon priorities

and decisions. Technical support and guidance in key operational and programmatic areas were provided to staff in all UNICEF Cameroon field offices.

The UNICEF Regional Office carried out peer review and recommended actions were monitored in collaboration with Regional Supply. UNICEF Cameroon conducted business continuity plan simulations in all offices and updated respective plans to incorporate changes in country context and the identified risk areas. Recommendations from business continuity plan simulations were incorporated in the annual workplan and monitored. The Office developed a crisis management document which was endorsed by the strategic management team or security. All 2014 Global Staff Survey recommendations were closed. The Office continued its efforts to increase staff competencies in programmatic and operational areas. An office learning plan was endorsed by the CMT and progress monitored.

Under guidance from the Country Office, field offices developed their work plans and continued monitoring their key management indicators. In addition, seven emergency management meetings monitored progress of humanitarian response. UNICEF Cameroon significantly improved its performance in coverage of harmonized approach to cash transfer (HACT) required benchmarks.

Financial resources management

The Office put in place key financial controls with respect to bank reconciliation, cash management, invoice processing and travel. The country management team provided oversight on key management indicators through monthly reviews using dashboards and insight reports, which resulted in better financial management. The CO utilized (as of 31st December 2017), US\$36.5 million (98 per cent) of the allocated budget of US\$37.1 million. It used 100 per cent of funds allocated for Institutional budget, 99 per cent of funds allocated for Regular Resources (RR), 100 per cent of funds allocated for Other Resources for Emergency (ORE), and 97 per cent of funds allocated for Other Resources Regular (ORR).

The HACT committee met quarterly to review implementation, providing oversight on all processes to management, sections and field offices. Programme meetings were held monthly to review the office liquidation status, and reports were shared with field offices to follow up with implementing partners, with attention to direct cash transfers outstanding for more than nine months. Consequently, UNICEF Cameroon had no outstanding balance of greater than nine months as of 31st December 2017.

HACT assurance activities were implemented, resulting in achieving 100 per cent completion of spot checks, micro evaluations and audits and 98 per cent completion of programmatic visits. Services of the long term agreement audit firms were also sought to ensure full implementation of some finance assurance activities. A desk review was conducted for the high- and significant-risk partners and recommendations will be followed up closely with the implementing partners. UNICEF acted as the lead agency of the HACT inter-agency committee and led the macro-evaluation in collaboration with the Resident Coordinator's office.

The Office conducted orientations to staff in Yaoundé and the two zone offices on the introduction of e-ZHACT and actively supported smooth transition by providing support to all programme staff. Two VISION trainings were provided to the field offices.

Fundraising and donor relations

The resource mobilization in 2017 enabled UNICEF Cameroon to secure resources, ensuring implementation of programme interventions and development of new partnerships to leverage resources for children.

Considering the volatile aid environment, two strategies framed UNICEF Cameroon's fundraising activities. First, UNICEF strengthened predictable traditional funding by bilateral and multilateral donors through documentation, timely reporting and field visits (Korean, Spanish and United Kingdom National Committees). In 2017, the top five UNICEF Cameroon donors were EU/European Civil Protection and Humanitarian Aid Operations, Islamic Development Bank, Japan, Kreditanstalt Fur Wiederaufbau, and the United States.

UNICEF Cameroon has also initiated discussions with new potential donors (the Republic of Korea, TiKA, and Turkey). UNICEF Cameroon relied on quality communication content produced, highlighting the situation of children affected by humanitarian emergencies. Second, UNICEF Cameroon innovated funding, especially with the private and corporate sectors such as Turkish Airlines.

In 2017, RR was US\$10,597 million, ORR was US\$12,913 million and ORE was US\$9,536 million. Despite harmful consequences from the lack of international media focus on the Cameroon crises, emergency funds increased by 12 per cent compared to 2016. However, this still covers only 36 per cent of funding needs. Meanwhile, the proportion of ORR decreased by 31 per cent.

A total of 21 out of 28 donor reports were submitted on time. An analysis about the reasons for delays showed discrepancies between donor deadlines and dates reported in the system. To address these delays and to improve the quality of the reports, the office standard operating procedures on donor reports will be reviewed; standard operating procedures on donor proposals design will be developed in early 2018.

Evaluation and research

Under the leadership of UNICEF Cameroon's senior management, the Plan for Research, Impact Monitoring and Evaluation (PRIME) was prepared and adequate funding allocated. In line with the agreed planning, three evaluations were planned for the reporting year. One evaluation is completed, two are ongoing and one re-advertised.

In order to ensure objectivity and impartiality, the country management team has appointed a four member committee to overview the evaluations. This committee is supplemented by the regional office in performing quality assurance and compliance with the UNICEF evaluation policy. International consultants were hired to avoid all possible collusions between evaluation and implementation teams. Evaluators are supervised by the chief of planning, monitoring and evaluation whose main role is to provide technical stewardship. As recommended by the Nigeria+ evaluation, intersectoralities were reinforced throughout programme processes at both operational and grassroots levels. Significant benchmarks were covered in the integration of WASH, health, nutrition and HIV/AIDS.

By involving community-based organizations, collaboration between communities and programme implementation actors was reinforced and benefits are visible in the emergency response. Programme uptake and participation of recipient groups was strengthened considerably.

UNICEF Cameroon also promoted an evaluation culture among government partners. These partners were involved in evaluation processes, especially during discussions of reports and formulation of recommendations. By doing this, UNICEF Cameroon reinforced appropriate opportunities for implementation of conclusions and strongly encouraged an evaluation culture in all sectors covered by country programme interventions.

While management response plan of the recently completed WASH evaluation is being prepared, key findings have already led to adoption of corrective measures in the field. Precisions of accountability and distribution of stakeholders' roles were made and will be reinforced.

Efficiency gains and cost savings

The Office reviewed the governance structure in line with global guidelines to streamline office committees and rationalized various mandatory and non-mandatory committees to increase productivity and save staff time.

In 2017, 15 long term agreements were established, for example, UNICEF took the lead on a United Nations joint long term agreement for travel agencies, which contributed to reduced lead time in procurement of goods and service.

The Office installed a vehicle tracking system which led to a decrease in the average cost per vehicle of 3.2 per cent in 2017 and a decrease in fuel cost per Km of 11 per cent, improving the office environmental footprint.

Savings were achieved in international and domestic travel expenses in 2017; costs decreased by 14.8 per cent compared to 2016. Domestic travel expense decreased by 13.6 per cent, while international travel expense decreased by 16.3 per cent. A total saving of US\$99,061 was achieved in conference and meeting expenses due to different approaches, including negotiations with hotels to obtain special rates, using videoconferencing and in-house conference facilities and installing a code printing system to rationalize printing costs.

In its effort to improve its environmental footprint, the Office conducted a solar energy assessment and energy audits for all offices. The assessment recommendations will further support the Office in its greening initiatives. The established green task force continued monitoring the greening action plan and sensitizing staff on best greening practices.

The operations management team continued to work on establishing joint long terms agreements (transit, travel, transport and security services) that can be used by all agencies in line with the business operations strategy.

Supply management

Of the total procurement US\$15,912,653, 5 per cent was local procurement, 95 per cent was procured through supply division, and 1 per cent was procured through direct order. The procurement captured a workload of 90 requisition documents and 208 purchase orders.

Overall the lead time for offshore procurement was 75 days while the lead time for local procurement was 118 days. This represents a reduction on lead time (days) by 7 per cent for offshore and 2 per cent for local procurement, an improvement compared to previous years. Of the total procurement, 77 per cent was procurement of goods while 23 per cent (US\$3,760,816)

was procurement of services. To improve efficiency, 15 long term agreements were established within the period.

A total of 135 contracts were engaged, 46 individual contracts (26 local and 20 international consultants) while 89 were institutional contracts (72 local and 17 international consultants).

The CO developed the first End-Use monitoring plan in the second quarter of 2017. Eight field project monitoring visits were conducted by programme and operations. Capacity-strengthening for field staff was enhanced through trainings in monitoring.

A market survey was commissioned in 2017 to improve efficiency and effectiveness in procurement both for the UNICEF Cameroon Office and other UNICEF neighboring country offices, with support from the UNICEF Regional Office.

A total of two counterpart trainings in logistics were facilitated for Bertoua and Maroua offices. A session on bidding process and ethics in procurement was facilitated to suppliers in Yaounde. The country office conducted three training sessions for all staff on individual and institutional contracts, the Convention on the Rights of the Child, and low-value procurement. A peer review on procurement processes was conducted by the UNICEF Regional Office and recommendations were addressed.

Cameroon Office was the UN Global Marketplace project roll out pilot country; over 30 institutional suppliers were evaluated.

Of four warehouses, one warehouse in Belabo is closed and a new one opened in Bertoua. The current stock balance is US\$642,539, with a distribution value of US\$4,583,378.27 to various regions within the period. The Office has received two donations in kind for 300 school kits and 8,696 cartons of therapeutic food. Table 1 lists supplies received in 2017.

Table 1. Supplies received in 2017

Supplies/services received within the year	Value in USD	Percentage of total costs
Channelled via regular Procurement Services	\$2,964,986.33	11.2%
Channelled via Gavi	\$12,070,085.01	45.8%
Channelled via Programme	\$5,481,804.00	20.8%
Operational supplies	\$2,555,667.03	9.7%
Services	\$3,295,607.22	12.5%
Total	\$26,368,149.59	100%

Security for staff and premises

During the year, staff safety and security remained a high priority. UNICEF Cameroon took part in all United Nations Security Management Team meetings, in which periodic risk assessments were conducted to ensure risk-informed programming. Appropriate resources were allocated to ensure that the new offices in Yaoundé and Bertoua are fully compliant with the Minimum Operating Security Standards.

The establishment of business continuity procedures resulted in the seamless conduct of business in all Cameroon offices. All UNICEF Cameroon offices conducted two business continuity plan simulations and updated their respective plans. Recommendations resulting from the business continuity plan simulations exercises were closely monitored. A crisis management document was developed and endorsed by the senior management team.

Security briefings were conducted for all new staff so they were well prepared to join programmes in the field. Cybersecurity threats are visibly affecting staff personally and their official work, with the potential to seriously affect programmes. To safeguard UNICEF Cameroon programmes, cybersecurity alerts and information were shared to all staff in the Yaoundé Country Offices and the field offices. Communication remained a vulnerable area because of unreliable mobile network coverage.

The Office also conducted a fire safety and three fire drills for all its offices and also established building floor wardens who were trained on fire safety. The UNICEF zone warden were actively supporting staff and received two training sessions on their roles in case of Business contingency activation. Residential Security Measures self-assessment sheets were completed for all staff in Yaoundé and field offices. The Cameroon situational analysis note was shared monthly, which supported staff security and safety in the field. Safe and secure approaches to field environment (SSAFE) trainings were conducted for 21 UNICEF staff and other United Nations agencies in collaboration with the United Nations Department of Safety and Security.

Human resources

The Country Office, through its last PBR-approved structure, ensured that required human resources were in place to implement and deliver planned results. As part of human resources reform, new recruitment approaches, including direct selection, batch recruitment and talent group, were implemented. The Office had two programme budget reviews (PBRs) in May and October with 25 new posts approved for the next programme cycle.

Staffing in the CO is comprised of 125 staff, 41 per cent female and 59 per cent male. The Office continues to make efforts to attain gender parity. There are still challenges in attracting candidates, mainly in the North of the country due to insecurity.

Performance management was discussed under the new policy; paths for professional development and personal growth through learning were addressed. Management aimed at supporting supervisors and supervisees in holding frequent discussions on performance planning progress. Completion rate of performance planning was at 93 per cent on 15 April 2017.

An external facilitation to support staff on personal empowerment and career development was organized for all staff. Following the 2017 Global Staff Survey, a response plan developed by an adhoc committee was validated by the country management team and shared with staff. Several initiatives were organized, such as Diversity Day, stress management, staff well-being, CIGNA and special Fridays sessions, with support of the local staff association, UNCares focal point and United Nations clinic.

The Office has made many efforts to implement the 10 minimum standards on HIV in the work place including a UNCares Day for staff and their dependents. Sport space, nursery and ergonomic equipment were also put in place. Mandatory/recommended trainings were monitored as part of the learning plan. Twenty group trainings, including orientation sessions, results-based management, and English language, were completed and are ongoing. Four joint consultative committee meetings were held and the minutes were shared with all staff. Staff from zone offices participated in the emergency programme to enhance leadership in humanitarian operations.

Effective use of information and communication technology

In 2017, UNICEF Cameroon upgraded its countrywide network to fully leverage existing cloud applications (such as VISION, Office 365, OneDrive), and Skype for Business, telephony and high definition videoconferencing, as well as to prepare for new applications (tools, My Case) to improve collaboration, communication and decision making. Skype for Business was used effectively in Yaoundé and the field offices for meetings and online interviews. The field offices Internet bandwidth was increased to improve connectivity of users using UNICEF information and communication technology platform. Nevertheless, the Internet connectivity remains a challenge due to poor network connectivity issues and service provider monopoly.

The CO's SharePoint-based team's site was actively used to upload key office documents and share information for easy access by all staff. The Country Office used OneDrive for sharing large size files within the office and with other UNICEF offices. Office printers were configured to default to double-sided printing and to use PIN codes to avoid unnecessary printing, reducing paper cost and footprint.

In 2017, the information and communication technology team also worked with the Office programme in the implementation of their activities, particularly in facilitating the selection, procurement and configuration of equipment used during field data collection for protection and education sections. The Office also supported the procurement of 100 terminals and configured them for the field data collection.

The Country Office effectively used digital and social media such as Facebook (with about 90,620 followers) and YouTube to reach stakeholders and caregivers to realize the rights of children. The CO has purchased all the required PCs for the staff and successfully migrated to Windows 10.

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

Since poor quality of services was one of the major causes of low utilization, UNICEF focused its support on newborn care through the updating of norms and standards and 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 work attitudes and practices of health care providers. Implementation of standards has improved the quality of care offered to patients by service providers and therefore revamped demand and use of health services by rights holders.

Likewise, the integrated supervision performed in collaboration with a maintenance engineer equipped service providers with technical skills useful to operate and ensure maintenance of several kinds of equipment used in providing care to newborns.

In addition to technical factors, sociocultural barriers are still limiting the demand and utilization of services by mothers and care givers. An anthropological study on the care of newborns was conducted nationwide from November 2016 to November 2017. This study revealed social beliefs and conceptions that dictate the care provided to newborns in both health facilities and homes. Health professional's practices are not always driven by norms and standards in force, but by the results of perceptions and assessment of complex situations they face. At home, parents, families and communities are guided by a set of ancestral knowledge and practices they have learned to believe are suitable for the well-being of the child, especially the newborn.

The care space dedicated to the newborn was organized in several maternity wards to provide optimal care for the newborn. Bathing the newborn was delayed and warming the baby was encouraged. Broken equipment that was not being used is now in service following repairs. Several newborns were warmed by radiant lamps and they stayed in incubators.

The focus was also laid on community health activities working in collaboration with UNWomen, the Global Fund, Plan Cameroon, Cameroon-PSI to harmonize the existing approaches in the country and progressively expand. Community based-interventions were integrated into 83 of the 189 priority health districts in the 10 regions, representing 42 per cent coverage; community-led interventions are supported in 69 health districts by the Global Fund and 14 health districts by UNICEF; 5,641 trained community health workers are supported, including 4,892 by the Global Fund and 749 by UNICEF through a Trust Fund.

Thanks to this complementarity, children under 5 years of age have benefitted from at-home treatment for the three major child killer diseases –malaria, diarrhoea and acute respiratory infections.

The support for preparedness and response to the Ebola outbreak allowed awareness raising of communities in eight regions. An anthropological study to understand the attitudes of the communities on the issue was published. This study contributed to better understanding of the actions to be taken by medical personnel and the community to avoid the spread of the disease should an outbreak occur. This study has mainly revealed that the health system is not ready to face such an epidemic since both clients and health personnel do not respect basic hygiene rules and other safety measures prescribed by norms and standards in force. Efforts should continue to improve hospital hygiene and community education for the sake of strict procedures to prevent the spread of infectious diseases like Ebola virus disease.

With regards to vaccine-preventable disease, the status of polio free country was maintained thanks to the intensified polio supplementary immunization activities and the improved quality of

systematic routine immunization with the strengthening of cold chain and logistics. Selective campaigns targeted high-risk areas. Results disaggregated by sex show no gender differences in coverage. Low-performing health areas have benefitted from special support.

Even though Cameroon has reached the status of maternal and newborn tetanus elimination, at the 50th epidemiological week of the year 2017, 37 cases of tetanus were reported in 27 health districts with 13 deaths reported. Twenty-six out of twenty-seven districts have conducted response activities; only the Mora health district has a delay as this district is currently preparing its response. UNICEF supported the organization of vaccination campaigns for responses that also included adolescent girls of childbearing age. Maintaining maternal and neonatal tetanus elimination status is a dynamic process and requires a reaction for each reported case.

But so far, no health district has crossed the tetanus elimination threshold (more than one neonatal tetanus case per 1,000 live births over one year). Vaccination coverage in tetanus vaccine Td is 75 per cent against an annual 72 per cent target, for the period from January 2017 to October 2017. Pregnant women were well vaccinated; the national coverage target exceeded. However, there are still five health districts with coverage below 50 per cent.

With regard to equity, these five districts require much more attention than the others. Effort must be made to raise their coverage at least to the national goal. The Expanded Programme of Immunization supported the immunization of pregnant women during routine activities and women of child bearing age only during supplementary immunization activities. UNICEF provided TT/Td vaccines, supported integrated supervision focused on immunization in health districts, and addressed the domain of clean deliveries and cord care during training sessions on essential newborn care in the Far North, Center and East Regions.

Output 1. Mothers, newborns, children and adolescents are vaccinated routinely and during supplementary immunization activities.

Analytical statement of progress

Country programme interventions have focused on improving vaccine management, storage and distribution. The 27 low performing districts received special attention. Capacity reinforcement actions improved the skill of service providers and supply and cold chain professionals. These interventions significantly improved the quality of services provided to the population and the demand increased. The strategic approach named “reach each district” enabled all health centres to provide immunization services. Community mobilization also supported uptake of the demand. Women's associations collaborated with health personnel to monitor, find and bring back children who had dropped-out in these most vulnerable districts. Cases of immunization refusals were mitigated and reduced.

Gender factors are not discriminatory for vaccine utilization even in the low performing districts. In terms of geographical equity, only 64 per cent of districts have reached 80 per cent of Penta3 coverage. The norm is 80 per cent of districts (151 districts out of 189) having 80 per cent of coverage of Penta3. These 38 districts require much more attention than others. Although vaccination is free, there are differences in coverage between the poorest and the wealthiest quantiles. This difference is the result of discriminatory effects of urban versus rural purchasing power and accessibility of services, although routine data does permit these differences to be seen.

Despite significant improvement achieved in the quality of vaccine services, the coverage did not fully meet expectations. Vaccine coverage of Penta3 was 82 per cent against 84 per cent in 2016; measles and rubella was 75 per cent against 76 per cent in 2016; vaccine coverage of Td 2+ was 75 per cent against 59 per cent in 2016. In addition, out of 700,540 expected surviving children for the period, only 574,875 received Penta 3. Approximately 125,665 children remain unvaccinated (18 per cent) and 14 out of 189 (7 per cent) health districts have less than 50 per cent coverage and more than 121 out of 189 health districts (64 per cent) have Penta3 coverage greater than 80 per cent.

This unsatisfactory performance is the result of a combination of factors such as data and irregular vaccination activities in some health centres. Concerning data, targets are estimated based on the 2005 general population census figures. These population figures do not provide an exact population distribution nationwide. Numbers of pregnant women, adolescents, children and newborns expected are most of the time disconnected with the reality in the field, and therefore targets set are most often incongruent with the reality. At the same time, some health centres (50 per cent) do not provide immunization services regularly (not more than one per month) to the population. This irregularity has sometimes played against continuous utilization.

Mitigation measures deemed necessary consisted of strengthening supervision activities and reinforcing the cold chain. Cold boxes were provided to immunizers to serve people in remote areas, extending immunization service provision to underserved regions. Vulnerable people have had access to vaccinations delivered closer to their homes.

Finally, immunization is constrained by insufficient budgetary allocation by the Government. Immunization depends mainly on contributions of external partners. The recent stock-out of BCG vaccine observed at central and regional levels is an illustration.

Output 2. Children aged 0 to 5 years are vaccinated during polio campaigns.

Analytical statement of progress

Following the detection of a type 2 derived polio virus and a type 1 wild poliovirus in Borno state in Nigeria in August 2016, the Lake Chad Basin response continued in 2017. Cameroon has organized four synchronized polio campaigns with the Central African Republic, Chad, the Niger and Nigeria in the four regions (Adamawa, Far North, Northwest and North). The campaign of April 2017 was coupled with the MCHNAW (maternal, child health and nutrition action week) and covered all 10 regions. Several communication and social mobilization activities took place alongside efforts to maintain the country free of wild poliovirus circulation status.

During the first four rounds, the proportion of children missed was maintained at less than 5 per cent. The percentage of parents informed of the coming campaign decreased from 92.4 per cent in December 2016 to 82.2 per cent in April 2017 (Source: independent monitoring) due to delay in start of real vaccination in many health district in different regions. This desynchronized communication tools with the reality. Following appropriate social mobilization and focused communication, parent's awareness reached 92 per cent on November 2017.

Vaccination refusals remained an issue of concern. In the four regions that share borders with Lake Chad Basin, the rate of missed children due to refusal was maintain at less than 5 per cent. But during the MCHNAW, the refusal is increasing up to 12 per cent, mainly in the Littoral region (66 per cent, 193 cases) and Central region (22.5 per cent, 66 cases). These refusals

were caused by the spread of unverified rumors on unproved negative effects of vaccines on children. The response to these refusals passed through social mobilization involving administrative authorities and community leaders. A total of 1,165 leaders, engaging to improve children's and women's well-being (notably regarding health and immunization) joined the social movement. They are taking part in the general movement already powered by proximity and community media.

The progress in immunization was achieved thanks to the active contribution of 142 women's group in the Centre and Littoral region in 2016 acting within the framework of partnership between the Ministry of health and Ministry for the Promotion of Women and the Family in the Far North Region. A group of 89 women's associations made up of 1,335 women in the 10 priority health districts also contributed. These associations focused mainly on promotion of immunization, active research related to drop-outs and refusal management with a focus on hard to reach areas and the active research of vaccine-preventable diseases in the community. Thanks to their actions, sociocultural barriers against immunization were relieved and thousands of children enjoyed their right to protection against preventable diseases.

This general movement created around the polio response was extended to other key children's rights issues, such as child marriages, birth registration and HIV/AIDS prevention. The approach that started in Northern Region was extended to the South and East Regions. The administrative, traditional and religious leaders were involved in the campaign preparatory meetings, launching, refusal management, monitoring of vaccination and local resources mobilization.

Output 3. Mothers and newborns have access to and use to high-impact interventions.

Analytical statement of progress

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Output 4. Children have access to and use high-impact interventions.

Analytical statement of progress

UNICEF's supported interventions for children (in addition to the care of the newborn) targeted three major killers of children under 5 years of age –diarrhoea, malaria and acute respiratory infection. The efficient management of these diseases requires quick actions at home. Thus, a focus was developed on the training of community health workers and the scaling up of community health services including the provision of the necessary drugs to treat diarrhoea and acute respiratory infections.

Children under 5 years of age in the North and Far North Regions received seasonal malaria chemoprevention; this reduced the rate of morbidity and mortality in children under 5 by over 50 percent. The seasonal malaria chemoprevention campaign ran in four rounds from July to October 2017 for children aged 3–59 months in the Far North (30 health districts) and the North (15 health districts).

The number of children served increased from one round to another for the Far North. In the third round, 1,011,081 received the three doses of sulfadoxine pyrimethamine amodiaquine (SPAQ), more than the 987,504 predicted. This represents a coverage of 102 per cent. In the North, the number seems to remain constant; at the third round 584,543 children (586,830 predicted) received the three doses, making the coverage 99.6 per cent.

The seasonal malaria chemoprevention rapid coverage survey after distribution showed that the coverage of children who received the three doses of SPAQ exceeded 90 per cent in both regions with 95 per cent utilization of long-lasting insecticidal nets.

Since the beginning of this intervention, the population keeps calling for its extension to adults because of its efficacy. Communities have realized that chemoprevention of malaria reduces expenditures caused by malaria treatment during the rainy season.

In 2017, the community-led health interventions were scaled up in 23 health districts of 4 regions, with a total of 1,076 community health workers providing a package of curative, preventive and promotional high-impact interventions. Focus was on essential family practices in health, WASH, nutrition, HIV and protection.

In terms of integrated case management results were as follows: 8,521 children under 5 years of age were treated, including 3,328 (39.9 per cent) for simple malaria, 2,702 (31.9 per cent) for acute respiratory infection and 1,732 (20.0 per cent) for diarrhoea during the period under review. For the same period, 1,801 cases of severe malaria, 1,096 cases of severe respiratory infection and 707 cases of severe diarrhoea were referred from the community to the health facilities, thanks to the community referral system set up. In addition, partnership was initiated with eight 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 to ensure sustainability.

As these efforts must be sustained, an investment case for resource mobilization and scaling up plan was developed. Partnership with the Global Fund and other technical and financial development partners needs to be strengthened. Training of new community health workers for the extension of community-led intervention continued in 2017; 1,309 community health workers were trained, 205 supported by UNICEF and 1,144 by the Global Fund.

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

Analytical statement of progress

The health response to the humanitarian crisis in the first half of 2017 targeted 574,382 people including 3,243 refugees (259,145 in the Eastern Region and 80,000 in the Far North Region) and 366,200 internally displaced persons of the Far North Region.

The response to the humanitarian crisis continued in Eastern and Adamawa (Central African refugees) and Far North (refugees and internally displaced persons from Nigeria), including (1) routine measles immunization administered to 228 at the entry gates in the Eastern and Adamawa regions and to 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 anaemia and malaria in pregnant women, and (3) distribution of 2,500 long-lasting insecticidal nets to internally displaced persons and returnees in the Far North Region and 9,000 nets in the East and Adamawa Regions.

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 aligned its strategic HIV/AIDS policies with WHO recommendations. Important progress was made in the scaling-up of prevention of mother-to-child transmission of HIV (PMTCT) services. The number of health facilities offering PMTCT services increased from 2,067 in 2010 to: 3,466 in 2014; 3,918 in

2015; 4,081 in 2016; and 4,277 in 2017, or 83 percent of the total number of 5,166 health facilities, achieving the 2017 target of 80 per cent coverage.

Antiretroviral coverage increased from 32.7 per cent in 2013 to: 53.5 per cent in 2014; 70.4 per cent in 2015; and 76.6 per cent in June 2017.

Access to antiretroviral therapy (ART) for children (age 0–15 years) remains very limited without substantial increase; It increased from 10 per cent in 2003 (50/50,334) to: 11 per cent in 2014; 13 per cent at the end of 2015; and 18 per cent in 2017. More than 79,000 children and adolescents (age 0–19 years) are living with HIV in Cameroon.

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 (age 15–24 years) having adequate knowledge on HIV/AIDS increased from 2011 to 2014 (29 to 32 per cent for girls and 34 per cent to 41.2 per cent for boys). Access to ART for adolescents (age 15–19 years) was 21.5 per cent in June 2017 (DHIS2). The 2017 ART target of 50 per cent for children and adolescents has not been achieved.

Regular ARVs and HIV test stock-outs were a big challenge. The National AIDS Control Committee initiated community-based antiretroviral distribution through intensified community-based interventions with NGOs to increase demand of services. In addition, follow-up of mothers and babies was an issue since 47.6 per cent of HIV pregnant women tested during Antenatal care delivered outside health facilities. Intensified community-based interventions are helping to increase the demand of HIV services.

To enforce the “90-90-90” strategic vision, two operational plans were developed; the e-MTCT operational plan (2016–2017) and the national operational plan (2016–2018) to accelerate child and adolescent HIV care and treatment. These documents will be updated to align their strategies and targets with those in the National Strategic Plan, in line with the Start free, Stay free, AIDS Free framework.

To facilitate the implementation of both plans, UNICEF supported the dissemination of the guidelines developed by the Ministry of Public Health. These guidelines include and are not limited to: “Test and Treat” strategy recommended by WHO, routine HIV testing in all health facilities, free HIV testing for children under 15 years and pregnant women as well as a free package of clinical follow-up examinations for people living with AIDS. The Ministry of Public Health is in the process of decentralizing ART treatment to all PMTCT sites for adults and children. Moreover, community dispensation of ART was started with 73 community-based organizations in the 5 UNICEF-supported regions.

The implementation of these measures will accelerate the achievement of the expected results of the National Strategic Plan (2018–2022). UNICEF enjoys strategic partnerships with other United Nations agencies through the joint United Nations team on HIV/AIDS and international organizations operating in Cameroon, such as the U.S. President’s Emergency Plan for AIDS Relief, the U.S. Centers for Disease Control, the Clinton Foundation, and the Elisabeth Glaser Pediatric Aids Foundation, to ensure that HIV resources are efficiently used on behalf of the most in need namely women, children and adolescents

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 supported capacity building of health-care workers and community health workers to facilitate the scale-up of MNCH/services and increase the demand for PMTCT services. UNICEF supported the Option B+ pilot phase (2013), the extension phase (2014–2015) and the scale up phase since 2016 in coordination and collaboration with other partners especially the United Nations Joint team on HIV/AIDS, the U.S. Centers for Disease Control and the U.S. President's Emergency Plan for AIDS Relief, and the Global Fund.

Although UNICEF supports Option B+ nationally, its priority zones were limited to 15 priority health districts in 8 regions for the 2013–2015 period, and to 9 priority health districts in the North and West Regions and in two emergency regions (East and Far North) for the 2016–2017 period. The geographical refocus was a recommendation of the mid-year review conducted in August 2015. After a bottleneck analysis of PMTCT, paediatric care and treatment, and partners mapping, the Ministry of Health agreed with the redirection of UNICEF support to two regions (six districts) with the most unmet needs and not covered by other partners. UNICEF remained in the humanitarian zone (Far North and East).

Expected HIV-positive pregnant women who are on Option B+ increased from 54 per cent (2014) to 71 per cent in 2016 to more than 80 per cent in 2017 in three of the above four supported regions. The 90 per cent target was not achieved. The Far North Region is pulling down the results with only 46 per cent of HIV-positive pregnant women who had access to ART in 2016. Bottleneck analysis was conducted to identify the main barriers to HIV-positive pregnant women's access to PMTCT services. Going forward, special focus will be put on interventions aiming at addressing those bottlenecks (antenatal care coverage, social norms issues and HIV supplies shortage).

During the next three years, emphasis will be on providing supportive supervision to improve the quality of care provided to women and exposed children, the implementation of standards and norms of performance for PMTCT, and the strengthening of data collection and analysis, and decision making. Community mobilization and engagement will also be supported to improve retention of HIV-positive women and exposed children on ART using new technologies (M-health and U-Report).

The programme will work with community-based organizations and community leaders to foster behavioural change surrounding HIV care treatment through communication activities. UNICEF will support the National AIDS Control committee and other key PMTCT actors in the common understanding of the eMTCT validation assessment tools and impact and process criteria. In addition, UNICEF will work with other key partners to strengthen the national monitoring and evaluation and laboratory systems and push for basic human rights considerations as part of additional requirements to qualify for validation.

Output 2 Les institutions/organisations partenaires à tous les niveaux ont les capacités techniques et managériales requises pour coordonner les interventions de qualité en matière de VIH dans six districts prioritaires et dans les zones d'urgence humanitaire.

Analytical statement of progress

Disaggregated data for children and adolescents within the health information system and poor coordination of interventions remain major challenges. This bottleneck limits the ability to generate adolescent's specific data and monitor progress especially for those aged 10-14 years. During joint supervision missions, UNICEF and its main implementing partners identified participatory coordination of the different stakeholders as a good strategy to address this challenge at regional and district levels.

Moreover, the capacity building on HACT implementation was done to improve technical planning, financial management and reporting. Ongoing technical support continues to be provided to national partners to adequately fill FACE forms, elaborate technical proposals and requests and implement quality insurance activities. Financial support was provided to selected civil society organizations for monitoring and coordination of activities in health care areas.

The First National Forum on the Prevention of Mother-to-Child Transmission of HIV and child and adolescent HIV care and treatment was organized in Yaounde from October 25-27, 2016. It was attended by 350 participants from all 10 regions of Cameroon. A Call to Action was adopted by all participants. During 2017, UNICEF supported the follow-up and evaluation of the implementation of the Yaoundé Call to Action. One of the major operational outcomes of the Call was the Ministry of Health's aim to set all health facilities offering PMTCT as ART centres. Building on the achievements of the first national forum, the second one scheduled in 2018 will generate a renewed momentum and formulate a strategic direction and priority actions for closing the 90-90-90 gaps and achieving the e-MTCT and universal paediatric HIV care and treatment in Cameroon.

In 2017, UNICEF provided financial and technical support to the National AIDS Control Committee during the evaluation process of the 2014–2017 National strategic plan and development of the 2018–2022 plan. Since 2013, UNICEF has participated in United Nations HIV/AIDS joint Team activities. (development, implementation, review and evaluation of the joint United Nations HIV/AIDS action plan).

South-South and triangular cooperation was strengthened through the support and participation in the Regional Consultation workshop organized by the International Community of Women Living with HIV/AIDS (ICW), UNICEF and WHO on “the role of peer support in the retention of women, adolescents and children in HIV care and treatment, ”November 16–17 2017 in Yaoundé. The meeting gathered 62 participants from Cameroon, Cote d'Ivoire, the Democratic Republic of Congo, Kenya, Malawi, Nigeria, Uganda, Zimbabwe and experts from the U.S. Centers for Disease Control, ICW, WHO, UNAIDS and UNICEF. Countries' community peer support experiences, best practices, and way forward were shared. Participants called for all stakeholders to strengthen and scale up community peer support for women, adolescents and children in HIV care and treatment.

During the next three years, UNICEF will support joint data-driven planning and monitoring at the district level, joint routine procurement and supply management, and joint monitoring systems for longitudinal follow-up of HIV-positive pregnant/breastfeeding women, children and adolescents in national monitoring and evaluation systems.

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 programme cycle, access to safe drinking water has increased by 6.1 per cent (against an initial target of 5 per cent) through the construction/rehabilitation of 483 boreholes in target areas. Access to adequate sanitation facilities improved by 10.8 per cent (against an initial target of 10 per cent) through the construction of 174 blocks of improved institutional latrines in selected schools and health centres of target areas. To prevent water-related diseases, people in vulnerable areas, including children with severe acute malnutrition, received WASH kit with key hygiene messages.

In its efforts to contribute to the eradication of open defecation, the Programme adopted the CLTS approach. A total of 1,615 communities weretargeted since 2013 by government and by NGO partners (ADRA and ASOLand Red Deporte in the East and Adamawa regions, and Mutcare, ACEEN, APREPS, AAEDC, FBM, ACDC and PC in the Far North regions). Due to the insecurity that prevails in the Far North region with resulting difficulties in access to some zones and the limited financial resources available, only 1,621 communities were audited in the four regions, of which 85 per cent were declared to be open defecation free (ODF). Sustainability will be ensured through upcoming planned training of municipalities and regional delegations of water and health on post-ODF activities.

CLTS scaling up was strengthened through trainings of NGOs and government partners (ministries of water and health mainly) on the CLTS approach and the sensitization of community members on ODF impacts. Maintenance of water points was ensured through the establishment of water point management committees and the training of their members. The Programme also intends to improve decentralized collectivities' capacity to efficiently fulfill their mandate for sustainable access to WASH services.

To improve prevention and preparation of WASH sector response to cholera epidemic, regional/national contingency plans and monitoring tools were developed/updated, and several coordination and planning meetings and training sessions on cholera prevention/response were held at district, regional, national and transboundary (Lake Chad Basin) levels. Also, the Programme successfully advocated for endorsement and appropriation of the "shield and sword" strategy and its appropriation by the Government structures. Its gradual scaling up played an instrumental role in controlling the cholera epidemic; no confirmed case of cholera has been recorded since October 2015.

WASH stakeholder's capacity for emergency coordination at the national and regional levels was strengthened through various trainings and thematic presentations sector meetings. Also, the Programme supported the Government for the inventory of WASH infrastructures in the Far North, East and Adamawa regions, the coordination of the sector response to humanitarian crisis, the development of tools for WASH data and information sharing, development and technical validation of the National Water Policy, the development and endorsement by the government of national WASH in school strategy and CLTS strategy, the preparation of the National Hygiene policy and the WASH bottleneck analysis.

The major challenges remain the low technical, logistic and managerial capacities of borehole and latrine construction companies. To overcome this, the WASH teams at national and sub-office levels have provided technical support; warning letters were sent by the Chief of Operations when necessary, and contract penalty clauses were applied to those that were unable to show signs of improvement. The Programme also initiated the preparation of the methodological guidelines for the execution (by private companies) and control (by government

representatives, NGOs, technical partners) of water points construction and rehabilitation in the context of Cameroon.

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

The Programme supported the construction and rehabilitation of 133 boreholes for the benefit of about 74,892 inhabitants of target areas, including communities hosting people affected by the Central African Republic and Boko Haram crises (refugees and internally displaced persons). The Programme has also completed the construction of a small-scale water network connected to a borehole equipped with a solar pumping system for the benefit of 7,500 inhabitants (including 3,500 refugees) of Garga Sarali in Ngoura municipality and the construction of 30 boreholes in the municipalities of Ngoura and Mokolo in the framework of sustainable decentralized management model of water infrastructures. The results of this model will be shared at national level.

The sustainability of access to safe drinking water was addressed through the establishment of 103 water points management committees. Members of these committees, including water pump artisan repairers, received appropriate skills training to ensure fulltime maintenance and community participation. Because of the key role women play in water provision for their households, women's participation in these committees was strongly recommended. Each committee has at least one woman as chair, treasurer or secretary or other influential role in the decision making process. Also, a memorandum of understanding was signed with GIZ for the utilization, duplication and distribution of specific training materials developed by GIZ to support councils, communities, civil society organizations and water management committees to develop an efficient management of water points.

Mayor and technical staff of target municipalities were sensitized and involved in key activities: 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 also to better identify priority communities during humanitarian needs overview/humanitarian response plan 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 corrective measures were agreed to and are being followed-up. Those that were unable to show signs of improvement were penalized and other contracts were simply cancelled.

The Programme also initiated the preparation of the methodological guidelines for the execution and control of water points construction in the context of Cameroon. Borehole construction 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 stimulated evidence-based management.

Additional financial resources are requested to better improve 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 the 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

During 2017, sanitation conditions at household level were improved through CLTS activities in 278 communities, of which 253 (approximately 136,118 inhabitants) were declared open defecation free (ODF). Also, 71 additional communities were declared ODF as a result of CLTS activities initiated in 2016. CLTS scaling up was strengthened through the training of NGOs social workers on CLTS approach and the sensitization of about 144,895 community members on ODF impacts. The ongoing CLTS activities in 25 additional communities hosting internally displaced persons will contribute to the improvement of this result.

Also, C4D tools for the promotion of good water, hygiene and sanitation practices (leaflets, posters, videos, toolbox) were developed and/or updated based on lessons learned from their implementation; they will be used for training of trainers, community sensitization, advocacy and activities at all levels.

Key challenges remain the ownership of CLTS process by municipalities, limited population financial capacity and sustainability of improved latrines constructed by households in target areas. To overcome these challenges, the Programme advocated for the endorsement of national CLTS strategy, including associated methodological guidelines by the government, and its appropriation and implementation by key stakeholders, mainly NGOs, ministries of water and health at the central and regional levels, local authorities.

CLTS is being implemented in a harmonized 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 centres and nutrition centres 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 construction of improved latrines in selected schools and health/nutrition centres. During the reported period, 39 gender sensitive blocks of latrines equipped with hand washing systems were constructed for the benefit of 24 schools (84 teachers and 15,798 school children) and 7 health/nutrition centres (52,660 patients, users and health/nutrition personnel).

Even though these results surpass the Programme target, standards ratios of students per latrine, number of teachers per latrine, number of health personnel per latrine and number of users of health/nutrition centres per latrine are still a concern. Also, many other schools and health/nutrition centres are not equipped with improved latrines in target areas.

It is suggested that the next Country Programme continue to support the Government for the construction of institutional latrines. This requires the mobilization of more financial resources to secure the attainment of results in terms of access to adequate sanitation facilities in schools, health/nutrition centres.

Access to health centres has also been improved in five medical centres of Ngoura municipality (Garga Sarali, Tongo Gandima, Ngoura Central, Ndokayo and Colomine) through solar electrification (including establishment of business centre for mobile phones recharging and hairdressing), and vaccine cold chains equipment.

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 construction activities were monitored on regular basis both by UNICEF WASH teams and regional/departmental delegations in charge of water and also through the production of weekly updates by WASH Officers based Maroua and Bertoua sub-offices. By doing so, delays and obstacles were anticipated and discussions were initiated with construction companies, national partners and the supply unit to agree on ways forward and appropriate solutions.

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 2017, the country recorded 21 cases of suspected cholera (0 deaths), which have not been confirmed by laboratory tests. The Programme contributed to this encouraging result through the intensification of awareness creation and sensitization activities in vulnerable community interventions. This included purchase and prepositioning of soap and water treatment kits. In addition, to improve WASH response to the cholera epidemic, stakeholders of the most exposed regions, health and hygiene staffs of most vulnerable municipalities and NGOs social workers were trained on hygiene promotion, cholera prevention and response.

The agenda for transboundary (Lake Chad Basin) cholera preparedness in border areas, formalization and operationalization of cross-border collaboration was regularly monitored through regional meetings/discussions and reports on epidemiological diseases. The gradual scaling up of the “shield and sword” strategy and its appropriation by the government structures played an instrumental role in controlling cholera 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, improving access to safe drinking water and adequate sanitation services, promoting good hygiene practices and, controlling population movements will help maintain the actual zero prevalence status of cholera epidemic.

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

Analytical statement of progress

The Government has adopted national CLTS and WASH in school strategies. The national water policy was finalized and validated by stakeholders but political endorsement is still remaining. The draft national hygiene policy was reviewed and updated during the reported period and is yet to be validated by stakeholders.

The Programme also facilitated and supported the organization of two WASH Sector bottleneck analysis workshops, the predefinition of WASH related SDG indicators, sector group workshops, the coordination of WASH response to emergency situations at the central (including partnership with IRC for cholera prevention) and sector response in the Far North region, regional and departmental levels and led the WASH sector technical and financial partners group.

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 East and Adamawa regions, the development and implementation of WASH data management and sharing mechanisms (including data collection, database and associated IT equipment) and the prioritization of communities to be targeted in 2018 in the framework of the WASH response to emergency situation in the East, Adamawa, North and Far North regions of the country. To improve knowledge to better adjust interventions, an evaluation of the Programme was conducted.

Furthermore, the climate change issue was addressed in partnership with GWP Cameroon through the ongoing project on WASH infrastructures resilience in the Mayo Tsanaga catchment, including local water saving technologies in schools and health centres.

Inventory activities were delayed due to the low technical capacities of regional water delegations and consulting firms hired to support the process. The Programme has initiated various training sessions and conducted quality assurance activities to validate inventory results. Also government partners were initially reluctant to fully participate in development of strategy and policy documents. The Programme managed to overcome this through advocacy based on evidence during courtesy visits to directors of water resources mobilization, water resources management, health promotion and study, planning and cooperation as well as regional delegates in charge of water and health.

Outcome 4. 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

Based on the preliminary data provided by the ministry of basic education, the values for the two indicators (completion and transition rates) surpassed the target set for 2017 in the education priority zones. Girls' completion rate was 56.8 per cent and their transition rate to lower secondary was 52.6 per cent.

These results were achieved through concerted efforts made by the Government and the partners. Alongside other initiatives, such as the recruitment and redistribution of teachers, construction of classrooms and distribution of textbooks for children in grades 1 and 2, the ministry of education engaged in curriculum reform for basic education in order for it to reflect required learning competencies to meet the knowledge and skills demands of the country.

The key promoting factors for the achievement of these results include the relative socio-economic and political stability prevailing in the country, except for the regions (Adamawa, East, Far North and North) affected by the humanitarian crises caused by the Central African Republic and Boko Haram activities and more recently the political crisis in the North West and South West. The Government's strong will and commitment to deliver quality education for the

children spurred it to source funding from the Global Partnership for Education and other development partners to finance expansion of quality education.

The absence of a reliable functioning education management information system continues to pose a challenge in the tracking of progress in the sector. Furthermore, the engagement of the Government in providing financing for the expansion of education, its budgetary allocation for the pre-primary and primary subsectors remains woefully inadequate to meet this objective, especially in the education priority zone.

A memorandum of understanding is being developed between PAEQUE and UNESCO to address challenges in the education management information system of Cameroon. UNICEF is taking the opportunity of being the coordinating agency of the Local Education Group to lobby the Government to prioritize data and information management and equity and gender issues for children. The Government of Cameroon is also in the process of developing a new proposal to solicit funding from Global Partnership for Education to continue with the implementation of the education sector strategy. The World Bank is also developing a portfolio to support the education sector with a new focus on pre-primary education and emergency response.

The Government and the technical and financial partners have recognized UNICEF's role in the effective coordination and animation of the education sector; hence it was designated the coordinating agency for the local education group. In this role, UNICEF will further strengthen its strategic position in advocating and galvanizing the efforts of the Government and the partners to invest more in equity and gender issues in both development and emergency contexts. UNICEF and partners are seizing the opportunity of the revision of the education sector diagnosis and the alignment of the sector strategy with the sustainable development goals to better position these emerging priorities for children.

The effective coordination and advocacy conducted by partners led to the Government accepting and implementing the curriculum reform, reviewing the textbook policy as well as conducting the first ever nationwide assessment for children in grades 2, 4 and 6 to determine their competency levels and to build on it for the evidenced based reforms that are on-going. Despite the active advocacy carried out, the Government still not live up to its expectations in terms of providing adequate financing for the education, especially the pre-primary and primary sub-sectors. There is the need for partnerships and collaboration to get the Government to act on its mandate.

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

Analytical statement of progress

Forty community-based preschools (CBP) received support in the form of kits and training of animators. This followed the sensitization and mobilization exercise that was conducted to raise their awareness on the importance of early start for children. Results surpassed targets for the reporting period; 1,339 Baka children enrolled and successfully completed the school year. Though there are 357 primary schools in the Programme intervention zone, only 131 have some elements of child-friendly schools, notably water points and separate latrines. In supporting evidence-based advocacy and planning, the Programme launched; the Out-of-School Children Study; stock taking on the implementation of the 'Catch up Programme' for children who dropped out and have the desire to return; a survey on communities' knowledge, attitudes and practices on the education of girls; and the evaluation of the 2013-2017 Education Programme.

These results were achieved through the pursuit of strategies that include partnerships and synergies with other UNICEF sectoral programmes, political will of the Government, constructing and equipping CBPs and communities' commitment to support. UNICEF signed a programme of cooperation agreement with three non-governmental organizations – Adventist Development and Relief Agency (ADRA), Catholic Relief Services (CRS) and Plan International – that supported community mobilization and sensitization towards establishing preschools. The Government's will in disseminating the guidelines and supporting set-up of CBPs contributed to the achievement recorded.

However, the low commitment of the decentralized structures and the weak financial position of communities constitute major challenges that prevent effective operationalization of the community-based preschools guidelines. The communities are constrained in their capacity to effectively manage the preschools. Though the indicator on Baka children was overachieved, the lack of a comprehensive package of social services put in place to holistically address children's needs limits the impact of the education interventions on their development.

In addressing some of the obstacles identified, UNICEF and the Government organized joint missions to the zones of interventions to gain deeper understanding of the challenges and together make concrete recommendations on how to address them. UNICEF continued advocating with the Government and other partners such as the World Bank to mobilize resources and promote synergy to strengthen the implementation of the community-based approach for preschools.

Building on the evidence-based advocacy strategies, the Programme, with technical support from the partnerships, advocacy and communication (PAC) unit made a documentary on Baka children. With the studies mentioned earlier, this product will be used as an advocacy tool to promote equity and engage partners in holistic rights-based programming for girls and other vulnerable children.

Due to the bottlenecks facing the education of girls and vulnerable children in the poorest households, effective change in community behaviour for enrolling and maintaining them in school requires long term and intersectoral approaches. The Programme is working closely with the social protection and inclusion section in developing a safety net strategy on addressing the needs of the vulnerable in the zone. The package strategies includes cash transfers for parents who enrol and maintain their children in school.

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

Analytical statement of progress

During 2017, the Programme rolled out a model on in-service training and pedagogical supervision. The anticipated result of this initiative is improving classroom practices of teachers. Out of 1,484 teachers, 2,611 (pre-primary and primary) received training and benefited from pedagogical supervision. These results surpassed targets by 45 per cent; 446 schools against the target of 320 received learning kits, benefiting 107,921 children. These kits included tools for early childhood development, recreation, School-in-a-Box and picture cards for early grade learning. Of 100 primary schools targeted, 61 developed school improvement plans with the involvement of their school management committees. A team of 40 master trainers was trained

within the framework of the community-based preschools and subsequently developed a guide for down-streaming training.

These results were achieved with the support of the two Ministries in charge of education (primary and secondary) in the country. Positive partnerships established with NGOs (Plan International, ADRA and CRS) made it possible for them to engage with schools and communities to develop school improvements plans (SIPs) aimed at providing safe and protective learning environments for children. The role played by UNICEF and the commitment of the two ministries in addressing the quality question spurred them to work together to roll out the package of in-service teacher training and pedagogical supervision. This model was simulated in the field to test its functionality and a training of trainers' workshop was conducted for 52 master trainers. In the East, 236 pedagogical actors were trained on the package.

The bottlenecks identified include: relatively weak capacity of communities and schools to mobilize the needed financial resources to support the implementation of equity focused SIPs, weak pedagogical capacity of preschool animators and difficulty in tracking improvements in teachers' pedagogical practices.

To address these, the Programme with its partners will utilize lessons learned during the year to guide future programming. With support from UNICEF, the Ministry of Education has developed a tool for pedagogical supervision to track teacher classroom practices for improvement. In addressing the capacity challenge, UNICEF supported the Government to develop preschool pedagogical tools that are being piloted in CBPs in the ZI.

The development of SIPs in the context of humanitarian and regular Programme remains challenging and needs complementary actions to ensure effective implementation to achieve the desired results for children. The 2018-2020 Programme will tackle this through strengthening community-based structures to mobilize resources and participate in the development and management of schools.

During the year, the Programme supported the Ministry of Basic Education to develop and document sample pre-primary and primary school lessons integrating key thematic on the Sustainable Development Goals (SDGs) for the 2017 World's Largest Lesson (WLL) conference. Twenty-five pedagogical actors were introduced to the SDGs and assisted to develop lessons integrating themes on them. These were practically delivered by the teachers in their schools, raising their awareness and making them feel associated with the SDGs. These lessons were posted on the WLL website to demonstrate the efforts Cameroon is making towards localizing the goals.

Output 3. Sector actors are better equipped to prepare and respond to emergencies in accordance with the standards of education in emergencies context.

Analytical statement of progress

Some 124,415 pre-primary and primary school children (60,963 girls) affected by the Boko Haram and the Central African Republic crises accessed quality education during the year. About 77 per cent of these children benefited from individual learning kits (bags containing assorted learning materials) and the remaining were aided by the collective early childhood and recreation kits that were distributed to the schools. Compared to the target, the Programme result for teachers trained in psychosocial support and C/disarmament, demobilization and reintegration is overachieved by 88 per cent; about 97,890 children were reached.

About 81.2 per cent of children who attended classes in the temporary learning and protective spaces successfully passed the end of year examinations that qualified them to integrate into host schools.

The Programme is still monitoring and gathering detail information on the 33,000 children who were said to be not attending school due to the Anglophone crisis in the two regions of North West and South West. Because of the seeming invisibility of these children, the Programme was not able to provide any response for them.

The active role played by UNICEF Cameroon in revitalizing and coordinating the education in emergencies working groups at both national and regional levels galvanized the efforts of the Government and other partners (ADRA, CRS and Plan International) in responding more effectively to the humanitarian situation in the affected regions. In the districts hardest hit by Boko Haram activities, the solid presence of decentralized structures facilitated the implementation, monitoring and reporting on results.

Internal collaboration created with PAC, C4D, child protection sections and technical support received from UNICEF West and Central Africa Regional Office, helped in the roll out of innovative projects benefiting children in these areas. With technical support from PAC, the 'Connect My School' project was piloted in selected schools in the East, Far North and Yaounde exposing beneficiary children and teachers to the use of internet technology to enhance knowledge acquisition. The radio education programme was also implemented in the Logone and Chari, Mayo Sava and Mayo Tsanaga divisions targeting out of school children with safe and protective messages.

Underlying these results were some challenges that needed to be addressed. These include insufficient funding, inaccessibility of some areas in the Far North region due to Boko Haram activities, limited capacity of host schools and tracking of the integration and attendance of children. To deal with the shortfall in funding (49 per cent), the Programme, with support from PAC, developed concept notes on key themes for marketing and resource mobilization. The issues of insecurity and inaccessibility were addressed through collaboration and reliance on decentralized structures to implement and report on results. UNICEF and UNHCR are supporting the construction of additional classrooms while advocating with the Government to expand the capacities of host schools including teacher allocation to absorb more children that graduate from the temporary learning and protective spaces.

A key lesson learned for the Programme is that, harnessing and strengthening UNICEF programmatic synergies and external partnerships boost implementation and achievement of results for children. It has also been demonstrated that developing and participating in regional and global fund raising initiatives increase the chances of accessing more resources for humanitarian action for children.

Outcome 5. By 2017, children are better protected against violence, abuse, expulsion and neglect.

Analytical statement of progress

The civil registration and vital statistics reform with its five years (2018–2022) costed plan was adopted in June 2017 as a result of three years of intensive advocacy and technical support in the framework of the Pan-African Initiative African Program on Accelerated Improvement of Civil Registration and Vital Statistics through a participative and consultative approach with the

contribution of all concerned ministries, including the national office of civil registration, the ministry of territorial administration and decentralization, ministries of health, justice, foreign affairs as well as technical and financial partners.

The national steering committee was put in place to spearhead the process of comprehensive evaluation and development of a costed plan. Advancement in the area of civil registration shows that where political will exists, progress moves fast and it is reflected in financial commitment too. However, areas which do not constitute government priorities remain slow in making progress. An example is the Child Protection Code, which had been drafted in 2006 but is still pending, now the decision being to include it in the Civil Code. The national policy on child protection was developed between 2016-2017 (with the objective to provide a framework in the current vacuum around child protection), but its validation is still pending.

Coordination of child protection has gradually taken off under the leadership of Ministry of Social Affairs (MINAS). A mechanism to make it more actions and results oriented needs to be put in place on the example of the coordination in the Far North region. Following a workshop on indicators and monitoring, MINAS established indicators for vulnerable children, tools for case management and monitoring services for child protection. The system is being implemented in the district of Yaounde 2. The study on social norms on child marriage was completed under the leadership of the Ministry for the Promotion of Women and the Family and the report is under finalization. Results will be used for developing the communication strategy for social change in 2018.

The handover protocol for children suspected of association with armed groups and forces was finalized, pending signature. Nevertheless, following strong advocacy efforts, 25 children suspected of association were able to be released from the Maroua prison. Efforts to provide child protection responses in conflict-affected areas in the Far north region continued to be important. Priority child protection issues relate to increasing numbers of: displaced children needing psychosocial support; separated and unaccompanied children; children used as human bombs; children arbitrarily detained; children exposed to a host of other violations.

In the Eastern region the child protection needs continued to be great but this was not translated into corresponding funds, which prevented the Programme from supporting the required interventions. There was a lack of dedicated child protection staff; child protection staff was hired during the peak of the Central African Republic crisis, however staff presence was irregular due to funding gaps. This had an impact on ensuring participation to the different coordination instances on protection.

The recruitment of a national child protection officer during the second half of 2017 contributed to a redefining of UNICEF's role in child protection and in its relationship with other partners. The final closure of the long-standing direct cash transfers with the eastern delegation of social affairs has also reopened the opportunity to plan for the next Programme cycle. Advocacy with donors and funds mobilization efforts were conducted in partnership with the partnership, advocacy and communication (PAC) section to make the child protection needs in the East more visible, which will hopefully materialize in 2018.

A key strategy of the child protection programme was testing/modelling at the decentralized level, to inform national level reflection and policy development. This was done for the Civil Registration Reform and for child protection services and policy development. At the decentralized level, the Programme, under the leadership of National Office of Civil Registration and in partnership with the Ministry of Territorial Administration and Decentralization (MINATD),

and the Ministry of Health finalized the conceptualization of a model of interoperability between health and civil registration systems to increase birth registration in two health districts in the East and Far North Regions. Implementation will start in 2018 including the use of mobile technology.

In the district of Yaounde 2, the implementation of the decentralized child protection system model started by delivering services through two social centres and two civil society organizations. Youth are active participants in the system and are being mobilized through the U-Report platform.

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 two regions (EN, ES).

Analytical statement of progress

Where policy framework for child protection remains limited MINAS showed increased commitment through the development of the National Policy on Child Protection. While the policy is waiting for political validation, MINAS has recognized the importance of developing in 2018 a costed action plan, which will clearly define how to improve the weak child protection services, including community-based actors (investments from the central level are unlikely to increase). Coordination of child protection remains challenging at national level.

The national coordination platform has gradually taken off, however its functioning mechanisms need to be re-discussed to guide strategic reflection and response delivery. The validation of the Child Protection Code (now proposed to be included in the Civil Code) is still pending despite constant advocacy, including recommendations from the Convention on the Rights of the Child Committee in Geneva. At decentralized level, the implementation of the child protection model started in Yaounde 2 district in partnership with MINAS, the Ministry for the Promotion of Women and the Family, civil society, and traditional chiefs. All stakeholders (social affairs, justice, health, police, education, community-based organizations and local collectives) were convened, under the leadership of MINAS, in technical workshops to agree on how to work at decentralized levels.

The proposed system was launched in the district of Yaounde 2, and it includes two social centres, one centre for the promotion of women, two civil society organizations, community-based structures and traditional leaders. The aim was and will continue to be for the new Country Programme to deliver response and prevention services to vulnerable children, particularly victims of violence and exploitation.

Partnership with these structures was established and results so far include: training of 30 peer educators on sexual abuse in order to sensitize young girls and boys in secondary schools; training of 15 community agents to go round the various quarters of Yaounde 2 district for sensitization; capacity building for the benefit of social actors for them to carry on activities related to the prevention and response to violence/abuses; realization of communication tools; training of 125 community leaders who will be responsible for increasing awareness on the magnitude of violence and informing communities on the importance of preventing and responding to it; training of 30 U-Reporters.

A data collection and monitoring system for vulnerable children and service providers is under development. Data collection and case management tools are being developed and tested in Yaounde, Maroua and Mokolo. Revision is ongoing. Through the Division for Planning in

MINAS, a mapping of all child protection actors in Yaounde 2 district is ongoing, which aims is to produce a service directory for vulnerable children in the selected areas.

Specific tools were developed by the same ministry in partnership with UNICEF, which will facilitate collection of information on the different structures, including services provided, human resources, children who benefit from the services provided, infrastructures and other facilities, referral system if any and partnership developed with other structures. This will open future work on establishing harmonized standards for child protection services – work which will be pursued during the next Programme cycle.

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

The issue of children suspected of association with armed groups and their protection was a key priority throughout the year, absorbing all efforts and collaboration with the Ministry of Justice. Because of this priority and because of lack of dedicated staff, justice for children was addressed only in relation to this priority. The use of children, particularly girls, as suicide bombers continued to be a major concern throughout 2017. Because of the initial lack of clarity of the law (No. 2014/028 of 23 December 2014) on the suppression of acts of terrorism, a number of children were detained in the Northern Regions. The law was finally revised in mid-2017, clearly excluding children from its provisions and imposing referral of all cases of minors to the juvenile system procedure.

As a result of constant advocacy and capacity building of Ministry of Justice, Ministry of Defense, Police and Gendarmerie, Ministry of Local Administration and Decentralization, 38 children (4 girls and 34 boys), who were suspected of association with Boko Haram were released from Maroua prison and reintegrated with their families. The reintegration process took place in partnership with the Regional Delegation of Social Affairs, and social workers from the NGO partner ALDEPA.

UNICEF supported the Ministry of Justice with partners from the Ministry of Defense in analyzing domestic laws to accelerate procedures for the release of all children arbitrarily detained under the suspicion of association with armed groups. After more than two years of advocacy and technical support, the Handover Protocol for children suspected of association with armed forces and groups was developed. The process for its development included all key ministries involved, with MINAS and Ministry of Justice as key ministries.

The protocol was developed in both official languages, French and English, and it is pending signature. Considering that different measures were implemented by courts to release children (for example, 24 children were released under the procedure of *habeas corpus*) the signature of the protocol remains a priority to guide future actions.

The implementation of juvenile justice and access to justice by victims became increased in priority in 2017 in light of the deteriorating crisis in the English-speaking regions. Because of security pressure, the risk that children will be detained arbitrarily remains high and stronger partnership with the Ministry of Justice will be established in 2018.

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

Analytical statement of progress

Finalization and adoption of the five-year costed national strategy on civil registration required extensive consultations with different stakeholders, including Ministry of Territorial Administration and Decentralization (MINATD), National Office of Civil Registration (BUNEC), Ministry of Health, Ministry of Justice, National Statistics Institute, WHO, UNHCR, EU, GIZ, the World Bank). High level advocacy was carried out with the General Director of BUNEC, SG of MINATD and key MPs, which led to the final adoption of the plan in July by the Steering Committee headed by the Minister.

The EU-UNICEF project “Towards Universal Birth Registration in Africa” is in full implementation with all key stakeholders (BUNEC, MINATD, Ministry of Health, National Statistical Institute, Ministry of Justice and NGOs) in two targeted zones in the East (health district Betare Oya) and Far North (health district Mokolo), where birth registration rates are the lowest. Technical support was provided for revision and propositions of alignment of national civil status laws with international standards, and establishment of baseline and formalization of birth registration process with clearly defined roles and responsibilities of each service.

The baseline survey, conducted by BUNEC with UNICEF support, showed that birth registration is much lower in the selected areas than at regional level (19 per cent in Betare Oya). While the survey revealed that causes of low registration vary from cultural to institutional ones, one major obstacle is lack of collaboration between health and civil registration. The model facilitates greater interoperability between the two sectors in order to increase the birth registration rate of the most vulnerable children both born at health facilities and at home.

Partnership with a national NGO with expertise in broadcasting films in isolated villages and facilitating community debates was established to raise awareness and stimulate demand for birth registration. A 30-min fiction movie on birth registration was finalized and broadcasting will start in 2018 in East and Far North regions including two zones of the EU-UNICEF project.

Birth registration was one of key themes in the forums of governors that took place in South Region in September and in department of Logone-et-Chari in the Far North in July. Decision makers from central level, local administrative authorities as well as traditional and religious leaders took part in the forums. The event was important for sensitizing key stakeholders and it should be further developed in 2018 in order to make actors accountable for birth registration in their own communities.

Birth registration in the humanitarian contexts became a priority: many children, due to the lack of a birth certificate, are at a risk of being detained and may face criminal charges. Thanks to an alternative procedure for birth certificates for displaced and returnee children – which is being implemented with the Ministry of Justice, district delegation of social affairs, health, civil registrar and justice actors – 369 birth certificates are in the process of being established. As a measure to address one of the many bottlenecks in obtaining the birth certificates, UNICEF supported distribution of 14,385 already-existing birth certificates to children in the Far North.

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

Child protection humanitarian coordination in the Far North continued to be led by UNICEF and the Regional Delegation of Social Affairs. UNICEF is progressively handing over the lead to the delegation by providing technical and strategic support. Regular bi-weekly meetings are being held in Maroua, Kousseri and Mokolo. Harmonized Guidelines for establishing roles, responsibilities, and monitoring of child protection community based mechanisms (CPCBM) were adopted. Harmonized guidelines and tools for the identification, training and monitoring of temporary foster families for the care and protection of unaccompanied children were developed and validated by the child protection working group.

Important results were achieved around psychosocial support: as of November, 112 per cent of the targeted population of children affected by Nigeria crisis benefited from psychosocial support. The 18 newly established CPCBM and 19 reactivated ones across the Far North have provided psychosocial support to 75,903 children (34,235 girls and 41,668 boys). Interventions in Minawao camp continued through UNICEF implementing partners, however, the focus for 2017 was on internally displaced persons and returnees because of the changing context and security challenges. As a consequence, child protection social workers and animators were progressively deployed from the camp to high-risk areas such as Kolofata, Fotokol and Kousseri.

Identification and documentation of unaccompanied and separated children continued and as of November 2017, 89 per cent of the annual target was reached with 2,044 unaccompanied and separated children identified (806 girls and 1,238 boys) and benefiting from individual support and follow-up. Efforts to increase reunifications improved compared to 2016, though achievement remains too low compared to the annual target. Some 284 unaccompanied children were reunified with their families (38 per cent of annual target).

The main challenge was difficult field access in remote unsecured areas where reunification would not be in the best interest of the child. Some 245 Cameroonian children (125 girls and 120 boys) who were held by Boko Haram and returned in Cameroon to their families received psychosocial and psychological support through UNICEF implementing partners while waiting to be relocated to a safer site by the Government. UNICEF is monitoring the situation closely and coordinating with protection actors to ensure that the rights of these children are respected.

In the East, child protection response remained deeply underfunded throughout 2017 and as a consequence partnerships were cancelled. Achievements were limited to only 2 per cent of the targeted number of children benefitting from community-based psychosocial support (776 children: 376 girls and 400 boys). Some 327 unaccompanied and separated children (141 girls and 186 boys – 65 per cent of the annual target) were identified and benefitted from individual support and follow-up through UNICEF implementing partners.

Output 5. By 2017, leaders of community-based social groups, families and adolescents are committed to and take ownership of the behavioural practices of WASH, Protection, Health, Nutrition, HIV, and Education, including in emergency zones.

Analytical statement of progress

The study on social norms on child marriage was completed; DHS in-depth analysis, qualitative data collection, data analysis and initial results were presented to the National Platform on Child Marriage, headed by the Ministry of Women's Empowerment and the Family. The final report is being completed. The process of the study, which was technically guided by the University of

San Diego in California and the London School of Hygiene and Tropical Medicine, was a new learning opportunity for all partners around the platform and the University of Yaounde on how social norms change over time and differ between communities.

The study has taken longer than expected due to several factors including identification of data collectors who could speak the local language, translation of survey tools in four different languages (in order to have a degree of representation in the selected communities) and translation of results. Results will provide the basis for developing a strategy and communication plan including C4D tools. UNICEF has continued to engage the youth through innovative strategies such as U-Report, which was tested for gathering opinions on child marriage. Child marriage was included as a key theme in the forums of governors which took place in different regions including Far North, North, Adamawa, East, Centre, South, West and Littoral.

Traditional leaders and administrative authorities participated in the forums. As a result, a strong and sustainable partnership was built between services and influencing personalities around issues concerning children including those related to child protection. Key actors of the various regions showed their commitment to contributing to the improvement of the indicators concerning the situation of children. Implementing mechanisms were put in place and a work plan was elaborated. These events represented an important occasion to sensitize key stakeholders and partnerships will be built for the next Country Programme. The established multisectoral platform on child marriage was gathered irregularly due to the limited leadership of the Ministry of Women's Empowerment and the Family.

Outcome 6. By 2107, sectoral and local policies take into account equity and social protection for children and women.

Analytical statement of progress

Added to the three sectoral strategies (education, health and social services) finalized in 2016, two other key policies (the National Social Protection Policy and the National Water Policy) were finalized in 2017. Equity, gender equality and human rights-based approach principles have guided the formulation of these documents and are deemed to meet the social needs of the most vulnerable populations. Specific equity and gender gaps were identified through in-depth bottleneck analyses of access of marginalized and other underserved groups— in particular children and women –to essential social services in health, education, protection, water and sanitation.

High-level advocacy led to the recognition of social protection as a valuable instrument to reinforce social cohesion and promote equity. Prior to Programme intervention, social protection initiatives and measures were not structured and lacked coordination among actors. The National Social Protection Policy (NSPP), finalized in December, seeks to bring together all initiatives currently underway in the Growth and Employment Strategy Document that aim to address risks, vulnerability, lack of capacity and chronic poverty. This policy takes into account the needs of all types of vulnerable populations: people with disabilities, children with special needs, women of all ages facing various deprivations, out-of-school adolescents or teenagers not enjoying a decent medical care and elderly living in a precarious situation.

The formulation of this policy was fully participatory under the leadership of the Government. To address the great diversity of the country, other key actors, such as decentralized entities and other regional and local actors, technical and financial partners, private sector and civil society

organizations took an active part in the process. UNICEF actively supported the development of the National social protection policy, which is sensitive to child rights.

To gather other partners' support for the development of these policies and strategies, UNICEF organized a series of meetings with the United Nations Country Team, the World Bank and the bilateral partners of Cameroon. During these meetings, UNICEF presented the main expected results of such strategies and their impact on the most vulnerable, particularly children and women, and advocated for the full participation of all the concerned partners.

Difficulties faced during the elaboration processes were due to the lack of a common understanding of the expected policies and strategies. UNICEF supported the Government to overcome such difficulties by reinforcing the capacity of stakeholders.

Due to the partnerships between government institutions, technical and financial partners (including UNICEF) and international NGOs, the number of children covered by the existing social protection mechanisms continues to rise. Several ministries are running social protection programmes: Social Affairs and Women runs family empowerment for children with special needs; the Ministry of Health offers free malaria treatment for children less than 5 years old and free antiretroviral treatment, including for children; the Ministry of Basic Education abolished school fees and the Ministry of Planning runs a social safety nets project. All of them have developed programmes targeting children.

The social safety nets project has just launched its second phase, which broadens its scope of interventions in the emergency areas, taking into account the displaced children or children living in the host communities (as in the Far North Region). These social protection programmes serve more than 4.2 million children. However, a large number of children do not access these programmes, due to financial barriers along with technical and logistical factors.

Despite difficult economic and financial situations, social public spending in education and health increased in 2017 to some (USD 0.14 billion) (75 billion CFA) and represents 18.7 per cent of the total expenses of the State, compared to 17.5 per cent in 2016. This increase in social spending concerned essentially the education sector, health spending having declined slightly in 2017 (representing less than 5 per cent of the state budget, far from the Abuja Declaration).

Nevertheless, health spending per capita increased slightly, from US\$46 in 2012 to US\$48 in 2017, which places Cameroon in the average of lower middle-income countries. Social protection expenditures (pensions and subsidies excluded) are estimated – on average over the period 2012-2017 – at 3.5 per cent of the state budget. They represent approximately 1 per cent of the 2017 GDP, up from 0.57 per cent in 2012. Besides increasing social budgets, the challenges for Cameroon remain to improve access and quality of services and to increase spending efficiency in the social sectors.

Output 1. By 2017, equity-based evidences are produced and taken into account in the revision of the Growth and Employment Strategy Document.

Analytical statement of progress

The expected result was to generate as much evidence as possible to convince national stakeholders about the critical importance of putting in place an articulated social protection

system. Three main studies were carried out to generate data about child deprivations and to foster a social protection agenda with government authorities.

The situation analysis of children and women, based on a lifecycle approach, identified key vulnerabilities and analysed bottlenecks that deprive children of their rights. In the same vein, a multidimensional child poverty analysis (MODA) identified children experiencing several deprivations simultaneously and defined the economic, geographic, institutional and cultural determinants that govern children's exposure to multidimensional poverty.

The MODA study revealed that more than two out of three children suffer from at least three simultaneous deprivations; the area of residence and parents' education are key determinants of child deprivations. Low access by vulnerable populations, (particularly children and women) to basic social services is often due to a lack of functional and well-coordinated social protection mechanisms.

UNICEF has supported the Government to diagnose social protection in 2017. This study reviewed existing social protection mechanisms and programmes and analysed existing discrepancies and coordination ineffectiveness. This diagnosis disclosed the existence of dispersed uncoordinated and unpredictable social protection programmes, covering a small segment of the population.

The universal coverage health insurance is yet to be put in place. People are still striving to pay for health expenditures at their own expenses. The formal social security system serves less than 12 per cent of the total population. Informal and rural sectors are still weakly covered. The indirect social transfers' mechanisms are often ineffective (for example, free costs in primary education, free treatment of malaria for children under 5 years old). The traditional and informal mechanisms providing social protection initiatives need to be strengthened.

Hence, the need to have a National Social Protection Policy which brings together initiatives and programmes implemented by different ministries. The three studies, piloted by the Government with the support of UNICEF, have facilitated the development of a holistic and integrated national social protection policy. Data were shared with all partners to nurture gender- and equity-based strategies and policies.

Output 2.By 2017 Cameroon has a social protection strategy document taking into account the needs of the most vulnerable children and women.

Analytical statement of progress

UNICEF was instrumental in the development of the National Social Protection Policy (NSPP), through an intensive advocacy and policy dialogue. A series of meetings were held separately with the social ministries at technical and political levels. During a meeting chaired by the Ministry in charge of Planning, UNICEF presented the main evidence (poverty stagnation, inequalities increase and lack of social protection mechanisms) and advocated for the development of a national social protection policy, which will allow Cameroon to better protect the most vulnerable populations. At the end of this meeting, all ministries agreed to the development of such a policy.

The first step was to make a social protection sector diagnosis. The objective was to review existing social protection mechanisms and programmes and analyse their drivers and bottlenecks along with discrepancies and coordination ineffectiveness. The main results of this diagnosis (including dispersed uncoordinated and unpredictable social protection programmes,

weak coverage of social security and health insurance, ineffectiveness of indirect social transfers' mechanisms, small scale of direct social transfers programmes) were used to define the NSPP axes. They guided the accompanying measures of this policy and its coordination mechanism.

A strategic partnership was developed with ILO, the World Bank, IMF and other United Nations agencies. ILO focused mainly on the contributive aspects of social protection (social security, health insurance) while the World Bank supported the social safety nets parts. UNHCR highlighted the importance of shock-responsive social protection to address refugees and displaced persons' vulnerabilities.

The NSPP document puts special emphasis on equity (improve targeting of the most vulnerable groups reinforcement through analytical database) and gender equality (reinforce economic empowerment support measures for vulnerable groups, especially women).

The NSPP was developed in a participatory manner which included several meetings at the central level and a series of regional workshops. This participatory process allowed a full commitment of national and regional actors, including the decision-makers. It is expected that it will secure a high level of commitment during the implementation phase.

The main difficulty was bringing together national and international partners. To overcome this challenge, thanks to UNICEF advocacy, a national committee was created involving all the concerned partners. Moreover, a strategic partnership on social protection was developed with the World Bank, ILO and other United Nations agencies. Two other difficulties were faced during the development process: lack of a common understanding of social protection and need to agree on a coordination structure for social protection.

To overcome these issues, UNICEF supported the capacity reinforcement of national partners in social protection and in the segregation of responsibilities. Thanks to these workshops, national partners developed a common understanding of social protection and agreed on a coordination structure for social protection. The Government plans to endorse politically and begin the implementation of the NSPP during the first weeks of 2018, with the support of technical and financial partners, including UNICEF.

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

A rapid assessment conducted during meetings, missions and contacts with central and local partners revealed an urgent need for their training on the key social inclusion concepts. To address these knowledge gaps, a capacity building plan was developed focusing on three social inclusion themes: public finance for children (PF4C), child multidimensional poverty and social protection. The three areas were prioritized in collaboration with our partners taking into account the capacity gaps in social inclusion domain.

A series of capacity-building trainings on PF4C was conducted with participants representing central, regional and local actors along with civil society representatives. A total of 110 actors from central, regional, local and civil society levels were trained. More than two thirds of these actors (74) were involved in the preparation of 2018 state and local budgets and will use the acquired knowledge to improve the budget of their entities.

Another series of trainings concerned the multidimensional child poverty analysis. The final report of the study on child poverty supported by UNICEF in 2017 was used to develop the training modules and develop the capacity of 106 actors from local, regional and central levels. Actors trained are implementing recommendations developed during the capacity-building workshops. Sectoral notes (health/nutrition, WASH, birth registration) were developed at central and regional levels taking into account multidimensional child deprivations.

In partnership with FEICOM (Special Council Support Fund For Mutual Assistance), capacities of 15 municipal actors were strengthened in social protection and social transfers. During these sessions, UNICEF advocated for the introduction of social protection interventions, in particular social transfers, in the Municipal Development Plans and Budgets. Council members trained are more conscious of the role that councils have to play in the reduction of vulnerability in their municipalities. They are aware that social protection is key for this purpose. FEICOM is also more conscious of the municipal funding needs in social protection. UNICEF will build on this in 2018, to develop a memorandum of understanding with FEICOM to support the vulnerable municipalities to mobilize funds to finance social transfers programmes.

The central and regional actors trained in these three areas have utilized the training outputs to contribute actively in the development of the national social protection policy and to update the mid-term expenditure framework of their respective sectors. Locally, the trainings – combined with specific missions to monitor the municipal development plans and budgets – were utilized to better implement the municipal plan and budget, with equity lenses.

Document center

Evaluation and research

Title	Sequence number	Type of report
Evaluation Du Programme WASH Unicef Cameroun 2013-2016	2017/001	Evaluation

Lessons learned

Document Type/Category	Title
Lesson Learned	Community-based strategy for cases finding of HIV-positive children, adolescents and pregnant women in Garoua 1, Guider and Pitoa health districts in Cameroon

Programme documents

Document Type	Title	Name
Country Programme Document	Country Programme Document 2018–2020	2017-PL3-Cameroon CPD-EN-final.pdf
Country Update	Analyse de la situation de l'enfant au Cameroun	SitAn_2016.docx