

Republic of Cameroon

Part 1: Situation update in the country

The Cameroonian population in 2018 was estimated at almost 23.8 million people: 52 per cent under 18 years old; 51 per cent women and 55 per cent urban. These numbers challenge the Government of Cameroon and development partners as social investment is insufficient to meet growing demand. The limited technological development in the country has kept agriculture dependent on rains, especially in the northern regions home to more than half of the vulnerable children in the country. Tightened economic opportunities in rural areas, especially for young people, has accelerated a rural exodus to urban areas where informal sector work does not allow families to earn a decent living. Bridging the gaps of the existing economy and infrastructure is critical.

The state house elections held in 2018 renewed the incumbent's term in office and the continuation of state affairs and political vision of national development. The recent cabinet reshuffle signed-in new ministers, notably in the ministries involved in UNICEF Cameroon country programme implementation. Though challenging for some established working relations, the impetus expected from new appointees is an opportunity to advance children rights through Sustainable Development Goals' strategic advocacy. The recently created ministry in charge of local development and decentralization is an opportunity to reinforce UNICEF programmes influence at the local level and serve children more effectively.

According to the International Monetary Fund, economic growth moved from 3.2 per cent (2017) to 4 per cent (2018) due to slight increase in prices of exportation products such as crude oil, cocoa and coffee. This growth, however, was not absorbed by youth unemployment and the share of informal sector.

As a middle-income economy with important natural resources and a growing debt which is 38 per cent of gross domestic product (GDP), budgetary resources have not sustained social investment compatible to demand. Emerging challenges, such as threat to national security, territorial integrity and peace keeping in neighboring Central African Republic, have shifted public budgetary allocation in favor of military expenditures and infrastructures such as hydroelectric dams, bridges and roads. The UNICEF Cameroon country programme is reinforcing government capacity (central, decentralized and local levels) to allocate funding to social sectors.

In health, education and social protection, Cameroon is still below the recommended benchmarks of African Union and other international fora. UNICEF Cameroon provides multidimensional support to the Government in favor of effective public finance for children in the country. In budget management governance, UNICEF is supporting four government ministries to conduct Public Expenditure Tracking Surveys. Evidence generated will enable decision-makers and parliamentarians to challenge budgetary allocation and allocate public funds according to demand, notably for children.

According to United Nations Inter-Agency Group, child mortality rates are falling in Cameroon. Nonetheless, the reduction pace slowed-down from four to two percentage points annual average in the past four years. If appropriate actions are not taken, child mortality may rise again. UNICEF Cameroon is striving to accelerate immunization coverage, water supply and the fight against malnutrition with focus on stunting, especially in the four most vulnerable regions (East, North, Adamawa, Far-north). Progress in these priority domains will maintain and accelerate the pace of under-five mortality reduction. Within this framework and in collaboration with the Ministry of Health, UNICEF launched the “kangaroo method” aimed at reducing premature neonatal deaths and addressing malnutrition.

According to Ministry of Health administrative reports, immunization coverage has decreased over the past three years nationwide, with Penta3 dropping from 85 per cent (2017) to 78 per cent (2018). Poor cold chain management and socio-cultural adverse beliefs and rumors are factors. Nearly one million children under a year old are still deprived from vaccination. Since supply and cold chains are the most significant bottlenecks, UNICEF is advocating for solar-powered fridges to be allocated to the most vulnerable regions that bear two-thirds of the nation’s burden of unimmunized children. Strategic alliances are being built with civil society actors and traditional rulers to work with household-demand bottlenecks.

Since 2014, UNICEF Cameroon has worked with integrated approaches such as HIV in nutrition, education in protection and WASH in nutrition. In humanitarian response, joint approaches were more effective and had value-for-money. Within the framework of HIV-in-nutrition, community-active case finding identified 2,359 malnourished HIV-positive children who were then enrolled and maintained under treatment. Since then, malnourished children are systematically tested for HIV when taken to hospital.

In response to the open-defecation situation, UNICEF Cameroon advocated and provided technical support for the development and endorsement of the national sanitation policy. This policy provides a comprehensive framework for integrated and sustainable solution to sanitation problem in Cameroon. As recommended by the evaluation of UNICEF-supported interventions in WASH sector, a thorough assessment of technical and managerial capacity of enterprises involved in construction works of WASH infrastructure was conducted and response plan endorsed.

UNICEF supported the Government in response to cholera outbreaks in the North and Far-

north. With the surveillance measure put in place during the past programme, the outbreak was quickly brought under control: 1,022 cases were detected and 46 lives were lost over about 700,000 people.

Children living in the most underserved areas, notably girls (53 per cent), are deprived of education. The national study completed in 2018 revealed that 28 per cent of five year olds, 14 per cent of six to 11 year olds and 17 per cent of 12-15 years old are out-of-school. Results of this research are helping to identify policies to bring all eligible children back to school in urban and rural areas. Also, Cameroon adopted the 'safe school declaration', though it's not yet fully implemented nationwide.

In birth registration, the Government started a reform as recommended by the African Union with the support of UNICEF, United Nations Development Programme, European Union and German Cooperation. In the northern regions, about 40,000 children are at risk of not writing primary school exams because they lack a birth certificate. While continuing to advocate, UNICEF Cameroon is helping communities and families with their cases to be heard by competent judicial authorities. Over the reporting period, more than 10,000 children were registered with UNICEF's support. Work on the inter-operability between the health system and the civil registry will continue to ensure systematic and timely registration of all births that occurred in health milieu.

Respondents to a U-Report poll on drug consumption in the school milieu revealed that pupils (18 per cent males/ 29 per cent females) consume drugs within and without school milieu. Common drugs include alcohol (65 per cent female/57 per cent male), marijuana (5 per cent female/17 per cent male) and tramadol (8 per cent female/ 6 per cent male). Drug consumption is most often associated to the following practices: unsafe sexual intercourses (22 per cent), sleep in class (32 per cent), violence (18 per cent). Violence and notably gender-based violence and drug consumption are emerging challenges for youths. Response to the issues has been limited to public condemnation by public authorities and leaders of the civil society.

The absence of a national social safety net, the high burden of health and school costs, and humanitarian crises all contribute to thwart efforts to reduce poverty and further marginalize underserved populations. Yet, few children have access to social protection interventions; those who do are mainly from wealthy households.

Government is striving to implement a universal health insurance programme which will provide and facilitate access of all citizens to quality health care. To increase social insurance coverage, the Government allowed laborers of the informal sector to subscribe. UNICEF Cameroon supported the Government to develop a child-, gender- and shock-sensitive national social protection policy.

Youths are facing challenges notably with unemployment, underemployment and HIV infections. According to Cameroon population-based HIV-impact assessment 'CAMPHIA 2017/2018', though prevalence rate decreased from 4.3 per cent in 2011 to 3.4 per cent in

2018, incidence of HIV infection is worrying among 15 – 24 age group. The incidence among girls is nine times higher than for men of the same age group. Through All-In, UNICEF is promoting universal access to comprehensive HIV information and access to HIV testing, treatment and care among adolescents and youths. In emergency-affected regions, school disruption exposed girls to several forms of adverse practices. Some are pregnant and/or HIV infected.

In 2018, there was noted escalation of the political unrest that started in the North-west and South-west regions in 2016 and shifted to an internal armed conflict known as the “Anglophone crisis”, affecting lives and livelihoods in these two regions. People of the affected communities were displaced within and outside the country. From emergency response plan data, about 3.46 million people are in direct or indirect need of humanitarian assistance. An amount of US\$ 15,151,586 is needed to provide affected people appropriate response.

As the result of the North-west and South-west crisis, nearly 40,000 fled to the neighboring Nigeria while about 400,000 are internally displaced. The majority that remained in the country live in deserted villages, in the bush, or are hosted by family members in cities, including in neighboring regions where some are assisted by relatives and institutions.

Children are counted among the most affected. Since the conflict started, teaching and learning activities were interrupted. Hundreds of thousands of children are no longer enjoying their fundamental rights. More than 600,000 children of school-age are deprived from school. The demand of humanitarian assistance generated by this crisis is in addition to that of the Boko Haram crisis and the spillover of the protracted political crisis in the neighboring Central African Republic. Refugees displaced by this crisis are still in camps and in communities in both East and Adamawa regions, still in need of humanitarian assistance.

The complexity and unpredictability of the North-west and South-west crisis makes it difficult for UNICEF to meet its core commitments for affected children and women to the desired level. The hinderances faced include: insecurity that does not facilitate access to children in need of assistance; weaknesses of existing civil society organizations; and lack of financial resources. United Nations agencies in Cameroon have limited human, logistic and financial capacity to respond to a crisis characterized by high volatility, complex and intermingled driving factors and forces.

In the North-west and South-west, UNICEF Cameroon response is implemented with the support of national and international non-government organizations in line with the humanitarian principles embedded in the United Nations response plan. Performance of the response is constrained by security, accessibility and acceptability challenges in a context where affected people are sometimes living in the bush.

The L2 declaration accelerated North-west and South-west humanitarian response with ‘fast-track’ procedure that shortened programme operations and supply procedures.

Access and acceptability of the humanitarian response in North-west and South-west; limited capacity of civil society organizations; limited resources to support internally-displaced persons returns and refugees; uneven vaccine independence following GAVI's exit and limited government financial support to basic social services challenged programming. Also, frozen GAVI funds delayed implementation of immunization interventions and limited UNICEF's capacity to deliver to children. On the top of this, delays in the political endorsement of policy documents (nutrition, social protection, WASH and child protection) did not improve the enabling environment and influence for children beyond programme geographical scope.

In the Far-north region affected by the Boko Haram crisis, interventions aimed at reinforcing individual and community resilience have not been implemented to the desired level because of security and funding constraints. Entire territories of the bordering zones affected by the crisis remained out of programme reach because of security challenges. UNICEF Cameroon is partnering with non-government organizations that are present in affected localities to deliver the response.

Operationalizing humanitarian–development continuum programming was challenging in 2018. Boko Haram insurgents, though weakened, have kept pressure on security forces in the border area of Nigeria. While the use of children as human bombs was drastically reduced, casualties continued to claim lives in 2018. The latest military successes of Boko Haram insurgents in Nigeria posed the risks of significant violence resumption in the bordering localities. If this occurs, programme delivery in bordering zones may significantly be hampered and results for children constrained.

Resources used for programme delivery were provided by the following major donors: BID (VIH and health); KfW (nutrition); Korean International Development Agency (protection); European Union (birth registration); United Nations Office for the Coordination of Humanitarian Affairs; Cameroon – United States Fund for UNICEF; Canada; and Republic of Korea.

UNICEF Cameroon established strategic partnerships to achieve results for children. Partnerships are with the following: Peace Building Fund; Human Security Trust Fund; Food and Agriculture Organization and United Nations Development Programme to support resilience; CCOP in immunization to reinforce cold chain with solar power fridges; Global Financing Facility to advance health, nutrition and birth registration; the World Bank for early childhood development; and IDA 18 for refugees.

the Cameroonian Government adopted the 2030 Agenda and endorsed the customization plan in early 2018. The Government's enthusiasm expressed when the post 2015 Agenda was adopted is still to be translated into a concrete and visible shift in resources allocation for Sustainable Development Goal implementation. Budget allocations to social sectors still do not meet demand. Much is still expected from Government to make the difference in children and vulnerable people's lives.

UNICEF Cameroon was active in the United Nations 'MAPS' mission and is committed to

support both development and implementation of the roadmap deemed to accelerate progress towards Sustainable Development Goals (SDGs) achievement in Cameroon. In the meantime, UNICEF supported a national forum on malnutrition. High ranking influencers from parliament (both chambers), academia and civil society and traditional rulers were committed to support the fight against malnutrition with focus on stunting and its irreversible consequences on a child's future. A prominent goal is to engage the Government in the purchase and supply of inputs, such as therapeutic food, and to reinforcement of the supply chain. The nutrition policy developed with UNICEF Cameroon support was endorsed by the Government.

UNICEF and United Nations agencies support resiliency in the systems and communities affected by humanitarian crises. A joint United Nations programme on resilience is being implemented in the Logone and Chari divisions. The joint resilience programme aims to strengthen synergy of actions between the United Nations agencies and partners by capitalizing achievements of previous projects implemented in the Far-north region.

The 2020 – 2027 National Development Plan will embed the 2030 and 2063 World and African Union development agendas respectively. Efforts are underway to address disparity gaps in populations, as well as climate change impact on rural people's lives and livelihoods. Rain-dependent agriculture does not guarantee sustainable food security in zones where stunting and malnutrition are endemic. There is also urbanization and congestion of cities where the socioeconomic infrastructure already exceeds capacity. UNICEF will advocate to keep children at the helm of national development.

Part 2: Major Results including in humanitarian action and gender, against the results in the Country Programme Documents

Goal area 1: Every child survives and thrives

Health

In line with strategic plan, the United Nations Development Assistance Framework pillar 2, the Health Sector Strategy 2016 – 2027 and the National Health Development Plan 2016 – 2021, the UNICEF Cameroon country programme contributes to accelerate reduction of under-five mortality with special focus on neonatal health. UNICEF is supporting 592 community health workers and 350 health care providers with the aim to: immunize 95 per cent MRV children in humanitarian situation; increase the demand for the treatment of diarrhea with oral rehydration salt and zinc from 15.8 per cent to 25 per cent at community level; home visits for newborns within the first week after birth; and increase the number of health districts with operational accountability framework from two to four.

In 2018, Cameroon remained free from wild polio virus circulation despite a polio outbreak in the Lake Chad Basin. With UNICEF support to social mobilization and vaccine procurement, three polio supplementary immunization activities were organized in collaboration with World Health Organization, Center for Disease Control, the Ministry of Health and with active

participation of Governor's fora. However, independent monitoring data revealed 97.4 per cent coverage, proving that some 343,211 children (2.7 per cent) are still missing immunization. Maintaining Cameroon free from wild polio virus circulation was achieved with the following interventions Governor's fora (political advocacy): Lake Chad Basin outbreak response coordination, quality campaigns, community mobilization, improvement of vaccines management.

In 2018, no health district crossed the threshold of maternal and neonatal tetanus elimination. In fact, evidence pooled from an international desk review and survey conducted in the country (with a field evaluation conducted in three districts with worst performance) in collaboration with World Health Organization and United Nations Population Fund confirmed that Cameroon succeeded in maintaining maternal and neonatal tetanus elimination status. UNICEF Cameroon supported timely response to notified neonatal tetanus cases and increase in quality of neonatal care. Nevertheless, attention must be kept as the Td2+ coverage decreased from 72 per cent to 64 per cent, with the most being women who were pregnant missed in Far-north, North, North-west and South-west regions.

Compared to 2017, administrative data revealed immunization coverage decreased nationwide, with Penta3 dropping from 85 per cent to 78 per cent. Trends are same in the four priority regions (East, Adamaoua, North, Far-north). Nearly half (150,015 out of 319,785; 47 per cent) of the children missed are from these regions; the Far-north hosts 56 per cent of them. The prevailing crisis in the North-west and South-west regions is significantly increasing the number of missed children (67,571 out of 319,785 or 21 per cent for 2018). There was poor cold chain and resulting impact on vaccine storage; and rumors that vaccines administered to children are sterilizers have negatively impacted the demand and use.

Despite UNICEF's joint efforts with World Health Organization and CHAI, GAVI annual targets were not reached due to challenges mainly linked to vaccine stock-outs (Td, Pent3); weak cold chain capacity and management at operational level; insufficient outreach activities; weak involvement of communities and local authorities; low provision of immunization services at facility level; shortage of skilled staff; prevailing insecurity in Far-north, North-west and South-west; and non-disbursement of GAVI funds that constrained implementation of planned immunization interventions nationwide.

In collaboration with Plan Cameroon, IRESCO, MC-CCAM, Minister of Health, IMC and Malaria No More, UNICEF Cameroon revamped community-based interventions for child and newborn health: 1.5 million (more than 95 per cent) children aged three to 59 months in the Far-north and North received three doses of sulfadoxine pyrimethamine amodiaquine for seasonal malaria chemoprevention; less than 5 per cent of children under five years with diarrhea received oral rehydration salt and zinc; 26.7 per cent of newborns were visited by community health workers before the seventh day of life in the Far-north. The number of children treated with both oral rehydration salts and zinc when suffering from diarrhea is still low and remains a challenge. In pneumonia case management, community health workers provided appropriate treatment to 20,276 children aged below five years in North and Far-north regions.

Key issues related to community health are diversity of practices in community health workers' incentives and insufficient state financial contribution. There is a great need to harmonize strategies with performance-based funding by the World Bank that does not integrate community case management of the three child killer diseases.

In emergency settings, measles/rubella vaccine was administered to 59,746 over 52,105 (114 per cent) children from six months to 15 years in Ray-Bouba and Ngong (North region). A total of 2,229 insecticide treated nets were distributed to pregnant women in the Far-north. In North-west and South-west regions, 6,251 households received the nets. In collaboration with World Health Organization and Medicine Sans Frontiers, technical support was provided to the coordination of the response to the cholera outbreak in Far-north and North regions.

The health cluster was activated for North-west and South-west crisis. Office of U.S. Foreign Disaster Assistance and SIDA funds will enable vaccination of more than 65,000 children under five against measles and distribute mosquito nets to 21,000 households. Limited access, challenges with acceptance and limited partners' capacities are challenges that need appropriate address.

Nutrition

The nutrition programme is fully aligned to UNICEF's 2018-2021 strategic plan and contributes to national nutrition goals. Major results in 2018 are reported in early childhood nutrition and care for children with severe acute malnutrition.

UNICEF supported the delivery of interventions for the prevention of stunting. In this regard, UNICEF scaled up its point-of-use home fortification programme which provided an opportunity to improve children's diet and prevent anemia as well as other micronutrient deficiencies. A total of 25,241 children aged six to 23 months (85 per cent of those targeted) were reached with micro-nutrient powders in nine targeted health districts. Moreover, more than 20,000 caregivers received counselling on infant and young child feeding practices as part of this programme. Behavior change techniques were used to empower communities on optimal infant and young child feeding practices. The results from the annual SMART surveys showed an improvement in infant and young child feeding indicators. Between 2017 and 2018, the rate of early initiation of breastfeeding in the four regions rose from 18 per cent to 22 per cent. Likewise, an improvement was found in the rate of exclusive breastfeeding (from 38 per cent to 39 per cent).

UNICEF Cameroon and the Ministry of Health provided life-saving vitamin A supplementation to children under five. This was made possible through the support of Nutrition International and KfW. During the first semester of 2018, 5,635,796 children (95 per cent coverage) received Vitamin A supplements in the 10 regions of Cameroon through national immunizations days for polio eradication. Unfortunately, polio eradication campaigns were phased out during the second semester of 2018. Thus, vitamin A supplementation was implemented only in the four country programme priority regions (Far-north, North, Adamawa and East) in the second

semester, which led to a decline in coverage of almost 50 per cent (2,586,958 children reached). Sustaining vitamin A supplementation coverage in the absence of the polio campaign platform remained a priority for Cameroon. With financial support from Global Affairs Canada, UNICEF took proactive action to address this gap by supporting Ministry of Health in delivering vitamin A supplementation through routine immunization services. About one million children aged six to 59 months were supplemented through this platform in 2018. In 2019, UNICEF will continue these efforts to sustain vitamin A supplementation coverage.

UNICEF Cameroon supported the scale up of severe acute malnutrition treatment in Cameroon in 2018, reaching children living both in development and emergency situations in four regions. The number of UNICEF-supported centers providing severe acute malnutrition treatment services increased from 777 in 2017 to 796 in 2018. As a result, 64,728 children with severe acute malnutrition (107 per cent of the target) received life-saving treatment and care in 2018, exceeding the target of treating 60,000 children. In addition, the quality of care received by children with severe acute malnutrition remained in line with strategic plan HERE standards, with a recovery rate of 85 per cent. This was made possible through the financial contribution provided by KfW as well as UNICEF's support to Ministry of Health to strengthen the nutrition supply chain system, build health workers' capacity on severe acute malnutrition treatment and integrate severe acute malnutrition within the health system.

The implementation of the 'MUAC-by-mothers' approach, which empowers mothers to identify the first signs of malnutrition in their children using MUAC, contributed to timely referral of children with severe acute malnutrition. This was a result of a strategic partnership between UNICEF and several non-governmental organizations in the Far-north region, which is home to most children with severe acute malnutrition in the country. UNICEF reinforced the integration of severe acute malnutrition treatment with sensitive sectors. For example, UNICEF worked with Ministry of Health to ensure that children with severe acute malnutrition were systematically screened for HIV. UNICEF supported the implementation of the 'Wash-in-Nut' strategy which helped to reach 18,000 families affected by severe acute malnutrition with appropriate hygiene and sanitation practices.

UNICEF provided treatment of severe acute malnutrition to children in emergency situations. In close coordination with UNHCR, UNICEF supported the provision of care to 3,822 Nigerian and Central African Republic child refugees alongside preventive measures such as promotion of infant and young child feeding and other family care practices, bridging the humanitarian-development gap and building long-term resilience. As the nutrition sector lead, UNICEF coordinated the implementation of nutrition interventions. Coordination meetings were organized every month at national and regional levels and were used as forums to disseminate and discuss reports on severe acute malnutrition admission trends and performance indicators. UNICEF led the nutrition cluster activated in the South-west and North-west regions in a way to provide coordinated, timely and effective emergency nutrition response in the affected communities. UNICEF mobilized technical expertise and resources to respond to the nutritional needs of the populations affected by this crisis.

With UNICEF support, a national nutrition policy was validated and endorsed by the Government of Cameroon. In 2019, this policy will shape the nutrition landscape in the country by allowing a better alignment of all stakeholders around a Common Results Framework and a more coordinated support for scaling up interventions aimed at preventing stunting and other forms of malnutrition.

HIV/AIDS

The HIV/AIDS programme is aligned to UNICEF's 2018-2021 strategic plan and contributes to national priorities as expressed in the Growth and Employment Strategic Paper, United Nations Development Assistance Framework's and the 2018–2022 National Strategic Plan for HIV and Sexually transmitted diseases. In 2018, major results were achieved to narrow the gaps in treatment and in the prevention of infection among children and adolescents.

In 2018, HIV testing and early infant diagnosis, antiretroviral initiation, and retention into the continuum of care for children and adolescents were speeded-up in line with the 90-90-90 targets. As a result, 2,359 out of 3,919 children and adolescents living with HIV were put on antiretrovirals, increasing coverage from 24 per cent (2017) to 60 per cent (2018) in the ten priority districts.

Several strategies contributed to the attainment of this result:

- Innovation: with the support of Unitaid, UNICEF in collaboration with CHAI introduced point of care technology for HIV early infant-diagnosis in nine sites and reinforced the capacities of health care provider, district and regional teams for point of care diagnostics. In 2018, early infant diagnosis coverage was 69.4 per cent (1,763 out of 2,541 exposed children expected). Up to 88 HIV+ cases (5 per cent) identified were put on treatment on the same day.
- Decentralisation of antiretrovirals: following advocacy from UNICEF and other partners (UNAIDS, World Health Organization and CDC/PEPFAR), the Ministry of Health authorized the decentralization of antiretrovirals to primary health care facilities, offering lifelong antiretroviral for women who were pregnant or breastfeeding. UNICEF supported capacity building of 271 out of 391 (69 per cent) health care providers to initiate antiretroviral to children and adolescents living with HIV.
- Harnessing the power of information and communication technologies, the U-Report toll-free line provided youth-friendly information (French, English and Fulfulde) with a focus on referrals to services. This multilingual communication offered youths from northern regions access to valuable information. This is an opportunity to remove cultural barriers and better protect youth from HIV and other sexually transmitted infections. More than 60,000 adolescents and young people accessed information on HIV/AIDS, adolescent reproductive health and other issues such as birth registration, violence against women and children and concerns related to child marriage via the U-Report toll-free line. To address girls' vulnerability to HIV infection, CAMNAFAW and the Global Fund supported the development and implementation of a strategy that keeps 1,500 girls in school. National public awareness campaigns increased the

population of U-Reporters from 121,837 (2017) to 254,327 (2018) of whom 38 per cent are female.

- HIV counselling and testing were offered to 349,800 adolescents (69 per cent female) using outreach strategies with the National AIDS Control Committee testing mobile team in collaboration with civil society organizations. All adolescents living with HIV (45) were linked to care.
- Partnership with civil society organizations intensified the case-finding at the community level and increased the expected number of HIV infected children and adolescents on treatment.
- Synergies: collaboration with nutrition in testing all malnourished children at both community and nutrition centres increased the number of children living with HIV on antiretrovirals. Documentation will be carried out in 2019.
- Joint coordination of the Ministry of Youth Affairs and the National AIDS control committee, central and decentralized services of the Ministry of Secondary Education, Ministry of Higher Education, youth organizations and youth centers made it possible to mobilize youth and provide HIV services (counseling, testing and reference to youth-friendly services).
- Coordination among members of the United Nations joint team on HIV/AIDS enabled the development of a coordinated and integrated HIV response.

Program performance was hampered by the following challenges: Shifting HIV testing to community health workers is not yet in national HIV testing policies and guidelines; and insufficient financial resources limited interventions to 10 districts instead of 55 planned. In addition, humanitarian and prevalence hotspots especially North-west and South-west are not yet adequately covered. Discussions with humanitarian actors on resource leveraging were ongoing to better address HIV issues.

In 2019, emphasis will be put on scaling up point of care diagnostics, providing technical assistance to develop and implement family testing strategy and expanding the U-Report. Disbursement of Islamic Development Bank funds will support extension of geographical coverage from 10 to 55 health districts.

Goal area 2: Every child learns

Education

The education programme is aligned to UNICEF strategic plan and addresses national priorities as stated in the Growth and Employment Strategic Document, United Nations Development Assistance Framework pillar 3 and 2013–2020 Education Sector strategic plan. UNICEF is providing 100,000 children with learning material and training 1,500 teachers in the intervention zones within the four priority regions; strengthening the capacities of 75 school/community participatory structures; and supporting the revision of the education sector

strategic plan.

During the period, in collaboration with Government, UNICEF Cameroon technically empowered 615 (35 per cent female) teachers to improve lessons delivery and pupils' learning outcomes. In addition, 166 supervisors and 172 animators benefited from preschool animation techniques for young children. Within this same period, 3,581 children aged four to five years in the Adamawa and East regions benefited from early childhood learning materials.

For emergency response, UNICEF Cameroon collaborated with United Nations agencies UNHCR, UNESCO, World Food Programme, United Nations Development Programme, OCHA and non-government organizations (PLAN Cameroon, Catholic Relief Services, Lutheran World Federation, Adventist Development and Relief Agency, COHEB International) and dialogued with Government and community education stakeholders to develop and implement a plan for absorption of Central African Republic refugee children into host schools in Adamawa and East regions. Consequently, over 35,000 Central African Republic and host-community children are attending formal education in these schools.

In further response to education needs of children affected by Central African Republic and Boko Haram crises, 100 communities received information on the importance of enrolling, supporting and retaining children in school. About 11,069 children (5,314 girls), 65 per cent of the 2018 target, attended accelerated education programme and were reintegrated into the formal education.

Radio education programmes were broadcast until July 2018. Learning assessment in literacy conducted within a sample of 202 learners (including 86 girls) from 10 to 17 years old, showed that 51 per cent provided correct answers to the test (35 per cent girls). The same assessment in numeracy showed that 45 per cent of answers provided were correct, out of whom 38 per cent girls. Eighty-five school-community structures that benefited from capacity building developed and implemented school improvement plans to improve the environment and capacities of their schools to enroll and retain more children. In addition, more than 1,000 children (470 girls) are benefiting from 10 classrooms, five six-seat gender-sensitive latrines and six waterpoints constructed in communities that host refugees, internally-displaced persons and host communities' children.

A total of 1,244 teachers (473 females) in zones affected by crises (Littoral, West, Adamawa, East and Far-north) representing 83 per cent of the total target for 2018 improved their knowledge and skills in child-centered pedagogy, psychosocial support and conflict and disaster risk reduction strategies. These teachers are now able to provide sound pedagogical and psychosocial support services to children in a more friendly and caring manner. Through the advocacy efforts of UNICEF and partners, the Government recruited and posted 100 teachers to schools hosting Central African Republic refugees. Thus, an estimated 6,500 children are benefiting from the services of these newly recruited teachers.

The main strategies that contributed to these results are: advocacy, community mobilization

and sensitization, service delivery, capacity strengthening, partnerships and evidence-based policy dialogue. Key partners that supported in the programme implementation included MINEDUB, PLAN International, United Nations High Commissioner for Refugees, UNESCO, World Bank and COHEB International.

As lead of the Local Education Group, UNICEF together with PLAN International advocated for the Government of Cameroon to endorse the “Safe Schools Declaration” and is continuing to encourage its implementation to ensure no additional school in the regions affected by crises are attacked or occupied by the military and other security forces.

UNICEF Cameroon continued to play a facilitative and coordinating role in mobilizing partners and financial resources in the implementation of national education strategic plan. It led and facilitated the joint-sectoral review of the national education strategy and education in emergency working groups at the national and regional levels. This promoted better coordination and information sharing among partners and enhanced efficiency. It is leading and facilitating the recently-activated education cluster for the North-west and South-west regions’ crisis response.

The conflict and insecurity in North-west and South-west have affected school enrolment and attendance where more than 80 per cent of schools were closed, denying about 600,000 kids their right to education. UNICEF Cameroon conducted a mapping of partners, and training of trainers and teachers on psychosocial support and disaster riskreduction and facilitated a joint needs assessment in the Littoral and West regions. UNICEF Cameroon works with partners in developing innovative ways and alternative education pathways to reach the vulnerable children where they are.

Goal area 3: Every child is protected from violence and exploitation

Child protection

Child protection interventions are aligned to UNICEF’s 2018-2021 Strategic Plan and address national priorities as stated in the Growth and Employment Strategic Document, and United Nations Development Assistance Framework (UNDAF) pillar 1 and 4. Major results achieved in 2018 helped ensure that children, especially girls, in Far-north, North, East and Adamawa were protected from violence and exploitation, including child marriage and in emergency situations. As four out of ten children are deprived of a birth certificate, with consequences on education and citizenship, birth registration was a focus result for children.

In response to the crises related to Boko Haram, in Central African Republic and in North-west and South-west, UNICEF Cameroon, through 87 community-based child protection mechanisms, assisted 154,243 children with psychosocial support and access to child-friendly spaces. UNICEF and implementing partners identified and provided care to 2,128 (822 girls) unaccompanied and separated children; 62 (27 girls) were reunified to their families. Additional reunifications were impossible due to security or family absence. In Far-north, 122 children suspected of association with Boko Haram were identified and supported, and 36 (14 girls)

were reintegrated into their family. As a component of the reinsertion package, 5,117 unaccompanied and separated children (3,211 girls) received a birth certificate that allowed them to move forward with socio-economic reinsertion, vocational training and school registration.

In line with the emergency-development nexus and to prevent recruitment of children by armed groups and gender-based violence, UNICEF Cameroon pursued its collaboration with youth, parents and community leaders. A total of 7,319 adolescents (3,439 girls), through 54 youth clubs in Far-north region and 16 in North-west/South-west regions, accessed sound information on how to protect themselves from violence, gender-based violence, child marriage and recruitment by armed groups. There were 22 inter-generation dialogue sessions; as well, 2,445 traditional leaders were sensitized on the abandonment of child marriage.

In 2018, child protection humanitarian coordination with stakeholders such as UNHCR, OCHA, United Nations Population Fund, national and international non-government organizations in the Far-north were led by the Regional Delegation of Social Affairs, with technical and strategic support from UNICEF Cameroon. A child-protection coordination group under UNICEF leadership was activated in response to the North-west and South-west crisis to coordinate humanitarian child protection interventions. In parallel, and despite challenges linked to insecurity and lack of access to populations, UNICEF Cameroon continued to work on setting up and strengthening emergency child-rights violations monitoring and reporting mechanism.

Following the creation of a disarmament, demobilization and reintegration of the national committee (by Presidential decree on 30 November 2018), UNICEF engaged in high-level advocacy and technical support to ensure a child sensitive disarmament, demobilization and reintegration process. UNICEF continued to advocate in favor of the signature of the handover protocol concerning children who are allegedly associated with armed groups and armed forces.

A birth registration result priority was on strengthening administrative civil registration bodies. A pilot on inter-operability is ongoing in Mokolo and Bétaré-Oya districts. Consequently, 62 per cent of newborns in the two targeted health districts were registered within the legal timeframe, representing a 4.7 per cent increase at regional level. This followed the training of at least one staff in 93 per cent of the health facilities, covering 252 villages (94 per cent), and use of the new tools by 100 per cent of civil registration centers.

Nevertheless, over two-thirds of births occur at home, leaving those children at risk of going unnoticed. To address this situation, UNICEF Cameroon piloted the use of a “cahier de village” (community booklet) used by traditional leaders to register births. They have used it to sensitize parents on birth registration, promote it and inform civil registration officers. In 2019, additional work at community level will be done with advocacy to increase the number of secondary level civil registration offices.

UNICEF enhanced its involvement in strengthening the child protection system aligning with

emergency response-development nexus in Far-north and East regions and piloting a model of a child-friendly city in Yaoundé II. Efforts were deployed to empower child protection services and community-based actors to prevent, identify, refer and respond to violence against children, including in humanitarian emergencies. Far above the initially defined 10 per cent target in the four targeted regions of intervention, 49.8 per cent of operational services (social, court, police, gendarmery) had at least one staff trained in case management and data collection, and the child protection services mapping in two regions allowed work to begin on referral pathways. As a result, 2,245 children identified as victims of physical and sexual violence were assisted.

Goal area 4: Every child lives in a safe and clean environment

WASH

WASH interventions are aligned to UNICEF strategic plan 2018-2021 and address national priorities as stated in the Growth and Employment Strategic Document, United Nations Development Assistance Framework pillars 1 and 2, the national water policy and community-led total sanitation strategy. Major results achieved in 2018 were an increased access to WASH services; prevention and response to cholera outbreak; and improved governance in WASH sector.

UNICEF Cameroon contributed to the prevention and reduction of poor water-related diseases; the delivery of health services; and fight against severe acute malnutrition by improving access to safe drinking water for about 11,807 additional inhabitants of target areas, including communities hosting people affected by humanitarian crisis. This was done by constructing gender-sensitive latrines equipped with handwashing devices for the benefit of about 20,000 patients (including population affected by emergencies) and health personnel of 27 health/nutrition centers, distributing WASH kits to about 100,000 vulnerable people (including 5,580 severe acute malnutrition children, menstrual hygiene kits to 2,870 women/girls). The programme was initiated in partnership with municipalities, ministries of health and water and the private sector, the construction of small-scale water networks with solar system for the benefit of 10,000 internally displaced persons in Kolofata site and about 25,000 patients and staff of selected health/nutrition centers. This contributed to the humanitarian-development continuum.

School attendance and learning conditions were improved through the construction of gender-sensitive latrines equipped with hand-washing devices for 10,449 school children and 112 teachers (28 schools), awareness raising campaign on good hygiene practices and distribution of WASH kits to schools in cholera epidemic health districts of the North region. Evidence-based management of WASH infrastructures, and planning and monitoring of interventions were improved with UNICEF technical support to the Government to inventory/map WASH facilities in the North region; train regional/divisional water delegations (North and Far-north regions) on WASH database management; and finalize and implement of the methodological guidelines for the control/execution of WASH infrastructures. The major challenge remains limited technical, logistic and managerial capacities of construction companies leading to

prolonged delays in the completion of construction activities.

Agreements signed with two non-government organizations led to the improvement of sanitation conditions at household level through integrated community-led total sanitation approach launched in Blangoua and Mbang municipalities. The Government declared 148 communities open defecation free as result of 2017 activities. Community-led total sanitation was strengthened by training non-government organization social workers; the sensitization of 112,795 community members on open defecation-free impacts, good hygiene practices and menstrual hygiene management; and the dissemination of the national community-led total sanitation strategy and guidelines.

The main strategy focuses on council leadership, mobilizing resources and partners for an integrated package of WASH services at community level, and stimulating demand for other services (health, nutrition, education and HIV/AIDS). Communication for development tools (leaflets, posters, videos, toolbox) for the promotion of good practices were developed or updated based on lessons learned from previous implementation and used for trainings, sensitization and advocacy activities. Despite encouraging results obtained through community-led total sanitation implementation, sustainability of the open defecation free status is hard to achieve due to the quality of household latrines. To overcome this, taking into consideration households' financial capacity, the cultural and technological context and the need to stimulate private sector involvement, the programme initiated a study on sanitation marketing.

In 2018, Cameroon recorded 1,022 cases (4.5 per cent case fatality rate) of cholera, 591 in the North and 280 in the Far-north region. The gradual scaling up of the "shield and sword" strategy was instrumental in controlling the epidemic. UNICEF Cameroon supported the activation and coordination of the response to cholera at all levels; the purchase and pre-positioning of WASH kits (including communication for development tools) to all health districts; training stakeholders and health/hygiene staff on cholera prevention/response; local community radio broadcasting; and promotion of good practices. Agreements were signed with four non-government organizations for sensitization, WASH kit distribution in hotspots, household/community surveillance, and reporting and monitoring of case management. As a result, 1,594 community volunteers were trained and sensitized 691,173 persons in affected health districts. Effort should continue to lower the case fatality rate to less than one per cent, as per World Health Organization guidelines.

The WASH response to emergency was supported through access to safe drinking water for 8,500 people affected by the Boko Haram crisis, emergency latrines for 7,000 internally-displaced persons in Kolofata site, distribution of WASH kits and sensitization on good hygiene practices for about 25,000 internally-displaced persons in Kolofata site and 47,000 people affected by the North-west and South-west crisis.

UNICEF Cameroon facilitated and supported sector group workshops/meetings, the coordination of WASH response to emergencies at regional, divisional and national levels and

the activation and coordination of the WASH cluster in the North-west and South-west regions, and the preparation of WASH sector inputs to the HNO/HRP. The coordination platforms improved emergency response, including to cholera outbreaks, the situation in Central African Republic, Boko Haram situation, and North-west and South-west crises.

Goal area 5: Every child has an equitable chance in life

Social inclusion

By addressing dimensions of social exclusion and inequity, the programme component contributes to the achievement of United Nations Development Assistance Framework 2018-2020 outcomes, particularly those related to social inclusion and resilience. The programme is well anchored to the Goal area 5 of the UNICEF strategic plan 2018-2021.

By the end of 2018, UNICEF Cameroon planned to maintain and reinforce evidence-based advocacy to increase public fund allocation to basic social services and social protection. Coupled with high-level advocacy and partnership with the World Bank, capacity development and technical assistance in public finance for children contributed to increase the education sector budget from 10 per cent in 2016 to 13 per cent of the state budget in 2019 (one per cent higher from 3.9 per cent in 2018 to 4.3 per cent in 2019). UNICEF developed the capacity of the Ministries of Health, Basic and Secondary Education in Public Finance for Children, and accompanied these sectors throughout the year to make their budgets and mid-term expenditure frameworks more child-sensitive. Building on the technical capacity developed in 2018, advocacy and technical assistance should progress toward the health-financing target of 7 per cent in 2020 and maintain or even exceed the target set for education.

Based on UNICEF Cameroon advocacy, and technical and financial support, the public expenditure tracking survey in four sectors (health, education, nutrition, WASH) is ongoing and the preliminary results are expected to be published in 2019. The Government is piloting the survey through the National Institute of Statistics with sector involvement and the support of Ministries of Finance, Planning And Decentralization. The public expenditure tracking survey is implemented to improve transparency and accountability of public resources by collecting micro-level information on the use of public expenditures. This tool will be utilized for transparency and efficiency and to trigger policy in the four sectors.

Regarding social protection, a target mechanism was set up in four communes of the Center region with UNICEF Cameroon technical and financial support. The targeting approach combined a community-based and a proxy-means test method. This operation identified the most vulnerable populations in the four communes, including deprived children and women. In partnership with the Ministry of Social Affairs and the World Bank, the results of this survey will be extended to other communes of Cameroon. Furthermore, 150 local, regional and central partners were trained on social protection and social transfers and can implement and monitor the national social protection policy. The preliminary results of the social protection interventions mapping in Cameroon are available. Despite UNICEF advocacy, the national social protection policy is not endorsed by the Government yet.

Social protection and social transfers in favor of children improved in 2018 with the implementation of social nets' programmes in emergencies particularly in the East and Far-north regions. More than 229,000 children were covered by cash transfer programmes in 2018, compared to 142,000 in 2017. UNICEF Cameroon complements the cash transfer with promotion of essential family practices to maintain the child as a family priority when the money received is either spent or invested. Monitoring programme implementation has demonstrated improvement of the situation of children in recipient families. UNICEF carried out a multi-sector feasibility assessment for a humanitarian response in the South-west region which showed a significant preference for assistance in form of cash. The cash transfer programme was not implemented in 2018, despite UNICEF readiness.

Issues with coordination and financing are the major bottlenecks hampering progress towards ensuring universal and sustainable access to social protection. Regarding coordination, many actors provide limited and focused social protection interventions without coordination. This coordination deficiency does not permit to demonstrate real impact. About funding, many people in need of social protection are occupied in the informal sector, making it difficult to track their contribution.

By mainstreaming child rights in 100 commune development plans, the programme is reinforcing local actors and community engagement to improve social protection in favor of vulnerable children. Resilience and social protection interventions are now integrated in the new plans. The resilience joint programme implemented with United Nations agencies is an opportunity to enhance humanitarian–development continuum in the East and Far-north regions.

Progress in achieving key results for children in Cameroon in 2018

Within the framework of the UNICEF Regional Office's commitment to make a difference for children, UNICEF Cameroon is contributing to three results for children: immunization, stunting reduction and birth registration. In addition, the country programme is striving to achieve milestones in all other key results for the children in West and Central Africa. From existing evidence, any progress achieved in these three areas will make significant changes in children situation in the country.

The internal participatory process identified 'the first 1,000 days of the child' as the entry point to secure better chances for the child to survive, grow and accomplish his/her full potential. Within this period, every child can be fully immunized and adequately fed to minimize risk of stunting, and every birth can be registered before education enrolment. It is opportunity to deliver an integrated package of interventions to children.

During annual reviews, stakeholders' awareness was raised to lead and make a difference for children in these domains. By engaging more players in the 'key results for children' journey, the likeliness of achieving sustainable change for the children in Cameroon increases.

In 2018, the following results were achieved in domains of key results for children:

1) Major bottlenecks that hamper immunization coverage were identified and causes analyzed; notably coverage and functionality of the cold chain especially in North and Far-north regions which host two-thirds of the children who are not fully immunized. In response to cold chain bottlenecks, UNICEF Cameroon provides technical support to Government to install solar-powered fridges in the most under-served regions. UNICEF Cameroon advocates to reinforce government commitment to enhance immunization coverage with focus on the most vulnerable children/communities.

2) A national symposium gathered public, private, civil society and academia actors to find sustainable solutions to malnutrition in the country. Since then, actors work to solve the malnutrition issue. Both preventive and curative interventions are being implemented. Sociocultural and anthropological factors related to infant and young child feeding are taken into consideration, such as late initiation of breastfeeding. The UNICEF Cameroon Representative held high-level talks with the chambers of parliament, audiovisual media and civil society stakeholders.

3) Focusing on registration of all children at birth, UNICEF is ensuring technical leadership to reform the civil registry system. UNICEF Cameroon partners with the European Union, United Nations Development Programme, GIZ and local councils to leverage resources and accelerate system enhancement, extending inter-operability between health system and the civil registry. Work with traditional authorities will track all births in the community to be declared and registered within the legal timeframe. This community surveillance of births and registration is part of the construction of the civil registry information management system.

Part 3: Lessons learned and constraints

Based on UNICEF Cameroon comparative advantage, the country programme planned to make measurable differences for child rights in all five goal areas of the 2018 /2021 strategic plan. For this purpose, interventions are aimed to influence quality to meet the demand (quantitative/qualitative) and utilization of basic social services in favor of vulnerable children. Interventions in the enabling environment aim to influence national, sectoral and local development policies to extend programme benefits to children living beyond geographical focus.

In 2018, aside from the aggravation of the crisis in the Anglophone regions, there were no significant changes in bottlenecks. Even though emergency in North-west and South-west regions expanded the programme's geographical coverage, its theory of change and planned results are still relevant to child rights' issues that the country programme is striving to improve. Cameroon still needs to achieve Millennium Development Goals and accelerate implementation of commitments of the 2030 Agenda. Young adults and youth need UNICEF support in all relevant domains.

According to the theory of change, the country programme focuses on: improving the quality of services provided to the population, reinforcing capacity of caregivers, families and communities; addressing sociocultural norms and practices harmful to children; and improving the policy environment, systems and social norms by mainstreaming child rights, gender and equity in national, sectoral and local development plans, policies and strategies.

In 2018, programme interventions made use of three major cross-cutting strategies: communication for development, capacity development, and advocacy and partnership. Since socio-cultural practices and beliefs are sometimes bottlenecks, communication for development generated evidence of awareness and adoption of essential family practices by communities at grassroot level. Dialogue was built with communities and influences identified to create a snow-ball effect in favor of children. The Polio Legacy framework facilitated community engagement. Capitalization of Polio Legacy engaged administrative authorities, traditional rulers, community leaders and civil society, operating dialogue platforms to reinforce accountability to children in their communities.

Programme efforts to achieve change in children's lives were weakened by constraints that emerged in the programmatic environment. The most important hinderance was the persistence of the situation demanding humanitarian response in six of the ten regions of the country. Many interventions planned could not be implemented because of insecurity especially in North-west, South-west and Far-north regions.

Likewise, competing investment priorities did not permit Government to meet its commitments to improve access to social services. The share of the public budget allocated to social sectors decreased from 24.5 (2017) to 22.4 (2018). In these budgetary allocations, inflexible costs such as staffing and services leave limited resources for investment to bridge access gaps, especially in the most vulnerable zones where health centers and schools are understaffed and lack basic equipment, furniture and supplies. Consequently, the inadequate quality of services provided to children negatively impacts demand and effective coverage of services. The demand created by community engagement interventions could not be satisfied and failed to meet families and communities' expectations.

Due to these constraints, the immunization uptake and quick release of children detained did not take place as planned. The political will required for an immediate implementation of Government commitment is still a concern. School enrolment of children and of those out-of-school is yielding uneven progress. Girls are still being married instead of being maintained in school. For example, out of 10,000 children and adolescents of school ages targeted, only 2,120 (21 per cent girls) were able to go back to school at the beginning of the ongoing school year. Likely, out of 1,500 preschool and primary school teachers targeted, only 615 (234 female) were effectively supervised. The pupils are enjoying better preschool and primary teachings due to the competences acquired.

In the northern vulnerable regions, UNICEF country programme could not meet the objective of providing potable water to communities, health centres and schools. Rather than the 1 per cent

increase planned this year, access to safe drinking water increased by 0.3 per cent because of insufficient financial resources and limited technical and logistic capacity of construction companies. Likely, construction of small-scale water networks was delayed due to the lengthy delivery of the solar powered pumps.

One strategy selected is the humanitarian–development continuum through system strengthening, changes in socio-cultural practices and beliefs regarding children’s well-being. This was challenged by geographical and programmatic constraints. Most of the funds received for emergency responses were either geographically or thematically tagged. Multiplying effects envisioned between the two could therefore not be operationalized to the full. However, KfW funds allocated to fight against malnutrition have permitted to implement both development and emergency response interventions.

Lessons

It is important to capitalize on lessons learned related to community engagement, operationalization of humanitarian–development continuum, engagement with partners, cholera response and protection of children associated with armed groups.

1) Community engagement permitted dialogue and participation of vulnerable people. Horizontal dialogue with actors who operate at grassroots level were setup. Thirty community platforms permitted adolescents to participate in social dialogue in the East and Adamawa regions. Actions implemented by these platforms have permitted people from Bororo and Baka minorities to increase the demand for social services.

Community support groups were set-up to improve community partnership and participation in emergency response activities. The same platforms streamline intergenerational dialogue and circulate information. Actors in the field show willingness and commitment to use the platforms to activate voluntarism, to help communities engage in solving their problems. In the Lake Chad Basin, more than 1.3 million persons were reached with messages on cholera prevention and treatment, specifically targeting pupils, students, school teachers, traditional healers, leaders and journalists. Additionally, in both sensitization emphasized peacebuilding, social cohesion and peaceful cohabitation between all groups dwelling in affected/at-risk localities. In line with this, islanders and nomadic groups were served and directly involved in the implementation of the communication strategy during polio response in Lake Chad Basin.

2) Decentralization is an opportunity to “seize and deliver” for the most disadvantaged children and communities. Since considerable socio-cultural differences exist in the country, decentralization, if appropriately implemented, can permit a relevant response to local development issues and increase populations’ ownership and participation and thus accelerate the realization of children rights. Government engagement to accelerate decentralization is an opportunity to enlarge geographical scale and increase capacity to respond to people’s and community’s needs. UNICEF Cameroon partners with recently-created ministry in charge of local development and the community development programme. In the Far-north region, the country programme works with traditional/community rulers, chiefdoms and religious leaders on

how to collaborate effectively to address issues such as weak performance in immunization, birth registration and appropriate care/feeding of children to combat stunting. Communes can contribute to advance children's rights, and are potential partners who can provide local financial resources for children.

3) Persistence of the crises that necessitate the humanitarian-development continuum: In addition to the four regions (East, Adamawa, North, Far-north) initially targeted, the programme extended interventions to the North-west and South-west regions because of the prevailing conflict. Utilization of funds allocated by KfW to nutrition is an example of operating the humanitarian–development continuum. Joint programmes on resilience in the Far-north and East regions will support humanitarian – development continuum effectiveness.

4) Involving education authorities at central and decentralized levels in emergency coordination mechanisms facilitates linkages between emergency response and development interventions. High-level advocacy and fluent information circulation between all actors strengthened Government ownership and led to integration of temporary learning and protective spaces used for Central African Republic refugee children in the Adamawa and East regions into formal education system.

5) Leveraging with development actors is important to deliver results for children. Mindful of its financial, technical and inducing capacity, UNICEF Cameroon developed partnerships with priority to immunization, combatting stunting and birth registration to all children notably those living in the most vulnerable regions. UNICEF is leading technical working groups with partners who are active in the sectors. In birth registration, a technical multi-actor platform is fully operational. Bearing multiple benefits, the group gathers the National Bureau of Civil Status, the European Union commission in Cameroon, the GIZ, United Nations Development Programme and UNHCR. UNICEF can technically support, leverage financial resources and extend interventions to the whole national territory and therefore give an opportunity to many children to enjoy their basic rights. UNICEF ensured leadership role in the formulation of the joint United Nations Programme on resilience as well as chaired United Nations Development Assistance Framework 4 on resilience. Likewise, as grant agent of Emergency Fund from the Global Partnership for Education, the Education Cluster lead and co-lead of United Nations Development Assistance Framework pillar 3, UNICEF Cameroon coordinated the development of the financial proposal for education in emergency to reinforce the response to the protracted Central African Republic crisis.

6) Harnessing the power of working together with all stakeholders at all levels produces large-scale changes. Cameroon is a middle-income economy with appreciable public resources. Official development aid does not exceed five per cent of the national budget. In such a context, UNICEF is leading public expenditure-tracking surveys in nutrition, WASH, education and health sectors. Moreover, disparities between 'best-off' and 'worst-off' have prevailed so long that they are hardly perceived as issues and require appropriate and immediate response. Partnering is critical to achieve meaningful and sustainable change. Bringing all actors together creates momentum to favor large scale changes that will impact beyond United Nations priority

zones in the country. UNICEF, United Nations Development Programme, European Union, GIZ and National Bureau of Civil Status partnership to revamp birth registration is a good example of such collaboration.

7) Youth participation and engagement are important to achieve results for children. As close to half of the population is under 18 years old, investing in youth is critical to safeguard progress and for return in investment in social sectors. The U-Report initiative covered landmarks with the creation of a toll-free phone line dedicated to youth information on their rights, availability and reference to existing services. This is one of the instruments used by the country programme to achieve goals of the 90-90-90 initiative of a world free of HIV/AIDS. This platform is used to promote communication between the population and public affairs managers in sectors of the country programme. The momentum created by the U-Report initiative mobilized the youth on the millennium agenda and reemphasized the importance of their role in achieving Sustainable Development Goals in Cameroon. Involving children as agents of change will be strengthened. Priority will be given to education, employment initiatives through involvement of youths in WASH construction, education infrastructures, development of innovations and support to youths' incubators.

8) Delays in implementing decisions and commitments made by Government are negatively affecting the programme-enabling environment and child rights. Programme investments in the enabling environment have failed to produce expected changes because of protracted delays of endorsements within the administrative chains. Some important child rights issues are not receiving appropriate address because of delayed development policies and strategies endorsement by authorized institutions/officials. The Government drafted a protocol recommending quick release of children associated with armed groups in line with international standards ratified by Cameroon, for example, but no endorsement has occurred so far. Therefore, children are still detained. Likewise, Government failure to ensure continuity of cholera surveillance mechanisms and water provision to vulnerable at-risk populations resulted in cholera outbreak in 2018. UNICEF Cameroon's contribution was critical for crisis response.

Within the framework of results for children in West and Central African Region, the UNICEF Cameroon country office will strive to achieve change for children in the goal areas of the organizational strategic plan, including:

1. Extend solar-powered cold chain to increase vaccine coverage with emphasis in the low performing districts;
2. Maintain the country free from polio virus circulation; eliminate neonatal tetanus and move toward measles and rubella elimination;
3. Reinforce community mobilization to increase demand of education in both humanitarian and development settings;
4. Scale-up interventions against stunting and other forms of malnutrition, taking full advantage of opportunities offered by the 'first 1,000-days' window and using a life-cycle approach: emphasis will be on improving infant and young child feeding practices and maternal nutrition at grassroot level. Cross-sector collaboration to enable closer ties between nutrition and

sensitive sectors such as health, water and sanitation, food security, social protection and early childhood development will be continued and strengthened.

5. Extension of inter-operability between civil status and health system to additional communes of programme priority zones and promotion of large-scale response to all forms of violence that are affecting children notably girls;
6. Continued advocacy for the signing of the protocol for children affected by armed conflict release and the establishment of a disarmament, demobilization and reintegration mechanism of children that is in line with international standards;
7. Strengthen technical and managerial capacities of municipalities and decentralized communities for sustainable delivery of WASH services and professionalization of water systems management;
8. Promote and reinforce public private partnership for the development of WASH infrastructures;
9. Implement community-led total sanitation with integration of community interventions (WASH, health, nutrition, education, and HIV/AIDS);
10. Advocate for adequate budgetary allocation to social services based on evidence generated from Public Expenditure Tracking Surveys being done in four sectors;
11. Implement resilience reinforcement joint programmes in Far-north and East regions.

Cross-sectoral components of the UNICEF Cameroon country programme will provide support on people's and community engagement to remove systemic and socio-cultural bottlenecks in programme focus areas. Communication for development will reinforce evidence generation and utilization to facilitate removal of bottlenecks that block people's utilization of basic social services and to adopt essential family practices by families who live in underserved regions in Cameroon.