

# Country Office Annual Report 2019

## Republic of Cameroon



### Update on the context and situation of children

On July 1st, 2019, the Cameroonian population, is estimated at 24,348,251, 50.6 % female; 52% aged below 18 years old (BUCREP 2019). The population is young and generates strong socioeconomic demand. In rural areas, limited access to basic social services and effects of climate changes lead to household impoverishment and severe child deprivations.

From 2011 to 2018 (DHS), under-five mortality has dropped from 122 to 79 per 1000 life-births while neonatal mortality decreased from 31 to 28. Nevertheless, achieving under-five mortality targets set by SGD agenda by 2030 remains challenging for the country. In this regard, UNICEF strengthened its support to (i) increase immunization coverage especially for the most deprived children, (ii) combat main children's killer diseases, (iii) reduce stunting prevalence with special focus on the most 4 vulnerable regions (East – North – Adamawa – Far-North).

Youths and adolescents aged 15-24 years old (23% national population) are challenged by (i) unemployment/underemployment, (ii) sexually transmittable diseases and HIV infection, (iii) gender-based violence, (iv) drug consumption and abuse. Discordances between labor market demand and jobs seekers skills remains challenging and threatening to economic growth, development, security, social cohesion and peace.

Early entry in sexual activity (16.5 in rural area and 17.6 in urban area) and early marriages (43% of women aged 17 – 19 years old) expose girls to unwanted early pregnancy and increases risks of maternal mortality.

Despite the confirmed decrease in HIV prevalence in the general population (DHS 2018) from 4.3% (2011) to 3.4% (2018), new infections are still increasing among youths and adolescents. The knowledge of appropriate means to prevent HIV infection is lowest amongst adolescents aged 15 – 17 years old (30.2% among boys and 28.4% girls).

Compared to 2010/2011, access (131% to 117%), completion (71% to 67%) and transition from primary to lower secondary (60% to 48%) have decreased in the 2017/2018 school year. Nearly 36% children are out-of-school, North-West and South-West not included. Out-of-school girls are exposed to several forms of adverse practices including child marriages and other forms of Gender-based violence and exploitation even more aggravated in emergency situations.

The Grand National Dialogue convened by the Government in 2019, gathered key political players to seek lasting solutions to sociopolitical unrest and threats faced by the Country notably to the North-West/South-West (NW/SW) crisis. The law on decentralization and special status awarded to North-West and South-West regions are the most important outcomes. This law prescribes allocation of 15% of the national budget to local councils but not specific on roles distribution on management and accountability of development affairs attached to the special status awarded to NW/SW.

In 2019, the overall economic growth is estimated at 4%. This growth does not provide enough resources to create jobs opportunities for youths. Government has continued implementing the economic program agreed with the Bretton Woods financial institutions. Public budget allocations to social sector is also affected by both economic performance and ongoing crises.

In 2019, children in the country have been affected by several climate change-influenced humanitarian situations including floods in the North and Far-North regions. In the Far-North, floods have affected crops-growing activities and may therefore expose the population to food insecurity, hunger and malnourishment at the pick of the dry season. Severe and acute malnutrition may increase and jeopardize many children and mothers' lives if appropriate surveillance and response are not taken.

Measles (48/189 health districts) and cholera (1293 case, 56 deaths, 17/189 health districts) epidemics have also been registered over the reporting period. Two cases of vaccine derived polio-virus were also confirmed, one in Mada Health District, Far-North region and the other one in Chad. Epidemics repetitiveness is due to some factors notably, security degradation, weak performances of immunization services, limited access to WASH. Epidemic outbreaks also occurred in areas affected by man-made crises, prevailing insecurity thus rendering our response even more complex.

Two major crises, the NW/SW crisis that included population displacements within the regions' hard to reach areas and into neighboring regions, and the Boko Haram crisis, emanating from Nigeria and affecting mostly the Far-North region, continued to have traumatic consequences for child rights. The spillover effects have displaced children, families and communities. The NW/SW crisis, in its third year, continued with frequent clashes between government forces and non-state armed groups. In total, 653,902 people have been displaced along with 203,634 returnees. The Boko Haram crisis, characterized by predatory cross-border attacks on civilians, has created 271,000 IDPs, 110,000 returnees and 106,000 Nigerian refugees in Far-North region. Over 2019, the intensity of both conflicts increased leading to greater child survival and protection needs.

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Humanitarian threats to children in Cameroon increasingly compete with the continuing need for inclusive sustainable development. Response to humanitarian situations led Country Programme (CP) geographical focus to move from four to six regions. UNICEF scaled up field presence from three to five operational business units including new outposts in Bamenda (North-West region) and Kousseri (Far-North region). This change in both magnitude and complexity of demand occurs in a challenging environment marked notably by poor donor response for lack of government commitments. Out of USD 39.5 million needed, only 15% was funded with severe consequences for UNICEF capacities to respond though CERF and internal EPF loan facilities enabled some key deliverables to be met. Additionally, access constraints and the limited range and experience of government and non-governmental humanitarian partners further impacted on response efficiency, efficacy and effectiveness.

In 2020, UNICEF will prioritize 1) strengthening the quality and coverage of gender-sensitive humanitarian response for children; 2) strengthening child protection capacities; 3) supporting joint principled government/inter-agency contingency planning and rapid response for new emergencies (including for vaccine preventable and communicable diseases); and 4) conducting advocacy on the impact of conflict on children. The response will emphasize systems strengthening, and linking humanitarian action, development and peacebuilding in local contexts.

### Major contributions and drivers of results

As outlined in the 2019 Annual Management Plan, the Country Office focused on seven priorities: emergency preparedness and response, decentralization of Programme functions, resources mobilization, planning processes and three Key Results: Immunization, Birth registration and stunting.

Two major crises (NW/SW crisis and Boko Haram crisis in the Far-North) are ongoing in the country with significant impact on children rights. The spillover effects have displaced people, families and communities. More than 450,268 people remain displaced along with 203,634 returnees in the ongoing NW/SW crisis and 271,000 IDPs, 110,000 returnees and 106,000 refugees in Far-North region. Needs in humanitarian response have significantly increased.

Consequently, CP field focus has shifted from four to six regions. Mindful of the complexity of the NW/SW crisis, Country Office implemented several strategies to meet the needs of affected children: optimization of human and financial resources; functionality of all four UNICEF co-led clusters; acceptance of humanitarian assistance through partnerships with non-governmental organizations; establishing rapid response mechanisms; implementation of third-party monitoring strategies and utilization of U-Report for independent feed-back.

UNICEF reached 152,947 children aged 6 months to 15 years with measles vaccination; 54,240 families received long-lasting insecticide-treated nets; 76,154 children with severe acute malnutrition (SAM) received treatment; and 260,479 people received WASH kits. Some 1,000 conflict-affected children received a birth certificate and 8,037 unaccompanied and separated children were identified and/or placed in alternative care arrangements and received follow-up. A special Rapid Response Mechanism was established to reach hard-to-reach populations in NW/SW with multi-sector assistance. Cluster coordination commitments were met for nutrition, WASH, education and child protection.

To adapt to the changing programmatic environment challenges, the Country Office strengthened the decentralization of field operations. Within the scope of the Accountability Framework, ownership and accountability of Field Offices was reinforced with operational plans, managerial capacity development, strengthening evidence-based Programme management for effectiveness and efficient delivery for children. At decentralized level, complementarities, synergies through entry points approach was reinforced as well as local leadership and gave way to innovative approaches on Programme Accountability through:

- **Cross-sectoral programmatic visits at decentralized level.** Thematic-led field visits were done prior to annual review at regional level, led by program section chiefs. This provided opportunity to engage joint and cross-sectoral discussions on major bottlenecks and recommend solutions to Field Offices and to strategize on key issues and ways to expand and accelerate programme interventions.

- **Joint Government – UNICEF – Civil Society and community actors field visit before annual reviews focused on priority themes per regions.** Done right before the review, this was organized by theme and based on regional priorities while considering inter-sectoral points of interest and programme efficiency. These visits were led by the Regional Delegation of the ministry in charge of programme coordination (MINEPAT) along with concerned mayors. This enabled the broadening of the scope of accountability to children, families and communities.

- **Operationalizing inter-sector strategies through the child's first 1,000 days strategy to integrate immunization – WASH – births registration – PMTCT.** This strategy provides an opportunity to reach many targeted

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groups notably, adolescents, breastfeeding mothers, new-born and infants. It enables to provide promotional, preventive and curative services to targeted groups. Cross-cutting issues such as essential family practices and community engagement are also addressed.

- **Strengthening RBM for key stakeholders contributing to Country Programme implementation.** To reinforce Programme delivery and accountability, staff of all partnering institutions posted at regional level received the RBM and Gender training.
- **U-Report poll on programme perception by grassroots beneficiaries.** Results of the polls will enable the reinforcing of multi-level accountability testing of new approaches to data collection for humanitarian evaluation.
- **Accountability framework** to clarify and strengthen roles and segregation of responsibilities between operational units (operationalization of cost/expenditures centers)

Following an increase in identified humanitarian needs through the Humanitarian Needs Overview (HNO) exercise, funding requirements increased from USD 25.5 million (2018) to 39.3 million (2019). The CO developed a resources mobilization strategy to ensure adequate funding of planned results through securing existing donors and exploring/capitalizing opportunities to engage new ones especially from domestic private sector. A total of 62.2 million USD (12% ORE) was mobilized in 2019. Additionally, CO maintained high-level advocacy to Government authorities to increase allocation of public budget resources for children. At decentralized level, 33 councils of the East region have dedicated 1% of their budget to support nutrition interventions.

Resources mobilization for Health, Water, Hygiene and Sanitation, and Child protection out of emergencies remains challenging. Though CPD 2018 – 2020 OR mobilization targets have been met for Nutrition, HIV and Education areas, other CP outcome and outputs are still underfunded. For nutrition, though funded beyond OR planned, sustainability is challenged since funds are mainly provided by one donor.

In health, UNICEF planned to contribute to immunization coverage increment in the four priority regions: East, Adamawa, North, and Far-North. Consequently, the number of health district with at least 80% Penta 3 coverage was to increase from 25/68 to 50/68. The CP therefore supported vaccine supply mechanisms, technical support for the installation of cold chain equipment, capacity development in vaccine management and support to outbreak response vaccine preventable diseases.

- **Support vaccine supply mechanisms through GAVI.** To lift GAVI embargo on immunization funding, WHO and UNICEF advocated to GAVI, Ministry of Planning and Ministry of Health for the alleviation of financial embargo effects. This has permitted to avoid shortage and stockout in vaccines and contributed to the implementation of measles and rubella response campaign.
- **Technical support to the installation of solar powered cold chain equipment.** Based on evidences of cold chain deficiency and its impact on immunization coverage and quality of services, UNICEF supported the installation of 629 cold chain equipment (184 solar sites and 340 electrical sites) during phase 1 of the government-led Cold Chain Equipment Optimization Platform (CCEOP).
- **Capacity development on effective vaccine management.** The 2019 evaluation of Effective Vaccine Management revealed some improvements, the overall performance improved from 62% (2013) to 80% (2019) and 9/13 criterion scored above 80%. The evaluation pointed-out strengths and weaknesses of the supply chain and in nine areas of vaccine management. At each level of the essential vaccine supply chain, recommendations were formulated to address potential weaknesses. Temperature management, storage capacity, vaccine distribution, waste management and formative supervision need special attention.
- Cameroon faced two cVPD2 outbreaks in the Far-North concerning confirmation of cases in Mada health district and in Mandelia health district in Chad and responded quickly for the event. A plan of routine immunization improvement for six months is ongoing in five districts in the Far-North region.
- Penta 3 vaccine coverage improved from 80 to 87,2%, 96 to 103,6% and 78% to 80,7% in Adamawa, East and North regions. The performance of the Far-North region from 72 to 72,5% was not satisfactory. From a geographic equity perspective, the proportion of health districts with Penta 3 coverage above 80% has also increased in these three regions. Only 1/9 (Adamaoua), 1/14 (North) and 2/15 (East) health districts have not reached the minimum standards.
- Concerning Td2+, coverage is better in priority regions (59%) than at national level (48%). Emergency affected regions (North-West and South-West) achieved 47% and 41% respectively for Penta3, and 44% and 35% for Td2 respectively. No district crossed the threshold for the neonatal and maternal tetanus outbreak. Country remained free from wild polio virus circulation.

In nutrition, the CP planned to provide Vitamin A supplementation and deworming, support to improved IYF at both community and health services, scaling-up home-based food fortification with micronutrients powders, support to

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Integrated Programme for Management of Severe Acute Malnutrition, and continuation of support to enabling environment and coordination.

- The CP scaled up its point-of-use home fortification and provided an opportunity to improve children's diet and prevent anemia as well as other micronutrient deficiencies. As a result, the number of children aged 6-23 months reached with micronutrient powders rose from 25,241 (2018) to 103,888 (December 2019) representing 70% of those targeted. This program was scaled-up from 9 to 25 health districts in 2019 with the support of 1,080 Community Health Workers. Strategic partnership developed with the regional delegations of Health and NGO partners made a significant contribution. Counselling on Infant and Young Child Feeding practices was provided to **242,000 caregivers**.
- Performance in exclusive breastfeeding for children aged below 6 months is promising though Programme zones (33%) are not doing better than the rest of the country (40%). The percentage of early initiation of breastfeeding increased from 18% (2017) to 25% (2019).
- CP supported the provision of life-saving vitamin A supplementation (VAS) to children under five with financial resources provided by KFW. During the first semester of 2019, **5,389,137 children (90% 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 2019. Thus, VAS was implemented only in the 6 Country Programme priority regions (Far-North, North, Adamawa, East, North West and South West) in the second semester, **which led to a decline in coverage of almost 50% (2,693,513 children reached)**. Sustaining VAS coverage in the absence of the polio campaign platform remained a key priority for Cameroon. Thanks to financial support from Global Affairs Canada, and in partnership with actors like HKI, UNICEF supported MoH in delivering VAS through routine immunization services. About **812,000 (90%) children aged 6-59 months** were supplemented through this platform in 2019.
- SAM treatment was scaled-up in Cameroon in 2019, the number of UNICEF-supported centers providing SAM treatment services increased from 796 in 2018 to 839 in 2019. As a result, 79,256 children with SAM (120% of the target – 65,000) received life-saving treatment and care in 2019. Among them and in close coordination with UNHCR, UNICEF supported the provision of care to 3,157 refugee children (693 Nigerian refugee children and 2,464 CAR refugee children). In addition, the quality of care received by children with SAM remained in line with SPHERE standards, with a recovery rate of 90%. This was made possible through the financial contribution provided by KFW as well as UNICEF's support to MoH to strengthen the nutrition supply chain system, build health workers' capacity on SAM treatment and integrate SAM within the health system. The implementation of the mother-led MUAC screening was supported in four health districts of the Logone et Chari, UNICEF signed Partnership Cooperation Agreements with three NGOs. Through this approach, mothers and caregivers were trained and equipped in identifying the first signs of malnutrition in their children using MUAC. Those identified with SAM were then referred to the nearest health centers. A total of 19,113 mothers were trained on this approach in the target districts and a total of 153,373 children were screened by the mothers.

In HIV response, in 2019, Programme planned to ensure continuity and use of HIV/AIDS prevention, care and treatment services, including in emergency situations to children and women in vulnerable regions.

Within the framework of Prevention of Mother to Child Transmission (PMTCT), 20,978 (80%) HIV+ pregnant women were identified and 16,745 (80%) were put on ART. Participation of male partners in PMTCT programs remained low, only 28,114 (5.14%) male partners of the 546,514 pregnant women tested performed an HIV test in 2019 compared to 4.79% in 2018. This increases the risk of infection among HIV-pregnant women. In 2019, stock-outs of HIV tests were the major challenge. Additionally, stigmatization and discrimination are still present and psychosocial support to pregnant/breastfeeding women should be pursued.

The national HIV prevalence (15-64 years) dropped from 4.3% in 2011 to 2.7% in 2018. In the 15-19 age group, girls (51.7%) and boys (71.9%) have reported use of a condom the last time they had sex with any partner among those who had more than one sexual partner in the past 12 months. The 2018 National HIV/AIDS annual Report indicated that 79% of people on ART had viral load suppression.

To accelerate SDGs 1, 2, 3 and 5, UNICEF gathered other UN Agencies (WHO, UNICEF, UNFPA, UNAIDS) that held quarterly multi-agency coordination meetings aimed at creating fruitful synergies to improve service delivery and influence decision-making to promote children's and mothers' health.

In 2019, Country Programme planned to contribute to reduction in gender parity index for the primary education completion rate from 0.92 in 2018 to 0.94 at the end of 2019, and to improve retention rates in primary education by 1%. Special focus was on children affected by emergencies in NW/SW regions and to those affected by learning disruption due to gender, social roles, norms and the extreme poverty. Nearly 557,954 children from NW/SW have been deprived from their right to education for the past three school years.

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During the period under review, 39,889 children (56,83% girls) received learning materials; 1,671 teachers (585 female) representing 47,74% of target, from the Adamawa, East and Far-North regions received training in the accelerated curriculum to teach catch-up courses for out-of-school children. Due to the ongoing crises in the NW, SW, Far-North and coupled with the national economic impact on families' purchasing power, gender disparity index has dropped to 0.90 in 2018/2019 school year.

In response to the education needs of IDP children and teachers in the Littoral, West, North-west and South-west regions, UNICEF, in partnership with the local education authorities of Littoral and West, trained 962 teachers (28% from secondary education and 72% primary), 237 community members, and 40 pedagogical and education personnel on Psychosocial Support and School Based risk mitigation (umbrella approach). UNICEF education in emergencies reached 102,128 school going students (52% females) in 563 operational schools in the Far-North, East, Adamawa, West and Littoral regions. It is expected that the umbrella approach will also address risks related to rape and violence against children reported to be widespread in IDP hosting schools of Littoral and West.

During the reporting period, access to safe drinking water has increased by 2.8% (against an initial target of 2.7% for the year). Access to adequate sanitation facilities in schools and health centers has respectively been improved by 1.1% (against an initial target of 1%) and 8.3% (against an initial target of 7.5%). Water point management committees established and trained are ensuring sustainability of achieved results.

Community Led Total Sanitation (CLTS) was implemented to support Government's effort to end open defecation in the country. CLTS activities triggered in 163 communities of Blangoua (Far-North region) and Mbang (East region) councils for the benefit of about 112,795 inhabitants have been completed. This was done with the support of NGOs. In addition to sensitization on open defecation and its unhealthy environmental impacts, 10,673 household latrines were constructed. About 91% of targeted communities reached the Open Defecation-free status during an evaluation carried out before end of year by government.

WASH facilities have been constructed for the most deprived population in both development and emergency settings. These constructions done in 16 schools (3,682 pupils and teachers), 22 health (about 16,170 patients and health personnel) facilities and communities provide access to safe drinking water, basic sanitation and contribute to the adoption of good hygiene practices by targeted people, families and communities. In targeted areas, progress was constrained by several factors related to low construction companies' capacities, limited implementing partners capacities and delay in the endorsement of policies/strategies by the Government. In response to bottlenecks, Country Programme is advocating to Government for finalization of policies pending endorsement and implementing technical capacity reinforcement plan for partners.

In 2019, the Programme had planned to reduce by 3 percentage points the proportion of women aged 20-24 years old who are married before 18 and to increase by 9 percentage points the proportion of children registered at birth.

To accelerate birth registration, UNICEF partnered with the National Civil Registration Office (BUNEC), to support the modernization of Civil Registration and Vital Statistics strategy. High-level advocacy and provision of technical support led to the agreement on interoperability between health and civil registration. The implication of leaders at community level was also strengthened. Capacity reinforcement of community social workers to ensure effective data collection and reporting of births in the village note books was continued. The percentage of health centers using the new tools reached 15.2% at the regional level in the Far-North and 19.8% in the East compared to 5.2% and 7.4% respectively in 2018. This support enabled to reach 90% registration of births in the two pilot councils. As from 2020, BUNEC will start scaling-up to other councils in the country.

A total of 137 Adolescent clubs were set up to strengthen adolescent girls' and boys' capacities and encourage them to protect themselves from violence and exploitation, including GBV, child marriage and from recruitment by armed groups. In the Far-North, 2,719 (1,283 girls and 1,436 boys) adolescents aged 10 to 19 years actively took part in life skills activities conducted by social workers and community-based animators. Some 20 social workers/facilitators were trained in the specific methodology to provide age and gender sensitive psychosocial support in this high-violence setting, group dynamics and clinical supervision. The 39 inter-generational dialogue sessions conducted in the Far-North Region on promoting gender equitable norms and delaying the age of marriage engaged 3,398 people (1,696 girls/women and 1,702 boys/men) included traditional/religious leaders, parents and adolescents. In the NW and SW Regions, 6,331 adolescents (3,467 girls and 2,864 boys) participated in a variety of like skills activities facilitated by social workers and animators.

By the end of 2019, the Programme planned to maintain and reinforce evidence-based advocacy to Government to increase public funds allocation to basic social services and to complete the Public Expenditures Tracking Survey (PETS) started one year earlier.

Preliminary results of PETS revealed concerns in utilization of results of public budget allocated to Health, Education,

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Nutrition and WASH Sectors. Evidences provided by PETS will inform UNICEF's engagement with local council within the framework of decentralization. The Unified Social Registry has been developed in four councils (Ngoumou, Akono, Mbankomo, Bikok) of the Centre Region and provided useful information on vulnerable people. This provided an entry point to operationalize the SDG-related leave-no-one behind principle for inclusive communes-led social development. The challenge remains for the government to go to a wider scale.

### Lessons Learned and Innovations

#### Humanitarian response.

Despite its lower middle-income status, Cameroon remains challenged in the context of Disaster Risks Reduction and emergency response—evidenced in the 2019 experience of floods, cholera, landslide and armed conflict. Pre-positioned stocks and strong leadership role at clusters levels have been critical for humanitarian response.

Although the humanitarian-development nexus remained a central tenet to joint programming, the government response was hindered by poor coordination between administrative structures and regional delegations of line ministries notably health, WASH, social affairs and education. This highlights the importance of putting in place an effective preparedness including systems strengthening for early action.

Outbreaks management was typically reactive and proved to be inhibited by insufficient funding and other managerial and coordination issues. It is urgent to mainstream the child dimension to this persistent public health risk and development impediment. Moreover, the understanding of humanitarian principles is inconsistent especially in the context of armed conflict prevailing in the Far North and North-West and South-West regions.

In the NW/SW conflict, acceptance and access were the key challenges. This highlighted the need to combine strong security risk management with sustained community engagement for acceptance by both implementing partners and increasingly, UNICEF staff into hard-to-reach areas. Externally, considerable weaknesses were identified with local implementing partners in financial and technical management of the packages proposed for the response.

**Acceleration of KRC.** Achieving meaningful progress is KRC priority areas face multiple challenges notably funding, community engagement, Government commitment and evidence-based decision making. To remove these bottlenecks, the Country Programme implemented the following solutions: broadening alliances with key players, faith-based platforms, parliamentary network dedicated to nutrition, platform of mayors at regional level and private sector. A total of 24 mayors allocated 1% of Council's budget to nutrition. In immunization, strong joint advocacy with WHO and technical support have contributed to maintain/revamp immunization response. Development of a pilot project has enabled to accelerate birth registration in two health districts and allowed to enhance birth registration rate across the respective regions. The worth of interoperability was demonstrated and facilitated the development of an MoU between the Ministries in charge of Health and local development. Tools developed with UNICEF's support have been adopted and are being used by other development partners notably GiZ. Rapid-pro SMS-based births notification has proven to be effective. PROCIVIS has expressed interest to adopt and use it.

The Programme Theory of Change was developed in 2017. Since then, the programmatic environment has changed significantly with the growing demand for humanitarian response. The results framework adopted in 2017 focuses on quality of services, demand and the enabling environment. To address Country Programme capacity to serve children impacted by emergencies, the humanitarian – development nexus was adopted. This nexus was deemed to serve the purpose of two ways capitalization on emergency funds, strategies and intervention to reinforce systems' and community's resilience to external shocks.

To optimize emergency response in conflict affected zones, the Country Office has reshaped its human resources and extended its field presence to Buea (South-West Region) and Bamenda (North-West Region).

The UNDAF mid-term review adopted emerging thematic areas (youths and adolescents – Urbanization – Climate changes). Mindful of difficulties faced to mobilize resources, UN Agencies have opted to reinforce the humanitarian – development – peace nexus as a common approach to effective Delivery as One (DaO) in emergencies affected zones.

Likewise, linked to the decision by National Government to accelerate the pace in decentralization implementation, collaboration with local councils will be reinforced through the Council's Development Plans platform.

The 2019 mid-term review adopted priority shifts to reinforce Country Programme relevance to its programmatic environment. The major strategies proposed to underpin the new challenges are:

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- Reinforce mainstreaming of humanitarian – development – peace strategy in Programme operation at all levels;
  - Reinforce address sociocultural bottlenecks that hamper demand and use of basic social services for children, adolescents and mothers to increase effective coverage of high-impact intervention on the wellbeing of the child;
  - Partner with local councils to create and shared accountability framework with all stakeholders at community and grassroots levels;
  - Operationalize business for results in favor of children through partnerships with domestic business and private sector;
  - Implement innovative approaches to solve child rights issues and feed strategic level advocacy;

Partner with youths and adolescents as agents of change. Country Programme will provide them with opportunities to support children’s mandate and to contribute to their own professional development.

- **Decentralization.** The law on decentralization reinforces the role of Local Councils in management of development affairs at grassroots level. Decision to allocate 15% of the national budget to local council is also an opportunity to leverage resources for children in social sectors. Advocacy will be continued to engage additional local councils in the support implementation of child sensitive Council Development Plans. This will also serve to push the establishment of a shared accountability framework which will reinforce citizens’ participation, accountability and contribution to local development. The special status granted to North-West and South-West regions by the law on decentralization will also be optimized by Country Programme to contribute to the reopening of basic social services delivery units as conditions of security and stability are re-established.
- **Urbanization.** More than 60% of Cameroonian population are living in urban areas with inadequate basic social services facilities. Children from the poorest families are facing difficulties to access quality services with limited purchasing power. Most of these children’s education and health conditions are like those dwelling in rural areas. Additionally, spillover effects of the NW/SW crisis have contributed to the increase of (displaced) populations in major cities notably in the Littoral, Centre and West regions. Cases of children abuse and gender-based violence are also on the rise. Working for children in urban areas is also an emerging priority for the Country Programme also taking into consideration the positive results achieved in Yaoundé 2 with the setting up of a model urban intersectoral child protection system.