Update on the context and situation of children

Cameroon’s population is estimated at 25 million people, 49% aged below 18 years old, 51% are women and 53% are living in urban areas.

The sociopolitical context was marked by legislative, council and regional elections. Following these elections, the number of women in the lower chamber of the parliament increased to 33%. (61/180) Likewise, more women (37/360) have been elected mayors of councils. In the crisis affected North-West/South-West regions, the house of chiefs was created. These new institutions raised hopes for better design, budgeting and implementation of policies that will provide opportunities to better address children rights issues at grassroots level.

The 2030 National Development Strategy launched in November is focused on four major priorities (1) structural transformation of the national economy, (2) development of human capital and wellbeing, (3) promotion of employment and economic integration, (4) governance, decentralization and strategic management of the state. The new development framework will be transformed into a law, shifting from indicative to compulsory programming.

The implementation of the recovery phase of Presidential Reconstruction Development Plan is led by the United Nations Development Programme. This plan implements recommendations of the National Major Dialogue held in 2019. UNDP’s leadership for the implementation may impact the neutrality of UN Agencies in North-West/South-West regions.

Major indicators of children wellbeing have not significantly changed. Nearly 4/10 Cameroonian are living below the poverty line. Prior to the COVID-19 health crisis, coverage rates of essential social services were challenging. Potable water (61%), births registration (64%), stunting (29.3%), 58% of children are anemic, 24% of adolescent girls aged 15-19 already started their reproductive life (DHS 2018), Young women and adolescent girls aged 10-19 are 6 times more infected with HIV than their male counterparts, 24% of children 5-14 are not enrolled in primary school, 26.6% of girls versus 7.8% for boys are excluded from primary education and, once children aged 12-15 get in secondary school, drop-out rates (17%) are high. One out of two primary school pupils is unsuccessful in basic learning outcomes.

Even though under-five mortality trends have been decreasing over the past four years, the pace has moved from 4 to 2 points of percentage over the last three years. Neonatal mortality stagnates at 28 per 1,000 births.

About 40% of children are exclusively breastfed during six months of age, 52% of children aged 12-23 months received all required vaccinations while 10% of children never received a vaccine. Inequities exist among the income brackets where only 34% of children in the lowest economic quintile received all required vaccines while 71% received them among the richest group.

Protection in children continue to be a concern where 61.9% of children under the age of 5 years are registered in Cameroon and 47% of children aged 5 to 17 who were identified as participating in child labor in 2014.

Shares of the national public budget allocated to social sectors have progressed as follows: basic education from 4.7% to 5.1%, secondary education from 8.1% to 8.9%, child protection from 0.15% to 0.2%, no change in health 4.3%, water and sanitation decreased from 1.9% to 1.8%). Most public expenses in these sectors are mainly allocated to staff and other running costs. It is worth mentioning that public budget allotted to these sectors were reduced following budget adjustment imposed by the COVID-19 shock.

Cameroon faced multiple consequences of the COVID-19 pandemic. The first cases were confirmed in mid-March 2020. By end of December 2020, 60,456 cases were confirmed with 1,6 fatality ratio. Despite the pretty good resilience of the country, basic social services have been impacted. Demand and utilization of health and nutrition, HIV&AIDS services have dropped. Disruption of learning activities following schools’ closures, 7 million children were deprived of education. It has also been noticed that gender-based violence, economic exploitation of children, domestic violence, girls’
children marriages have increased. Challenges to ensure continuous availability and access to water did not permit to ensure effective hand washing especially amongst hot-spots and underserved milieus. Likewise, the limited production capacity of local industries challenged the purchase of some key supplies. Last but not the least, the absence of a strong social protection system, the prevailing informal sector and control measures put in place by the Government have made it difficult for masses to continue earning their livings.

According to World Bank forecast, Cameroon’s GDP growth rate will decrease from 3.5% (2019) to -1% (2020). At household level, the impact of the pandemic demonstrated that 62.7% experienced a deterioration in their standard of living, slowdown in their employment activity (74%) and a drop in their income (65%).

No significant improvement has occurred in the hotspots. Vulnerabilities requiring humanitarian response have increased in the Far North, East and North-West/South-West regions. A major consequence of the current crises in Cameroon is the continuous and increased number of population displacements. Since 2018, Cameroon has seen its number of IDPs raise from 700,000 to exceed one million at the end of 2020. Trends in refugees’ influx, both Nigerian and Central African, remained relatively stable with a total record of 443,000 according to UNHCR data. In 2020, 465,000 returnees were also identified in North-W/South-West and Far North region. Some returns are pendular movements and areas of return are not always secure to ensure durable returns. Notably, in 2020 several areas of displacement became areas of concern due to outbreaks of COVID-19.

Effects of climate changes have kept unpacking with significant impact on food security nationwide and especially in the northern regions with consequence on nutrition status of under five children. In the Far North region, nearly 160,000 poor people have been affected by floods and some were forced to leave their homes.

As envisioned in the Annual Management and the COVID-19 response plans, UNICEF maintained an appropriate level of operation in the country. This was done through a well-balanced physical presence in offices and teleworking. Staff were able to maintain an appreciable level of delivery and safety.

---

**Major contributions and drivers of results**

Despite challenges posed by COVID-19, North-West/South-West and Boko Haram crises, Central African sociopolitical unrest, floods, measles and cholera outbreaks, cases of vaccines derived polio and global and national economic downturns, nature of the environment that prevailed over the year 2020 and as per priorities outlined in Annual Management Plan, UNICEF Cameroon maintained its engagement to accelerate progress towards achieving priority Key Results for Children. UNICEF collaborated with Government, Civil Society and Development partners notably United Nations Agencies to deliver for children and women through improvement of quality of services, development of infrastructures, policy dialogue and advocacy for public budget allocation to social sectors. Out of US$ 45,445,500 appealed in 2020 to fund lifesaving and protection-based for children and women in humanitarian, 19% was effectively mobilized. This impacted the magnitude of the response and opportunities to reinforce humanitarian – development nexus were missed.

Despite constraints mentioned above, UNICEF ensured a leadership role amongst humanitarian stakeholders to ensure effective and comprehensive humanitarian response in line with Core Commitments for Children.

The Country has maintained the disruption of wild polio virus circulation. Nevertheless, cases of vaccine derived polio were registered in 7/10 regions of the Country. Appropriate response campaigns were conducted in affected regions. Two rounds of the monovalent Oral Polio Vaccine2 response campaigns were organized in those regions of the country after confirmation of 15 circulating Vaccine Derived Polio Virus cases (9 environmental cases and 6 human cases). According to the LQAS survey estimates, for a target of 5,068,248 children aged 0-59 months vaccination coverage was at 92.95% in Round1 and 93.7% in Round2.

From the national geographic equity point of view, the number of health districts with Penta3 coverage above 80% decreased from 93 to 78 at national level. In the six regions of focus, performances in
Community Health Workers (CHWs). This contributed to maintain improvement observed in practices to micronutrient is and other micronutrient deficiencies. The number of children aged between January and November 74,403 fortification program which provided an opportunity to improve children pneumonia campaigns and regional campaigns in the Far North region.

Weakened by the cancellation of immunization campaigns during semester we implement alternative strategies consisting of partially coupling with VAS, with focus on the most affected zones. Other interventions such as food fortification are also to be maintained throughout the national territory logistic capacity for cases management and adoption of good YCF practices amongst communities.

Efforts to reduce stunting amongst children in Cameroon required reinforcement of technical and prevention and Infection prevention Control in health facilities in context of the Covid-19 pandemic. The Programme implemented alternative strategies consisting of partially coupling with PIRI.

In five regions where cases of measles were identified in 2020, the response remained focused on affected districts. A total of 39 health districts implemented the response (7/9 districts in the East, 8/14 in Adamawa, 11/30 in the Far North, 3/10 in the South and 10/15 North health districts). A total of 197,015 children were vaccinated. Additionally, Periodic Intensification of Routine Immunization (PIRI) and out-reach activities were conducted in poorly performing health areas of health districts of Far North, North, Adamawa and East regions. This resulted in gaining nearly 9 points of percentage in routine immunization coverage in these regions.

In emergency affected North-West and South-West regions, the same strategy enabled to increase immunization performance by 4 and 21.8 points respectively. Three rounds of PIRI implemented reached over 5,000 children vaccinated against the first dose RR1 vaccine and Penta 3 coverage increased by (8,471 more infants vaccinated) 21.8 points in South-West and 04 in the North-West after implementation of PIRI. 05/18 (28%) HD out of 18 in the South-West and 1(5%) HD out of 19 in the North-West achieved at least 80% Penta 3 coverage in 2020. Penta 3 coverage was 68% in the South-West and 55% in the North-West compared to 46% in South-West and 51% in North-West in October 2019.

Efforts deployed to improve immunization coverages were hindered by key challenges namely: the Covid-19 pandemic that impacted negatively on demand and utilization of health services further intensified with the circulation of adverse rumors on COVID-19 vaccine; parents, care givers became reluctant towards immunization. Adverse rumors affected the introduction of the new HPV vaccine. Many young girls missed the opportunity to be protected.


Efforts to reduce stunting amongst children in Cameroon required reinforcement of technical and logistic capacity for cases management and adoption of good YCF practices amongst communities. Other interventions such as food fortification are also to be maintained throughout the national territory with focus on the most affected zones.

Concerning VAS, 14% (486,285) children received two doses for the year. The performance has been weakened by the cancellation of immunization campaigns during semester 1 following COVID-19 pandemic. The Programme implemented alternative strategies consisting of partially coupling with measles campaigns and regional campaigns in the Far North region.

74,403 children with Severe Acute Malnutrition (100% target) received life-saving treatment and care between January and November 2020. UNICEF continued to scale up its point-of-use home fortification program which provided an opportunity to improve children’s diet and prevent anemia and other micronutrient deficiencies. The number of children aged 6-23 months reached with micronutrient is 212,231 (105% target). The programme supported community counselling on IYCF practices to 196,953 persons (147,715 women). With the support of a network of 4,082 trained Community Health Workers (CHWs). This contributed to maintain improvement observed in 2019 of the proportion of infants under 6 months exclusively breastfed in the four target regions from 31% to 39% and the percentage of early initiation of breastfeeding from 18% in 2017 to 25% in 2019 (date of
the last available survey).

In the context of Covid-19 epidemics, to ensure continuity of activities, UNICEF took proactive measures such as ban mass gatherings and favor door-to-door approaches, promote barrier measures, provide training for 500 health workers, produce and disseminate key messages on COVID-19 and anticipate the pre-positioning of 100% of essential supplies (RUTF, Therapeutic Milk, MNPs) at the regional and district levels.

UNICEF, as lead of the Scaling Up Nutrition (SUN) UN platform, closely collaborated with civil society platform to support the identification of the 2020 Nutrition Ambassadors. High level personalities such as the Prime Minister, the Vice-President of the National Assembly and the Director of FEICOM have been met during advocacy meetings. UNICEF also reinforced its support to the inter-ministerial committee to fight malnutrition (CILM). This technical support helped the committee to develop a clear roadmap for 2020 with 2 major areas: (1) national communication plan and (2) implementation of a multisectoral platform in 2 regions.

Evaluation finding have proved that Nutrition Response is highly dependent of resources provided by external donors. Maintaining trust with donors is critical. Fluent evidence-based communication with donors, field visits and continuous advocacy yielded to the donation of additional resources from KFW. The 1000 days strategy was used in the Far North and East regions. An integrated package of interventions including water, birth registration and health promotion interventions was provided to children and communities. In Ngoura council, the completion of a medium scale solar powered water network in Colomine provides potable water to nearly 9000 people. Public institutions such as schools and health centres are also connected to the local network. This has catalysed nutrition intervention and health. Ngoura local council has allocated 1% of its annual to budget to the fight against malnutrition. All health centres of this council are implementing interoperability to ensure timely registration of births that occur in community and health milieus.

To accelerate performance in births registration based on results achieved the pilot in two districts, high-level advocacy by UNICEF led to the signature of a Memorandum of Understanding between the Ministry of Health and the National Bureau of Civil Registration. This MOU aims to systematize registration to the civil status right after birth in health centres. In pilot health centres in the Far North (24) and Centre (1) regions, the creation of Civil Status offices has significantly boosted registration of births within the timeframe provided by the law. As confirmed by initial results of the multi-country evaluation, integrating civil status services units into health centres appears to be the most effective solution to birth registration within the timeframe provided by the law in force. Scaling-up interoperability remains the greatest challenge to both Government and development partners.

Within the framework of the “Legal Identity for All” initiative, the multi-agency joint project called “Strengthening vital statistics through inter-institutional efforts in two Cameroon municipalities” for a period of 12 months was submitted to UNECA by UNDP, UNICEF and UNFPA for funding.

Evidence-based advocacy conducted by the senior management on the results recorded in two pilot districts led to the decision by officials of the National Bureau of Civil Status to start the same experience in urban areas. A civil registration office was opened within CASS Nkol-ndongo hospital with the aim to register all newborns right from the hospital where the birth occurred. Last December 2020, after one months of functioning, 969 births declared, 613 births, and 387 birth certificates issued.

Imbedding civil status units in health centres also provides an opportunity for children for births that occurred in community milieu to be registered whenever the child is seen in the health facility. Engagement in the Blueprint initiative enabled UNICEF to collaborate with UNHCR and provide births registration to children born in Cameroon from refugee parents. At the same time, a major milestones was reached with the issuance of a national action plan to combat statelessness in Cameroon that was adopted under the leadership of UNHCR, with the contribution of other agencies of the United Nations system including UNICEF, with the general objective to prevent and eradicate the statelessness and the risks of statelessness in Cameroon. Achieving results planned in this KRC is constrained by insufficient resources that are making it particularly difficult to serve the remote vulnerable communities where children are most deprived from their right to citizenship.

According to official statistics released by the Ministry of Public Health, at December 2020, Cameroon confirmed 60,456 cases of COVID-19 with 1.6% fatality rate. Due to the multisectoral nature of the
preparation response plan, the national response plan capitalized on lessons learned from the Ebola health crisis. Till April 2020, response coordination was centralized at the Prime Minister’s Office and was later decentralized to regions. Capitalizing on its network of field offices and partnership with several national and international NGOs UNICEF contributed to:

More than 21 million people were reached through mass media and social networks with messages on barrier gesture and identification of symptoms. Also, about 6.33 million people were reached by face-to-face awareness raising discussions on COVID-19.

UNICEF supported the ministry of health and ministries in charge of primary and secondary education with WASH packages for barrier measures. 454,503 people were reached with critical WASH supplies and services. In addition, Infection Prevention Control supplies (Chlorine, soap, water tanks, handwashing devices, sanitizer) were provided for use by health centres and public places. Following Government decision to reopen schools in June and October 2020, 1.2 million students took yearend exams and approximately 7 million for October nationwide full school resumption. In child protection, 34 institutions and 11 prisons were provided with protection packages including facemasks. UNICEF also supported the government in developing standards of safe school and fighting against COVID 19. A total of 2,570 community health workers were trained in the East, Center, Far North, Littoral, North-West, South-West and West regions. In addition to technical skills, 1,970 were equipped with personal protective equipment (PPE). Training of health personnel in cases detection and management. Protocol for safe delivery in favor of COVID-19 positive mothers. In child protection, UNICEF provided psychosocial support in health centre for people infected and affected by COVID-19; advocacy was done for the release of children detained in houses of arrest. Within Connect My school initiative, 302 professionals from 17 schools in the East region and 7 from Yaoundé have been trained in October to November 2020 in psychosocial support and school-based risk mitigation, benefitting 19,000 students of which 5,225 refugees (2,318 girls) and 216 displaced (107) from NWSW.

Technical support was provided in WASH, C4D, health and supply procurement to ensure effective implementation of the action plan. UNICEF’s technical expertise enabled continuous adjustments of the communication and awareness raising campaign.

To prepare the introduction of anti COVID vaccination through COVAX facility, UNICEF supported the establishment of Government task forces. UNICEF is represented in supply, regulation, service delivery and C4D working groups. UNICEF is also member of coordination team in charge of the development of the national vaccine deployment plan. Ahead of the introduction of the vaccine, mindful of adverse messages by social media on immunization, a network of web influencers (bloggers, community influencers, learned societies) committed to COVAX is operational. These influencers bring the right information against rumors and fake news on vaccination.

North-West and South-West respectively had 84 (23% of the year) and 74 (20% of the year) days of lockdown or movement restrictions. Combined with official and unofficial checkpoints and above-mentioned challenges, lockdowns created substantial obstacles to service delivery. Despite challenges, UNICEF continues to focus on service delivery for hard-to-reach populations, with a new approach titled “Comprehensive Child Response (CCR) Mechanism for Child survival” targeting old and new displaced families with holistic life-saving and timely support. This mechanism is an example of innovative, multi-sectoral programming in challenging circumstances. In 2020, CCR enabled UNICEF and our partners to reach more than 4,000 vulnerable households in hard-to-reach areas.

In the Far North region, at least 350 civilians, including women and children, were killed in 75% of terrorism-related incidents. In 2020, humanitarian access has also decreased significantly due to insecurity as well as environment challenges and poor infrastructures mainly in divisions bordering Nigeria (Mayo Sava, Mayo Tsanaga, Logone-and-Chari). The closure of the borders between Chad and Cameroon adds to the difficulties of access to Logone-et-Chari, the division with the highest number of people affected by the current crisis. According to OCHA estimates, nearly 500,000 people, including 100,000 internally displaced, 43,000 returnees and 6,000 refugees outside the camp, are no longer, or in a very limited way, receiving humanitarian assistance in the Far North region due to access constraints.

In Adamaoua and East regions, influx of CAR refugees was relatively limited in scale. However, since
December 2020 and due to political turmoil in CAR, new refugees arrived, raising the total number to 316,128 Central African refugees. The high-level joint advocacy by UNICEF and UNHCR managements to regional authorities and technical working sessions between teams are assets that will ensure implementation of intervention planned in action plan of Blueprint initiative.

**UN Collaboration and Other Partnerships**

Collaboration with WHO has reinforced coaching provided to the government for COVID-19 response, responding to GAVI initiative requirement included COVAX introduction in the country. WHO and UNICEF jointly supported the Ministry of Public Health to conduct an evidence generation research on people’s knowledge, attitudes and practices regarding the COVID-19 pandemic. The study was conducted nationwide. The results enabled health officials to improve their knowledge on how several categories of the population perceived the risk of COVID-19 contamination, their preference for treatment and reasons of not fully comply with barrier measures recommended by the Government. It has also been revealed that, most the middle classes had a higher preference for solutions provided by local medicines. The study also revealed that, during the pandemic, people feared health facilities as they perceived risks of contamination to be higher than they were in popular places such as market and other public places.

UNICEF and WHO supported Government in seeking appropriate solution to counter-productive rumors spread on immunization and vaccines utilization in among classes. Since COVID-19 crisis started in the Country, Social media were disseminating messages against immunization. These messages led to a significant drop in demand of routine immunization services.

In collaboration with UNWOMEN and the ministry of women affairs, UNICEF supported the production of facemasks by economically vulnerable women. These facemasks were offered mainly to orphanages and to other deprived children and to health personnel in the most affected districts.

To maintain learning activities during schools’ closure, UNICEF and UNESCO supported distance digital learning during the COVID-19 within the framework of the Local Education Group. Technical and financial support were provided to the Government in reviewing the Education Sector Strategic Paper. This has enabled to advocate for the introduction digital learning especially for the most vulnerable and remoted communities.

Collaboration about involvement of youths in peacebuilding with UNFPA and UNDP in Far North (EU funding) on one hand and with UNESCO and UNWOMEN with PBF fund on the other hand. Support for the participation of women and young people in Initiatives promoting peace building, strengthening of mechanism for social cohesion and living together in Cameroon

UNFPA, UNDP, UNICEF partnered to implement Youth and stabilization for Peace and Security in the Far North of Cameroon.

With UNFPA, UNICEF continued collaboration for the reduction of maternal newborn and U5 mortality in 5 regions. Funds are provided by the Islamic Development Bank.

UNDP, UNWOMEN and UNICEF Implementing INFF to Unlock, Leverage and Catalyze Resources to Accelerate SDG Achievement for Inclusive Growth.

In humanitarian response in hard to reach crisis affected areas, UNICEF partnered with national and international NGOs in the following domains. Plan International (education and child protection); CARITAS (WASH and child protection); Cameroon Red Cross (WASH and Community Engagement); HKI (nutrition); ALDEPA (Child Protection); ADRA (WASH - Education); LUKMEF (WASH – child protection – health).

**Lessons Learned and Innovations**

1.1. Lessons learned
Implementation of barrier measure went through two major phases. The first one till July 2020 marked by general compliance with handwashing, facemasks wearing and physical distancing. This was probably linked to fatality rate. The second phase marked by the reduction of contamination and death toll led to abandonment of barrier measures noticed in public places. This is probably due to lack of alignment of communication strategy with key socioeconomic drivers as well as rumors about the fact some officials may insist on the existence of COVID-19 due to the profit they could get from funds provided by external donors.

With regard to COVID-19, UNICEF’s contribution has been facilitated by the presence of field offices, the physical presence of emergency management teams in all offices and a continuous involvement of UNICEF colleagues working remotely, diversity of existing partnerships with CSOs and community-based organizations in place and capacity of partners to deliver a minimum package of basic inputs. The fact that most of funds received were tagged did not allow the flexibility required by the response as needs of the response plan are varied.

With 1,000,000 internally displaced population with hard to reach communities and partners’ limited capacity to implement quality humanitarian response, and the fact that the country is not yet donor attractive, hampers effectiveness and efficacy of humanitarian response.

In nutrition sector, diversification of platforms (inter-ministerial committee to fight malnutrition (CILM), the support to the implementation and follow-up of Communes networks on Nutrition, involvement in the nomination and follow-up of Nutrition Ambassadors, Civil Society, Academia, UN agencies, parliamentarian network) on advocacy at national and local levels is an enabling factor for a better positioning of nutrition issues in development plans. It also facilitates resources mobilization in the sector. engagement has enabled Improvement of global Governance and visibility in the Nutrition sector.

Communication has emerged as one of the major bottlenecks to immunization. The high negative impact of rumors on demand and use of immunization services kept growing. Rethinking structured and integrated communication approaches is critical for the increment of immunization coverages. New alternative strategies are imperative.

UNICEF seized the opportunity of existing community-based child protection networks to encourage communities to develop their own birth registration community-led mechanism. To date, this initiative is proving to be an ideal cost-effective solution to an improved geographical coverage. These mechanisms are also conducive for awareness raising on birth registration, identification of new births in communities, information of civil registrars and referral of families to civil registration offices. Results should be capitalized upon in 2021 to increase the scope and birth registration rate.

Mindful of the scope of needs of humanitarian assistance in Cameroon, Country Office developed a Standard Operating Procedure to address specific operation issues connected to COVID-19 response in crisis affected regions. This SOP was intended to accelerate procedures for signature of Humanitarian Programme Documents within 48 hours. Since COVID-19 response involves considerable purchase of goods and other commodities in a context where local industries are weak, the implementation of this SOP was challenged by the absence of standard costs for goods, commodities and services. Country Office is working to develop a standardized price reference for goods and services to be allowed for procurement at local markets using partners procedures. This will also facilitate budgetary analysis.

1.2. Emerging opportunities

In December 2020, the Country held regional elections therefore completing the establishment of institutions created by the law governing decentralization. Regional and Divisional councils are new actors with whom UNICEF will partners to accelerate improvement of the rights of the child. Roles and responsibilities assigned by the law to these institutions open ways for better and customized solutions to child related development issues.

Government authorities are striving to operationalize the Universal Health Coverage in the nearest future. This constitutes a significant opportunity to remove major bottlenecks that have been hampering progress. Universal Coverage is an ideal solution to strengthen governance and accountability mechanisms as well as increase access of the most vulnerable to health services. This will contribute serve the most vulnerable in line with the “leave no-one behind” principle. Universal Health Coverage will also improve quality of care and services.
1.3. Innovations

Infant and Young Child Feeding (IYCF)... From image boxes to animated videos. To improve both quality and coverage of IYCF communication and increased knowledge and good practices in communities, UNICEF supported the Cameroonian startup CAYITSI to develop new attractive communication materials with the creation of 12 animated, digital, dynamic videos to be used both in the health care facilities (Primary targets are the antenatal care sessions) and in the communities during awareness sessions. Videos are hosting in the mobile application for presentation and entertaining access and have been translated in 04 languages (French, English, Foufouldé and Maka).

Connect My School is a multipurpose concept designed to improve children’s learning accomplishment, reduction of numeric gap in favor of poorest remote rural and urban communities, school governance, accountability and transfer of competences to local councils.

Mindful of limited access to electricity and Internet in targeted areas, the initiative opted for a hub approach, the implementation strategy is anchored on the following major pillars:

· Capacity strengthening of school’s stakeholder (students, teachers, headmasters, inspectors) and schools governance structures
· Capacity development of regional education authorities and teacher training institutions
· Creation of eco-friendly numeric hubs (utilization of used containers, solar power for electricity supply) and reforestation (trees planting in schools and neighboring communities)
· Gender transformative approach
· Collaboration with start-up promoted by youths
· Partnering with Universities and vocational training institutions
· Collaboration with local councils to ensure both ownership and sustainability
· Build functional linkages with promising initiatives (Giga; Gen-U; Upshift)
· Leverage on existing initiatives (i.e. Blueprint) for expansion

By involving both national and municipal stakeholders, this innovation supports the implementation of decentralization policy.