

## Cameroon

### Update on the context and situation of children

In 2020, the Government of Cameroon launched the 2030 National Development Strategy (NDS30) an ambitious political and reform agenda that aims to raise the country to the ranks of Newly Industrialized Countries by 2035. Key to the NDS30 is social and economic development with an emphasis on human capital and well-being and it therefore represents a major opportunity to promote children's rights. However, NDS30 implementation is challenged by the macroeconomic context, the persistence of COVID-19, and a protracted and increasingly complex emergency situation.

The country's economic growth is fluctuating, hindering sustainable financing of basic social services. The Gross Domestic Product decreased from 3.7 to 2.4 per cent between 2019 and 2020. Furthermore, the debt to GDP ratio is trending upwards. In 2020 it stood at 43.4 per cent, up from 42.8 per cent in 2019 (World Bank, April 2021).

**Cameroon ranked 96 of 156 countries in the 2020 Global Gender Index.** The United Nations 2021 Common Country Assessment acknowledges that the pace of progress in removing gender disparities must be accelerated to meet Sustainable Development Goals (SDGs). Adolescents, young girls and women continue to suffer from the consequences of underdevelopment on health services, education, and economic opportunities.

**Cameroon faces significant humanitarian needs across nine of its ten regions, with 4.4 million people (50 per cent children)** in need (Humanitarian Response Plan 2021). The country hosts approximately 441,000 refugees, principally from the Central African Republic and Nigeria. Sporadic refugee influxes from Central African Republic continue to put additional strain on host community resources, especially for education, protection, and health. Pre-emptive, protracted, and new displacements driven by armed conflict, inter-communal conflict, floods, and natural resource scarcity arising from climate change continue to directly impact children's access to education, WASH, and adequate nutrition. Children's vulnerability, especially girls, to sexual violence is significant. Malnutrition amongst refugee populations in camp and non-camp settings remains worrisome.

**Cameroon was listed as a country of concern in the 2021 annual United Nations Secretary General's report on Children Affected by Armed Conflict as grave violations of children's rights,** including the recruitment of children by armed groups, abductions, sexual and gender-based violence, as well as attacks on schools and the killing and maiming of children have been reported, especially in the Far North region (as part of the Lake Chad Basin Crisis), plus the North-West and South-West regions.

**As of 31st December 2021, Cameroon reported 111,432 cases and 1,857 deaths due to COVID-19.** The country has received 2,343,850 doses of vaccines provided by external partners, notably the COVAX initiative (59 per cent), African Union AVAT initiative (32 per cent) and China (9 per cent).

COVID-19 vaccination coverage is hindered by misleading messages disseminated through social media, as well as sociocultural beliefs. To date, no significant positive change in people's perceptions and attitudes vis-à-vis the vaccine is observed. It is expected that the health protocol adopted by the African Football Confederation during the African Cup of Nations hosted by Cameroon, coupled with joint advocacy by UNICEF and WHO, will boost demand for vaccination. However, this football tournament represents a significant risk for increased new infections.

**In immunization (KRC#1),** the COVID-19 pandemic affected demand for and utilization of health and nutrition services, notably routine immunization. The planned Penta 3 (80 per cent) and Td2 + (75 per

cent) coverages were not achieved at national level. Routine immunization uptake was constrained by misinformation and distrust of the health system.

***Exclusive breastfeeding (KRC#2)*** among children aged 0–5 months nearly doubled in the North and Far North regions to reach 50 per cent and 40 per cent respectively and dietary diversity among children aged 6–23 months went from 39 per cent to 45 per cent in Adamaoua region, and from 27 per cent to 46 per cent in Far North region. Despite the slight improvement in stunting prevalence, child malnutrition remains a major public health issue, affecting more than a third of children under-five.

***As regards education (KRC#3 & 4)***, more than 1.9 million school-aged children were in need of humanitarian assistance specific to education (UNOCHA 2021). These needs have been exacerbated by violence, threats, population displacements, including refugees, and attacks (20 confirmed) on education facilities and weakened capacity to manage schools.

As a result of the COVID-19 pandemic, many schools and community learning spaces have been closed, except for some schools in a few urban areas which were operating at less than 60 per cent capacity. More than 700,000 children have been affected by school closures due to violence in the North-West and South-West regions, according to a recent analysis (UNOCHA, 2021).

According to the Ministry of Women Empowerment and the Family, school closures have also aggravated protection risks for children notably for early pregnancy, and child marriage. Refugees are more at risk as many do not have valid identification and other official documentation.

***In child protection (KRC#5 & 6)***, the COVID-19 Gender Impact Rapid Assessment Survey conducted by UN Women-BUCREP in 2020 revealed that 35.8 per cent of respondents confirmed an increased prevalence of domestic physical and psychological violence in their households. Further analysis of survey data revealed that the government’s response to COVID-19, which included school closures and household confinement, resulted in overpopulated households, increased domestic violence and its consequences for the well-being and emotional balance of children, especially girls, and drastic reductions in household purchasing power.

***In the Water, Hygiene and Sanitation sector (KRC#8)***, the impact of the COVID-19 crisis on public finances at central and decentralized levels delayed the implementation of major projects. In regional and divisional capital cities, nearly 4 million people are still deprived of potable water due to delays or cancellation of water supply construction projects. Likewise, many communities are still practicing open defecation due to failure to scale up the Community-Led Total Sanitation by local councils.

## Major contributions and drivers of results

In 2021, UNICEF selected seven priorities that guided its programmes throughout the year and ensured adequate contribution to accelerated achievement of the Key Results for Children (KRC). These priorities were: mitigate COVID-19 impact; resource mobilization and public and private partnership; emergency preparedness, response, and resilience; decentralization; immunization (KRC#1); stunting (KRC#2); and birth registration (KRC#7).

### **COVID-19 Impact Mitigation**

UNICEF’s Risk Communication and Community Engagement interventions enabled more than 22,000,000 people to be reached with messages on COVID-19 prevention and access to care and treatment, including vaccination. Communication for COVID-19 vaccine demand generation contributed to 1,002,171 people receiving a first dose of vaccine, including 77,969 (58.5 per cent) health personnel and 642,514 persons fully vaccinated, or 4.6 per cent of the targeted population aged 18 years and above.

Within the framework of WASH-in-School strategy, 122 water points and 120 hand-washing facilities were constructed to prevent the spread of COVID-19 in schools providing 22,690 pupils access to drinking water and sanitation facilities.

### **Goal area 1: Every Child Survives and thrives**

***In the area of immunization (KRC#1)***, UNICEF supported the preparation of the national COVID-19 vaccination plan and advocated for the disbursement of government contributions to co-funding of routine vaccines. The government did disburse its contribution for 2021, albeit with some delays. Additionally, UNICEF provided technical support to the National Independent Technical Advisory Group, whose recommendations enabled the ministry of health to develop, pilot test and disseminate the national guidelines on the continuity of immunization services, including COVID-19 infection prevention and control.

Despite additional constraints imposed by the COVID-19 pandemic, in collaboration with WHO, UNICEF maintained efforts towards improving the quality of vaccines and cold chain equipment nationwide during the reporting period. These efforts led to an increase in vaccine storage capacity by 20 per cent. UNICEF also provided technical and financial support for planning, purchase, and monitoring of new and traditional vaccines and commodities for the whole country.

In 2021, Cameroon maintained disruption of wild poliovirus circulation. Nevertheless, six cases of circulating vaccine-derived poliovirus (cVDPV2) have been confirmed in Far North region. The national response was delayed by the lack of oral polio vaccines at global level. In accordance with the Global Polio Eradication Initiative, Cameroon met the requirements and conditions for the introduction of the new oral polio vaccine (nOPV2).

Due to weaknesses of routine vaccine coverage, a nationwide preventive vaccination campaign with bivalent oral polio vaccine (bOPV) was conducted to strengthen the collective immunity of children aged 0–59 months and 5,262,468 (86.92 per cent) children were vaccinated. Campaign results were affected by the population's mistrust of the COVID-19 vaccine. According to the Independent Monitoring Survey, 8 per cent of children were missed, exceeding the 5 per cent threshold.

Neonatal tetanus elimination status was maintained despite uneven performance across districts. Because of persistent poor performance, three districts Lolodorf (South), Esse (Centre) and Moloundou (East) required special attention. Anti-tetanus vaccine coverage increased from 48 per cent in 2020 to 62.5 per cent in 2021, but the national target of 72 per cent was not achieved due to vaccine stock-outs in several districts, as well as the impact of COVID-19 on demand. Three of the six UNICEF priority regions performed better in 2021: North 85.6 per cent, Adamaoua 84.4 per cent, and East 95.9 per cent. However, North-West (69.5 per cent), South-West (59.9 per cent) and Far North (69.8 per cent) performed below target due to security issues.

Penta3 coverage has stagnated at 79 per cent since 2019. Eighteen of 190 Health Districts located mainly in emergency-affected areas achieved coverage below 50 per cent. Nevertheless, the proportion of low performing Districts improved from 42 per cent (2020) to 36 per cent (2021) nationwide.

***In nutrition (KRC#2)***, UNICEF, together with other United Nations agencies, bilateral and multilateral partners sustained advocacy with the government to raise the profile of nutrition on the national development agenda and mobilize more resources. This led to three major achievements: (1) the government decided to allocate US\$ 6 million of the Global Financing Facility to UNICEF to support the nutrition supply chain; (2) the Special Council Support Fund for Mutual Assistance (FEICOM) allocated US\$ 1 million to support the school-aged children nutrition programme and committed to match funds invested in nutrition by any municipality; (3) the government made key commitments during the 2021 Nutrition for Growth Summit held in Tokyo to maintain nutrition at the helm of national priorities and accelerate progress towards SDG targets.

UNICEF's interventions enabled 118,728 children aged 6–23 months to benefit from complementary food fortified with micronutrient powders; 77,157 under-five children with severe wasting, including refugee populations and internally-displaced persons (85 per cent of the annual target), to receive life-saving treatment and care despite financial constraints; 4,741,001 under-five children (83 per cent of the target) to receive two doses of vitamin A supplements; 30,850 pregnant women to receive iron and folic acid supplements; and 9,178 adolescents (including refugees) to protect themselves against early pregnancy.

Nutrition sector performance was constrained by the lack of a national policy framework, which limits sustainability, the capacity to mobilize resources and hinders functionality of the multisectoral coordination framework.

***In the area of HIV***, UNICEF strengthened the capacities of 831 health care providers, 358 non-health actors and 507 community-based organization members to deliver quality care to children, adolescents, and pregnant women. Equipment was purchased and technical capacities enhanced for 40 Points-Of-Care, supervision, mentoring and coordination of PMTCT and HIV care and treatment for children and adolescents. Over 403,195 (82 per cent) People Living with HIV know their HIV status, out of whom 370,381 (92 per cent) were put on antiretroviral therapy (ART). Amongst people tested HIV+, 72,880 (19 per cent) did HIV viral load testing, and 33,593 (46 per cent) were virally suppressed. Likewise, 3,856 (48 per cent) children aged 0–14 years, and 6,541 (36 per cent) children and adolescents aged 0–19 years were identified and put on ART in the 55 health priority districts.

### ***Goal area 2: every child learns***

UNICEF continued to lead the Local Education Group and contributed to mobilizing US\$ 131.2 million from the Global Education Partnership to support the education strategy to 2025. In addition, UNICEF facilitated the mobilization of US\$ 25 million from Education Cannot Wait multiyear resilience programme. Funds mobilized will allow children including those with disabilities to access adapted education opportunities.

At operational level, UNICEF's technical and financial support enabled 27,800 (55 per cent girls) children and adolescents to enrol in formal and non-formal education services in emergency affected zones. This included the construction of 137 inclusive classrooms in East and Far North, and the provision of radio learning in North-West and South-West regions.

To strengthen inclusive education in Far North, East, and Littoral regions, UNICEF is implementing a “cash-for-education” initiative. As a result, 4,500 children (60 per cent girls), including those with disability and girls at risk of child marriage selected from vulnerable households, were maintained in schools and enjoyed other child rights such as birth registration.

UNICEF contributed to improved quality of teaching by reinforcing technical capacities of 3,667 teachers (42 per cent women) in psychosocial support and school-based risk mitigation to benefit 573,000 students, including 271,000 girls. Support was also provided for improved pedagogical supervision in priority education zones. In 2021, 1,277 pre-school and primary teachers (41 per cent women) in East and Adamawa regions were supervised at least once in the school year.

The “grant-to-school” initiative being implemented in three regions is reinforcing school resilience to external shocks. Each of the 103 targeted schools in the Far North, Littoral and West regions received an average US\$ 1,000 incentive, which supported the implementation of School Improvement Plans and enabled 23,605 internally displaced children (48 per cent girls) registered in targeted schools to enjoy improved learning conditions with renewed infrastructures. Governance has also improved with effective participation of local councils and civil society organizations in the management of schools.

### ***Goal area #3 every child is protected against violence and exploitation***

UNICEF supported the Ministry of Women Empowerment and the Family to develop guidelines for the Positive Parenting Program, which incorporates a theory of change, a facilitator’s guide with nine training modules for parents and caregivers, and a national action plan aligned with the NDS30.

With respect to the management of cases of violence and abuse, with UNICEF’s support, the capacity of operational services (social, court, police, gendarmerie) was strengthened, giving them the tools to ensure that they have at least one staff trained in case management and in data collection. 693 people, including 44% social workers, 18% members of community-based child protection networks, 23% health workers and 15% police and gendarmerie were provided with the tools to manage cases of Gender-Based Violence (GBV). As a result, trainees supported individual case management for 3,516 children. Also, 75,154 children, girls and women received GBV response services.

To reinforce prevention and response to child rights violations, including child marriage, UNICEF built capacity of 3,681 adolescents age 10–19 years. An additional 1,087 adolescents were trained as leaders while 257 adolescent girls received scholarship and education kits to resume learning and protect them from early marriages.

### **Birth Registration KRC#7**

The Birth Registration Agenda was reinforced in all 95 civil registration facilities at the primary and secondary levels in Yaoundé and the four targeted regions. Each facility has at least one staff member trained in using the new birth registration tools (registrars, data collection tool) and 100 per cent of health facilities have at least one staff trained in birth registration. The Ministry of Health issued an ordinance to systematize the declaration of births that occur in health facilities to the civil registration secretaries and start the registration procedure for the issuance of birth certificates.

To address access and financial bottlenecks to birth registration, UNICEF implemented alternatives through the pilot deployment of civil registration support services in 97 health facilities in the priority intervention zones and through supporting the presence of birth registration officials during polio immunization campaigns, which resulted in the issuance of 2,693 birth certificates.

To improve registration of births that occurred at community level, UNICEF engaged with 14,597 traditional leaders to raise their awareness on birth registration. The leaders were also trained on birth registration processes and equipped with registers (“cahiers de village”) to register and report home births. Successful collaboration between traditional leaders, members of community-based child protection networks, community birth attendants, and community health workers has helped register 1,857 children born at home in East region.

For children without birth certificates in crisis affected zones, UNICEF adopted innovative strategies such as financial assistance for legal procedures for birth certificate restitution. Support was also provided for the distribution of uncollected birth certificates. As a result, 7,239 unregistered children received birth certificates.

### **Goal area #4 every child lives in a clean and safe environment (WASH)**

In the six priority regions, UNICEF’s interventions enabled 50,690 people (50 per cent children) to access safe drinking water services in communities, schools, and health facilities through a combination of construction of locally adapted water infrastructures, strengthening operation and maintenance mechanisms and gender-sensitive approaches. At national level, access to drinking water increased from 65.39 per cent in 2019 to 65.72 per cent in 2020 (JMP/WASH data.org).

For people and communities affected by the Lake Chad Basin crisis, the inter-community conflict in Logone-Birni and the North-West/South-West crisis, UNICEF installed sanitation facilities, water supply and distributed WASH kits to more than 160,000 people.

UNICEF also reinforced the technical capacity of government and local councils to perform quality

assurance of WASH construction works, transfer of WASH sector competencies to decentralized councils, and infection prevention and control. In health care facilities, UNICEF is progressively bridging the data gap through an ongoing assessment of WASH facilities in health centres. Already, 2,319 health centres are covered in six of 10 regions and data are available for decision-making and programming.

UNICEF equipped 385 health areas of 29 health districts at risk (100 per cent) with 2,500 WASH-kits covering 62,500 people as part of preparedness and response to a cholera outbreak declared since 30 November 2021.

### **Goal area # 5 Every child has an equitable chance in life**

UNICEF, working with government and non-governmental organization partners, implemented operational and strategic activities including expansion of the flagship social safety net programme adding a cash top-up of child grants in a total of 1,100 households to support the COVID-19 response. The pilot rollout to register socially vulnerable persons on the Unified Social Registry identified a total of 65,000 potential beneficiaries in 29 of 360 local councils. A total of 800 vulnerable internally-displaced persons, including children with disabilities, received cash transfers to support inclusive education outcomes in six councils in the Far North, Littoral and West regions.

UNICEF advocated for evidence and recommendations from the Public Expenditure Tracking Survey III to continue to improve efficient and effective utilization of sectoral ministry resources in WASH, Health, Nutrition, and Education and advocated for increased public budget allocations to social sector ministries. Partnerships strengthened child- and gender-sensitive budgeting capacity of United Nations and government institutions as part of support for the integrated financing framework and public finance reforms.

### **Cross-cutting areas**

#### **Programme Planning**

The Resident Coordinator assigned UNICEF to technically lead the development of the 2022 – 2026 United Nations Sustainable Development Cooperation Framework (UNSDCF). Learning from previous planning processes, UNICEF advocated to all other United Nations agencies on the importance of building a performance indicators framework aligned with the NDS30 performance assessment framework.

#### **External Communication**

UNICEF seized the opportunity of the celebration of its 75th anniversary to mobilize government, civil society, private and business stakeholders around their contribution to the achievement of the rights of children in Cameroon. In 2021, over 3 million people were reached with messages disseminated through UNICEF digital platforms. Amidst the pandemic, the U-Reporter platform contributed to addressing misinformation on COVID-19 (1,632,219 SMS), provided psychosocial support to 61,278 emotionally distressed youths and referred them to appropriate basic social services.

#### **Social and Behavior Change**

In Communications for Development (C4D), UNICEF developed 65 community engagement and participation coordination platforms to support the promotion and adoption of good practices to advance children's rights. This includes youth peer educator community platforms, communal platforms in local councils, networks of civil society organizations and community radios. They are all focused on maternal, neonatal and child health, inclusive education, KRC#1, 2, 7 and COVID-19.

In addition, UNICEF supported the ministry of health to implement two studies: a knowledge, attitudes and practices survey on COVID-19 vaccine acceptance and a socio-anthropological study with a focus

on immunization. Evidence generated was used to update response plans and implementation strategies.

### **Humanitarian Coordination**

Despite the scarcity of financial resources (only 20 per cent Humanitarian Action for Children mobilized), UNICEF met the humanitarian needs of 561,784 people, 52 per cent children. A Child Risk Impact Analysis has been finalized. The Country Office met Emergency Preparedness Plan (EPP) compliance expectations and Field Office EPP has been fast-tracked.

## **UN Collaboration and Other Partnerships**

**Within the framework of KRC#1**, UNICEF closely collaborated with key international and national immunization partners, notably, GAVI, WHO, CHAI, PROVARESSC, non-governmental organizations, public and private sectors. This collaboration facilitated the disbursement of financial and technical resources and ensured continuity of immunization services nationwide. The focus remained on the low performing regions. Vaccine storage capacity was increased by more than 20 per cent at central, regional and health district levels. Persistent advocacy persuaded the government to meet its vaccine co-funding commitment and ended vaccine stockouts.

**In the area of KRC#2**, UNICEF has embarked on a strategic partnership with UNFPA as part of a three-year project funded by the German Development Bank to improve nutrition among refugee children and women in the high maternal and child malnutrition regions of Far North, North, Adamawa, and East regions. This partnership provides opportunities to address reproductive health determinants of child stunting, notably birth spacing, early pregnancy, child marriage, and adolescent empowerment.

Furthermore, UNICEF, as cluster lead for Nutrition, engaged in partnerships with civil society and World Food Programme to accelerate progress towards national nutrition objectives and ensure timely and effective humanitarian response at scale.

UNICEF in partnership with Canada, Global Partnership for Education and UNESCO continued to support the ministries of basic and secondary education to run schools safely despite the pandemic. The financial and technical support strengthened communication for COVID-19 prevention in schools and built capacity of administrators to manage cases of COVID-19 at school.

**The UNICEF/UNHCR Blueprint initiative** focused its interventions in six local councils hosting refugees in the East (3) and Adamawa (3) regions. Both agencies jointly advocated to the regional authorities for the inclusion of refugees' specific needs in regional and local development plans. Interventions implemented within this framework provided psychosocial support to 13,019 school-aged children (56 per cent girls).

**In the area of child protection (KRC#5, 6,7)**, UNICEF has strengthened collaboration with other United Nations agencies, including UN Women and UNFPA, through joint programmes. The partnership with UN Women made it possible to set up gender / child desks within the police and gendarmerie units of the targeted localities, which contributed to building the capacities of the security forces on child protection issues. With the involvement of other actors in the child protection chain, integrated services to deal with violence, including gender-based violence, for survivors were setup.

## **Lessons Learned and Innovations**

UNICEF interventions were implemented in a challenging environment marked by two waves of the

COVID-19 pandemic and multi-sectoral impacts of the pandemic on people's lives and livelihoods. Successes achieved and constraints faced enabled UNICEF to learn important lessons for the new cooperation cycle.

***Lesson 1.*** *Interventions delivered to children at decentralized level are still highly dependant on resources from external donors. Combined with limited allocation of public resources to social sector ministries, this does not secure sustainability and limits scaling-up of Country Programme achievements. To address this, UNICEF implemented several actions: (i) advocacy to decentralized authorities on the importance of nutrition and the high stakes for development; (ii) technical support for the creation of a mayors' platform on nutrition; (iii) support for designation of a mayor as local champion and key influencer of peers; (iv) advocacy to the Special Council Support Fund for Mutual Assistance (FEICOM) to leverage resources for mayors who agreed to allocate 1 per cent of their council's annual budget to nutrition interventions; (v) support for the creation of the mayors and parliamentarians networks for nutrition. Together these actions have helped mobilize US\$ 1 million for 33 councils in East region. From this initiative, UNICEF learnt that when local decision-makers access the right information, they understand what is at stake, they come together in networks and influence allocation of domestic resources. To replicate this approach to other sectors, there is a need to build on robust evidence, map stakeholders, engage in one-to-one dialogue, identify champions, gather all possible influencers, and build strong functional partnerships at all relevant decision-making levels.*

***Lesson 2.*** *Humanitarian needs in Cameroon exist along a continuum from immediate to protracted needs. This requires an adaptive humanitarian response that is well-prepared and agile. There were 72 'lockdown days' in the North-West and South-West regions in 2021, preventing access to populations in need. To address these challenges UNICEF pursued a Child Risk Impact Analysis to inform programming, which was finalized in December 2021 with broad stakeholder consultation (including with 7,000+ U-reporters). UNICEF also championed the localization agenda with UN OCHA to enhance the capacity of local organizations (recommendations to be rolled out in 2022) to reach inaccessible communities. With the implementation of these solutions, UNICEF together with other United Nations agencies have the knowledge to address key emergency challenges in the field in North-West and South-West regions in line with the Core Commitments for Children. From this initiative, UNICEF learnt: (1) Early planning and early identification of partners are critical to a quick response to humanitarian needs. The preparation of contingency and long-term standby agreements should be pursued through a structured process that includes early issue of calls for Expression of Interest and the use of the United Nations Partnership Portal. Emergency Preparedness needs improvement, informed by Risk Analysis, and the capacity of partners (including UNICEF) to respond requires strengthening; (2) Build a strong network of local organizations and seize the opportunities for international NGOs to transfer their competencies to local NGOs; (3) Adapt UNICEF internal procedures to fit into the needs of community-based organizations and local NGOs; (4) Overall knowledge and skills of programme and operational staff to lead and support the development of Programme Documents and Humanitarian Programme Documents must be strengthened.*

***Lesson 3.*** *The UNICEF – UNHCR Blueprint initiative enables optimization of interventions in the field through harmonization of strategies and complementary mandates. This initiative was constrained by: (1) difficulties in mobilizing additional resources to support implementation of the Joint Action Plan; (2) existing differences in partnership management between both agencies, which prevented a reduction in operational costs; (3) existence of separate monitoring frameworks (Regular programme/Blueprint). To address these challenges, the two agencies agreed to recruit for a dedicated position to manage Blueprint implementation. In addition, a joint field monitoring visit with the government was conducted to ensure that Local Council Development Plans integrate Blueprint interventions. As a result, Manjou and Garoua-Boulai councils in East region benefited from Blueprint packages. Lessons learned: (1) joint action with sister agencies strengthens United Nations credibility; (2) integration of Blueprint interventions in Local Council Development Plans guaranteed ownership*

*and sustainability of the interventions; (3) by improving access to basic social services, Blueprint interventions reinforce social cohesion and peaceful cohabitation between refugees and host communities. Blueprint values integration between programme sectors and agencies and is a model for facilitating resource mobilization, as successfully demonstrated for “Education cannot wait” in the East and Far North regions.*