

CAMEROON

Global HIV and AIDS, Thematic funds



Progress Report

01 January 2016- 31 December 2016

Prepared by:

UNICEF Cameroon

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Grant SC 149902

Grant Summary

Report	Global HIV and AIDS, Thematic funds
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Donor :	UNICEF
Grant :	SC 149902
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Spent Amount 2016	US\$ 201,130
Available Amount	US\$ 123,744.29
Period of report	01 January 2016 – 31 December 2016
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List of acronyms

AIDS	Acquired Immune Deficiency Syndrome
ANC	Antenatal Care
ARH	Adolescent Reproductive Health
ART	Antiretroviral Treatment
E-MTCT	Elimination of Mother To Child Transmission
HIV	Human Immunodeficiency Virus
HRBA	Human Rights Based Approach
PC	Pediatric Care
PLWHA	People Living With HIV/AIDS
MNCH	Maternal Newborn and Child Health
NACC	National AIDS Control Committee
NFM	New Funding Model
HRBA	Human Rights Based Approach
PCT	Pediatric Care and Treatment
PMTCT	Prevention of Mother To Child Transmission
MNCH	Maternal Newborn and Child Health
STI	Sexually Transmitted Infections
UN	United Nations
UNAIDS	Joint United Nations Programme on HIV and AIDS
UNFPA	United Nations Population Fund
UNICEF	United Nations Children's Fund

I. EXECUTIVE SUMMARY

HIV prevalence in Cameroon is estimated at 4.5 per cent (15 to 49 years)¹. It is among the highest in the region. Since 2015, the Ministry of Health adjusted its strategic HIV/AIDS documents to be in line with 2015 World Health Organisation recommendation changes.

Pregnant women who are on ART increased from 54 % end 2014 to 70.4% in 2016, showing the progress toward the expected target of 90% by end 2017. Up to date 13% of HIV infected children and adolescents are receiving antiretroviral therapy in the 9 priority health districts in the North, West and emergency areas (East and Far North) from 6.5% end 2013 and 11% end 2014. From June to July 2016, through the community case-finding approach 2461 children has been tested and all those identified HIV positive (70) initiated antiretroviral treatment (children 5 to 9 years old). UNICEF is supporting the elaboration of a new Global Fund concept note and is advocating for the scaling up of the case finding strategy.

During 2016, UNICEF supported sensitization and awareness-raising messages reaching 84,500 adolescents and counselling and testing were offered to 6,796 adolescents using fixed and advanced strategies. As part of the ALL IN Initiative phase 2 the bottleneck analysis methodology (BNA) to assess adolescent priority programme gaps was conducted and the findings will be used for an evidence – informed planning for adolescent. The country office continued to support adolescent participation through the U-Report platform, an SMS surveys based technology.

Due to Japan and global humanitarian funds UNICEF continued to support the integration of HIV in the emergency preparedness and response. Out of 655 HIV-positive pregnant women requiring continuation of ART in humanitarian situations 106 continued ART and Out of 91 children requiring continuation of ART in humanitarian situations 18 continued ART. The thematic funds were very important to partially fill in the gap of other resources and funded technical assistance issues.

Poor coordination of interventions continues to be a challenge to obtain disaggregated data within the health information system. During 2017, the focus will be put on supportive supervision to improve the quality of care for women and exposed children by implementing the standards and norms of performance for PMTCT, data collection and analysis will be strengthened.

II. STRATEGIC CONTEXT OF 2016

In 2016, Cameroon had a population of approximately 23.9 million (sex ratio: 100) with 54.3 per cent under the age of 19. Among them, adolescents (10-19 years) represent 22.8 % (5,406,883) of the total population.

Though Cameroon is politically stable and it is anticipated to stay that way, the external security situation in neighboring Nigeria and Central Africa Republic(CAR) has adversely

¹ UNAIDS 2015 estimates

affected human conditions for the last two years in both Far North, East and Adamawa region. Along the Nigerian border, despite the regional/international mobilization to fight Boko Haram, this organization still has capacity to inflict fear and harm and continues to operate both in Nigeria and in neighboring countries and are increasing their attacks and kidnappings. On the other border side, the influx of Central African refugees into Cameroon has significantly declined but it is still unpredictable and correlates to the sudden increase or decrease of violence in CAR.

These regions also present the lowest development indicators in terms of access to basic social services as safe drinking water, health, education and protection.

- Health services in the country are insufficient, and access and quality vary widely by geographic area, with the North and East regions the most underserved. It is highlighted by a mortality rate for children under 5 years of 103 per 1,000 live births in 2014,² far above the Millennium Development Goal (MDG) target of 45. In addition, the maternal mortality rate was 782 per 100,000 live births in 2011,³ compared with the MDG target of 108.
- Violence against children, particularly girls, is widespread: 22 per cent of girls aged from 15 to 19 years reported experiencing sexual violence or rape at least once in their lives; in 60 per cent of the cases, the perpetrator was a husband or partner⁴. One-fifth of adolescents girls (15-19 years) are married or in a union. Gender inequalities are considerable: Cameroon ranked 132 out of 151 countries on the 2014 United Nations Development Programme gender inequality index⁵.
- HIV prevalence among people aged from 15 to 49 years, is among the highest in the region, estimated at 4.5 per cent in 2015⁶. Significant gender disparities also exist due to both the biological and social vulnerabilities of girls and women, with a seroprevalence rate of 0.4 per cent for young men aged from 15 to 29 years compared with 4 per cent for young women in the same age group. Approximately, 620,000 people living with HIV reside in Cameroon, of which, 80,000 are children and adolescents (below 19 years of age (UNAIDS, 2015). Despite the rapid increase in adult HIV treatment (from 122 783 in 2012 to 168 249 in 2015), access to pediatric HIV treatment has remained very poor, with only 13 % of children receiving ART in 2015 (NACC Annual report 2015).

Since 2015, the Ministry of Health adjusted its strategic HIV/AIDS documents to be in line with WHO recommendation changes. The “90/90/90” strategic vision has been materialized in the development of two operational plans: the e-MTCT operational plan (2016-2017) and the national operational plan (2016-2018) to accelerate children and adolescents HIV care and treatment. To facilitate the implementation of both plans, the “test and treat” strategy

² UNICEF Multiple Indicator Cluster Survey (MICS) 2014.

³ DHS/MICS 2011.

⁴ DHS/MICS 2011.

⁵ See <http://hdr.undp.org/en/composite/GII>.

⁶ UNAIDS 2015 estimates

recommended by WHO was adopted by the Ministry of Health. Other measures and guidelines have been disseminated such as routine HIV testing in all health facilities, free HIV testing for children under 15 years old and pregnant women as well as a free subsidized package for PLWA clinical follow up examinations.

III. PLANNING AND RESULTS OUTLINED BY PROGRAMME AREA

In line with the UNICEF 2014-2017 Strategic Plan and the UNICEF vision of an AIDS-free generation, Cameroon country office support to the HIV epidemic national response aims at ensuring all children are born free of HIV and remain HIV free for the first two decades of life, from birth through adolescence. This also means that all children living with HIV have access to treatment, care and support they need to remain alive and healthy.

UNICEF Cameroon in its Country Programme Action Plan 2013-2017 and 2016-2017 operational plan programmed to achieve this vision through ensuring the availability for children, mothers and adolescents of adequate knowledge and skills to protect themselves from HIV, increase demand for HIV prevention, treatment and care.

In 2016, UNICEF contributed to the following national and United Nations Development Assistance Framework priorities in nine priority districts:

- BY 2017, the incidence of HIV and STIs among most at risk groups is significantly reduced by at least 50% from 2013 to 2017.
- By 2017, the transmission Mother-to-child of HIV is mitigated and maintained below 5%”.
- By 2017, populations (man and women), especially the most disadvantaged and refugees have improved and equitable access and use of proven care, prevention, health and education services (UNDAF expected result)

2.1 What UNICEF’s programme is meant to achieve by 2017 and progress made by end December 2016 (in nine priority districts).

OUTCOME: By 2017, children, pregnant women and adolescents, especially the most disadvantaged, have improved and equitable use of proven HIV prevention, care and treatment services in two priority regions and humanitarian zones.			
OUTCOME INDICATORS	Baseline 2015	Target 2017	Progress 2016
Percentage of pregnant women living with HIV with life long access to ART	65%	90%	NA
Percentage of children aged 0-14 years and adolescent girls and boys aged 10-19 years living with HIV that are receiving ART	13%	50%	NA
Output 1: By 2017, coverage of PMTCT services is increased and their quality improved in six priority districts of the North and West regions and in humanitarian zones.			

OUTPUT INDICATORS	Baseline 2015	Target 2017	Progress 2016
% of Health facilities providing lifelong ART for pregnant and breast feeding women within the MNCH setting	54 %	80%	100%
% of HIV positive pregnant women who benefit from ARVs (B+ option) in priority districts	54%	90%	71%
Output 2: By 2017, coverage of HIV testing, care and ART services for children/adolescents affected by HIV & AIDS is increased and their quality improved in six priority districts of the North and West regions and in humanitarian zones.			
Proportion of HIV+ children and adolescents (0-19 years) who benefit from ARV treatment in priority districts	13%	50%	14%
Output 3: By the year 2017, all adolescents/youth friendly social and health services, in six priority districts of the North and West regions and in humanitarian zones, offer ARH/STI/HIV services according to youth friendly norms and standards			
Number of youth friendly social and health services strengthened to offer Adolescent Reproductive Health/Sexually Transmitted I/HIV services to youths and adolescents according to norms and standards	1	19	19
% of adolescents and youths tested positive accompanied to the treatment canters for care and support	75%	80%	100%
Output 4: By 2017, all key partners institutions and organizations at all levels have technical and managerial skills required to coordinate quality HIV & AIDS interventions in six priority districts of the North and West regions and in humanitarian zones			
Number of annual progress reports produced for PMTCT, Pediatric Care & Treatment and HIV& adolescents	1	3	3
Number of integrated joint supervision missions conducted	3	8	6

2.2 Implementation strategies

Activities were implemented in accordance to the implementation strategies outlined in the UNICEF HIV/AIDS vision and direction for action (2014-2017)

Capacity Development

During 2016, capacity building of different stakeholders at different levels was the prerequisite activity to ensure effective participation of adolescents in performing the risk and vulnerability mapping combined with behavioural analysis related to STI / HIV / AIDS in their communities.

Training of stakeholders was performed following a two-step process that combined training of peer educators, supervisors and other stakeholders who supported the adolescents to design and implement integrated micro communication plans in accordance with risks and vulnerability mapping and desired behaviour. UNICEF supported sensitization and awareness-raising messages reaching 84,500 adolescents and young people through campaigns organized by a network of 5,500 trained peer educators.

To increase the demand of PMTCT and HIV paediatric care and treatment services, 1,500 community workers were trained on community mobilization and 600 health providers had their capacities strengthened to offer quality services according to national norms.

Advocacy

Attended by 350 participants from all 10 regions of Cameroon, the First National Forum on the prevention of Mother-to-Child Transmission of HIV (MTCT) and children/adolescents HIV care and treatment was organized in Yaoundé from 25-27 October 2016. The objective was to generate a new momentum and formulate a strategic vision and priority actions to accelerate the elimination of MTCT and close children and adolescents ARV treatment gap. Experiences, innovations, best practices and lessons learnt were shared for an optimal implementation of PMTCT and HIV care and treatment for children and adolescents. A Call to Action was adopted by all participants.

Evidence generation

Since May 2015, Cameroon is engaged in the “All In end adolescents AIDS” initiative. The first phase of the country assessment which consisted in a rapid appraisal and evaluation of national HIV programmes for adolescents was conducted. The findings from the rapid assessment were utilized to advocate for the scaling up of prevention, treatment and care services for adolescents.

The ALL IN Initiative phase 2 started in August 2016 under the leadership of the Ministry of Youth and Civic Education. It applied the bottleneck analysis methodology (BNA) to assess adolescent priority programme gaps. Twenty five (25) key programme managers from four ministries were trained on the BNA methodology. A BNA exercise was conducted in Douala, Bamenda and Garoua-Boulai cities with 120 actors working with adolescents. Adolescent participation and Youth Ministry ownership of the process were the strengths of the initiative. The findings will be used for an evidence – informed planning for adolescent.

Partnerships

During 2016, a strategic partnership was built with the Islamic Development Bank. This partnership covering the period of 2018-2021 aims at accelerating the elimination of mother to child transmission of HIV (e-MTCT) in 55 priority health districts.

UNICEF is a part of the UN joint team on AIDS. As described by the division of labor defined by UNAIDS cosponsors, UNICEF is the leading agency of the PMTCT and paediatric care components in collaboration with WHO and is leading the adolescents and youth prevention in collaboration with UNFPA. A joint annual plan is available in which each UN agency supports activities related to his mandate and comparative advantages. UNICEF and UNFPA have been collaborating in implementing and monitoring of youth interventions through the UN joint plan on HIV AIDS.

Adolescent and youth interventions were implemented by the decentralized structures of the, Ministry of Secondary Education, Ministry of Higher Education. In collaboration with youth organizations, youth centers under the coordination of the Ministry of Youth Affairs and civic Education and the National AIDS Control Committee.

The PMTCT and paediatric care interventions were implemented by Health districts and community based organizations under the coordination of the Ministry of Health and the National AIDS Control Committee and community mobilization by Ministry of Women's Empowerment and the family.

Identification and Promotion of Innovation.

During the reporting period, the country office continued to support adolescent participation through the U-Report platform, an SMS surveys based technology. Through U-Report, UNICEF is striving to bridge the gap between decision makers and communities. In 2016, the emphasis was put on adolescents/youth voluntary counselling and testing. Information provided by U-Reporters through surveys are compiled and reported to programme managers for corrective measures to be taken. U-Report surveys helped to update the mapping of availability of services offering HIV tests.

Service Delivery

Standard equipment kits including communications materials were supplied to 19 youth centers. In 2016 HIV counselling and testing were offered to 6,796 adolescents using fixed and advanced strategies in partnership with health care facilities and the NACC testing mobile team. All adolescents tested HIV positive were accompanied to the treatment centers.

HIV and 2016 humanitarian assistance

During 2016, due to Japan and global humanitarian funds UNICEF continued to support the integration of HIV in the emergency preparedness and response. Out of 655 HIV-positive pregnant women requiring continuation of ART in humanitarian situations 106 continued ART and Out of 91 children requiring continuation of ART in humanitarian situations 18 continued ART.

Technical assistance

UNICEF is providing an important technical support to the national response to the HIV epidemic especially for PMTCT, paediatric care and HIV prevention among adolescents and young people.

During 2016, the thematic funds were very important to partially fill in the gap of other resources and funded technical assistance issues. The country office had been able to support the Ministry of Public Health in implementing and documenting the "case finding" strategy in 3 priority districts.

2.3 Lessons learnt and good practices

With UNICEF support, 3 health districts in the North region implemented case-finding of HIV infected children using health facility gateways, family index and community. From June to July 2016, through the community case-finding approach 2461 children has been tested and all those identified HIV positive (70) initiated ARV (children 5 to 9 years old). Through the health facility gateways and family index, 1464 out of 5416 children recruited were tested

and 30 identified HIV positive initiated ART. Long turnaround time PCR result was the main bottleneck. The experience confirmed that community approaches are essential to fast track children HIV diagnosis.

UNICEF is supporting the elaboration of a new Global Fund concept note and is advocating for the scaling up of the case finding strategy.

2.4. Challenges and course corrections

Care and treatment of HIV+ children and adolescents are still a big concern in health facilities. Although the capacities of care providers has been strengthened, the number does not reach the required standards of at least two providers per health facility and the task shifting is not yet operational. The intensification of case-finding at community level and in different entry points of the health facilities during 2017 will increase the expected number of HIV infected children and adolescents on treatment to achieve the target of 50% by the end of 2017.

Poor coordination of interventions continues to be a challenge to obtain disaggregated data within the health information system. This bottleneck limits the ability to generate adolescent's specific data and monitor progress. In fact, continuing supportive supervision reinforced partners capacities in Monitoring & Evaluation and allowed the improvement of data collection, analysis and use of information.

IV. RESOURCES

By programme area

Year	2016
Business Area	Republic of Cameroon - 0690
Grant	SC149902

Row Labels	Actual	Utilized
0690/A0/04/906 HIV AND AIDS	201,994	201,994
0690/A0/04/906/002 CARE AND TREATMENT OF CHILDREN AFFECTED	152,881	152,881
0690/A0/04/906/002/001 TECHNICAL ASSISTANCE	45,138	45,138
02-02 Care and Treatment of Children affected by HIV and AIDS	45,138	45,138
0690/A0/04/906/002/005 TRANSFER TO PARTNES	107,744	107,744
02-02 Care and Treatment of Children affected by HIV and AIDS	107,744	107,744
0690/A0/04/906/003 ADOLESCENTS AND HIV/AIDS	41,893	41,893
0690/A0/04/906/003/003 WORKSHOPS	39,161	39,161
02-03 Adolescents and HIV/AIDS	39,161	39,161
0690/A0/04/906/003/006 TRANSFER TO PARTNERS	2,732	2,732

02-03 Adolescents and HIV/AIDS	2,732	2,732
0690/A0/04/906/004 HIV GENERAL	7,220	7,220
0690/A0/04/906/004/004 FIELD MONITORING	7,220	7,220
02-05 HIV # General	7,220	7,220
Grand Total	201,130	201,130

By specific intervention code

Year	2016		
	Republic of Cameroon -		
Business Area	0690		
Grant	SC149902		
Row Labels	Actual	Utilized	
0690/A0/04/906 HIV AND AIDS	201,994	201,994	
0690/A0/04/906/002 CARE AND TREATEMENT OF CHILDREN AFFECTED	152,881	152,881	
0690/A0/04/906/002/001 TECHNICAL ASSISTANCE	45,138	45,138	
02-02-01 Infant and child HIV diagnosis (PITC)	45,138	45,138	
0690/A0/04/906/002/005 TRANSFER TO PARTNES	107,744	107,744	
02-02-01 Infant and child HIV diagnosis (PITC)	107,744	107,744	
0690/A0/04/906/003 ADOLESCENTS AND HIV/AIDS	41,893	41,893	
0690/A0/04/906/003/003 WORKSHOPS	39,161	39,161	
02-03-01 HIV testing and counselling in adolescents	39,161	39,161	
0690/A0/04/906/003/006 TRANSFER TO PARTNERS	2,732	2,732	
02-03-01 HIV testing and counselling in adolescents	2,732	2,732	
0690/A0/04/906/004 HIV GENERAL	7,220	7,220	
0690/A0/04/906/004/004 FIELD MONITORING	7,220	7,220	
02-05-08 HIV and AIDS monitoring and bottleneck analysis	7,220	7,220	
Grand Total	201,130	201,130	

By output planned and funded

Year	2016			
	Republic of Cameroon -			
Business Area	0690			
Grant	SC149902			
Row Labels	Outcome Planned	Output Planned	Actual	Utilized
0690/A0/04/906 HIV AND AIDS			201,994	201,994
0690/A0/04/906/002 CARE AND TREATEMENT OF CHILDREN AFFECTED			152,881	152,881
0690/A0/04/906/003 ADOLESCENTS AND HIV/AIDS			41,893	41,893

0690/A0/04/906/004 HIV GENERAL	7,220	7,220
TOTAL	201,130	201,130

V. FUTURE WORK PLAN

During 2017, the focus will be put on supportive supervision to improve the quality of care for women and exposed children by implementing the standards and norms of performance for PMTCT, data collection and analysis will be strengthened. Community mobilization and engagement will be supported to improve the retention of HIV + women on ART using new technologies (M-health and U-Report). Awareness and mobilization campaigns for HIV counselling and voluntary testing will be intensified. The All In! Phase2 bottleneck analysis findings will inform the update of adolescents strategic and operational national documents (All In phase 3).

Planned resources (2016-2017)

NATIONAL RESULT	<ul style="list-style-type: none"> ➤ THE INCIDENCE OF HIV AND STIS SIGNIFICANTLY REDUCED BY 50% AMONG POPULATION BETWEEN 15 49 YEARS ➤ BY 2017 MOTHER TO CHILD TRANSMISSION OF HIV MITIGATED AND MAINTAINED BELOW 5% BY 2017. 				
Outcome	By 2017, children, pregnant women and adolescents, especially the most disadvantaged, have Improved and equitable use of proven HIV prevention, care and treatment services in two priority regions and humanitarian zones.				
		RR	OR	OTHER	TOTAL
Output 1	By 2017, coverage of PMTCT services is increased and their quality improved in six priority districts of the North and West regions and in humanitarian zones.	441,000	1,152,200	400,000	1,993,200
Output 2	By 2017, coverage of HIV testing, care and ART services for children/adolescents affected by HIV & AIDS is increased and their quality improved in six priority districts of the North and West regions and in humanitarian zones.	400,000	1,113,800	300,000	1,813,800
Output 3	By the year 2017, all adolescents/youth friendly social and health services, in six priority districts of the North and West regions and in humanitarian zones, offer ARH/STI/HIV services according to youth friendly norms and standards	506,480	1,220,520	210,000	1,937,000

Output 4	By 2017, all key partners institutions and organizations at all levels have technical and managerial skills required to coordinate quality HIV & AIDS interventions in six priority districts of the North and West regions and in humanitarian zones	140,000	855,000	30,000	1,025,000
PROGRAMME TOTAL		1,487,480	4,341,520	940,000	6,769,000

Strategies and Required Resources for 2018-2020 (values in thousands of USD)

Output 1: By 2020, health care providers are able to identify, treat and retain in care children and adolescents living with HIV in the vulnerable regions.		Total 3 years	
		RR	OR/E
		650	5 000
Staff and technical assistance	UNICEF personnel, Temporary Assistance	-	550
Strategies	Grouping of related activities		
Service delivery	Procurement/distribution of HIV supplies (ART buffer stock, rapid tests, DBS kits, PoC reagents) and equipment (PoC machines for EID and VL and maintenance, districts IT equipment), logistics/transportation, direct assistance/cash grants	100	2 000
Capacity development	Development of materials/PCT training material, workshops (PCT, supply chain management), networks	150	1 450
Evidence generation	Research, studies, surveys, evaluations, assessments, generation of profiles, knowledge management, innovative approaches	200	500
Policy dialogue and advocacy	Strategy/policy formulation, convening meetings, organising workshops, study tours, South-South partnerships to share experiences and lessons learnt, partnership building, media communication	200	500
Total non-posts		650	4 450

Output 2: By 2020, children, adolescents, pregnant women and their families have the knowledge and ability required to seek HIV prevention, care and treatment services and remain in the continuum of care in the vulnerable regions.		Total 3 years	
		RR	OR/E
		850	7 000
Staff and technical assistance	UNICEF personnel, Temporary Assistance	300	300
Strategies	Grouping of related activities		
Service delivery	Procurement/distribution of equipment, logistics/transportation, direct assistance/cash grants, monitoring, innovations	150	2 000
Capacity development (community)	Development of materials/training aids, IEC materials, workshops, social mobilisation/community empowerment, C4D, networks, contract with community radios, agreements/PCA with CBOs	150	3 500

Evidence generation	Situation Analysis, research, studies, surveys, evaluations, assessments, generation of profiles, knowledge management, innovative approaches	150	600
Policy dialogue and advocacy	Strategy/policy formulation, convening meetings, organising workshops, study tours, South-South cooperation, partnership building, media communication, resource mobilisation, budget exercises, legal framework	100	600
Total non-posts		550	6 700

Output 3: By 2020, key actors have the required capacity to plan, coordinate, monitor and evaluate integrated HIV/AIDS interventions based on evidence, gender equality and equity.		Total 3 years	
		RR	OR/E
		900	3 000
Staff and technical assistance	UNICEF personnel, Temporary Assistance	600	100
Strategies	Grouping of related activities		
Service delivery	Logistics/transportation, direct assistance/cash grants, monitoring, innovations	-	500
Institution building (organisational)	Development of plans/data-driven planning and monitoring at decentralised levels, effective HIV integration with accountability across sectors, institutional mechanisms/tools, guidelines, protocols/standards, coordination, management information systems, resourcing and budgeting, governance	100	1 200
Evidence generation	Situation Analysis, research, studies, surveys, evaluations, assessments, generation of profiles, knowledge management, innovative approaches	100	500
Policy dialogue and advocacy	Strategy/policy formulation, convening meetings, organising workshops, study tours, South-South cooperation, partnership building, media communication, resource mobilisation, budget exercises, legal framework	100	700
Total non-posts		300	2 900

VI. EXPRESSION OF THANKS

UNICEF could not have achieved these significant results without the financial donor support. UNICEF thanks the Global HIV AIDS Thematic fund for its contribution to prevent and eradicate HIV in Cameroon and for its unceasing concern about the wellbeing of the beneficiaries.

VII. ANNEXES

Human Interest Stories

6.1. Zoubeinatou

By Philemon Harouna,

A beautiful girl, with a radiant smile who makes her way into the District Health Service premises of Guider. Contrary to her situation, her smile inspires the joy of life. It is only through the quivering sound of her voice, that one understands that Zoubeinatou, this young mother married very early in life, and having dropped out of school at the 2nd Grade, has gone through difficult times in her life. Thanks to the regular follow-up and counselling from the medical and counselling personnel of the Program for the Prevention of Mother-to-Child Transmission (PMTCT), she has gained back life for herself and her son, Mahamadou.

She tells her story: "I was forcibly married by my parents when I was 14 years old at grade I did not want to, but I was forced to accept it. I went to live with this gentleman who was of my father's age. I was very scared any time he touched me and I felt very bad during sex. I ended up conceiving and giving birth to my little boy, Mahamadou! This did not prevent her 'husband' a 'hangman' from looking for other little young girls to turn them into 'wives'.

She lived in this polygamous home for four years until she left her husband. "I was losing weight a lot, and at last, a nurse friend advised me to visit the hospital and take an HIV/AIDS test. I was categorical and said no, because I never knew any other man apart from my husband. I told her that my condition was due to my thoughts for my child and his future. She ended up convincing me and I did the test and the result was positive. I cried a lot but she told me I should regain courage because it was not over. That's when I learned about the PMTCT Program".

The PMTCT program, thus restored hope for Zoubeinatou, who very quickly made little Mohamadou do the test that fortunately for him is negative. Satisfied with these results, she is more than ever motivated to speak out on violations against young girls in her community, in a setting where fear of reprisals and stigmatization is not uncommon: "I am happy for my child, and I have been taking my treatment for three months already. I feel very good, and I would like to tell parents to let their daughters get married when they are ready. And to other young people, who, like me are infected, it is not the end of the world, you just have to follow the treatment and everything will go well for you! She concluded.

6.2. Living a full life with HIV

By Philemon Harouna

Crédit photo: Hope Future Generation Centre / Pitoa Health district - North region,

October 2016. ©UNICEF/ Philemon Harouna 2016



The Hope Future Generation Centre provides ARV treatment and psychosocial support to people living with HIV, like Julienne, with UNICEF support.

Long considered to be mad by the other residents of Pitoa, a small town in northern Cameroon, 25-year-old Julienne has regained her mental faculties and recovered from her illness. Full of smiles, it is with much joy that Julienne tells of how she is doing perfectly well since she started taking the antiretroviral medication that she receives from the Hope Future Generation Centre, a faith-based organization supported by UNICEF. Julienne does not know how she was infected with HIV, but she recalls that she has suffered a lot in the past: "I was thin, I felt very bad, I vomited, and I felt that I was going to die. My parents took care of me and did everything for me. I suffered a lot!" she tells us with a sigh.

Julian discovered her status after an AIDS screening campaign came to her locality. Guided by her parents, she did not realize what was happening and did everything that was asked of her. Today, this woman who was once regarded in the locality as mentally ill (the infection having attacked its nervous system) – has gradually regained her mental awareness and tells her story herself.

“Now I take my medication when I am told,” she says, adding that one day she hopes she will be fully cured from her disease.

Report Feedback Form

UNICEF is working to improve the quality of our reports and would highly appreciate your feedback. Kindly answer the questions below for the above-mentioned report. Thank you!

Please return the completed form back to UNICEF by email to:

Name: Felicite Tchinbidat

Email: ftchinbidat@unicef.org

SCORING: 5 indicates “highest level of satisfaction” while
0 indicates “complete dissatisfaction”

To what extent did the narrative content of the report conform to your reporting expectations? (For example, the overall analysis and identification of challenges and solutions)

5	4	3	2	1	0
<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>

If you have not been fully satisfied, could you please tell us what we missed or what we could do better next time?

To what extent did the fund utilization part of the report meet your reporting expectations?

5	4	3	2	1	0
<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>

If you have not been fully satisfied, could you please tell us what we missed or what we could do better next time?

To what extent does the report meet your expectations in regard to the analysis provided, including identification of difficulties and shortcomings as well as remedies to these?

5	4	3	2	1	0

If you have not been fully satisfied, could you please tell us what we could do better next time?

To what extent does the report meet your expectations with regard to reporting on results?

5	4	3	2	1	0

If you have not been fully satisfied, could you please tell us what we missed or what we could do better next time?

Please provide us with your suggestions on how this report could be improved to meet your expectations.

Are there any other comments that you would like to share with us?

Thank you for filling this form!