Reach Out
REACH OUT NGO (REO)
ANNUAL REPORT 2020

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Abbreviations

ACWW: Associated Country Women of the World
ACMS: Association for Social Marketing
AIDS: Acquired Immunodeficiency Syndrome
BCC: Behaviour Change Communication
CESO: Canadian Executive Service Overseas
CBOs: Community-Based organisations
CIGs: Common Initiative Groups
CSOs: Civil society Organisations
CSR: Corporate Social Responsibility
CRC: Citizen Reporting Cards
CDP: Council Development Plan
CCPA: Citizen Control for Public Action
CWA: Catholic Women Association
CWF: Christian Women Fellowship
DMO: District Medical Officer
EU: European Union
GIZ: Deutsche Gesellschaft för internationale Zusammenarbeit
PROMUD: Support programme for Municipal Development
GFATM: Global Fund to fight AIDS, Tuberculosis and Malaria
HAMC: Health Area Management Committee
HIV: Human Immune Virus
KGA: Keep a Girl Alive
LLINS: Long Lasting Insecticidal Nets
MINAS: Ministry of Social Affairs
MINEPAT: Ministry of the Economy, planning and Regional Development
MBOSCUDA: Mbororo Social, Cultural and Development Association
NMCP: National Malaria Control Programme
NGO: Non Governmental Organization
PMTCT: Prevention from Mother to Child Transmission

PNDP: Program National de la Developpement Participative (National Community-driven Development Programme)

PR: Principal Recipient

SR: Sub Recipient

RBM: Roll Back Malaria

REO: Reach Out

RTG: Regional Technical Group

SWR: South West Region

STIs: Sexually Transmissible Infections

SUFi: Scaling Up Malaria Control for Impact


UNDP: United Nations Development Program

UNICEF: United Nations Children Fund

PW: Pregnant woman

ANC: Antenatal Care

LTFU: Lost to Follow-up

TBA: Traditional Birth Attendant

DH: District Hospital

HS: Health Service

CMA: Sub Divisional Hospital

MF: Medical Foundation

BHC: British High Commission

MESSAGE FROM THE EXECUTIVE DIRECTOR
I am proud to present this 2020 Annual Report, reporting on activities that were undertaken in the heat of the humanitarian crisis in the Anglophones regions couple with the Covid 19 pandemic, but that will have an impact well into the future.

Most notable, after a great deal of shared thinking, consultation and refinement, Reach Out review its Strategic Plan to include humanitarian assistance that will guide all of our work for the next 3 or 5 years. This Plan, which we can title as the Power of People for peace and Sustainable livelihoods, is our fourth Strategic Plan but is, crucially, the first Plan to bridge the development and humanitarian divide. In the past, we have operated mostly in the area of development until 2018 when we took the decision to embrace humanitarian actions. Now, for the third time, consecutively since 2018 we are reporting not only on development but a greater part on humanitarian assistance.

This brought us to adding a key component, that of humanitarian assistance with a Coordinator at the help. Each department draws inspiration from the overarching goals set out in the Strategic Plan to set its own priorities broken down into Annual Operational Plans with active human rights and citizenship, peace and justice, and gender equality at its heart.

The Plan sets ambitious development goals and defines how REO can best contribute to fighting the injustice of poverty and improved health services and infrastructural development in its areas of operation. It focuses on empowering people so that they can participate in the political decisions that affect them and search for new opportunities to rise out of poverty. Such major long-term goals demand a coordinated approach, as set out in the new Plan. By working more closely together across the various stakeholder groups and funding partners, we will ensure that our efforts are aligned to have the maximum impact, and that we truly function as leading charity organisation in Africa. Apart from the goals that became our shared approach to making the world a better place for all, the Plan sets out shared goals for our internal operations as well. The strength of the departments clearly guides our work as we strive to build and improve sustainable practices in our work in all areas.

In August 2020, Reach Out Cameroon was formally recognised as a National Non-Governmental Organisation. This is as a regard to our hard-work and leading development operations thereby touching lives in Cameroon since 1996 to date.

Read and have a good mastery of REO’s work for the year 2020 as we look forward for another rich reporting of our activities coming December 2021.

Best Regards,

The Executive Director
Reach Out Cameroon

INTRODUCTION
Reach Out (REO) with head office in Buea, is a women and youth centred Non-Governmental Organization (NGO) founded in 1996 by some benevolent citizens who were concerned with the plight of the rural masses and most particularly the fight against HIV/AIDS. REO’s priority are women, youths, and minority groups such as widows, single mothers, displaced women and their families, female school dropouts, orphans and children in distress, and HIV and AIDS infected persons.

REO was legalised on the 7th of December 2000. Today, the organization is headquartered in Buea and has field offices in Kumba, Ekondo-Titi, Mamfe, and now Bamenda in the North-West and Douala in the Littoral regions. The organization focuses on the South-West and North-West Region, and operates sporadically in the Littoral Region.

Reach Out (REO) strives to make the world a better place for our women, children and our children’s children by empowering local communities to take control of their lives.

REO envisions a society where underprivileged groups are aware of their rights to participate in decision making, have equal access to resources and benefits, and become self-reliant within a supportive policy environment for sustainable development.

Our Annual Report provides an overview of the work of the Reach Out NGO for the year 2020 and covers activities within the health, human rights and governance and wealth creation and those within the humanitarian assistance.

As from May 2018 to date REO was among the first responders to the humanitarian crisis in Anglophone Cameroon. REO has provided relief support to more than 500,000 internally displaced persons in Manyu, Meme, Ndian, Kupe Muanenguba, and Fako divisions in the South-West region and Ngoketunjia and Momo divisions in the North-West region.

Summarily, REO has a staff force of 72 hardworking young Cameroonians comprising of 32 permanent staff and 40 part Time staff. As a leading gender-based organisation we endeavour to bridge the gender gap as we see women playing the leading role. 41 of our staff are female while 31 are male and majority (95%) fall within the age group of 22 to 35 years while just 5% fall within 36 to 56 years. (See full staffing list at the annexes).

PROGRAMS AND ACTIVITIES

REO’s activities for the year under review involve working in cutting-edge, grassroots community-delivery programs within its three key expected results recorded as follows:
INTRODUCTION

The health department of Reach Out NGO (REO) was very active and charged with work since January 2020. Beginning with projects that were on-going in 2019 and were carried over and continued in the year 2020, to the new projects of 2020 and the multiple community response to COVID19 REO has carried out so far. Projects which began in 2019 and continue into 2020 include the UNICEF sponsored Rapid Response Mechanism RRM+ to hard-to-reach communities, DRA Acute Crises Joint Response sponsored by Care International, Global Fund HIV project with Presse Jeune in Limbe, and the Global fund malaria project with IRESICO in Muyuka. New projects that began in 2020 include projects like the WHO funded Primary Health Care project with acronym as CERF and most especially the COVID19 pandemic and the related community response to contain the pandemic and prevent further spread. Within the annual report the details of the department’s project and other activities couldn’t be captured completely for the volume would dissuade the audience and beat the purpose on an annual report.

RAPID RESPONSE MECHANISM (RRM+) FOR TIMELY EMERGENCY RESPONSE TO DISPLACED COMMUNITIES IN HARD TO REACH AREAS.

Funder: UNICEF
Start Date: 16th April, 2019  End Date: 16th April, 2020
Current Status: Ended

The RRM+ project was continued from January 2020 and ended in April of 2020.

Key thematic areas of the project and achievements are as follows:

CHILD PROTECTION

All protection indicators reached their targets with the exception of “number of unaccompanied and separated children identified” and “Number of separated and or unaccompanied children reunified”, these indicators ended below 50% because even though there are tens of thousands of conflicts affected people including displaced people, most families still managed to stick together or in the case of separations the children are under the custody of a family relative or guardian.

Below is a table of Child Protection indicators, project targets, targets reached by the end of the project and percentage of the target reached

<table>
<thead>
<tr>
<th>Indicator</th>
<th>Project target</th>
<th>Target Reached</th>
<th>% target Reached</th>
<th>Comments</th>
</tr>
</thead>
<tbody>
<tr>
<td>Number of children receiving basic psychosocial support through Child Friendly Spaces</td>
<td>12,000</td>
<td>17371</td>
<td>145%</td>
<td>Target exceeded</td>
</tr>
<tr>
<td>Number of unaccompanied children</td>
<td>200</td>
<td>0</td>
<td>0%</td>
<td></td>
</tr>
</tbody>
</table>
identified and documented

Number of separated children identified and documented 200 82 42%

Number of separated and or unaccompanied children reunified 200 0 0%

Number of families with extremely vulnerable, unaccompanied or separated children that received basic support packages 200 500 250%

Number of violations against children documented and reported 2000 4589 229%

WATER, HYGIENE AND SANITATION (WASH)

Over 95% of all WASH indicators were met

Below is a table of WASH indicators, project targets, targets reached by the end of the project and percentage of the target reached:

<table>
<thead>
<tr>
<th>Indicator</th>
<th>Project target</th>
<th>Target Reached</th>
<th>Percentage target Reached</th>
</tr>
</thead>
<tbody>
<tr>
<td>Number of families reached with WASH kits</td>
<td>2000</td>
<td>2000</td>
<td>100%</td>
</tr>
<tr>
<td>Number of people reached with individual hygiene and dignity kits</td>
<td>10,000</td>
<td>9473</td>
<td>95%</td>
</tr>
<tr>
<td>Number of people reached with WASH kits</td>
<td>10,000</td>
<td>9473</td>
<td>95%</td>
</tr>
<tr>
<td>Number of people sensitized on hygiene management</td>
<td>10,000</td>
<td>118625</td>
<td>1186%</td>
</tr>
<tr>
<td>Number of people reached with non-food items</td>
<td>10,000</td>
<td>9473</td>
<td>95%</td>
</tr>
</tbody>
</table>

NUTRITION

All nutrition indicator targets have been exceeded with the exception of number of children with SAM provided with portable first ration which is based on true on ground situation. Also, the massive sensitization and education on nutritional counselling provided to communities had greatly reduced the prevalence of SAM by midway of the project as compared to the start of the project.

Below is a table of Nutrition indicators, project targets, targets reached by the end of the project and percentage of the target reached:

<table>
<thead>
<tr>
<th>Indicator</th>
<th>Project target</th>
<th>Target Reached</th>
<th>% target Reached</th>
</tr>
</thead>
<tbody>
<tr>
<td>Number of children 6 to 59 months screened for malnutrition</td>
<td>3000</td>
<td>13177</td>
<td>439%</td>
</tr>
<tr>
<td>Number of children 6 to 59 months provided SAM treatment</td>
<td>1300</td>
<td>43</td>
<td>3%</td>
</tr>
</tbody>
</table>
**HEALTH COMPONENT ACTIVITIES**

Health component indicators most far exceeded their targets and all other indicators with the exception of “number of children provided with essential drugs for Diarrhoea” are close to reaching their full target. There was little that could be done to improve the number of children provided with essential drugs for Diarrhea beyond encouraging active search and continuing sensitization. We are rather convinced that the low prevalence of diarrhoea disease in the communities is a reflection of the massive WASH sensitization which the RRM+ project had done since the very start of the project.

*Below is a table of Health indicators, project targets, targets reached by the end of the project and percentage of the target reached;*

<table>
<thead>
<tr>
<th>Indicator</th>
<th>Project target</th>
<th>Target Reached</th>
<th>% target Reached</th>
</tr>
</thead>
<tbody>
<tr>
<td>Children vaccinated against measles aged 6 months to 15 years</td>
<td>3500</td>
<td>3167</td>
<td>90%</td>
</tr>
<tr>
<td>Children 6 months to 15 years who received vitamin A</td>
<td>3500</td>
<td>5134</td>
<td>145%</td>
</tr>
<tr>
<td>Number of PWs provided with maternal care kits</td>
<td>320</td>
<td>320</td>
<td>100%</td>
</tr>
<tr>
<td>Number of households provided with LLINs</td>
<td>2000</td>
<td>2000</td>
<td>100%</td>
</tr>
<tr>
<td>Number of children provided with essential drugs for Acute respiratory infection</td>
<td>1000</td>
<td>2310</td>
<td>231%</td>
</tr>
<tr>
<td>Number of children provided with essential drugs for Acute diarrhoea</td>
<td>2700</td>
<td>1882</td>
<td>70%</td>
</tr>
<tr>
<td>Number of people provided anti-malaria treatment</td>
<td>2000</td>
<td>6482</td>
<td>324%</td>
</tr>
<tr>
<td>Care givers provided new-born kits</td>
<td>290</td>
<td>237</td>
<td>82%</td>
</tr>
</tbody>
</table>

**COMMUNITY ACCOUNTABILITY**

Accountability to affected populations (AAP) was a key part of the RRM+ as population played an active role throughout the project cycle, in monitoring, providing feedback and at times even assisting project staffs in gathering information on assess and security.

*Below is a table of AAP indicators, project targets, targets reached by the end of the project and percentage of the target reached;*

<table>
<thead>
<tr>
<th>Indicator</th>
<th>Project target</th>
<th>Target Reached</th>
<th>% target Reached</th>
</tr>
</thead>
<tbody>
<tr>
<td>Number of affected populations with information on how to access humanitarian assistance</td>
<td>10,000</td>
<td>22820</td>
<td>228%</td>
</tr>
<tr>
<td>Number of affected populations satisfied with the quality and delivery of humanitarian assistance reaching the most in need</td>
<td>10,000</td>
<td>21,500</td>
<td>215%</td>
</tr>
</tbody>
</table>
Number of affected people who know how to provide feedback and complaints to humanitarian actors | 10,000 | 24,003 | 240%
---|---|---|---
Number of feedbacks and complaints received and acted upon | 10,000 | 11,690 | 117%

**CHALLENGES and lessons learned**

- Security concerns: the RRM project is one of the very first humanitarian projects to go to very difficult parts of the Anglophone areas with frequent gun battles between the military and Non state armed groups (NSAGs) and with reported attacks on villages and targeting and kidnaping of health staffs by NSAGs.

- Poor telecommunication: With telecommunication poles burned as collateral in the crisis, telecommunication networks were constantly poor and there were periods of up to a week with no telecommunication whatsoever hampering communication between field staffs and CHWs and between head office and field teams.

- Lack of power: There has been a complete lack of electricity power from ENEO in Ekondo Titi for the past 3 year after the burning of multiple power supply lines along the Ekondo Titi Kumba road. This left field staffs to rely on generators at home and the office solar panel during office hours.

- Poor roads: Poor roads to Ekondo Titi itself led to project staffs having to rely on travelling by sea from Ekondo Titi in order to attend project related meetings or go visit their families. Of more importance however was the difficulty assessing some communities because roads don’t exist or at times have been flooded by water. Some communities completely in assessing even in motor bikes made field missions and supervisions almost impossible.

**DRA ACUTE CRISES JOINT RESPONSES**

<table>
<thead>
<tr>
<th>Name of Partner:</th>
<th>CARE International</th>
</tr>
</thead>
<tbody>
<tr>
<td>Project period:</td>
<td>1st August 2019 to 28th February 2020</td>
</tr>
</tbody>
</table>
| Target Planned   | 250 people receive mental health consultation  
|                  | 600 live birth attended by skilled workers. 10000 person sensitized on SRH, Family planning services and post abortion care |
| Target Achieved  | 296 people received mental health consultation. 508 live birth attended by skilled workers. 22,664 person sensitized on SRH, Family planning services and post abortion care |
| Sectors of Intervention | Mental Health, Sexual Reproductive Health |

1. **Introduction:**

The Cameroon joint response project was implemented in 5 communities (Ekona, Muyuka, Ekombe, Mbonge and Ekondo Titi) of 3 divisions (Ndian, Meme, Fako) of the South West Region. The project lasted for 6 months and it recorded a positive impact on the target communities. Of the five communities, Ekona, Ekombe and Mbonge had not had any specific sensitization on Sexual Reproductive Health since the crisis started. The knowledge gotten
from these sensitization sessions has gone a long way in reducing unwanted pregnancy and
encouraging pregnant women on the importance of ANC. In this light, a total of 22,664
people living in hard-to-reach conflict communities were sensitized. Knowing that our
mental health is a vital key for the functioning of the human body, a total of 296 people suffering of
psychological trauma underwent mental health consultation which is an activity that has never
been carried in any of the project site, and has been rarely carried out in the South-West as a
whole. This help people to be aware of their mental health status and also how they could
take care of their mental health. As a result of the training done on Emergency Obstetric and
Newborn Care services and Clinical management of rape to 10 staff of 5 health centres, 508
pregnant women received improved obstetric care. More to the above, ANC fees for 27
vulnerable women who had not started ANC due to final constrains were paid in Ekona and
Muyuka, delivery fees of 2 pregnant women who almost gave birth in the bushes were paid
thus reducing the likelihood of complications in birth. The donation of tricycles in the
communities will help in transporting pregnant women and other sick cases to the hospitals
for medical assistance as cars do not reach most of the target areas, and people have to trek
long distances, even during emergencies.

During the sensitisation on the importance of Ante Natal Care (ANC), it was realised that
many pregnant women knew the importance of attending ANC but did not have the money
to pay for ANC, this was brought to the notice of REO who took it up to CARE Cameroon. In
order to meet up with this need, 25 pregnant women who had not stared ANC at the 3
trimester of their pregnancy were sent to the hospital and first ANC fees were paid. It was
also recommended that more ANC fees should be paid since most pregnant women were
aware of the importance of ANC but lack money to pay for these services.

Though sexual reproductive health is mostly given to women, the project took into
consideration male and female during sensitization and mental health consultation. Community
educators had four group of persons sensitised which were girls below 18, boys
below 18, female above below 18 and male above 18 year. Each of this group was sensitized
separately. That is, men were not mixed with women and boys were not mixed with girls so
as to allow freedom of expression and full participation during sensitization.

2. Measuring Results:

<table>
<thead>
<tr>
<th>Level of Results</th>
<th>Indicator(s)</th>
<th>Targets and Milestone</th>
<th>Progress/Achievement to date</th>
<th>Explanation of Variance</th>
<th>Source/Method of Verification</th>
</tr>
</thead>
<tbody>
<tr>
<td>Outcome</td>
<td>People consulted on mental health issues</td>
<td>250</td>
<td>296</td>
<td>46 more people were met planned</td>
<td>Community educators Registers</td>
</tr>
<tr>
<td>Output</td>
<td>Mental Health consultations and MH case management activities</td>
<td>250</td>
<td>296</td>
<td>46 more people were met planned</td>
<td>Reports</td>
</tr>
<tr>
<td>Outcome 2</td>
<td>People Sensitised on SRH and accessible services for FP, birth, post abortion care</td>
<td>10,000</td>
<td>22,664</td>
<td>A total of 22,664 people were sensitized. Community educators targeted churches, schools and other public gatherings that brought together people from different areas.</td>
<td>Reports</td>
</tr>
</tbody>
</table>
### Output 3

**Number of pregnant women who received ANC services provided by a skilled health personnel**

<table>
<thead>
<tr>
<th>Outcome 3</th>
<th>600</th>
<th>508</th>
</tr>
</thead>
<tbody>
<tr>
<td>92 pregnant women were not attended to because the training on EmONC was not done immediately when the project started and also because pregnant women too do not have money to visit the hospitals has often as they can due to the on-going crisis</td>
<td></td>
<td></td>
</tr>
</tbody>
</table>

**Report from health centres**

### 3. Challenges

- **Ghost towns:** The series of prolong and weekly Monday ghost towns imposed by the NSAG played on project duration has delayed community educators from doing sensitisation in the community and stop pregnant women from going to the hospitals for ANC and deliveries as no one is found moving on ghost town days. This could not be mitigated because they were external forces beyond our control.

- **Network problems:** Most of the communities where project were implemented have serious network problems those making it daily follow up and communication with community educators and nurses from the health facilities difficulty. To mitigate this, messages were sent to community educators and nurses who were seen when network came and Community educators and nurses got back to us.

### 4. Lessons Learned:

In any project targeting pregnant women and aiming to encourage the use of health facilities, ANC fees and delivery fees should be paid or subsidized, because pregnant women in crisis affected areas are aware of the importance of ANC but lack the finance to go for ANC.

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**ACHIEVE AND SUSTAIN UNIVERSAL COVERAGE OF MALARIA INTERVENTIONS FOR SUSTAINABLE IMPACT (AMCUID)**

### 1. INTRODUCTION

In the context of the new Global Fund funding model, Reach Out Cameroon is one of the District Civil Society Organizations (DCSO) implementing the project “Achieve and Maintain Universal Coverage of Interventions to Fight Malaria for long Term Impact” (AMUILI) in the South West Region of Cameroon, with trained CHWs who carry out the project’s activities in the field under the direct supervision of IRESCO (Institute for Research Socio-economic...
Development And Communication). The implementing partners include the ministry of public health which is the principal recipient (PR), Plan International Cameroon, MCCAM, IRESCO Group as Sub-Recipient (SR).

The activities planned for this year 2020 were successfully implemented and this report summarizes the key activities, achievements attained in the quarter by highlighting some key indicators of particular importance to the project, summarizes the attendance of each meeting and it will as well bring out some of the challenges faced, best practices and recommendation to those challenges.

<table>
<thead>
<tr>
<th>INDICATOR</th>
<th>Forecast for the year</th>
<th>Results of the year</th>
<th>Differences in the results of the year</th>
<th>Performance</th>
<th>Explanation of the gaps.</th>
</tr>
</thead>
<tbody>
<tr>
<td>Percentage of home visits by CHWs compared to those planned</td>
<td>12090</td>
<td>13040</td>
<td>950</td>
<td>108%</td>
<td>Active search in the communities of pregnant women</td>
</tr>
<tr>
<td>Percentage of pregnant women who have not started ANC referred and received at the health facility</td>
<td>500</td>
<td>624</td>
<td>124</td>
<td>124.8%</td>
<td>Some health areas are difficult to penetrate because of the NSAG and most people are in the bushes with their children.</td>
</tr>
<tr>
<td>Percentage of children born in community referred to and received in health facility</td>
<td>341</td>
<td>219</td>
<td>122</td>
<td>64.2%</td>
<td>Some health areas are difficult to penetrate because of the NSAG and most people are in the bushes with their children.</td>
</tr>
<tr>
<td>Proportion of suspected cases of malaria subjected to a parasitological test in the community</td>
<td>11460</td>
<td>12808</td>
<td>1348</td>
<td>111.7%</td>
<td>Improvement in the consumption rate</td>
</tr>
<tr>
<td>Proportion of confirmed uncomplicated malaria cases receiving first-line antimalarial treatment in the community</td>
<td>11014</td>
<td>10186</td>
<td>828</td>
<td>92.4%</td>
<td></td>
</tr>
<tr>
<td>Percentage of children less than 24 months of age lost to vaccination found, refereed and received at health facility</td>
<td>700</td>
<td>1348</td>
<td>648</td>
<td>192%</td>
<td>Low rate of follow up/Displacement</td>
</tr>
<tr>
<td>Percentage of children aged 6 to 59 months suffering from acute malnutrition identified, refereed and received in the FOSA</td>
<td>407</td>
<td>88</td>
<td>-319</td>
<td>21%</td>
<td>Low follow up rate Fear to be diagnosed as COVID19 patients</td>
</tr>
<tr>
<td>Percentage of suspected TB cases identified, referenced and received at health facility</td>
<td>371</td>
<td>41</td>
<td>330</td>
<td>11.0%</td>
<td>Low follow up rate Fear to be diagnosed as COVID19 patients</td>
</tr>
<tr>
<td>Completeness of CHW reports</td>
<td>748</td>
<td>712</td>
<td>36</td>
<td>95%</td>
<td>A lot of improvements</td>
</tr>
<tr>
<td>Percentage of CHWs Supervised by Health Area Heads</td>
<td>272</td>
<td>270</td>
<td>4</td>
<td>99.2%</td>
<td>All 05 COCs did supervised their CHWs</td>
</tr>
<tr>
<td>-----------------------------------------------</td>
<td>-----</td>
<td>-----</td>
<td>---</td>
<td>------</td>
<td>-----------------------------------</td>
</tr>
<tr>
<td>Percentage of operational CHWs who received their motivation</td>
<td>68</td>
<td>68</td>
<td>0</td>
<td>0</td>
<td>Payment for last two quarters still pending.</td>
</tr>
</tbody>
</table>

2. DIFFICULTIES ENCOUNTERED

- Newly trained CHWs had difficulties to correctly fill the data collection tools.
- The displacement of some CHWs has made the attainment of some project indicators low making one CHW to cover an area of which is for two persons.
- CHWs who have been trained don’t have some working materials.
- The increase in transport fare coupled with the insecurity in some areas hinders the supervision of some CHW.

3. LESSONS LEARNED

- The organisation of an in-house meeting session with CHWs during submission of reports has helped in the rectification of major errors on the reports.
- The changing of report submission date from CHWs has greatly improved report timeliness.
- The hit and run strategy by CHWs to reach out to the population has proven to be effective.
- The availability of some medications and other equipment’s like RDT during the quarter has resulted in an increase in performance as regards to the indicators of the project.
- The handing over of some responsibilities to the district team in areas were the COC is absent greatly influenced the functionality of some of these CHWs.

Enhancing Sexual Reproductive Health and Rights in remote communities of Ndian Division

REO acquired funding from AmplifyChange to implement a 2 years project and the final report was submitted on the 31st July 2020. The thematic areas of the project were refugees/internally displaced/asylum seekers with a target of 3189 persons reached, Indigenous Groups 2870 persons and Ethnic Groups totalling 1975.

The project was done in collaboration with Religious leaders to have access to youth groups in the various communities. Also, the Baptist Health Centre of Ekondo had a program to identify young pregnant women for testing- Community volunteers were used through collaborative work to reach out to the youths.

The following milestones were reached:
Community volunteers received onsite coaching during field coordination missions and received recommendations on their various challenges. Within the entire project, a total of 24,087 persons have been reached—5,788, 12,150 and 6,149 first to third phase respectively have been reached with education on SRHR, GBV, Covid-19, HIV and FP, as well as been shown the correct use of the male and female condoms. Of these 24,087, 17,421 persons are between the ages of 10 and 25 years (11,819/5,602 girls/boys respectively) and 6,666 people aged 26 or older.

A total of 7,800 home visits and 1,839 educational talk sessions were carried out during the entire project. These educative talk sessions covered topics on SRHR, HIV/AIDS, GBV, Family planning, sexuality counselling etc.

During this last phase of the project 35 young girls were effectively referred and received one of the different family planning methods.

A total of 5,910 adolescents are accessing home-based sexuality counselling sessions. Overall, the project progressed as planned. There was an excellent engagement from the community volunteers and beneficiaries alike and the numbers of education and counselling sessions carried out amidst the novel pandemic and all though the project was very positive.

Lessons learned and best practices were shared with 20 organizations working on SRH in the South-West Region.

1 article uploaded to Reach Out’s website on best practices from the field and shared with Amplify Change and 4 like-minded donors and at least 100 other Civil Society Organisations through e-mail.

01 final evaluation meeting was organized at the level of the community bringing together the different head of centers to assess the project and brainstorm on ways to sustain the project.

19,200 beneficiaries (At least 12,000 under 35 and 12,000 women) of rural neglected areas reached by educational talks are accessing community based sexual reproductive health services (SRHR counselling and HIV testing).

At least 200 beneficiaries have requested referrals for SRHR services such as to family planning services.

9,500 beneficiaries are accessing locally available SRHR services.

10 percent reduction in unintended pregnancies.

10 percent reduction of incidence of sexually transmitted diseases.

Challenges
The coming of COVID19 was an unintended factor that we never envisaged to influence the project that much, however the capacity building provided to the volunteers and the personal protective equipment went a long way in supporting the community.
Lessons Learned

✓ Working in close collaboration with the traditional authorities gave the opportunity to be able to use trained community nurses who sometimes followed the community volunteers to the communities to carry out counselling and administration of family planning services. This helped in increasing the uptake of family planning services and opened access to difficult communities.

✓ Furthermore, the GBV cases identified by community volunteers was shared with other partners and one of our collaborators attended to these cases with psychological counselling and non-food items accessories.

COMMUNITY DISPENSATION OF THE ANTIRETROVIRAL MEDICATION TO PEOPLE LIVING WITH HIV IN BUEA

Introduction

With the adoption of the new approach of Test and Treat to achieve the UNAIDS 90 90 90 goals, there is a need for more community involvement in activities to fight against HIV/AIDS in Cameroon thereby reducing stigma and increasing adherence to treatment. It is for this reason that the Ministry of Public Health selected and trained some Community Based Organization working in the domain of HIV to dispense ARVs at the community level for better and quality service delivery for PLWHIV in Cameroon.

Objective

To dispensed antiretroviral drugs to 120 people living with HIV within Buea health district.

<table>
<thead>
<tr>
<th>NUMBER OF FEMALE</th>
<th>NUMBER OF MALES</th>
</tr>
</thead>
<tbody>
<tr>
<td>19</td>
<td>5</td>
</tr>
</tbody>
</table>

Constrain/ Solution

The following challenges were faced during project implementation;

Most PLWHIV still face the problem of self-stigma thus hindering them to take their medication at the community level (REO). REO will be recruiting an expert client to help increase the active files of REO.

Scale up of HIV prevention to contribute to the reduction of HIV related morbidity and mortality by 2022

Introduction

With funds from Global fund through CAMNAFAW and PRESSE JEUNE, Reach Out Cameroon is implementing activities to fight against HIV/AIDS amongst non-scholarised young girls in Limbe. In this light, REO identified and trained twelve young girls who are school drop-outs to work as peer mentors in Limbe. These girls were trained on the basic principles of HIV/AIDS, sex education and other STIs. The trained peer educators have been mobilising and educating their peers for increase uptake of HIV services and prevention.
Goal
To ensure the prevention of new infections among the target population which include young boys and girls out of school etc., reduce the morbidity and mortality rates at community level, particularly in the priority areas of intervention.

Achievements

<table>
<thead>
<tr>
<th>Description</th>
<th>Target</th>
<th>Achieved</th>
<th>Comments</th>
</tr>
</thead>
<tbody>
<tr>
<td>Number of girls educated on HIV/AIDS related issues</td>
<td>368</td>
<td>368</td>
<td>This are only quarter 4 activities</td>
</tr>
<tr>
<td>Number of boys educated on HIV/AIDS related issues</td>
<td>435</td>
<td>435</td>
<td></td>
</tr>
<tr>
<td>Number of boys tested for HIV</td>
<td>449</td>
<td>480</td>
<td></td>
</tr>
<tr>
<td>Number of girls tested during HIV awareness campaign</td>
<td>450</td>
<td>440</td>
<td></td>
</tr>
<tr>
<td>Number of boys tested positive of HIV during the campaign</td>
<td>4</td>
<td>1</td>
<td></td>
</tr>
<tr>
<td>Number of girls tested positive during campaign</td>
<td>9</td>
<td>9</td>
<td></td>
</tr>
</tbody>
</table>

Pictures

NEW PROJECTS

FINAL REPORT FOR UNICEF FUNDED PROJECT

<table>
<thead>
<tr>
<th>Project title:</th>
<th>Strengthening Community-based mechanisms for the prevention and response to the Cholera Outbreak for the conflict affected populations in Bakassi in the Southwest Region of Cameroon</th>
</tr>
</thead>
<tbody>
<tr>
<td>Sector:</td>
<td>WASH</td>
</tr>
<tr>
<td>Geographical coverage:</td>
<td>Division: Ndian  Sub division Idabato  Locations: 30 locations for project implementation (Confidential for the safety of beneficiaries)</td>
</tr>
<tr>
<td></td>
<td>Diamond-Idabato, Comecross-Idabato, Ekeya 1, Ekeya 2, Obufi, Atabong Pastors creek, Amambong, Okoubori or Kumbo Amunja 1 and Jabane 2</td>
</tr>
</tbody>
</table>
**Background**

Following the cholera outbreak in Bakassi – South West Region of Cameroon, UNICEF and Reach Out signed a partnership agreement in late January 2020, to provide access to basic sanitation to 1,200 affected persons of Ndian Division within 3 months. In the month of April, 12 latrines were constructed and completed, and ten Sub WASH Committees grouped under four main WASH Committees were created and trained. Accountability for Affected populations was also taken into consideration in the form of consultative meetings.

**Project objectives, outputs and expected results**

**Project Objective:** Men, women and children in affected area adopt good water, sanitation and hygiene practices (HRP),

**Expected Results:**

- 12 constructed and operational community latrines serving at least 1200 persons from various communities.
- One warehouse raised above the ground for temporal storage of UNICEF Stocks from the Regional Delegation of Public Health (RDPH) Buea.
- A latrine management committee in every community benefiting from the construction of these latrines.

**Project outputs:**

- Men, women and children in affected area have access Cholera
- Men, women and children in affected area have access to basic sanitation services (latrines)

**ACTIVITIES AND RESULTS**

**Temporary warehouse construction**

As planned in the proposal, a temporary warehouse was constructed in Idabato – Bakassi. The warehouse was raised from ground level to prevent water from damaging the WASH supplies during high tides and protective concretes put around each timbre to prevent direct surface contact of the timbres with surface organisms which could attempt to damage it.

![Figure 1: front view of constructed platform and tent](image1.png)

![Figure 2: Side view of constructed warehouse for the storage of materials](image2.png)
This warehouse served the purpose of UNICEF stocks from the RDPH for eleven days before eventual handing over and the two days distribution carried out by EPDA, during which it provided security in the day and most especially at night.

**Constructions of Emergency Latrines**

By the end of April, a total of 12 blocks of latrines (24 cubicles) have been constructed in the following communities: Diamond-Idabato 2 latrines (4 cabins/stances), Comecross-Idabato (1 block), Ekeya 1 (1 Block-2 stances), Ekeya 1 (1 block-2 stances), Obufi (1 block-2 stances), Atabong (1 Block-2stances), Pastor’s creek (1 Block-2stances), Amambong (1 Block-2stances), Okoubori or Kumbo Amunja 1 (2 Blocks-4stances) and Jabane 1 (1 Block-2stances).

![Figure 3: Water evacuation for drum installation after a high tide event](image3)

![Figure 4: Placement of squatting plate and the internal floor of latrines](image4)

**Summary of key achievements**

- 12 blocks of community emergency toilets constructed in 10 local communities of Idabato and serving about 1935 inhabitants.
- Constructed temporal warehouse served for the storage of UNICEFs Cholera kits which were later distributed to the inhabitants on Bakassi.

**Challenges and Lessons Learnt**

- The presence of community representatives who neither had a good mastery of English language nor the local pidgin was a great challenge during training of WASH Committees. However, others volunteered to interpret after every major module of the training.
- The general lack of a regular communication medium due to prolonged perturbation in network was particularly a hindrance in rapid reporting and decision making and did delayed works in situations where feedback was required for important changes in the initial plans.
- In order to overcome the challenges of using sea water for the mixing of concretes, ten drums of 250l capacity were purchased for transportation of water from Nigeria to Idabato.
PROJECT RAPID CHOLERA RESPONSE IN BAKASSI PENINSULA

<table>
<thead>
<tr>
<th>Target Areas</th>
<th>Kombo Itindi, Idabato, Bekumu and Bamusso</th>
</tr>
</thead>
<tbody>
<tr>
<td>Partnership Agreement End Date</td>
<td>March 20th 2020</td>
</tr>
<tr>
<td>Project Period</td>
<td>January 21st 2020 to March 20th 2020</td>
</tr>
</tbody>
</table>

**Executive Summary:** The objective of this project was to provide effective cholera preventive control measures to limit the expansion of cholera outbreak in the communities at risk, in the course of the project, 1,500 vulnerable households were registered with including 6,404 individuals (3,288 Females and 3,116 Males) to benefit from the cholera kit distribution in the four health areas including Kombo Itindi, Bamusso, Bekumu and Idabato. 40 CHVs were trained on hygiene promotion in Jabane. We had in Idabato 15 (12 Female and 3 males), Kombo Itindi 9 (1 female and 8 male), Bamusso 7 (3 female and 4 male), and Bekumu 9 (4 female and 5 male). 2,400 home visits made with a total of 12,792 (5,956 male and 6,836 female) persons sensitized on hygiene promotion in the four health areas. That is 3,669 in Kombo Itindi, 4,680 in Idabato, 2,301 in Bekumu and 2,142 in Bamusso.

1500 cholera kit distributed in the month of February (169 Kombo Itindi, 230 Bamusso, 545 Idabato, 556 Bekumu) to the registered beneficiaries having a total of 6454 (3288 females and 3166 males) in the targeted communities in the health areas. 1,500 households have greater storage capacity, better capacity to dispose of faecal matter, and better access to clean potable water, 2,400 households have increased knowledge on hygiene and sanitation.

**Key Achievements**

<table>
<thead>
<tr>
<th>Health area</th>
<th>No. of CHVs</th>
<th>Target on home visit per month</th>
<th>Home visits</th>
<th>No. of persons reached</th>
</tr>
</thead>
<tbody>
<tr>
<td>Kombo Itindi</td>
<td>9</td>
<td>540</td>
<td>680</td>
<td>1273 Male, 2396 Female</td>
</tr>
<tr>
<td>Idabato</td>
<td>15</td>
<td>900</td>
<td>900</td>
<td>2315 Male, 2365 Female</td>
</tr>
<tr>
<td>Bekumu</td>
<td>9</td>
<td>540</td>
<td>540</td>
<td>1269 Male, 1032 Female</td>
</tr>
<tr>
<td>Bamusso</td>
<td>7</td>
<td>420</td>
<td>360</td>
<td>1099 Male, 1043 Female</td>
</tr>
<tr>
<td><strong>Total</strong></td>
<td><strong>40</strong></td>
<td><strong>2400</strong></td>
<td><strong>2480</strong></td>
<td><strong>5956 Male, 6836 Female</strong></td>
</tr>
</tbody>
</table>

**BENEFICIARY TABLE**

<table>
<thead>
<tr>
<th>Registration of Cholera kit in Bakassi</th>
</tr>
</thead>
<tbody>
<tr>
<td>Communities</td>
</tr>
<tr>
<td>------------</td>
</tr>
<tr>
<td>Bekumu</td>
</tr>
<tr>
<td>Idabato</td>
</tr>
<tr>
<td>Kombo Itindi</td>
</tr>
<tr>
<td>Bamusso</td>
</tr>
<tr>
<td><strong>TOTAL</strong></td>
</tr>
</tbody>
</table>
Challenges
Transportation of the cholera kit from Idabato to the other health areas was challenging and time consuming. As more hours were spent on getting the goods to the other locations safely. For any further distribution the items should be delivered on the health areas at once to avoid further delays in the distribution process.

Lessons Learned
- Going deep into the communities and talking with the vulnerable persons is the best way of properly executing a project and also helps when conducting proper monitoring and evaluation.
- Vulnerable persons are more expressive of their needs when they get to meet and interact with humanitarian workers directly.
- In communities such where there seems to be a lot of communication issues proper planning of projects is very necessary so as to put the field staff in any form of risk.

World Health Organisation CERF 1 funded Primary Health Care project

<table>
<thead>
<tr>
<th>Project information</th>
</tr>
</thead>
<tbody>
<tr>
<td><strong>Project title:</strong></td>
</tr>
<tr>
<td><strong>Sector:</strong></td>
</tr>
<tr>
<td><strong>Project start and end date:</strong></td>
</tr>
<tr>
<td><strong>Geographical coverage:</strong></td>
</tr>
</tbody>
</table>

<table>
<thead>
<tr>
<th>Division</th>
<th>Health District</th>
<th>Locations</th>
</tr>
</thead>
<tbody>
<tr>
<td>Fako</td>
<td>Muyuka, Buea, Tiko, Limbe</td>
<td>Mabeta, Malende, Mutengene, Ikata, KweKwe, Owe, Mile 30, Mile 29, Mile 40, Modeka, Debuncha, Idenanu, Tole, Mamu, Bafia, Muea, Tole</td>
</tr>
<tr>
<td>Manyu</td>
<td>Eyumojock &amp; Mamfe</td>
<td>Ashum, Babeke, Mbinjobg, Mile 19, Mile 18, Afap, Mamfe central, Ossing, Ekok</td>
</tr>
<tr>
<td>Kupe Muanenguba</td>
<td>Tombel</td>
<td>Tombel, Coco camp, Mbulle, Kupe 1, Ebonji, Nsuke, Ngap, Mile 19, Mile 20, Etam</td>
</tr>
<tr>
<td>Momo</td>
<td>Mbengwi</td>
<td>Mile 19, Sang, Tad, Munam, Jembeng, Mile 17, Nyen, Wumneburg, Geneku, Njinibi, Nzem, Kob, Mbon square, Nygen bon square, White house, Prison area</td>
</tr>
<tr>
<td>Ngoketunjia</td>
<td>Ndop</td>
<td>Vemngang, Mbanka, Mbawart, Njikwere, Quebessi, Moukang, Fintengm Finkwi, Mboukong, Ntenke, Babungo, Hausa, Baba 1, Babungo, Balikumbat</td>
</tr>
</tbody>
</table>

Background
Reach Out NGO started implementing the WHO CERF Primary Health care Project in March 2020 in more than 100 villages across 5 divisions of the Northwest and Southwest (NWSW) regions of Cameroon (Fako, Manyu, Kupe Muanenguba, Momo and NgoKetunjia), as shown in Figure 1. Each clinic is made up of 1 doctor, 3 nurses and 1 driver. 5 clinics offer free care.
to all beneficiaries for primary health care complaints, including childhood illnesses, malaria, non-communicable diseases such as hypertension and diabetes, malnutrition, antenatal and postnatal cases, mental health conditions and immunisation. Reach Out NGO, responding to calls from the nutrition cluster for nutrition partners, chose to integrate nutrition into this health programme, with support from nutrition cluster and UNICEF. Reach Out NGO has also chosen to access areas of the NWSW where there are very few other partners working, to try to reach the most disadvantaged and hard to reach populations.

### Results Monitoring Framework

<table>
<thead>
<tr>
<th>No.</th>
<th>Indicator</th>
<th>Target</th>
<th>Achieved</th>
<th>%</th>
</tr>
</thead>
<tbody>
<tr>
<td><strong>Indicator 1.1</strong></td>
<td>No. of affected men and women who receive curative consultations</td>
<td>13250</td>
<td>16257.0</td>
<td>122.7</td>
</tr>
<tr>
<td>Ind. 1.2</td>
<td>No. of children U5 receiving paediatric care</td>
<td>3000</td>
<td>2361.0</td>
<td>78.7</td>
</tr>
<tr>
<td>Ind. 1.5</td>
<td>No. of pregnant women having given birth in the presence of qualified personnel</td>
<td>150</td>
<td>105.0</td>
<td>70.0</td>
</tr>
<tr>
<td>Ind. 1.6</td>
<td>No. of pregnant women to be delivered through a caesarean section</td>
<td>15</td>
<td>15.0</td>
<td>100.0</td>
</tr>
<tr>
<td>Ind. 1.7</td>
<td>No. of pregnant women who benefit from delivery kits</td>
<td>250</td>
<td>250</td>
<td>100.0</td>
</tr>
<tr>
<td>Ind. 1.8</td>
<td>No. of affected persons who can continue their ARVs treatment and benefit from follow up</td>
<td>100</td>
<td>42</td>
<td>42.0</td>
</tr>
<tr>
<td>Ind. 2.7</td>
<td>No. of IDPs sensitized on HIV/STD, Hypertension, Diabetes, risk related to cholera, measles, monkey pox and Yellow Fever</td>
<td>80000</td>
<td>76785</td>
<td>96.0</td>
</tr>
<tr>
<td>Ind. 3.1</td>
<td>No. of people living with disabilities (PWDs) in NW &amp; SW regions who receive curative consultations</td>
<td>1200</td>
<td>1394</td>
<td>116.2</td>
</tr>
<tr>
<td>Ind. 3.8</td>
<td>No. of PWDs sensitized on HIV/ STIs</td>
<td>500</td>
<td>1848</td>
<td>369.6</td>
</tr>
<tr>
<td>Ind. 3.9</td>
<td>No. of PWDs screened on HIV/ STIs</td>
<td>150</td>
<td>261</td>
<td>174.0</td>
</tr>
<tr>
<td>Ind. 3.10</td>
<td>No. of PWDs placed on ARV treatment</td>
<td>30</td>
<td>5</td>
<td>16.7</td>
</tr>
<tr>
<td>Ind. 3.11</td>
<td>No. of PWDs sensitized on Hypertension &amp; Diabetes</td>
<td>300</td>
<td>4924</td>
<td>1641.3</td>
</tr>
<tr>
<td>Ind. 3.12</td>
<td>No. of PWDs screened on Hypertension &amp; Diabetes</td>
<td>100</td>
<td>3041</td>
<td>3041.0</td>
</tr>
<tr>
<td>Ind. 3.13</td>
<td>No. of PWDs placed on Hypertension or Diabetes treatment</td>
<td>8</td>
<td>239</td>
<td>412.5</td>
</tr>
</tbody>
</table>
Analysis of Results Attainment

**Indicator 1.1: Number of affected men and women who receive curative consultations**

16,257 people were reached with consultations by Reach Out’s mobile teams. This indicator has been surpassed.

**Indicator 1.2: Number of children U5 receiving paediatric care**

2361 children under 5 were reached with consultations by the Reach out mobile teams. There were less children under 5 years found within the clinics than expected, the most likely reason for this is that many children have been moved out of NWSW, due to lack of schooling. This is especially true in hard-to-reach areas.

**Indicator 1.5: Number of pregnant women having given birth in the presence of qualified personnel**

105 pregnant women gave birth in the presence of qualified personnel due to the clinics. The teams followed up with delivery kits donated to ensure that they were used by the facilities appropriately. In addition, some team members worked in facilities to offer free skilled delivery in order to meet this indicator.

**Indicator 1.6: Number of pregnant women to be delivered through a caesarean section**

15 caesarean section kits were purchased and donated to health facilities.

**Indicator 1.7: Number of pregnant women who benefit from delivery kits**

250 delivery kits were donated to pregnant women or facilities. These facilities were subjected to health facility assessments to review which facility was most appropriate to receive donations. The remaining delivery kits were given directly to women in their third trimester to take to the facility.

**Indicator 1.8: Number of affected persons who can continue their ARVs treatment and benefit from follow up**

42 people living with HIV were started or restarted on antiretroviral. This was achieved by linking PLHIV with treatment centres, and in some locations by delivery of antiretroviral by the clinic staff.

**Indicator 3.10: Number of PWDs placed on ARV treatment**

5 PWD living with HIV were started or restarted on antiretroviral. 100% of PWD living with HIV who Reach Out identified were started on antiretroviral. This indicator was hampered by a national shortage of HIV tests.

World Health Organisation CERF 2 funded Primary Health Care project

<table>
<thead>
<tr>
<th>Project information</th>
<th></th>
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</thead>
<tbody>
<tr>
<td>Project title:</td>
<td>CERF funded Primary Health Care project 2.</td>
</tr>
<tr>
<td>Sector:</td>
<td>Health &amp; Nutrition</td>
</tr>
<tr>
<td>Project start and end date:</td>
<td>1st April 2020 to 30th September 2020</td>
</tr>
<tr>
<td>Geographical coverage:</td>
<td>Region: SOUTH WEST &amp; NORTH WEST</td>
</tr>
<tr>
<td>Division: Health District Locations</td>
<td></td>
</tr>
<tr>
<td>Kupe Muaneng &amp; Tombel</td>
<td>Nvikog, Muabi, Ekantem Muangwekan, Ntehor 2, Nyan, Makwe, Ekambane, Etam Muakwe, Muangwekan, Ninong, Muanjikong, Muabi</td>
</tr>
</tbody>
</table>
Background

Reach Out NGO started implementing the WHO CERF 2 Primary Health care Project in March 2020 in across 3 divisions of the Northwest and Southwest (NWSW) regions of Cameroon (Kupe Muangubya, Momo and Ngoketunjia), as shown in Figure 1. Each clinic is made up of 1 doctor, 3 nurses and 1 driver. 3 clinics offer free care to all beneficiaries for primary health care complaints, including childhood illnesses, malaria, non-communicable diseases such as hypertension and diabetes, malnutrition, antenatal and postnatal cases and mental health conditions. Reach Out NGO, responding to calls from the nutrition cluster for nutrition partners, chose to integrate nutrition into this health programme, with support from nutrition cluster and UNICEF. Reach Out NGO have chosen to access areas of the NWSW where there are very few other partners working, to try to reach the most disadvantaged and hard to reach populations.

Results Monitoring Framework

<table>
<thead>
<tr>
<th>%</th>
<th>Indicator</th>
<th>Target</th>
<th>Achieved</th>
<th>%</th>
</tr>
</thead>
<tbody>
<tr>
<td>Ind 1.1</td>
<td>No. of affected men and women who receive curative consultations</td>
<td>13532</td>
<td>13574.0</td>
<td>100.3</td>
</tr>
<tr>
<td>Ind 1.2</td>
<td>No. of children U5 receiving paediatric care</td>
<td>542</td>
<td>2418.0</td>
<td>446.1</td>
</tr>
<tr>
<td>Ind 2.1</td>
<td>No. of pregnant women delivered by qualified personnel</td>
<td>113</td>
<td>73.0</td>
<td>64.6</td>
</tr>
<tr>
<td>Ind 2.3</td>
<td>No. of women treated for clinical management of rape</td>
<td>3</td>
<td>3</td>
<td>100.0</td>
</tr>
</tbody>
</table>

Challenges and lessons learned

1. The greatest challenge seen by the Reach Out mobile health teams was the lack of drugs due to supply chain challenges. Reach Out bought most medications from the Drugs Fund in the Northwest and the Southwest. However, they had many stock outs meaning some elements of primary health care were not constantly provided. Adaptations were made in the clinics to limit the number of consultations carried out.
to the most essential, in order to preserve drugs. In addition, this led to difficulties in getting certain supplies which impacted indicators, most notably HIV strips and antiepileptics.

2. Lockdowns are a common problem in the NWSW and regularly disrupt Reach Outs mobile clinics.

WELL CONSTRUCTION IN DISPLACED SETTLEMENT

<table>
<thead>
<tr>
<th>General Information</th>
<th></th>
</tr>
</thead>
<tbody>
<tr>
<td>Name of funding Partner</td>
<td>Mr. Trevor Jarman</td>
</tr>
<tr>
<td>Title</td>
<td>Well construction in displaced settlement</td>
</tr>
<tr>
<td>Reporting period</td>
<td>August to November, 2020</td>
</tr>
<tr>
<td>Sub-Divisions of coverage</td>
<td>Eyumojock</td>
</tr>
<tr>
<td>Project start and end date</td>
<td>15th September to 9th November 2000</td>
</tr>
<tr>
<td>Planned Beneficiaries</td>
<td>800</td>
</tr>
</tbody>
</table>

INTRODUCTION AND BACKGROUND

Nsan-Akang village is one of the most remote villages in Eyumojock sub-division of Manyu division in the Southwest Region of Cameroon. It has a population of about one thousand eight hundred and sixty inhabitants (before the crisis). It is found in the equatorial rain forest and the main economic activities of the people are farming, fishing and trading, since it is a border village with Nigeria. It is a village with rich historical background. One of the villages where the Germans lost a battle during the colonial resistance. The inhabitants of Nsan-Akang uses both the Franc CFA and the Naira from the Federal republic of Nigeria as currency of exchange. Topographically, it is characterized by gentle slopes accessible to the population. The road from Eyumojock central to Nsan-akang is seasonal and almost inaccessible during the rainy season. There is a Government primary school, no health facility and no health providers present. The population rely on traditional remedies for treating common health issues like cold, fever and others.

A catholic church and a Pentecostal church are present. River Manyu crosses Nsan-akang, separates Cameroon from the Federal Republic of Nigeria, and serves as a source of water for domestic use and drinking.
Principally, two main sources of water are identified in this community: water from the river and rain water. The River at Nsan is quite contagious as it has a slow flow rate and the river is a junction of many streams coming from other villages having a higher flow rate and thus increasing pollution down stream. Rain water is only accessible during the wet season which lasts only for 3 months in a year, thus the people from the community only use the water from the river during the dry season for drinking, defecating, washing clothes, bathing, fishing and even burying individuals in accordance with certain cultural rites.

**GOAL**

To improve access to potable water for 800 inhabitants of Nsan Akan, Manyu division.

<table>
<thead>
<tr>
<th>Project targets</th>
<th>Total Achieved</th>
<th>Achievements and Shortcomings</th>
</tr>
</thead>
<tbody>
<tr>
<td>Feasibility Studies</td>
<td>Feasibility studies conducted</td>
<td>The report indicated the water project could be developed in Nsan Akan, and the community was selected after communicating with the donor, given that the project was initially to take place in Littoral Region.</td>
</tr>
<tr>
<td>Construction of well</td>
<td>1 well conducted serving roughly 800 persons</td>
<td>Construction was delayed due to the re-location of the project site from a safe to a remote and conflict-affected area. Reporting was also delayed due to lack of accessibility to the project site.</td>
</tr>
<tr>
<td>Creation of Water</td>
<td>Community appropriated the project through the village council (08 members, 4 males, 4 females)</td>
<td>It was not deemed necessary to create an ad-hoc committee, but rather to use the existing structure.</td>
</tr>
<tr>
<td>Management Committee</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Monitoring visits</td>
<td>01 visit conducted so far and another programmed in the next 03 months.</td>
<td>The project was functional during visits. Visits are expensive and conditional on other activities of Reach Out.</td>
</tr>
</tbody>
</table>

**CONCLUSION**

Thanks to this project, an isolated community of largely returnees who had escape their community during the peak of the ongoing crisis, have had access to a source of potable water for drinking and for domestic activities. The joy, excitement and relief on their faces for this great gift to the community was evident. There is still need for more interventions in this locality, which is one of the most vulnerable identified by Reach Out in its 20 years of experience.

**COVID19 RELATED PROJECTS**

<table>
<thead>
<tr>
<th>Name of funding Partner</th>
<th>Street Child and LUKMEF</th>
</tr>
</thead>
<tbody>
<tr>
<td>Title</td>
<td>RAPID RESPONSE TO CORONAVIRUS OUTBREAK IN THE SOUTHWEST REGION OF CAMEROON</td>
</tr>
<tr>
<td>Covered Health District</td>
<td>Muyuka</td>
</tr>
</tbody>
</table>
1. Introduction
To face the global outbreak of the COVID-19 pandemic, and the steady increase in the number of suspected and confirmed cases in Cameroon, REO, in partnership with Street Child and LUKMEF carried out a rapid response project in three health facilities of Muyuka health district. The facilities were supported to be able to better attend, diagnose, isolate and refer patients of COVID-19 without endangering the lives of health personnel and community members. This project aimed to better prepare the local health system in the event of the expansion of an outbreak.
The surrounding Buea Health District and Kumba Health District both have more than 40 cases, and in the course of these project, 2 cases were identified in Muyuka. *(This is still confidential information)*. With the received training and equipment, the health facilities are now safer to patients and visitors, and staff, and are highly unlikely to become infection points. More than 1,096 persons have been treated since the facilities were trained and supported, and the three facilities have a combined rate of about 1,000 patients, visitors, and staff per week.

2. Achieved targets
**Goal:** Strengthen community resilience against COVID-19 in Muyuka Health District
**Specific Objectives:**
- Building the capacities of 21 medical personnel and support staff operating in Muyuka Health District on COVID-19 guidelines
- At least 800 patients are treated without risk of infection and with respect for WHO’s COVID-19 guidelines in 3 health facilities of Muyuka Health District
- Distribute 1,500 masks, 700 pairs of gloves, 60 protective gowns, 8 water dispensers, and 3 electronic thermometers to three health facilities of Muyuka Health District.

<table>
<thead>
<tr>
<th>Project targets</th>
<th>Total Achieved</th>
<th>Comments</th>
<th>Means of verification</th>
</tr>
</thead>
<tbody>
<tr>
<td>Building the capacities of 21 medical personnel and support staff operating in Muyuka Health District on COVID-19 guidelines</td>
<td>27 personnel coached: 3 doctors, 14 nurses, 4 lab technicians, 3 midwives, 3 cleaners. (8 male and 19 female)</td>
<td>They received 1-day training and went through 4 supervisory visits.</td>
<td>Attendance Sheets, Training Reports, training</td>
</tr>
<tr>
<td>At least 800 patients are treated without risk of infection and with respect for WHO’s COVID-19 guidelines in 3 health facilities of Muyuka Health District</td>
<td>1,096 patients benefitted from improved conditions.</td>
<td><em>This figure is an estimate from weekly consumption, supplies are not yet exhausted.</em> About 1,300 persons a month will benefit from the permanent assets (thermometers, hand-washing stands) and from the improved knowledge of the personnel.</td>
<td>ANC records, Outpatient records, Supervision Reports</td>
</tr>
<tr>
<td>Distribute 1,500 masks, 700 pairs of gloves, 60 protective gowns, 8 water dispensers</td>
<td>1,950 masks, 700 pairs of gloves, 8 water dispensers</td>
<td>There was a slight re-adjustment based on supply shortages. LUKMEF was informed of this as</td>
<td>Dispatch sheets, pictures,</td>
</tr>
<tr>
<td>Project targets</td>
<td>Total Achieved</td>
<td>Comments</td>
<td>Means of verification</td>
</tr>
<tr>
<td>-------------------------------------------------------------------------------</td>
<td>-----------------------------------------------------</td>
<td>---------------------------------------------------------------------------------------------------</td>
<td>----------------------------------------</td>
</tr>
<tr>
<td>water dispensers, and 3 electronic thermometers to three health facilities of</td>
<td>with liquid soap and chlorine, 3 infrared thermometers</td>
<td>soon as the shortage was confirmed by the supplier. Also, REO contributed 273 masks from its own funds due to the high need.</td>
<td>videos, Distribution Reports</td>
</tr>
<tr>
<td>Muyuka Health District.</td>
<td></td>
<td></td>
<td></td>
</tr>
</tbody>
</table>

3. **CHALLENGES**

Health facilities were reluctant to report positive cases, and more importantly, to conduct contact tracing. They could not work closely with REO on contact-tracing due to the confidential nature of the health response to the epidemic. Both patients and staff seem reluctant to raise alarm about a possible case because there are no resources to transport and maintain patients. Case-management needs to be improved for suspected cases, and this was one main topic of supervision.

Supplies were delayed and prices of masks increased, some items were not available.

Two of the three health centres had challenges setting up the infrared thermometers, these were given low readings (34 degrees). It was a problem of set-up and the supplier supported the technical team to correct this.

4. **CONCLUSION**

The project was satisfactory and affected directly more than 3,027 patients, visitors, and health personnel (1,982 from the district hospital, 858 from Calvary, and 187 from Ekona).

There is a need to scale up the assessment, training, and sensitization activities in other health districts, particularly in rural health centres, as the response has not yet reached them. The experience was satisfactory and REO is ready to scale-up this intervention.

**Annex 1 Photo Gallery**

RAPID RESPONSE TO CORONAVIRUS OUTBREAK IN THE SOUTHWEST REGION OF CAMEROON PHASE 2

<table>
<thead>
<tr>
<th>Name of funding Partner(s)</th>
<th>Street Child and LUKMEF</th>
</tr>
</thead>
<tbody>
<tr>
<td>Covered Health Districts</td>
<td>Muyuka, Ekondo-Titi, Mbonge and Tombel</td>
</tr>
<tr>
<td>Project start and end date</td>
<td>26th of May to 26th of June, 2020</td>
</tr>
<tr>
<td>Planned Beneficiaries</td>
<td>1600</td>
</tr>
</tbody>
</table>
1. **Introduction**

   To face the global outbreak of the COVID-19 pandemic, and the steady increase in the number of suspected and confirmed cases in Cameroon, REO, in partnership with Street Child and LUKMEF carried out a rapid response project in seven health facilities of 4 Health Districts (Muyuka, Ekondo Titi, Mbonge and Tombel). The support given to the health facilities has enabled them to better attend to, diagnose, and manage suspected cases of COVID-19 without endangering the lives of health personnel and community members. Also, to align with Street Child’s and Reach Out’s strategic priorities, Child Protection mechanisms were reinforced in each health centre. During this one month project, COVID-19 cases in the South-West reached 503, with 29 deaths, and there were confirmed cases in Muyuka (2), Mbonge (1), and Tombel (1) Health Districts, which are targeted by this project.

<table>
<thead>
<tr>
<th>Project targets</th>
<th>Total Achieved</th>
<th>Comments</th>
<th>Means of verification</th>
</tr>
</thead>
<tbody>
<tr>
<td>Building the capacities of 21 medical personnel and support staff operating in Muyuka, Bafia, Mbonge, Ekondo-Titi on COVID-19 guidelines</td>
<td>52 personnel coached (18 male and 34 female) medical and non-medical staff in Muyuka, Bafia, Mbonge, Ekondo-Titi, and Tombel.</td>
<td>They received 1-day training and went through regular supervisory visits.</td>
<td>Attendance Sheets, Training Reports.</td>
</tr>
<tr>
<td>At least 1,600 patients are treated without risk of infection and with respect for WHO’s COVID-19 guidelines in 6 rural health facilities of the South-West Region.</td>
<td>An estimated 2,748 patients and visitors, benefited from improved conditions.</td>
<td>This figure is an estimate from weekly consumption, supplies are not yet exhausted. Over 3000 persons a month will benefit from the permanent assets (thermometers, hand-washing stands) and from the improved knowledge of the personnel.</td>
<td>ANC records, Outpatient records, Supervision Reports</td>
</tr>
<tr>
<td>Distribute 2,400 masks, 500 pairs of gloves, 120 protective gowns, 300 cloth masks, 6 water dispensers and 3 infrared thermometers to 6 health facilities of the SWR.</td>
<td>Distribution of 3100 masks, 800 pairs of gloves, 67 protective gowns, 300 cloth masks, 6 water dispensers and 3 infrared thermometers, 48 bars of soap, 06 ledgers and 06 1litre bottles of chlorine, health facilities of the South-West Region.</td>
<td>Dispatch sheets, pictures, videos, Distribution Reports</td>
<td></td>
</tr>
</tbody>
</table>

2. **Challenges**

   The main challenges in the implementation of the project (especially in the Muyuka health district) was insecurity. It was reported that the military stormed Bafia at 3:00am on the 17th of June 2020 the killing a member of the NSAG operating in the area. The REO team going there for the training was approached by militants of the NSAG, angered by the loss of on them, and had to go through some interrogations. The presence of Reach Out is however accepted, and with the help of a community facilitator, the situation was successfully diffused. Also there were other reported skirmishes between the military and NSAG in Muyuka, which made the area unsafe and the team had to cut
short their supervision trip in the last week of the project, after being warned by an informant round up their activities and leave. Apart from the insecurity, the weather and the roads were difficult in the hard-to-reach areas (Ekondo-Titi, Mbonge) Reach Out’s team had to walk for a quarter of the distance, which made assessing, training and distribution in that locality more tedious.

3. Feedback from beneficiaries

« ... I stand here as the head nurse, and I would like to thank Street Child and Reach Out for their support. With the face masks, the gloves, cloth masks, protective gowns, the hand washing station (because we did not have a hand washing station), we would be able to better serve our community and educate them on the basic prevention hygiene.... More thanks”

Nurse Bih Roseline Che, Head nurse of Mesmond Medical Foundation. [This is a transcript from an appreciation video that is attached to this report]

“On behalf of the Ekondo-Titi District Hospital, we express for gratitude for this gesture....we thought we had been forgotten in this interior village. The fact that you are reaching out to us and giving us this material encourages us to work better....”

Dr Agbor of the Ekondo-Titi District Hospital. [This is a transcript from an appreciation video that is attached to this report]

“I thank you for the taking the risk of coming to Bafia. Many people run away from Bafia because of the dangerous road, the military, the NSAG, but see, despite all of this you have made the sacrifice of coming to the Bafia Baptist Health Centre for the community of Bafia village. I say God will take care of you, and bless you with more, so you can share to others in different villages...”

4. Conclusion

The project was satisfactory and affected directly more than 3085 patients, visitors, and health personnel (1,428 from the Muyuka D.H, 105, from Calvary H.S, 224 from Ekona, 802 from Ekondo D.H, 216 from Mesmond M.F Mbonge and 310 from Bafia B.H.C).

Annex One: Gallery

PROTECTION OF FRONTLINE HUMANITARIANS AGAINST COVID-19 IN NORTH-WEST AND SOUTH-WEST REGIONS OF CAMEROON

Funding Organisation: Canadian Embassy
Project location: Buea, Limbe, Kumba and Bamenda in Northwest and South West regions
Project objectives

As intended, the project gave technical knowledge about COVID-19 to frontline humanitarian workers of the North-West and South-West. They were trained and coached to ensure that they are protected when providing life-saving assistance, and would not put themselves at risk of infecting their staff and beneficiaries. Personal Protective Equipment (PPE) was also provided. 47 organisations were trained, supported with PPE, and replicated the training to at least 10 members per organisation, surpassing the initial target of 40 organizations. A total of 725 front line humanitarians (436 Southwest and 289 Northwest) were trained and received continuous coaching from the training received.

Project Activities

- Identification of 47 humanitarian partners
- Training of frontline responders on Covid19 mitigation strategies including Covid19 guidelines, risk assessment, case management, basic surveillance, prevention of exposure and infection
- Spill over training in local organizations with at least 10 participants, under co-facilitation of REO and LUKMEF.
- Duty of care hotline for humanitarians frontline workers who want to consult remotely or make inquiries about covid19 at any time
- Continuous coaching and accompaniment of humanitarian workers
- Supply of protective equipment

Results obtained

- Identification of 40 civil society organizations was done with the help of the different clusters in both the Northwest and Southwest. Based on the emerging need 7 other organization were identified through stakeholder consultations and included into the project
- Seven one-day training sessions for 94 front line humanitarians’ responders from 47 civil society organizations were organized. Participants were trained on COVID-19 guidelines, risk assessment, case management, basic surveillance, prevention of exposure and infection during humanitarian activities. On-going coaching was provided throughout the project.
- Local organisations carried out Spill over training with at least 10 participants, under co-facilitation of REO and LUKMEF.
- Local partners used the hotline to seek assistance, coaching, guidelines, updates and other COVID-19 related questions that required clarifications.
- Donation of personal protective equipment and WASH kits was distributed to all local partners.

The spread of COVID-19 was not as virulent as previewed by all Health stakeholders in April. Although this was a very positive unexpected situation, it reduced the number of users of the hotline. During these 3 months periods, 5 humanitarians were sick with COVID as per Reach Out’s data, this number did not guarantee a high uptake of the hotline. However, the Whatsapp group created for all project partners is very active (83 partners, +1000 messages) and humanitarians frequently share data, articles, and advice. All the other project results are attained.
**Beneficiaries**

Total number of 725 direct beneficiaries who are front line humanitarians benefited directly through training and remote coaching.  
Number of women (aged 18 and above) have directly benefited from the activities of the project **361** (Northwest **110** and Southwest **251**)  
Number of men (aged 18 and above) who have directly benefited from the activities of the project: **260** (Northwest **140** and Southwest **120**).

**Lessons learned**

REO had to build its expertise on COVID-19 to better train local partners. The organization learned a lot about the specificities of the disease interacting with the latest sources, the Health and WASH Cluster, UN OCHA, the Ministry of Health, Treatment Centres, and WHO.  
- COVID-19 projects need to be closely coordinated with the Regional Delegations to have access to the latest data and meaningfully coordinate with the response.  
- There is a systemic lack of trust in the health system and authorities in the South-West and North-West, one that affects also local Civil Society.  
- In COVID-19 prevention, ventilation, use of outdoor spaces, and respiratory hygiene are the key concepts that should be prioritized.  
- COVID-19 prevention is not expensive and local partners can effectively protect themselves of COVID-19 if they have the right knowledge.

**COMMUNITY-BASED RESPONSE TO COVID-19 INFECTIONS IN THE SOUTH-WEST REGION**

<table>
<thead>
<tr>
<th>Name of funding Partner</th>
<th>Swiss Embassy</th>
</tr>
</thead>
<tbody>
<tr>
<td>Reporting period</td>
<td>August to September – 2020</td>
</tr>
<tr>
<td>Sub-Divisions of coverage</td>
<td>Fako and Meme</td>
</tr>
<tr>
<td>Project start and end date</td>
<td>1st of August – 2020 to 20th of November, 2020</td>
</tr>
<tr>
<td>Planned Beneficiaries</td>
<td>180 direct beneficiaries and 17,250 indirect beneficiaries</td>
</tr>
</tbody>
</table>

**Introduction**

Cameroon has recorded more than 21,000 infections of COVID-19 and 425 deaths. Even though the implementation of the National COVID-19 Response plan throughout the country and the efforts of national and international organizations progressively result in greater awareness amongst urban and rural communities, community resistance to COVID-19 prevention remains high. The population hardly complies with the wearing of mask or respect
of physical distance, neither in rural and nor in the urban areas, and most especially in the South-West and North-West Region, where there is little trust in health and administrative authorities. Discrimination and stigma around COVID-19 are extremely high, despite combined sensitization efforts of over 20 local and international organizations.

In this context, Reach Out obtained funding from the Swiss Embassy to build the capacities of opinion leaders on COVID-19 to mitigate the spread of COVID-19 and help people who have tested positive for COVID-19 to mitigate the impact of the disease in their lives and families.

### Project Goal and specific objectives

**Goal:** To strengthen community resilience against COVID-19 in the South-West Region.

<table>
<thead>
<tr>
<th>Project targets</th>
<th>Total Achieved</th>
<th>Explanations for shortcomings and overachievements, and corrective measures</th>
<th>Means of verification available</th>
</tr>
</thead>
<tbody>
<tr>
<td>Build the capacities of 80 opinion leaders (journalists, faith-leaders, Civil Society Organisations, School Principals, community-based organisations) in Fako and Meme to be able to identify, prevent, and respond to COVID-19 in their communities of operation.</td>
<td>79 opinion leaders trained on COVID-19 (15 school authorities, 16 journalists, 25 faith leaders and 23 civil societies). Of this 79 persons, 39 were women and 40 males</td>
<td>There was an absentee faith leader who could not make it to the training.</td>
<td>Training report, attendance sheets</td>
</tr>
<tr>
<td>25 Civil Society Organisations organize trainings for at least 250 humanitarian staff on COVID-19</td>
<td>The 23 civil society organizations that were trained organised a step-down training and reach 150 humanitarian staff (40 males and 110 female)</td>
<td>Only 23 out of 25 civil society organizations were identified because others had already received training on COVID-19 by Reach Out or other partners. The selected organizations were smaller than expected and their roll-down trainings reached only 150 persons. The remaining 2 spaces were filled with faith leaders.</td>
<td>Follow up sheet and attendance sheet</td>
</tr>
<tr>
<td>At least 1,000 persons receive COVID-19 messages in their places of worship.</td>
<td>Message on prevention and management of COVID-19 was given to 3,750 persons during church services</td>
<td>Selected faith leaders were passionate and committed to the project.</td>
<td>Follow up sheets</td>
</tr>
<tr>
<td>At least 1,000 pupils and students learn about COVID-19 and participate in preventive measures.</td>
<td>1,500 students received talks on COVID-19 in school. The following measures were put to</td>
<td>Educators were very passionate and interested. The project was also very timely and lined-up with the back to school campaign.</td>
<td>Follow up sheets</td>
</tr>
</tbody>
</table>
practice
- Wearing of face mask in school by the student and teachers
- Washing of hands before entering the class and during breaks
- Any sick student or teacher

<table>
<thead>
<tr>
<th>At least 15,000 persons receive COVID-19 messages through Radio and TV.</th>
<th>16,000 persons were sensitized in radio talks</th>
<th>Follow up call</th>
</tr>
</thead>
<tbody>
<tr>
<td>At least 100 infected persons receive appropriate and safe care at home and successfully self-isolate through the distribution of N-95 masks for sick persons and caregivers, gloves, face shields, soap, chlorine, and a 25,000 cash grant. (2,500,000 francs in total)</td>
<td>79 persons (43 males, 36 female) received cash transfer. Of this 29 persons, 58 persons received 25000 while 21 persons received 50000 (COVID-19 orphans and extremely poor individuals)</td>
<td>The number of new infections has drastically reduced in Cameroon and the South-West in particular, but REO is completing the identification of the remaining 94 families that were affected by COVID-19 in the past months. The PPEs are being dispatched in treatment centres and labs, so newly infected persons receive them immediately. Individual infected persons rejected the in-kind donations to avoid direct contact, so these were donated to institutions. Even though the number of beneficiaries is less, the impact in their lives is higher.</td>
</tr>
<tr>
<td>A help-line for inquiries and counselling is set-up and receives at least 200 interactions.</td>
<td>79 persons (43 males, 36 females) tested positive received psycho-social support through phone calls.</td>
<td>Due to reduced infection rates, not up to 200 persons have been followed-up, but only 100.</td>
</tr>
</tbody>
</table>

**Strengthening Community systems for the fight against COVID-19 in conflict-affected communities of the South West Region of Cameroon**

<table>
<thead>
<tr>
<th>Name of funding Partner</th>
<th>Foreign and common wealth office, British high commission Yaounde</th>
</tr>
</thead>
<tbody>
<tr>
<td>Reporting period</td>
<td>August to October - 2020</td>
</tr>
<tr>
<td>Sub-Divisions of coverage</td>
<td>Ekondo Titi, Kumba II, Kumba III, Mamfe and Eyumojock</td>
</tr>
<tr>
<td>Project start and end date</td>
<td>15 of August, 2020 to 31st of October, 2020</td>
</tr>
<tr>
<td>Planned Beneficiaries</td>
<td>440 direct beneficiaries and more than 12,000 indirect beneficiaries</td>
</tr>
</tbody>
</table>
Introduction

The COVID-19 outbreak that has rocked the world since the last months of 2019 so far has had devastating effects and cost loss of human lives the world over. Since March of 2020 when the first case was identified in Cameroon, the spread thereof though not as rapid as in European countries saw the implementation of barrier measures and lockdowns that have not only distorted the way life was but made it more challenging as well. Cameroon has recorded more than 21,000 infections of COVID-19 and 426 deaths.

Even though the implementation of the National COVID-19 Response plan throughout the country and the efforts of national and international organizations progressively result in greater awareness amongst urban and rural communities, community resistance to COVID-19 prevention remains high. The population hardly complies preventive measures, neither in rural and nor in the urban areas, and most especially in the South-West and North-West Region, where there is little trust in health and administrative authorities. Discrimination and stigma around COVID-19 are extremely high, despite combined sensitization efforts of over 60 local and international organizations.

Furthermore, in the South-West region, this new emergency met a 2-year humanitarian crisis and civil war between non-state-armed-groups and state military, which has displaced more than 679,000 persons according to the United Nations Office for the Coordination of Humanitarian Affairs (March 2020 Situation Report).

Faced with this double burden, and given that very few communities had been supported to respond and build resilience against COVID-19. Reach Out NGO with the assistance of the British High commission, set out to ensure community leaders in conflict-affected communities in the South West Region of Cameroon understand the disease, its manifestation and the various prevention and control measures they could institute to prevent the spread of COVID-19 in their communities. Since the violent and political nature of the conflict in the Anglophone crisis made it difficult for government COVID-19 prevention programs to be effective in hard-to-reach conflict-affected communities, these community-based leaders were empowered to build resilience through Infection prevention and control measures which are practical and feasible in their context.

Goal

To strengthen communities’ capacity on COVID-19 response and resilience in conflict-affected communities of South-West Region of Cameroon.

<table>
<thead>
<tr>
<th>Project targets</th>
<th>Total Achieved</th>
<th>Explanations for shortcomings and overachievements, and corrective measures</th>
<th>Means of verification available</th>
</tr>
</thead>
<tbody>
<tr>
<td>40 community-based leaders mobilised from 10 communities in the South West</td>
<td>Some of the earmarked communities in Tombel were cancelled to avoid duplication since the health district was doing a similar</td>
<td>Attendance sheets and payment sheets Mobilisation report. Baseline questionnaires</td>
<td></td>
</tr>
</tbody>
</table>
**Project targets** | **Total Achieved** | **Explanations for shortcomings and overachievements, and corrective measures** | **Means of verification available**
--- | --- | --- | ---
Region | training on COVID there. | administered and answered. |
Train 40 community based leaders on COVID-19 infection prevention and control in order to build community resilience | 40 community-based leaders trained within 10 communities of the South West with an average score of 9/10 in post-training knowledge test. | All the leaders mobilised were available and took active part in the trainings. One challenge here was that of ghost towns especially for the training in Mamfe but it was overcome by reprogramming. | Training Reports Attendance sheets Training pictures |
40 community-based leaders train 400 community members on COVID-19 as a means to build community resilience. | 400 community members trained on COVID-19 in their respective communities | Few challenges with respect to some community questions like the insinuation that the practice of social distancing could break families. The coaching sessions helped resolve this. | Training reports Attendance sheets Training pictures |
Distribution of IPC materials to 40 community leaders | 40 community leaders received hand wash stations, soap, face masks and infrared thermometers | Each community leader got a hand wash station, 34 bars of soap, 10 cloth masks and one infrared thermometer to be used in the community. | Distribution sheets per community. Distribution pictures. |
Acquisition of radio space and radio talk shows. For four weeks reaching at least 10,000 people. | Four weekly talk shows and rebroadcasts organised on the airwaves of the Ocean City Radio Kumba reaching | Community based leaders are not media experts but this was overcome with the effective coordination of the project staff and the radio technician | Recordings of the radio slots. Payment receipt for radio space Payment sheet for transportation of community leaders to Radio. |

100 of coaching sessions conducted using the Reach Out COVID-19 HELP LINE and 10 field coaching conducted by September 30th 2020

### HUMAN RIGHTS AND GOVERNANCE

#### INTRODUCTION

The 2020 has had a bearing not only on Reach Out as an organization, but on the world at large. The pandemic, alongside the crisis only made a bad situation worse.

The need for protection remains an overarching need within the region and an in-depth monitoring of human rights violations also observed. It is with this in mind that we set to
engage communities through monitoring, increase awareness raising on peace building and meeting overall protection needs.

In context of the humanitarian crisis plaguing the region, the needs are accruing and we in the continue to do all in our power to find tune our strategies for securing funds to better meet community needs.

The purpose of the report is to assess the overall progress of the different departmental projects and suggest recommendations for improvement, to ensure that the objectives and outcomes of the results of these projects can be achieved within the project timeframe. The report will summarize the different project goals, objectives, achievements, challenges and way forward in actualizing the projects.

**PROJECTS**

- Protection of Vulnerable Groups in Conflict Affected Areas of the South West and North West Regions of Cameroon
- Monitoring Human Rights Violation and Abuse in the South West and North West Regions
- Scale-Up Human Rights Monitoring in The South West and North West Regions of Cameroon
- Gender Conflict Analysis of the Anglophone Regions
- Emergency Support for Children in Conflict Affected Areas
- Fighting Hate Speech In Fako

**PROJECT TITLE: GENDER CONFLICT ANALYSIS OF THE ANGLOPHONE CRISIS**

Project background

The Anglophone crisis which started in 2016 as a socio-political crisis has escalated and given birth to humanitarian crisis has had so many negative effects on the population of North west and South west regions of Cameroon such as displacement of persons, loss of lives, loss of properties, increase gender base violence among others. For this reason, the Women International League for Peace and Freedom (WILPF) Cameroon organized a workshop inviting CSOs from the ten regions of Cameroon to partner and carry out a feasibility study in a gender conflict analysis of the Anglophone crisis. Reach Out was a partner to this exercise where she conducted this exercise in Fako Division South west region.

After the compilation of the findings, Reach Out NGO was part of the Gender Conflict Analysis Report Validation workshop in partnership with Women International League for Peace and Freedom (WILPF) at British Residence on the 4th of March 2020. The workshop was aimed at presenting the documentary on the results of research and findings that accompanied the plights of women during the crisis, key
recommendation from this report is reinforcing capacities of community-based organization and ensuring the existence of adequate information for effective targeting of vulnerable populations.

**Project Goal**
- The goal of the project was to access the effects of the Anglophone crisis on men and women in the 10 regions of Cameroon.
- The objective was to produce a documentary which gives a picture of the situational analysis of the crisis and its

**The following achievements were recorded,**
- The was a successful training and engagement of partners to the task
- A documentary produced which gives the situational analysis of the conflict
- A validation of the documentary report

**Challenges/Constraints**
The documentary did not capture all the findings gotten from the field. To mitigate this, the organization (WILPF) organized a validation meeting with partners to discuss on what was left out and filled questionnaires to ensure the inclusion of the points which was left out.

**Way forward**
We suggest the final documentary be shared and published to donors and partners

In conclusion, the gender conflict analysis research, the validation of findings and the documentation of findings was successful. We look forward on exploring this document for project write ups.

**PROJECT TITLE: HUMAN RIGHTS VIOLATION AND ABUSE MONITORING PROJECT IN THE SOUTH-WEST AND NORTH-WEST**

**Introduction:**
Since late 2017, long-running tensions in Cameroon’s North-West and South-West regions have escalated, and shifted into armed conflict since August 2018. As is common with most armed confrontations, human rights violations and abuse on civilians have been rampant. Security forces are reportedly targeting Anglophone civilians accused of supporting separatists, and armed separatists are reportedly targeting civilians they perceive as supporting the government. So far, the abuses suffered by the local population have not been adequately monitored, and because of this, a vast majority of human rights abuses go
undocumented. It is for this reason that Reach Out decided to take the task of researching and documenting human rights abuses in the North-west and South-west Regions of Cameroon, so as to span the wide chasm that exists between what happens on the ground, and what is documented.

**Project Goal:**
The goal of this exercise is to monitor and document incidents of human rights violation and abuse in the North-west and South West region. These incidents will be documented in weekly incident reports which will be submitted to ACLED. Thus, raising visibility of the armed conflict in the South-West and North-West and its impact on civilians.

**Achievements:**
Thus far, Reach Out has successfully compiled 17 incident reports, documenting human rights violations ranging from extrajudicial killings to torture, arbitrary arrests and property destruction.

<table>
<thead>
<tr>
<th><strong>Project target</strong></th>
<th><strong>Achieved</strong></th>
<th><strong>Explanations for shortcomings and overachievements</strong></th>
</tr>
</thead>
<tbody>
<tr>
<td>Record 350 incidents of human rights abuse.</td>
<td>235</td>
<td>The project is practically unfunded, and we depend on personal resource and information from our field operatives and contacts.</td>
</tr>
</tbody>
</table>

**Constraints and challenges:**
- Lack of trained human rights monitors on the ground to investigate/verify and documents incidents of human rights abuse.
- Constant insecurity makes it difficult to access key informants on the ground, and also affected communities.
- The very nature of the project itself, documenting human rights violations is call for concern for informants who fear reprisals from either parties to the conflict, should they be apprehended.
- The information gotten from informants on the ground is not always without bias, as some of them tend to identify with one party to the conflict or the other.

**Solutions:**
- Reach Out recently organised a two day training workshop on human right monitoring during which, 11 human right monitors were trained.
- Informants are reached remotely through phone calls, and have been duly instructed to reach out to the project team only when they are in a safe location.
- A minimum of three witnesses or informants are used to very any information from the ground, to avoid documenting false and/or bias reports.

**Conclusion:**
This project, though greatly underfunded, has brought to light a good number of human rights violations, which would have otherwise gone unreported. Even though we can’t say
that very much has been done so far, those project, to a lesser extent, bridged the gap between what was being reported, and what actually happened.

**PROJECT TITLE: SCALE-UP HUMAN RIGHTS MONITORING IN THE SOUTH-WEST AND NORTH-WEST REGIONS OF CAMEROON**

**Introduction**

The Anglophone crisis that started in 2016 as a political crisis has persisted and given birth to a humanitarian crisis. As it characteristic of any humanitarian crisis, major human rights violations have been recorded by international agencies. These are thoroughly confirmed and cross-checked cases, but it is estimated as many as three or four times that number might have not been documented. It is therefore of prime importance that community based structures be trained and involved to limit coverage gaps and monitoring blind spots, and to coordinate information coherently between actors. It is towards this end that Reach Out with funding from the US Embassy the Africa Regional Democracy Fund Program, has decide to take up the task of mobilizing and training CBO’s and Human Rights activist, so as to engage them in the task of monitoring, investigating and documenting Human Rights violations, as well as referring survivors of human rights violations to relevant social and humanitarian services.

**Project goal:**

This project aims at strengthening community-based Human Rights Monitoring and referral systems in the South-West and North-West Regions of Cameroon through community engagement and digital tools.

**Achievements:**

<table>
<thead>
<tr>
<th>Project target</th>
<th>Achieved</th>
<th>Explanations for shortcomings and overachievements</th>
</tr>
</thead>
<tbody>
<tr>
<td>Train 11 frontline human rights monitors</td>
<td>11</td>
<td>There were no shortcomings as to the targeted individuals</td>
</tr>
<tr>
<td>Record 720 incidents of human right violations</td>
<td>49</td>
<td>The monitors have been working for just four days, in a two month monitoring period.</td>
</tr>
<tr>
<td>Refer 280 survivors of human right abuse to relevant humanitarian and social services</td>
<td>1</td>
<td>The monitors have been working for just four days, in a two month monitoring period.</td>
</tr>
</tbody>
</table>
Constraints and challenges:

- Delay in the transfer of funds made project activities to be frequently postponed. Thus in turn caused several of the human right monitors identified for training to withdraw from program, and had to be replaced by the project staff, which wasn’t easy.
- The very nature of the project itself, documenting human rights violations is call for concern for informants who fear reprisals from either parties to the conflict, should they be apprehended.
- The information gotten from informants on the ground is not always without bias, as some of them tend to identify with one party to the conflict or the other.

Solutions:

- Tap into past relationships and develop a communication plan and script about the nature of the project and focus discourse on exposing violations to which the counterpart can relate to, and appreciate respect for human rights when present.
- Seek constant advice of the Safety Officer and those well acquainted with both parties of the conflict.
- Flexibility in project target areas and timelines. Constant communication with community stakeholders on the security situation.

Conclusion
This project will further boost the Reach Out’s capacity, in the monitoring, investigating, documentation and publishing of incidents of human rights abuse. It is hoped that this project will indeed, and too a greater extent, span the wide chasm between the number of violations which occur, and the number of violations which are documented.

PROJECT TITLE: FIGHTING HATE SPEECH IN FAKO

Introduction:
Hate speech is a fundamental social problem which calls for social solutions, and where everyone is a stakeholder. With the rise in incidents of hate speech and hate crimes in Cameroon, exacerbated by the ongoing crises in the North-west and South-west Regions, and by the rise of nationalist political discourse against ‘others’. This makes the already perpetually frustrated and disenfranchised youth, who are constantly in proximity to hate language, vulnerable, and easy prey to radicalization. Thus, leading to an increase in violent extremism among youths, and concomitantly a further increase in the use of hate speech. It is therefore of the utmost importance that, contemporary forms of hate speech, its root causes, trends and dynamics of hate crimes, radicalization and violent extremism that keeps spreading in the Anglophone regions and beyond be examined, so as to better fight this cancer called hate speech in our society.

Project goal:
This training workshop aimed at providing youth leaders and civil society with a set of tools, to enhance their capacities, and transform them into peaceful agents of change.

Achievement:

<table>
<thead>
<tr>
<th>Project target</th>
<th>Achieved</th>
<th>Explanations for shortcomings and overachievements</th>
</tr>
</thead>
<tbody>
<tr>
<td>Train 30 CSO’s and youth leaders on variety of ways through which they can combat hate speech, both as individuals and as collectivities.</td>
<td>33</td>
<td>Three other CSOs contacted Reach Out and sent representatives to participate. Thus led to three extra participants at the training workshop</td>
</tr>
</tbody>
</table>

<table>
<thead>
<tr>
<th>Participant Gender</th>
<th>Number</th>
</tr>
</thead>
<tbody>
<tr>
<td>Male</td>
<td>08</td>
</tr>
<tr>
<td>Female</td>
<td>25</td>
</tr>
<tr>
<td>Total</td>
<td>33</td>
</tr>
</tbody>
</table>

- The Workshop also served as a pilot program, as other CSO’s have since organised other workshops on combating hate speech.

Constraints and challenge
- Lack of adequate funding limited the project to a single workshop. Even though the project staff successfully passed out the general message, a single workshop was and is simply not enough.

Solutions:
- A WhatsApp group has been created for all participants, in which follow up is done on their progress with their respective action plans, their challenges are addressed and success stories.

Way forward:
There is need for more training workshops to be organised for at risk youths, since they are the most vulnerable to be radicalized by hate speech. These youths also need economic empowerment to make active and productive, and less idle. As it is said, “an idle mind is the devil’s workshop” economic and financial empowerment will keep the “devil out of their minds”.

Conclusion
Hate speech is a disease which will not be leaving our societies any time soon, and it is clear that one workshop is simply not enough, further workshops with more diverse groups of participants will come in handy.

**PROJECT TITLE: EMERGENCY SUPPORT FOR CHILDREN IN CONFLICT AFFECTED AREAS**

**Department Overview:** This department carries out activities such as capacity building, protection of human rights, management of cases in gender-based violence and psychosocial support to vulnerable persons.

**Basic introduction to the project:** This project came as a result of the left over fund from the UK-Sponsored Covid Project. It is being financed by the child protection fund. Some children in poor families of the North West and South West Regions were diagnosed with Severe Acute Malnutrition (SAM). Their families are poor and cannot afford balanced meal for their children.

**Project Goal:** The goal of this project (Child Protection Fund) is to promote the wellbeing of vulnerable children.

**Picture(s) of the year**

*A child tested of Severe Acute Malnutrition (SAM)*

**The Main Activities include:**
- Identification of children with SAM
- Filling of social inquiry forms to get more information about the malnourished children.
- Follow-up of vulnerable children through phone calls and visits by community Health workers
- Cash transfers to the household (7000 per person).

This year, children suffering from Severe Acute Malnutrition were identified, some were treated in the hospital and their bills paid for.
ACHIEVEMENTS

Table 1 Shows Achievements

<table>
<thead>
<tr>
<th>Project Target</th>
<th>Total Achieved</th>
<th>Explanations for shortcomings</th>
</tr>
</thead>
<tbody>
<tr>
<td>Identify children with Severe Acute Malnutrition (SAM) in the North West and the South West Regions through community health Workers</td>
<td>8 children have been identified and assisted financially, thanks to the child protection fund</td>
<td>2 children were neither followed-up nor supported because we could not reach them through their contacts</td>
</tr>
</tbody>
</table>

Table 2: Shows Beneficiaries of the Child Protection Fund

<table>
<thead>
<tr>
<th>Project</th>
<th>type</th>
<th>children</th>
<th>Total Amount</th>
</tr>
</thead>
<tbody>
<tr>
<td>Child Protection</td>
<td>Financial Support</td>
<td>8</td>
<td></td>
</tr>
</tbody>
</table>

Recommendation
Severe Acute malnutrition cases amongst children keep increasing. Funds should be put in place for more Children living with Severe Acute Malnutrition should be identified and given financial assistance.

CHILD PROTECTION CASE MANAGEMENT: NDIAN AND MEME DIVISIONS

Project Overview
The current project “Strengthening quality and coordinated interventions of prevention and protection from violence, abuse and exploitation for conflict-affected children in the Northwest and Southwest Regions of Cameroon” is funded by “Street Child” and seeks to assist conflict affect children to stabilize their growth and seek ways of providing psychosocial support to those who have faced or likely to face any sort of abuse in the Northwest/Southwest Regions of Cameroon.

The main focus of this project is case management for children suffering from all forms of abuses: sexual, physical, emotional and neglect. REACH OUT NGO is an implementing partner with Case Workers trained and deployed in Ndian and Meme Divisions of the Southwest region of Cameroon. This report highlights project progress in the two Divisions for November and December 2020.

Project Expectations
- It is expected that by the end of the project, violations against the rights of children have been documented, and the psychosocial status of conflict-affected children in the target areas has improved. To demonstrate progress towards these results, we shall document and report:
  - All households within the community of interventions would have been visited and sensitization’s on child abuse done;
  - Community Child protection (CP) Committees/stakeholders would have been set up and are effectively supporting vulnerable children;
- Cases of child abuse would have been identified and registered;
- Children with issues related to child abuse, especially sexual exploitation would have been provided psychosocial therapy;
- Children with psychosocial issues would have been referred to relevant support services and followed up;
- Identify and support unaccompanied and separated children and reunite them with their families;
- Monitor violations against rights of children in the target communities

**Achievements**

**a. Case Management**

<table>
<thead>
<tr>
<th>Type of abuse</th>
<th>Sex</th>
<th>No. of cases</th>
<th>Action Taken</th>
<th>Status of case</th>
</tr>
</thead>
<tbody>
<tr>
<td>Physical</td>
<td>Male</td>
<td>0</td>
<td>1</td>
<td>1</td>
</tr>
<tr>
<td></td>
<td>Female</td>
<td>1</td>
<td>1</td>
<td></td>
</tr>
<tr>
<td>Psychological</td>
<td>Male</td>
<td>3</td>
<td>1</td>
<td>4</td>
</tr>
<tr>
<td></td>
<td>Female</td>
<td>1</td>
<td>1</td>
<td></td>
</tr>
<tr>
<td>Sexual</td>
<td>Male</td>
<td>0</td>
<td>2</td>
<td>2</td>
</tr>
<tr>
<td></td>
<td>Female</td>
<td>2</td>
<td>2</td>
<td></td>
</tr>
<tr>
<td>Economic</td>
<td>Male</td>
<td>1</td>
<td>0</td>
<td>1</td>
</tr>
<tr>
<td></td>
<td>Female</td>
<td>0</td>
<td>1</td>
<td></td>
</tr>
</tbody>
</table>

**b. Community Sensitisations**

<table>
<thead>
<tr>
<th>INDICATORS</th>
<th>0-4 yrs</th>
<th>5-9 yrs</th>
<th>10-14 yrs</th>
<th>15-17 yrs</th>
<th>Above 18 yrs</th>
<th>Total reached</th>
<th>Total Disabled</th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
<td>F</td>
<td>M</td>
<td>F</td>
<td>M</td>
<td>F</td>
<td>M</td>
<td>F</td>
</tr>
<tr>
<td># of persons sensitized</td>
<td>73</td>
<td>65</td>
<td>96</td>
<td>73</td>
<td>109</td>
<td>146</td>
<td>180</td>
</tr>
<tr>
<td># of stake holders identified</td>
<td>0</td>
<td>0</td>
<td>0</td>
<td>0</td>
<td>0</td>
<td>0</td>
<td>12</td>
</tr>
<tr>
<td># number of other services providers identified in communities</td>
<td>0</td>
<td>0</td>
<td>13</td>
<td>10</td>
<td>3</td>
<td>5</td>
<td>6</td>
</tr>
<tr>
<td># of persons (women, men) sensitized on positive parenting</td>
<td>0</td>
<td>0</td>
<td>0</td>
<td>0</td>
<td>30</td>
<td>15</td>
<td>42</td>
</tr>
<tr>
<td># of persons (women, girls, boys) sensitized on Covid-19 and preventive measures</td>
<td>7</td>
<td>12</td>
<td>101</td>
<td>73</td>
<td>85</td>
<td>86</td>
<td>210</td>
</tr>
<tr>
<td># of feedback/complaints received (disaggregated by sex and age)</td>
<td>3</td>
<td>1</td>
<td>1</td>
<td>1</td>
<td>2</td>
<td>1</td>
<td>8</td>
</tr>
</tbody>
</table>

**c. Community engagement and sustainability**
- Discussions held with 3 religious authorities in 2 communities, One Chief and one elder in Council in one community, 3 businessmen in one community. Discussions are ongoing to sort areas where they can support and establish referral pathways;
- Communities are gradually gaining confidence in Caseworkers and now know there are hopes for their distressed children. Before, Caseworkers were despised and compared to other previous NGOs.

**Challenges and Way Forward**

<table>
<thead>
<tr>
<th>Challenges</th>
<th>How Resolved/Recommendation</th>
</tr>
</thead>
<tbody>
<tr>
<td>All communities of intervention request food and non-food items.</td>
<td>The objectives, scope, limits and available resources for this project were explained to the community and told that we would try to identify if there was any partner who could be of help with food/non-food items.</td>
</tr>
<tr>
<td>People approached for sensitizations, case identification and registration in Dikome Balondo were not ready to open up to project interventions. As such, they kept asking questions like “are they your children? Why don’t you mind your own business? Are you working for the government? How can we trust you?”</td>
<td>The Case Worker there kept explaining slowly to most people who questioned him and gradually they began understanding that the project was out to help. He told them identification badges were under production.</td>
</tr>
<tr>
<td>Project has not yet been introduced to administration and local authorities, hence Case worker had to keep answering questions from the local population and village authorities in almost all communities of interventions. They are scared that even if an incident was to occur, they will not have the backing of the administration.</td>
<td>Explanations were given that an administrative letter has been written and staff from Buea will be coming to introduce the project within the week</td>
</tr>
<tr>
<td>Case Workers do not have community trust because they have nothing to identify them, so there is a need for identification badges and other visibility materials</td>
<td>Explanations were given to them that visibility and identification gadgets currently under production will be made available within the week to identify Case Workers</td>
</tr>
<tr>
<td>Lack of reporting tools in hard copies made it challenging to complete reports. Staff sent to the field with limited photocopied forms. Situation is worst because there is no electricity nor photocopying facilities in many localities.</td>
<td>Case Workers sometimes are forced to record client information in exercise books to later transfer into forms.</td>
</tr>
<tr>
<td>In very remote communities, it is challenging bringing all case files to the Field Office every week.</td>
<td>Case Workers keep files secure in their homes and ensure no one gets access to them</td>
</tr>
</tbody>
</table>

**Lessons Learnt**

- Identification and visibility materials need to be produced before staff get to the field for community acceptance and for security reasons.
• Communication in the community doesn’t need to be rushed. One has to have a mastery of subject matter, know the community and during communication, listen more and talk less.

• Project was really timely. Case Worker in Mbonge discovered that many people were still ignorant of COVID-19 and benefitted greatly from sensitizations within the framework of this project.

• Learnt how to handle rejection and insults from some people within the communities of intervention.

Recommendations for Improvement
• Next project should be designed in a holistic manner to support with food/non-food items and basic medical care.

Feedback from Beneficiaries
Community: Bamusso Position: Village Chief
Message: Thank you REACH OUT for this wonderful project. I pray this change my community’s attitude towards children especially in sending them to school. Child abuse is a serious threat in this community. Thank you for coming to my community. I pray that the rate of children going to school increases.

PROJECT TITLE: PROTECTION OF VULNERABLE GROUPS IN CONFLICT AFFECTED AREAS OF THE SOUTH WEST AND NORTH WEST REGIONS OF CAMEROON

Introduction
According to the Center for Human Rights and Democracy in Africa, 206 villages (99 in the South-West and 107 in the North-West), have been raided and partially or completely burnt down. The United Nations Office for the Coordination of Humanitarian Affairs (OCHA), in January 2019, declared 440,000 people as internally displaced within the two regions.

Cameroon has structural gender inequalities. The country ranks 151/181 in the United Nations Development Program Gender Inequality Index and in 2011 the Demographic Health Survey revealed that 63% of women aged 15 to 49 had been subject to physical or sexual violence. The current crisis has made these inequalities more acute, with a notable surge in the incidence of Gender-Based Violence, and increased notifications of rape cases, sexual violence and unwanted pregnancies.

The project will contribute to support vulnerable rights-holders deprived of access to basic services mainly because of gender inequality, stigma, as well as isolation and forced displacement brought by the conflict.

Goal
Contribute to the reduction of vulnerabilities and risks of susceptible groups and reinforce community resilience and response to violence against vulnerable populations living in English-speaking regions of Cameroon.
Achievements

- Two planning meetings have been held for the project. The first was a planning and project presentation meeting with co-applicants for the project (CARE CAMEROON and Interfaith Vision Foundation Cameroon -IVFCAM). This presentation consisted planning fine-tuning the project collaboration plan between all three partners.
- The second meeting was a planning amongst key staff of the project needed to determine a way forward for the project.
- Thirteen community assemblies held in selected target communities of the south west.
- Health Facility Assessment for 43 Health facilities in the South West and North West to map out 20 Health facilities to provide health care services to beneficiaries of the project.

Fig 1.3 Work analysis

<table>
<thead>
<tr>
<th>Activity details</th>
<th>Targeted N°</th>
<th>Actual N°</th>
<th>Difference</th>
<th>% Achieved</th>
<th>Explanations</th>
</tr>
</thead>
<tbody>
<tr>
<td>HF</td>
<td>43</td>
<td>43</td>
<td>0</td>
<td>100%</td>
<td></td>
</tr>
<tr>
<td>KI</td>
<td>10</td>
<td>8</td>
<td>-2</td>
<td>80%</td>
<td>The DMO for Mbonge was very busy and always between two meetings. Initially we planned on visiting DWB as Ki for Tiko and Muyuka. Unfortunately they didn’t have offices in these towns</td>
</tr>
<tr>
<td>FGD</td>
<td>20</td>
<td>14</td>
<td>-6</td>
<td>70%</td>
<td>The poor states of the roads alongside resistance from NSAG gave us limited access to communities to carry out this activity. We spent almost the whole of Day 11 at just because we waiting or NSAG authorization</td>
</tr>
</tbody>
</table>

Challenges and Constraint

- The main challenge so far has been in the availability of funds, which is greatly slowed the implementation of the project activities.
- With the ongoing crisis it was very difficult to meet the “in-charge” of most Health facilities as well as some Key Informants. Most of them are displaced and the management of their structures are left in the hands of those who have limited information.
- Access to some remote communities was very difficult as pre negotiations had to be done and constantly maintained with the NSAG as they constantly changed their minds as the trend of event changed too. So we had some yes in the morning that changed to no in the evening.

Recommendations

- Program activities well ahead of time to enable better mobilization and access negotiations.
- The bad roads leading to these communities can be accessed by the use specific vehicles and/or motor bikes.

Conclusion
It is hoped that the onset of this project will contribute immensely to assuaging the pain felt by survivors of GBV, persons living with disability and HIV as well as other affected persons in the warring regions of the South West and North West.

**PROJECT TITLE:** WOMEN WORKING FOR WOMEN (W4W): PROMOTING A CULTURE OF SUSTAINABLE PEACE IN THE SOUTH REGION

**Background**

Women have the right to meaningful participation in peace processes yet they remain underrepresented and not heard.

In the current context, women have tried to organise in different platforms such as the South-West North-West Taskforce for peace, which REO founded with other female-led Civil Society organisations. These initiatives have paved the way for civil society to be more open about peace advocacy and found their own space in the middle of an extremely complex conflict, sometimes mediating. However, these have often been too centred in the urban communities. For this reason, Reach out in partnership with women mediators across the common wealth sought to touch more rural women (because it is in the rural areas that most human rights abuses occur) and will focus on community resolutions of conflicts and de-escalation, as preliminary conditions to peace building.

The project had as main goal to build the capacity of 24 women (Members of women headed groups and women community leaders, including young women, older women, and women with disabilities) on conflict resolution in the South West Region by December 2020 the project has so far been ongoing for two months and recorded the following as achievements

**Achievements**

- 24 women selected from 12 groups and 06 divisions in the South West Region who are into peace building activities
- Their capacities built on mediation skills and peace building processes
- An intergenerational dialogue organised with 38 women across all age groups on their challenges and perspectives. Challenges and recommendations were presented by both the younger generations and later by the older generation.

This dialogue brought together major authorities in the South West Region like the:

- Regional Delegate of women’s empowerment and promotion of the family
- The Governor of the South West Region
- The parliamentarian for south West.

Major resolutions of the intergenerational dialogue were centred around acknowledging the existence of an intergenerational gap and quit pointing fingers

- Proper transition channel should be place within structures
- Preparedness of the younger generation. Self-preparedness will increase consciousness of the girls
- Provide a space for intergenerational dialogue. This will be a ground for identifying their dividers and connectors and improving on them.
- Adopt a good communication plan and strategy between both groups.
- Women should serve as role model for girls; most girls look up to them for change

The girls should also be given the opportunity and responsibilities as well as the chance to explore their full potentials

➢ 07 best trained ambassadors currently undergoing digital mentorship from 03 international mentors on peace building.
➢ Out of the 24 peace ambassadors who were trained, 14 have been conducting educative talks in their communities on peace building. Educative talks so far have been ranging from peace building, resolving family conflicts, existing community conflicts and restitution of trainings within their respective groups

Challenges
The women trained for the project are not ICT savvy and thus witnessing challenges in the mentoring sessions.

Recommendation
In subsequent mediation skills and peace building capacity building activities for women ICT management should be included as a module. Also, a self-care and reflection forum be organized for mental health healing for the trained women.

WOMEN MEDIATORS ACROSS THE COMMONWEALTH PEER TO PEER LEARNING AFRICA

Background
Women play a prominent role in bringing about peace in post-conflict societies. Studies have found the systematic and representative inclusion of women in conflict resolution processes to significantly increase the chances of sustainable peace. However, women’s contribution to peace processes are often underemphasized or ignored in conflict management, and mediation. This is a participatory research conducted by Women Mediators across the Commonwealth (WMC) in Nigeria, Ghana, Cameroon and Malawi looking at the problems and barriers to and what should be done for the improvement to women’s participation in peace and security at multi-levels of society.

Objective of the Project
Create spaces to learn from institutions that lead in peace processes at various countries in Africa on their inclusive strategies peace/mediation practices.

Activities
• Conducted a participatory research with women leaders, opinion leaders and women’s groups to enable gender inclusive peace processes. (Identify map out, assessment and analysis (sub activity Conduct Assessment; focus group discussion, interview policy makers, traditional rulers etc.)
• Analyze data and interpretation

Methodology Employed for the Project

The research identified women’s groups, women leaders and opinion leaders who were interviewed on the role of women in peace mediation process in the different communities in Meme, Fako and Ndian Division of the Southwest region.

Achievements

<table>
<thead>
<tr>
<th>PROJECT TARGET</th>
<th>TOTAL ACHIEVED</th>
</tr>
</thead>
<tbody>
<tr>
<td>10 focus groups</td>
<td>10 focus groups of 60 participants per group was organized to discuss on women’s role in peace mediation, challenges and way forward</td>
</tr>
<tr>
<td>5 Key informant</td>
<td>3 Key informants were interviewed to also get the opinion on the role women play in peace mediation process.</td>
</tr>
<tr>
<td>Record of Successful on women’s participation in promoting and successfully drives a peace process</td>
<td>4 Successful stories were recorded on women’s participation in promoting and successfully drives a peace process</td>
</tr>
</tbody>
</table>

Challenges and Way Forward

• It was difficult assembling women in groups for focus group discussions due to the outbreak of the COVID19 pandemic. Nonetheless the COVID19 measures were put in place such as wearing of face masks and keeping of physical distancing
• Women who were interviewed were scared to discuss issues of the Anglophone crisis, however, the participants were asked not to answer questions which make them feel uncomfortable.
The wealth creation department throughout 2020 continued carrying out activities aimed at achieving its ultimate goal: Improve household incomes of marginalized women through establishment of micro projects, sustainable agriculture and micro credit operations.

In order to move towards achieving the above ultimate goal and within the context of the Anglophone crisis which is on-going, the department continued carrying out both humanitarian and developmental activities.

Development activities ranged from:

➢ Trainings on income generating activities (IGAs),
➢ Provision of seed capital for establishment of micro projects and coaching sessions.

On the other hand, humanitarian interventions ranged from livelihood interventions, food security, supply of farming inputs and economic recovery.

The poverty graduation approach is a “big push” intervention designed to overcome the multiple barriers that prevent very poor and vulnerable households from building sufficient income, assets, and human capital to get onto a pathway out of extreme poverty and into sustainable livelihoods. This model was introduced throughout this year, with old beneficiaries who had been saving with Reach out for about 03 years graduating from the program this December 2020. Key indication of graduation entails the members no longer saving with Reach Out, since incentives are given to them as they were encouraged to create accounts in microfinance institutions. This will give room to new beneficiaries to save and benefit from the incentives that is given at the end of the year.

So far, the year 2020 has been marked with the following major achievements:

➢ Cash transfer to 226 direct beneficiaries (1,582 indirect beneficiaries) in Fako, Meme and Ndian Divisions of the South West Region
➢ Loans disbursed to 19 youths in Meme
➢ Specific skills were also acquired in cooperative creation and management, sustainable agriculture, cassava transformation techniques, record keeping and business management.
➢ Farming inputs (cassava cuttings, hand pushed trucks, pesticides, herbicides) distributed to groups in Ekondo-Titi

Staff capacity dropped from 08 from the beginning of the year to currently 05

The areas of interventions and people met are summarized in the table below:
### Table 1: Breakdown of cash transferred to beneficiaries

<table>
<thead>
<tr>
<th>Project</th>
<th>Type</th>
<th>Women</th>
<th>Men</th>
<th>Children</th>
<th>Total</th>
<th>Indirect Beneficiaries</th>
<th>Total Amount (FCFA)</th>
</tr>
</thead>
<tbody>
<tr>
<td>Keep a Girl Alive (Level 1 &amp;2)</td>
<td>Grants</td>
<td>166</td>
<td>0</td>
<td>0</td>
<td>176</td>
<td>1,162</td>
<td>6,370,000</td>
</tr>
<tr>
<td>Employment opportunities For Youth At Risk in Meme</td>
<td>Loans</td>
<td>12</td>
<td>07</td>
<td>0</td>
<td>19</td>
<td>308</td>
<td>1,579,500</td>
</tr>
<tr>
<td>Female Farmer’s Food Security strengthening in rural area</td>
<td>Grants</td>
<td>38</td>
<td>04</td>
<td>0</td>
<td>42</td>
<td>5,000,000</td>
<td></td>
</tr>
<tr>
<td>Empowered IDPs in Fako and Meme</td>
<td>Grants</td>
<td>09</td>
<td>1</td>
<td>0</td>
<td>10</td>
<td>700,000</td>
<td></td>
</tr>
<tr>
<td>Keep A Girl Alive</td>
<td>Savings Incentives</td>
<td>68</td>
<td>0</td>
<td>0</td>
<td>68</td>
<td>476</td>
<td>1,020,000</td>
</tr>
<tr>
<td><strong>TOTAL</strong></td>
<td></td>
<td>292</td>
<td>27</td>
<td>134</td>
<td>453</td>
<td>746</td>
<td>14,669,500</td>
</tr>
</tbody>
</table>

### Table 2: Breakdown of capacity building programs

**SKILLS ACQUISITION – DIRECT BENEFICIARIES**

<table>
<thead>
<tr>
<th>Project</th>
<th>Specific skills training offered</th>
<th>Women</th>
<th>Men</th>
<th>Total</th>
</tr>
</thead>
<tbody>
<tr>
<td>Keep a Girl Alive</td>
<td>Entrepreneurship, Book keeping, Family Planning and SRHR</td>
<td>110</td>
<td>0+</td>
<td>110</td>
</tr>
</tbody>
</table>
| Empowerment and food security strengthening in rural area | - Cooperative creation and management  
- Entrepreneurship and financial management  
- Planting and climate change resilience  
- Farm maintenance and Pest Control  
- Cassava transformation techniques | 33    | 02  | 35    |
| **TOTAL** |                                | 120   | 08  | 128   |

### Table 3: Distribution of inputs

**DISTRIBUTION OF FOOD AND FARMING INPUTS – DIRECT BENEFICIARIES**

<table>
<thead>
<tr>
<th>Project</th>
<th>Items received</th>
<th>Women</th>
<th>Men</th>
<th>Total</th>
</tr>
</thead>
<tbody>
<tr>
<td>Food voucher</td>
<td>Food items (Vouchers)</td>
<td>187</td>
<td>63</td>
<td>250</td>
</tr>
</tbody>
</table>
| Empowerment and food security strengthening in rural areas | - 400,000 cassava cuttings  
- 09 hand pushed trucks & 20 cutlasses  
- 60L herbicides and pesticides  
- 06L of Tree killers | 33    | 02  | 35    |
| **TOTAL** |                     | 120   | 08  | 128   |
Project 1: KEEP A GIRL ALIVE PROGRAM

Project Goal: Enable young girls-at-risk to become economically self-reliant through the creation of small businesses.

The keep a girl alive program which aims at empowering young girls at risk to become economically self-resilient through the creation of small business has been able to carry out a variety of activities for the first half of the year 2020. Some of these activities include: child protection, economic empowerment, women protection and capacity building.

Achievements

Throughout the year 2020, some 176 beneficiaries were assisted directly and 1,162 persons indirectly in Buea, Limbe, Tiko, Ekona and Ekondo Titi.

36 beneficiaries from November graduated from the program this year. They had gone through the loan cycle (First and second level disbursement and are doing great in their individual businesses. This was done after the Impact assessment conducted in November 2020

Breakdown is as follows:

- 113 beneficiaries benefit first level disbursement in Ndian and Fako for establishments of businesses (The sum of 30,000FCFA each)
- 45 young women have so far benefit from second level disbursements. Each received the sum of 50,000 FCFA
- 23 girls benefit from third level disbursement, each received the sum of 50,000 FCFA
- Capacities of all the beneficiaries built on Entrepreneurship, book keeping, savings, Sexual reproductive Health and COVID 19 prevention method (this was done for the August session of disbursement) before disbursements.
- In the month of December the department in particular and the office in general actively participated in the Giving Tuesday on Global Giving for fund raising.
- The project lead and two other staffs from the organization started an online media training course with Farid and ICAN member to improve on the organizations visibility on social media, content creation and graphic designing.
- Loan repayment stood at 270,200 frs with two beneficiaries completing their long overdue loans.
- A second level grant was done to 88 10 beneficiaries in Ndian
➢ The annual savings disbursement was done to 68 beneficiaries who saved with us with a savings incentive of 15000 frs each.

➢ These trainings are always beneficiary centred approach as they share ideas on each theme while the REO team is there to coordinate and fill in some gaps most especially in book keeping where most of them have a limited knowledge. On SRH, menstrual hygiene and birth control was the core of the talks.

➢ Savings also increased as demonstrated in the figure below. There was however a drop in the amounts saved from the month of March to August and slowly increased early November. The beneficiaries explained this was due to COVID 19 impacts but with time they gradually adapted to the pandemic and gradually developed coping strategies. This led to slide increase in their businesses in November and December 2020.

➢ Impact assessment was also conducted with the beneficiaries and statistics compared with baseline data.
A random selection of 09 beneficiaries revealed the information in the figure below:

The pie chart below shows the result of failing active beneficiaries, number above adjusted poverty line, number above project goals and number beyond project goals of 32 beneficiaries out of 60.

During identification of the November 2019 beneficiaries, a base line survey was conducted to capture the House Hold contribution to the total House Hold income. It was rather unfortunate that majority of the beneficiaries did not know the total house hold income and majority was not contributing financially to HH income. The graph below shows the contribution of some few women whose monthly HH contributions could be measured financially at the time of intervention and their subsequent improvement.

The graph below reveals that two beneficiaries did not witness an increase in their Monthly HH contributions. Patricia and Joan gave reasons for their decrease that they reduced their being single mothers, they had to reduce their Monthly HH expenditure so as to grow their businesses.
As per their capital, more than half of the beneficiaries fell within the project goal and a few beyond the project goal (for more details visit the pie chart in this report above). Some beneficiaries had 0 capital as can be seen on the graph. Generally beneficiaries greatly improved in capital and are running their business hitch free in various places in Buea. From our team’s observation, capital increment greatly depends on the type of business a beneficiary does and it turn over.

Challenges and way forward

➢ 80% of the program beneficiaries this year are Internally Displaced girls. Most of them are hosted by either friends and or family members who at the start supported their host but in the long run most beneficiaries complained of jealousy and envy within the households and these exposed them to risk of further exploitation, prostitution and cohabiting.

➢ The zero cash policy that was introduced in the course of the year within the organization made disbursement initially difficult especially in places like Muea and Ekona. This is because most of the beneficiaries there are IDPs who don’t have ID cards that can permit them to create mobile money accounts. To address this, during disbursement, a lot of pairing was done between those with Momo Account and those who don’t have.

➢ Out of the 100 beneficiaries in Fako, 12 have been disqualified from the project for one or all of the following reasons:
  ▪ They were not active in business
  ▪ Did not use all of the money for the purpose for which it was meant for
  ▪ Have returned to their place of origin and did not continue in their business.

➢ Two beneficiaries were denied the opportunity of economic independence by their partners a case of which was referred to the human Rights and Governance department because the money was seized from her.

➢ Some old beneficiaries (2017, 2018, and 2019) who have been told not to save with Reach Out next year lamented. This is because majority of beneficiaries do not have accounts with Micro finance institution probably due to carelessness, ignorance on how to go about it or because of lack of legal documents like Identity Card. This has also limited some of their expansion in business because they lack access to capital like loans since Reach out stopped giving out loans in 2019.
➢ The team recommend that the organization help facilitate beneficiaries access to capital by helping them with the account creation process in a chosen Micro finance. This will go a long way to help them gain access to capital for business expansion when they leave REO.

Project 02: EMPOWER INTERNALLY DISPLACED PERSONS IN FAKO AND MEME

This micro project, titled “Help Empower internally Displaced youths in Fako and Meme had as goal to support 15 youths who have been grossly affected by the current crisis by establishing small businesses for them, as a means to regain their dignity and boost their livelihoods. After identifying the beneficiaries and drawing their business plans, some beneficiaries received the support, In Fako and Meme divisions.

**Major achievements**

➢ This is one of the few projects that targeted young men in their empowerment activities.
➢ So far, 19 internally displaced youths have been supported with seed capital for business creation and expansion.
➢ Some of them who had adapted to negative coping mechanisms have abandoned re integrated into the society through establishment of their businesses.

**Challenges and Way forward**

➢ The project targeted internally displaced youths and most of them kept changing their locations after the grant was given to them for the creation of their businesses. This made follow up a bit difficult which was not a major aspect of the project
➢ The project was removed from global giving page at a period when it was envisaged that more money could be raised.

Project 3: FEMALE FARMERS’ EMPOWERMENT AND FOOD SECURITY STRENGTHENING IN RURAL AREA

Since January 2019, Reach Out in partnership with Manos Unidas, a Spanish based organization has been implementing a project aimed at improving the standard of living of rural farmer’s population in Ekondo Titi Subdivision, Cameroon.

The project, titled *Female Farmers Empowerment and Food Security Strengthening in Rural Areas* was planned to take place in three communities in Ekondo Titi, namely: Illor, Dibonda and Funge. Due to insecurity and access issues, the project took place in Illor, Funge,
Lipenja and Loe, all communities within the Ekondo Titi Dub division. Access was negotiated and achieved in a gradual process. The first communities were access was achieved was Loe and Funge. Six months later Illor and Lipenga had access for the project to be executed. The main hindrance was from the Non State Armed Groups whose main base is in Illor.

Specific Objectives

- Improve food security and incomes of female farmers in Illor, Loe, Lipenja and Funge, through the implementation of innovative farming techniques.
- Provide farming inputs and training on cassava farming techniques.
- Create local Cooperative to facilitate marketing.
- Create Internal Micro-Lending system with groups

Achievements

- Baseline studies was conducted for all beneficiaries and main data collected on their economic activities, kind of business, income levels, knowledge on cassava production and processing, knowledge on cooperative creation and management and perspectives on cassava as a main agricultural crop and as business women. This information had a big role to play in the development of individual businesses plans of the beneficiaries and will also be compared with impact assessment at the end of project. The information was also useful in the development of manuals for trainings.
- Two impact assessments conducted for the project beneficiaries and results revealed increase in business capital, standards of living, increased techniques in cassava cultivation, management and transformation. The impact also revealed better knowledge in cooperative creation and management.
- Farm inputs in the form of 20 cutlasses, 10 hoes, 09 hand pushed trucks, 60L of herbicides and pesticides was disbursed to the beneficiaries. While handing the hand pushed trucks to the beneficiaries, they were advised to do some rentals with the trucks within the communities such that it gives them little income. This has been practiced by the groups and they have been able to raise incomes within their respective groups.
- Improved cassava cuttings (400,000) distributed to farmers in the target areas: Loe, Illor, Funge and Lipenja). During the final
evaluation meeting with the beneficiaries, they confessed that the cassava cuttings distributed to them had the following traits:

- Fast maturity (10 – 12 months) instead of their usual 14 months
- Increase resistance to pests and adverse climatic conditions
- Larger tubers

The greatest challenge with the improved cuttings was the fact that most of the tubers do not last long in the soil as they easily deteriorate after 12-14 months. Harvesting will commence in October 2020.

➢ Training was conducted on entrepreneurship and financial management where participants gained knowledge on the ABC’s of starting small businesses and also saw the need of considering a farm as a business

➢ Training also conducted on different aspects of sustainable agriculture:
  - Planting and climate change resilience
  - Farm maintenance and Pest Control
  - Cassava transformation techniques

➢ Participants gained the following knowledge:
  - How to identify healthy cuttings and most appropriate time to plant
  - Different planting methods of cassava factors behind each technique
  - Multiplication technics and disease control and management
  - Cassava processing techniques

➢ Also, the capacities of the beneficiaries were built on the creation and management of cooperatives. This led to the creation of a cooperative by all the 04 communities, called Life Cassava Cooperative Society with board of directors abbreviated as LIFCA-COOP. They are all into cassava production and processing.

➢ Grant of 5,000,000 FCFA (Five million Francs) disbursed to the 04 beneficiary groups for internal revolving loan schemes within the groups. Forty one (41) beneficiaries benefitted from the first round of disbursement. 70% of those who borrowed did their repayments in October which could serve 18 more persons in Loe and Funge. In total, 60 persons have benefitted from the loan scheme so far. The other beneficiaries promised to complete their repayments by first week of January, 2021.

**Challenges and Way Forward**

➢ Repayments have been slow as the first round of beneficiaries were supposed to complete repayments in September 2020. During follow up trips, beneficiaries explained that because of COVID 19, they send most of their goods to Nigeria and expect their customers to do so. They fail to send the money on time and some of
them still owe a lot of money. It is hoped that when the borders are open they will collect the money themselves. They however promised to use other means to repay by end of October 2020.

➢ Access was a serious issue especially as Illor, one of the main communities earmarked during project inception was the main base of the Non state Armed Groups. Other more accessible communities were however integrated into the project (Lipenja and Loe).

➢ One of the specific objectives of the project were not met, linking farmers to markets. The cooperative was created but due to the fact that movement is by high sea, due to insecurity, it becomes extremely difficult for buyers to travel through high sea just to but their processed products.

PROJECT 4: EMPLOYMENT PROMOTION FOR YOUTHS AT RISK IN MEME DIVISION

Mbonge Sub-Division is at the core of the Anglophone crisis, being the most-populated most-affected Sub-Division of the South-West by a considerable magnitude.

Before the crisis, it was an agricultural center of cocoa and palm production, among other crops. Economic activities were booming, and the youths had access to higher education in Kumba and Buea. However these youths now have very few employment and entrepreneurial options, and they quickly filled the ranks of the non-state armed groups as well as criminal groups. Young girls and women also found themselves idle and without perspectives of future, and have adopted premature sexual and social behaviours, more common of highly isolated rural areas than of the formerly cosmopolitan Mbonge.

It is for the above reason that Reach Out NGO, in partnership with the United Nations Development Program, UNDP is implementing a project, titled “Employment Promotion For Youths At Risk In Meme Division” with main goal to Provide Decent Work in conflict-affected communities by assisting internally displaced young men and women from Kumba, Small Ekombe and Big Ekombe to create businesses and find employment.

Specific objectives

- Establish a sustainable orientation centre for opportunity-seeking youths of Meme that provides counselling to at least 1,000 displaced youths and outlasts the project.
- Create a microfinance fund that provides at least 60 micro-loans to internally displaced youths in the target areas within a year, with an 80% repayment rate.
- Create a database with at least 500 internally displaced youths and disseminate to at least 20 employing institutions, connecting at least 40 displaced youths to quality jobs.
Major Achievements
The Project, which started in August 2019 has so far given out loans to 84 youths of varying amounts for creation of businesses. Through the project, 10 youths were also linked to job opportunities. The project officially ended in March 2020. However, there is a sustainability part of the project where third and fourth phase disbursements were done. The year 2020 was marked with the following achievements:

➢ Third and fourth phase of loans in the range of 100,000F to 120,000F given to 19 internally displaced youths for creation/expansion of their businesses
➢ Job placement for two youths
➢ External audit conducted and Reach Out still awaiting reports from auditors

Challenges and Way Forward

• Repayments have been slow, especially for the third and fourth phases (69%). Most of them complained that their businesses are being affected by COVID-19 and the frequent lockdowns in Meme. The loan management committee intensified their activities to ensure faster loan recovery
➢ The target for job placement was not met (25%). Most potential employers complained of huge capital transfer to other more secure cities (Douala) and so were instead reducing their workers

Project 05: EMERGENCY RESPONSE TO CONFLICT AND DISPLACEMENT IN THE SOUTHWEST REGION

In partnership with the International Rescue Committee, the wealth Creation was involved with the implementation of food Voucher program in Ndian Division. The project aimed at supporting the most vulnerable Crisis-Affected households to meet their food Needs in the South West Region of Cameroon. The project was funded by Later Day Saint (LDS).

This partnership specifically focused in Ekondo-Titi of Ndian Division, and on 250 vulnerable displaced and host households through three monthly rounds of food voucher support.

Goal

Contribute toward Reducing Risk and meeting needs of Crisis-Affected Communities in the South West Region of Cameroon.

Activities carried out involved:

▪ Orientation of Community Stakeholders
▪ Creation of Committee (Targeting committee, Complain committee)
▪ Identification and registration of Beneficiaries distribution of vouchers
▪ Voucher redemption monitoring at the Vendor’s shop.
The targeting committee was responsible for scoring the vulnerability criteria and also validation of the beneficiary list. Priority given to the pregnant/lactating women. The project staff work closely with the community focal points to reach to this beneficiaries since they have a good knowledge about their community.

**Achievements**

250 families that were targeted and registered received food vouchers for a total of supported people.

<table>
<thead>
<tr>
<th></th>
<th>Food voucher</th>
<th>male</th>
<th>Female</th>
</tr>
</thead>
<tbody>
<tr>
<td>Number of households</td>
<td>250</td>
<td>63</td>
<td>187</td>
</tr>
<tr>
<td>Number of supported persons</td>
<td>1667</td>
<td>745</td>
<td>922</td>
</tr>
</tbody>
</table>

**Project 6: MICRO CREDIT OPERATIONS**

Reach Out manages a small micro-finance fund with the objective of providing capital to groups in need, as well as to keep a systematic approach in place that could be scaled-up quickly on the event of an opportunity, as the creation of a Microfinance Fund within the organization is one of the ultimate goals of this Department.

For the past 4 years, loans have been given out to the same Women’s Group, Charity Sisters, this is because of the beneficial effects of long-term access to capital. Last year, the group set-up a poultry with support from the loan and the Programme for the Improvement of Competitiveness of Family Agro-Pastoral Farms (ACEFA in its French acronym).

In 2018, loans were disbursed among individual members selected in a participatory exercise with the group and this year was marked with continuous and slow repayments from the beneficiaries. Last year, major recommendations established simplified the loan procedure, reduced interest rates and increased repayment speed, the capital was expected to grow to 1,600,000 Million in 2020 but this could not be attained. A balance of about 500,000FCFA is yet to be completed.

**Challenges and Way Forward**

Repayments have been slow as most of the beneficiaries were expected to complete their repayments early this year. 20% of the amount still stands as outstanding debts. The repayment rate was again simplified and more flexible so as to give room for beneficiaries to repay.
**Project 7: WOMEN’S PROTECTION**

During our monthly follow up in February 2020, it was discovered that one of beneficiaries in Tole by name Ambe Stella had been abused by her “supposed husband” and denied her of the right of economic resources. She received her 3rd grant in January 2020. Because she went to Bai grass in Kumba to see her children whom she left there with their father, against the wish of her lover in Tole, he decided to confiscate her business and denied her access in to their house upon her arrival.

During the follow up, she opened up to us and immediately the case was reported in the department. The quarter head together with staffs from the Human rights department tried their best to plead and convince the said man to release Ambe Stella’s goods to no avail. After several calls and visits to his job sit, the man accepted to come meet with Stella at REO office. Though there existed some underlying causes we only wanted him to release the goods which he did but not all because he had used some them.

**Project 8: SUPPORT DURING FAMER’S SHOW**

In the course of the year, Reach Out collaborated with the Ministry of Agriculture and Rural Development to celebrate farmer’s show 2020.

The objective of this year’s celebration was to give hope to families and communities in the South West Region who have been greatly impacted by the caprice of war and insecurity and the corona virus pandemic.

Putting smiles on the faces of these farmers, they will carry the good news of hope back to their communities and this may usher in a new era of peace and good health in the impacted communities.

In this regard, the department supported this initiative by donating two (02) hand pushed trucks. REO’s donations were used to support the 2 best female agric entrepreneurs in the South West Region in 2020.

**Project 9: CROSSROAD DONATIONS**

The Cross Road through its donation has impacted a total number of 25000 people directly and 6000 + indirectly in the South West, North West and Littoral regions of Cameroon. The organizations that benefited from the crossroad items include, vulnerable groups, orphanages, and association in their structuring processes.
Some IDPs who had nothing, regained hope and their self-esteem, for example, IDPs who never had clothes, beds and school materials. Also, some NGOs are delivering efficient services today thanks to the office materials and desktops they received. In addition, Reach Out Cameroon had to reallocate resources to other projects to serve beneficiaries because of the office materials and equipment received from crossroad. Thanks to Crossroad we could put a smile on many faces.

Below is a distribution table on how things were shared.

<table>
<thead>
<tr>
<th>Name of organization</th>
<th>Items received</th>
</tr>
</thead>
<tbody>
<tr>
<td>Reach out office</td>
<td>Chairs, tables, canopy’s, office files, pens, office car</td>
</tr>
<tr>
<td>Reach out mobile clinic</td>
<td>Medical supplies, fridges, children blankets</td>
</tr>
<tr>
<td>Hospitals in Buea(, Good Samariterian HealthCentre, Bomaka and the Molyko Health Centre)</td>
<td>Fridges</td>
</tr>
<tr>
<td>ASAF Douala and MARDIS Kumba Orphanages</td>
<td>Chairs, mattresses, water boiler, radios, carton of toys, lab top bags, shoes, clothes, fictional books, crayons, aprons</td>
</tr>
<tr>
<td>Hope Alife</td>
<td>Fictional books, crayons, pens, toys</td>
</tr>
<tr>
<td>10 communities in wetland Bamusso</td>
<td>Fictional books</td>
</tr>
<tr>
<td>Justice and Equity Prison Fellowship</td>
<td>Fictional books, toys, clothes</td>
</tr>
<tr>
<td>Association for Women Empowerment Cameroon</td>
<td>Fictional books, crayons, pens, toys</td>
</tr>
<tr>
<td>CHAMEG, COMAGEN, HOFA, NEDA</td>
<td>Office materials and desktops</td>
</tr>
<tr>
<td>Coordinating Unite of Association for persons leaving with Disabilities in the south West Region and Delegate of Ministry of Social Affairs Kumba</td>
<td>Walking Aids, crutches, clothes and wheelchairs</td>
</tr>
<tr>
<td>Bonabome community of IDPs in Douala</td>
<td>Clothes, mattresses, fictional books</td>
</tr>
<tr>
<td>Internally displaced people in Bamenda</td>
<td>Clothes, shoes, toys, fictional books</td>
</tr>
</tbody>
</table>
Challenges faced

- Increasing numbers of internally displaced persons (IDPs) and other people at risks who were soliciting for support from us and for which we could now meet the demand because we hadn’t enough to help them with was our key challenge.
- Changes made at the level of the customs which were not communicated to us caused us extra spending.

Introduction

At a time when the world is invaded by Health pandemics (Covid-19) and socio-political crisis, communication remains a necessary tool for promoting development, information sharing, advocacy, peace building and sustainability. In a humanitarian setting as in the case of Reach Out NGO, Online Communication through social media platform is a necessity. It ensures the visibility of the organization’s activities to showcase how they are serving humanity and making the world a better place for all in the midst of these challenges. The analysis below will give a detailed account of Reach Out’s social media platforms (Facebook, Instagram, Twitter), respectively.

Goal

To Report on the performance of Reach Out’s social media pages.

General Objective

To investigate on how social media platforms have led to the promotion and success REO’S activities.

Facebook (Reach.Out.SW)

As of December 13th, REO Facebook page registered a total number of 2,563 likes, 2737 followers and 12 videos.
**Page Summary in the last 28 days**

In the last 28 days, Facebook had page visits of 421 (4%), that is, the number of times that people saw this page. The page reach was 84%, this implies that in the last 28 days, 8720 people saw any content from the face page or about the page, including posts, stories, Ads, social information from people who interact with the page. The post engagement; the number of reactions, comments, shares and clicks on the Page was 1,233 (12%). The overall change in the number of likes on the face book page in the last 28 days was 28(0%) *Chart 1 shows a summary of the Facebook Page in the last 28 days.*

*Chart 1 shows a summary of the Facebook Page in the last 28 days.*

**Audience Insights**

This aspect gives details about our audience, thereby helping us to know the distribution of gender and their age groups. Having insights about the audience guides in the type of content to produce and how well it will suit the people of different ages.

**Gender:** The face book page of REO was equally (50%/50%) liked by men and women.

*Chart 2 Shows the Gender distribution of the Facebook Page*

*Source: Reach. Out. SW, 2020*
Age

Chart 3 Shows Ages of the Audience

<table>
<thead>
<tr>
<th>Age</th>
<th>Percentage</th>
</tr>
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<tbody>
<tr>
<td>13-17</td>
<td>11%</td>
</tr>
<tr>
<td>18-24</td>
<td>52%</td>
</tr>
<tr>
<td>25-34</td>
<td>20%</td>
</tr>
<tr>
<td>35-44</td>
<td>7%</td>
</tr>
<tr>
<td>45-54</td>
<td>3%</td>
</tr>
<tr>
<td>55-64</td>
<td>7%</td>
</tr>
<tr>
<td>65+</td>
<td>11%</td>
</tr>
</tbody>
</table>

Source: Reach. Out. SW, 2020

Top location

2563 people liked the face book page of Reach Out across 10 countries and 10 towns and cities of the world.

Chart 4 Shows Top Locations

<table>
<thead>
<tr>
<th>Top Location</th>
<th>People</th>
<th>Percentage</th>
</tr>
</thead>
<tbody>
<tr>
<td>Buea</td>
<td>468</td>
<td>28%</td>
</tr>
<tr>
<td>Douala</td>
<td>461</td>
<td>28%</td>
</tr>
<tr>
<td>Yaoundé</td>
<td>327</td>
<td>20%</td>
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<tr>
<td>Bamenda</td>
<td>208</td>
<td>13%</td>
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<tr>
<td>Limbe</td>
<td>71</td>
<td>4%</td>
</tr>
<tr>
<td>Berlin</td>
<td>27</td>
<td>2%</td>
</tr>
<tr>
<td>Barcelona</td>
<td>27</td>
<td>2%</td>
</tr>
<tr>
<td>San Jose/Costa Rica</td>
<td>20</td>
<td>1%</td>
</tr>
<tr>
<td>London</td>
<td>18</td>
<td>1%</td>
</tr>
<tr>
<td>Neus</td>
<td>18</td>
<td>1%</td>
</tr>
</tbody>
</table>

Source: Reach. Out. SW, 2020
Instagram (reach_out_ngo)

Overview

The Instagram page had an account reach of 151, 66 content interactions and 366 followers.

*Table 1 Shows and Overview of Instagram*

<table>
<thead>
<tr>
<th>Variable</th>
<th>Number</th>
<th>Percentage (%)</th>
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</thead>
<tbody>
<tr>
<td>Account Reach</td>
<td>151</td>
<td>11%</td>
</tr>
<tr>
<td>Content Interactions</td>
<td>66</td>
<td>26%</td>
</tr>
<tr>
<td>Followers</td>
<td>366</td>
<td>63%</td>
</tr>
<tr>
<td>Total</td>
<td>583</td>
<td>100%</td>
</tr>
</tbody>
</table>

*Source: reach_out_ngo, 2020*

Top Posts

These are posts that registered the highest number of engagements in the last 7 days (29th Nov - 5th Dec), after their publication. The International Humanitarian Day Post on the EU-Contract Signing in Yaoundé had a total of 88 views in 7 days, the post on Crossroads donation (12th December) and the 16 Days Activism Post with two Women holding pieces of cardboard papers against rape both recorded 82 views.

*Chart 5 Shows Top Posts*

![Top Instagram Posts](image)

*Source: reach_out_ngo, 2020*

Best Instagram Post of the Year

Keep a Girl Alive beneficiary (Gilian) in her table Market-Muea. Her success story had 158 views.

Other Details

Instagram had 700 impression. This implies the number of times viewers interacted with the posts and the page either by liking, commenting, sharing, mentioning it or otherwise. Account activity (profile visits and website taps) made a total of 15. For more clarity, this will be demonstrated. Using a chart.
Chart 6 shows Other Details

Source: reach_out_ngo, 2020

Twitter (@reachoutdev1)

Out of the 1,251 followers of this page, the top follower has 123 followers. During the month of December, the handle has had 7 new followers.

28 Days Summary

In the last 28 days, the tweet handle recorded a total of 32 tweets, 23 mentions, 6,007 impressions and 192 profile visits.

Chart 7 Shows Twitter Summary
During the month of December, the handle uploaded 15 tweets, registered 3241 impressions, and had a profile visits of 105 and 16 mentions.

Chart 8 shows Twitter Insights.

Source: @reachoutdev1
Conclusion

Reach Out Social media pages reach registered a marked increase in the level of interactions, engagements, impressions and page visits.

Achievements

Fund Raising

Our social media platforms raised more than 7,344 USD in the Giving Tuesday Campaign, exceeding the target of 2000 USD by far.
Campaigns/ Advocacy
We carried out a one week campaign to advocate for an end to the Anglophone Crisis, especially after the Kumba Massacre.
Successfully ran 8 days campaign (E-Posters) to commemorate the International day of the Girl Child 2020.
Organised and carried out a 3 weeks campaign to raise funds (Giving Tuesday)
Commemorated International Days relevant in the humanitarian context.

Improvement on the Social Media Platforms
Increased the reach and visibility of REO’s activities through consistent and daily publications of the activities on social media.
Increase in the number of engagements, post likes and visits on the social media pages of Reach Out N.G.O.

Challenges
Inadequate communication gadgets such as phones, laptops, and constant internet connectivity.

Recommendation
A laptop and quality android phone should be provided to carry out activities related to communication and the management of social media pages. This would go a long way to improve the quality of work done and also save time.
There are plans to bring back the usual projecting of activities through quarterly newsletters

Reach Out NGO (REO) efforts resulted in the increase of partnerships, especially with UN and international agencies.

Our presence in humanitarian and developmental forums such as Humanitarian Cluster meetings have been strategic in projecting REO in the limelight of the donor community in the region and country. These platforms have brought remarkable changes in the lives of our target beneficiaries and populations, and show an enhancement in organisational capabilities and opportunities.

In looking forward, REO will continue to look for ways to increase our income. This 2020 onward, we reinforced our fundraising by expanding into new markets, and by pursuing new opportunities in institutional funding, and a coordinated best practice approach to humanitarian fundraising, committed giving and proposal writing.

The challenges ahead are to improve quality of reporting and partnership management, and to increase the scope, depth, and effective project proposal writing.
REO is committed to raising funds in an ethical way. The Board and Management Team of Reach Out are committed to respect the principles and basic norms of ethical fundraising set out in international instances.

CONCLUSION

2020 was a challenging one for REO in that we had to put in place better strategies to bridge humanitarian and development activities. We continued experiencing unprecedented growth and risks in trying to meet up with client demands.

We continue to be a key stakeholder in the humanitarian response in the South-West and gradually making our presence felt in the North-West Region. We meaningfully contributed to the delivery of aid and primary health care, but also aid strategy overall. We have a huge responsibility which needs to be respected. REO’s duty is to keep its eyes and ears on the ground, because when REO talks, the humanitarians listen.

Ground workers became team leaders, and team leaders became project managers, and management staff managed several critical partnerships at once. In this expansion, there were mistakes, which have been polished.

In the course of growing, in the middle of the emergency, some procedures of REO which were implemented more than 5 years ago, were bypassed, those mistakes were costly and a stain to the organization’s reputation.

This 2020, REO was no more in an emergency, the humanitarian tragedy is the new normal, and aid has been 3 years late, REO vows to not rush, but to back each one of its steps with the right data and the right procedures.

2020 was a year that REO realized how big it is, and taking up on that responsibility, Reach Out’s duty is not to be an implementer for no agency, no matter how big it is, but to lead, and execute, projects that bring meaningful lasting change to the communities it serves.

REO’s name is now known all over the Region, by all parties of the conflict and affected communities. We have a responsibility to be up to the task.

With the Ekondo-Titi, Kumba, Bamenda and Douala offices established, it is time to bring about meaningful aid to the North-West and Littoral regions respectively, taking into consideration the presence of a huge IDP population in the later and generally were majority of persons in need are. This 2020, REO expanded its operations to the North-West and Littoral Regions, to apply the knowledge acquired in emergency healthcare and humanitarian access into extremely challenging communities.

ATTACHMENTS

A. Staff List and Expertise
B. Organizational Learning and Development through Staff
C. Financial Review

A. Staff List, Volunteers and Interns for 2020
<table>
<thead>
<tr>
<th>S/N</th>
<th>NAME OF STAFF</th>
<th>POSITION</th>
<th>BACKGROUND</th>
<th>FIELD OF EXPERTISE</th>
</tr>
</thead>
<tbody>
<tr>
<td>1</td>
<td>Mrs. Omam Esther Njomo</td>
<td>Executive Director</td>
<td>- B.A. (Hons) English/ French, - Diploma in institutional Development and Organizational Strengthening, - MBA in Humanities</td>
<td>- Civil Society Advocate, - Development practitioner, - Peace and Conflict Mediator - Civil Society management</td>
</tr>
<tr>
<td>2</td>
<td>Miss Ngo Bibaa Lundi Anne Omam</td>
<td>Assistant Executive Director No. 1</td>
<td>MA in Micro Biology</td>
<td>Public Health</td>
</tr>
<tr>
<td>3</td>
<td>Mr. Ngwa Elvis Tange</td>
<td>Assistant Executive Director No. 2</td>
<td>B.Sc in Political Science</td>
<td>- Project management - Human resource management</td>
</tr>
<tr>
<td>4</td>
<td>Mr. Awantoh Mark Abongswing</td>
<td>Finance Officer</td>
<td>ACCA II</td>
<td>Accountancy</td>
</tr>
<tr>
<td>5</td>
<td>Mr. Marc Serna Rius</td>
<td>Programmes Officer/ Humanitarian Coordinator</td>
<td>B.Sc in</td>
<td>- Fundraising - Project management - Business development</td>
</tr>
<tr>
<td>6</td>
<td>Mr. Mosenge Hans Efesoa</td>
<td>Safety/ Monitoring and Evaluation Officer</td>
<td>- Diploma in Project Management - Certificate in Safety Operations and M&amp;E</td>
<td>- Fundraising - Project management - Business development - Community mobilisation</td>
</tr>
<tr>
<td>7</td>
<td>Dr. Metuge Alain</td>
<td>Head of Department for Health</td>
<td>MD in Medicine</td>
<td>Public Health</td>
</tr>
<tr>
<td>8</td>
<td>Miss Yong Merolyn Yafe</td>
<td>Head of Department for Human Rights and Governance</td>
<td>Masters Degree in ASTI</td>
<td>Communication Fundraising Development</td>
</tr>
<tr>
<td>9</td>
<td>Miss Modjenpa Bibiche Noukeme</td>
<td>Head of Department for Wealth Creation</td>
<td>M.Sc in Botany</td>
<td>Project management</td>
</tr>
<tr>
<td>S/N</td>
<td>NAME OF STAFF</td>
<td>POSITION</td>
<td>BACKGROUND</td>
<td>FIELD OF EXPERTISE</td>
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</tr>
<tr>
<td>10</td>
<td>Miss Tjiang Belinda</td>
<td>Accountant/ Supply Chain Manager</td>
<td>ACCA II</td>
<td>Accountancy</td>
</tr>
<tr>
<td>11</td>
<td>Miss Salah Morine</td>
<td>Accountant</td>
<td>B.Sc in Banking and Finance</td>
<td>Accountancy</td>
</tr>
<tr>
<td>12</td>
<td>Mr. Joseph Angafor</td>
<td>Accounts Clerk</td>
<td>B.Sc in Accounting</td>
<td>Accountancy</td>
</tr>
<tr>
<td>13</td>
<td>Miss Sakwe Marie</td>
<td>Accounts Clerk</td>
<td>Bachelor of Technology in Banking and Finance</td>
<td>Accountancy</td>
</tr>
<tr>
<td>14</td>
<td>Mr. Nyadi Francois</td>
<td>Assistant Safety Officer</td>
<td>M.Sc in Peace and Conflict Resolution</td>
<td>Peace and Conflict Resolution</td>
</tr>
<tr>
<td>15</td>
<td>Mr. Kimo Roland Wirsiy</td>
<td>Assistant HoD for Human Rights and Governance</td>
<td>M.Sc in Development Studies</td>
<td>Peace, Conflict Resolutions and International Relations</td>
</tr>
<tr>
<td>16</td>
<td>Miss Nkongho Christy Ayuk</td>
<td>Protection</td>
<td>B.Sc in Gender Studies and Sociology (double major)</td>
<td>Gender and Development</td>
</tr>
<tr>
<td>17</td>
<td>Mr. Amabo Aaron</td>
<td>Assistant Monitoring and Evaluation Officer</td>
<td>M.Sc in English Law and Human Rights</td>
<td>Law</td>
</tr>
<tr>
<td>18</td>
<td>Mrs. Azah Kelly Azeh</td>
<td>Project Coordinator</td>
<td>B.Sc in Sociology</td>
<td>Public Health</td>
</tr>
<tr>
<td>19</td>
<td>Miss Agbor Yvon Njikang</td>
<td>Project Coordinator</td>
<td>B.Sc in Nursing M.Sc in Epidemiology and Control of Infectious Disease</td>
<td>Public Health</td>
</tr>
<tr>
<td>20</td>
<td>Mrs. Jackie</td>
<td>Community Mobiliser</td>
<td>B.Sc in Sociology and Anthropology</td>
<td>Public Health</td>
</tr>
<tr>
<td>21</td>
<td>Mr. Shiwomeh Desmond Ndre</td>
<td>WASH Officer</td>
<td>Masters in Engineering specialised in Waste, Water and Sanitation</td>
<td>Water, Sanitation and Waste Management</td>
</tr>
<tr>
<td>22</td>
<td>Dr. Tabe-Ebob Glennis Ayuk</td>
<td>Project Coordinator</td>
<td>MD in Medicine</td>
<td>Public Health</td>
</tr>
<tr>
<td>23</td>
<td>Mr. Pensiga Levai</td>
<td>Protection Officer</td>
<td>M.Ed in Educational</td>
<td>Teaching, Psychology</td>
</tr>
</tbody>
</table>
# PERMANENT STAFF

<table>
<thead>
<tr>
<th>S/N</th>
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<th>POSITION</th>
<th>BACKGROUND</th>
<th>FIELD OF EXPERTISE</th>
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<tbody>
<tr>
<td>24</td>
<td>Miss Fakam Falone K</td>
<td>Assistant HoD for Health</td>
<td>Masters in Public Health</td>
<td>Public Health</td>
</tr>
<tr>
<td>25</td>
<td>Mrs Sengue Eseme Carine</td>
<td>Community mobiliser</td>
<td>Maitrise in Political Science</td>
<td>Public Health</td>
</tr>
<tr>
<td>26</td>
<td>Miss Sylvie Ebitoh Organji</td>
<td>Project Coordinator</td>
<td>M.Sc in Business Administration</td>
<td>Project management</td>
</tr>
<tr>
<td>27</td>
<td>Miss Tume Emmaculate</td>
<td>Community Mobiliser</td>
<td>M.Sc in Sociology and Anthropology</td>
<td>Project management</td>
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<tr>
<td>28</td>
<td>Miss Lysette Angyikai</td>
<td>Community Mobiliser</td>
<td>B.Sc in Modern Letters</td>
<td>Community mobilisation</td>
</tr>
<tr>
<td>29</td>
<td>Miss Nkengafack Echaria</td>
<td>Communications Officer</td>
<td>B.Sc in Communication</td>
<td>Communication</td>
</tr>
<tr>
<td>30</td>
<td>Mr. Salah Ernest Nkwi</td>
<td>Branch Officer – Northwest Region</td>
<td>B.Sc in Sociology</td>
<td>Community Mobilisation</td>
</tr>
<tr>
<td>31</td>
<td>Divine Suiyven</td>
<td>Driver</td>
<td>Drivers licence</td>
<td>Driving</td>
</tr>
<tr>
<td>32</td>
<td>Asanji Emmanuel Asangwa</td>
<td>Driver</td>
<td>Drivers licence</td>
<td>Driving</td>
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# PART TIME STAFF AND VOLUNTEERS

<table>
<thead>
<tr>
<th>S/n</th>
<th>Name of Volunteer</th>
<th>Country</th>
<th>Programme</th>
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<tbody>
<tr>
<td>33</td>
<td>Mrs Elisabeth Jarman</td>
<td>Great Britain</td>
<td>Health Advisor</td>
</tr>
<tr>
<td>34</td>
<td>Dr. Azua Ekokobe</td>
<td>Cameroonian</td>
<td>Medical Doctor</td>
</tr>
<tr>
<td>35</td>
<td>Dr. Ateh Stanislas Ketum</td>
<td>Cameroonian</td>
<td>Medical Doctor</td>
</tr>
<tr>
<td>36</td>
<td>Dr. Chi Valery Nji</td>
<td>Cameroonian</td>
<td>Medical Doctor</td>
</tr>
<tr>
<td>37</td>
<td>Dr. Makepe Haman Nwain</td>
<td>Cameroonian</td>
<td>Medical Doctor</td>
</tr>
<tr>
<td>38</td>
<td>Dr. Nkeng Relindis Ebesoh</td>
<td>Cameroonian</td>
<td>Medical Doctor</td>
</tr>
<tr>
<td>39</td>
<td>Dr. Njang Mbeng Emmanuel</td>
<td>Cameroonian</td>
<td>Medical Doctor</td>
</tr>
<tr>
<td>40</td>
<td>Dr. Fon Phillis</td>
<td>Cameroonian</td>
<td>Medical Doctor</td>
</tr>
<tr>
<td>41</td>
<td>Miss Kombe Ngube Belinda</td>
<td>Cameroonian</td>
<td>Medical Doctor</td>
</tr>
<tr>
<td></td>
<td>Name</td>
<td>Nationality</td>
<td>Position</td>
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<tr>
<td>42</td>
<td>Miss Anyi Nandia Tanga</td>
<td>Cameroonian</td>
<td>Medical Doctor</td>
</tr>
<tr>
<td>43</td>
<td>Miss Gladys Teburg</td>
<td>Cameroonian</td>
<td>Medical Doctor</td>
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<tr>
<td>44</td>
<td>Mr Nnane Brian Ndengu</td>
<td>Cameroonian</td>
<td>Medical Doctor</td>
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<tr>
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<td>Miss Agbor Hannah Etchi</td>
<td>Cameroonian</td>
<td>Medical Doctor</td>
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<tr>
<td>46</td>
<td>Mr. Ambe Clovis Ankimmbom</td>
<td>Cameroonian</td>
<td>Medical Doctor</td>
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<tr>
<td>47</td>
<td>Miss Shu Claudia Sirri</td>
<td>Cameroonian</td>
<td>Medical Doctor</td>
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<td>48</td>
<td>Mr. Sachop Narcisse Ndonghen</td>
<td>Cameroonian</td>
<td>Medical Doctor</td>
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<tr>
<td>49</td>
<td>Miss Maahzam Clarice Mbah</td>
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<tr>
<td>50</td>
<td>Miss Tebo Dilsy Mbayi</td>
<td>Cameroonian</td>
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<tr>
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<td>Miss Misoli Emelien Ekuka</td>
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<tr>
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<td>Miss Ngwa Melvis Engonwey</td>
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<td>Medical Doctor</td>
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<tr>
<td>53</td>
<td>Mr Ndifof Ngeoe Martin</td>
<td>Cameroonian</td>
<td>Medical Doctor</td>
</tr>
<tr>
<td>54</td>
<td>Miss binda Ngwaaghen</td>
<td>Cameroonian</td>
<td>Medical Doctor</td>
</tr>
<tr>
<td>55</td>
<td>Miss Nnoko Ngwese Beryl Ehode</td>
<td>Cameroonian</td>
<td>Medical Doctor</td>
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<tr>
<td>56</td>
<td>Miss Ateh Theresia Ngum</td>
<td>Cameroonian</td>
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<tr>
<td>57</td>
<td>Mr. Endoh Theodore Ajong</td>
<td>Cameroonian</td>
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</tr>
<tr>
<td>58</td>
<td>Miss Numbesi Margarete</td>
<td>Cameroonian</td>
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<tr>
<td>59</td>
<td>Miss Ngoinjung Mildred Akia</td>
<td>Cameroonian</td>
<td>Medical Doctor</td>
</tr>
<tr>
<td>60</td>
<td>Mr. Nji Princewill Fomuki</td>
<td>Cameroonian</td>
<td>Medical Doctor</td>
</tr>
<tr>
<td>61</td>
<td>Miss Komofor Nadege</td>
<td>Cameroonian</td>
<td>Medical Doctor</td>
</tr>
<tr>
<td>62</td>
<td>Mr. Yannick Suh Ambesi</td>
<td>Cameroonian</td>
<td>Medical Doctor</td>
</tr>
<tr>
<td>63</td>
<td>Miss Abeng Quinta Nsih</td>
<td>Cameroonian</td>
<td>Medical Doctor</td>
</tr>
<tr>
<td>64</td>
<td>Miss Walang Sheron Eziah</td>
<td>Cameroonian</td>
<td>Medical Doctor</td>
</tr>
<tr>
<td>65</td>
<td>Mr. Ewane Etta Junior</td>
<td>Cameroonian</td>
<td>Field Coordinator</td>
</tr>
<tr>
<td>66</td>
<td>Mr. Tambe Takor Tambe</td>
<td>Cameroonian</td>
<td>Safety Officer</td>
</tr>
<tr>
<td>67</td>
<td>Miss Felicita Ndah</td>
<td>Cameroonian</td>
<td>Office Operations</td>
</tr>
<tr>
<td>68</td>
<td>Miss Ndoh Gladys</td>
<td>Cameroonian</td>
<td>Office Operations</td>
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<tr>
<td>69</td>
<td>Miss Macdonia Tahshen</td>
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<td>70</td>
<td>Miss Ewoh Anita Tegha</td>
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<td>Office Operations</td>
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<tr>
<td>71</td>
<td>Mr. Atem Kingsley Atem</td>
<td>Cameroonian</td>
<td>Office Operations</td>
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### PART TIME STAFF AND VOLUNTEERS

<table>
<thead>
<tr>
<th></th>
<th>Name of Volunteer</th>
<th>Nationality</th>
<th>Position</th>
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<tbody>
<tr>
<td>72</td>
<td>Mr. Salifu Jamou</td>
<td>Cameroonian</td>
<td>Security</td>
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### STUDENTS ON INTERNSHIP

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<thead>
<tr>
<th>S/n</th>
<th>Name of Volunteer</th>
<th>Institution</th>
<th>Course of Study</th>
</tr>
</thead>
<tbody>
<tr>
<td>1</td>
<td>Lamu Rhoda</td>
<td>University of Buea</td>
<td>International Relations</td>
</tr>
<tr>
<td>2</td>
<td>Ndiw Carine Mayaka</td>
<td>University of Buea</td>
<td>International Relations</td>
</tr>
<tr>
<td>3</td>
<td>Bessem Harshley</td>
<td>University of Buea</td>
<td>International Relations</td>
</tr>
<tr>
<td>4</td>
<td>Mbongome Princely</td>
<td>University of Buea</td>
<td>International Relations</td>
</tr>
<tr>
<td>5</td>
<td>Afekong Junior</td>
<td>University of Buea</td>
<td>International Relations</td>
</tr>
<tr>
<td>6</td>
<td>Aminju Esther</td>
<td>University of Buea</td>
<td>International Relations</td>
</tr>
<tr>
<td>7</td>
<td>Njumbe Constance</td>
<td>University of Buea</td>
<td>International Relations</td>
</tr>
<tr>
<td>8</td>
<td>Tabe Janet</td>
<td>University of Buea</td>
<td>Sociology and Anthropology</td>
</tr>
<tr>
<td>9</td>
<td>Seferine Njang</td>
<td>University of Buea</td>
<td>Sociology and Anthropology</td>
</tr>
<tr>
<td>10</td>
<td>Abanek Clovis</td>
<td>University of Buea</td>
<td>Women and Gender Studies</td>
</tr>
<tr>
<td>11</td>
<td>Eposi Njuma</td>
<td>University of Buea</td>
<td>Women and Gender Studies</td>
</tr>
<tr>
<td>12</td>
<td>Sonkey Celine Mbuo</td>
<td>University of Buea</td>
<td>Women and Gender Studies</td>
</tr>
<tr>
<td>13</td>
<td>Nkwang Glen</td>
<td>University of Buea</td>
<td>Public Health</td>
</tr>
<tr>
<td>14</td>
<td>Kumbe Sharon</td>
<td>University of Buea</td>
<td>Public Health</td>
</tr>
<tr>
<td>15</td>
<td>Nformi Laura</td>
<td>University of Buea</td>
<td>Public Health</td>
</tr>
</tbody>
</table>

### A. Staffing (Permanent staff and Volunteers)
B. Staffing situation (Gender breakdown)

<table>
<thead>
<tr>
<th></th>
<th>Male</th>
<th>Female</th>
<th>Total</th>
</tr>
</thead>
<tbody>
<tr>
<td>Permanent Staff</td>
<td>14</td>
<td>18</td>
<td>32</td>
</tr>
<tr>
<td>Part Time Staff</td>
<td>17</td>
<td>23</td>
<td>40</td>
</tr>
<tr>
<td>Total</td>
<td>31</td>
<td>41</td>
<td>72</td>
</tr>
</tbody>
</table>
## B. REO Training Plan (In-House Training Workshops)

<table>
<thead>
<tr>
<th>Title of workshop</th>
<th>Key Topics</th>
<th>Audience</th>
<th>Tentative Date</th>
<th>Facilitator</th>
<th>Facilitator’s Position</th>
</tr>
</thead>
<tbody>
<tr>
<td>Anti-Corruption</td>
<td>Anti-Corruption Policy, Reporting Mechanisms, types of corruption and ethical dilemmas</td>
<td>All programmatic and finance staff in Head Office (At least 20)</td>
<td>5th January 2021</td>
<td>Marc Serna</td>
<td>Programs Officer</td>
</tr>
<tr>
<td>Protection Against Sexual Exploitation and Abuse</td>
<td>PSEA Policy, Reporting Mechanisms, types of PSEA</td>
<td>All programmatic and finance staff in Head Office (At least 20)</td>
<td>25th February 2021</td>
<td>Kimo Roland</td>
<td>PSEA Focal Point</td>
</tr>
<tr>
<td>Dissemination of Procedure Manual</td>
<td>Procedure for request of funds, procedure for procurement, communication chain</td>
<td>All project managers, HODs, and project accountants (at least 12)</td>
<td>19th January 2021</td>
<td>Awantoh Mark</td>
<td>Finance Officer</td>
</tr>
<tr>
<td>Capitalization and story Telling</td>
<td>Capturing stories and pictures, creating social media posts</td>
<td>All programmatic and finance staff in Head Office (At least 20)</td>
<td>11th February 2021</td>
<td>Nkengafack Eucharia</td>
<td>Communications Officer</td>
</tr>
<tr>
<td>Stock Management</td>
<td>Receiving, accounting, and dispatching stock, stock reconciliations</td>
<td>All programmatic and finance staff in Head Office (At least 20)</td>
<td>15th March 2021</td>
<td>Enow Solomon, Tijang Belinda</td>
<td>Head of Field Office – Meme Supply Chain Officer</td>
</tr>
<tr>
<td>Community Mobilization</td>
<td>Engaging Community members, participatory facilitation, sensitization techniques</td>
<td>All programmatic and finance staff in Head Office (At least 20)</td>
<td>15th April 2021</td>
<td>Merolyn Yong, Bibiche Modjenpa, Dr. Metuge</td>
<td>Heads of Department</td>
</tr>
<tr>
<td>Evidence-based impact and counterfactuals</td>
<td>Understanding counter-factual, QALY estimates, impact estimates</td>
<td>All programmatic and finance staff in Head Office (At least 20)</td>
<td>15th May 2021</td>
<td>Marc Serna</td>
<td>Programs Officer</td>
</tr>
<tr>
<td>SPHERE standards</td>
<td>SPHERE Standards per topic</td>
<td>All programmatic and finance staff in Head Office (At least 20)</td>
<td>15th June 2021</td>
<td>Marc Serna</td>
<td>Programs Officer</td>
</tr>
<tr>
<td>Management of Field Offices</td>
<td>Administrative duties of heads of office, programmatic duties, partnership management,</td>
<td>Heads of Office (5)</td>
<td>15th July 2021</td>
<td>Ngwa Elvis, Marc Serna</td>
<td>Assistant Executive Director Programs Officer</td>
</tr>
<tr>
<td>Title of workshop</td>
<td>Key Topics</td>
<td>Audience</td>
<td>Tentative Date</td>
<td>Facilitator</td>
<td>Facilitator’s Position</td>
</tr>
<tr>
<td>---------------------------------------</td>
<td>----------------------------------------------------------------</td>
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<td>------------------------</td>
</tr>
<tr>
<td>Peace building</td>
<td>Mediation and peace building</td>
<td>Management and programmatic staff (at least 30)</td>
<td>15&lt;sup&gt;th&lt;/sup&gt; August 2021</td>
<td>Omam Esther</td>
<td>Executive Director</td>
</tr>
<tr>
<td>Implementation of Learning Systems</td>
<td>Iterations, brief/debrief, capturing and acting on problems identified</td>
<td>Heads of Department, M&amp;E Officer, key project managers</td>
<td>15&lt;sup&gt;th&lt;/sup&gt; October 2021</td>
<td>Marc Serna</td>
<td>Programs Officer</td>
</tr>
<tr>
<td>Fundraising</td>
<td>Grant Seeking and Grant Writing</td>
<td>All programmatic and finance staff in Head Office (At least 20)</td>
<td>15&lt;sup&gt;th&lt;/sup&gt; September 2021</td>
<td>Marc Serna</td>
<td>Programs Officer</td>
</tr>
<tr>
<td>Cause Prioritization</td>
<td>Introduction to effective altruism and identification of priority causes</td>
<td>Management and programmatic staff (at least 30)</td>
<td>15&lt;sup&gt;th&lt;/sup&gt; October 2021</td>
<td>Marc Serna</td>
<td>Programs Officer</td>
</tr>
<tr>
<td>Human Resource Management and Leadership</td>
<td>Evaluating and motivating staff, and resolving conflict</td>
<td>Heads of Department, M&amp;E Officer, key project managers</td>
<td>15&lt;sup&gt;th&lt;/sup&gt; November 2021</td>
<td>Ngwa Elvis</td>
<td>Assistant Executive Director</td>
</tr>
<tr>
<td>Story Telling – Newsletter Development</td>
<td>Writing articles for a newsletter and capitalizing on projects</td>
<td>All programmatic and finance staff in Head Office (At least 20)</td>
<td>15&lt;sup&gt;th&lt;/sup&gt; December 2021</td>
<td>Nkengafack Eucharia</td>
<td>Communications Officer</td>
</tr>
</tbody>
</table>
C. Organizational Learning and Development of Staff through

<table>
<thead>
<tr>
<th>NAME OF STAFF</th>
<th>TITLE OF WORKSHOP</th>
<th>ORGANISER</th>
<th>SPONSOR</th>
<th>DATE OF WORKSHOP</th>
<th>VENUE</th>
<th>THEME OF WORKSHOP/RESULTS</th>
</tr>
</thead>
<tbody>
<tr>
<td>Omam Esther</td>
<td>Evaluation workshop of EU – Cooperation Cameroon</td>
<td>EU</td>
<td>EU</td>
<td>4th Feb 2014</td>
<td>Hilton Hotel</td>
<td>Her Excellency Mme Françoise Collet, EU Ambassador</td>
</tr>
<tr>
<td></td>
<td>Breaking the barriers of stereotypes</td>
<td>UB</td>
<td>NEF</td>
<td>7th Feb 2014</td>
<td>UB</td>
<td>Presented paper with many return questions</td>
</tr>
</tbody>
</table>
| Amabo Aaron Amabo | Round table discussion on early warning systems and coping mechanisms. | CHRDA     | German Embassy | 11/09/2020     | CHRDA Conference room  | Coping mechanism such as the following were identified;  
  - GBV mapping by defining safe and unsafe places for women, for example educating women on the type of places they should totally avoid, avoid when alone or avoid at specific hours of the day.  
  - Organising IDP’s into farming cooperatives and engaging them in the cultivation of short term crops.  
  - Education of people on non-verbal communication, to enable them identify behavioural changes within host communities towards IDP’s, so as to avoid conflict between IDP’s and host communities  
  - Also, taking into consideration the needs of host communities alongside those of the IDP’s so as to avoid resentment and strife.                                                                                                                                 |
<p>|               | Regional Ministry of                                             | 04/09/2020 | Regional |                 | Knowledge was acquired on carrying out                                                                                                                                                                                    |</p>
<table>
<thead>
<tr>
<th>NAME OF STAFF</th>
<th>TITLE OF WORKSHOP</th>
<th>ORGANISER</th>
<th>SPONSOR</th>
<th>DATE OF WORKSHOP</th>
<th>VENUE</th>
<th>THEME OF WORKSHOP/RESULTS</th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
<td>Psychological First Aid for Covid-19</td>
<td>Delegation for Public Health</td>
<td>Public Health</td>
<td></td>
<td>Delegation of Public Health</td>
<td>psychosocial first aid before and after testing, when results are positive, and when they are negative. Participants also acquired knowledge on how to announce the dearth of covid-19 patient to the family of the deceased.</td>
</tr>
<tr>
<td></td>
<td>Conflict Sensitivity and Do No Harm</td>
<td>CPHDA</td>
<td>US State department</td>
<td>15-25/09/2020</td>
<td>Virtual (Zoom)</td>
<td>Capacity building programing and implementing conflict sensitive programs. Capacity building on organising and implementing peace dialogues. With the knowledge gained from this training, REO organised a successful peace dialogue under the theme “Women Peace builders: Building Synergies”</td>
</tr>
<tr>
<td>Angyikai Lizette</td>
<td>Capacity building</td>
<td>Centre of Research and Innovation southwest Region</td>
<td>Centre of Research and Innovation southwest Region</td>
<td>2nd September</td>
<td>Buea</td>
<td>Production, Processing and Marketing of Mushroom</td>
</tr>
<tr>
<td></td>
<td>Active Citizenship</td>
<td>On est ensemble</td>
<td>French Embassy in Cameroon</td>
<td>8 &amp; 9 December</td>
<td>Douala</td>
<td>Community organising</td>
</tr>
<tr>
<td>Dr. Metuge Alain</td>
<td>Second semester Central Level Task Force Meeting</td>
<td>National Program For The Fight Against Malaria</td>
<td>Reach Out</td>
<td>14th to 17th December 2020</td>
<td>Ebolowa</td>
<td>National Community based health intervention strategic plan for 2021 to 2025</td>
</tr>
<tr>
<td></td>
<td>CSCC Monthly</td>
<td>Cameroon Civil Society Coalition</td>
<td>CAMNAFAW</td>
<td></td>
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<td></td>
</tr>
<tr>
<td>NAME OF STAFF</td>
<td>TITLE OF WORKSHOP</td>
<td>ORGANISER</td>
<td>SPONSOR</td>
<td>DATE OF WORKSHOP</td>
<td>VENUE</td>
<td>THEME OF WORKSHOP/RESULTS</td>
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<td>---------------------</td>
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<td>--------------------------</td>
<td>-----------------------------------------------------------------------------------------------------------------------------------------------------------</td>
</tr>
<tr>
<td>Levai Pensiga</td>
<td>Coordination and Evaluation and planning meeting</td>
<td>against AIDS,</td>
<td>UNICEF</td>
<td>6/11/2010</td>
<td>Pan African Institute for Developmen West Africa-Buea</td>
<td>Status, Evaluation, and recommendations for the Healthy Mboa platform</td>
</tr>
<tr>
<td>Wabila</td>
<td>against AIDS, Malaria, Tuberculosis and Hepatitis CSCC</td>
<td>UNICEF</td>
<td>UNICEF</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td></td>
<td>Training on child protection management</td>
<td>UNICEF</td>
<td>UNICEF</td>
<td></td>
<td></td>
<td>Skills on child protection management</td>
</tr>
<tr>
<td></td>
<td>Training on Psychological First Aid in the context of</td>
<td>RDPH</td>
<td>MINSANTA</td>
<td></td>
<td>RDPH</td>
<td>Skills on Psychological First Aid</td>
</tr>
<tr>
<td></td>
<td>COVID-19</td>
<td>RDPH</td>
<td>MINSANTA</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Nkongho Christy Ayuk</td>
<td>General protection child protection and Gender Based Violence</td>
<td>INTERSOS</td>
<td>UNHCR</td>
<td>24-25/11/2020</td>
<td>Mariton hotel Buea</td>
<td>How to provide PSYCHO-social support, case management, identification of child protection issues, how to manage survivors and the important of having a referral pathway</td>
</tr>
<tr>
<td></td>
<td>Training of women leaders on gender in policy making</td>
<td>Women Democracy</td>
<td>Women Democracy</td>
<td>24-25/09/2020</td>
<td>Genesis Hotel Limbe</td>
<td>Participants gained knowledge on gender and how gender norms, gender roles and power imbalance impact policy making processes. How to identify gender gaps in policy making processes Importance of gender inclusion in policy making processes</td>
</tr>
<tr>
<td></td>
<td>Training on regional data</td>
<td>Friedrich Ebert</td>
<td>Friedrich</td>
<td>17/02/2020</td>
<td>Douala</td>
<td>Data collection on vulnerable population in</td>
</tr>
<tr>
<td>NAME OF STAFF</td>
<td>TITLE OF WORKSHOP</td>
<td>ORGANISER</td>
<td>SPONSOR</td>
<td>DATE OF WORKSHOP</td>
<td>VENUE</td>
<td>THEME OF WORKSHOP/RESULTS</td>
</tr>
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<td>--------------------------</td>
</tr>
<tr>
<td>collectors</td>
<td></td>
<td>Ebert</td>
<td></td>
<td></td>
<td></td>
<td>conflict affected areas of the South West Region</td>
</tr>
<tr>
<td>Validation of research findings</td>
<td>Women International league for Peace and Freedom Cameroon</td>
<td>Women International league for Peace and Freedom Cameroon</td>
<td>28/10/2020</td>
<td>British High Commissioner Resident Yaoundé</td>
<td>Participants exchanged ideas on how the book could be disseminated for public consumption</td>
<td></td>
</tr>
<tr>
<td>YONG MEROLYN YAFE</td>
<td>Improved Communication for local councils Training</td>
<td>GIZ-PROMUD</td>
<td>GIZ</td>
<td>August</td>
<td>Limbe – Botanic Gardens</td>
<td>Train local councils within Tiko, Limbe and Idenau on improved communication strategies</td>
</tr>
<tr>
<td>GBV Case Management</td>
<td>UNFPA</td>
<td>UNFPA</td>
<td>July</td>
<td>Buea</td>
<td>Improve organisational capacities on CM</td>
<td></td>
</tr>
<tr>
<td>GBV information Management</td>
<td>UNFPA</td>
<td>UNFPA</td>
<td>September</td>
<td>Buea</td>
<td>Coordinate information management amongst organisations providing GBV services</td>
<td></td>
</tr>
<tr>
<td>EU training and technical and financial procedures</td>
<td>EU</td>
<td>EU</td>
<td>April</td>
<td>Online</td>
<td>Strengthen capacity for organisation implementing EU projects</td>
<td></td>
</tr>
<tr>
<td>Training of Human Rights Defenders</td>
<td>CHRDA</td>
<td>Friedrich Ebert Stiftung Foundation</td>
<td>EU</td>
<td>Online</td>
<td>Capacity building for Human rights defenders.</td>
<td></td>
</tr>
<tr>
<td>Nkengafack Eucharia</td>
<td>Introduction of the Men Engage Alliance</td>
<td>Men Engage and Women</td>
<td>Women International</td>
<td>21/10/2020</td>
<td>Minader Bonanje</td>
<td>Participants gained knowledge on the background of men engage, its partners,</td>
</tr>
<tr>
<td>NAME OF STAFF</td>
<td>TITLE OF WORKSHOP</td>
<td>ORGANISER</td>
<td>SPONSOR</td>
<td>DATE OF WORKSHOP</td>
<td>VENUE</td>
<td>THEME OF WORKSHOP/RESULTS</td>
</tr>
<tr>
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<td>--------------------------</td>
</tr>
<tr>
<td>Cameroon</td>
<td>Training on regional data collectors</td>
<td>Friedrich Ebert</td>
<td>Friedrich Ebert</td>
<td>17/02/2020</td>
<td>Douala Valve le Prince</td>
<td>Data collection on vulnerable population in conflict affected areas of the South West Region</td>
</tr>
<tr>
<td></td>
<td>Gender Conflict Analysis Report Validation Workshop</td>
<td>Women International League for Peace and Freedom (WILPF)</td>
<td>WILPF</td>
<td>4-03-2020</td>
<td>British Residence-Bastos Yde</td>
<td>Presentation of Video on the Report -Criticism of the report and recommendation from participants</td>
</tr>
<tr>
<td>SHIWOMEH DESMOND NDRE</td>
<td>Forum on Community Organizing</td>
<td>On est Ensemble Douala</td>
<td>French Embassy in Cameroon</td>
<td>8 and 9th of December 2020</td>
<td>CHODAS CARITAS Douala</td>
<td>Rethinking active citizenship in Cameroon</td>
</tr>
<tr>
<td></td>
<td>Market Based programing for WASH in Emergency Situations</td>
<td>AGORA UNICEF</td>
<td>UNICEF</td>
<td>September to November</td>
<td>Online AGORA platform</td>
<td>Improved WASH intervention through Cash and Voucher intervention</td>
</tr>
<tr>
<td>Roland Kimo Wirsiy</td>
<td>Training workshop for data collectors.</td>
<td>Friedrich Herbert Foundation</td>
<td>Friedrich Herbert Foundation</td>
<td>17/02/2020</td>
<td>Hotel Valee des Princes</td>
<td>Data collection on vulnerable populations in conflict affected areas of the SWR</td>
</tr>
<tr>
<td></td>
<td>Training on Psychological</td>
<td>RDPH</td>
<td>MINSANTE</td>
<td>4/09/2020</td>
<td>RDPH</td>
<td>Skills on psychological first aid and case</td>
</tr>
<tr>
<td>NAME OF STAFF</td>
<td>TITLE OF WORKSHOP</td>
<td>ORGANISER</td>
<td>SPONSOR</td>
<td>DATE OF WORKSHOP</td>
<td>VENUE</td>
<td>THEME OF WORKSHOP/RESULTS</td>
</tr>
<tr>
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<td>--------------------------</td>
</tr>
<tr>
<td></td>
<td>First Aid in the context of COVID-19</td>
<td></td>
<td></td>
<td></td>
<td></td>
<td>management on covid Acquired.</td>
</tr>
<tr>
<td></td>
<td>Workshop to present studies on illicit financial flows and fair tax monitoring in Cameroon</td>
<td>CRADEC</td>
<td>EU</td>
<td>30/09/2020</td>
<td>Djeuga Palace Hotel Yaounde</td>
<td>Presentation of report and discussions on preparations for the Citizen’s Dialogue.</td>
</tr>
<tr>
<td></td>
<td>Workshop on the presentation of the study on the access of civil status registration services in PAMEC partner municipalities.</td>
<td>GIZ/PAMEC</td>
<td>GIZ</td>
<td>27/10/2020</td>
<td>Foyer Du Marin Hotel Akwa</td>
<td>Restitution of findings of the study and issues related to work with civil status registration raised and proposals made.</td>
</tr>
</tbody>
</table>
D. Financial Review

(Upon request by the quarters that be)