

# REACH OUT CAMEROON



## 2024 ANNUAL REPORT

## Forward

### Resilience, Impact, and Hope: Reflecting on 2024

As the curtain draws on 2024, we are reminded of the key actions that have defined our work: Humanitarian Action, Peacebuilding, and Mediation. These three focus areas have guided our efforts, fueled our resilience, and enabled us to stand tall in the face of challenges.

#### Humanitarian Action: Reaching the Most Vulnerable

Our mobile health clinics reached some of the most remote parts of the regions we serve, ensuring that even the most underserved communities received essential healthcare. Through community health strengthening programs and targeted health research, we addressed critical needs and empowered communities to take ownership of their health.

Our Mobile Peace and GBV Clinics provided holistic support to survivors of conflict and gender-based violence, offering a lifeline to those most in need. Our Economic Security Program empowered vulnerable beneficiaries including internal displaced persons and persons with disabilities with livelihood skills and start-up capital, enabling them to rebuild their lives and contribute to their communities.

In 2024, Reach Out Cameroon reached a total of 2,845,047 people (1,462,794 females and 1,382,253 males) through its operating arms across 5 regions, in 22 divisions and 70 sub-divisions in Cameroon.

#### Peacebuilding and Mediation: A Year of Milestones

Our commitment to fostering dialogue and reconciliation was exemplified through the Peace Tables, which culminated in the National Peace Table and the inaugural National Women, Peace, and Security Fair. This groundbreaking event brought together participants from all 10 regions of the country, fostering unity and collaboration on an unprecedented scale.

Our Women and Girls Safe Spaces in Buea, Mamfe, Tombel, and Nkambe became sanctuaries of hope, providing shelter and psychological support to survivors GBV who have since reintegrated into their communities or started new lives elsewhere. Recognizing the importance of investing in the future, we also expanded peace education programs in schools, nurturing a younger generation committed to harmony and coexistence.

#### Our Backbone: People and Partnerships

The unwavering resilience of our staff and the steadfast support of our Board of Directors have been instrumental in sustaining our efforts. We extend heartfelt gratitude to our partners, whose collaboration and trust have strengthened our impact. This year, the recognition we received through various awards affirmed the value of our work and encouraged us to strive even harder.

### **Challenges: Strength Amidst Adversity**

Like any transformative journey, 2024 was not without challenges. Security concerns in the conflict-affected North West and South West regions remain a pressing issue, while the remoteness of certain communities continues to hinder access. The ever-increasing number of beneficiaries, coupled with limited resources, tested our resolve.

On the 6<sup>th</sup> December, 2024, a three months suspension of Reach Out Cameroon activities nationwide by the Ministry of Territorial Administration deeply affected our organization, our funders, implementing partners and the communities we serve. Yet, in the face of these challenging times, our hope remains unshaken.

### **2025: A Generation of Impact.**

Created in 1995, the year 2025 will mark a significant milestone in the history of Reach Out Cameroon. We will be celebrating 30 years of hard work, resilience, failures, successes and a generation of impact. We know 2025 will bring renewed strength, progress, and unity. As we move forward, we draw strength from the unwavering support of all who stood by us in 2024. Together, we will continue to work tirelessly to build a future of peace, development, and dignity for all. We stand ready to reengage our activities and this time covering all 10 regions of Cameroon with equitable, inclusive and transformative localization and community-centered healthcare, human rights and economic security programs.

Thank you for journeying with us. Your solidarity has been our greatest source of strength.

"Together, we stand resilient. Together, we build hope, making the world a better place for all."

Happy New Year 2025.

***Esther Njomo Omam.***

***Executive Director***

***Reach Out Cameroon***

## EXECUTIVE SUMMARY

Reach Out Cameroon is a women-led national non-governmental organization in Cameroon devoted to improving the lives of the most vulnerable through community-centered approaches and advocacy since its inception in December 1996. ROC received its legal status as an Association in 2000 and in August 2020, ROC became an authorized Non-Governmental Organization under the regulation of the Ministry of Territorial Administration. The organization is governed by a Board of Directors and strategically led by the Executive Director supported by two Deputy Executive Directors. The Executive Directors (3), Programs Director (1), Chief Finance Officer (1), and Heads of Departments (7) make up the ROC Senior Management Team.

In January 2024, the Senior Management Team met to develop the 2024-2027 Strategic Plan which was later validated by the BOD. This report outlines ROC's performance and progress towards attaining the strategic objectives outlined in the 2024-2027 Strategic Plan.

In 2024, ROC reached a total of 2,845,047 people (1,462,794 females and 1,382,253 males) through its operating arms across 5 regions, in 22 divisions and 70 sub-divisions in Cameroon (Figure 1). This marks a significant 135% increase compared to 2023 (1,207,505). In 2024, the health department reached a total of 2,356,149 persons (1,270,090 males and 1,329,059 females) in 50 health districts in the Northwest, Southwest, North and Littoral regions with primary healthcare services and strengthening community health systems in place. This marks a significant 106.8% increase from the people reached in 2023 (1,139,218). The human rights and governance department on the other hand, reached a total of 244,037 persons (132,656 females and 111,381 males) in 47 sub-divisions of the Northwest, Southwest, West and Littoral regions (Figure 6) implementing activities promoting peacebuilding and women's, children and youth's rights. This marks a significant 200% increase from the people reached in 2023 (66,591). Meanwhile the Economic Security department reached a total of 1,861 persons (1,079 females and 782 males) in its efforts to improve the household incomes and livelihood of marginalized and vulnerable individuals through poverty graduation, livelihood and climate smart agriculture in 15 communities in the Northwest and Southwest regions of Cameroon. This marks a 9% increase compared to 2023 (1,696 people).

Key milestones in 2024 included resource mobilization and expansion of the organization's coverage in all 10 regions of Cameroon through the USAID funded CHESS project and also securing a 4 years project with TAKEDA Pharmaceutical Company Limited for women's SRHR in Cameroon, North Eastern Nigeria and South Kivu Region in Democratic Republic of Congo (DRC). Meanwhile, the major challenge faced in 2024 was the Ministry of Territorial Administration Decision No. 000120/A/MINAT of 06 December 2024, suspending all Reach Out Cameroon activities across the national territory for (3) three months.

## TABLE OF CONTENTS

<b>Forward</b> .....	2
<b>EXECUTIVE SUMMARY</b> .....	4
<b>LIST OF FIGURES</b> .....	6
1.1 Organizational background and structure .....	7
1.2 Organization vision, mission and values .....	8
1.2.1 VISION .....	8
1.2.2 MISSION .....	8
1.2.3 OUR VALUES.....	8
<b>2.0 STRATEGIC PERFORMANCE SUMMARY</b> .....	9
2.1 2024 PROJECTS AND PARTNERS.....	9
2.2 ORGANIZATIONAL REACH AND COVERAGE .....	12
2.2 FINANCES.....	12
2.3. Staff Capacity .....	12
<b>3.0 PERFORMANCE ON STRATEGIC OUTCOMES</b> .....	13
3.1 HEALTH DEPARTMENT .....	13
3.1.1 Health Care Governance pillar Outcomes.....	13
3.1.2 Technology and information pillar outcomes.....	14
3.1.2 Health service delivery pillar outcomes.....	14
3.2 human rights and governance departments .....	17
3.2.1 HUMAN RIGHTS PILLAR OUTCOMES.....	18
3.2.2 GOVERNANCE.....	19
3.2.3 Peace Building .....	19
<b>3.3 ECONOMIC SECURITY DEPARTMENT</b> .....	20
<b>4.0 INSIGHTS</b> .....	21
4.1 key successes in 2024 .....	21
4.2 KEY OPPURTUNITIES.....	21
4.3 Challenges.....	21
<b>5. KEY RESULTS ACHIEVED</b> .....	22
5.1. HEALTH DEPARTMENT .....	22
5.2. HUMAN RIGHTS AND GOVERNANCE DEPARTMENT.....	32
5.3. ECONOMIC SECURITY DEPARTMENT .....	47
<b>See Our Works</b> .....	63
<b>OUR PARTNERS</b> .....	64

## LIST OF TABLES

Table 1: 2024 Projects and Partners .....	9
Table 2: Public health concerns and health services provided in 2024 .....	16

## LIST OF FIGURES

Figure 1: Total number of people reached by ROC in 2024.....	12
Figure 2: Comparison of Health Department's reach in 2023 and 2024 .....	12
Figure 3: Health Department's Reach in 2024 .....	13
Figure 4: Comparison of Health Department's reach in 2023 and 2024 .....	13
Figure 5: Disease Surveillance Outputs.....	14
Figure 6: Age proportion of people who benefitted from health services.....	15
Figure 7: Persons reached with different health care interventions by the health department .....	15
Figure 8: Sex Distribution of Persons reached by HRG Department .....	18
Figure 9: Comparison of Persons reached by HRG Department since 2023 .....	18
Figure 10: Proportion of Survivors Supported by the HRG department .....	18
Figure 11: Total number of people reached in 2024 .....	20
Figure 12: ES Reach in 2023 and 2024 .....	20
Figure 13: Taking primary health care supplies to hard-to-reach populations .....	22
Figure 14: Training of Community Health Workers North Region.....	23
Figure 15: Mobile Clinic Outreach in Njikwa.....	24
Figure 16: Training of Community Health Volunteers .....	26
Figure 17: Training of Community Health Workers Mbengwi Health District.....	28
Figure 18: Visit at Mama Sakoshi, a South Kivu disability women group in DRC specialized in the production of reusable pads.....	31
Figure 19: H.E. Canadian High Commissioner speaks at the first ever National Peace Tables Event in Yaoundé .....	32
Figure 20: Community based counsellors carrying out comprehensive sexuality education in schools .....	33
Figure 21: Group picture at the National Peace Table in Yaoundé .....	36
Figure 22: Protection Monitoring by ROC and DRC Program Assistants .....	38
Figure 23: MAMFE Traditional Council taking commitment to end GBV .....	39
Figure 24: Students of Biaka University Buea, join ROC in saying no to Hate Speech and Xenophobia .....	42
Figure 25: Key Informant Interview with the CDO of Idenua Council on operation of Civil Status Platform .....	43
Figure 26: Training of Youth Activists .....	45
Figure 27: ROC hands over food items to vulnerable IDPs in Ndian SWR .....	47
Figure 28: Provision of a meal a day to primary school pupils .....	48
Figure 29: Educational Materials assembled for distribution to schools .....	49
Figure 30: Students receive donations of uniforms, bags and books.....	50
Figure 31: ADDAX Petroleum officials offer words of encouragement to vocational trainee at OIC Buea .....	51
Figure 32: Mudeka female team ready to kick off the sports 4 peace match .....	52
Figure 33: The female teams in Bamendakwe play for peace .....	53
Figure 34: Economic Empowerment of Unique Sisters Mudeka .....	54
Figure 35: Esther Njomo extends warm handshakes to female team in Mudeka.....	54
Figure 36: Visit of IED Victims at Nkambe hospital by ROC Psychologist .....	57
Figure 37: Group Counselling with victims and families of victims of Nkambe IED Incident .....	60

## OVERVIEW

### 1.1 Organizational background and structure

Reach Out Cameroon (ROC) is a women-led national non-governmental organization in Cameroon devoted to improving the lives of the most vulnerable through community-centered approaches and advocacy since its inception in December 1996. ROC received its legal status as an Association in 2000 and in August 2020, ROC became an authorized Non-Governmental Organization under the regulation of the Ministry of Territorial Administration. The organization's vision and values have been adopted by its over 90 staff members, including volunteers implementing activities across the national territory through its three main operating arms, namely, Health, Human Rights & Governance and the Economic Security departments. Reach Out Cameroon strives to bring the best impact to communities and regions in Cameroon and the rest of the world from its Headquarters in the Southwest Region of Cameroon.

The organization is governed by a competent board and strategically led by the Executive Director supported by two Assistant Executive Directors. The Executive Directors (3), Programs Director (1), Chief Finance Officer (1), Heads of Departments (7) and Key positions (7) make up the ROC Management Team. Heads of Departments supported by Assistants, lead and support Project Teams or Technical Teams and Volunteers to realize set objectives. As is the organizational culture, in 2024 ROC successfully capacitated Volunteers and Interns through unique professional development training provided in every department.

Structurally, ROC is organized into three departments aimed at realizing key strategic outcomes. At the beginning of 2024, the organizational structure was reviewed to support and accommodate organizational growth. In addition to the project-based departments through which ROC strives to realize its vision - Health, Human Rights/Governance and Economic Security Departments; enabling departments were incorporated into the organizational structure namely, Finance, Human Resource, Communications, Safety and Security and MEAL Departments.

In January 2024, ROC adopted a new 2024-2027 Strategic Plan. This report outlines ROC's performance and progress towards attaining outlined strategic objectives reflected in its Strategic Vision Board (Annex 2).

## 1.2 Organization vision, mission and values

### 1.2.1 VISION

Our vision is to contribute to a world where ***“Marginalized Groups are socio-economically and politically empowered in a supportive policy environment.”***

### 1.2.2 MISSION

**Reach Out Cameroon is a Women-led Organization that supports marginalized women, youths, children and other vulnerable groups on health, human rights and governance and economic security using a community centered approach and advocacy.**

### 1.2.3 OUR VALUES

ROC prioritizes the values of ***“Accountability, Commitment, Transparency and Sustainability”*** encapsulated in these statements;

- ✓ Accountability- Reach Out Cameroon is Accountable and demonstrates Accountability to our donors, beneficiaries and ourselves.
- ✓ Commitment – Reach Out Cameroon nurtures a culture of service to donors and beneficiaries.
- ✓ Transparency – Reach Out Cameroon fights corruption and concealment every day.
- ✓ Sustainability – Reach Out Cameroon seeks evidence of life-changing impact.



## 2.0 STRATEGIC PERFORMANCE SUMMARY

### 2.1 2024 PROJECTS AND PARTNERS

In 2024, ROC implemented 17 projects across 6 regions in Cameroon facilitated by 14 donors and collaborated with over 75 funding and implementing partners in 2024 (Table 1) to fulfil her vision. Capitalizing on “Strategic Alignment as stated in the Strategic Plan this report demonstrates ROC’s accountability to itself by demonstrating how “Project and Resources at ROC’s disposal in collaboration with Partners facilitate the realization of a world where “Marginalized ***Groups are socio-economically and politically empowered in a supportive policy environment.***” In other words, this report captures ROC’s performance on strategic outcomes from projects, collaborations and actions of enabling departments.

*Table 1: 2024 Projects and Partners*

Department	Project Title	Funder	Partners	Implementing Period within 2024	Implementing Regions	Status
HEALTH	Systems to End Malaria Burden through Meaningful Engagement (SEMBE II)	USAID	JHPIEGO (Prime)	March to December	North	Ongoing
	Community Dispensation of ARV	RTG SWR	NACC,	January - December	Southwest	Ongoing
	Strengthening Access to Maternal and Neonatal Infant/Child Healthcare services	Medecins du Monde	N/A	August-December	Northwest	Closed
	GC7 Scaling Up Malaria for High Impact	Global Fund	MINSANTE	January - December	Northwest and Southwest	Ongoing
	Breaking Barriers In Access To Effective Malaria Treatment Among Conflict-Affected communities Of The South-West And Littoral Regions	Expertise France	Malaria Consortium, KASAFRO	January to October	Northwest, Southwest, West, Littoral	Closed

	Increasing Access to Quality Sexual and Reproductive Health including menstrual hygiene and Psychosocial Support Services for extremely hard to reach and conflict affected communities in Cameroon, Nigeria, and DR Congo	Takeda Pharmaceutical Company LTD	HERWA in Nigeria FOPAK SK in DR Congo	November 2024 to December 2028	Cameroon, Nigeria and DR Congo	Ongoing
<b>HUMAN RIGHTS AND GOVERNANCE</b>	Men Engaged: Transforming Mindsets against Toxic Masculinity and GBV and Building Community Based Champions for women's SRHR	AmplifyChange	16 Men Engaged Network Members	January-December	Northwest, Southwest, West, Littoral	Ongoing
	Peace Tables: Promoting WPS through a Culture of Peace and Social Cohesion in Cameroon	Global Affairs Canada	MINPROFF MINAS	January to June	Northwest, Southwest, West, Littoral	Closed
	Integrated Emergency and Post Emergency Assistance for Crisis Affected Communities in the Southwest Region of Cameroon	United States Agency for International Development	7 Media houses and community-based organizations	July to December	Southwest	Ongoing
	The 8 <sup>th</sup> Country Program Output 4: Gender and Social Norm	UNFPA	MINPROF	May to December	Northwest and Southwest	Closed
	New National Campaign for the Fight Against Hate Speech and Xenophobia	National Commission for Promotion of	N/A	January to May	Southwest	Closed

		Bilingualism and Multiculturalism				
	Monitoring the Quality of Civil Status Services (Watchdog/Citizen Monitoring)	GIZ		January to May	Southwest	Closed
	Youths Decide: “Fostering Youth Civic Engagement and Participation in Political Processes in Conflict-Affected Communities of the Northwest and Southwest Regions	United States of America Embassy in Cameroon	16 CSO Organizations	January to May	Southwest	Closed
<b>ECONOMIC SECURITY</b>	Educational Support Project, Food Items Donation to IDPs and Vocational Training for Mundemba and Ekondo-titi	ADDAX Petroleum	N/A	January to December	Southwest	Ongoing
	Promoting Diversity and Pluralism in Conflict affected Communities in the Southwest and Northwest Region of Cameroon	Global Center for Pluralism	N/A	June to December	Southwest and Northwest	Closed
	Sustainable Livelihood Project	Reach Out NGO, Cameroon	N/A	January to December	Southwest	Ongoing
	Support to victims of EID explosion in Nkambe	Reach Out NGO, Cameroon	N/A	February to May	Northwest	Ongoing
	Humanitarian Assistance through Cash Transfers	Reach Out NGO, Cameroon	N/A	June-July	Southwest	Ongoing

## 2.2 ORGANIZATIONAL REACH AND COVERAGE

In 2024, ROC reached a total of 2,845,047 people (1,462,794 females and 1,382,253 males) through its operating arms in 5 regions, 22 sub-divisions and 70 divisions in Cameroon (Figure 1). This marks a significant 135% increased reach compared to 2023 (1,207,505). This percentage highlights the growth and expansion of ROC in 2024 (Figure 2).

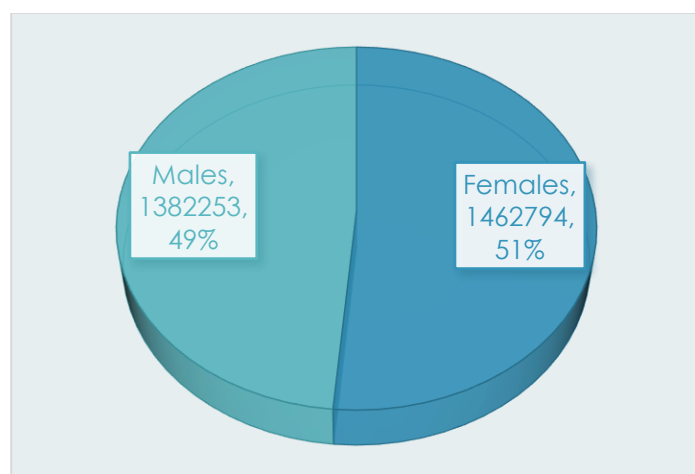


Figure 1: Total number of people reached by ROC in 2024

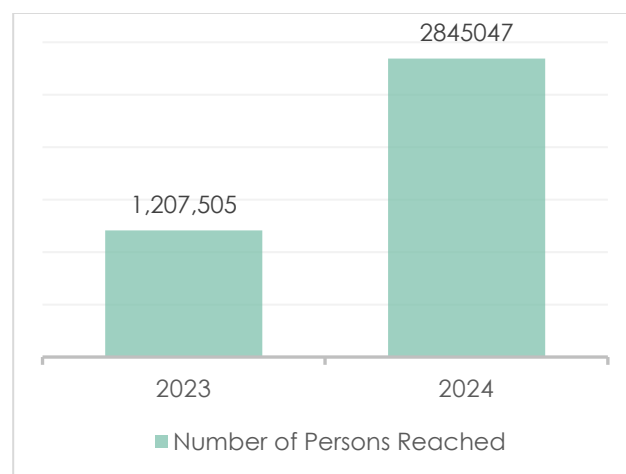


Figure 2: Comparison of Health Department's reach in 2023 and 2024

## 2.2 FINANCES

The total income received in 2024 stood at **4,728,823,685 XAF**. This represented an absolute increase of **1,681,641,138 XAF** compared to the 2023 figure of **3,047,182,547 XAF**. This **55%** increase in income was largely due to increased resource mobilization efforts that led to the securing of multi-year projects with esteemed donors such as USAID through Jhpiego, TAKEDA and the Global Fund as the sub-recipient under the Ministry of Public Health.

## 2.3. Staff Capacity

The operations of the organization are supported by 76 permanent staff, and 28 volunteers. Also, through the Global Fund and SEMBE II projects we pay 2,924 Community Health Workers in the North West, South West and North regions of Cameroon.

### 3.0 PERFORMANCE ON STRATEGIC OUTCOMES

#### 3.1 HEALTH DEPARTMENT

In 2024, the health department reached a total of 2,356,149 persons (1,270,090 males and 1,329,059 females) in 50 health districts in the Northwest, Southwest, North and Littoral regions in efforts to ensure continuous provision of primary healthcare services and strengthened community health systems in place (Figure 3). This marks a significant 106.8% increase from the people reached in 2023 (1,139,218), demonstrated growth and an increase in resources mobilized by the department (Figure 4).

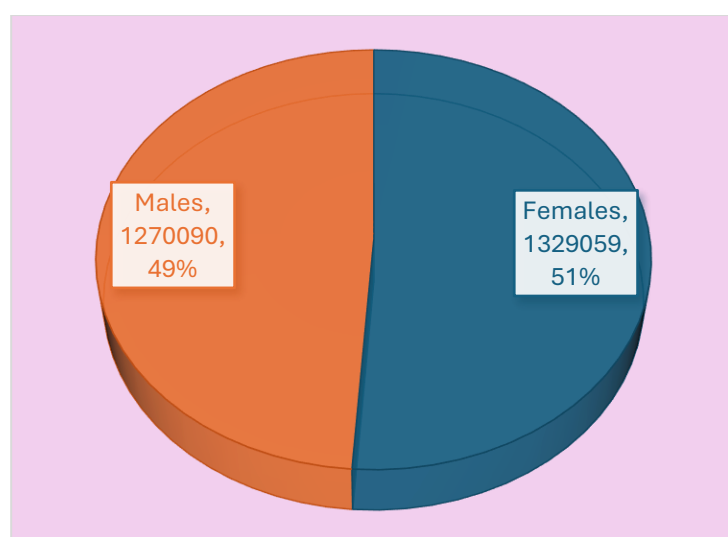


Figure 3: Health Department's Reach in 2024

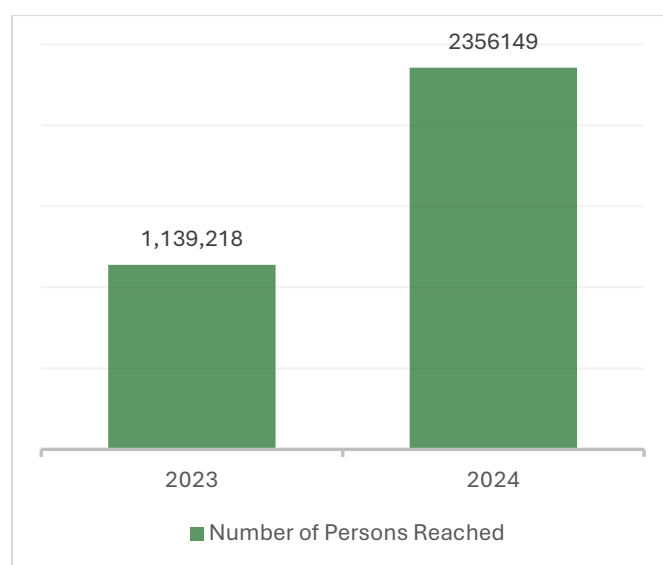


Figure 4: Comparison of Health Department's reach in 2023 and 2024

##### 3.1.1 Health Care Governance pillar Outcomes

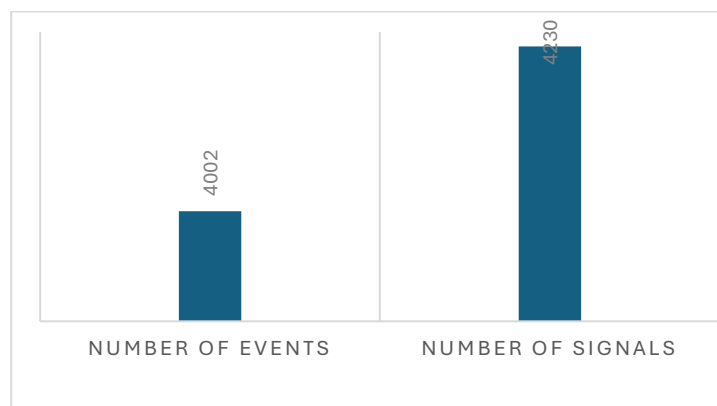
In the HD's efforts to foster sustainable and inclusive health policies, health system accountability and strengthening health governance at all levels of the health pyramid in Cameroon the following key outcomes were achieved in 2024.

- ✓ Contributed to the development of 13 national health policy documents.
- ✓ Published 8 peer-reviewed articles and conference abstracts.
- ✓ Strengthening the capacity of 108 staff from 36 Civil Society Organizations with 108 staff

- ✓ Strengthened the capacity of 3,108 frontline community health actors.
- ✓ Provided onsite training and supportive supervision to 2,990 healthcare workers in 50 health districts.

### 3.1.2 Technology and information pillar outcomes

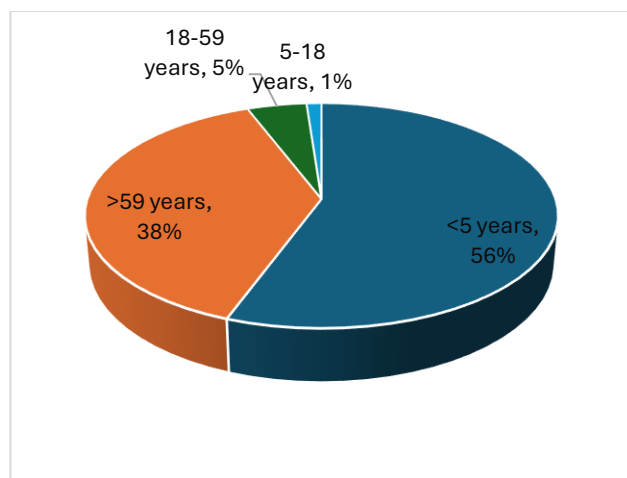
In 2024, the established network of 3,108 community health workers detected 4,230 signals later translated to 4,002 events of public health concern demonstrating a 94.6% degree of accuracy (Figure 5). Also in 2024, Standard MEAL systems were developed for GC-7, Sembe and MDM.



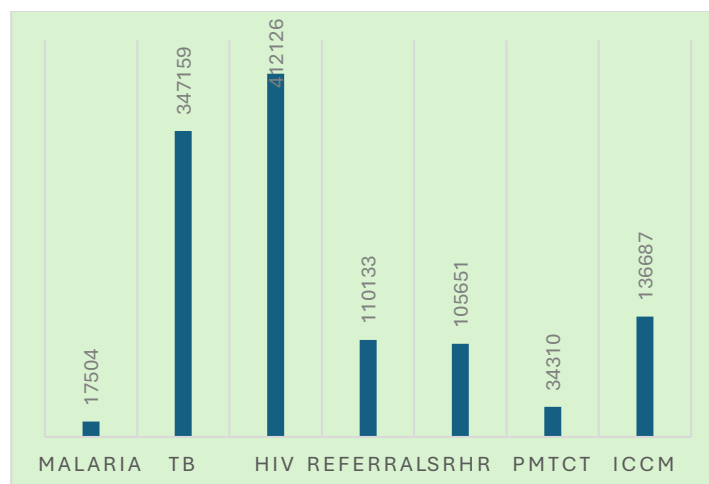
*Figure 5: Disease Surveillance Outputs*

### 3.1.2 Health service delivery pillar outcomes

As earlier highlighted, the HD reached 1,758,011 persons (983,417 males and 774,594 females) in 2024 with a significant majority of those reached children <5 years and the elderly >59 years (Figure 6). In 2024, the HD provided appropriate health services to people relating to the control of Malaria, TB, HIV, PMTCT, ICCM , Referral and SRHR services (Figure 6). A summary of services provided in each thematic area is captured in table 2 below.



*Figure 6: Age proportion of people who benefitted from health services*



*Figure 7: Persons reached with different health care interventions by the health department*

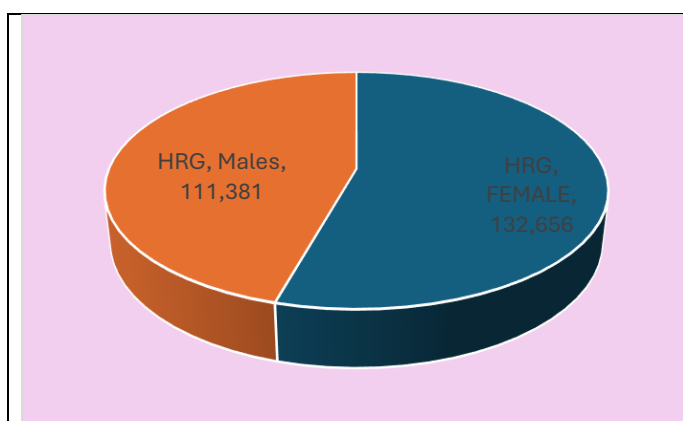
Table 2: Public health concerns and health services provided in 2024

Strategy	Strategic Indicator	Theme	Summing of Frequency
Case Management	Number of new cases identified (suspected and not tested yet)	Malaria	140,101
		TB/HIV	43
		Tuberculosis	443
		Sub-Total	140,587
	Number of people receiving treatment	ARI	23,997
		Diarrhea	48,965
		Malaria	56,619
		Nutrition	61,771
		Tuberculosis	519
		Sub-Total	191,871
	Number of persons tested	Malaria	68,100
		TB/HIV	1,779
		Tuberculosis	9,524
		HIV	1,176
Sub-Total		80,579	
Case Management Total			413,037
Health promotion	Number of people lost to follow-up and recovered	Tuberculosis	61
	Number of people recovered from LFTU	HIV	313
	Number of people are sensitized to positive health seeking attitudes	CDI	2,356,149
Health promotion Total			2,356,523
Prevention and Control	Number of people linked to health facility services	All Referrals	110,113
		Sub-Total	110,113
	Number of people screened for a disease	Malaria	68,100
		TB/HIV	1,779
		TB	9,524
		HBP	893
		Diabetes	531
		Sub-Total	80,827
	Prevention and Control Total		

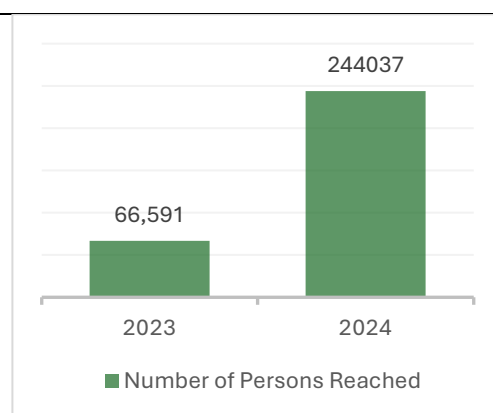


### 3.2 human rights and governance departments

In 2024, the human rights and governance department reached a total of 244,037 persons (132,656 females and 111,381 females) in 47 sub-divisions of the Northwest, Southwest, West and Littoral regions (Figure 8) while implementing activities that promote women's, children and youth's rights. This marks a significant 200% increase from the people reached in 2023 (66,591), a key growth marker (Figure 9). The department equally collaborated with 125 CSO partners from which at least 1 staff member in each organization was formally trained in about 40 workshops hosted by the department.



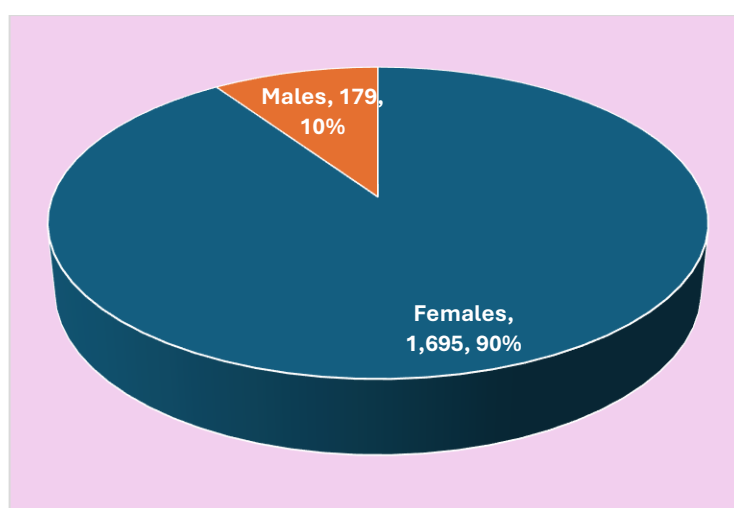
*Figure 8: Sex Distribution of Persons reached by HRG Department*



*Figure 9: Comparison of Persons reached by HRG Department since 2023*

### 3.2.1 HUMAN RIGHTS PILLAR OUTCOMES

The entire population of people reached by the department received key messages on the preventions, mitigation and appropriate responses to human rights violations. In addition, a total of 1,695 survivors were supported with appropriate case management services (1,516 females and 179 males) as demonstrated in Figure 10.



*Figure 10: Proportion of Survivors Supported by the HRG department*

At least 2,843 community leaders engaged in project sensitization activities to promote prevention, mitigation and response to human rights violations assisted actors by serving as monitors and reporters of violations and referred survivors to competent service providers.

Monitoring and reporting systems established in 2024 recorded a total of 2,908 GBV incidents were reported and at least 26,698 persons were identified lacking Birth Certificates.

### 3.2.2 GOVERNANCE

The Watchdog project was the only Governance pillar project implemented in 2024. The project identified through informant surveys and FGDs aspects to improve the quality of delivery of Civil Registry services in 8 Municipal Councils in the Southwest region in Cameroon namely;

- ✓ Implement user-friendly complaint mechanisms: through Hotlines, clear signage and information on complaint mechanisms.
- ✓ Customized Payment Options for Marriage and death certificates.
- ✓ Infrastructural Accessibility Modifications addressed to FEICOM.
- ✓ Designated staff are specifically trained to assist people with disabilities in completing forms and navigating the service process.
- ✓ Delegate representatives from the PWD community to assist others in procuring necessary documents and navigating council procedures (case of Tiko council)

### 3.2.3 Peace Building

In 2024 the Reinforcement of women's participation in peacebuilding, negotiation and mediation at community, regional and national levels through the National Peace Table Events and Open Day Fora executed in the GAC project was a reality leading to the following key outcomes;

- i. Successfully engaged divisional, regional and national level stakeholders, women/girls, IDPs, persons with diverse disabilities and minority groups (Muslims) to address issues on social cohesion, peacebuilding and human rights violations.
- ii. Identified solutions to social cohesion issues such as the integration of IDPs and risk of GBV and SEA for IDP women/girls in host communities.
- iii. The establishment of the 30-point commitment charter and advocacy to national stakeholders to translate discussions into concrete actions. Stakeholders involved were Minister of Women's Empowerment and the Promotion of the Family, Minister of Culture, Secretary General at the Ministry of Defence in Charge of the National Gendarmerie and Gender Desk, Gender Desk Coordinator at National Security, Representatives of Regional

Assembly Presidents of the Northwest, Southwest, West and Littoral regions, Public Independent Conciliators for the Northwest and Southwest

### 3.3 ECONOMIC SECURITY DEPARTMENT

In 2024, the Economic Security department reached a 1, 861 persons (1,079 females and 782 males) in its efforts to improve the household incomes and livelihood marginalized and vulnerable individuals through poverty graduation, livelihood and climate smart agriculture in 15 communities in the Northwest and Southwest regions of Cameroon (Figure 11). This marks a 9% increase compared to 2023 (1696 people) as demonstrated in Figure 12.

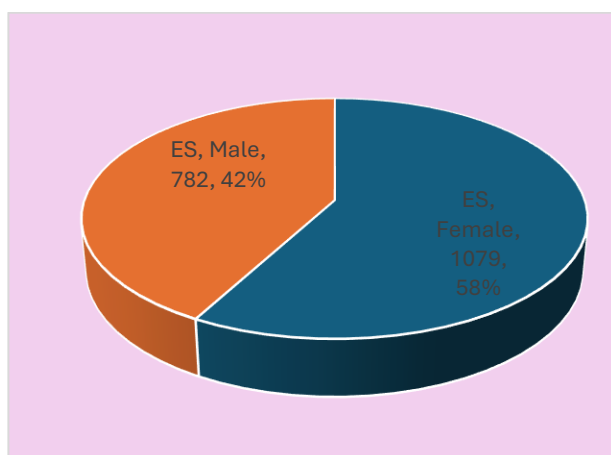


Figure 11: Total number of people reached in 2024

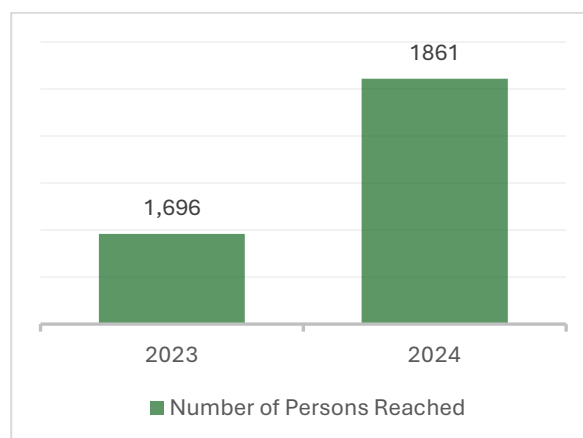


Figure 12: ES Reach in 2023 and 2024

Key Outputs of the department include;

- ✓ In 2024, the ES department trained 250 (241 females and 9 males) members from 5 women-led groups on poverty graduation schemes and provided microgrant to each group at 500,000 FCFA and 25 female GBV survivors.
- ✓ A total of 87 (35 females and 52 males) children and teenagers in were enrolled and benefitted from the food security program.
- ✓ Also, 147 (59 males, 88 females) students/pupils benefitted from educational support.

## 4.0 INSIGHTS

### 4.1 key successes in 2024

In 2024, resource mobilization and expansion efforts resulted in an expansion of the organizations coverage in all 10 regions of the Cameroon national territory and internationally in North Eastern Nigeria and Kivu Region in Democratic Republic of Congo.

Also, the operationalization of the MEAL Department facilitated the establishment of organizational database for storage of organizational data, data collection templates in addition to the existing MEAL system in conducting MEAL for the strategic plan.

In 2024, external evaluations and updates of existing policies prompted high-level compliance resulting in fewer insecurity incidents involving staff; the attraction and retainment of high-quality staff and enhanced enriching organizational cultures.

### 4.2 KEY OPPURTUNITIES

With the established presence in Cameroon, Nigeria, and DRC presents a strategic opportunity for ROC's expansion into Central and West Africa leveraging on ROC's ability to communicate with stakeholders from both French and English-speaking countries within these regions.

The presence of highly skilled professionals in ROC facilitates a need for a technical skill gap analysis among staff and the implementation of skill transfer or professional development initiatives among staff such as shadowing and frequent internal capacity building sessions to distribute tacit and explicit knowledge from experts.

Gathering feedback and improvement data from the implementation of various strategies in ROC and capitalizing on scaling up successes and improvements in fund raising endeavors i.e., lessons learned from engagement of men and community leaders in GBV rejection and community-based counsellor strategy in GBV case management.

### 4.3 Challenges

On December 6<sup>th</sup>, 2024, ROC received a 3-months suspension notice from the Ministry of Territorial Administration that necessitated the halting of all ROC activities across the national territory.

## 5. KEY RESULTS ACHIEVED

### 5.1. HEALTH DEPARTMENT



*Figure 13: Taking primary health care supplies to hard-to-reach populations*



## PROJECT I: SYSTEMS TO END THE MALARIA BURDEN THROUGH MEANINGFUL ENGAGEMENT (SEMBE II)

<b>Funder:</b> USAID	<b>Implementing Region:</b> North
<b>Partners:</b> Jhpiego (Prime) with Reach Out as Sub-Recipient	<b>Duration:</b> 1 <sup>st</sup> March 2024 to 28 <sup>th</sup> of February 2029
<b>Implementing Health Districts:</b> Garoua 1, Golombe, Guider, Ngong, Tcholire, Touboro and Bibemi.	



Figure 14: Training of Community Health Workers North Region

Key Performance Indicators	Frequency
Total Number of health personnel/CHWs who benefited from Inservice/onsite training and supportive supervision	983
Total number of people reached with health services	522,507
Total number of home visits	135,352
Total number of people reached with SRHR services	58,913
Total Number of Pregnant women reached with PMTCT services	14,043
Total number of Children reached with ICCM services	27,716
Total number of people reached with malaria services	37,271 (<5=20,459)
Total number of people reached with TB services	2,881

Total number of people reached with HIV services	16,924
Total number of people referred to for health services	28,911
Children under 5 treated for malaria	20,459
Children under 5 treated for diarrhea	6,564
Children under 5 are treated for acute respiratory infections	693
Total children who received vaccination services	53,645

**PROJECT II: STRENGTHENING ACCESS TO MATERNAL, NEONATAL, INFANT /CHILD HEALTHCARE SERVICES IN WUM, BENAKUMA AND NJIKWA HEALTH DISTRICTS USING MOBILE CLINICS**

<b>Funder:</b> Medecins Du Monde Switzerland	<b>Implementing Regions:</b> Northwest Region
<b>Partners:</b> N/A	<b>Duration:</b> 1 <sup>st</sup> August 2024 to 31st March 2024
<b>Implementing Communities:</b> Bafmen, Bu, Wum Urban, Benakuma Urban, Benade, Beba-Batomo, Kuttin, Njikwa Urban	



Figure 15: Mobile Clinic Outreach in Njikwa



Key Performance Indicators	WUM	Njikwa	Benakuma	Total
Number of cases who benefitted from health education	1604	638	851	3093
Number of consultations done	1604	1206	1198	4008
Number of persons screened for TB.	1604	778	224	2606
Number of suspected cases of simple malaria	133	180	175	488
Suspected cases of severe malaria	26	15	68	109
Number of tested cases for malaria with RDT	332	193	279	804
Number of positive cases of Malaria with RDT	79	92	205	376
Simple malaria cases	53	77	154	284
Severe malaria cases	26	15	54	95
Total Number of ANC	17	2	33	52
Number of VCT done	53	74	100	227
Suspected cases of TB	12	2	61	75
Screened for Diabetes	431	34	66	531
Screened for Hypertension	460	188	245	893
Children screened for Malnutrition	237	280	293	810

### PROJECT III: COMMUNITY DISPENSATION OF ARV

<b>Funder: National AIDS Control Committee</b>	<b>Implementing Regions: Southwest Region</b>
<b>Partners: N/A</b>	<b>Duration: 1<sup>st</sup> January to 31<sup>st</sup> December 2024</b>
<b>Implementing Communities: Buea</b>	

KEY ACTIVITIES	DESCRIPTION	RESULTS		TOTAL PERFORMANCE
<b>Sensitization</b>	Number of persons sensitized	83	37	120
<b>Dispensation</b>	Number of active files who received their medication	83	37	120
<b>Screening</b>	Number of people screened for TB	80	37	117

**PROJECT IV: BREAKING BARRIERS IN ACCESS TO EFFECTIVE MALARIA TREATMENT AMONG  
CONFLICT-AFFECTED COMMUNITIES OF THE SOUTH-WEST AND LITTORAL REGIONS**

<b>Funder:</b> Expertise France/Initiative 5%	<b>Implementing Regions:</b> Southwest and Littoral
<b>Partners:</b> Malaria Consortium and KASAFRO	<b>Duration:</b> Nov 2020 - October 2024
<b>Implementing Communities:</b> 80 communities in the South West and Littoral regions.	



Figure 16: Training of Community Health Volunteers

Key Performance Indicators Achieved	Number (cumulative)	Females	Males	IDPs	Host	Returnee
Project implementation staff whose research and training capacity was strengthened via the community engagement activities	41	17	24	-	-	-
Number of communities mobilized benefiting from project's interventions	80	-	-	-	-	-
Project implementation staff trained on the step wise interventions (COCs, DCSOs and CHWs)	123	65	58	-	-	-
Research enumerators trained on community data collection techniques and research methods	160	68	92	-	-	-
Project implementation staff trained on the step wise CoHPA interventions (CHVS)	160	76	84	-	-	-
Community members participating in CoHPA sessions	41,922	26,824	15,098	9,158	26,757	6,048
Under-five children treated for severe malaria at contracted health facilities	4,494	2,325	2,169	2,539	1,310	747
Under-five children transported to health facilities for treatment of severe malaria	3,203	1,710	1,493	1,817	781	565
Community members were treated for simple malaria by Community Health Workers.	17,542	9,410	8,132	6,396	5,881	3,905



### PROJECT V: SCALING UP MALARIA FOR HIGH IMPACT- GRANT CYCLE 7

<b>Funder:</b> Global Fund for the fight against Tuberculosis, HIV and Malaria	<b>Implementing Regions:</b> Northwest and Southwest regions
<b>Partners:</b> District Civil Society Organizations	<b>Duration:</b> January 2024 - December 2026
<b>Implementing Communities:</b> Bafut, Benakuma, Mbengwi, Ndop, Njikwa, Nwa, Ndu, Nkambe, Oku, Wum, Batibo, Kumbo East, Kumbo West, Tubah, Ako, Konye, Kumba-North, Kumba-South, Tombel, Nguti, Ekondo-Titi, Muyuka, Mundemba, Mbonge, Eyumojock, Fontem, Wabane, Bamusso, Toko Health Districts	



Figure 17: Training of Community Health Workers Mbengwi Health District

Key Performance Indicators	Frequency
Total Number of health personnel/CHWs who benefited from Inservice/onsite training and supportive supervision	2,073
Total number of people reached with health services	1,465,263
Total Number of Pregnant women reached with PMTCT services	3,308
Total number of Children reached with ICCM services	27,716

Total number of people reached with malaria treatment services	104,290
Total number of people treated for diarrhea in the community	30,775
Children under 5 treated for malaria	32,370
Children under 5 treated for diarrhea	11,626
Children under 5 are treated for acute respiratory infections	23,304
Total children who received vaccination services	41,671
Children with acute malnutrition referred to health facilities	1,707
HIV Exposed Infants underwent early infant diagnoses	1,009
Pregnant and breastfeeding women (P&BW) with unsuppressed viral load were initiated successfully into the Enhanced Adhesive Counseling (EAC) Program	173
Pregnant and breastfeeding who were initiated on ART	173
Pregnant and breastfeeding LTFU were brought back to care	313
Pregnant and breastfeeding eligible for viral load had their samples collected	1,021
Health talks organized on PMTCT	3,463
Total number of patients seen in all entering points from satellite sites during the month	337,511
Total number of patients received from the community during the month	9,018
Total number of patients screened positive for Tb during the month	11,757
Total number of patients screened positive for Tb whose sputum samples was collected and tested	9,524
Total number of patients who test positive for TB	561
Total number of PLWHIV on ART screened for TB during drug pick up	56,425

Total number of PLWHIV screened positive whose sputum sample was collected and tested	1,779
Total number of PLWHIV who test positive for TB	62
Total number of patients initiated on TB treatment	519
Total number of people who have defaulted/LTFU brought back to care	20
Total number of people who are declared TB negative after complete treatment	245
Number of cases who benefited from Sensitization	21,740
Number of consultations done	16,835
Number of persons screened for TB	4,626
Number of sputum samples collected	296
Number of suspected cases of uncomplicated malaria	5,220
Number of suspected cases of severe malaria	791
Number of tested cases of Simple uncomplicated with RDT	5,215
Number of tested cases of Severe Malaria with RDT	791
Number of positive uncomplicated malaria cases	1,905
Number of confirmed Severe malaria cases	388
Number of uncomplicated malaria cases treated with AL	1,381
Number of uncomplicated malaria cases treated with ASAQ	848
Number of cases of severe malaria treated with artesunate	122
Number of cases of severe malaria treated with Arthemeter	130
Total number of pregnant women seen	266
Total Number of ANC	306
Number of VCT done	1,535
Number of positive HIV test	167
Number of HIV positive cases referred	42



**PROJECT VI: Increasing Access to Quality Sexual and Reproductive Health including menstrual hygiene and Psychosocial Support Services for extremely hard to reach and conflict affected communities in Cameroon, Nigeria, and DR Congo**

<b>Funder:</b> TAKEDA Pharmaceutical Company Ltd	<b>Implementing Countries:</b> Cameroon, Nigeria and DR Congo
<b>Implementing Partners:</b> HERWA -Nigeria FOPAK SK- DR Congo	<b>Duration:</b> Nov 2024- December 2028
<b>Implementing Communities:</b> 270 conflict-affected communities across the 3 countries. An organizational capacity assessment for the two implementing partners was carried out in November 2024	



Figure 18: Visit at Mama Sakoshi, a South Kivu disability women group in DRC specialized in the production of reusable pads

## 5.2. HUMAN RIGHTS AND GOVERNANCE DEPARTMENT



*Figure 19: H.E. Canadian High Commissioner speaks at the first ever National Peace Tables Event in Yaoundé*



**PROJECT I: MEN ENGAGED: TRANSFORMING MINDSETS AGAINST TOXIC MASCULINITY AND GBV AND BUILDING COMMUNITY BASED CHAMPIONS FOR WOMEN'S SRHR**

<b>Funder:</b> AMPLIFYCHANGE	<b>Implementing Regions:</b> Northwest, Southwest, West and Littoral Regions
<b>Downstream Partners:</b> AFCI, BAYA, CAGEAD, CEYOFE, HOFALIF, SWO, RUBGWA	<b>Duration:</b> November 2022 to December 2024
<b>Implementing Communities:</b> Fundong, Belo, Nkambe, Ndu, Bafoussam, Bandjoun, Fountbot, Foumban, Douala 2, Douala 3, Manjo and Melong, Kumba, Konye, Wabane, Alou	



*Figure 20: Community based counsellors carrying out comprehensive sexuality education in schools*

KEY ACTIVITIES	DESCRIPTION	RESULTS		TOTAL PERFORMANCE
		Females	Males	
Community Sensitization	Monthly community awareness raising for toxic masculinity/ GBV rejection and the acceptance of women's SRHR.	82,667	64,652	147,319
Disclosure and referral of GBV survivors	Monthly Identification of GBV survivors by CMs/CBCs; Disclosure of GBV cases by survivors; Provision of appropriate GBV case management cases or referral to specialized services.	1,199	171	1,370
Comprehensive sexual education	Monthly sensitization of adolescents and youths between the ages 10-25 years sensitized on GBV and the age appropriate SRHR content (Introduction, Body development, menstruation, STIs and Unsafe abortion.	7205	6333	13,538
Supportive Supervision	16-day period dedicated to outreach training and support delivered to CMs and CBCs	64	64	128
Refresher Trainings	2-day training for the reinforcement of the capacities of CMs and CBCs to deliver community engagement for toxic masculinity/ GBV rejection and the acceptance of women's SRHR in implementing communities.	70	51	121
Feedback Survey	5-day Community survey to assess project impact.	2,838	2,311	5,149
Third year training of enumerators	Training of field enumerators for data collection in baseline survey	10	6	16
Baseline Survey	Baseline assessment of the incidence of GBV in all third year implementing communities and knowledge, attitudes practices to GBV norms that promote GBV/Toxic masculinity and affect women's SRHR.	1,289	1,171	2,460

### Challenges

- The absence of community safe spaces that can be used as meeting points with survivors during counselling made the reception of survivors challenging.
- The project design did not include the provision of family planning commodities in the health facilities. This limited the acceptance, referral, and uptake of women's SRHR.
- Project resources limit the extensive recording of GBV incidents within the sub-divisions. Thus, the incidence provided within this period in the selected project areas does not fully account for the incidence of GBV nor reflects the population in need of appropriate services.

## Recommendations

- i. In building community system's resilience for GBV rejection, focus should be on the capacitation of community members to provide appropriate aid to GBV survivors in addition to reporting, anti-stigmatization of survivors and institution of community laws to end GBV.
- ii. Future interventions should consider the "addition of community mobilizers" and community-based counsellors which critical is essential for ensuring complete coverage and access to GBV response services/SRHR in the community. This can be achieved by the institution of at least 3 mobilizers and counsellors in each district within a sub-division.
- iii. Future interventions should include health facilities in GBV and SRHR community engagements as health facility staff violate rights when providing care related to GBV response or SRH.
- iv. Capacity building of grassroot organizations or community-based organizations (CBOs) in community engagement to promote GBV rejection and acceptance of women's SRHR should include GBV Research Methodology Training. The proposed outline should feature the following;
  - a. Design of Quantitative and Qualitative GBV/SRHR Survey Tools.
  - b. IASC Principles of Responsibility in Data Management in Humanitarian or Conflict Settings.
  - c. Ethical Considerations in GBV and SRHR surveys.
  - d. Data Management
  - e. Data is used for GBV and SRHR advocacy.
- v. The research methodology capacity building session for CBOs fighting against GBV and for SRHR will equip CBOs to provide needs-based or sustainable GBV interventions and promote positive accountability by providing quality metrics to measure progress to favorable global outcomes.

## PROJECT II: PEACE TABLES: PROMOTING WPS THROUGH A CULTURE OF PEACE AND SOCIAL COHESION IN CAMEROON

<b>Funder:</b> GLOBAL AFFAIRS CANADA	<b>Implementing Regions:</b> Northwest, Southwest, West and Littoral Regions
<b>Partners:</b> N/A	<b>Duration:</b> 2022 to 2027
<b>Implementing Communities:</b> Mbengwi, Ndop, Wum, Benakuma, Fundong, Njinikom, Belo, Nkambe Misaje, Dschang Santchou, Mbanga Nkongsamba, Kumba I, II, III, Konye, Mbonge, Mamfe, Eyumojock, Tombel, Bangem, Fontem, Wabane, Ekonto Titi, Mundemba, Bamusso.	



Figure 21: Group picture at the National Peace Table in Yaoundé

KEY ACTIVITIES	DESCRIPTION	RESULTS		TOTAL PERFORMANCE
		Females	Males	
<b>Organization of a series of 01-day Peace Tables events.</b>	Community leaders and key stakeholders are engaged in 1 national peace table, 4 regional peace tables, and 3 divisional level peace table events.	105	88	193
<b>Setting up and running Mobile Peace Clinics.</b>	83 field visits by the mobile peace clinic teams carrying GBV sensitization and prevention, peacebuilding	5,725	6,910	12,635

	community awareness raising and SRHR sensitization and commodity distribution.			
<b>Setting up and running a Peace House.</b>	A peace house set-up in Buea with a listening, counselling and temporal shelter for survivors of GBV. These services have been provided 2 psychologists and 3 case managers.	90	8	98
<b>Organize a 2-day Open Day forum.</b>	A WPS fair organized at the national museum in Yaoundé bringing together senior state officials, diplomatic missions, 100 women peacebuilders from 10 regions of the country.	104	22	126
<b>Organizational capacity building training on Peacebuilding.</b>	Organizations for people with diverse physical and psychosocial disabilities, ethnic minorities, internally displaced people and diverse educational and socio-economic backgrounds received training on peacebuilding, SRHR and gender-based violence	NA	NA	85
<b>Institution of 30 Community Peace Hubs</b>	30 community peace hubs created led by 300 trained women leaders carrying out community dialogues, GBV sensitization and PFA in 40 communities.	7,480	3,898	11,378

### Challenges

- i. Lockdowns imposed by non-state armed groups restricted access to communities, hindering the activities of mobile peace clinics delivery options and pre-established agreements with local partners for emergency support.
- ii. The absence of a safe space for men led to the perception that the project was biased towards supporting only women. The initial focused was on addressing the urgent needs of women. Notwithstanding, the psychologists provided tailored services to men with keen attention on understanding their needs which created inclusive avenue for dialogue sessions.
- iii. Limited resources restricted the development of a robust exit strategy for gender-based violence survivors sheltered at the safe space, risking traumatization during community reintegration. Although funding from the World Bank supported 10 survivors, additional resources will be needed to provide comprehensive support services, including counseling, vocational training, and follow-up care.

### Recommendations

- i. Anticipated lockdowns should be responded with scoping missions and ad hoc trainings to ensure constant remote communication to maintain contact with the community and provisions for remote services made available.
- ii. Future endeavors to consider an exit strategy for GBV survivors from the peace house.



**PROJECT III: INTEGRATED EMERGENCY AND POST EMERGENCY ASSISTANCE FOR CRISIS  
AFFECTED COMMUNITIES IN THE SOUTHWEST REGION OF CAMEROON**

<b>Funder:</b> Danish Refugee Council	<b>Implementing Regions:</b> Southwest
<b>Partners:</b> BUNEC and MINAS	<b>Duration:</b> July to December 2024
<b>Implementing Communities:</b> Bakwa Supe, Etam, Ebonji, Babensi I & II, Mundemba, Besingi, Etam, Big Ekombe	



*Figure 22: Protection Monitoring by ROC and DRC Program Assistants*

KEY ACTIVITIES	DESCRIPTION	RESULTS		TOTAL PERFORMANCE
		Females	Males	
Protection Monitoring	Data Collection using P21 tool for the identification of protection risks in implementing communities for the establishment of civil documentation	21	21	42

### **Lessons Learned**

- i. The ability to adapt to changing security and operational contexts is essential for the success of field activities. Flexibility in planning and execution allows the project to respond effectively to unforeseen challenges.
- ii. Strong partnerships with local institutions, such as BUNEC and MINAS, are vital for facilitating access to civil documentation and ensuring that project activities are aligned with local needs and structures. These partnerships enhance the project's credibility and effectiveness.

**PROJECT IV: THE 8<sup>TH</sup> COUNTRY PROGRAM OUTPUT 4: GENDER AND SOCIAL NORM**

<b>Funder:</b> UNFPA	<b>Implementing Regions:</b> Northwest and Southwest
<b>Partners:</b> N/A	<b>Duration:</b> July to December 2024
<b>Implementing Communities:</b> Wum, Benakuma, Mile 27, Wey, Bachou Akagbe, Eyumojock, Eyumojock, Tinto, Tombel, Bangem, Nyasoso, Nkikock	



Figure 23: MAMFE Traditional Council taking commitment to end GBV

KEY ACTIVITIES	DESCRIPTION	RESULTS		TOTAL PERFORMANCE
		Females	Males	
Carry out GBV safety audits in the community and share findings to inform GBV programming	Three GBV safety audits in 3 communities, aimed at promoting multi-sector actions to reduce the risks of GBV and assessing the gaps and challenges faced in accessing support for GBV survivors, were carried out in the Manyu (Nta, Besongabang, Mamfe center), Kupe Muanenguba (Tombel, Bangem), and Menchum	142	152	294

and community interventions.	(Wum) divisions of the South West and North West Regions of Cameroon.			
Organize online and on-site outreach activities in targeted communities on GBV available services and referrals	18 protection committee members were trained (6 from Manyu, 6 from Kupe Muanenguba, and 6 from Menchum) on the theme of GBV and SRHR. These protection committee members had the role of educating their communities on GBV and SRHR through door-to-door sensitization	12	6	18
	3,294 houses were visited and sensitized on GBV and SRHR by 18 protection committee members thus increasing the knowledge of 28,817 people.	15,282	13,535	28,817
	122 community outreaches were held in 64 hard-to-reach communities in Manyu, Menchum, and Kupe Muanenguba thus increasing the knowledge of 6,824 people on GBV there by increasing prevention of GGBV through information sharing	4,037	2,787	6,824
	Online sensitization was done using Reach Out Cameroon's social media platforms, including Facebook, Instagram, and Twitter reaching 10,393	NA	NA	10,393
Engaging Men and Boys to Promote Positive Social Norms, Gender Equality, and Reproductive Health and Rights	Men and boys in the communities were targeted through dialogue meetings and sensitized on positive norms, toxic masculinity, GBV, and SRHR. These men and boys also took commitments to promote positive social norms and discourage GBV within the communities	3,389	NA	3,389
Set up women and girls' safe spaces in targeted areas.	Three women and girls' safe spaces were set up in Tombel (three corners), Mamfe (former Doctor without Border), and Wum (beside the mosque) which provided shelter to 100 survivors of GBV	NA	NA	3
Carry out social cohesion activities.	24 social cohesion activities were carried out empowering women and girls with skill in pastry, juice, detergent, and body lotion production thus increasing economic security. These activities included games, ergotherapy, health talks, storytelling sessions, etc.) and group psychosocial support activities (self-help groups, life skills, soft skills, psychoeducation for vulnerable women and girls	750	NA	750
Carry out monthly mobile women and girls' safe spaces activities in hard-to-reach communities	Five mobile WGSS were carried out in 13 communities bringing the WGSSS activities closer to hard-to-reach communities thus increasing access to GBV services	1,860	NA	1,860



GBV case management at the safe space and provide specialized mental health counseling to GBV survivors	227 survivors of GBV recorded improved mental health through PSS provided by GBV case managers and PSS counselors. These survivors were identified from the communities of project implementation	227	NA	227
Provision of Income Generating activity and cash transfer to vulnerable women and girls	Using scorecards, vulnerable women and girls in the communities were identified and provided with cash transfers and IGA. 100 received cash transfers and 70 received IGA which boosted their financial level and increased economic security.	170	NA	170

### Challenges Faced/ Solutions

- i. Due to the patriarchal and traditional nature of communities in Menchum, Manyu, and Kupe Munuenguba, some men and community members were resistant to engaging in sensitive topics around toxic masculinity. The project team engaged with some men and boys through dialogue sessions through commitments were adopted to positive approaches to addressing related topics.
- ii. Some survivors in need of shelter and safety are reluctant to use the women and girls safe space for fear of stigmatization within their communities. Survivors are assured of confidentiality, and communities are sensitized on the importance of supporting GBV survivors.
- iii. Navigating cultural sensitivities presented constant challenges as carrying out project activities within the communities required an understanding of local customs and beliefs. The project team prioritized engaging local leaders and community members in implementing project activities thus ensuring cultural acceptance and relevance

### Lesson Learned

- i. Engaging communities in using community resources in supporting GBV survivors is an important tool and way of creating an enabling environment to heal, reduces stigma, more acceptance, and enforcement of community laws to prevent, respond, and mitigate GBV occurrence.
- ii. Working with community leaders and relevant authorities is essential for community mobilization and involvement in achieving project goals as the communities trust and look up to their leaders.
- iii. Incorporating outreach into community events encourages community acceptance and increases community support for GBV prevention, response, and risk mitigation.

## PROJECT V: NEW NATIONAL COMMUNICATION CAMPAIGN FOR THE FIGHT AGAINST HATE SPEECH AND XENOPHOBIA

<b>Funder:</b> NATIONAL COMMISSION FOR PROMOTION OF BILINGUALISM AND MULTICULTURALISM (NCPBM)	<b>Implementing Regions:</b> Southwest
<b>Partners:</b>	<b>Duration:</b> June 2023- May 2024
<b>Implementing Communities:</b> Buea, Tiko, Muyuka, Mutengene, Limbe	



Figure 24: Students of Biaka University Buea, join ROC in saying no to Hate Speech and Xenophobia

KEY ACTIVITIES	DESCRIPTION	ACHIEVEMENTS
Baseline survey	Community leaders and key stakeholders engaged in 5 implementing communities; Muyuka, Tiko, Limbe, Mutengene, and Buea	15 stakeholders met and engaged in the project activity.
Sensitization Campaigns	Conducted one-on-one discussions and group discussions in various motor car parks (Tiko, Limbe, Muyuka, Mutengene, and Buea) to engage drivers and passengers in conversations	A total of 3,360, car park agents and users were reached directly and indirectly through one-on-one discussions, group sensitization, and

	about the impact of hate speech and xenophobia	branded materials with messages against hate speech and xenophobia.
Sensitization campaigns in Higher Institutions	Launched campaigns at Niaka University Institute featuring presentations, distribution of educational materials, and interactive sessions.	300 students and 5 administrative staff were sensitized on the effects of hate speech amongst peers and within the school environment.
Social media campaigns	Developed and executed social media campaigns using platforms such as Facebook, Twitter, and Instagram to spread awareness about hate speech and xenophobia	1,678 online users were reached through sensitization messages across all social media platforms.
Dissemination of radio and TV programs on the cause and consequences of hate speech and xenophobia	To reach a mass audience with sensitization messages against hate speech and xenophobia	40,000 people were reached within Fako, the center, and Littoral regions through radio and tv programs.

**PROJECT VI: MONITORING THE QUALITY OF CIVIL STATUS SERVICES (WATCHDOG / CITIZEN MONITORING) BY THE CIVIL SOCIETY ORGANIZATION REACH OUT CAMEROON IN THE MUNICIPALITIES OF LIMBE I, LIMBE II, LIMBE III, TIKO, IDENAU, BUEA AND MUYUKA IN THE FAKO DIVISION, SOUTH-WEST REGION OF CAMEROON**

<b>Funder:</b> GIZ PAMEC	<b>Implementing Regions:</b> Southwest
<b>Partners:</b> N/A	<b>Duration</b> 16 <sup>th</sup> October 2023- 15 <sup>th</sup> May 2024
<b>Implementing Communities:</b> Tiko, Limbe I,II,II, Muyuka, Buea, Douala I and Idenau councils	



Figure 25: Key Informant Interview with the CDO of Idenau Council on operation of Civil Status Platform

KEY ACTIVITIES	DESCRIPTION	RESULTS		TOTAL PERFORMANCE
<b>Aspect 5 Survey: Civil status and crisis zones</b>	<b>Key informants</b>	<b>18</b>	<b>17</b>	<b>35</b>
	Citizen survey	100	40	140
<b>Combined Aspect 1and 6: Equal Human Resource-management (m/f) of the civil registry service by the municipal executive and Specific Protection Provisions for Female Civil Status Staff</b>	Key informants	22	18	40
Restitution, Brainstorming and Validation Workshop	One day working session in 4 councils to present the results of findings with regards: Aspect 5 and combined Aspect 1-6	<b>13</b>	<b>3</b>	<b>16</b>
Aspect 8: Civil status registry and persons leaving with disabilities	Key informants	20	09	29
	citizen surveys	57	76	126
<b>Combined Aspect 3 and 4: Informal costs of civil registry services and facilitation of payment for women</b>	<b>Key informants</b>	<b>18</b>	<b>3</b>	<b>21</b>
	Citizen surveys	49		49
<b>Aspect 7: Existence of BUNEC and implementation of a monitoring, evaluation and management tool for the operation of Civil Status Centres</b>	Key informants	18	3	21

### Key Lessons Learned:

- i. The leading cause for the absence of birth certificates is the burning of houses and displacement due to the ongoing crisis.
- ii. The absence of IEC materials on the procedures of obtaining birth certificates at the different civil status centers and communities promotes a significant lack of awareness on the importance of products or access to civil registry.



**PROJECT VI YOUTHS DECIDE: “FOSTERING YOUTH CIVIC ENGAGEMENT AND PARTICIPATION IN POLITICAL PROCESSES IN CONFLICT-AFFECTED COMMUNITIES OF THE NORTH WEST AND SOUTH WEST REGIONS**

<b>Funder:</b> UNITED STATES OF AMERICA EMBASSY IN CAMEROON / Africa Regional Democracy Fund (ARDF)	<b>Implementing Regions:</b> Southwest and Northwest <b>Duration:</b> Sept 2024 - Oct 2025
<b>Partners:</b> <b>Media Partners:</b> Hot Coco, Ndefcam, Foundation Radio, Tiko council community Radio and Eden Newspaper and Radio <b>CSO Partners:</b> Cameroon National Youth Council West Coast; Common Action for Gender Development (COMAGEND); Women Democracy Network Cameroon (WDNC); Rural and Urban Grassroot Business Women Association (RUGBWA); Blessing Associates for Women and Children – BAWAC Cameroon; Association of Women Empowerment Cameroon (AWEC) and Centre for youth Family Education (CEYOFÉ)	
<b>Implementing Communities:</b> Bamenda I, Bamenda II, Tubah, Tiko, Limbe I, Limbe II and Idenau	



Figure 26: Training of Youth Activists

KEY ACTIVITIES	DESCRIPTION	RESULTS		TOTAL
		F	M	
Training of 07 journalists on the dissemination of public information about the electoral process.	13 partner media houses were mapped and 07 assessed and selected, The 07 selected were engaged in 02 days training the journalist on dissemination of information about electoral process	4	3	7
Selection and Training of 14 women and youth Civic Activists from 7 civil society organizations to lead civic education among their peers.	16 partner CSO's were assessed and 07/16 CSO selected. 02 staff members aged 20-35 years from the 7 civil society organizations (14 staffs) participated in a 03-day training session to capacitate participants to lead civic education among their peers and to foster their participation in the electoral process as voters	9	5	14



### 5.3. ECONOMIC SECURITY DEPARTMENT



*Figure 27: ROC hands over food items to vulnerable IDPs in Ndian SWR*

---

**PROJECT I: Educational Support Project, Food Items Donation to IDPs and Vocational Training for Mundemba and Ekondo-titi, Ndian Division South West Region.**

---

Reach Out, with funding from **ADDAX Petroleum**, implemented a project titled ‘**Educational Support Project, Food Items Donation to IDPS and Vocational Training for Mundemba and Ekondo-Titi**’. Following a needs assessment conducted in 23 schools in the target communities, the project provided registration fees to students and pupils of class 6, forms 4, 5 and upper sixth students in technical schools in 14 schools. We carried out educational talks and WASH campaigns in schools, and educational dialogue with communities in order to improve the prevention of cholera and adopt positive health seeking behaviours. The project equally piloted a “Meal A Day program” in 2 government primary schools in the Mundemba and Ekondo Titi councils. As part of the project activities,



*Figure 28. Provision of a meal a day to primary school pupils*

textbooks, exercise book, writing materials, uniforms, bags and tuition fees were provided to students and pupils of class 4, 5, 6, form 2,3,4,5, lower sixth upper sixth, in the 15 targeted schools during the second quarter. This activity witnessed support from administrative, parents and local authorities.

### **Achievements**

- 87 (35 females and 52 males) children and teenagers in 2 primary schools benefited from 2 months of free meals during school hours.
- 147 (59 males, 88 females) students/pupils benefitted from educational support in terms of textbooks, exercise books, shoes, school bags and writing materials.



This included 74 pupils and 73 students, (46 pupils, and 27 students from Ekondo titi) and (28 pupils and 46 students from Mudemba).

- 14 schools, (1,126 participants) {555 male, 571 female) were given educational talks and a WASH campaign was carried out to prevent the spread of prevalent diseases like cholera
- Educational dialogues were done in 11 communities: 5 Mundemba (Mudemba town, Newlay Out, Manja, Iriba Wa Wase and Mundemba Camp) 6 Ekondo Titi (Ekondo titi Town, Njenku, Highways, Market Hilltop, Administrative Quarters and Lobe Town) on the value of school attendance to change mentalities/behaviors and to boost children's interest in attending school
- A total of 208 meritorious children benefited from full tuition fees (115 Ekondo Titi and 93 Mundemba)



Figure 29: Educational Materials assembled for distribution to schools

- A total of 300 Secondary Textbooks were distributed (100 French, 100 English and 100 mathematics textbooks)
- A total of 240 Primary Textbooks were distributed (80 French, 80- English and 80 mathematics textbooks)
- 561 exercise books, 140 ledgers (200p), 110 ledgers (300p), 100 rulers, 100 pens and 100 pencils
- 70 school uniforms both primary and secondary and 80 school bags were distributed
- Five vulnerable and underprivileged indigenes (3 girls and 2 boys aged 18-35 years) were selected for a full year of vocational training in Buea. They gained specific skills in tailoring, welding (at OIC Buea) shoe making, hairdressing, “make-up” and entrepreneurship. At the end of their vocational training, they



Figure 30: Students receive donations of uniforms, bags and books.



were provided startup capital to set up small income generating activities in their communities of origin as a way to build and give back to the communities.



### Key Challenges

Figure 31: ADDAX Petroleum officials offer words of encouragement to vocational trainee at OIC Buea

**1-Initial Resistance:** Some vocational training beneficiaries due to their low literacy levels were initially hesitant and lacked confidence in their ability to learn new skills. This was addressed through personalized mentoring and encouragement, helping participants build self-esteem and motivation as they progressed through the training.

**2-Resource Limitations:** The high IDP population in Mundemba and Ekondo-Titi meant a large number of potential beneficiaries were not provided livelihood or educational support due to limited resources. Also, vocational training beneficiaries for tailoring required more than a year to fully learn the skills but the project had funding just for one year. There was also limited access to advanced equipment and materials to ensure beneficiaries received comprehensive and high-quality training. The Reach Out Economic Empowerment Center has a limited number of sewing machines (only 3) to allow beneficiaries to learn diverse skills.

## PROJECT II: GLOBAL CENTER FOR PLURALISM

### Promoting Diversity and Pluralism in Conflict affected Communities in the South West and North West Regions of Cameroon

The Executive Director of Reach Out Cameroon, **Esther Omam Njomo** emerged as a “**2023 Global Pluralism Award**” winner. The purpose of the Award program is to identify best practices in the field of pluralism and to disseminate innovative and successful approaches to promote pluralism globally. As part of the award from the **Global Center for Pluralism**, **Reach Out Cameroon** implemented a 6-months project, titled “**Promoting Diversity and Pluralism in Conflict-Affected Communities of Cameroon**” to promote peacebuilding, social cohesion and improve the livelihoods of Internally Displaced Persons (IDPs), Gender Based Violence (GBV) survivors and women’s economic groups. This project ran from June to December 2024 in 5 communities in the North West and South West regions of Cameroon. (Buea, Limbe, Mudeka, Tole and Bamendankwe). The following activities were carried out:



Figure 32: Mudeka female team ready to kick off the sports 4 peace match

- Provision of financial and administrative support for the acquisition of civil status documents (birth certificates, disability cards, and national identification card) to 100 internally displaced persons, persons with disabilities and other vulnerable persons.
- Organization of two regional football for peace events in the North West and South West regions.
- Capacity building on entrepreneurship and provision of startup capital for 25 survivors of gender-based violence.
- Economic empowerment and strengthening of five (05) women led groups and small holder farmers from 5 priority conflict affected communities.



## Achievements

- 2 Football for Peace tournaments were held in Mudeka (South West) and Bamendankwe (North West) that saw the participation of 2 teams per location (48 males and 48 women in total), with an approximate turnout of 600 community members. This promoted a culture of peace and living together in the communities.



*Figure 33: The female teams in Bamendakwe play for peace*





Figure 35: Esther Njomo extends warm handshakes to female team in Mudeka



Figure 34: Economic Empowerment of Unique Sisters Mudeka

- 5 women-led groups from the North west and South West were trained on
- 2024 ANNUAL REPORT  
REACH OUT CAMEROON**



entrepreneurship, bookkeeping, agricultural economics and savings and were each provided a grant of 500,000 XAF (CAD \$1,138). These groups included Akwena women group in Bamendakwe Bamenda I with 33 members (7 males and 24 females including 3 persons with disabilities), Unique Sisters in Mudeka with 22 members, (22 females), Charity Sisters group with 21 Members (2 males and 19 females), Dynamic Sister Group with 30 Members (30 females), and Buea Muslim Women Group with 21 members (21 females).

- Capacity building on entrepreneurship and provision of startup capital of 1,500,000frs for 25 GBV survivors in the south west region
- Provision of financial and administrative support for the acquisition of civil status documents (birth certificates, disability cards, and national identification card) to 100 internally displaced persons, persons with disabilities and other vulnerable persons

### Challenges and way forward

**Security Concerns:** The ongoing conflict in certain areas led to heightened security risks, requiring careful planning and coordination with local authorities to ensure the safety of the team during visits.

**Mistrust and Skepticism:** In some communities, there was initial mistrust or skepticism about the project's intentions and potential impact. Building trust required patience and repeated engagement to overcome these barriers.

**Cultural Sensitivities:** Navigating cultural sensitivities was crucial to ensuring respectful and productive interactions. The team had to be mindful of local customs and norms to foster positive relationships with community members.

### Lessons Learned

- The Football for Peace tournament demonstrated the power of sports in fostering unity and healing in conflict-affected communities. Football provided a neutral ground where participants, regardless of their background, could come together to interact and build mutual trust. Sports can be an effective tool for peace building and should be further integrated into conflict-resolution initiatives.
- Ensuring both male and female participation in sports events and community empowerment programs created a more inclusive atmosphere. The involvement of women in football and economic initiatives reinforced the importance of gender equity in peacebuilding and development.
- Economic empowerment programs are essential to ensure the sustainability of peace initiatives, particularly in conflict-affected areas.
- Engaging local leaders and communities early in the project was critical to its success. The active involvement of community leaders, including chiefs and women leaders, helped foster trust and ensure widespread participation in both the football tournament and the women's training sessions.

### Project III: POVERTY GRADUATION – A Success Story

#### Sustainable Livelihoods for Extremely Vulnerable Individuals

Over the past years, Reach Out NGO has been carrying out Economic Empowerment programs in communities taking into account the needs of the communities. This Sustainable Livelihood Project is a longstanding project that has been going on in the Economic Security Department of Reach Out since 2012. It is a women's Empowerment and protection program that has as its main objective to: **enable young girls and women at risk to become economically self-reliant through the creation of small businesses**. The program targets school dropouts, single mothers, PWDs, and crisis-affected women.

To meet its objective, women and girls are identified, a social inquiry conducted, and a business plan drawn up with them. The story of Julie Ntoh is one of many success stories under the program.

Julie Ntoh is a 28-year-old internally displaced person (IDP) from Mayeme, a community in the South West region of Cameroon. She currently lives in Douala with a friend who is a single mother and a teacher in a private school. Julie had been in Douala for almost 2 years and was attending a catering school (Cefor Hotellerie), where she was enrolled by her pastor at church.

The household consisted of a total of 6 people, with her friend being the head of the house and the sole breadwinner. On Saturday, May 4<sup>th</sup> 2024, Julie was visited by a Reach Out Cameroon social worker from the Economic Security department in Douala at PK18. The social worker conducted an identification process, social inquiry, and discussed Julie's business plan. Julie expressed her interest in starting a home-based baking business and supplying products to customers on demand. She already had a large market but her main challenge was obtaining startup capital.

Reach Out supported her with the following items.

S/N	Description	Quantity	Unit Price	Total
1	Pots	2	5,000	10,000
2	Plates	5	1,000	5,000
3	Spoons	2	500	1,000
4	Flour 25kg	1	12,500	12,500
5	Eggs	1	2,500	2,500
6	Sugar	4	1,000	4,000
7	Oil	1	5,000	5,000
8	Butter	1	2,500	2,500
9	Yeast	1	1,000	1,000
10	Baking Machine	1	5,000	5,000
11	Baking Ban	3	500	1,500
	<b>Total</b>			<b>50,000</b>

**Achievements:** After 3 months of coaching and financial support, Julie now has a well-established business and her living standard has improved. She was able to cater for her children and support her family.

#### PROJECT IV: Support to victims of IED explosion in Nkambe

Reach Out Cameroon committed to addressing the mental well-being of survivors in the Donga Mantung division of Northwest Cameroon. In response to the 11<sup>th</sup> February 2024 Improvised Explosive Device incident, we provided MHPSS services to promote healing and mental health of survivors and victims. We offered:

- **Individual counseling sessions:** Offered our Women and Girls Safe Space in Nkambe as a safe space for survivors to process their experiences, address trauma, and develop coping mechanisms.
- **Therapeutic group sessions:** Our psychologists and social workers facilitated a sense of community and shared support among survivors, fostering healing, and reducing feelings of isolation.
- **Community sensitization:** Working to reduce stigma surrounding mental health and raise awareness about the impact of traumatic events.



Figure 36: Visit of IED Victims at Nkambe hospital by ROC Psychologist

#### Mental Health and Psychosocial Support (MHPSS) Interventions in Nkambe Provision of MHPSS:

##### Hospital Visits:

Upon arrival in Nkambe, we observed that most victims had been discharged. However, five critical cases, including a pregnant woman who unfortunately suffered a stillbirth and leg amputation, were transferred to Bamenda. We provided eight hospitalized victims, five females and three males, primarily children, with essential supplies like water, toiletries, yogurt, and energy drinks.

##### Group Counseling Sessions:

- **General Hospital Annex Nkambe:** A group counseling session focusing on Trauma, Burnout, Self-Care, and Stress Management was facilitated by our psychologist for the director, five doctors, and 48 nurses (20 males and 37 females) of the Nkambe Regional Hospital Annex. This session aimed to equip frontline healthcare workers with coping

mechanisms and offer referrals for specialized mental health services if needed. Notably, several staff members sought individual consultations following the group session, demonstrating the proactive effectiveness of this approach.

- **Women and Girls Safe Space, Nkambe:** Seven **group counseling sessions** were facilitated across three days (Saturday, February 24th, Tuesday, February 27th, and Wednesday, February 28th) to support survivors, their caregivers, and parents. These sessions fostered **hope, emotional well-being, and a sense of community** by providing a safe space for shared experiences and peer support, aligned with **best practices in trauma-informed care**.

The sessions encouraged **open communication** where survivors could express their stories and explore diverse coping mechanisms, fostering a sense of collective resilience. A total of **87 people** participated, including:

- 19 males and 30 females (0-18 years old)
- 31 females and 1 male (18-59 years old)
- 6 females (59+ years old)

### **Psychoeducation at G.H.S Nyanji**

Following the tragic explosive incident on February 11th, a visit was made to G.H.S Nyanji. This visit proved crucial in addressing the emotional needs of the students still grappling with grief, shock, and emotional instability in the wake of losing a classmate.

- **Recognizing the Impact:**

The visit acknowledged the profound impact the incident had on the students, acknowledging their ongoing grief, shock, and emotional instability. Recognizing these challenges was the first step in providing effective support.

- **Offering Support and Strategies:**

The team offered words of encouragement and support, validating the students' emotional state. Additionally, psycho-education was provided, equipping students with practical strategies to manage their grief, achieve psychological balance, and build resilience.

- **Empowering Through Resources:**

The importance of utilizing available resources, such as the school counselor and psychologist, was emphasized. A hotline was provided to students as a safe and accessible channel for seeking help, fostering open communication with parents and caregivers during this challenging period.

- **Ensuring Continued Support:**

It is essential to acknowledge that this visit served as an initial intervention. Continued support from mental health professionals, educators, and the broader community is crucial for the long-term healing and well-being of the students and entire school community affected by this tragedy.

### **Individual Counseling:**

Eight individuals, two males and six females, received individual counseling. Notably, three of the females spent two nights at the safe space and expressed concerns for their safety and well-being. They requested a calm space to share their experiences and receive ongoing support. One female (age 41) was referred to a neurologist for further evaluation.

### **Disbursements of livelihood items in Nkambe**

In the course of the assessment 57 households representing 250 individuals were identified as victims of the 11 February explosive in Nkambe. The names of those affected were gotten from Nkambe Annex hospital. After analyzing the situation and having group counseling with the victims, the most vulnerable were selected and supported with the available funds. 15 households representing 90 individuals were supported.

The 15 victims received the following items

- 2kg Of salt, 3kg of garri, 3kg of beans, 5kg of rice, 4 cubes of savons, 1 packet of maggi and 1 liters of vegetable oil.

Among the 15household supported we had 13 women age ranging from 20- 50 and 2 men between the age range of 45-50years.





*Figure 37: Group Counselling with victims and families of victims of Nkambe IED Incident*

### **Lessons Learned:**

#### **Importance of Immediate Intervention:**

- The prompt provision of MHPSS services, including individual counseling and group sessions, was crucial in addressing the immediate needs of survivors and affected individuals.
- Early intervention can help individuals cope with the initial shock and grief, preventing long-term negative consequences on mental health.

#### **Tailored Support is Essential:**

- Different groups within the affected population (survivors, medical personnel, children) require specific intervention strategies tailored to their unique needs and vulnerabilities.
- This underscores the importance of conducting thorough assessments to inform the type and level of support needed.



**Collaboration is Key:**

- Partnering with local organizations, such as the hospital, facilitates access to the affected population and leverages existing resources.
- Collaboration with local authorities ensures a coordinated and sustainable response to the mental health needs of the community.

**Livelihood Support Matters:**

- Addressing the immediate financial burden faced by victims can alleviate stress and promote recovery by allowing them to focus on their physical and mental well-being.
- Livelihood support, while crucial, needs to be integrated with long-term solutions to ensure continued stability for affected individuals and families.

**Importance of Psycho-education:**

- Educating individuals about psychological reactions to trauma and providing coping strategies empowers them to manage their emotions and build resilience. This can be achieved through individual sessions, group psycho-education workshops, or the dissemination of informative materials.

**Empowering Individuals to Seek Help:**

- Providing hotlines and readily available resources encourages individuals to seek help and promotes open communication within families and communities.
- This normalizes seeking professional help and reduces stigma surrounding mental health issues.

**Importance of Recognizing Children's Needs:**

- The report highlights the specific needs of children, who may struggle to express their emotions and require specialized support.
- Utilizing child-friendly approaches and involving parents/guardians in the intervention process is crucial for their healing journey.

## PROJECT V: HUMANITARIAN ASSISTANCE THROUGH CASH TRANSFERS

### Support of Medical Assistance Buea Sub-Division

On Thursday, June 13, 2024, Reach Out Cameroon received an appeal from Alice seeking assistance for her son, Junior, who has been ill for the past two years. Angykai Lizette, social worker from the economic security department was assigned to visit her at the hospital and present a written report

### Findings

Alice's son, Junior has severe lung problems that require surgery, which can only be performed in the United States or the United Kingdom. Unfortunately, Alice lacks funds for such a procedure. Over the last eight months, Alice has taken Junior to the hospital eight times, each visit lasting at least a week. For the past eight months, Junior's survival has depended on continuous oxygen support. The family incurs daily expenses of about 60,000 XAF when Junior's condition is critical and 20,000 XAF when he is stable. This oxygen is essential for Junior's nourishment and survival, and he cannot be without it even for a moment.

Alice, whose son is a 28-year-old graduate of the University of Buea, has been surviving on donations from strangers, family, and friends. She is now appealing to Reach Out Cameroon for financial assistance to continue providing the necessary oxygen for her son.

### Action Taken

Reach Out staff carried a home visit in July to support the family with 150,000 XAF for the refill of oxygen. The family was very happy to have received the support from Reach out NGO. Till date Junior is still on oxygen. He uses the oxygen at home and the family only takes him to the hospital when the crisis is critical.

## See Our Works

Website: <https://www.reachoutcameroon.org/>

Facebook: <https://web.facebook.com/Reach.Out.SW/>

Twitter: <https://twitter.com/reachoutdev1>

Instagram: [https://www.instagram.com/reach\\_out\\_ngo/](https://www.instagram.com/reach_out_ngo/)

YouTube: <https://www.youtube.com/channel/UCOf13VkwTJ90azfLDB451sw>

LinkedIn: <https://www.linkedin.com/company/reach-out-cameroon/>

Gallery: <https://suisekamedia1.pixieset.com/reachoutcameroon/>



Figure 38: Meet the ROC men supporting women's empowerment

## OUR PARTNERS

