REPUBLIC OF CAMEROON

NATIONAL POLICY FOR EARLY CHILDHOOD DEVELOPMENT

DRAFT DOCUMENT

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FOREWORD

Child protection is inextricably linked to the history of societies and states. Indeed, the child has always been given special attention that is part of the need to perpetuate lineages, to ensure the development of families and communities, to guarantee the future and contribute to the development of nations.

In Cameroon, the voluntarist and humanist policy of the President of the Republic, His Excellency Mr. Paul BIYA places issues relating to the protection and promotion of childhood in general, and the development of early childhood in particular, at the center of the Government's concerns. Besides, the country has a favorable legal framework for the protection and promotion of early childhood as well as dedicated institutions or whose missions relate to the supervision of early childhood. As part of the implementation of the missions assigned to them respectively, various ministerial departments are thus taking actions to improve the living conditions of children from 0 to 8 years of age, particularly when it comes to nutrition, health, education, social protection, awakening and early stimulation, water, hygiene and sanitation.

The analysis of actions in favour of early childhood has revealed a number of shortcomings, including the lack of a national policy framework, the weak synergy between stakeholders, the absence of integrated care approaches, all of which do not allow an objective assessment of the readability and performance of actions in this area.

The National Policy for Early Childhood Development (ECD) is therefore timely to put together the related actions, with a view to capitalizing, updating, optimizing, strengthening and taking into account the ECD approach in national development programs. Above all, it provides a clear orientation and common bases of interaction for an ever more qualitative supervision of girls and boys, to develop conditions of care that will ensure their survival and their full development in all aspects, at least from their birth to their eighth year of life.

With this guidance tool, the Government will be able to give more visibility to its action, harmonize the interventions of all the actors of the protection of the early childhood, and facilitate the mobilization of contributions from the national and international organizations which support its efforts in this domain.

At the time where this document goes to press, I would like to thank all the organizations who have contributed to this work, including:

- experts from the Interdepartmental Working Group set up under the Key Interventions to Develop Systems and Services for OVC (KIDSS) project with the support of CRS for their availability, dedication, self-sacrifice and proven competence;
- other representatives of public administrations and civil society for their active involvement;
- the national consultant mobilized for the quality of his expertise and technical support;
- Development partners for their multiform support, including the United States Agency for International Development (USAID).

While the realization of Cameroon's Vision for the future of ECD calls for the translation of this National Policy into operational programs as well as the gradual consideration of its orientations in the national strategies being implemented, I would like to hope that the people that help develop the early childhood sector in Cameroon will remain mobilized and committed for its effective and efficient realization.

It is at this price that we will ensure to the children living in Cameroon, without discrimination, conditions favorable to the development of their full potential, the enjoyment of their rights, with a view to their personal development, their harmonious integration into society and their participation in the emergence of the country by 2035.

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The Prime Minister, Head of Government.

Philemon YANG

EXECUTIVE SUMMARY

Until recently, actions for early childhood development focused on two major points: preparing the child for entry into primary school and replacing the family in parenting duties during the working day. These two essential points deserve to be completed by a third one which, more and more, is highlighted as the c0re of early childhood development: the well-being of the child in its totality and its development, both emotionally and intellectually.

With the current security situation in the world marked by conflicts and continuous change, the well-being of the child remains an important aspect of its development. Because, as many research studies have shown, the development and protection of early childhood pave the way to a life of learning, autonomy and discovery. It is the realization of the right of every child to survival, protection, care and optimal development from birth.

As of 1 July 2017, the number of children under 8 years of old in Cameroon was estimated at 6,494,111. Boys (3,290,679 inhabitants) are the more numerous than girls (3,203,432 inhabitants).

The risk for a live-born child to die on his/her 1st birthday is higher (66%). This mortality rate is higher among boys (70% vs. 61%) than among girls. It is lower in urban areas (49%) than in rural areas (78%). The first month of life is quite critical; 28 % children die during this period.

Infectious diseases remain predominant in children and contribute to maintaining or aggravating malnutrition. According to MICS5 (2014), diarrheal diseases affect 20% of children under five, of whom 25.2% sought care and only 5.2% were treated with ORS/Zinc. Fever affects 25.6% of children. Just over half of the children (54.8%) slept under an impregnated mosquito net. This rate is 52.3% among pregnant women. Only 26.0% of pregnant women took three doses of intermittent preventive treatment during their last pregnancy.

Nearly one third of children (32%) suffer from chronic malnutrition and 13% suffer from it severely. It should be noted that rural children are more affected than those in urban areas with 38% and 23% respectively.

Vitamin A deficiency affects 35% of children aged 1 to 5 years (FRAT 2009). The most affected regions are North 62.7%, Far North 47.7% and Adamawa 40.5%. Almost all children are breastfed (95.8%), but only 31.2% of children are breastfed within one hour of birth and 28.2% of children are exclusively breastfed at the age of 6 months (MICS 2014). The average value of BMI for women is 23.9. Seven percent (7%) of women are mildly thin and 2% are severely underweight.

Among children aged 12-23 months, out of nearly 75% that were fully immunized against the target diseases of the Expanded Program on Immunization, only 64% were vaccinated according to the recommended immunization schedule.

Only 44.44% of children attending primary school attended a preschool. Regional disparities are very important. If in Douala, the first-grade pupils who attended

kindergarten represent 91% of the children enrolled, this rate is thirty times higher among their counterparts in the Far North (3%).

For children in need of special protection, the under-enrolment of children with disabilities, the labor exploitation, the poor health, the inadequate nutrition, the abuse and sexual exploitation, the low registration rates in birth, the stigmatization of orphaned or abandoned children whose number continues to grow. This situation is aggravated by the lack of specialized staff, appropriate structures for supervision, recovery and nutritional education, as well as sociocultural constraints, the dysfunction and loosening of family ties and poverty.

In order to meet the needs observed, the Government is committed under this policy to carry out favorable actions around six (06) axes of interventions:

Axis 1: Strengthening the fight against malnutrition among children from 0 to 8 years;
Axis 2: Improving access to quality health care and services for mothers and children;
Axis 3: Improving the use of water, hygiene and sanitation services;
Axis 4: Strengthening Early Childhood Social Protection Systems, Mechanisms and Actions;
Axis 5: Improving access to equitable and inclusive quality education for children aged 4 to 8;
Axis 6: Strengthening the coordination and management of interventions.

The monitoring and evaluation of the implementation of the national policy for early childhood development will be done within the framework of an Executive Committee chaired by the Minister of Social Affairs. At the operational level, a multi-sectoral program for early childhood development is envisaged. Its implementation is ensured by a multidisciplinary team led by a National Program Coordinator.

ACRONYMS AND ABBREVIATIONS

ARV	Antiretrovirals
AVS	Supplementary Vaccination Activity
BCG	Bacillus Calmette–Guérin (BCG) vaccine
BUCREP	Bureau Central des Recensements et des Etudes de Population
CDE	Convention on the Rights of the Child
CMA	District Medical Center
CNPS	National Social Insurance Fund
CPC	Preschool Community Center
CPN	Pre-natal Consultation
CRS	Catholic Relief Services-United States Conference of Catholic Bishop
CSI	Integrated Health Center
UCCC	United Councils and Cities of Cameroon
DPE	Early Childhood Development
SPGE	Strategy Paper for Growth and Employment
DSSEF	Sectoral Strategy Paper for Education and Training
EBMSP	Child in need of Special Protection Measures
ECAM	Cameroonian Household Survey
EDS	Demographic and Health Survey
EGMA	Early Grade Mathematics Assessment
EGRA	Early Grade Reading Assessment
IMF	International Monetary Fund
UNFPA	United Nations Population Fund
FOSA	Health Center
IP	Parity Index
IRA	Acute Respiratory Infection
IS	Synthetic Index
KIDSS	Keys Interventions to Develop Systems and Services for Orphans and Vulnerable Children
MICS	Multiple Indicator Cluster Survey
MILDA	Long Lasting Impregnated Mosquito Net
MINFI	Ministry of Finances
SDG	Sustainable Development Goal
OVC	Orphan and Vulnerable Child
ILO	International Labor Organization
MDG	Millennium Development Goals
WHO	World Health Organization
UNAIDS	United Nations World Health Organization
PANPPDHL in Cameroon	National Action Plan for the Promotion and Protection of Human Rights
PASEC	Educational Systems Analysis Program
PCIME	Management of Infections and Epidemiological Diseases
PCN	Nutritional Management
PCR	Polymerase Chain Reaction
PEC	Management
PECP	Pediatric Management
PEV	Expanded Program on Immunization
GDP	Gross Domestic Product
PMA	Minimum Package of Activities
PN/DIJE	National Policy Framework Paper on the Integral Development of the Young Child
PN-DPE	National Policy for Early Childhood Development

PP	Parental Practice
PPA	Purchasing Power Parity
UNDP	United Nations Development Program
PPBS	Planning-Programming-Budgeting-Monitoring / Evaluation
PTME	Prevention of Mother-to-Child Transmission
PVVIH	Person Living with HIV
RCA	Republic of Central Africa
RGPH	General Census of Population and Housing
AIDS	Acquired Immuno Deficiency Syndrome
SSDSS	Sector-based Strategy for the Development of Social Services
SSEF	Sectoral Strategy for Education and Training
ORS	Oral Rehydration Salt
SRMNEA	Adolescents and Maternal Newborn Reproductive Health
TBS	Social Dashboard
TMIJ	Infant-Juvenile Mortality Rate
TMM	Maternal Mortality Rate
UNICEF	United Nations Children's Fund
UNPD	United Nations Population Division
VAR	Measles Vaccine
HIV	Human Immunodeficiency Virus
VGB	Gender-based Violence
VPO3	Oral Polio Vaccine (3rd dose)

GLOSSARY

1. **Child:** In the context of this policy, the concept of "child" refers to a human being who has not reached the age of "criminal responsibility" as defined by the Cameroonian legislation. Thus, any person who is 18 years of age or older on the date of the inventory shall be considered as a "child". This definition, which is used by the United Nations and its specialized agencies (including UNICEF, UNFPA, ILO, etc.), has been approved by the international community.

   But although it is accepted that any individual belonging to the 0-18 age group shall be considered as a "child", it is important to specify that for practical reasons, the study will focus on individuals belonging to the age group 0-14 years, among which will be identified several specific groups (each having its characteristics) for the purposes of target policies orientation. That's why they have been classified as follows:

   - Under 15s;
   - Infants (0 to 35 months);
   - target population of the Expanded Program on Immunization (0-59 months);
   - Preschool population (4-5 years);
   - School-age population in primary schools (6-14 years).

2. **Childhood:** The notion of childhood refers to the entire period of an individual's life, which extends from birth to the age of maturity or adulthood. During this period, the "child" needs to be cared for by the family and society to enjoy some protection, good education and training, which are essential to ensure his social development to adulthood. In this process of social development from the child to the age of maturity, at least two major stages can be distinguished: "early childhood", which extends from birth to the age of puberty, and "adolescence", which goes from the age of puberty to the age of maturity or adulthood. While the age of puberty corresponds to precise and relatively well-defined physiological criteria (14 to 16 years for boys and 12 to 15 years for girls), it is more difficult to agree on the age of maturity or adulthood.

   Copying Château, Erny (1968) defines the child as *"a human being who is still growing, whereas an adult has stopped growing..."*. The child differs from the adult by the fact that he has not yet reached maturity. He is therefore a growing being that differs from the adult person by its physical, physiological and moral immaturity.

   In accordance with the Cameroonian law, a person who is not an adult is described as a "minor", as opposed to an "adult person". Under Cameroonian law, a person considered to be a «minor» cease to enjoy the status of minority when he reaches the age of legal majority. It should be noted however, that under Cameroonian law, the age of majority varies according to the nature of the subject under examination (criminal matters, electoral questions, civil procedures). There are three types:

   - the criminal majority, which concerns individuals of at least 18 years old;
   - the electoral majority for persons of 21 years of age or older; and
   - the civil majority for any individual aged 21 or over.

   The notion of *majority* sometimes varies when issues of the same field of study are discussed. This is the case in our daily activities where the marital status is valid only when both the sex and the age of the individual are taken into account. For example, a boy cannot marry unless he has already reached the age of 15 whereas the officially recognized minimum age of marriage for girls has been set to 18 years.

   Although belonging to the population of children, any individual aged 15 years or more has the right to *a decent job* according to the Cameroonian law. Contrary to what

is applied for marriage, the limits of the majority no longer take into account the sex of the individual when it comes to promoting the right of young people to a decent job, which is an important factor to improve the living conditions and social integration.

3. **Early childhood**: Early childhood is a stage of human development. It is a crucial stage of human development: it is clearly established that the living environment impacts not only in the number of connections but also in the mode of functioning of the brain. This period of childhood follows the infant stage. Early childhood is considered to range from birth to 8 years of age.
   The term "young child" is also used in paediatrics to designate a child aged between 3 and 8 years old (between an infant and a child), and the term "toddler" referring to children under 3 years old.
   The age group covered by the term "early childhood" is not neutral since it determines the fields of competence of the various public and parapublic actors. As an example, below are the age conditions associated with different services:
   - Maternal and child protection: 0-8 years
   - Nurseries: 0-2 years
   - Kindergarten: 4-5 years
   - First levels of primary school: 6-8 years

4. **Early Childhood Development: Two hundred million children around the world do not realize their full potential for development.** A good start in life allows grown-up children to live healthy and productive lives. Early Childhood Development (ECD) is the growth and learning process that occurs in the early years of life. The child goes through a series of changes, acquires complex thinking and reasoning skills, communicates more and more clearly, moves more freely, and learns to behave in the society and to control his emotions. Children who grow up in a healthy and supportive environment are more likely to reach their full developmental potential and achieve optimal levels of **physical, cognitive, language and social-emotional development.** Early childhood, which covers the prenatal period and the first eight years of life, is the period of existence during which the human being develops most rapidly.
   During the first months and years of life, the size of the brain increases considerably and connections are established, which will shape the intellectual activity, emotional responses and the behaviors of the child then those of the adult. As the child grows, his brain increases in size and complexity as brain cells multiply and interconnect. These neural connections constitute the brain architecture that allows the child to understand the words and establishes the basis for improving learning, behaviors and health. **Although all children develop at their own pace to acquire more and more complex skills,** they all go through an identifiable sequence of physical, cognitive, language and socio-emotional changes and growth. They learn by practicing and apply their new skills by interacting with adults and other children.
   Many factors affect the development of the child: hereditary, family and community ones. The first experiences of children affect them immediately and in the future. The basic needs of children must be met, they must feel safe, and they must be aware of the value that their surroundings put on them, so that they can develop and learn effectively. **Experiences, especially the first positive experiences, can influence the brain's connections.**

1. INTRODUCTION

1.1. Background and rationale

Cameroon is a signatory country to almost all the specific instruments designed to guarantee the rights of children. Beyond more global provisions such as the Universal Declaration of Human Rights adopted by the United Nations General Assembly in 1948, the country has ratified and internalized the United Nations Convention on the Rights of the Child (1989) and the African Charter on the Rights and Welfare of the Child (1990).

So far, these different treaties are implemented sector by sector, with no special emphasis on early childhood. However, the events that affect a child during the first months and years of his life, and especially from birth to age 8 have a significant influence on his development. This fundamental period is rarely taken into account specifically in Cameroon's public policies, strategies, plans and programs.

The first experimentation of a National Policy for the Integral Development of Young Children (PN/DIJE) dates back to 2008. The overall objective was to **ensure the survival and full development of girls and boys, from birth to age 8 in all the aspects (psychomotor, socio-emotional, cognitive, moral and communicational), through the awakening, health, nutrition, protection, education, the quality of the physical, family, community and cultural environments.**

The effective implementation of this policy ran up against a change in orientations and development priorities, with the formulation in 2009 of a Long-Term Development Vision (2010-2035), of which the first phase (2010-2019) is supervised by the DSCE. With its main pillars being the strengthening of growth, the reduction of underemployment and the fight against poverty, Early Childhood Development (ECD) does not appear explicitly among the priority axes in the DSCE section dedicated to human development. Yet, it is now recognized that ECD is an important strategy to break the chains of intergenerational poverty, reduce inequalities, and at the same time constitute an investment in human capital to sustain economic growth and ensure equitable redistribution of its effects. The cross-cutting nature of ECD offers the opportunity to value multisectoral approaches to solving development problems, which have already proven to be effective in several other developed and emerging countries. Indeed, the sectoral partition and weak intra and intersectoral synergies are obstacles to the effectiveness of interventions to resolve development problems in Cameroon.

Today, the analysis of the effectiveness of ECD interventions in the ECD sector reveals a number of shortcomings, including the lack of a shared strategic framework for guidance and coordination of interventions at the national level aligned with DSCE or Vision 2035. The result is the weak synergy between the actors, the quantitative and qualitative insufficiency of stakeholders, the absence of a specific normative reference when it comes to the holistic management of early childhood, all things that do not make it possible objectively to appreciate the legibility, the visibility and the performance of the actions carried out in this field.

It is to alleviate the shortcomings and insufficiencies mentioned above and offer to children from 0 to 8 years the best chances of full human development that the Government is engaged in the elaboration of a National Policy Paper for Early Childhood Development aligned with Cameroon's Development Vision by 2035.

1.2. Methodological approach

This policy document was produced with the technical and financial support of Catholic Relief Services (CRS) as part of the Government of Cameroon/CRS joint project entitled **"*Keys Interventions to Develop Systems and Services for Orphans and Vulnerable Children* (KIDSS)".**From a methodological point of view, the project was developed between the months of May and November 2017, following a participatory approach around a task force involving sectoral administrations concerned with the issue of early childhood development, with the technical support of a consultant.

The PN-DPE was realized in four main phases. Including:

- The capacity building of stakeholders;
- The collection of data in the ten regions;
- The processing and analysis of the said data;
- The production and validation of the document.

1.3. Key points

This Policy Document is structured around the following points:

- Conceptual framework and overview of the environment in which children grow up;
- Current state of the ECD in Cameroon;
- Strategic framework of ECD;
- Implementation and monitoring-evaluation mechanisms.

2. CONCEPTUAL FRAMEWORK AND OVERVIEW OF THE GROWING ENVIRONMENT OF CHILDREN

An analysis of the global context in which the child and his family evolve helps to better understand the conditions and constraints that the child faces. This section mobilizes sets of indicators and elements for assessing the socio-economic, cultural and environmental contexts of the early childhood development.

2.1. ECD Conceptual Framework

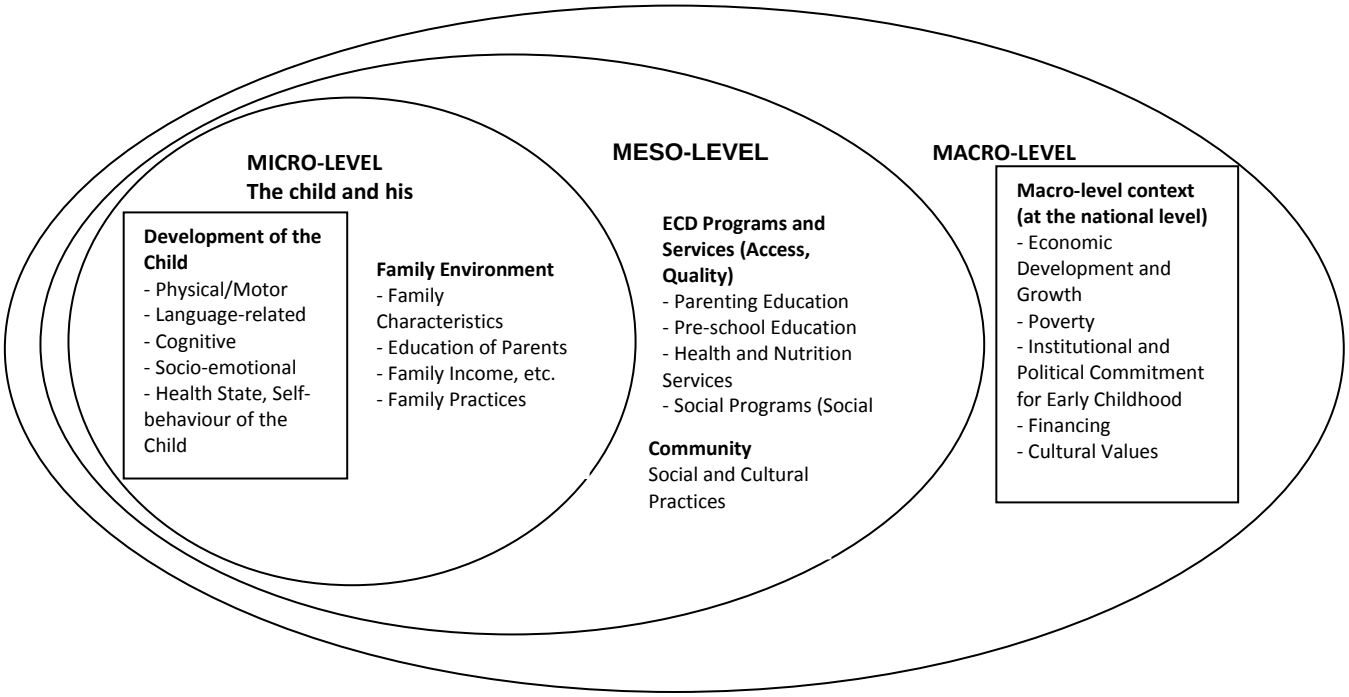
The years of infancy, especially the period from conception to birth on the one hand and from birth to age 8, on the other hand, are recognized today as a crucial period for the development of the child, especially when it comes to his/her physical health and his motor, socio-emotional, cognitive and language development.

The country's macroeconomic, social, demographic, health and political contexts largely determine the political and financial commitment to ECD activities. From this, comes the provision and effectiveness of social and family policies (at the macro level).

The family environment, parenting practices, gender roles, family health status, beliefs and culture, affect child development by acting directly on the environment in which he grows (at the micro level).

These two broad groups of factors interact on the quantity and quality of ECD services available in a country and at the local level, the use of which will also be conditioned by cultural and social practices and attitudes specific to the community in which the child and his family live (at the meso level).

Figure 1: Micro, meso and macro-levels factors affecting the ECD



Source: Unicef, 2014, based on an adaptation of Vegas and Santibáñez, 2010 in World Bank, 2011

It is now established that the healthy development of an individual is the result of complex interactions that occur throughout life and especially the first years of life, between various biological, social and environmental factors. Several studies from the 1970s provide information on the developmental trajectories of the child, taking into account the factors that may influence early childhood. Thus, the development of the child is influenced by a large number of interdependent factors that come from different dimensions: micro, meso and macro (Figure 1).

In addition, each of these dimensions is associated with environmental factors (experiences and exposures) that promote a healthy child development (protection factors) or compromise it (risk factors). Within the framework of this policy, the areas enabling to master the field of ECD will relate to protection factors (loving parent-child relationships, breastfeeding, reading, appropriate discipline, quality education, decent housing, adequate family income and maternal education) and potential risks (poverty, lack of access to health services, family discordance, lack of cognitive stimulation, malnutrition, diseases, iodine and iron deficiency. These elements, when interacting positively, influence the healthy development of the child (Walker et al, 2007).

The five most recognized early childhood development segments, which were also adopted under this policy are as follows:

- Nutrition;
- Health;
- Water, hygiene and sanitation;
- Awakening, early stimulation and social protection;
- Preschool and primary education.

The **Nutrition**, **Health**, **Water**, **Hygiene** and **Sanitation** components relate more to prenatal and perinatal child development activities up to the first five years of life (0-5 years). The prenatal period is that between conception and birth. The perinatal period is that between the 28th week of pregnancy and the 7th day of life. Periods from conception to birth and from 0 to 3 years are those during which the brain grows rapidly and reaches 80% of its capacity (Walker et al, 2007).

The education, awakening, early stimulation and social protection components cover all the interventions in favour of children from conception to birth, age groups 0-3, 4-5 and 6-8 years old, corresponding respectively to the need for awakening and early stimulation, stimulation by preschooling and access to primary education for small children. The 3-5 years old period is also the age of socialization, preparation for primary school, openness to the outside world, development of social skills (social skills, self-confidence, sense of responsibility, respect for peers and adults, respect for rules and positive social values, work habits and autonomy, curiosity, etc.). One of the conditions to guarantee the efficiency of actions concerns the positive discrimination measures for the special care of children victims of chronic poverty, family instability, incapacitating diseases, HIV/AIDS, incidents and national & international conflicts.

2.2. Macro-economic context

The economic recovery initiated in Cameroon in 2010 was consolidated over the period 2010-2015, with an average growth rate of nearly 5%. The start-up and effective

implementation of major structuring projects on the one hand and the revitalization of production in several business sectors on the other hand constitute a major determinant in the consolidation of this growth.

However, over the entire 2010-2017 period, growth remained slightly below the SPGE forecast. In fact, there was an average growth of 4.7% compared to 5.2% forecast in the central scenario of the SPGE. This is partly due to the emergence of certain factors, including the weak dynamism of the global economy, resulting in slowing global demand, delays in the commissioning calendar for major projects, and to a lesser extent, the negative effects of the wind of social protest/claims in the English-speaking regions, terrorist attacks in the north and security crises at Cameroon's borders with Nigeria and the Central African Republic.

Public finance and public procurement reforms as well as the increased mobilization of internal and external resources have contributed to the satisfactory implementation of the various Finance Laws from 2010 to 2015. However, the loss of fiscal revenues related to the oil price which occurred in 2015, combined with the pro-cyclical fiscal policy implemented by the Government led to a worsening of the primary balance estimated at 5% of the GDP in 2016.

The external account is marked during the period 2010-2015 by a structural deficit in the current account estimated at an average of -3.4% of the GDP. Despite the rise in crude oil exports over this period, this situation was mainly fuelled by a significant shift in the imports of goods and services required for the implementation of major infrastructure projects.

The analysis of the monetary situation highlights a significant increase in the money supply whose level went from 2625.4 billion at the end of 2010 to 4163.1 billion at the end of 2016, with an average annual increase of nearly 9%. Also, this favorable dynamic is also noticeable in terms of loans to the economy. Indeed, credits to the economy increased by just over 12.1% on average between 2010 and 2016, to reach 3031.9 billion at the end of the period against a level of 1594 billion at the end of 2010.

2.3. Socioeconomic context of households

Poverty reduction but increase in the number of poors. The fourth Cameroonian Household Survey ECAM-4 conducted in 2014 showed that the poverty rate fell by 2.4 points to 37.5% against 39.9% in 2007 and 40.2% in 2001. This change would result from a positive contribution of the annual real economic growth rate of 4.7% over the period 2010-2014, i.e. an increase in per capita income of 2.1% on average per year over the same period. This performance falls below the SPGE projections due to a growth still below the expected level and persistent disparities in the redistribution of wealth which explains the growing inequalities between the poor (1 million more in 2014 as compared to 2007) and the non-poor.

Child mortality remains of very high concern. The maternal mortality rate increased from 669 per 100,000 live births in 2004 to 782 in 2011. In linear progression, this

rate is expected to be 531 in 2015. In addition, the proportion of assisted deliveries has stagnated almost steadily, from 63.6 in 2011 to 64.7% between 2011 and 2014.

Infant mortality: a timid decline. It's all about reducing child mortality by two-thirds by the date implementation of the strategy. This rate was 74 per 1000 in 2004 and increased to 62 per 1000 in 2011, then to 60 per 1000 in 2014. As regards infant-juvenile mortality, the mortality rate improved from 144 per 1000 at 122 per 1000 in 2011 and 103 per 1000 in 2014.

Malaria. From 2008 to 2012, malaria morbidity among children under 05 increased from 56% to 40%, then from 49% to 11% among pregnant women and from 33% to 24% among those over 05 years (pregnant women excluded). During the same period, hospital morbidity due to malaria dropped from 41.6% to 27%, a relative decline of nearly 34%. This drastic decline is a consequence of the entry into force of the regulation on free treatment of malaria in children from 0-5 years.

HIV/AIDS. When it comes to HIV / AIDS, the prevalence rose from 5.5% in 2004 to 4.3% in 2011. Regarding treatment, we note that the distribution of free ARVs is effective. This has led to an increase in the number of PLHIV on ARVs from 122,783 in 2012 to 145,038 in 2014 and 168,249 in 2015. This represents 31% of eligible PLHIV. In addition, the proportion of HIV-positive pregnant women on ARV prophylaxis is expected to increase from 37.3% to 41.9%, from 26,433 to 29,686 at the end of 2015. In fact, by the end of 2015, ARV coverage in pregnant women is 84% as part of the Option B + strategy.

Education. The universal completion of the six years of primary school was one of the goals to achieve by 100% in 2015. During the review, it appears that the universal completion rate of the six years of the primary cycle rose from 73% in 2012 to 74.2% in 2014/2015 to 76% in 2015/2016. Thus, despite a good level of access, 24% of children in the age group 6-11 do not complete the primary cycle. The goal of completing the primary cycle implies a substantial improvement in the gross pre-schooling rate, a strengthening and an improvement in the quality of education at the primary level. In this regard, it should be noted that the gross preschool enrolment rate increased from 34.8% in 2014/2015 to 35.2% in 2015/2016; the pupil / teacher ratio in primary education increased from 41 in 2014/2015 to 45 in 2015/2016 and pupil / room ratio remained stable. In public primary schools, these two ratios declined by 2 points to 51 students / teacher and 64 pupils / classroom. These advances made it possible to increase the overall repetition rate from 25.5% in 2004 to 12.7% in 2014. Decree No. 2017/11737 / CAB / PM of 23 November 2017 on the establishment, organization and operation of the National Commission in charge of the monitoring and evaluation of the implementation of the National Policy on the book, the textbook and other didactic materials aim at further improving the indicators of access to a quality education in Cameroon.

Social Security. The social protection reform did not advance during the period under review and the extension of its coverage rate beyond 10% has not been realised. At the level of the CNPS, the number of people affiliated and covered was estimated at 1,458,777 in 2016, including 36,177 new voluntary insured persons. The number of staff supported by the MINFI is 329,545. Overall, the proportion of active population integrated into the social security system in force has increased from 10% in 2012 to

22% in 2016. As for the national solidarity, various actions have been taken, but there is still no comprehensive system of solidarity that can systematically support Socially Vulnerable Persons.

2.4. Sociocultural context

In Cameroon, cultural constraints are still part of the parent-child relationships in particular as well as the relationships that communities have with children in general. This structure fundamentally influences perceptions about the social or economic value of the child. These are the relationships of absolute deference and complete obedience of the child towards his father and the duty of respect towards his mother. This is what will justify the idea that the number of children desired per family in communities has no upper limit because it is linked only with the divine will, *"Children are God-given"*. Polygamy would mean lack of parental responsibilities by husbands. Every woman in a polygamous marriage cares for her offspring (*Report from Regional Consultations, July 2017*).

In short, we conclude in terms of perceptions of the socio-economic value of the child that:

- *Every child is God-given;*
- *The child is that of the community;*
- *The child is an old-age insurance for his parents and grandparents;*
- *The child's work contributes to the payment of his school fees;*
- *Children's jobs are a form of support to accompany their poor families in dealing with family expenses; it is a complementary source of income for the parents;*
- *The education of girls is less valued than that of their male brothers of the same age, especially in rural areas;*
- *Girls are predestined for marriage and boys for the reproduction and perpetuation of his family;*
- *The child represents a cheaper and docile workforce for parents and the community;*
- *The high costs of education and health are unfavorable to girls. The education and health of the little boy are priorities in situations of insufficient financial resources within the family;*
- *With the modernization and globalization of Western values of development, everyone takes better care of their own children at the expense of nephews, nieces and other relatives: it is family nuclearization mainly in urban areas.*

The parent-child relations are largely relations of absolute obedience of the child vis-à-vis the parents. It's worth noting that nowadays:

- *Parents are overwhelmed by the costs of educating their children;*
- *More and more, parents deliberately shed their responsibilities of raising children;*
- *There's a weak manifestation of the parents' affection for their children and even the abandonment of children;*
- *Polygamy, in some areas, means to heads of families a resignation to their obligations.*
- *Children are poorly educated.*

2.5. Multicultural context

With two national languages (English / French) and over 250 ethnic groups, Cameroon differs from other countries of the continent in its cultural diversity. This diversity has always been considered by the authorities as a wealth, a chance and the foundation on which the country's development strategies are based.

2.6. Security context

Since 2013, people in the Far North of Cameroon have been suffering from the Islamist sect Boko Haram (BH). Repeated incursions of Boko Haram into the borders of northeastern Cameroon with Nigeria, Chad and villages along the Lake Chad are frequent. These recorded abuses range from fires in villages and fields, kidnappings of children, women, intimidation of the civilian population to carnage in inhumane conditions or suicide bombings. Combining the fact that the communities victims of these cruelties were already living in unbearable living conditions, the fright engendered by the massacres of Boko Haram imposes yet a double fight for survival. It is a difficult context to advertise for hope and promote the full potential of children.

3. STATE OF PLAY OF THE EARLY CHILDHOOD DEVELOPMENT

3.1. Demographic profile of the early childhood

On July 1, 2017 the population of Cameroon was estimated at 23,248,044 inhabitants. It remains characterized by its extreme youth. Half of the population is under 18 years of age, with 18.3 years for women and 17.1 years for men. This youth is confirmed by calculating the average age of the population which is 22.1 years for the whole population, with 22.3 years for women and 21.8 years for men. The demographic load of children under 15 is 43.0% (Demographic Projections of the 3 rd RGPH, 2010).

With a population growth rate of 2.5% (BUCREP, 2010). The total fertility rate is 4.9 children per woman (MICS V, 2014). The population of children under 5 represents about 15.9% of the total population and the age distribution is as follows: 20% of children are under one year of age, 20% are between one year and less than two years and 60% are between two years and less than five years old. About 51% of children are male, and 58% live in rural areas (MICS V, 2014).

The portion of the population consisting of children under 8 years of age represents 30% of the population. Of these, 51% are boys and 49% are girls. As in the population as a whole, the Central and Far-North regions are the most populated in children under 8 while the South and East have the lowest number of children in this class.

On July 1, 2017, the number of children under 8 years was estimated at **6,494,111**. Boys (3,290,679 inhabitants) are the most numerous compared to girls (3,203,432 inhabitants).

Table 1: Population distribution by region as of July 1, 2017

REGION	POPULATION LESS THAN 8 YEARS ON JULY 1, 2017			POPULATION OF ANY AGE ON JULY 1, 2017		
	Boys	Girls	Both	Men	Woman	Both
ADAMAWA	196,442	194,237	390,679	630,091	641,690	1 271781
CENTER	561,184	549 133	1,110,317	2,205,547	2,204,105	4,409,652
EAST	131,718	127,813	259,531	421,504	424,652	846,156
FAR NORTH	714,799	691,327	1,406,126	2,061,869	2,124,975	4,186,844
LITTORAL	397,183	381,696	778 879	1,774,218	1,764,339	3,538,557
NORTH	428,491	422,535	851,026	1,267,527	1,293,564	2,561,091
NORTH WEST	274,708	269,079	543,787	979,184	1,067,067	2,046,251
WEST	282 780	272,747	555,527	928,026	1 057 338	1,985,364
SOUTH	100,468	98,256	198,724	386,752	378,482	765,234
SOUTH WEST	202,906	196,609	399,515	827,967	809,147	1,637,114
CAMEROON	3,290,679	3,203,432	6,494,111	11,482,685	11,765,359	23,248,044

Demographic projections from the 3rd RGPH, BUCREP 2005

3.2. Health and nutritional situation of the small child

Health is a fundamental element of people's well-being. The good health of children depends on the quality of their nutrition. It is recognized today that the first 1,000 days of small children's life are decisive for their future.

3.2.1. Health situation of small children

The MICS V carried out by the National Institute of Statistics in 2014, reports that in Cameroon, the risk for a live-born child to die before its fifth birthday (infant and child mortality) was 103 % between 2009-2014; 58% of these deaths occur during the first year of life. Boys are more likely to die than girls. The probability of dying before age 5 is 119 % for boys and 105 % for girls. The rural environment is more unfavorable to the survival of the children during the first 5 years of life than the urban environment. The risk of death of children before the fifth year of life is 140 % in rural areas against 74 % in urban areas.

In their first year of life, the risk for any live-born child to die before their first birthday (infant mortality) was estimated at 66 % in 2009-2014. This mortality ratio is higher for boys 70 % compared to 61% for girls. It is lower in urban areas (49 %) than in rural areas (78%). The first month of life is quite critical; 28 % of children die during this period. In other words, almost half (47%) of the deaths of children under one year of age occur during their first months of life.

Table 2: Elements of health and nutritional contexts in the different regions of Cameroon

REGION OF INVESTIGATION	PERCENTAGE OF CHILDREN UNDER 5	QUOTIENT (IN ‰) OF CHILD MORTALITY					PERCENTAGE LESS THAN 5 YEARS OF AGE WHOSE BIRTH WAS RECORDED	GROWTH RETARDATION (%)
		Neonatal mortality	Post-neonatal mortality	Infant mortality	Juvenile mortality	Infant-juvenile mortality		
ADAMAWA	5.8	40	32	72	59	127	69.8	37.8
CENTER (WITHOUT YAOUNDE)	7.4	28	27	55	43	96	81	24.9
DOUALA	8.3	21	18	39	14	52	91.4	15.7
EAST	6.1	39	43	82	49	127	58.2	35.8
LITTORAL (WITHOUT DOUALA)	3.1	22	27	49	36	84	84.4	22.914
NORTH	13.1	42	58	100	81	173	60.9	33.8
NORTH WEST	6.7	19	23	42	23	64	77.1	36.1
WEST	9.2	14	28	42	42	83	83.1	30.5
SOUTH	2.8	31	24	55	1	100	62, 6	25.7
SOUTH WEST	7.3	32	26	58	21	78	55.6	28.1
YAOUNDE	6.6	17	15	32	10	42	87.6	15.4

Source: MICS5, 2014

Overall, in the decade prior to the survey (2004-2014), regardless of the under-five mortality component, the risk of death remained higher for boys than for girls.

Infectious diseases remain predominant in children and contribute to maintaining or aggravating malnutrition. According to MICS V (2014), diarrheal diseases affect 20% of children under five, of whom 25.2% sought care and only 5.2% were treated with ORS / Zinc. Fever affects 25.6% of children. Just over half of the children (54.8%) slept under an impregnated mosquito net. This rate is 52.3% in pregnant women. Only 26.0% of pregnant women took three doses of intermittent preventive treatment during the last pregnancy. Acute respiratory infections affect 4% of children with 40.7% who have been treated with an antibiotic.

In addition, a major global health problem is the prevalence of human immunodeficiency virus (HIV) in the adult population. The effect on children is extensive, and transmission is in many cases from mother to child. In Cameroon, the prevalence among women aged 15-49 is 5.6% and is almost double that of men in the same age group (2.9%) (EDS-MICS 2011). The seropositivity rate among pregnant women in 2014 is 6.5% compared to 8.4% in 2011 in this same age group (UNAIDS, 2015). For example, children with sick parents are sometimes forced to take on adult family roles, which can have a strong impact on girls' development, since they are more likely to take responsibility for domestic chores and to give up at school (Richter and Foster, 2006). For children with AIDS, when they are not well cared for, they do not achieve the optimal cognitive, language and community isolation of which they are a victim of their socio-emotional development.

With regard to immunization coverage, among children aged 12-23 months, while almost 75% (i.e. 3 out of 4 children) were fully vaccinated against the target diseases of the Expanded Program of Immunization (EPI) at no at any point in their lives, only 64% were on the recommended immunization schedule, i.e. before 1 year. A good start for the optimal development of the child is necessary and also starts with good eating habits, breastfeeding or even birth registration.

In addition, the care of children born prematurely remains a major concern in rural Cameroon.

3.2.2. Nutritional situation of small children

Nearly one third of children (32%) suffer from chronic malnutrition and 13% suffer from it severely. It should be noted that rural children are more affected than those in urban areas with 38% and 23% respectively. As a result, children who are malnourished are more likely to suffer the consequences of poor physical and mental development; less successful in school (Pelto, Dickin and Engle, 1999, Powell et al., 1998, Winicki and Jemison, 2003); to be vulnerable to the effects of infections; to have more severe episodes of diarrhea; present increased risks of pneumonia; to have a

weaker immune system and often, to have low levels of iodine, iron, protein and therefore a lower level of energy, which can contribute to the development of chronic diseases and delay growth affecting their cognitive and social development (UNICEF, 2006).

It is found that children aged 12-23 months are more likely to suffer from diarrhea, fever and ARI.

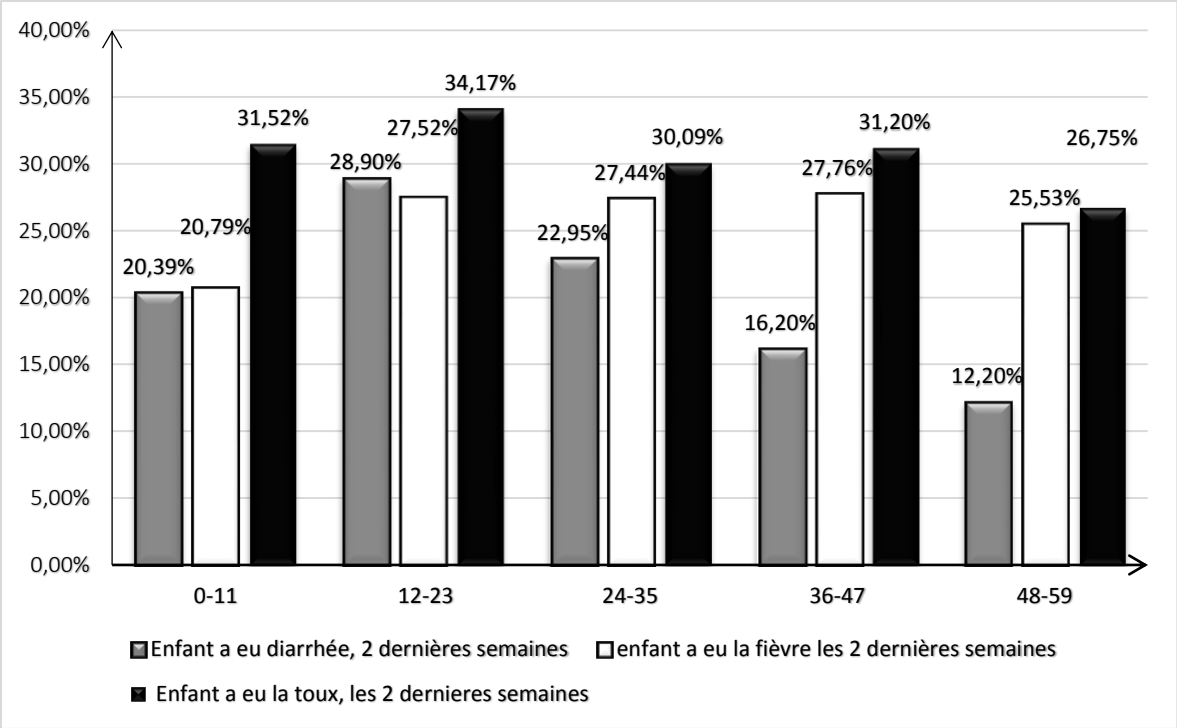
In Cameroon, undernutrition in all its forms is a public health problem, especially in the northern and eastern parts of the country. Stunting remains high, 31.7% according to MICS 2014. In addition, 5.2% of children under 5 years of age were acutely malnourished and 14.8% were underweight (MICS 2014).

Vitamin A deficiency affects 35% of children aged 1 to 5 years (FRAT 2009). The most affected regions are North 62.7%, Far North 47.7% and Adamawa 40.5%. Iodine deficiency disorders (IDD), iron deficiency and zinc deficiency are present in most parts of Cameroon. In women of childbearing age (15-49 years), zinc deficiencies and anemia are 76.9% and 38.8% respectively. In children aged 12 to 59 months, zinc deficiency and anemia are 69.1% and 57.6%, respectively.

Almost all children are breastfed (95.8%), but only 31.2 % of children are breastfed within one hour of birth and 28.2% of children are exclusively breastfed the age of 6 months (MICS 2014). In the 6-23-month age group, 39% of children received food from 4 or more foods, and 14% of children from 0-3 months are bottle-fed (MICS 2014).

According to the 2011 DHS-MICS, the average value of the Body Mass Index (BMI) for women was 23.9. Seven percent (7%) of the women were mildly thin and 2% were undergoing severe wasting. This is among the younger women (15-19 years) that the level of chronic energy deficiency remains the highest (10%). The prevalence of chronic energy deficiency remains much higher in rural than in urban areas (10% against 5%). In addition, it varies from a minimum of 2% in the West to a maximum of 17% in the Far North and Adamawa. It was noted that the prevalence of the chronic energy deficit decreased when educational attainment increased from 16% among women with no education to 2% for women with a high school education.

Graph 1: **Proportion of children under 5 who have suffered from diarrhea, fever and ARI.**



Source: review of the MICS5, 2014.

3.3. Water, hygiene and sanitation

In addition to the public administrations concerned by the provision of water, hygiene and sanitation services, municipalities are now an important player in the field, especially in the field of sanitation. Private wastes collection companies complete the list of current stakeholders in Cameroon.

The Ministry in charge of water ensures the supply of the population with drinking water. La Camerounaise Des Eaux (CDE) ensures the supply of running water in large and medium-sized cities. CAMWATER makes access to running water possible in the rest of the country and regulates the sector. The Ministry in charge of urban planning and the Decentralized Territorial Communities (CTD) deals with the sanitation facilities.

Access to drinking water and basic sanitation facilities in rural areas has always been limited. The government therefore intends to improve this situation by increasing the rate of access to drinking water to 75% in 2020 (SPGE 2010). According to the 2011 MICS, the access rate of the population to a source of drinking water was 69%. There was a slight improvement of 2% between 2006 and 2011. However, the proportion of people with access to a drinking water source in urban areas (90%) is almost twice that of those living in rural areas (50%).

Regarding the rate of access to improved toilets in households, it increased from 33 to 36% between 2006 and 2011, with a significant increase in rural areas (from 15% to 26%). The rate of open defecation households stagnated at 7% with peaks of more than 20% in the northern and far north regions, where rates of chronic malnutrition are higher.

Data from MICS5 (2014) indicate: i) the use of improved drinking water sources 72.9%; ii) the use of improved toilets 34.9%; iii) the hygienic disposal of child feces 70.6%; iv) the households with a specific place for hand washing (with soap and others) 14.9% and v) the availability of soap or any other product for washing in households 82.3%.

3.4. Social protection

As stated in the SSDSS document, social protection will also be highlighted in this Policy, as is all public or private initiatives, in the form of laws, programs, measures and services, aimed at:

- reducing vulnerability
- managing risks and curbing external shocks
- reducing extreme poverty in relation to vulnerability
- developing human capital
- socially reintegrating the marginalized and excluded

Social protection thus appears as a set of measures aimed at alleviating poverty, managing individual risks, and promoting equitable and sustainable growth through the prevention, promotion and protection of the most vulnerable.

It is also defined as the set of mechanisms and interventions that enable individuals or households to cope with the consequences of social risks, with or without financial impact, that is to say situations that may cause a reduction in resources, increased spending or stigma

Child protection will prevent, respond to and eliminate the abuse, neglect, exploitation, violence, discrimination and stigmatization of children in all settings. This definition is based on Article 19 of the United Nations Convention on the Rights of the Child (CRC).

The categorization of children in need of special protection measures in Cameroon distinguishes eight categories of EBMSP: children separated from parents, abused children, children living / working on the street, children in conflict with the law, exploited children, refugee children or IDPs, children with disabilities and children infected / affected by HIV and AIDS (TBS, 2003). To these categories are added children from the Pygmies and Mbororos communities whose vulnerability is linked to the way of life of their community.

Baseline studies and community consultations have highlighted the magnitude of the EMBSP phenomenon and the major issues that affect it. One in four children (26.2%) is orphaned or vulnerable and the phenomenon of street children or abandoned children is important.

Major problems faced by the EBMSP include: under-enrollment of children with disabilities, labor exploitation, poor health, inadequate nutrition, abuse and sexual

exploitation, low rates of registration at birth, the stigmatization of orphaned or abandoned children, whose numbers continue to grow. This situation is aggravated by the inadequacy of specialized staff, appropriate structures for supervision, recovery and nutritional education, as well as sociocultural constraints, dysfunction and the loosening of family ties. This is the place to strengthen parenting education programs and / or responsible parenting.

In addition, the birth registration rate at the national level is 66%. The northern regions are those with the highest number of unregistered children.

In addition, reflections should also be made on appropriate mechanisms for the protection of children born or living with mothers in conflict with the law.

3.5. Awakening and early stimulation

The introduction of awakening and early stimulation activities is an essential determinant of child development during the first days of life. Possession and stimulation by toys and books at home are the indicators used to apprehend home waking practices and their quality.

We note here that 44% of children play with toys bought in stores and 39% do it with home-made toys. Yaoundé and Douala are the two cities in which this proportion is the highest, respectively 83% and 79.48%. In addition, the proportion of children playing with items taken at home or outdoors is 67.6% and is the largest in all regions for the presence of home toys.

Regarding the presence of books at home, 91.63% of children have none at all. The cities of Douala and Yaoundé are those where the percentage of children who own at least one pound is the highest respectively 24.09% and 21.43%. The North and the Far North are the Regions where this percentage is the lowest respectively 0.42% and 1.19%.

Table 3: Quelques caractéristiques en matière d'éveil dans les ménages des enfants

REGION OF INVESTIGATION	TOY MADE AT HOME	TOY BOUGHT FROM THE SHOP	OBJECTS TAKEN AT HOME OR AWAY	CHILD HAS AT LEAST ONE BOOK AT HOME
ADAMAWA	49.91	46.68	74.60	3.57
CENTER (EXCLUDING YAOUNDE)	18.37	53.54	74,34	6.69
DOUALA	34.08	79.48	69.66	24.09
EAST	47,14	43.32	77.95	4.39
FAR NORTH	48.65	16,00	64.36	1.19
LITTORAL (EXCLUDING DOUALA	31,13	56.49	63.73	15,02
NORTH	51.87	39,67	57.19	0.42
NORTH WEST	36.61	39,10	75.98	15,48
WEST	34.95	47,29	61.28	7.33
SOUTH	18,05	57.94	56.50	4.66

SOUTH WEST	31.42	49.35	78.99	18.38
YAOUNDE	18.74	83,00	67.89	21.43
TOTAL	38.94	44,28	67.58	8.37

Source: review of the MICS5, 2014.

3.6. Preschool and primary education

Goal 4 of the United Nations 2030 Agenda for Development is to "Ensure access for all to quality education on an equal footing, and promote inclusive learning opportunities. long life. It is specifically mentioned in Target 4.2: " *By 2030, ensure that all girls and boys have access to early childhood development and care and quality pre-school education. prepare them for primary education.* "

Preschooling and schooling are part of children's awakening, in addition to parenting practices.

Benefiting from early childhood education is important for preparing children for school. Our analysis of children aged 0 to 5 given the available data, and the difficulty of knowing the school behavior of children aged 5 to 8 years, Table 3 shows the proportion of children in first year of school primary school (regardless of age) who attended kindergarten the previous year.

It should be noted that this indicator does not exclude repeaters from the denominator and therefore includes both children who attend primary school for the first time and those who were in first grade of primary school in the previous school year. and have redoubled. Repeating children may have attended pre-school education before the school year in which they entered the first year of primary school for the first time; these children are not included in the numerator of the indicator.

The table below shows that in Douala, the percentage of first-year primary school pupils who attended kindergarten the previous year (91%) is thirty times higher than that of their counterparts in the Far North (3%).Overall, however, only 44.44 per cent of primary school children attended pre-school in the previous year.

Table 4: School Preparation

REGION OF INVESTIGATION	PERCENTAGE OF CHILDREN ATTENDING PRIMARY SCHOOL THAT ATTENDED PRE-SCHOOL IN THE PREVIOUS YEAR	NUMBER OF CHILDREN ATTENDING FIRST GRADE OF PRIMARY SCHOOL
ADAMAWA	12.5	125
CENTER (EXCLUDING YAOUNDE)	59.6	144
DOUALA	91.2	115
EAST	29.5	154
FAR NORTH	3	407
LITTORAL (WITHOUT DOUALA)	56.2	59

NORTH	5	266
NORTH WEST	34.9	116
WEST	43.1	192
SOUTH	53.6	58
SOUTH WEST	60.9	107
YAOUNDE	83.8	89
TOTAL	44.44	1832

Source: MICS5 Cameroun, 2014

Regarding CPCs, the experimental phase (2013-2017) was an emanation of the communities. Their operation has so far been financially supported by Plan International Cameroun and UNICEF in the Zones of Priority Education (ZEP). This phase was marked by the establishment of 226 CPCs. However, some middle and poor families do not always find it very interesting to send their children there.

Decision No. 5659 / A / 501 / MINEDUB / SG / DPPC / DEMP of 09/10/2017, formalized the creation of 70 of the 226 existing CPCs.

Also, the supply of qualified and motivated staff remains limited. Retention of teachers in remote areas remains a big challenge.

3.7. Issues and Challenges

The issues and challenges related to the development of the early child are aligned with Cameroon's proactive vision of development, for the reduction of poverty and the improvement of the living conditions of all populations, whatever their age, their sex or their ethnicity.

3.7.1. Challenges

Faced with inequalities in access to health care and schooling, the National Policy for Early Childhood Development is a framework that aims to ensure the equity necessary for a good start for life. In addition, in a context of difficulty of employment and competitiveness requirement, this policy is the cornerstone of the early development of human capital necessary for the good progress of Cameroon towards its emergence by 2035. Its implementation will help accelerate progress towards the SDGs.

3.7.2. Other challenges

The analysis of the situation of young children, enriched by the results of the regional and community consultations, highlighted challenges to be taken to give each child a good start for life. Some of these challenges are common to all children while others are specific to different age groups. They concern its living environment, the socio-cultural environment as well as the structural and institutional framework governing it.

Meeting these challenges is to ensure the child's survival through good health and nutrition, optimal early learning and education, and the satisfaction of all other rights,

including the right to protection. With this in mind, the actions to be taken aim at correcting, through the promotion of parental education, the shortcomings relating to:

- Maternal, newborn and small child health (malaria, vaccination, ARI and diarrheal diseases);
- Food and nutrition of the pregnant woman, newborn and small child;
- Regular deworming of the young child;
- Care of pregnant women, parents, children affected or infected with HIV;
- Stimulation of the fetus and awakening of the infant and small child;
- The protection of the pregnant woman and the mother against violence, the small child against exploitation, trafficking and abuse of all kinds and the promotion of birth registration;
- Accessibility to preschool and elementary school;
- Access to water;
- The care of children in need of special protection measures.

Regarding the environment of the small child, the challenges are:

- Improving access to basic social services through increased resources and infrastructure, including hygiene and sanitation;
- Reducing the weight of the harmful aspects of certain traditions and isolation;
- Strengthening the stability of the family unit
- Improved parent / adult skills to understand and respond to children's psychosocial needs;
- Promotion of community development initiatives.

Finally, with regard to the structural and institutional arrangements, the challenges relate to:

- The development of complementary instruments to address in particular:

  ✓ Insufficient health control in schools;

  ✓ The lack of regulations on quality controls of food marketed around schools;

  ✓ Non-adaptation of labor legislation to the requirements of exclusive breastfeeding within up to six months;

  ✓ Commercial practices relating to breast-milk substitutes, baby bottles, pacifiers and pacifiers, the provisions of which do not provide for any sanction;

  ✓ The lack of a legal framework for the protection of orphans and live children with HIV and AIDS;

  ✓ Lack of interdepartmental regulatory measures on OVC access to basic services;

- ✓ Non-inclusion of OVC as a particular target group in sectoral social development strategies;
- ✓ The complexity of the procedures for the care of orphans and children living with HIV / AIDS;
- ✓ The non-effective application of the PTME / PECP children's access policy to user-friendly health and social services;
- ✓ The non-coercive character of the obligation of primary school for all.

- Harmonization of existing legal and regulatory instruments, in order to:
  - ✓ Promote consultation between the ministries responsible for basic education, the literacy of children with disabilities or who need special protection measures, women and the family;
  - ✓ Specify the roles of the various institutional actors, particularly with regard to the awakening of children from 0 to 3 years old.
- Strengthening collaboration and partnership for early childhood development.

The Government's commitment to addressing these challenges lies in the benefit that investment in the small child will bring to the people themselves and to the economic development of the entire nation. At the individual level, the health, nutrition, social and legal protection and education services granted to the child from an early age ensure a harmonious development of his intrinsic abilities and thus give him every opportunity to a good start in life. On the collective level, Cameroon's Emergence Vision 2035 highlights the need for sustainable development of human resources, especially for the transition from agricultural economy to industrialization. The formation of human capital envisaged in this context begins in the small child.

The Government is all the more committed to meeting these challenges as the challenges of ECD are important. Indeed, the DPE participates in the sociodemographic challenge of the country's long-term development vision, which emphasizes the need to move the population, and therefore the young child, from its potential resource status to that of an effective resource, the driving force of the country. development and factor of cohesion and social peace.

The Government reaffirms that investment in ECD is the first pillar of human capital formation. Indeed, the optimal and harmonious development of the brain, intelligence, personality and social behavior of children offers all of them the same opportunities for a good start for life and thus breaks the intergenerational cycle of life. poverty. In doing so, the ECD is expected to significantly accelerate Cameroon's progress towards the achievement of the SDGs.

4. STRATEGIC FRAMEWORK OF THE ECD

4.1. Foundations

The National Policy of ECD finds its foundations in the frame of reference of global development of Cameroon. The country's efforts are primarily channeled towards creating a structuring environment conducive to growth, improving the competitiveness of the economy and conditions for effective population participation in growth. Emphasis is placed on improving living conditions, through the fight against poverty, the improvement of people's incomes and their access to basic social services.

It is also based on legal instruments developed at the national and international levels.

4.1.1. Legal foundations

Several legal instruments, both national and international, underlie the need for Cameroon to have its policy on early childhood development, among others:

- The Universal Declaration of Human Rights;

- The United Nations Convention on the Rights of the Child;

- The United Nations Convention against Transnational Organized Crime and its Additional Protocol to Prevent, Suppress and Punish Trafficking in Persons, Especially Women and Children;

- ILO Convention No. 29 on Forced Labor (1960);

- ILO Convention No. 105 on the Abolition of Forced Labor (1962);

- Convention No. 182 on the Worst Forms of Child Labor (2002);

- The Convention on the Rights of Persons with Disabilities

- The African Charter on the Rights and Welfare of the Child;

- The Preamble of the Constitution which states that: "The State assures the child the right to education. Primary education is compulsory. The organization and control of education at all levels are imperative duties of the State ";

- Law No. 97/12 of 10 January 1997 laying down the conditions of entry, residence and exit of foreigners in Cameroon and its implementing decree No. 2000/286 of 12 October 2000 which requires parental authorization for children for the issue of a travel document;

- Law No. 2011/024 of 14 December 2011 on the fight against trafficking and trafficking in persons;

- Law No. 2005/005 of 27 July 2005 on the Code of Criminal Procedure which takes into account the protection of children;

- Law No. 098/004 of 4/4/1998 on the orientation of education in Cameroon;

- Law N ° 2004/08 of 22/12/2004 fixing the rules applicable to the communes;

- Law N ° 2004/22 of 22/12/2004 laying down the rules relating to the organization and operation of primary education in Cameroon.

- Ordinance No. 81/02 of 29 June 1981 on the organization of the civil status and various provisions relating to the status of natural persons, which provides for the signaling of a new-born child (Article 38); paternal power and custody of children born out of wedlock (article 47), alimony for the benefit of children left in the care of an abandoned wife (article 76);

- Decree on the protection of early childhood of March 20, 2001.

In social matters, the Labor Code prohibits forced or compulsory labor (article 292, paragraph 3) and excludes the employment of children under 14 years of age and their use in hazardous work or work exceeding their strength (articles 86 and 87). The Code provides for sanctions against the perpetrators of these offenses (section 1967).

In civil matters, the Civil Code establishes the maintenance obligation between ascendants and descendants (Article 203), and the paternal power (Articles 371 to 387); all things that contribute to the prevention and suppression of child trafficking and exploitation. Special instruments also help operationalize the policy of combating the trafficking or exploitation of children, among others:

- Law No. 2011/024 of 14 December 2011 on the fight against trafficking and trafficking in persons;
- Law No. 2005/005 of 27 July 2005 on the Code of Criminal Procedure which takes into account the protection of children;
- Ordinance No. 81/02 of 29 June 1981 on the organization of civil status, which provides for the registration of a new-born child (Article 38), the paternal authority and the care of children born out of wedlock (47), alimony for the benefit of children left in the care of an abandoned wife (section 76).

In criminal matters, provisions of the Penal Code issued by Law N ° 2016/007 of 12 July 2016 may be used to punish cases of trafficking and exploitation. Children are particularly protected through these offenses:

- Article 242: Discrimination: any discrimination based on sex is now sanctioned by the Law.
- Article 340: Infanticide. The mother who is the principal perpetrator or accomplice of the murder or murder of her child in the month of her birth is liable to imprisonment of five (5) to ten (10) years.
- Article 341: Attack on parentage: "is punished by imprisonment of five (5) to ten (10) years, the one whose actions have the effect of depriving a child of evidence of parentage";
- Article 345: Moral hazard is when the guardian or guardian of a child under 18 years of age permits him to reside in a house or establishment where prostitution is practiced or to work there with a prostitute;
- Article 358: Abandonment of own house.

4.1.2. Political foundations

(i) Cameroon's accession to the 2030 agenda

It has 17 Sustainable Development Goals with 169 targets compared to the 8 Millennium Development Goals (MDGs) with 21 targets. The complex challenges of the contemporary world call for covering a wide range of issues. It is also essential to treat the sources of the problems, not just their symptoms. The Sustainable Development Goals are the result of a negotiation process that involved the 193 UN member states and engaged unprecedented participation by civil society and other actors. Thus, multiple interests and perspectives were represented. In contrast, the MDGs were developed by an expert panel behind closed doors. These objectives cover many topics because they address the different dimensions of sustainable development: economic growth, social integration and environmental protection. The MDGs focused mainly on social issues. The MDGs targeted developing countries, especially the poorest, while the Sustainable Development Goals will be applicable worldwide in rich and poor countries. Nine (09) of the seventeen (17) Sustainable Development Goals of the 2030 Agenda are focused on the need and imperative to mobilize efforts for early childhood development. These include:

- SDG 1: Eradication of Poverty
- SDG 2: Fight against hunger
- SDG 3: Good health and well-being
- SDG 4: Access to quality education
- SDG 5: Gender Equality
- SDG 6: Access to drinking water and sanitation
- SDG 10: Reducing inequalities
- SDG 16: Justice, peace and strong institutions
- SDG 17: Partnership for Achieving Goals

Six targets are specific to the development of social services that support the development of the full potential of early childhood. It is:

- ✓ Put in place social protection systems and measures for all, adapted to the national context, including social protection floors, and ensure that by 2030 a significant proportion of the poor and vulnerable benefit;

- ✓ By 2030, strengthening the resilience of the poor and vulnerable people and reducing their exposure and vulnerability to extreme weather events and other economic, social or environmental shocks and disasters;

- ✓ Eradication of all forms of discrimination against women and girls worldwide;

- ✓ By 2030, full and productive employment and the guarantee to all women and men, including young people and persons with disabilities, of decent work and equal pay for work of equal value;

- ✓ By 2030, the empowerment of all people and support for their social, economic and political integration, regardless of age, gender, disability, race, ethnicity, their origins, their religion or their economic or other status;

- ✓ By 2030, the significant reduction in the number of people killed and the number of people affected by disasters, including water-related disasters, and a significant reduction in the amount of economic losses directly related to these disasters proportion of the world's gross domestic product, with the emphasis on protecting the poor and those in vulnerable situations.

(ii) Accession of Cameroon to the African Union Agenda 2063

In May 2013, the African Union Commission embarked on the process of defining a continental agenda for the next 50 years. This strategic action framework adopted in 2014 aims to define for the coming years a growth trajectory for Africa, taking into account the lessons learned over the last 50 years. It is based on the aspirations of the people, while encompassing and pursuing the ideals of Pan-Africanism.

Cameroon's accession to Agenda 2063 represents for the next 50 years an asset for the reduction of poverty, inequality and social exclusion. Indeed, this membership advocates that the development of development policies be focused on the social inclusion of populations relying in particular on the potential of women, youth and children.

Two (02) of the six (06) Aspirations of Agenda 2063 specifically address the field of early childhood development, including:

- Aspiration # 1: A prosperous Africa based on inclusive growth and sustainable development;

- Aspiration N ° 6: An Africa where development is people-oriented, based in particular on the potential of women and young people.

(iii) The Development Vision by 2035

The realization by the Government of Cameroon for its ambition to become "an emerging, democratic and united in its diversity by 2035" square in the center of the action the issue of human capital development necessary to achieve it.

To this end, the Government is committed to developing the conditions for the development of the small child (aged 0 to 8 years), by 2035; the interventions thereon the thread is, the small child, be in good physical, mental and moral well-fed, well-educated and well informed, awake, fully enjoying their rights, respectful of social, cultural and spiritual its environment and living in a healthy, secure and fair environment.

It is about improving the employability of young people. It is imperative for Cameroon to meet the challenge of increasing the proportion of students in science and technology at the secondary and higher levels. From 5% currently, their proportion must increase to at least 30% by the horizon of the vision. To make this goal seem likely, bold actions

must be taken in the direction of early child orientation, and the use of innovative forms of knowledge transfer as well as lifelong learning.

(iv) The Strategic Paper for Growth and Employment (SPGE)

The SPGE is the framework document for operationalizing the first phase of the Development Vision for the period 2010-2019. This policy framework specifies that interventions in the area of maternal, child and adolescent health aims at reducing maternal, newborn and child deaths.

In the medium term, the following results are expected: (i) the quality of care provided to pregnant and postpartum women is improved; (ii) access to quality obstetric and neonatal care is increased; (iii) access to family planning services is increased; (iv) reproductive cancers are more screened and managed; (v) obstetric fistulae are further screened and managed; (vi) the provision of immunization care and services is improved with vaccine coverage (DTC3, VAR, VPO3, BCG) of 92%; (vii) access to treatment for children infected with HIV / AIDS is ensured; (viii) children's access to PCIME is increased; (ix) malnutrition is better controlled in the population; (x) adolescents' abilities to live are increased; (xi) the health of students and children attending schools is improved and (xii) universal access of orphans to quality care is ensured.

Thus, in preschool, the Government intends to expand the coverage of nursery education through the development of community experience to the benefit of rural populations and with the strong involvement of regional and local authorities. The private sector will also be encouraged to develop formal pre-school provision. This extension of the preschool should be concretely translated by the increase of the infrastructures, the personnel, the application of integrated and flexible programs.

With regard to water, hygiene and sanitation, access to drinking water and basic sanitation facilities in rural areas is limited. The Government therefore intends, to improve this situation, to increase to 75% in 2020 the rate of access to drinking water. Also, health class related interventions, nutrition and environment will be oriented to optimize the fight against the disease, particularly regarding: environmental health and body (vector control, food hygiene, hand hygiene and body and improvement of the environmental living environment in urban and rural areas: housing, household waste, construction / use of latrines, etc.). Interventions for early childhood development are analyzed as:

- A strategy to break the intergenerational chains of poverty. Indeed, the poor have a high risk of giving birth to other poor people. To get out of the infernal cycle of poverty, only massive investments for the full potential of small children would be the panacea;
- An investment in human capital to sustainably support economic growth efforts.

(v) Sectoral Strategy for Social Services Development (SSDSS 2016-2027)

As part of this strategy, the Government has committed to developing leadership and strengthening the empowerment of children, adolescents and young people. This commitment can not be materialized when we focus on children in the 0-8 age group

through the development of interventions to express the full potential of these children. The development of youth leadership is the bedrock of good child health, nutrition, education and social protection policies. Thus the PN-DPE finds its anchor in the achievement of the objectives of the SSDSS over the period 2016-2027.

Targets for the SSDSS include Children in Need of Special Protection Measures (EBMSP). These are children permanently exposed to vulnerability factors. These factors include chronic poverty, family instability, incapacitating diseases, HIV / AIDS, disasters and internal / international conflict.

To this end, it has been decided to strengthen leadership and empower young people. Strengthening this leadership is the prerequisite for a quality coaching of children in the first months of their lives in order to develop their full potential.

(vi) Strategy of the Education and Training Sector (DSSEF 2013-2020)

The Education Strategy is in favor of improving access and equity at the preschool and primary levels. The challenge is to raise the pre-school enrollment ratio from its 2010 level (27%) to at least 40% by 2020. In addition, the aim is to reduce disparities of all kinds (gender disparities, urban disparities / rural, ...). Preschool development is based on strengthening the capacities of Community Preschool Centers, improving the quality of the public offer and encouraging private initiatives. Universalization is the challenge of primary education efforts.

Preschool is the first level of formal education. It ensures the reception, supervision, survival, protection and development of children from birth to the age of 6 years. Among the proposed reforms in terms of access and equity in education and training structures, there is the "development of community pre-school education in rural areas".

The first strategic focus of the SSEF on Access and Equity, has as Specific Objective # 1: Increase the gross pre-school enrollment rate from 27% in 2010 to 40% in 2020. To achieve this, the Government intends to develop Community experience for the benefit of rural populations by involving local and regional authorities and encouraging private provision. It will also strengthen the capacities of the supervisors of the Community Preschool Centers (CPC) through the chain of educational supervision and the development of curricula. At this level several objectives have been set:

Develop community experience for the benefit of rural people. In order to extend pre-school provision to rural areas and thus reduce disparities, the Government intends to encourage the creation of Community Preschool Centers (CPCs) in targeted areas, where reception capacities are now far from average. national. The Government will provide support for the development of these centers through the awarding of grants, distributed by the local authorities, which will ensure the awareness of the communities concerned, build and equip CPCs.

Involve local and regional authorities in the extension of preschool. The Government intends, through the decentralized territorial communities, to initiate a program of construction of 100 CPCs in a first period of three years, according to standards defined in the specifications requiring the presence of the basic conveniences in the zones of implantation (water, electricity, latrines, playground, fence, mini library).

Decentralized territorial authorities will provide the Government with the support for preschool support. They will engage in mobilization of parents, acquisition of school equipment, rehabilitation of premises, and remuneration of support staff.

Encourage the private sector to develop a quality formal pre-school offer. The government intends to experiment with the contract-schools operation in 80 private pilot schools. This operation, which results from the application of the law on private education of 2004, makes the granting of subsidies conditional on a quality effort on the part of private operators.

Thus, to promote preschool and further democratize access, the state aims in the new program of education and training.

(vii) The Health Sector Strategy (SSS 2016 - 2027)

The Health Strategy is based on three essential pillars: health promotion, disease prevention and case management. Health promotion focuses on nutrition (breastfeeding, food supplementation, etc.), hygiene and sanitation. Disease prevention targets children and pregnant women first. Case management is part of the Government's commitment to significantly reduce child deaths and maternal deaths. Ultimately, the implementation of this strategy that covers the period 2016-2027 already focused on improving the health status of children and their mothers.

The SSS deals with early childhood development, particularly in the implementation of the following orientations:

Improvement of environmental hygiene (water, hygiene and sanitation). Improvement of environmental hygiene aims at reducing the risks of diseases due to unsanitary living conditions. Thus, this strategy will be based on the following six pillars: (i) improving the management of collective liquid, solid and gaseous waste (household, industrial and hospital) to reduce the incidence of vector-borne diseases; (ii) education of the population on hygiene and environmental sanitation; (iii) strengthening of qualified human resources in sanitary engineering at all levels of the health pyramid; (iv) improving the availability of amenities (water points, toilets) in schools, prisons, workplaces, in public places and in households; (v) Advocacy for increasing financial resources allocated to environmental health; and (vi) the sanitation of the places of sale and consumption of food.

Promotion of good eating and nutritional habits. The interventions resulting from this strategy will aim to reduce the exposure of populations to diseases caused by poor nutrition. This will involve: (i) advocating for increased financial and human resources for the promotion of a healthy and balanced diet, (ii) improving the safety of foods placed on the market and those consumed by populations; (iii) design and implement nutrition education programs adapted to our socio-cultural and economic context and combat poor dietary practices in each region; (iv) improve people's access to a balanced diet; and (v) improve food labeling.

Strengthening of other essential family practices conducive to health. There will be talk of promoting essential family practices in general, and FP in particular. Indeed, the other specific objectives of the health promotion strategic axis already take into

account the other aspects related to essential family practices. These include the balanced diet; environmental health, personal and body hygiene etc. The promotion of the 13 essential family practices will be strengthened. However, the focus will be on infant and young child feeding, community-based practice of treating child diarrhea through oral rehydration (ORS), and finally promoting the use of MILDAs.

Improved prevention of vaccine preventable diseases. Preventing the onset of the most lethal diseases of infancy is a beneficial strategy for reducing child morbidity and mortality. This strategy will therefore: strengthen the availability of vaccine supply, ensure quality supply and logistics, develop and promote initiatives to accelerate the fight against vaccine-preventable diseases, strengthen community participation in communication and social mobilization for immunization, strengthen supplementary immunization activities (SIAs), prioritize advanced strategies as an immunization procedure in areas that are difficult to access.

Improved access to services to prevent vertical transmission of HIV and viral hepatitis B from mother to child (Scaling PMTCT across functional health facilities). Vertical transmission of HIV and viral hepatitis B from mother to child is a major public health problem in Cameroon. To reduce the risk, there will be a question of: strengthening the progressive extension of PMTCT sites to ensure good geographical coverage and populations; integrate the prevention of mother-to-child transmission of viral hepatitis B, D and C and HIV in PMTCT and RMNESA services; strengthen counseling and testing for HIV and viral hepatitis B, D and C in all pregnant women and their partners / spouses during NPCs, in the delivery room and postpartum; reinforce scaling up of option B +; prevent opportunistic infections in HIV + pregnant women and exposed children; strengthen mechanisms for monitoring PMTCT interventions at all levels of the pyramid; update operational plans to eliminate mother-to-child transmission of HIV; ensure early and systematic PCR diagnosis of exposed children; strengthen the continuum of care for the mother-child couple and families; and community monitoring of families through psychosocial support, treatment adherence support, and home visits.

(viii) National Action Plan for the Promotion and Protection of Human Rights in Cameroon (PANPPDHL 2015-2019)

In the PANPPDHL, adopted in 2015 by the Government, the various interventions advocated relate to: the finalization of the elaboration of the framework document of national policy of integrated development of the child; ratification of the Optional Protocol to the Convention on the Rights of the Child on the sale of children, child prostitution and child pornography; the finalization of the draft National Education Policy for Children in need of special protection measures; adoption of the Child Protection Code; the development of the strategy for the promotion and protection of the rights of the child; the finalization and dissemination of standard operating procedures and the referencing system for combating child trafficking and trafficking; strengthening mechanisms for identifying and caring for child victims of trafficking; the establishment of a platform for intersectoral collaboration in the fight against trafficking and trafficking of children; repression of perpetrators of trafficking and trafficking of children; internalisation of international instruments for the protection of children born to imprisoned mothers.

(ix) Strategic Orientation Document for the Fight Against Malnutrition in Northern, Far North, Adamawa and Eastern Regions (2015-2020)

In this framework of strategic orientation, in order to ensure accelerated multi-sectoral strategies for the fight against malnutrition in the northern and eastern regions, the Government proposes to initiate actions through the 7 sub-areas or areas (Health, Nutrition, Water, Sanitation and Hygiene, Rural Development and Food Security, Social Protection, Promotion of Women and Other Vulnerable Persons, Actions in Education) and sets a global goal to reduce the prevalence of chronic malnutrition children aged 0 to 5 in the northern and eastern regions by 15% in 3 years (2016-2018).

Specifically, it aims to: (i) reduce by at least one-third the effects of health and nutritional causes of worsening manifestations of chronic malnutrition among children under two (02) years of age 2017; (ii) at least triple the consumption of high nutritional value foods in children aged 6-23 months in intervention areas by 2017; (iii) increase access to drinking water by 75% and access to basic sanitation for vulnerable populations by 60% by 20217; to triple and increase the access and consumption by children aged 6 to 23 months of poor households of adequate complementary foods in the intervention zones by 2017.

(x) National Child Protection Policy (2017-2026)

The National Child Protection Policy Document in Cameroon identifies the gaps that hinder this protection and proposes strategic directions to secure the social base of child development through the establishment of a system that allows the child to benefit from a holistic protection favoring its development and guaranteeing its future and that of Cameroon.

This Policy marks the strong determination of the Government and its partners to work tirelessly to ensure that any Cameroonian child living in Cameroon, regardless of sex, religion, legal, economic, social, physical, mental condition, whatever his state of health, his age, his aspirations, wherever he may be, benefit from protective measures guaranteeing him the full enjoyment of his fundamental rights and a harmonious development, in order to constitute a human capital capable of supporting the growth and development of the country.

(xi) National Preschool Education Policy and Community-Based Preschool Implementation Strategy

This national preschool policy document defines the main orientations for the development of this level of education in Cameroon and establishes the priority given to the extension of its coverage in rural areas, insufficiently covered today. The recommended strategy to achieve this is to promote the community approach through the establishment of Community Preschool Centers (CPC). These centers constitute a privileged framework to respond adequately to the shortage of pre-school services in disadvantaged areas.

4.2. Principles and Values

From the above-mentioned foundations and orientations, the PN-DPE is underpinned by the nine (09) principles and cardinal values:

- ***Respect for human dignity and fundamental human rights:*** this principle guarantees the free development of the personality of all persons, respect for their integrity, privacy, intimacy and security.
- ***Valorisation of the woman and the family:*** as the basic unit of the society of which the woman is the nucleus, the family is a fundamental social institution, guarantor of the well-being, the protection and the cohesion of its members. It must be safeguarded, promoted, and its capabilities strengthened.
- ***Gender-based Approach***: taking into account the gender dimension is at the center of social concerns in order to reduce all types of disparities often observed between men and women in different fields such as health, education and literacy, access to productive resources (credit, land, inputs), and participation in national politics.
- ***Participation***: social promotion is first and foremost a question of personal commitment and a predisposition to resolutely change one's situation. The principle of participation is fundamental to the success of social programs. Thus, the participation of beneficiaries in the design, implementation and evaluation of the actions undertaken in their favor must be privileged and valued.
- **Prioritizing the best interests of the child:** Taking into account the best interests of the child in all actions to be carried out.
- **Alignment with the community organization:** The recognition and strengthening of the privileged roles of the family and the community in the development of the small child.
- **Strategic alignment:** Harmonization of PN-ECD programs with national policies and strategies and mainstreaming of PN-ECD into sectoral programs.
- P**artnerships**: Public and private sector actors, civil society as well as technical and financial partners must work in synergy for the organization and development of early childhood.
- **Active communication**: the mobilization of human, material, technical, technological and financial resources is a factor of effectiveness of communication for early childhood development.
- **Decentralization**: Basic communities must be provided with adequate instruments for better intervention effectiveness and appropriate satisfaction of the needs of their children from 0 to 8 years old.

4.3. A shared vision of the future

"Young children (0 to 8 years old) without discrimination, living in Cameroon, placed in conditions favorable to the development of their full potential, enjoy their rights, flourish, integrate harmoniously into society and participate in the process and emergence of the country.".

4.4. Expected Results

- Breastfeeding within one hour after birth is systematized in the national communities;
- Exclusive breastfeeding for up to 6 months is more common in national communities;

- Children 6 to 23 months of age who receive food with at least four food groups are gradually increasing;

- The prevalence of micronutrient deficiencies is reduced;

- Women of childbearing age, pregnant women and children aged 0-8 have access to quality continuing care and services;

- National capacities to implement high-impact interventions on early childhood development are improved in health facilities;

- Simple home water purification techniques are better known by communities;

- The use of basic sanitation services is becoming widespread in households and communities throughout the country;

- National and local institutions involved in early childhood education have the technical and operational capacity to formulate and implement programs and projects that integrate early childhood awakening and early stimulation activities.

- Support for abandoned or distressed children (GBV / PCN PEC, helpline / green, grant of aid and relief to indigents, etc.) is more effective.

- Access to preschool and primary school is universalized in cities as well as in the countryside and in all municipalities;

- All children aged 0-8 enrolled in CPCs, kindergartens and primary schools are registered in civil status;
- Early childhood development collaboration and coordination is more organized and effective.

4.5. Identification of Strategic Orientations

Axis 1: Strengthening the fight against malnutrition among children from 0 to 8 years

The problems identified relate to: a high prevalence of chronic malnutrition among children under 5; a high rate of acute malnutrition among preschool children; a high rate of overweight; persistent micronutrient deficiencies (VITA, ZINC, iron, folic acid); a lack of nutritionists (in quantity and quality) and insufficient production of foods with high nutritional values.

Strategic Objective: Reduce by one-third the rate of chronic malnutrition among children aged 0 to 8 years.

Recommendations:

- Continue raising awareness about exclusive breastfeeding for children under 6 months;
- Promote the consumption of food supplements and supplements by children over 6 months;
- Extend training offers in nutritionist;
- Promote the status of the profession of nutritionist;

- Promote the consumption of local foods with high nutritional value in pregnant and lactating women.

Axis 2: Improved access to quality health care and services for mothers and children.

In Cameroon, health indicators are still stagnating at worrying levels. The resurgence of malaria and opportunistic diseases is a major obstacle to the good development of children. In terms of major problems identified, the risk for a live-born child to die before its fifth birthday (infant and child mortality) was 103 ‰ between 2009-2014; 58% of these deaths occur during the first year of life. Boys are more likely to die than girls.

Strategic Objective: Reduce by one-third the rate of morbidity and mortality among children aged 0-8

Recommendations:

- Improve the implementation of the minimum package of activities (PMA) of health facilities (Integrated Health Centers or CSI, District Medical Centers or CMA) for the mother and child;
- Strengthen community support for disease control programs (HIV and AIDS, Malaria, Tuberculosis, etc.);
- Strengthen community support for essential family practices;
- Strengthen the technical and operational capacities of community relays;
- Increase the recruitment of health personnel.

Axis 3: Improving the use of water, sanitation and hygiene services

The major problems identified are related to: low access to drinking water (30%) and adequate sanitation infrastructure (34%); poor ownership of good hygiene practices by the population and poor management of solid waste.

Strategic Objective: To reduce the risks of waterborne diseases and those due to unsanitary living conditions.

Recommendations:

- Develop the supply of sanitation infrastructure in the most disadvantaged areas;
- Improve household access to drinking water;
- Promote community support for essential family practices.

Axis 4: Strengthening Early Childhood Social Protection Systems, Mechanisms and Actions

The concerns identified relate to the low level of awareness of early childhood awakening and early stimulation interventions in development programs / projects and family practices; the inadequacy of early childhood support structures offering early learning and stimulation activities, including for socially vulnerable children (disabled, abandoned, orphaned, from vulnerable indigenous communities, etc.); insufficient parental, family and community education integrating consideration of early childhood needs (knowledge and respect for the rights of the child, social inclusion of children

from sociological minorities, etc.); the qualitative and quantitative insufficiency of specialized actors or capacities in the field of social protection of the child.

Strategic Objective: Improve the system of protection and care for children from 0 to 8 years

Recommendations:

- Strengthen and popularize the legal framework for the protection of children, especially children from 0 to 8 years old;
- Strengthen the capacities of the childcare structures of children from 0 to 8 years old with special needs;
- Develop transition programs for the awakening and early stimulation of children from 0 to 8 years old;
- Develop the offer of child protection services for children from 0 to 8 years old;
- Develop programs and human resources for ECD;
- Develop parenting education programs;
- Strengthen family and community education in ECD.

Axis 5: Improving access to equitable and inclusive quality education for children aged 4 to 8

The main problems identified relate to: the inadequacy of the preschool supply, particularly in rural areas; low access to preschool; the lack of trained management staff and the low level of community involvement, especially in rural areas, for pre-school.

Strategic Objectives: To generalize the preschool and the first levels of the primary cycle

Recommendations:

- Renforcer l'accès au préscolaires et aux premiers niveaux du cycle primaire en réduisant les disparités de toutes sortes ;
- Développer le préscolaire à base communautaire en milieu rural ;
- Encourager l'éducation des filles et des enfants à besoins éducatifs spéciaux ;
- Améliorer la qualité des apprentissages en adaptant leur contenu à l'environnement socio-économique et culturel du pays ;
- Développer une politique commune de construction et de réhabilitation des écoles ;
- Améliorer la qualité de l'offre préscolaire publique ;
- Améliorer l'environnement scolaire (construction des latrines, aires de jeu, points d'eau) ;
- Inciter le secteur privé à développer une offre d'éducation scolaire de qualité.

Axis 6: Strengthening the coordination and management of interventions

Good governance continually seeks effectiveness, efficiency, relevance, financial sustainability, accountability and excellence at all levels of accountability. It also ensures that the policies, vision, strategies and legal and institutional framework adopted promote equity, the sustainability of access to quality services and the protection of the rights of children aged 0 to 8 years. However, the funding and the synergies of action remain weakly developed and lead to low efficiency in the interventions.

Strategic Objectives: Improve the performance of early childhood development actions

Recommendations:

- Improve the steering and coordination mechanism for early childhood development interventions;
- Strengthen information and communication systems on early childhood development services;
- Engage communities in essential family practices;
- Strengthen the mobilization of financial resources necessary for the successful implementation of early childhood development action plans;
- Promote the professions related to early childhood development;
- Improve the management of human, material and financial resources and the provision of social services by local actors.

5. IMPLEMENTATION AND MONITORING-EVALUATION INSTRUMENTS

The implementation of the National Policy for Early Childhood Development is underpinned by the establishment of a flexible and credible institutional framework to reduce the dispersion of different forms of intervention and the multiplicity of funding procedures or mechanisms for managing the aid granted by the various development partners.

5.1. Institutional framework for implementation

Drawing on the experiences of other countries, and taking into account Cameroon's commitment to new initiatives (Vision 2035, Agenda 2030, Agenda 2063), whose success requires multisectoral approaches, it is of great importance to put into place a light institutional framework at two levels:

Strategic: An **Executive Committee** chaired by the Minister in charge of Social Affairs. The Executive Committee brings together the sectorial focal points of the administrations concerned and is responsible for:

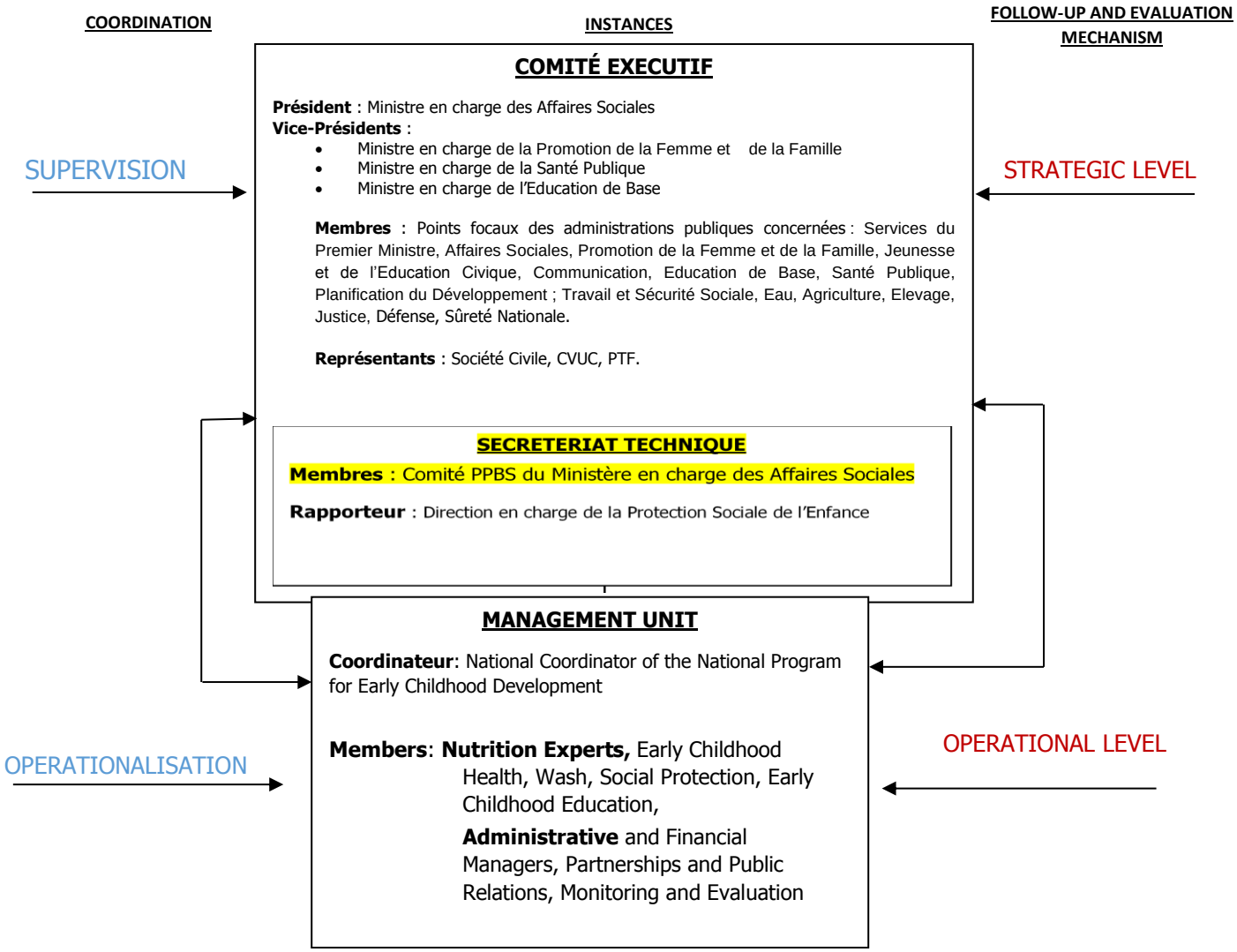
- Approving sectoral and intersectoral policies and action plans for Early Childhood Development;
- Ensuring that Early Childhood Development is taken into account in national, sectoral, thematic, regional and local development strategies;
- Monitoring intersectoral implementation through annual reviews.

The Executive Committee is assisted in carrying out its tasks by a **Technical Secretariat** for monitoring and evaluating the implementation of the Policy. Under the authority of the PPBS Committee Chair of the Ministry of Social Affairs, the Technical Secretariat is responsible for:

- Developing a multisectoral action plan for the implementation of the Early Childhood Development Policy,
- Monitoring and evaluating the implementation of the multisectoral action plan;
- Mobilizing financing.

Operational: The implementation of the multisectoral plan for Early Childhood Development is provided by a **Management Unit** placed with the Ministry of Social Affairs and led by a National Coordinator appointed by the President of the Executive Committee. Apart from the National Coordinator, the Management Unit is made up of sectoral experts recruited through an open national competitive bidding.

FIGURE 2: Steering and coordination mechanism of the PN-DPE



5.2. Monitoring and Evaluation Mechanism

The Executive Committee monitors the national early childhood development policy as a whole through implementation monitoring reports presented by the Technical Committee. The monitoring indicators and the periodicity of the necessary data collection will be recorded in the multisectoral action plans. The monitoring and evaluation of the implementation is done through a participatory approach involving all stakeholders in the implementation of the multisectoral action plan of the policy.

Information on the state of early childhood development and the activities implemented will be reported periodically in the form of newsletters twice a year.

Reviews of the implementation of the national policy are done once a year and every five years. Annual reviews are internal evaluations based on the planning and execution of early childhood development activities at different levels. The five-year reviews are both internal and external and take into account both outcome indicators and impact indicators in relation to the interventions planned in the multi- sectoral plans. At the end of each five-year evaluation, a Reflection Forum on Early Childhood Development is organized in Cameroon to reorient and reframe actions in the elaboration of a new Action Plan of the National Policy for the following five years, consistent with the national, regional and international frameworks for planning and Cameroon's Vision for Development by 2035.

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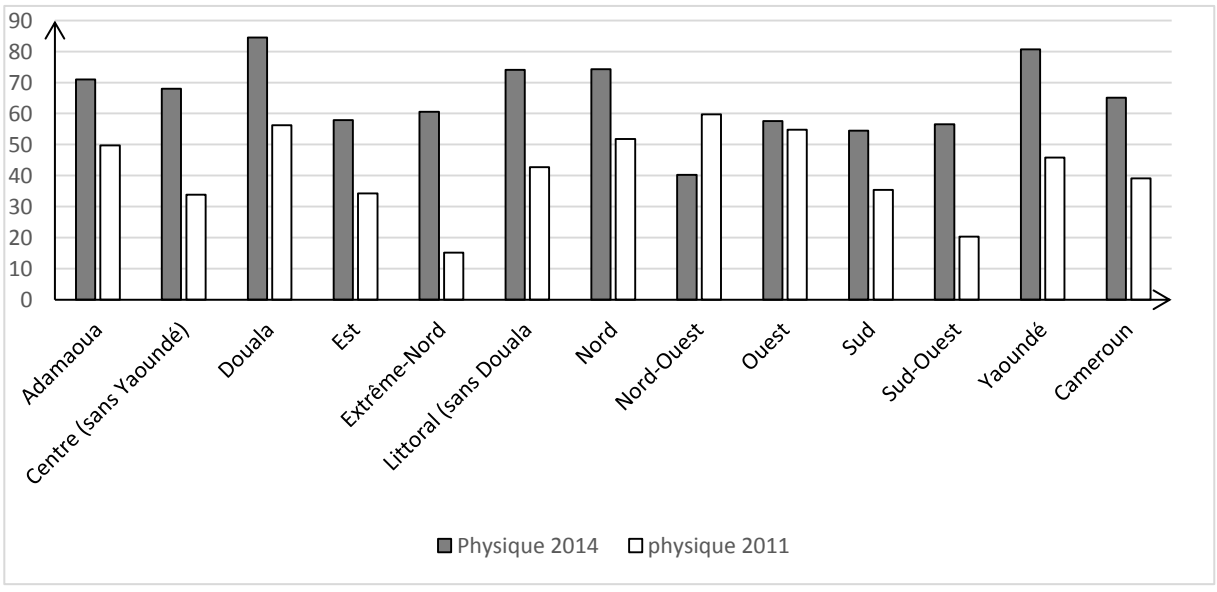
Indicators in the area of early childhood development

Table 5: Proportion of 3-4 years old children in good development by domain, comparison of regions

Region of investigation	Areas of ECD 2011				HDPE Reading and calculation
	Reading and calculation	Physical	Reading and calculation	Physical	
Adamawa	18,87	49,68	60,26	73,11	28,12
Center	11,71	33,79	77,62	70,98	26,55
Douala	44,05	56,24	85,48	84,67	54,93
East	10,50	34,23	76,48	49,78	10,32
Far North	3,45	15,11	70,49	66,85	8,38
Littoral	16,87	42,73	92,89	64,81	35,72
North	3,10	51,81	75,83	73,29	25,85
North West	35,28	59,75	65,13	55,24	39,44
West	15,26	54,78	85,88	56,78	36,46
South	25,03	35,41	82,50	79,24	31,21
South West	43,22	20,30	88,79	83,20	44,27
Yaounde	44,20	45,82	84,44	82,77	54,87
Total	18,04	39,10	77,06	69,08	29,02

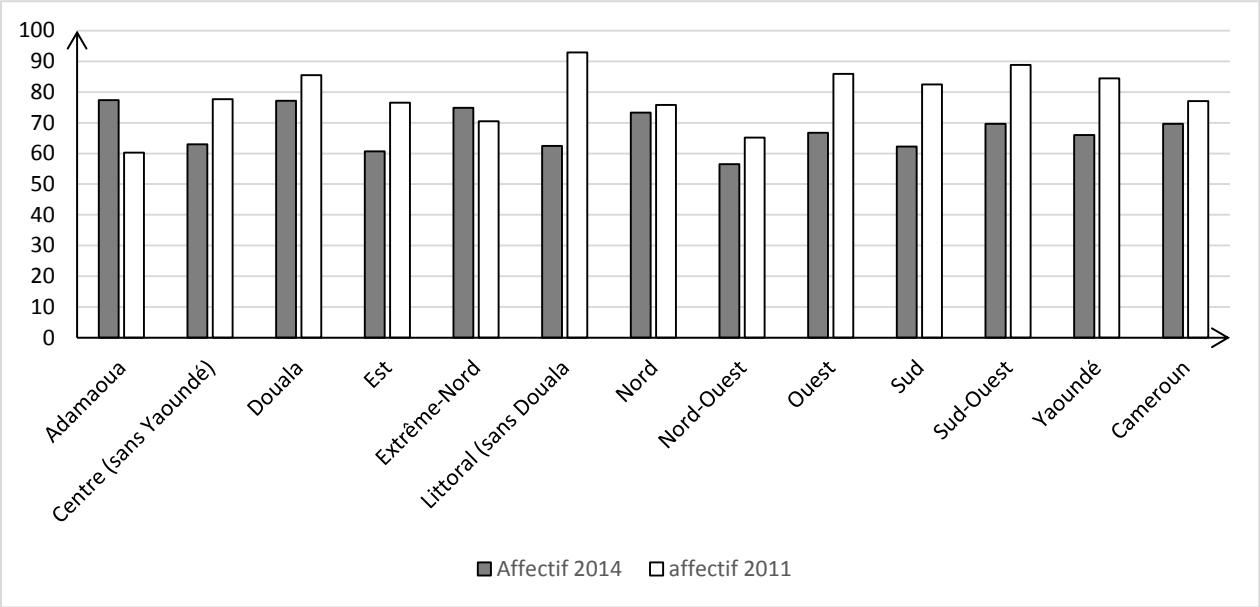
Source: review of the EDS-MICS, 2011.

Chart 2: Distribution of 3-4 years old children on a physical development path between 2011-2014



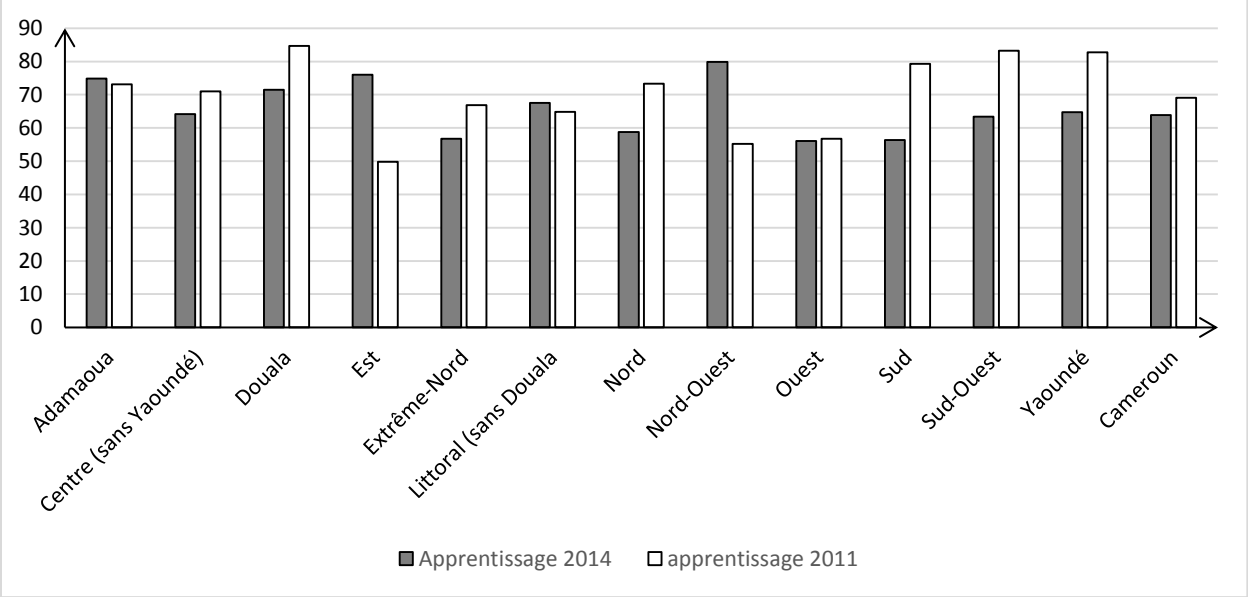
Source: review of the EDS-MICS, 2011.

Chart 3: Distribution of emotionally affective children aged 3-4 years between 2011-2014



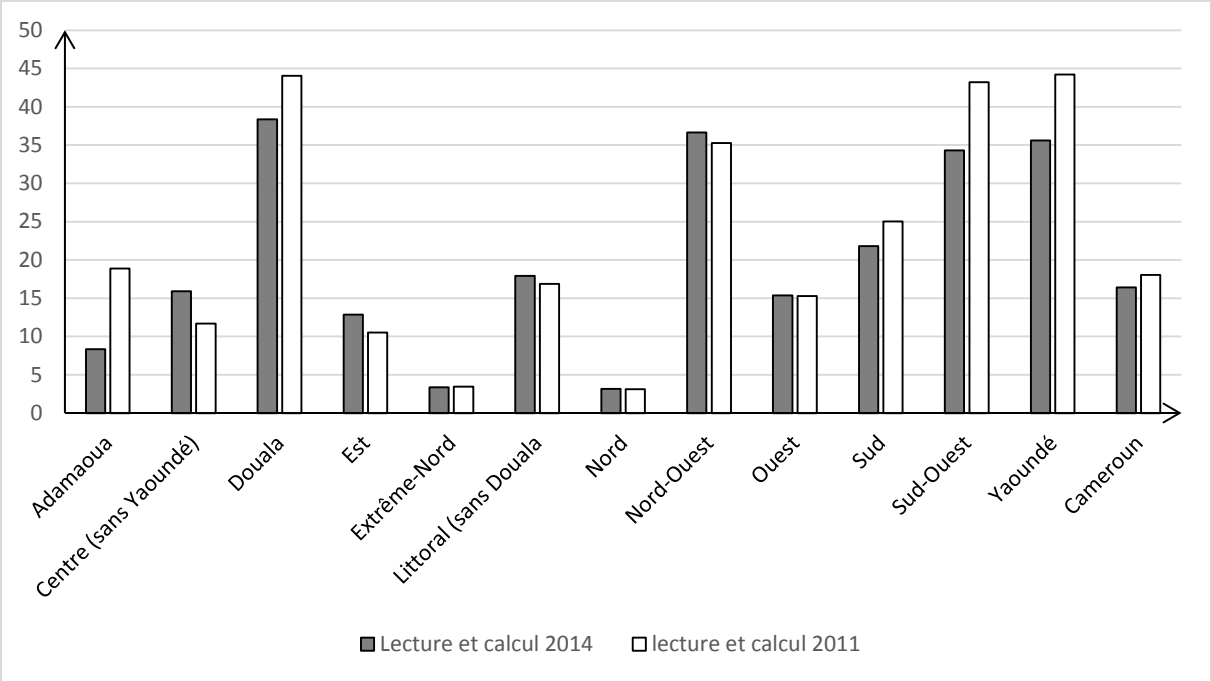
Source: review of the EDS-MICS, 2011.

Chart 5: Distribution of 3-4 years old in a good learning path between 2011-2014



Source: review of the EDS-MICS, 2011.

Chart 6: Distribution of emotionally affective children aged 3-4 years between 2011-2014



Source: review of the EDS-MICS, 2011.