IRESCO

ANNUAL REPORT 2018

Institute for Research,
Social-economic Development and
Communication

SUMMARY

Created in 1993, the Institute for Research, socio-economic Development and Communication (IRESCO) is the initiative of a group of multidisciplinary researchers motivated by a common interest in research and action in the domain of economic and social development.

IRESCO is a nongovernmental, non-political and non-profit organization, headquartered in Yaoundé- Cameroon. It has six regional representations across the country.

Our vision

IRESCO's vision is to be a center of reference and excellence for the whole of Africa in the fields of research, technical assistance and actions to promote economic and social development.

Our mission

The mission of IRESCO mission is to contribute to the improvement of African populations' living standards by promoting initiatives of sustainable development based on research results.

Our values

Humanity: We focus on man

Respect: We take into account the rights and values of each individual.

Integrity: We uphold norms, standards and values.

Commitment: We invest all our energy in our work.

Excellence: We give our best for a better performance.

Areas of intervention

- **Promotion of health**
- **Operational research**
- **Community development**
- **Monitoring and evaluation**

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Coordinator's statement

Dear reader,

The year 2018 has been marked by important challenges the IRESCO team had to face, putting thus to test, her capacity of resiliency in front of difficulties. The main challenge in 2018, was to pre-fund the implementation of important projects and supply of services, whereas IRESCO has a very limited financial capacity due to its status of non-lucrative and apolitical association. The other challenge worth mentioning was to be able to handle a high volume of activities becoming more and more increasing in a context wherein the human resource possessing the adequate qualification and experience is scarce or even unavailable.

Having dealt with all these challenges, the Institute comes out enriched with strategies, approaches and innovative actions necessary to reframe and manage important projects or to successfully carry out activities requiring an expertise that is insufficient or unavailable within the permanent team of IRESCO.

The year 2018 has equally been the opportunity to witness the flourishing of premises as far as the responsibility of the community in health care is concerned. It is in the line that the project "Achieve and maintain the universal coverage of interventions to fight against Malaria for a long-term impact" (AMCUID) 2018 – 2020, implemented by the consortium PLAN-IRESCO-MC-CCAM, under the coordination of the National Malaria Control Program (NMCP) has greatly contributed to prevent and treat simple cases of Malaria within the community thanks to the remarkable efforts of community health workers monitored in this action by IRESCO and partners. An effort particularly appreciated in an atmosphere of sociopolitical crisis (South-West) for the well-being of populations, having a voice in this report.

The same year 2018 gave way to the upturn of a new niche of activities in the domain of verification of implementation. Some examples are the contract for the verification of the «Cataract bond» project carried out by the Magrabi Ophthalmologic Hospital, the evaluation of the eyes health project and the support to the elaboration of the verification framework for the Cameroon newborn DIB project. These are new niches that are coming to add to the technical assistance offered to institutions and countries soliciting missions of high level expertise for which IRESCO's reputation has been consolidated over the years. In this field of technical assistance, IRESCO did not stay apart from rising networks such as the Network For Technical Assistants Providers (NTAP), a network gathering organizations from many countries, desiring to provide quality technical assistance to counties and institutions demanding expertise in the fields of strategic monitoring, monitoring and evaluation, operational research, management of stock and supply, administrative and financial management, etc.

This hub of activities in 2018 led to results much appreciable both by the beneficiaries of our services and the funders. It is on this basis that the analysis of IRESCO's financial management portrays a picture rather encouraging of the use of funds obtained during the year.

In the light of the 2018 experience, we encourage all our partners to keep on trusting us for efficient projects and programs implementation on the one hand, and for quality technical assistance coupled with rigor in the domain of operational research and monitoring & evaluation on the other hand.

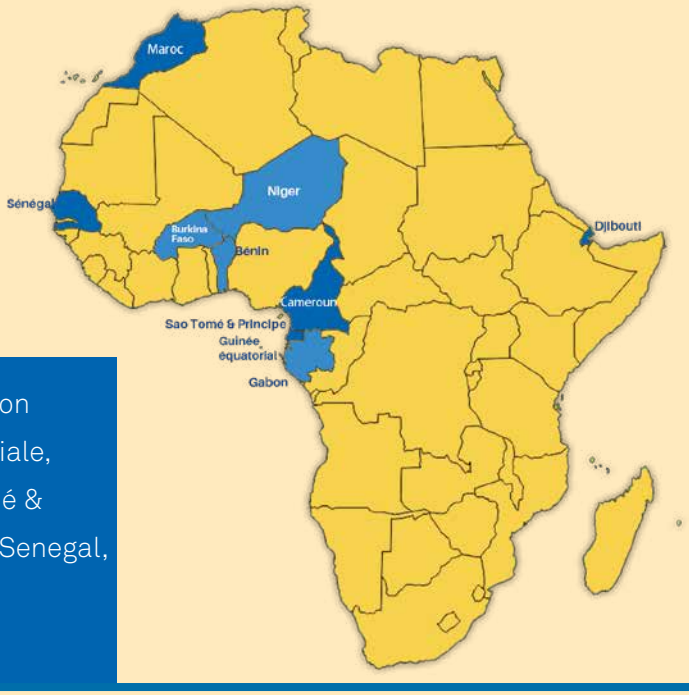
Concerning every facet of our activity deployed in 2018, we invite the reader to discover in the following lines, a package of useful information for more details.

Wish you a good reading!

Gédéon YOMI
Coordinator

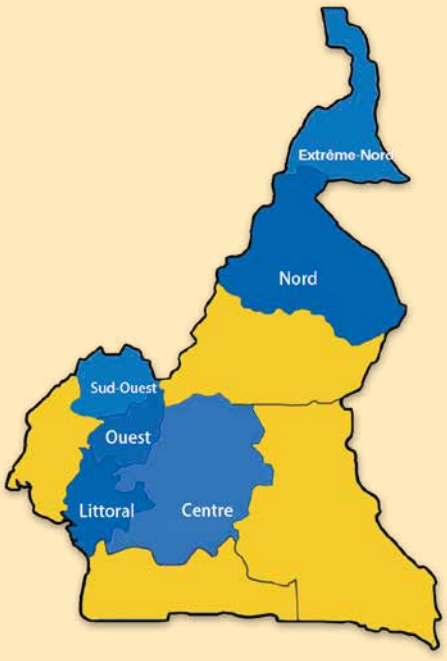
IRESCO's PRESENCE IN CAMEROON AND ABROAD

African countries covered by IRESCO in 2018



Cameroun, Gabon
Guinee equatoriale,
Maroc, Sao Tomé &
Principe, Niger, Senegal,
Benin, Djibouti,
Burkina Faso

Regions of Cameroon covered in 2018



Littoral
West
South-West
Center
North
Far- North

FOCUS ON 2018 ACHIEVEMENTS

Training, monitoring and supervision of civil society organizations

AJESH
Reach Out
KCP

ASP
AMS

KASAFRO
ADESSCA

ACODESS

19 CIVIL SOCIETIES
ORGANIZATIONS MONITORED AND STRENGTHENED

GAID

MUDYPEN
LEDUCANET

CEPROSCON
NICOD

ASDE
ASDI

CASDEV
Fobang Foundation

ELENA NGO
AREHAN III A

Sensitization on the fight against Malaria in Yaoundé markets, Center Region

FOCUS ON 2018 ACHIEVEMENTS

163 areas
supported health services

Banga Bakumdu Big Bekondo
Big Ngandi Dikome Balue
Fiango Ekombe Bonji Ntam
Kumba Pulletin Massaka
Kumba Town Lobe Kolla Manjo
Moumenkeng N'Lohe
Njoumbeng Boubou Dikouma
EEC Kotto

Muyuka Bafia Ekona
Malende Meanja Pamol
Mundemba Lipenja Madie
Ibemi Ikiliwindi Konye Kurume
Matah Butuh Mbakwa Supe
Mouyouka Mbouroukou Nyan-
dong wone Bafaka Bamusso
Bekora Bekumu Bisoro Ekondo titi
Illor Kumbe Balue Bare Barehock
Essekou Matouke Mombo

Ayong Bakogo Elumba Mbo
Eyang Manyemen Nguti Ntale
Tombel Baseng Ebonji
Edibenjock Ndibenjock
Ndom Nyasoso Miang
Bessoungkang Mbonjo Nono
Souza Akwa 1 Akwa Nord
Bepanda Omnisport Akwa II
Bessengue Bonanjo Deido
Cité SIC Grand Moulin
Ndogbong

Ndokou Ndom Bakem
Bakwat Barressoumtou

163 AREAS
FACILITIES ARE EQUIPPED

Makob Nkonga Pouma centre
Saint André Song-simouth

Bonangoh Ebone Eboum Mbeng
Ekangte Ekel Mbeng Ekol Mbeng
Nkoundou Nlongko'o

Njitapon Fejemkwet Koula
Magba Mahoua Makoutam
Makpa Malantouen Malien
Manda Manki Manguiembou
Manjouom Mantoum Matta

Bangambi Bangourain
Kouhouat Koumengba Kourom
Koutoukpih Baigom A Fosset
Foumbot Maka Momo Njone

Chanas Koupara kouoptamo
Ngbetsouen Njindoun Njingou-
mbe Lelem Mbokambo Melong II
Ndokou Ndom Bakem

Mayo Matoupou Mapou
Njipoute Ngounso Badjeghang
Balefock Balessing Baloum
Bambi Bamendou Baneghan
Bani-Baloum Bansoa Batotcha

1258 community health workers supervised

Coaching CHW of Nguti, South-West Region

CHW in full action, handling a case of simple malaria in a home in Kumba, South –West Region

Sensitization on the fight against Malaria in Yaoundé markets, Center Region

Educative talk with traditional and religious leaders on the use of LLINs in Bangourain, West Region

Human Labor in Song simouth, health area of Melong, Littoral Region

Drainage of gutters in Melong health area, Littoral Region

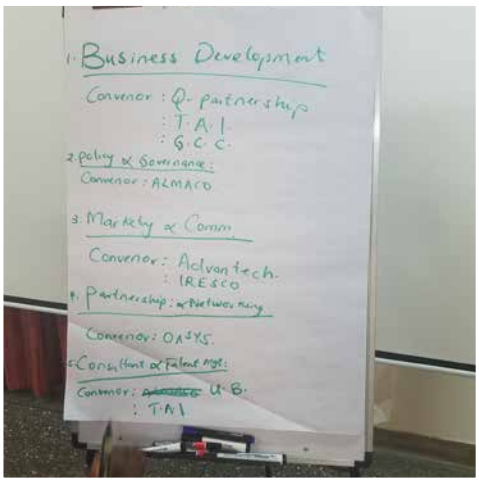
PARTNERSHIP

IRESCO, Member of the NTAP

IRESCO remains convinced that the future lies in strategic partnership and networks leading to the achievement of common goals and objectives.

For almost 5 years, IRESCO has been a member of the Network of Technical Assistance Providers (NTAP) just like several other civil society organizations based in Ivory Coast, Senegal, Zimbabwe, Nairobi and India.

IRESCO represented at the general assembly of the NTAP in Nairobi, Kenya



Missions entrusted to IRESCO by the NTAP

NTAP is made up of experts in monitoring and evaluation, program management, stock and supply management, doctors in public health, financial management etc...., all former regional partners of Grant Management Solutions (GMS).

The NTAP initiative was born out of GMS will to bequeath to all their regional partners its entire intellectual heritage in the area of technical assistance to structures which manage and implement grants in the domain of development in general and of health in particular.

Since then, IRESCO has been putting its expertise to project the network's image, notably in the search for partnership opportunities, the elaboration of strategic documents and in contributing to the operational functioning of the network whose head office is based in Nairobi, Kenya. Moreover, the institute places great emphasis on attending meetings.

IRESCO remains convinced that the future lies in strategic partnership and network, leading to the achievement of common goals and objectives. For that, IRESCO believes in the NTAP, which is made up of familiar partners, met on several occasions provided by GMS all along its mandate.

Besides The NTAP, IRESCO reserves a privileged position to traditional partners while keeping a sincere and fruitful collaboration for new partners as it was the case all through the year 2018. The summary table below gives a brief overview:

Standing on a 25-year experience in the fields of program and project management, strategic monitoring, monitoring and evaluation, operational research, IRESCO puts at the disposal of both governmental and international organizations, the most experienced and sharpened experts to help them in the realization of high level technical assistance missions. In 2018, many technical assistance missions have been offered to institutions such as the Representations of the UNFPA in Djibouti, Benin and Niger.

CONTRACT NAME	CLIENTS	CATEGORIE	TARGET	FIELD OF INTERVENTION	AREA OF INTERVENTION
« Achieve and maintain the universal coverage of interventions to fight against Malaria for a long-term impact in Cameroon » (2018-2020)	MINSANTE/ Global Fund	Project	Overall Population New born Pregnant women	Heath	South-West, Littoral
« Cameroon Cataract Bond » (2018-2022)	MINSANTE/ Fonds Mondial	Project	Population souffrant de la cataracte	Heath	Centre
« Cameroon New born Development Impact » (2018-2020)	MINSANTE/ Nutrition International	Pilot Project	Enfants nés prématurés Enfants de petits poids à la naissance (moins de 2 kilos)	Heath	Centre Littoral Sud-ouest Nord Adamaoua
« Capacity Building of CICDoc as new SR to ameliorate its programmatic and financial management processes as well as its governance in order to meet requirements set by the Global fund »	Deutsche Gesellschaft für Internationale Zusammenarbeit (GIZ)	Technical Assistance	CICDoc as new SR	Technical Assistance	Burkina Faso

Technical Assistance

Djibouti, Benin, Niger, Burkina Faso, Senegal, USA

Standing on a 25-year experience in the fields of program and project management, strategic monitoring, monitoring and evaluation, operational research, IRESCO puts at the disposal of both governmental and international organizations, the most experienced and sharpened experts to help them in the realization of high level technical assistance missions. In 2018, many technical assistance missions have been offered to institutions such as the Representations of the UNFPA in Djibouti, Benin and Niger.

Interview with IRESCO's Coordinator

Capacity Building of CICDoc as a new RSS SR to improve its programmatic and financial management processes, as well as its governance, in order to meet the requirements set by the Global Fund in Burkina Faso

M. Gédéon YOMI,
Coordinateur, IRESCO

1. What are the problems which this technical assistance was commissioned for?

A GF-assessment of the CICDoc revealed shortcomings, the most important of which are:

• The non-update of the CICDoc strategic plan, operational plan and especially the monitoring and evaluation plan: the available plans do not consider the RSS component and national indicators ;

• An unsuitable procedure manual: the available manual was developed with the help of GIZ and covered 2014-2018. The CICDoc therefore needs to revise its procedure manual in order to reduce the shortcomings stemming from the absence of control procedures to ensure proper implementation of available processes to minimize the risks associated with the selection of suppliers;

• Unavailability of an anti-fraud and anti-corruption policy at its level and at CBO level: our structure does not have one, whereas the tool will allow a better management of anti-fraud and anti-corruption procedures, and the immediate consequences, shall unfortunate situations occur;

• The appointment of an internal auditor: as regard this aspect, an Extraordinary General Meeting of CICDoc's Board of Directors is necessary, for it has powers to modify the composition of the structure. Actions shall be taken to rapidly convene the EGM.

2. What strategies did you implement to solve these problems? Do you think these strategies are likely to meet the requirements of the Global Fund? Why?

The overall methodology to carry out this mission built on the general theory of organizations on the one hand, and on systems theory on the other. This methodology perspective took into account the fact that in recent years, the structure embarked on a forecast-oriented development dynamics, but also that the structure assumes greater responsibilities at the national level with several entities in several sectors, so that its sustainability and options depend largely on the national response, especially the community response. The main organizations' theories served as a basis to analyzing the national and internal dynamics, while the Systems theory was used to analyze how the organization positions and promotes itself at the heart of other larger systems, but also smaller as networks.

Concretely, we used scientific evidences not only in analyzing the achievements and the challenges, but also in designing the future orientations of the organization. The theory of change in particular has been widely used to guide the organizational and institutional development, but also the programmatic options. To do this, the overall approach was to carry out a literature review, on the organizations, the main national and international orientations likely to provide a clear picture of the various fields of analysis, including:

• Current and future priorities for HIV, TB, but also health in general;

• The expected profile of civil society organizations likely to fully play a role in Burkina Faso and the region, in the medium and long term;

• Key requirements to be considered in the development of organizations involved in health and HIV response; and

• The key problems that characterize Burkina Faso nationals, in relation to key SDGs areas, national priorities (PNDSE, PNDS), the CS priorities and CICDOC member organizations' priorities.

The analysis helped revisit the vision, the missions and the values of the organization, which will stand as a basis to preparing various key documents. Ultimately, the results of the various evaluations served as a basis to identifying the strengths and weaknesses of the organization, and guiding the various exchanges as well as the lines of work.

3. To what extent can the proposed solutions be sustainable?

To ensure the sustainability of proposed solutions, IRESCO team implemented capacity building and validation workshops of all the tools developed. This aimed at the appropriation of procedures and directives, a guarantee of their sustainability.

DISEASE CONTROL:
implementation of projects

Faithful to tradition, the disease control has occupied an important place in IRESCO 2018 activities. In this long-standing struggle, the fight against malaria, HIV and tuberculosis features prominently.

CSA in full action to take care of a sick child in a household in NGUTI, South West Region

Focus

Malaria Control in the South-West Region

Supervision of CHWs in Ekondo Titi Health District.

Despite the socio-political crisis, the resilience capacity of CHWs in the Southwest, West and Littoral Regions has helped contain disease cases among the population. Community-based activities aiming to prevent and treat community illnesses smoothly went ahead, while at the height of clashes and travel bans, almost all health facilities in the Southwest region operated in slow motion.

Yet, thanks to the courage and determination of community health workers, many lives could be saved from the disease. This resilience was achieved through the training of 505 community health workers organized by IRESCO in the South-West region. The trainees were immediately provided with working equipment, namely: consultation registers, communication registers, thermometers, solar lamps, jumpers and identification badges. In addition to the provided material, it is worth noting that their allowances were regularly paid, as well as the capacity building of the supervisory CSOs.

VOX POP

People express themselves on services provided by community health workers

Interview with Madam Margaret Eyong

Community Health worker from Kumba Mbeng Health Area, South-West Region

Can you give us your Name please?
I am called Margaret EYONG.

What exactly is your job? Which villages do you cover? What diseases do you manage in households? What material do you use?
I am a community health worker covering the Makata 2 area, a Health zone of Kumba Mbeng, Kumba Health District, South-West Region. I exclusively cover cases of simple Malaria. When I come across severe cases, I turn to the health center. I equally handle cases of mild diarrhea, give advice on coughing, hand washing, the use of LLINs, as well as advices on the vaccination of the baby and the pregnant woman. I advise pregnant women to carry out prenatal consultations. I also advise on HIV/AIDS, family planning and tuberculosis. Actually, I do not have all the materials I need, but those I use include flip charts for the demonstration. I had mosquito nets for practical demonstrations to those who don't know how to use them. I also have a thermometer to take the temperature of those who have fever and finally, I have both registers (consultation and communication). We are still expecting other tools like the RDTs for Malaria tests and drugs intended for the treatment of cases of simple Malaria.

Do you have difficulties doing this job? Can you name them?
Actually, in my community, the main difficulty I have is that many people remain skeptical. The lack of medication issue is a major constraint since many people were initially diagnosed and treated. It is not the case anymore. All cases of fever are now referred to the health center, resulting in complaints like the lack of money. Sometimes, I have to make extra efforts and take them to the health center. In some cases, I have to handle the transport fees to the health center and part of the hospital bills. Apart from that, I have no other difficulty since I am well known in my community.

Does the current crisis prevent you from visiting households?
To some extent, yes, but I am well known in my community. The only thing is I do not wear my uniform. I go from one home to another because the distances are easy to cover. The crisis does not really affect me in my community.

What strategies do you use to avoid constraints in your work despite the crisis?
Simply, when I work, I do not wear anything that raises attention. I carry my work equipment in a hidden bag. I do not wear my jacket nor the identity badge. Since I am well known in my community, my job is easier, as in such moments, people do not welcome strangers to their homes. This is not my case, however, since I am well known.
The population was satisfied by the work of CHWs in communities. A Vox Pop was produced by IRESCO in several localities in the South-West region. The opinions are very rewarding.

Interview with Mr Gamje Tata Francis

Family head who attended an educational talk organized by the CHW

Have you ever benefited from community health workers' services? Can you name them?
My name is Mr. GAMJE TATA Francis. I am married, father of 4 children. I live in Pulletin, Kumba, in the South-West Region. I benefited a lot from community health workers' services. When they distributed mosquito nets, Mebendazole and Mectizan, we received, as well as the educational talks that they organized on how to live in hygienic conditions.

How can you assess their work on the health of your family?
I think they mostly do their best because, for my children and the rest of my family, the number of consultations in the health center has drastically reduced thanks to educational talks and awareness-raising sessions. When my children are sick, the CHW comes in my home, consults and carry out tests. Their results are also the same as those obtained in the hospital.

How do you support them in their work?
No specific support.

Interview with Madam NDIFON Zilpa, young mother

Have you ever benefited from community health workers' services? Can you name them?
I am NDIFON Zilpa, based in the Meta quarter. I have benefited several times. The first was an educational talk on exclusive breastfeeding conducted by the CHW. She encouraged me to exclusively breastfeed for 6 months, before giving even water. The second time is when the child was sick. The CHW diagnosed the child with malaria and also checked the child's vaccines to ensure that the child had correctly followed the 9-month vaccination schedule. She advised me to sleep under the mosquito net. She explained to me how to wash my hands, saying that I should use soapy running water each time I wanted to eat or breastfeed. I really appreciate community health workers' services. The major problem we have with them is the lack of drugs, which makes it so difficult for them to have the child tested or even when they do the test, they cannot treat like they used to.

How can you assess their work on the health of your children and on your own health?
It really helped me a lot and I really appreciate the work, because at first we had mosquito nets but we did not really know how important they were. The CHW made us understand the use and also made us understand the importance of exclusive breastfeeding. My child has received all the vaccines. This was possible because she checks from time to time if the child has been vaccinated. Even if the child is sick and I do not want to go to the hospital, I simply call the CHW and she will take care of me.

How do you support them in their work?
For now, I have not provided any kind of support, as they don't want us to be a burden to them. I generally encourage the members of my community to be receptive to CHW and I tell them about CHW existence.

Satisfaction for NGUM Solange

What service did you receive from your community health worker?
I am NGUM Solange, based in Muyuka and 17 years old. At first, I did not know much about mosquito nets, because I was afraid it would be very hot. But the CHW encouraged me to use it. He told me that it would help me avoid malaria. When I was sick, the CHW came and tested me. As the result was positive, he gave me drugs and I only paid a small amount of money, compared to a hospital consultation. He equally told me that hand washing is safer with running water.

Are you satisfied with this service?
I am very impressed by their work since as they go door to door. They know everybody and come to our homes instead of waiting at the hospital. They personally go to community members.

Verification of the implementation

Face-to-face Equity Audit in Bikok Village, Centre Region.

In 2018, IRESCO was selected for the first time by Nutrition International as provider for a project called « Cameroon Newborn Development Impact Bond ». The aim of the project is to support parents, especially mothers, in managing low birth weight and preterm infants. The Funder and the neonatal nutrition domain are new in its portfolio, nevertheless, IRESCO has risen to the challenge.

The verification of the implementation (quantity and quality of care services) of the "Cataract Bond" project implemented by the MICEI Hospital of Oback through Okola was entrusted to the IRESCO/AEDES consortium.

The field implementation of the verification is carried out by IRESCO. Without any difficulty, IRESCO has worked to verify the respect for equity on patients, the quality of the care provided and the number of patients with declared and treated cataract. These have produced rather satisfactory results, namely 100% for equity verification, 100% for quality assurance and 100.7% for quantity verification. This was therefore a beautiful experience that will continue in 2019!

GENERAL MANAGEMENT

1) Adoption of innovation :
IRESCO MIGRATES FROM PAPI TO CAPI FOR DATA COLLECTION

To be in step with technological developments in its field of activities, IRESCO's Coordination has decided to gradually migrate from the traditional data collection approach i.e. the PAPI (Paper Assisted Personal Interview or paper-based data collection) to the CAPI approach (Computer Assisted Personal Interview or digital data collection).

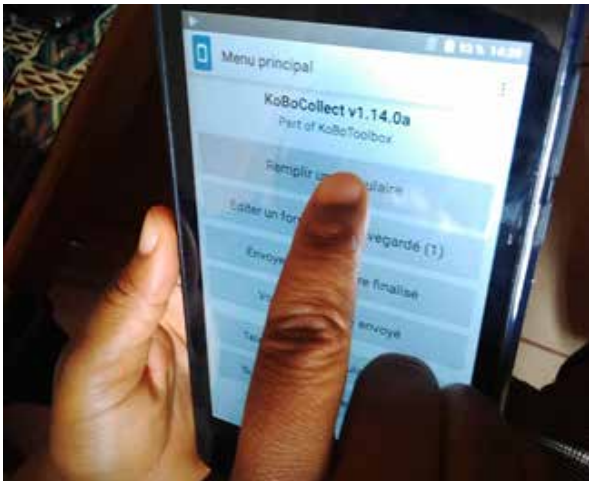
With the CAPI approach, the whole data collection technique is modernized, with the following major advantages:

- Better control of the quality of interviews;
- Raw data are available in real time;
- Quality assurance can occur at several levels (Supervisor, customer etc.) and remotely;
- Many available applications allow audio and video recording and picture snapping during interviews;
- Interviewers' movements are traced with the GPS incorporated to their Android devices; this allows to better control compliance with the methodology;
- The manual data logging step is canceled as the interviewer directly enters the respondent's answers on the mobile app input interface, which at the same time is the questionnaire;
- The evolution of collection operation is controlled and adjusted daily, the data being automatically transferred to a central server via an Internet connection;
- Etc.

To adopt this data collection approach, IRESCO first acquired a fleet of about thirty Android mobile devices, especially touch tablets with built-in GPS and a very good battery life. After that, the technical team staff was trained on CAPI data collection technique.

In 2018, IRESCO was able to conduct its first digital survey (CAPI). This was under the mapping of potential technical assistance providers of GAVI operations, in collaboration with Senegal-based OASYS. The survey covered four countries, including Cameroon, the Central African Republic, Congo and the Democratic Republic of Congo.

After this first successful experience, several surveys using the same technology are planned for 2019, especially under the post-distribution monitoring of WFP operations in refugees and IDP camps in Cameroon.



Tablets to speed up data processing

2) FINANCIAL MANAGEMENT

Mobile Payment: the practice is going viral, but grey areas still persist in Mundemba, Ekondo Titi and Nguti.

Mobile payment is a new means of payment that is becoming commonplace. It allows you to pay the sums owed to third parties immediately, directly and safely. You can either transfer or deposit money on the mobile account of a third party, through an Internet connection or his phone number. Since 2016, this technology is an integral part of IRESCO's accounting and financial procedures. Thanks to the security and protection benefits it offers, mobile payment beneficiaries are now used to the e-wallet era. It is a safe and "economic" practice for people once exposed to robbery, theft and other scourges induced by the manipulation of cash. After several trial runs, the practice tends to spread nationwide, especially in areas covered by the Global Fund-financed AMCUID project. Thus, this year, IRESCO performed mobile payments worth XAF 177,569,509 to nearly 1,500 actors of 19 health districts in the West (Bangourain, Foumbot, Kouoptamo, Malantouen and Penka-Michel), Littoral (Abo, Deido, Manjo, Mbanga, Melong, Nkongsamba, Pouma) and South-West (Konye, Nguti, Muyuka, Kumba, Ekondo Titi, Mundemba, Tombel) regions.

Although the e-wallet technology seems to gain grounds in most of IRESCO areas of operation, there are some "shadow areas" that still escape the use of this payment method. That is the ordeal observed in remote areas, which are not covered by the telephone network or, are covered, but where having a withdrawal point remains a real challenge. The localities mostly affected by this telephone access issue include, especially, Mundemba, Ekondo Titi, Bakassi, Eyumejock and Fontem in the South-West region. Added to that is the difficult access to a mobile phone, the absence of electricity, which is mandatory for its use and in residual cases, the poor handling of the withdrawal protocol.

Faced with these pockets of resistance, measures have been put in place by the Institute to provide the beneficiaries with their dues, by postal courier or express mail services.

RESOURCES AND FUNDS MOBILIZED IN 2018 PER PROJECT

During the year 2018, IRESCO operated with a budget of **XAF 797,941,505**, originating from the various activities and services it carried out.

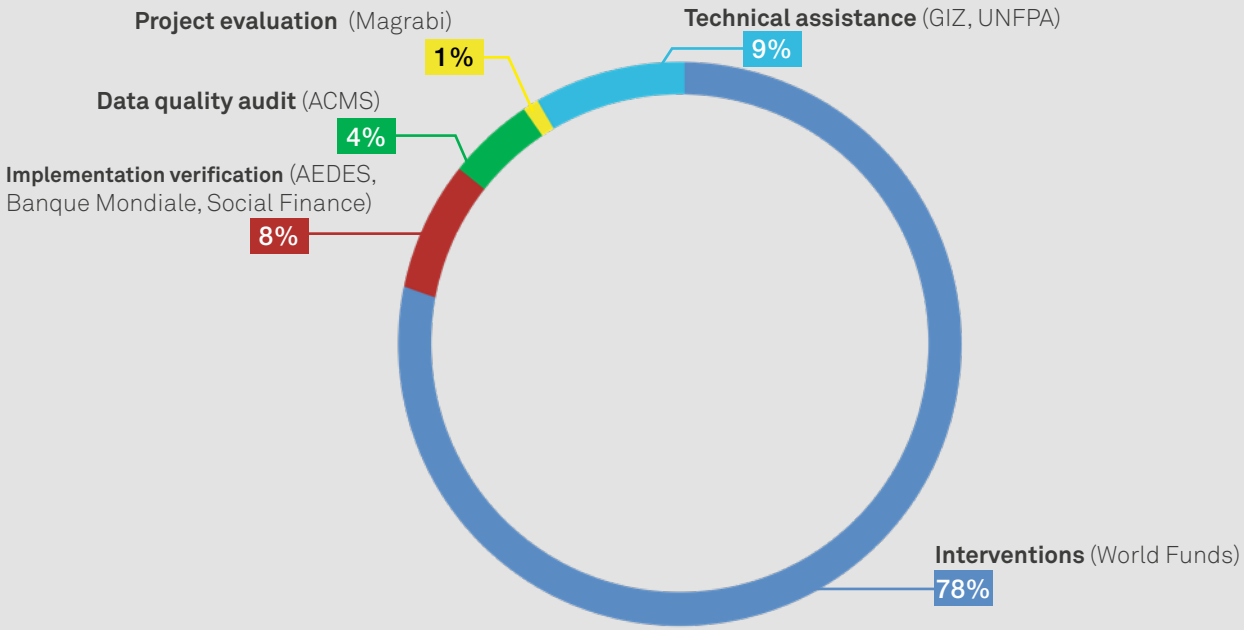
In the field of interventions, the Global Fund, through the Ministry of Public Health, granted the sum of **XAF 514,103,699** to IRESCO under the AMCUID project «Achieving and maintaining the universal coverage of interventions to fight against Malaria for a sustainable impact », representing 78.36% of the grants received in 2018 by the Institute.

Under the **Verification of implementation**, IRESCO successfully mobilized **XAF 20,687,344** from AEDES, for the implementation of the "Cameroon Cataract Bond" project. In the same vein, the Institute received **XAF 26,753,848** from the World Bank to implement the preparatory pilot phase of the "PBF Education" project in the North Region. This funding was supplemented in this field by Social Finance, as it transferred the sum of **XAF 5,337,094** to IRESCO, to execute the "Cameroon Newborn Development Impact" project.

Data Quality Audit also enabled the Institute to mobilize **XAF 28,402,000** from ACMS, to conduct a periodic audit of the data of ACMS-implemented Access Program for reproductive health services.

In addition to the funds mobilized in the fields mentioned above, the Institute received **XAF 4,592,650** as part of the **evaluation of projects** for the eye surgery program for children, executed by Magrabi. Finally, in the field of **Technical Assistance**, IRESCO has earned revenue through various services in several African countries, mobilizing in 2018 the sum of **XAF 56,200,065**, that is, **XAF 28,621,000** from the UNFPA and **XAF 27,579,065** from GIZ Cameroon.

DISTRIBUTION OF IRESCO'S RESOURCES IN 2018



PROSPECTS FOR 2019

Organizational diagnosis and capacity building

The end of 2018 marked IRESCO's history with the seal of experience, especially in the management of highly funded projects with funding delays from donors, the consolidation of the achievements of projects geared towards community strengthening in favor of the population's responsibility toward their health (AMCUID project), and the almost successful exploration of business opportunities (Cataract Bond project, Social Impact Bond, etc.). These experiences, which marked IRESCO 2018 activities are worth being capitalized, consolidated and pursued in 2019 and beyond. That is why, in 2019, IRESCO intends to double its efforts by:

- maintaining the institutional achievements;
- continuing to build our reputation in terms of verification of the implementation (especially with the Social Impact Bond that is gaining ground after the PBF);
- continuing and improving the implementation of Global Fund grants;
- Persevering in the identification of donors to enable the implementation of our dormant projects.

To do this, the Institution's pillars will be consolidated and enhanced (staff, equipment, system etc.). For example, the Coordination plans to expand the technical team; reduce the data processing time with the acquisition of tablets and fast data processing softwares. In addition, the institutional and organizational partnership shall be strengthened. With these reforms, we can rightly hope to an abundant activity with better outputs. We highly expect 2019!

ACKNOWLEDGEMENTS

THANK YOU!

With more than two decades of interventions to improve the living conditions of Cameroon's populations, the Government of the Republic of Cameroon has not ceased taking into account IRESCO's suggestions in the fields of operational research, implementation of Health, Education, Community Development Projects and Programs, Monitoring/Evaluation and Technical Assistance. For this umpteenth year of frank collaboration with National Institutions, IRESCO thanks the Government of the Republic of Cameroon, through:

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Thanks also to the gradually numerous international organizations that acknowledge IRESCO's technical and partnership potential. Special gratitude to those organizations that have entrusted several mandates to IRESCO. Thank You!

Fonds mondial de lutte contre le SIDA, la tuberculose et le paludisme

BANQUE MONDIALE

UNFPA

Organisation mondiale de la Santé

ONUSIDA

ONU FEMMES

giz Deutsche Gesellschaft für Internationale Zusammenarbeit (GIZ) GmbH

coopération allemande

Deep gratitude for the immeasurable support of international NGOs and equivalent.

AEDES

MAGRABI ICO CAMEROON EYE INSTITUTE

fhi360 THE SCIENCE OF IMPROVING LIVE

ACMS Association Camerounaise pour le Marketing Social

Côte d'Ivoire

Not to mention our sister associations with whom we move towards the same goals. May they be greatly thanked here.

PLAN INTERNATIONAL

malaria NO MORE

CCA/SIDA

malaria consortium MC-CCAM CCAM

CAMNAFAW

FESADE

RENATA

Youth Development Foundation (YDF)

Séropositive, mais pas seule !

Ma joie de vivre vient de leur amour

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