



GLOBAL COMMISSION FOR CULTURAL INVESTMENT  
AND ILLUMINATION FOR RESTORATION

# **ACTIVITY REPORT FOR 2024 AND RESULTS OBTAINED**

## **INTRODUCTION**

**Global Commission for Cultural Investment and Illumination for Restoration (GLOCIR)** was created as a non-profit, non-political, non-religious development, humanitarian, youth and women led Association on the 12<sup>th</sup> of June 2006 during a general assembly meeting, with head office at PNEU ROAD MAYORS STREET MILE 3 NKWEN – Bamenda, Mezam Division of the North West Region of Cameroon; but was legalized (Declared) on the 26<sup>th</sup> of December 2012 by the Senior Divisional Officer (SDO) for Mezam Division, with registration number: 52/E.29/1111/Vol.8/ALPAS.

**Global Commission for Cultural Investment and Illumination for Restoration (GLOCIR)** has satellite branches in Five (05) Regions of Cameroon namely:

- 1) NORTH WEST REGION
  - Mezam Division - HEAD OFFICE ( PNEU ROAD Mayors street Mile 3 Nkwen Bamenda)
  - Mezam Division - Tubah Sub Division (Sabga)
  - Ngoketunjia Division ( Bamunka(Mbuekong Quarter) and Bafanji ( Mbangang Quarter)
  - Momo Division (Njikwa- Konda and Eberenyi)
- 2) SOUTH WEST REGION
  - Meme Division – Bai-kuke
  - Ndian Division – Isangele (Bakassi)
- 3) LITTORAL REGION
  - Bonasama
- 4) CENTRE REGION
  - Nkolbikok
- 5) EAST REGION
  - Nguelemendouka
  - Nomedjoh

This Evaluation Report of Activities for **GLOCIR** shows the activities carried out by GLOCIR in 2024, the impact, challenges and the results obtained on the field. Worthy of note here is the fact that GLOCIR uses a **Participatory Approach and community driven intervention** with all actors involved especially working with the Cameroon state institutions in all our interventions. GLOCIR carried out these activities with Nine (09) thematic areas namely:

- 1) Health Programs
- 2) Protection Programs
- 3) Livelihood and Economic Empowerment Programs
- 4) Environment, climate change and mitigation Programs
- 5) Democracy and Governance programs
- 6) Shelter and NFI programs
- 7) Arts and Culture Programs
- 8) Humanitarian and Charity Programs

And

- 9) Education Programs

Working with women, girls, boys and men with and without disabilities. The following activities were carried out during 2024:

## **ACTIVITY SUMMARY AND OBTAINED RESULTS**

In line with the objectives of the creation of GLOCIR, in the objective to

### **A) Encourage the promotion of cultures that respect Human Rights**

Project Title: Targeted Country Assistance Multi age cohort campaign: Implementation of household integrated care packages for HPV vaccination in target missed out communities of Cameroon.

#### **PROJECT SUMMARY:**

To address low HPV vaccination rates, the Cameroon EPI initiated an enhanced HPV delivery strategy centered around community outreach, which resulted in the vaccination of over 120,000 adolescent girls and boys (translated as an almost 15% increase in coverage) within six months. Despite these efforts, certain challenges remain notably:

- 1) Persistent low coverage in urban settings, particularly in the Centre, Littoral, and West regions,
- 2) Lack of concrete strategies for community outreach. These challenges highlight the need for culturally appropriate strategies that not only emphasize service delivery but also incorporate engagement, advocacy and capacity building of local actors.

In its efforts to support the Cameroon EPI to improve HPV vaccination coverage, CHAI sub-contracted GLOCIR (1 amongst 3 CSOs) to engage communities, dispel myths, and bring a community-focused perspective that would help nurture a collaborative dialogue that resonates deeply within communities and counter the barriers to immunization posed by misinformation, skepticism, and fear and bolster immunization coverage generally and HPV vaccination coverage particularly. In this light GLOCIRs specific task is to improve immunization coverage in target missed communities by designing an integrated 'household' immunization approach and overseeing its implementation through pilot initiatives in selected underserved communities.

Key deliverables to be achieved through this collaboration are outlined below:

#### **1. GLOCIRS DELIVERABLES IMPLEMENTED IN THIS PROJECT:**

- Deliverable #1: Theoretical models of household care packages endorsed by the EPI.
- Deliverable #2: Research proposal for piloting models across the different target communities developed and IRB approval obtained.
- Deliverable #3: Models piloted across the different target communities.
- Deliverable #4: Comprehensive study report on the models piloting developed.
- Deliverable #5: Scale up plan developed and endorsed by the EPI.

Significant progress has been made in 2024 beginning with the research proposal, which commenced in August 2024. A validation session was successfully conducted with the Expanded Programme on Immunization (EPI) in November 2024 at SOA Yaoundé, attended by ALL participants, including GLOCIR staff. This session was convened by the Minister of Public health in which invited all relevant stakeholders through a ministerial letter to the various team leads. This session led to multiple revisions to align the proposal with EPI and IRB standards and to validate the models and proposal for piloting across the target settings. Substantial assistance and mentorship from the Clinton Health Access Initiative (CHAI) have been instrumental throughout this process. All corrections identified during the validation session have been addressed, and a second validation meeting scheduled by the EPI held on January 20<sup>th</sup> to 21<sup>st</sup> 2025. This session is previewed by GLOCIR was the last validation session including validation of MEAL tools and regarding the collaborative work done from December 2024 with all stakeholders and effective collaboration. Household surveys for parents, focus group discussions (FGDs) for both parents, community leaders and children, and assessments for stakeholders and healthcare providers including health facility preparedness assessment tools was developed and validated. These instruments are designed to collect information on key variables such as knowledge and awareness, vaccine hesitancy, medical history, health facility preparedness, community cantered delivery strategy for uptake and other key essential factors required for

strategic intervention. To ensure validity and reliability, including data quality and SOPs for data collection, the instruments will undergo a pre-testing phase during the training of the recruited pilot nurses and enumerators. After approval and fine-tuning of the survey instruments, over a thousand household questionnaires will be printed for data collection and all MEAL tools administered in a reasonable way and maximum time permitting accuracy of information and effectiveness of design by using the BEFORE-AFTER approach.

Legal authorization for the research project has been successfully obtained through a ministerial authorisation issued by the minister of public health. Formal requests were submitted to the ministerial office (MINISTER OF PUBLIC HEALTH), with the process commencing in August 2024 and concluding in November 2024 to ensure compliance with national regulations for initiating research activities. Authorisations also have been gotten from all the 5 regions of Cameroon and all the 10 health districts permitting GLOCIR to carry out the project.

Institutional Review Board (IRB) clearance ethical clearance on Human health also has been gotten. The research officer for GLOCIR has been in regular contact with the IRB/CNERSH office. The clearance process began in October 2024, with documentation preparation ongoing into January 2025. The first application for Clearance was done in December 2024 and GLOCIR received their first response by January 5<sup>th</sup> 2025 instructing response to certain concerns which is to be done latest 20<sup>th</sup> January 2025. GLOCIR has worked closely in collaboration and mentorship from CHAI and will meet the re application timelines latest 20<sup>th</sup> January in this same regards hoping to obtain clearance by the 10<sup>th</sup> February 2025. The IRB requested further clarity in order to grant ethical clearance.

The data collection plan, operational plan, and publication plan have all been completed, providing a structured approach for project implementation on piloting of models in target missed out communities. These plans outline key activities, timelines, and responsibilities, ensuring that all aspects of the project are well-coordinated and aligned with our objectives.

Recruitment efforts by GLOCIR in this project was enhanced. GLOCIR recruited 18 Cameroonians working in 5 regions across 10 health districts. GLOCIR also recruited 10 health facilities for the whole project process.

#### **PICTURES AND DESCRIPTION FOR THE YEAR 2024**

- 1) INSTITUTIONAL AND STATE PARTNERS INCLUDING LEADERS OF LOCAL COMMUNITY STRUCTURES TRAINED ON WOMEN PARTICIPATION IN LOCAL LEADERSHIP, PROTECTION AND PARTICIPATION IN GBV PREVENTION AND RESPONSE**







### **Key Challenges Faced in 2024**

#### **1. Complexity of Regulatory Compliance:**

- **Challenge:** Navigating the legal and ethical requirements for research, particularly obtaining IRB clearance and legal authorization, proved to be complex and time-consuming.
- **Lesson Learned:** Early engagement with regulatory bodies and thorough understanding of compliance requirements can streamline the approval process.

#### **2. Coordination Among Stakeholders:**

- **Challenge:** Ensuring that all stakeholders, including EPI and CHAI, were aligned on the research proposal required extensive communication and coordination, leading to delays.
- **Lesson Learned:** Establishing regular communication channels and scheduled meetings can enhance collaboration and reduce technical gaps to validation.

#### **3. Development of Survey Instruments:**

- **Challenge:** Designing valid and reliable survey instruments that effectively captured necessary data was challenging, particularly in addressing diverse changing demographic needs that suits the different Target settings.
  - **Lesson Learned:** Involving a community cantered targeted demographics and MEAL tool development technical sessions in the survey development process can improve instrument relevance and effectiveness.
- 4. Time Constraints:**
- **Challenge:** The tight timeline for completing legal authorizations and securing IRB clearance created pressure on the research team, risking oversights in documentation.
  - **Lesson Learned:** Building buffer time into project schedules can help accommodate unexpected delays and ensure thoroughness in submission processes.
- 5. Recruitment of Qualified Pilot Nurses/ Enumerators:**
- **Challenge:** Identifying and recruiting qualified candidates for pilot nurses and enumerators proved challenging, particularly personnel who master these target settings in rural or underserved areas.
  - **Lesson Learned:** Developing strong partnerships with local health authorities can facilitate recruitment and ensure access to qualified candidates.

#### **AUTHORISATION**

I declare that the information contained in this report is true and correct and confirm. ATTACHED TO THIS REPORT ARE PHOTO EVIDENCES.

**NWOTEH NWO MBUEH**

*Name:*

**PRESIDENT/CEO & FOUNDER**

*Title:*

*Signature*

*Date*