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Country programme outline for Cameroon*

Proposed UNFPA assistance: \$8.85 million, \$7.75 million from regular resources and \$1.1 million through co-financing modalities and/or other, including regular, resources

Programme period: 5 years (2003-2007)

Cycle of assistance: Fourth

Category per decision 2000/19: A

Proposed assistance by core programme areas (in millions of \$):

	Regular resources	Other	Total
Reproductive health	5.50	0.8	6.30
Population and development strategies	1.75	0.3	2.05
Programme coordination and assistance	0.50	-	0.50
Total	7.75	1.1	8.85

* The transition to the new harmonized programming process called for in decision 2001/11 necessitated a period of adjustment to accommodate the new requirements for country outlines, and has delayed submission of the present document.

I. Situation analysis

1. After a decade of economic decline, Cameroon is witnessing economic growth. Despite this, poverty has increased. Fifty-five per cent of the population lives below the poverty line. The population, estimated at 15 million, is young (46.4 per cent of the population is below the age of 15) and growing fast (2.8 per cent growth per year). Although urbanization has accelerated in recent years, 60 per cent of the population lives in rural areas. With limited access to resources and low educational attainment, women remain vulnerable, with a literacy rate of 53 per cent compared to 72.5 per cent for men.

2. Between 1991 and 1998, the total fertility rate fell from 5.8 to 5.2 children per woman and the median age of first-time mothers increased from 18.5 to 19.5 years. The infant and child mortality rates rose over the same period, from 65 to 77 per 1,000 live births and from 126 to 151 per 1,000 live births, respectively. The maternal mortality ratio is high at 430 per 100,000 live births. Abortion contributes up to 40 per cent of maternal deaths.

3. HIV/AIDS prevalence has increased from 0.5 per cent in 1987 to 11 per cent in 2000; infection among adolescents and youth accounts for most of this increase. Similarly, the prevalence of sexually transmitted infections (STIs) is high at 6 per cent. The use of contraceptives is low, estimated at 12 per cent in urban areas and only 4 per cent in rural areas. Unmet family planning needs are estimated at 40 per cent overall and 13 per cent among married women.

4. Sectoral policies and strategies in the social sectors, including population, health, reproductive health, education and gender, have the following strategic objectives: improving living conditions; providing basic infrastructure; achieving women's welfare;

integrating population and development concerns; decentralizing services; improving access to health care and services; increasing the availability of and access to essential drugs and contraceptives; and ensuring equal opportunities for girls and boys. The common country assessment (CCA) and United Nations Development Assistance Framework (UNDAF) also highlighted these objectives as being essential to reducing poverty. The CCA/UNDAF objectives seek to contribute to reducing by half the number of people living in extreme poverty by 2015; promote the status of women and equality among sexes; reduce the maternal and infant mortality rates; and curb the spread of HIV/AIDS.

II. Past cooperation and lessons learned

5. The previous programme of assistance (1998-2002) received \$12 million, of which \$10.5 million were from regular resources. In the area of reproductive health, a reproductive health policy, a national reproductive health programme, and service standards and procedures were developed. The programme also helped to integrate a minimum package of high-quality reproductive health services into the health-care system; implement a pilot community-based distribution scheme; formulate and implement a pilot project on emergency obstetric care; and build capacity for health personnel. In addition, the programme implemented activities that targeted adolescents and out-of-school youth; developed curricula on family-life and population education for teacher training schools; and implemented HIV/AIDS prevention activities and syndromic management of STIs.

6. In the area of population and development strategies, the programme helped to update the 1992 population policy; strengthened national planning capacity to integrate population into development planning; created sociodemographic and programme monitoring

databases; assisted preparatory and mapping activities for the third population census; developed skills to mainstream gender dimensions in sectoral programmes; and supported the formulation of the women's welfare sectoral strategy.

7. In the area of advocacy, the programme contributed to changing the way population issues were perceived. This led to the creation of important population and development networks for parliamentarians and women ministers. Advocacy efforts led to the creation of a national advocacy strategy on population and mobilized cost-sharing funds for the population programme. Finally, advocacy played a role in securing a substantial government contribution to UNFPA core resources.

8. The principal lessons learned from the previous programme included the need to position the programme coordination function at the highest level of the relevant ministry and to decentralize programme implementation so that rural communities could benefit from the interventions. Another lesson learned was the need to understand sociocultural barriers that could hamper the provision of reproductive health services. Continued international expertise was required to navigate the complex conceptual and operational frameworks, especially in reproductive health, and to strengthen national management skills in planning, implementing, monitoring and evaluating reproductive health activities. Finally, in view of the limited resources and to ensure a greater impact, it was decided that the number of health districts under the next programme would be reduced from 25 to 15.

III. Proposed programme

9. The proposed programme, which is consistent with the UNDAF objectives, will contribute to national endeavours to reduce poverty. This will be achieved by enhancing the management capacity for population

policies and programmes; reducing inequality and inequity between women and men; and improving the utilization of high-quality reproductive health services in selected health districts.

Population and development strategies subprogramme

10. The expected outcome of the population and development strategies subprogramme is to contribute to government development efforts by achieving optimal implementation of the updated national population policy. Four outputs have been developed: (a) implementing the national population policy; (b) improving knowledge of population issues among decision makers, leaders and the general public; (c) making available updated and disaggregated population data; and (d) strengthening the implementation, monitoring and evaluation of the population programme.

11. The achievement of the first output – implementing the national population policy – will focus on three strategies. The first is to initiate advocacy efforts for decision makers and other leaders to ensure the adoption, dissemination and funding of the national population policy and its implementation within the framework of the poverty reduction strategy. The second strategy is to strengthen the population policy implementation framework through workshops to formulate implementation plans. The third strategy is to develop monitoring and evaluation tools and mechanisms, including a monitoring matrix.

12. The second output – improved knowledge of population issues – will be addressed through advocacy campaigns with decision makers; by updating the national population information, education and communication (IEC) strategy; by introducing, on an experimental basis, population education into the secondary school curriculum; and by developing a curriculum for IEC and advocacy training for journalists.

13. The third output – the availability of updated and disaggregated population data – will be achieved by assisting the implementation of the third population and housing census; by implementing the demographic and health survey to obtain reproductive health indicators; and by strengthening the data collection and analysis system for programme monitoring and evaluation.

14. The fourth output – strengthened implementation, monitoring and evaluation of population programmes – will be achieved by training national counterparts in priority areas; by providing expert technical services for the transfer of knowledge; by assisting in sectoral coordination; and by developing monitoring and evaluation tools and mechanisms.

15. In addressing gender, the outcome is to reduce inequalities and inequities between men and women. Two outputs have been developed: (a) to mainstream gender in policies and programmes; and (b) to conduct advocacy efforts to reduce violence against women and girls.

16. Specific strategies for the first gender-related output will involve providing assistance to disseminate the women's sectoral strategy; developing technical and management capacity among officials responsible for women's programmes; improving the project management skills of grassroots women's groups; and finalizing and disseminating the family code.

17. Providing support to legal centres to educate and sensitize the public on gender issues is a key strategy to achieve the second gender-related output – reducing violence against women and girls. Studies and surveys will be conducted on violence against women and girls; community-based organizations and networks will be sensitized about women's needs and gender equality; and support will be provided for advocacy efforts.

Reproductive health subprogramme

18. The expected outcome of this subprogramme is improved utilization of high-quality reproductive health services. Interventions in this area will address the high rates of maternal, infant and child mortality; HIV/AIDS and STI prevalence; the high incidence of abortion; and low utilization of family planning services. Three outputs have been developed: (a) improved access to and availability of high-quality reproductive health services in 15 districts; (b) strengthened management of reproductive health service at all levels; and (c) increased demand for reproductive health services.

19. The first output will be achieved through the following strategies: (a) assisting decentralization efforts to standardize the provision of the minimum package of high-quality reproductive health services; (b) strengthening reproductive health service delivery by reorganizing, reorienting and implementing quality-of-care norms and procedures; (c) increasing the availability of reproductive health services by expanding community-based distribution to all districts covered by the programme; (d) introducing, on an experimental basis, reproductive health in the workplace; (e) improving emergency obstetric and post-partum care by establishing a referral, evacuation and cost-sharing system and by strengthening health-care workers' skills; (f) improving adolescent and youth reproductive health by extending family-life and population education to schools in the programme areas, developing activities outside school and strengthening community youth networks; and (g) developing community-based and health system responses to curb the spread of STIs and HIV/AIDS.

20. The second output of the reproductive health subprogramme – strengthening reproductive health services management – will be achieved through the following strategies: (a) assisting national capacity-building by

developing and implementing a human development plan; (b) formulating district-based health and social development plans; (c) providing expertise for effective programme implementation; (d) strengthening the health information system to decentralize the planning and management of reproductive health activities; and (e) improving operational research to develop better services and health-care delivery.

21. The third subprogramme output – an increased demand for reproductive health services – will be achieved through the following strategies: (a) strengthening IEC efforts and community participation; (b) intensifying advocacy efforts for traditional and administrative authorities, including parliamentarians, to promote reproductive health; and (c) using community participation to identify reproductive health needs and to implement activities.

IV. Programme management, monitoring and evaluation

22. The proposed country programme will be coordinated with other United Nations agencies within the context of the UNDAF. Partnerships will be developed with multilateral and bilateral agencies as well as with non-governmental organizations (NGOs) to ensure complementarity and to improve the monitoring and evaluation of the programme.

23. United Nations agencies and international NGOs will be involved in executing the programme, including the Food and Agricultural Organization of the United Nations and the Population Council. Government entities and local NGOs with proven management capabilities will implement the programme. To support decentralization, provincial and community-based organizations will be used. The Ministry of Public Investments and Regional Development will coordinate the programme. Integrated databases established during the previous

programme cycle will be utilized in monitoring and evaluation.

24. The current UNFPA office consists of a Representative, an Assistant Representative, a national programme officer and administrative support staff. National project personnel will be recruited to strengthen the implementation and monitoring of the programme.

ANNEX: RESULTS AND RESOURCES FRAMEWORK FOR CAMEROON

UNDAF Objective 1: To contribute to reducing by half the number of people living in extreme poverty by 2015				
UNFPA Goal	Outcome	Indicators	Outputs and Key Indicators	Resources
To contribute to national endeavours to improve living conditions through enhanced management capacity for population policies and programmes	Updated population policy implemented	<ul style="list-style-type: none"> • Availability of implementation plans for the updated population policy at the national and provincial levels • Sectoral strategies made operational 	Output 1: Updated population policy implemented Output indicators: <ul style="list-style-type: none"> • Revision of sectoral policies and strategies based on the updated population policy • Tools, mechanisms and modalities for monitoring policy implementation defined and disseminated to all partners 	\$ 0.4 million
			Output 2: Improved knowledge level of decision makers, leaders and the general public Output indicators: <ul style="list-style-type: none"> • 80% of decision makers, leaders and the public informed of priorities regarding population growth • 10% of educational institutions to teach family life and population education in three provinces 	\$ 0.3 million
			Output 3: Availability of updated and disaggregated population data Output indicators: <ul style="list-style-type: none"> • Advocacy, population and IEC module taught in ASMAC (Institute of Journalism) • Groundwork laid for sociodemographic data collection • Thorough analysis of the third housing and population census and the demographic and health survey complete 	\$ 0.6 million
			Output 4: Strengthened national capacities for implementation, follow-up and evaluation of population programmes Output indicators: <ul style="list-style-type: none"> • Training of managerial staff at different levels accomplished, based on needs analysis and a training plan • Required expertise available at different levels in view of the transfer of competencies 	\$ 0.4 million
UNDAF Objective 2: To contribute to the promotion of women and equality between the sexes by 2015				
UNFPA Goal	Outcome	Indicators	Outputs and Key Indicators	Resources
To contribute to reducing inequality and inequity between men and women	Reduced inequality and inequity between men and women	<ul style="list-style-type: none"> • Effectively taking into account gender perspectives in all policies and programmes • Significant increase in the number of women in decision-making bodies • Decreased violence against women and girls 	Output: Strengthened framework for the promotion of gender equality and equity Output indicators: <ul style="list-style-type: none"> • Sectoral strategy for the promotion of women and the family code disseminated • 50% of community structures and three existing networks in the intervention districts informed of and sensitized to the needs of women • Training managerial staff in gender issues • Number of judicial clinics (???) sensitized on violence against women and girls • Number of surveys carried out on gender • Number of advocacy activities addressed to decision makers and leaders on violence against women and girls 	\$0.4 million

UNDAF Objective 3: To contribute to reducing maternal and infant mortality rates by three fourths and two thirds, respectively, by 2015; to contribute to stopping and reversing the spread of HIV/AIDS by 2015

UNFPA Goal	Outcome	Indicators	Outputs and Key Indicators	Resources
To contribute to increased utilization of high-quality reproductive health services by target populations in 15 selected districts	Improved utilization of high-quality reproductive health services	<ul style="list-style-type: none"> • 50% of health centres provide the minimum package of reproductive health services • Improve the antenatal care rate from 79% to 85% • Increase the rate of assisted births from 54% to 70% • Contraceptive prevalence rate up from 12% to 25% in urban areas and from 4% to 15% in rural areas • 100% management of obstetric and post-abortion complications • 30% reduction in hospital fatalities related to emergency obstetric care and abortion-related complications • 15% of youths use modern contraceptive methods • 50% increase in the level of knowledge on all aspects of reproductive health in target populations 	<p>Output 1: Better accessibility and availability of high-quality reproductive health services in 15 selected districts</p> <p>Output indicators:</p> <ul style="list-style-type: none"> • 50 health centres in 11 health districts to provide high-quality reproductive health services • All complications related to obstetric care within the intervention zones cared for according to the type of health facility • Percentage of health centres to provide urgent obstetric and post-abortion care • 50% of STI and HIV/AIDS cases in the health districts are cared for using a syndromic approach • 100 community-based reproductive health centres to provide reproductive health services, including HIV/AIDS and STI prevention, according to specified standards • 11 youth and adolescent community centres involved in the promotion of service delivery <p>Output 2: Strengthened management of reproductive health services at various levels of the health pyramid</p> <p>Output indicators:</p> <ul style="list-style-type: none"> • Health development plan (including reproductive health) of health districts elaborated in the framework of a sector-wide approach • Information for the planning and monitoring of reproductive health activities secured in a timely fashion • Expertise made available at different levels <p>Output 3: Increased demand for reproductive health services</p> <p>Output indicators:</p> <ul style="list-style-type: none"> • 85% of the population informed about reproductive health priorities • 40% of the population in the intervention zones use reproductive health services • Administrative and traditional authorities in the selected districts involved in the management of reproductive health issues 	<p>\$2.8 million</p> <p>\$1.45 million</p> <p>\$2 million</p> <p>Programme coordination and assistance: \$0.5 million</p>

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