

COMMENTS ON THE UNFPA DRAFT COUNTRY PROGRAMME DOCUMENT FOR CAMEROON

First regular session 2022

Comments by Germany	UNFPA country and regional office response to comments
<p>Germany welcomes the proposed actions under the country programme for Cameroon. Germany as well supports the Cameroonian health sector with a focus on maternal and infant health and supports the modernization of the civil service. Therefore, we propose a close cooperation between UNFPA and the German Cooperation in Cameroon to identify and use possible synergies and make sure there are no unwanted overlaps.</p>	<p>These comments are very well noted and welcomed.</p> <p>UNFPA will proactively seek to engage Germany to explore possible areas of cooperation and synergies; this is reflected in the country office resource mobilization plan.</p>
<p>The programme is to be implemented in all regions apart from the South, although it is stated that the need for family planning is highest in the southern region. Could you elaborate on the decision to nevertheless exclude the South as the only region?</p>	<p>The family planning strategy covers the entire country, including the South region.</p> <p>In item 15, the CPD notes that the programme will be implemented in all regions with regard to addressing the unmet for family planning ensuring that we reach the furthest behind.</p> <p>However, in line with the CCA and CF, the in depth analysis shows the areas with the greatest disparities and poorest socio-demographic indicators on gender equality and maternal health. These areas are also affected by humanitarian crises in terms of forced displacement of populations and cross-border issues, as well as GBV against women and girls.</p>
Comments by the European Union	UNFPA country and regional office response to comments
<p>Overall: A varied and highly relevant programme is proposed although it is somewhat light on implementation strategies (the how of the proposal). Given staff and financing limitations, the main risk identified is insufficient expertise which we agree with but an additional risk surely is also that the programme aims to do too much with the resources available?</p>	<p>UNFPA appreciates this overall comment. Given the limited resources to help respond to the increasing needs affecting the life and dignity of women and girls, UNFPA will continue to explore synergies and partnerships to leverage resources and best practices, including in coordination with other UN agencies and partners in the country and with other UNFPA country offices in the region.</p>

A welcome use of lessons learned forms the basis of priorities for the country plan, especially around integration and social determinants as well as mental health.	This comment is appreciated.
Para 25 (p5) makes no mention of the incorporation of family planning into UHC (although this is a priority for maternal health). Is the absence an oversight or is comprehensive family planning already fully incorporated into the UHC plan and available/accessible to all women and girls?	With regard to item 26, related to universal health coverage, there are two prioritized interventions (advocacy of midwives and EMOC services) which will be carried out under this CPD, with an emphasis on the reduction of maternal mortality. Family planning is one of the strategies that supports maternal mortality reduction.
Comments by United States of America	UNFPA country and regional office response to comments
<p><i>Overarching</i></p> <p>Overall, the United States appreciates the draft country programme document's alignment with country priorities and key challenges, including implementation and effective collaboration.</p> <p>We encourage UNFPA to develop and maintain capacity for emergency response and support UNFPA serving as the SRH and GBV leads in cluster meetings.</p>	<p>UNFPA appreciates the overarching comment. UNFPA is indeed placing added emphasis on strengthening its capacity to effectively respond to humanitarian crises.</p> <p>UNFPA is committed to ensuring adequate staffing, and is recruiting an international Humanitarian Coordinator and GBViE expert to be based in the Cameroon country office. This will improve UNFPA's ability to lead and support the SRH sub cluster within the health cluster and GBV sub cluster within the protection cluster for the Far North, North West and South West Clusters.</p>
<p><i>Regarding Programme Rationale</i></p> <p>With respect to Item 4, we would appreciate additional information about how UNFPA plans to mitigate major operational barriers related to stock-outs of FP commodities and chronic supply-chain breakdowns.</p>	<p>Regarding Item 4: UNFPA plans to mitigate these issues through its supply chain management programme by supporting the improvement of the policy and regulatory environment for RH / FP and contraceptive security, developing and implementing a spot-check plan for supplies products, effective partnerships with others partners in the domain, such as USAID, and promoting the use of drone technology to reach target populations located in areas which are difficult to access.</p>
In Item 7, we recommend removing the word "voluntarily," as it may suggest that other countries' commitments to the ICPD Programme of Action were not provided voluntarily.	UNFPA accepts the recommendation made by the United States and has removed "voluntarily" from item 7.

<p><i>Regarding Programme Priorities and Partnerships</i></p> <p>In Item 13, while we support engaging stakeholders in implementation and monitoring and evaluation activities to increase ownership, we suggest that UNFPA train stakeholders in data collection methods, as appropriate, in order to ensure data quality. Additionally, as some activities are sensitive in nature, such as those related to GBV, we caution that the full participation of some stakeholders may not always be appropriate.</p> <p>We appreciate UNFPA's focus on the provision of the minimum initial service package and holistic gender-based violence services, as indicated in Item 16. It would be helpful to have greater clarity on the types of GBV risk in this context and considerations of the unique needs of these survivors, such as adolescent girls.</p> <p>We recommend that UNFPA focus not only on mental and psychological care, but also include needs that span the mental health and psychosocial support (MHPSS) spectrum and build community-based approaches to psychosocial support.</p>	<p>Item 13: This comment is well noted. Training stakeholders on data collection methods is central to UNFPA's work on accelerating achievements of Output 5, with a focus on quality of data and their ethical use.</p> <p>We treat GBV survivor information with the utmost care.</p> <p>The GBVIMS is a data collection tool which has been introduced in the Far North region affected by the crisis; members of the GBV sub cluster are trained to collect the data. UNFPA criteria to train stakeholders are based on confidentiality and accountability; stakeholders are also trained to ensure ethical use and applying needs based response when it comes to data collection on GBV, reaching those furthest behind. The introduction of the GBVIMS is underway for the North West and South West regions that are in crisis.</p> <p>To provide more clarity on the types of GBV risks, these include early marriage/birthing, FGM, dropping out of school, obstetrical fistula, sexual exploitation and abuse, and lack of access to SRH/GBV services, particularly for adolescent girls.</p> <p>The safe spaces will be expanded and deployed during the programme cycle after systematically identifying the specific needs of the survivors before designing their reintegration package (basic economic skills, education, etc).</p> <p>The recommendations on the MHPSS strategy are well noted: The current safe space structures will identify these needs and include recreational activities. The MHPSS Specialists provide services to GBV victims/survivors and build the capacity of community (church, community workers, etc) in first aid MHPSS support.</p>
<p>Regarding Item 33 and population data for development, we welcome UNFPA's support of the sixth demographic and health survey.</p>	<p>In regards to Item 33, UNFPA appreciates this comment and will continue to provide support to the demographic and health survey. UNFPA will support the DHS-6, MICS, facility surveys and generation of civil registration and vital</p>

	statistics contributing to the production of disaggregated data and evidence for programming and SDGs follow up.
<p><i>Regarding Programme and Risk Management</i></p> <p>We suggest adding a learning agenda to this section.</p> <p>In response to the risk of being unable to acquire the required expertise to provide cutting-edge policy and strategic advice, as noted in Item 37, we appreciate the attention UNFPA has devoted to this issue and support activities that will mitigate this risk to the greatest extent possible.</p>	<p>The comments on the programme and risk mitigation measures are greatly appreciated. Furthermore, it should be noted that the human resources plan takes into account the staff profiles that the office will need to ensure effective implementation of the new country programme. A training/learning plan will be developed to ensure the continuous training of staff.</p> <p>To expand, achieve and report on the results of the programme, a capacity building agenda for staff will be designed to assess risks internally and minimize them using the Enterprise Risk Management (ERM) tool. The capacity building agenda will also include a component to enhance staff capacity to be agile and adaptive to the changing environment, including on disaster risk reduction.</p>
<p><i>Regarding Results and Resources Framework</i></p> <p>Please clarify or confirm that as presented, the country programme will focus only on national pillars 2 and 4. In addition, we recommend sources for baseline indicators in this section.</p>	<p>UNFPA confirms that the country programme will focus on national pillars 2 (development of human capital and well-being) and 4 (governance, decentralization and strategic management of the state of the National Strategy Development 2020-2030- NSD30).</p> <p>In addition, pillar 2 and 4 will contribute to the other two national pillars (1 and 3) as they relate to macro-economic growth and employment.</p> <p>Regarding the comment on the source for the baseline in the IRRF, the metadata for the CPD is based on the national collected data.</p>