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UNFPA – Country programmes and related matters

UNITED NATIONS POPULATION FUND

Final country programme document for Cameroon

Proposed indicative UNFPA assistance: \$25 million: \$18 million from regular resources and \$7 million through co-financing modalities and/or other resources, including regular resources

Programme period: Five years (2013-2017)

Cycle of assistance: Sixth

Category per decision 2007/42: A

Proposed indicative assistance (in millions of \$):

Strategic Plan Outcome Area	Regular resources	Other	Total
Population dynamics	2.1	1.0	3.1
Maternal and newborn health	8.3	3.6	11.9
Family planning	2.0	0.6	2.6
Gender equality and reproductive rights	1.7	0.7	2.4
Young people's sexual and reproductive health and sexuality education	2.4	1.1	3.5
Programme coordination and assistance	1.5	-	1.5
Total	18.0	7.0	25.0

I. Situation analysis

1. Cameroon is characterized by a high degree of political and institutional stability. It has a population of 20 million (51.2 per cent of whom are rural), a total fertility rate of 5.1 children per woman, and an annual population growth rate of 2.6 per cent. The population of Cameroon is very young; 50 per cent are younger than 18. Life expectancy at birth is estimated at 54.8 years.
2. Economic growth has been modest in recent years. The poverty rate has stagnated at approximately 39.9 per cent, and rural populations are considerably poorer than their urban counterparts. The 2011 UNDP *Human Development Report* ranks Cameroon 150th of 187 countries.
3. The budget of the Ministry of Public Health increased from 3.8 percent of the total public budget in 2008 to 5.0 per cent in 2012. Limited financial investments, in combination with governance-related challenges, have resulted in insufficient health infrastructure and equipment, frequent stock-outs of essential drugs and supplies, a lack of skilled health personnel (one physician per 13,468 inhabitants and one paramedic per 3,094), and limited geographical and financial access to health services. These factors have negatively impacted health indicators and have contributed to regional disparities, including in the area of reproductive health.
4. The contraceptive prevalence rate is low (14 per cent), and 20 per cent of the need for family planning is unmet. Although 83 per cent of pregnant women have at least one antenatal care visit, trained personnel assist only 63.6 per cent of deliveries. Moreover, the availability of emergency obstetric and neonatal care is highly inadequate. As a consequence, maternal and neonatal mortality rates are high (669 deaths per 100,000 live births and 31.0 deaths per 1,000 live births, respectively).
5. The Government is committed to reducing maternal mortality within the framework of the health-sector strategy, 2001-2015, and the Campaign for Accelerated Reduction of Maternal Mortality in Africa, 2011-2013. However, Cameroon is not likely to achieve the health-related Millennium Development Goals in 2015 and has postponed its target date to 2020.
6. The exponential growth of youth is associated with cultural, economic and infrastructure-related challenges, and at times with risky behaviour. Youth in Cameroon face high unemployment (39.3 per cent), illiteracy (20.5 per cent), and a generalized HIV epidemic.
7. HIV prevalence decreased from 5.5 per cent in 2004 to 4.3 percent in 2011. The prevalence among women aged 20-24 is 3.5 per cent, and 80.1 per cent of such women have never been tested for HIV. Fifty-three and a half per cent of sexually active adolescents do not systematically use condoms.
8. Adolescents account for 12 per cent of overall fertility. Early pregnancies are major causes of maternal mortality and obstetric fistula, which are particularly prevalent in the northern and eastern regions. These regions also host most of the estimated 100,000 refugees from neighbouring countries.
9. The rights of women are not adequately met. Women remain vulnerable due to their limited levels of education, training and knowledge, as well as their limited access to financial resources, means of production and social protection.
10. Women are poorly represented in decision-making spheres and continue to suffer from discrimination and gender-based violence. Cultural constraints and a lack of expertise hinder efforts to use a gender-sensitive approach in development activities. The operationalization of the national gender policy and the application of existing

regulations are required to further promote the rights of women and girls.

11. There is a need for a gender-disaggregated database to inform the planning, monitoring and management of development programmes and of the United Nations Development Assistance Framework (UNDAF), as well as the analysis of population dynamics. This, in turn, would improve attention to emerging issues in policies and strategies.

II. Past cooperation and lessons learned

12. The UNFPA fifth country programme focused on: (a) strengthening capacity through national expertise; (b) supporting the implementation of the health-sector strategy, particularly as it relates to maternal health; (c) combating gender-based violence; (d) supporting the development of a national youth policy; (e) supporting the availability of data to plan and manage development; and (f) supporting the development of tools to integrate population and development, reproductive health, gender and human rights-related issues into policies and strategies.

13. The independent country programme evaluation, conducted by the Division for Oversight Services, highlighted the following achievements: (a) the added value and strategic relevance of programme interventions in terms of capacity development; (b) closer proximity to reproductive health services in all three regions covered by the UNFPA Cameroon sub-offices; (c) the success of the programme in drawing attention to sensitive issues; and (d) stronger coordination within the United Nations country team.

14. Lessons learned from the fifth country programme underline the need to: (a) pursue a thematic and geographical focus without neglecting urban areas; (b) support decentralization and the ‘delivering as one’ approach; (c) support the development of a national capacity development strategy;

(d) promote strategic partnerships, building on national expertise and ownership; and (e) support the availability of effective monitoring and evaluation systems.

III. Proposed programme

15. The UNFPA sixth country programme is aligned with the priorities of the UNDAF, 2013-2017, which responds to national priorities as included in the Vision 2035 document and the growth and employment strategy paper. The programme emphasizes: (a) national ownership; (b) mutual accountability; (c) continued capacity development; (d) decentralization; and (e) reaching vulnerable populations, especially young girls. The programme supports the implementation of the Programme of Action of the International Conference on Population and Development and the achievement of the Millennium Development Goals, based on an integrated and decentralized approach.

16. The sixth country programme contributes to five of the UNFPA strategic plan outcomes. It seeks to reduce maternal mortality and promote reproductive rights by: (a) strengthening health systems; (b) mobilizing communities for behaviour change; and (c) using evidence-based data on population dynamics to improve decision-making. At the operational level it mainly covers five regions: Centre, South, East, Far-North and North.

Population dynamics

17. This component contributes to UNDAF outcome 1: by 2017, national institutions use a participatory approach to develop and implement policies and strategies for sustainable development and inclusive growth. The component also contributes to Millennium Development Goals 1, 2, 3, 4, 5, 6, 7 and 8. Its expected result is that national authorities and national stakeholders will integrate population and development issues and reproductive

health, gender and human rights concerns into development plans.

18. Output 1: Strengthened national and local capacity to incorporate population dynamics and its interlinkages with the needs of young people (including adolescents), sexual and reproductive health, gender equality and poverty reduction into national and local development frameworks, poverty reduction strategies and other relevant national plans and programmes. To achieve this, the programme will: (a) support the development of at least two sectoral plans to advance the implementation of the national gender policy; and (b) strengthen the capacity to collect, analyse and use data for development planning and policy-oriented advocacy, at national and subnational levels, especially in the areas of reproductive health, gender and youth.

Maternal and newborn health

19. This component contributes to UNDAF outcome 3: by 2017, the population in general, and the most vulnerable more specifically, will have better and more equitable access to high-quality health services and education and use them effectively. The component also contributes to Millennium Development Goals 1, 3, 4, 5 and 6. The expected outcome of this component will be to strengthen the health system in order to improve access to, and the utilization of, high-quality maternal and neonatal health services.

20. Output 1: Strengthened national capacity to implement comprehensive midwifery programmes. This will be achieved by: (a) updating normative reproductive health frameworks in the wake of a national symposium on reproductive health; (b) continuing support for midwifery training; and (c) supporting advocacy efforts for the effective recruitment of trained midwives.

21. Output 2: Strengthened national capacity for emergency obstetric and newborn care. To achieve this outcome, the programme will:

(a) strengthen the skills of health personnel in emergency obstetric and neonatal care and the prevention of mother-to-child transmission of HIV; and (b) ensure that health facilities within intervention zones are adequately equipped.

22. Output 3: Enhanced national capacity to prevent, treat and reintegrate into society victims of obstetric fistula. This output will be achieved by: (a) establishing a sustainable mechanism for medical and psychosocial care; (b) raising awareness; and (c) advocacy.

Family planning

23. This component contributes to UNDAF outcome 3, cited above. Its expected result is a strengthened contraceptive logistics management system.

24. Output 1: Strengthened national systems for reproductive health commodity security. This will be achieved by: (a) strengthening the logistical management capacity of decentralized structures; (b) training providers at the subnational level in family planning; and (c) supporting the procurement of contraceptives.

25. Output 2: Strengthened regional capacity for community-based interventions on family planning. This will be achieved by enhancing the availability of information and family planning services at the community level.

Gender equality and reproductive rights

26. This component contributes to UNDAF outcome 3 as well as to UNDAF outcome 5: by 2017, national and local institutions execute their responsibilities in a participatory and transparent manner, with respect for gender equality, human rights and the rule of law. The component also contributes to Millennium Development Goals 1, 2, 3, 4, 5, 6, and 7. The expected results include: (a) increased support for combating harmful traditional practices and gender-based violence; (b) strengthened capacity to address gender-based violence;

(c) the provision of information and services to victims of gender-based violence; and (d) the promotion of human rights.

27. Output 1: Strengthened national capacity to address gender-based violence and provide high-quality services, including in humanitarian settings. To this end, the programme will: (a) train traditional and religious leaders, media representatives and regional authorities to combat gender-based violence, including within a humanitarian context; (b) raise awareness and advocate at the community level against harmful traditional practices, including female genital mutilation; and (c) support integrated care for victims of gender-based violence, especially young girls.

Young people's sexual and reproductive health and sexuality education

28. This component contributes to UNDAF outcome 3 and to Millennium Development Goals 1, 3, 4, 5 and 6. The expected result is: young people in general, and adolescents in particular, in the intervention zones have access to information, essential sexual and reproductive health services, and sex education.

29. Output 1: Strengthened health institutions and community capacity to improve the availability of essential information and services on sexual and reproductive health for youth, especially adolescents, in intervention zones. This will be achieved by: (a) training trainers and health-care providers on adolescent reproductive health; (b) strengthening coaching structures for young people and information systems on young people; and (c) supporting the provision of high-quality adolescent reproductive health services in intervention zones.

IV. Programme management, monitoring and evaluation

30. National execution continues to be the preferred implementation arrangement for UNFPA. In line with the decision of the United Nations country team, the programme will use the harmonized approach to cash transfers. In the event of an emergency, UNFPA may, in consultation with the Government, reprogramme activities, especially life-saving measures, to better respond to emerging issues.

31. UNFPA will support United Nations reform and the 'delivering as one' initiative by participating in joint programmes with other United Nations organizations and partners. UNFPA will mobilize and leverage additional resources to implement the programme.

32. UNFPA and the Government will execute the programme within the framework of results-based management and will monitor the programme by aligning it with the national poverty reduction strategy, the UNDAF and the Millennium Development Goals.

33. The country office includes staff funded from the UNFPA institutional budget who perform management and development-effectiveness functions. UNFPA will allocate programme resources for staff to provide technical and programme expertise as well as associated support, including strengthening staff security. UNFPA will seek technical assistance in strategic areas of the programme from the regional office and from international and national experts.

RESULTS AND RESOURCES FRAMEWORK FOR CAMEROON

<p>National priority: growth and employment strategy paper: Axis 3: improve governance and the strategic management of the State UNDAF outcome 1: by 2017, national institutions use a participatory approach to develop and implement policies and strategies for sustainable development and inclusive growth</p>				
UNFPA strategic plan outcome	Country programme outputs	Output indicators, baselines and targets	Partners	Indicative resources
<p>Population dynamics <u>Outcome indicator:</u> <ul style="list-style-type: none"> Number of regional growth and employment strategy papers addressing population dynamics and its interlinkages with the multisectoral needs of young people, sexual and reproductive health, gender equality, sustainable development and poverty reduction Baseline: 1; Target: 10</p>	<p><u>Output:</u> Strengthened national and local capacity to incorporate population dynamics and its interlinkages with the needs of young people (including adolescents), sexual and reproductive health, gender equality and poverty reduction into national and local development frameworks, poverty reduction strategies and other relevant national plans and programmes</p>	<ul style="list-style-type: none"> Number of national and local sectoral decision makers trained to develop advocacy-oriented indicators demonstrating the need to invest in youth and women and in efforts to promote gender equality and reduce maternal mortality Baseline: 0; Target: 10 Number of local decision makers equipped to develop integrated, results-oriented and budgeted development road maps that incorporate population dynamics, human rights and gender concerns to reduce maternal mortality Baseline: 5; Target: 125 	Ministries of: Health; Planning, Women's and Family Affairs; and Youth; national institutions; UNDP; United Nations Children's Fund (UNICEF); United Nations Entity for Gender Equality and the Empowerment of Women	\$3.1 million (\$2.1 million from regular resources and \$1 million from other resources)
<p>National priority: growth and employment strategy paper: improving the health status of populations UNDAF outcome 3: the population in general, and the most vulnerable more specifically, have better and more equitable access to high-quality health services and education and use them effectively</p>				
<p>Maternal and newborn health <u>Outcome indicator:</u> <ul style="list-style-type: none"> Maternal mortality ratio Baseline: 600 maternal deaths per 100,000 live births (2010); Target: 350 (2017)</p>	<p><u>Output 1:</u> Strengthened national capacity to implement comprehensive midwifery programmes</p>	<ul style="list-style-type: none"> Number of updated normative reproductive health frameworks. Baseline: 0; Target: 10 Number of midwifery training and employment policies available and applied. Baseline: 0; Target: 2 Number of recent midwifery graduates that are operational in intervention regions. Baseline: 0; Target: 100 	Ministry of Health; civil society networks and organizations; African Development Bank; United Nations organizations; World Bank; French Development Agency (AFD); German International Development Agency (GIZ)	\$11.9 million (\$8.3 million from regular resources and \$3.6 million from other resources)
	<p><u>Output 2:</u> Strengthened national capacity for emergency obstetric and newborn care</p>	<ul style="list-style-type: none"> Percentage of maternity networks in intervention zones that have a functional emergency-evacuation system in place. Baseline: 31%; Target: 60% Percentage of district hospitals providing comprehensive emergency obstetric and neonatal care services in intervention zones. Baseline: 93%; Target: 100% Percentage of government health facilities offering basic emergency obstetric and neonatal care services in intervention zones. Baseline: 57%; Target: 80% 		
	<p><u>Output 3:</u> Enhanced national capacity to prevent, treat and</p>	<ul style="list-style-type: none"> Number of health facilities in intervention zones that have integrated the delivery of medical and psychosocial support services for obstetric fistula victims into their service 		

	reintegrate into society victims of obstetric fistula	delivery package. Baseline: 0; Target: 3 <ul style="list-style-type: none"> Number of women treated for obstetric fistula with UNFPA support. Baseline: 150; Target: 650 		
Family planning <u>Outcome indicator:</u> <ul style="list-style-type: none"> Contraceptive prevalence rate (modern methods) Baseline: 14 (2012); Target: 30	<u>Output 1:</u> Strengthened national systems for reproductive health commodity security	<ul style="list-style-type: none"> Average duration of contraceptive stock-outs (all methods included) in public health facilities in the intervention zone Baseline: 299 days per year; Target: 150 days per year Percentage of health facilities in intervention zones offering at least two long-lasting contraceptive methods Baseline: 9.7%; Target: 40% 	Ministry of Health; UNICEF, World Health Organization; community-based organizations; NGOs	\$2.6 million (\$2 million from regular resources and \$0.6 million from other resources)
	<u>Output 2:</u> Strengthened regional capacity for community-based interventions on family planning	<ul style="list-style-type: none"> Number of trained community outreach workers promoting family planning in intervention zones. Baseline: 46; Target: 300 Number of persons sensitized on sexual and reproductive health and rights by community outreach workers. Baseline: men: 0; women: 0; Target: men: 20,000; women: 20,000 		
National priority: growth and employment strategy paper: (a) supporting growth; (b) supporting human development; and (c) promoting gender concerns UNDAF outcome 3: by 2017, the population in general, and the most vulnerable more specifically, will have better and more equitable access to high-quality health services and education and use them effectively. UNDAF outcome 5: by 2017, national and local institutions execute their duties in a participatory and transparent manner, with respect for gender equality, human rights and the rule of law				
Gender equality and reproductive rights <u>Outcome indicator:</u> <ul style="list-style-type: none"> Number of national mechanisms in place to implement laws and policies advancing gender equality and reproductive rights Baseline: 1; Target: 6	<u>Output 1:</u> Strengthened national capacity to address gender-based violence and provide high-quality services, including in humanitarian settings	<ul style="list-style-type: none"> Number of local committees sensitized to combat female genital mutilation in the intervention zones Baseline: 2; Target: 20 Number of health districts in intervention zones that offer comprehensive support (i.e., health and psychosocial care, legal aid and income generation) to victims of gender-based violence Baseline: 3; Target: 16 	Ministry of Women's and Family Affairs; National Assembly; GIZ; United Nations organizations; World Bank; NGOs; women's networks	\$2.4 million (\$1.7 million from regular resources and \$0.7 million from other resources)
Young people's sexual and reproductive health and sexuality education <u>Outcome indicator:</u> <ul style="list-style-type: none"> Adolescent pregnancy rate Baseline: 127 births per 1,000 females aged 15-19; Target: 70 per 1,000 females aged 15-19	<u>Output 1:</u> Strengthened health institutions and community capacity to improve the availability of essential information and services on sexual and reproductive health for youth, especially adolescents, in intervention zones	<ul style="list-style-type: none"> Percentage of district hospitals providing adolescent reproductive health services in intervention zones Baseline: 0; Target: 100% Number of young people and adolescents in intervention zones sensitized on adolescent reproductive health Baseline: 6,649; Target: 30,000 	Ministries of: Health; Planning; Women's and Family Affairs; and Youth; AFD; African Development Bank; GIZ; UNDP; UNICEF; WHO, World Bank; communities; NGOs	\$3.5 million (\$2.4 million from regular resources and \$1.1 million from other resources) <hr/> Total for programme coordination and assistance: \$1.5 million from regular resources