



**Executive Board of the
United Nations Development
Programme and of the
United Nations Population Fund**

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UNITED NATIONS POPULATION FUND

Country programme document for Cameroon

Proposed UNFPA assistance: \$17.75 million: \$12.5 million from regular resources and \$5.25 through co-financing modalities and/or other, including regular, resources

Programme period: Five years (2008-2012)

Cycle of assistance: Fifth

Category per decision 2005/13: A

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

| | Regular resources | Other | Total |
|---------------------------------------|-------------------|-------|-------|
| Reproductive health | 7.25 | 2.50 | 9.75 |
| Population and development | 3.00 | 2.00 | 5.00 |
| Gender | 1.25 | 0.75 | 2.00 |
| Programme coordination and assistance | 1.00 | - | 1.00 |
| Total | 12.50 | 5.25 | 17.75 |

I. Situation analysis

1. Cameroon is a stable country both in political and institutional terms. Despite adequate natural and human resources, living conditions for the most vulnerable groups have not improved significantly. The population is estimated at 17 million (2006), 46 per cent of whom are younger than 15. The large number of young people presents challenges in education, employment and reproductive health. The population, which is growing at an annual rate of 2.8 per cent, is expected to double in 25 years.

2. Rapid urbanization has created new social needs, especially in large urban centres. The total fertility rate declined from 5.8 children per woman in 1991 to 5.2 children per woman in 1998, but has remained stagnant since then. Young people are contributing to the high fertility rate: 29 per cent of women have at least one child before the age of 20, and the median age for first sexual intercourse is 16.5 years for girls. The contraceptive prevalence rate for modern methods is only 13 per cent, and the unmet need for family planning is high at 44 per cent among women in a relationship. Up to 40 per cent of maternal deaths are due to unsafe abortions.

3. Women represent 52 per cent of the population and account for 40 per cent of national economic activity. The constitution affirms the rights of women, and the Government has ratified international conventions that protect these rights. Yet women have limited access to financial and technical resources, and are poorly represented in national decision-making institutions, such as parliament, where just 8 of 180 members are women. Female genital cutting is still practiced among certain communities and physical violence against women is widespread.

4. The maternal mortality ratio increased from 430 deaths per 100,000 live births in 1998

to 669 deaths in 2004. The rise in maternal mortality is due to the decline in the quality of care, the feminization of the HIV/AIDS epidemic, and the inability of women to access social services due to a lack of funds. From 1991 to 2004, the infant mortality rate increased from 65 deaths per 1,000 live births to 74 deaths, and the under-five mortality rate increased from 126 deaths per 1,000 live births to 144 deaths. The HIV prevalence rate was 5.5 per cent in 2004, with infection rates higher among women and young people. The primary school enrolment rate has declined, from 99 per cent in the 1990s to 78 per cent in 2004. The literacy rate is lower among women than among men (65 per cent compared to 82 per cent).

5. Cameroon is vulnerable to natural disasters and to political and social instability in neighbouring countries. This increases the risk of large population movements, including the movement of refugees into the country. The Ministry in charge of territorial administration and decentralization developed a national contingency plan for crisis management and humanitarian response.

6. The highly indebted poor country initiative should create new investment opportunities in the social sector. The poverty reduction strategy, along with sectoral strategies in health, youth, education and women's empowerment, is expected to create conditions for sustainable development. The Government has initiated efforts to provide voluntary, free-of-charge testing for HIV to pregnant women and students, and to make such testing affordable for the remainder of the population.

II. Past cooperation and lessons learned

7. UNFPA assistance to Cameroon began in 1969. UNFPA and the Government implemented the fourth country programme (2003-2007) in six of ten provinces (Centre, East, Far-North, Littoral, North and South). In

the area of reproductive health, the programme offered high-quality services in 11 of 170 districts. With assistance from the African Development Bank, the programme extended services to 22 districts. The programme improved health indicators by: (a) increasing the demand for reproductive health services through community involvement; (b) supporting health-sector plans that formed the basis for the health sector-wide approach; (c) piloting high-quality emergency obstetric care services in three districts, focusing on cost-sharing mechanisms; (d) providing adolescent sexual and reproductive health services along with population and family-life education in secondary schools; and (e) strengthening HIV information and prevention services for young people.

8. In the area of population and development, the programme helped to: (a) integrate the national population policy into sectoral policies and programmes; (b) increase knowledge of population and development issues by decision makers and the general public; (c) complete the third demographic health survey and the third general population and housing census; and (d) promote an environment conducive to gender equality.

9. Challenges encountered during the programme included: (a) non-disbursement of government funds for national execution; (b) difficulties in mobilizing funds for the census; and (c) the high turnover of national counterpart staff.

10. Lessons learned include: (a) advocacy networks, and the involvement of families and communities, improved the use of reproductive health services, especially by women and adolescents; (b) operational research is critical to understanding community health problems and to developing appropriate interventions; and (c) legal clinics that offer counselling for women, in combination with incentives for income-generating activities, created a supportive environment and encouraged

women to exercise their reproductive health rights. UNFPA and the Government will scale up these interventions and extend them to more areas in the next programme.

III. Proposed programme

11. The proposed programme is based on the common country assessment, the United Nations Development Assistance Framework (UNDAF), 2008-2012, the Programme of Action of the International Conference on Population and Development, and the Millennium Development Goals. It is aligned with two UNDAF outcomes (see attached results and resources framework).

12. The goal of the programme is to help to improve the quality of life and the welfare of the population by balancing population growth with socio-economic development. The programme has three components: (a) reproductive health; (b) population and development; and (c) gender. UNFPA and the Government will implement the reproductive health component in 22 districts in six provinces. In contrast, the population and development and gender components are national in scope.

13. The programme will focus on women and young people. It will support government efforts to strengthen national capacity to: (a) improve socio-economic conditions; (b) increase access to basic social services; (c) exercise sexual and reproductive health rights; and (d) increase the participation of women and youth in the development process.

Reproductive health component

14. The outcome of the reproductive health component is: increased utilization of high-quality reproductive health services. This will be achieved through three outputs.

15. Output 1: National capacity to reduce maternal morbidity and mortality is

strengthened. This will be achieved by: (a) reaffirming the importance of family planning, including by supporting the implementation of the national reproductive health commodity security plan; (b) strengthening the technical and institutional capacity to provide high-quality emergency obstetric care and post-abortion care; (c) expanding services to prevent and treat obstetric fistula; (d) improving the quality of reproductive health services for youth in district health facilities and youth centres; (e) promoting community-based services; and (f) expanding reproductive health services in private-sector companies, such as tea, rubber, and palm oil estates, in intervention areas.

16. Output 2: The capacity of national service providers and community leaders to promote behaviour change for improved reproductive health, including the prevention of sexually transmitted infections and HIV, is strengthened. This will be achieved by: (a) promoting HIV voluntary counselling and testing among people of reproductive age (in particular, pregnant women and youth) in antenatal health centres in district health and youth centres; (b) extending population and family-life education in schools; (c) promoting life skills and livelihood skills for out-of-school youth; and (d) promoting behaviour change and male responsibility among men of reproductive age.

17. Output 3: The capacity of health services, national institutions and communities is strengthened in health system management, including crisis preparedness, humanitarian response and resource mobilization. This will be achieved by: (a) strengthening community reproductive health programme planning, monitoring and evaluation; (b) developing cost-sharing recovery mechanisms; (c) developing and updating strategic plans in the area of reproductive health; (d) strengthening health management information systems; and (e) developing a UNFPA contingency plan for crisis preparedness, humanitarian response and

post-conflict situations, in line with national priorities.

Population and development component

18. The outcome of this component is: population issues are taken into account in poverty reduction strategies and in sectoral policies, plans and programmes at all levels. It has two outputs.

19. Output 1: The technical and institutional capacity of national counterparts is strengthened to integrate population, reproductive health, gender, culture and human rights issues into development policies, strategies, plans and programmes at all levels. This will be achieved by: (a) supporting the Government in analysing the linkages between and among population, gender, culture, human rights and development, using various data sources; and (b) training national counterparts in charge of social sector development planning at central and decentralized levels to use data for programme planning, monitoring and evaluation.

20. Output 2: The technical capacity of national counterpart staff in charge of integrated management information systems in the area of population and development is strengthened. This will be achieved by: (a) supporting the Government to develop and implement an updated statistical data system using administrative, civil registry, health and educational sources; (b) developing an integrated database, by consolidating existing population and development information systems and databases, to monitor and evaluate poverty reduction strategies, the Millennium Development Goals, development plans and sectoral programmes; and (c) mobilizing resources to collect and produce data for development.

Gender component

21. The outcome of this component is: a favourable social and legal environment to promote gender equality and equity and to reduce sexual and gender-based violence. It will be achieved through two outputs.

22. Output 1: The capacity of national staff is strengthened in order to mainstream gender, culture and human rights issues in social development policy and programme formulation, implementation, monitoring and evaluation. This will be achieved by developing and disseminating tools and methodologies to integrate a gender approach into sectoral policies and strategies, especially poverty reduction strategies.

23. Output 2: The capacity of ministries, non-governmental organizations (NGOs) and community networks is strengthened to prevent gender-based violence and treat victims of such violence. This will be achieved by: (a) training social workers and medical and legal personnel to prevent gender-based violence and to treat the victims of such violence; (b) conducting advocacy programmes to raise awareness among community leaders about female genital cutting; (c) disseminating, through NGOs and community networks, the family code and family-related laws and legal instruments; (d) promoting behaviour change communication and functional literacy among women and men.

IV. Programme management, monitoring and evaluation

24. The United Nations country team will implement the joint programmes. In consultation with the Government, it will determine the programme intervention sites in the North. To ensure national ownership, government ministries, NGOs and civil society will implement the programme. UNFPA and the Government will select new implementing agencies after assessing the capacity of such agencies and will also retain some partners from the previous programme.

25. The government department in charge of development planning and population issues (presently the Ministry of Planning, Programming and Regional Development) will coordinate the programme. A programme steering committee headed by the ministry in charge of development planning will guide programme implementation and monitoring. The steering committee will meet every six months to monitor and evaluate progress. The country office will develop a resource mobilization strategy to harness additional resources in order to scale up programme implementation.

26. The Government and UNFPA will carry out monitoring and evaluation activities in accordance with UNFPA and UNDAF guidelines, undertaking quarterly reporting, annual reviews and a midterm review. During the final year of implementation, the Government and UNFPA will organize an evaluation of the programme. The programme will enhance national capacity in monitoring and evaluation by using the integrated management information system and other evaluation mechanisms and tools. The 2005 census and the 2008 demographic and health survey will provide baseline data.

27. The UNFPA country office in Cameroon consists of a representative, an assistant representative, an operations manager, two national programme officers and support staff. UNFPA will earmark programme funds to recruit additional programme staff. The UNFPA country technical services teams in Addis Ababa, Ethiopia, and Dakar, Senegal, will provide technical support. National and international experts will provide additional technical support as needed.

RESULTS AND RESOURCES FRAMEWORK FOR CAMEROON

| National priority: social well-being of the population is improved UNDAF outcome 2: by 2012, policies and social programmes, including human rights and gender equality to promote social well-being, are elaborated, strengthened, implemented, monitored and evaluated to achieve the Millennium Development Goals | | | | |
|---|---|---|---|--|
| Programme component | Country programme outcomes, indicators, baselines and targets | Country programme outputs, indicators, baselines and targets | Partners | Indicative resources by programme component |
| Reproductive health | <p>Outcome: Increased utilization of high-quality reproductive health services</p> <p>Outcome indicators: By 2012,</p> <ul style="list-style-type: none"> ▪ Percentage of health centres providing minimum reproductive health services and emergency obstetric care at all levels increased from 5% to 30% ▪ Contraceptive prevalence rate for modern methods increased from 13% to 25% ▪ At least 60% of targeted youth have used high-quality adolescent sexual and reproductive health services ▪ 70% of reproductive health needs and gender-based violence needs of populations affected by humanitarian crises are met | <p>Output 1: National capacity to reduce maternal morbidity and mortality is strengthened</p> <p>Output indicators:</p> <ul style="list-style-type: none"> ▪ 70% of obstetric complications, including obstetric fistula, are treated in health centres that offer emergency obstetric care ▪ At least 25% of adolescents and youth in intervention areas have used reproductive health services ▪ 75% of people in 10 private plantation estates have access to reproductive health services and services to prevent sexually transmitted infections and HIV <p>Output 2: The capacity of national service providers and community leaders to promote behaviour change for improved reproductive health, including the prevention of sexually transmitted infections and HIV, is strengthened</p> <p>Output indicators:</p> <ul style="list-style-type: none"> ▪ 50% of pregnant women and 50% of young people aged 15-24 have undergone voluntary testing for HIV ▪ 25% of villages located more than 5 kilometres from a health centre have a community-based service outpost ▪ At least 10% of women over 25 have had at least one genital and/or breast cancer screening test <p>Output 3: The capacity of health services, national institutions and communities is strengthened in health system management, including crisis preparedness, humanitarian response and resource mobilization</p> <p>Output indicators:</p> <ul style="list-style-type: none"> ▪ 70% of health districts supported by the programme have a social and health development plan; a co-financing mechanism for referrals and evacuations to treat obstetric complications; and a functional health information system ▪ UNFPA contingency plan revised periodically in line with national and United Nations contingency priorities | <p>Ministries of: Basic Education; Communication; Higher Education; Labour and Social Security; Public Health; Secondary Education; Territorial Administration and Decentralization; the Promotion of Women and the Family; Youth and Sports</p> <p>National drug centre; National AIDS committee</p> <p>Joint United Nations Programme on HIV/AIDS; Office of the United Nations High Commissioner for Refugees; United Nations Children's Fund; UNDP; United Nations Educational, Scientific and Cultural Organization; United Nations World Food Programme; World Health Organization; World Bank</p> <p>Multilateral development agencies; <i>Médecins Sans Frontières</i> (Doctors Without Borders); International Federation of the Red Cross; Cameroon Red Cross</p> | <p>\$9.75 million (\$7.25 million from regular resources and \$2.5 million from other resources)</p> |

| <p>National priorities: (a) economic growth that is strong and sustainable, and which creates and redistributes jobs; and (b) the social well-being of the population is improved</p> <p>UNDAF outcome 1: by 2012, the implementation, monitoring and evaluating of macroeconomic policies and programmes promoting development and poverty reduction through the creation and equitable distribution of wealth is improved at national and provincial levels</p> | | | | |
|---|---|---|---|---|
| Programme component | Country programme outcomes, indicators, baselines and targets | Country programme outputs, indicators, baselines and targets | Partners | Indicative resources by programme component |
| Population and development | <p><u>Outcome:</u> Population issues are taken into account in poverty reduction strategies and in sectoral policies, plans and programmes at all levels</p> <p><u>Outcome indicators:</u></p> <ul style="list-style-type: none"> ▪ Number of strategies, plans and programmes that integrate population, gender, culture, human rights and development ▪ Percentage of basic social indicators to monitor plans and programmes available in an integrated database | <p><u>Output 1:</u> The technical and institutional capacity of national counterparts is strengthened to integrate population, reproductive health, gender, culture and human rights issues into development policies, strategies, plans and programmes at all levels</p> <p><u>Output indicator:</u></p> <ul style="list-style-type: none"> ▪ Percentage of policies and sectoral strategies that integrate issues of population and development <p><u>Output 2:</u> The technical capacity of national counterpart staff in charge of integrated management information systems in the area of population and development is strengthened</p> <p><u>Output indicator:</u></p> <ul style="list-style-type: none"> ▪ National population report, including issues on reproductive health and gender, is published every two years | <p>Ministries of: Agriculture; Economy and Finance; Planning; Public Health; the Promotion of Women and the Family; and Youth</p> <p>United Nations organizations; Bilateral donors</p> | \$5 million (\$3 million from regular resources and \$2 million from other resources) |
| <p>National priority: social well-being of the population is improved</p> <p>UNDAF outcome 2: by 2012, policies and social programmes, including human rights and gender equality to promote social well-being, are elaborated, strengthened, implemented, monitored and evaluated to achieve the Millennium Development Goals</p> | | | | |
| Gender | <p><u>Outcome:</u> A favourable social and legal environment to promote gender equality and equity and to reduce sexual and gender-based violence</p> <p><u>Outcome indicators:</u></p> <p>By 2012:</p> <ul style="list-style-type: none"> ▪ Poverty reduction strategy document includes gender issues ▪ Number of national legal instruments on the empowerment of women harmonized | <p><u>Output 1:</u> The capacity of national staff is strengthened in order to mainstream gender, culture and human rights issues in social development policy and programme formulation, implementation, monitoring and evaluation</p> <p><u>Output indicators:</u></p> <ul style="list-style-type: none"> ▪ At least three sectoral strategies integrate gender issues ▪ Functional coordinating committee for gender focal points of concerned ministries and NGOs is in place <p><u>Output 2:</u> The capacity of ministries, NGOs and community networks is strengthened to prevent gender-based violence and treat victims of such violence</p> <p><u>Output indicator:</u></p> <ul style="list-style-type: none"> ▪ Number of institutions and decentralized structures providing support to victims of gender-based violence | <p>Ministries of: Basic Education; Planning; Professional Training; Secondary Education; and Women and Family Promotion; Steering committee of the poverty reduction strategy</p> <p>NGOs</p> | <p>\$2 million (\$1.25 million from regular resources and \$0.75 million from other resources)</p> <hr/> <p>Total for programme coordination and assistance: \$1 million from regular resources</p> |