UNFPA

Ensuring rights and choices for all since 1969

Cameroon

UNFPA Cameroon Achievements in 2019

Credit Photo : UNFPA Cameroon

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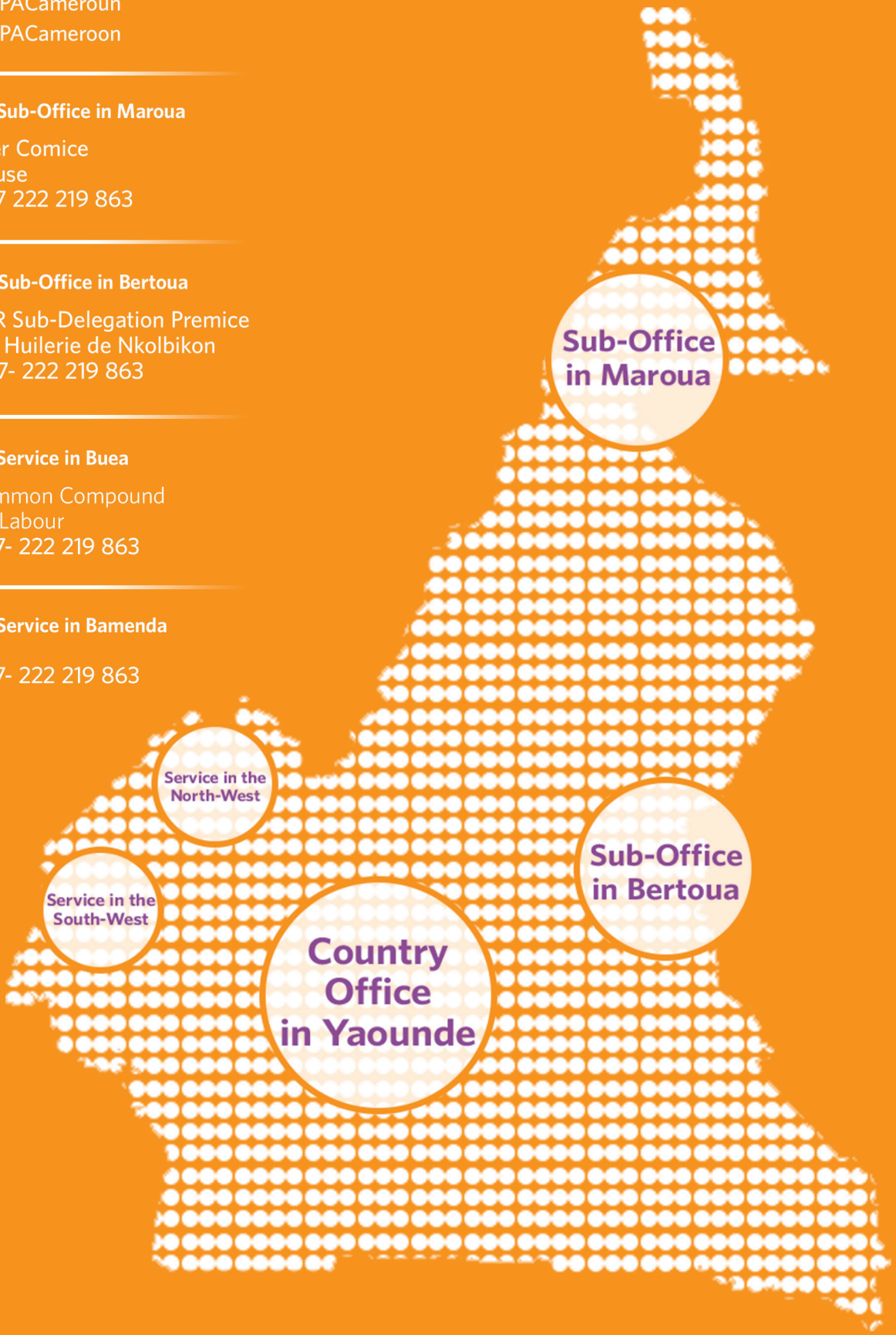


WHO WE ARE WHAT WE DO

UNFPA, the United Nations sexual and reproductive health and rights agency delivers a world where every pregnancy is wanted, every childbirth is safe and every young person's potential is fulfilled. Created in 1969, the Fund opened its Cameroon's Country Office the same year to support government's efforts to integrate population issues in the development policy. By 2030, within the contexts of the Sustainable Development Goals (SDGs), and the implementation of the International Conference on Population and Development (ICPD), UNFPA aims to :

Reach increased availability and use of integrated sexual and reproductive health services, including family planning, maternal health and HIV that are gender responsive and meet human rights standards for quality of care and equity in access.

Our three transformative results are :

End preventable maternal death

End the unmet need for family planning

End violence against women and girls and harmful practices

UNFPA Strategic Framework

Reproductive and maternal Health

Issues

A population of **23. 6 million** with **2.4%** growth rate per year (2011) [1]

43.6% youth and adolescent (10-24 years) and **33%** children under 15 years [2]

A high maternal mortality ratio **782** maternal deaths per **100,000** live births (2011) [3]

Contraceptive prevalence rate: **14%** in 2011 to **16%** in 2016 [4]

2018 **40%** decrease in maternal mortality ratio 2011

Actual ratio **467** maternal deaths per 100 000 live births [5]

How we do it

Health personnel training and capacity building

Provision of medical and non-medical soft and hardware equipment to health facilities

Provision of emergency transport solutions for pregnant and birthing women to healthfacilities

Provision of RH kits in cases of Emergency Obstetrical and Neonatal Care

Setting up sexual reproductive health monitoring system

Campaign for free surgical threatment of women affected by obstetric fistula.

Enhanced advocacy, sensitization and resource mobilization

Achievements

180 health personnel trained in Emergency Obstetric and Neonatal Care

838 midwives trained

180 health personnel trained in Comprehensive Emergency Obstetric and Neonatal Care

50 health personnel trained in adolescent sexual and reproductive health service delivery

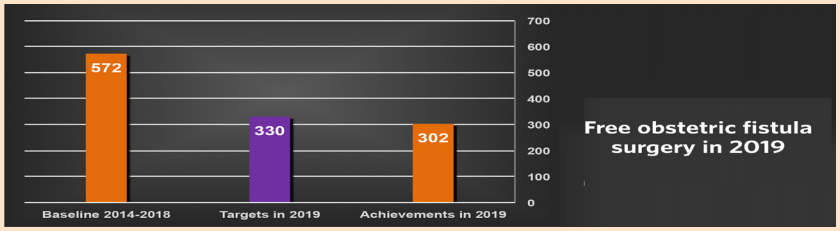
110 health facilities equipped to offer an integrated sexual and reproductive health service package

200 health personnel trained in Maternal Death Surveillance and Response

364,807 women had a safe delivery with the help of trained personnel

79 health personnel trained in obstetric fistula treatment

302 women offered free obstetric fistula treatment



SOURCES

1- Demographic and Health Survey (DHS) 2011
2- Demographic and Health Survey (DHS) 2011
3- Demographic and Health Survey (DHS) 2011
4- Multiple Indicator cluster Survey (MICS) 2017
5- Demographic and Health Survey (DHS) 2018

Family Planning

Issues

High total fertility rate: **5.1%** in 2011 to **4.9%** in 2014 [1]

Low contraceptive prevalence rate: **14%** in 2011 to **16%** in 2014 [2]

High unmet need for modern contraceptive: **18%** in 2014 [3]

How we do it

Enhanced training and capacity building in public health facilities and communities

Enhanced advocacy, information campaign through Medias, community, religious and youth leaders

Integrated family planning promotion and community-based distribution in the standard package of community health agents

Strengthening the national supply chain system in including family planning commodities

Achievements

976,199 women are new users of modern contraceptive methods

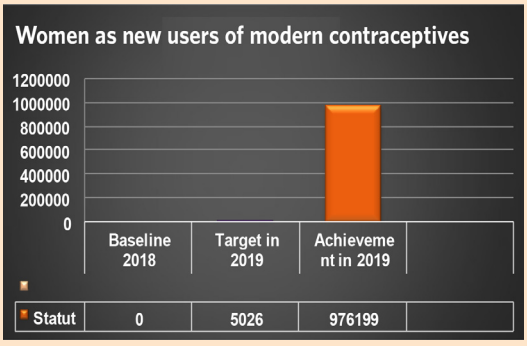
3,250 health facilities strengthened to offer subcutaneous injectable contraceptives at community level through community health workers

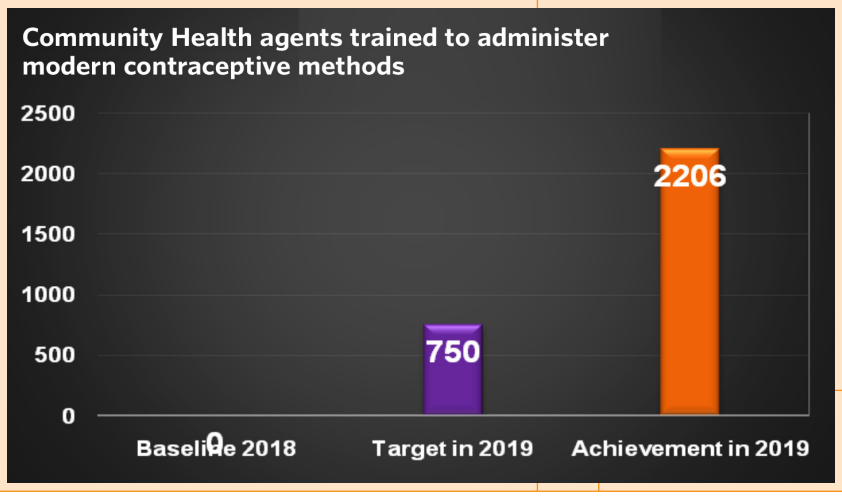
748 health personnel trained to administer family planning methods

2,206 community health agents trained administrer modern contraceptive methods

6,420 health facilities supplied with reproductive health and contraceptive commodities

An electronic logistic management system ensuring greater health commodity security and availability both at national and regional levels established.





SOURCES

1- Multiple Indicator cluster Survey (MICS) 2014
2- Demographic and Health Survey (DHS) 2011
3- Multiple Indicator cluster Survey (MICS) 2014

Gender Based Violence and harmful practice

Issues

Child marriage, stigma around Gender Based Violence (GBV) and rape are still prevalent.

36% of women married before 18 years (2011)

30 % of married women have reported physical or sexual violence (2011)

Low level of services delivery on GBV

How we do it

Establishment of Gender Based Violence (GBV) platforms and safe spaces for GBV survivors

Establishment of gender based violence information management system (GBV/IMS)

Provision of training and technical assistance to community based organisations in dispatching dignity, individual delivery and RH kits in humanitarian settings

Provision of essential services kits for women and girls in case of emergency to community based partner organizations

Achievements

7,406 women and girls benefited from both psychosocial support and reference to GBV's specialized services providers

821 persons (280 women, 275 girls, 163 men and 103 boys) received Psychological First Aid

14 safe spaces established to provide GBV services

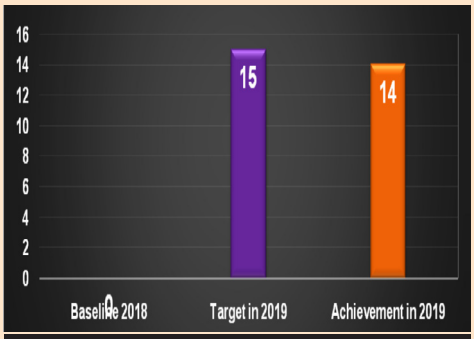
04 Inter-agency GBV coordination sub-clusters functional and chaired by UNFPA, in the South West (SW), North West (NW), and Far North Regions as well as at the national level.

373 service providers and community agents capacitated in different areas of SRH and GBV

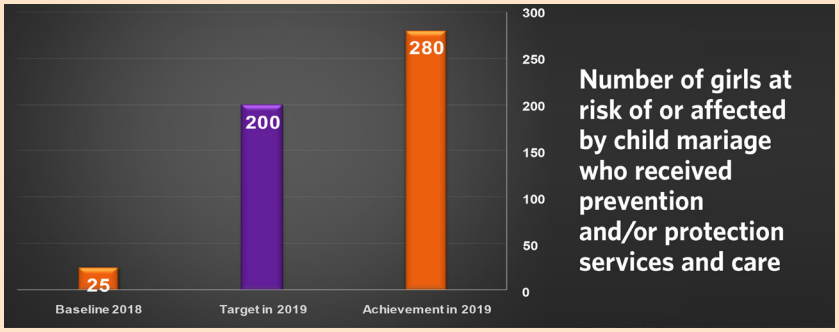
20,000 copies of referral pathways disseminated to communities in the NW/SW

166,166 persons (50,845 women, 23,022 girls, 81,185 men and 11,114 boys) sensitized on GBV and SRH in the NWSW and Far North regions

972 persons with disabilities supported with various GBV/SRH services.



Number of safe spaces established to provide GBV Services



Number of girls at risk of or affected by child mariage who received prevention and/or protection services and care

SOURCES 1- Demographic and Health Survey (DHS) 2011

Youth potential

Issues

A population of **23.6** million with **2.4%** growth rate per year (2011)

43.6% youth and adolescent (10-24 years) and **33%** children under 15 years

19. 5% Illiteracy rate among adolescents (15-19 years)

24.5% of girls (15-19 years) engaged in sexual relationships

30.2% of boys (15-19 years) engaged in sexual relationships

28% in maternal mortality ratio originates from the youth

How we do it

Enhanced advocacy and capacity-building for integration of youth issues including comprehensive sexual education and demographic dividend into national policies

Capacity-building and promotion of Multipurpose Youth Promotion Centers and Adolescents and Youth SRH Units

Capacity-building to youth and their organizations as drivers of development

Capacity-building in peace dialogue and conflict resolution to youth organizations.

Achievements

67,594 adolescents and youth benefited from sensitized on thematics related to comprehensive sexuality education

13 new institutions strengthened to deliver and monitor comprehensive sexuality education

164 community leaders sensitized on comprehensive sexuality education.

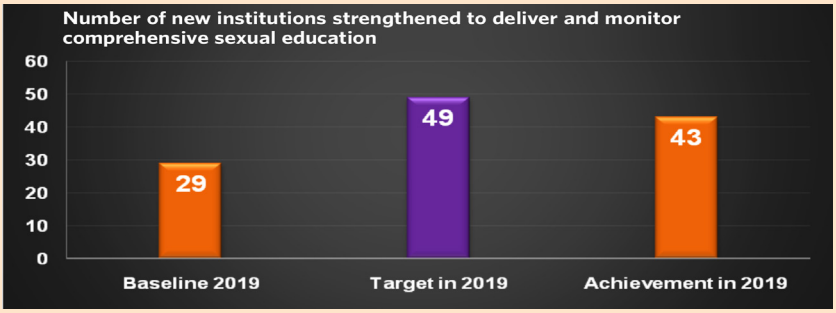
33,997 adolescents and youth (15,921 girls and 18,076 boys) sensitized on the comprehensive sexuality education through U-Report

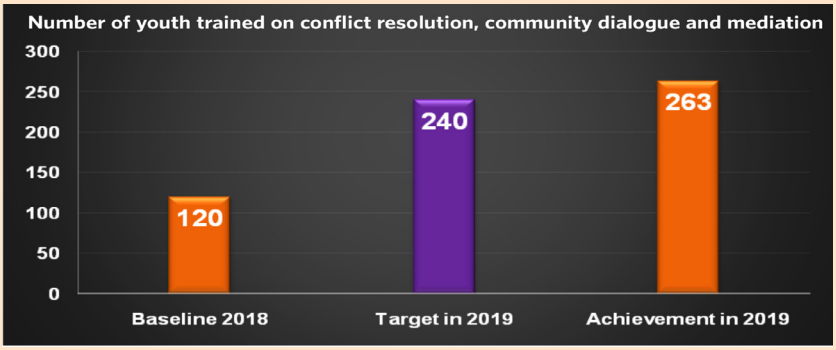
2,035 households sensitized to fight child marriage.

382 vyoung volunteers trained on campaigning to end child marriage

263 youth trained in conflict resolution, peace dialogue and mediation within communities

300 adolescents andyouth (160 girls and140 boys) exposed to violent extremism in the Far North Region benefitted from psychosocial and economic reintegration assistance.





SOURCES | 1- Demographic and Health Survey (DHS) 2011

Humanitarian Response

Issues

4.3 million Persons, in estimate, needed urgent humanitarian assistance in Cameroon in 2019.

82% increase in displacement in 2019 compared to 2018.

Renewed armed attacks have driven tens of thousands more Nigerians into Cameroon's Far-North region, which already hosts **138,000** refugees.

In North-West and South-West regions, worsening violence has uprooted **437,000** people and forced over **32,000** to seek refuge in Nigeria.

US$**299** million were needed for the 2019 UN Humanitarian Response Plan to provide support to **2.3** million people.

How we do it

Ensure the specific needs of women in sexual and reproductive health (SRH) are factored into Humanitarian response

Delivery of SRH emergency services and kits

Technical Assistance and capacity building to services providers and community based organizations offering direct assistance to survivors

Coordination of GBV information management system (GBV/IMS)

Psychosocial assistance to GBV survivors

Communication and monitoring

Achievements

30 reproductive health kits positioned in health facilities to meet RH needs of **260,000** persons

3,000 individual delivery kits distributed to visibly pregnant women

01 video tutorial on the use of SRH kits produced and dispatched in hard to reach humanitarian settings

16,445 community members reached with lifesaving messages and referral pathways for SRH and GBV services.

Coordination of GBV/ IMS in the Far North, North- West and South West regions

10,000 girls and women with disabilities reached with cultural friendly dignity kits

2,000 economic recovery kits distributed to surviving women and girls

257 cholera kits Distributed

19,660 male condoms distributed

250 internally displaced elderly persons received assistance in basic necessities

Contribution to inter-agency humanitarian reporting

UNFPA's Situation Report constantly edited

SOURCES 1- OCHA, Cameroon Humanitarian Response Plan 2019

Population and Data

Issues

Low availability of updated data

Low capacity for data generation and use

Low implementation of the demographic dividend roadmap

How we do it

Capacity-building of the national statistics and information system (INS, BUCREP, etc.).

Assistance to government in data generation, dissemination and use.

Enhanced advocacy for full implementation of ICPD Program of Action and the demographic dividend roadmap

Achievements

A survey, a study and a mapping conducted on reproductive health, youth and demographic dividend

02 policy briefs on youth and the demographic dividend produced.

02 studies on resilience conducted

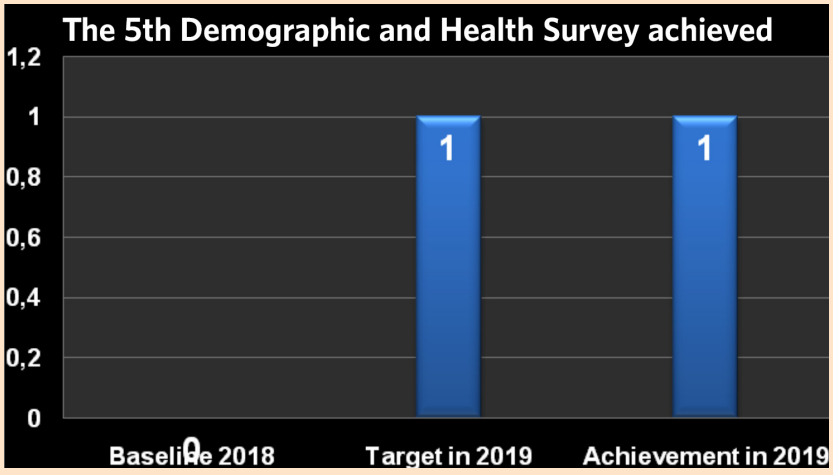
01 facility survey conducted

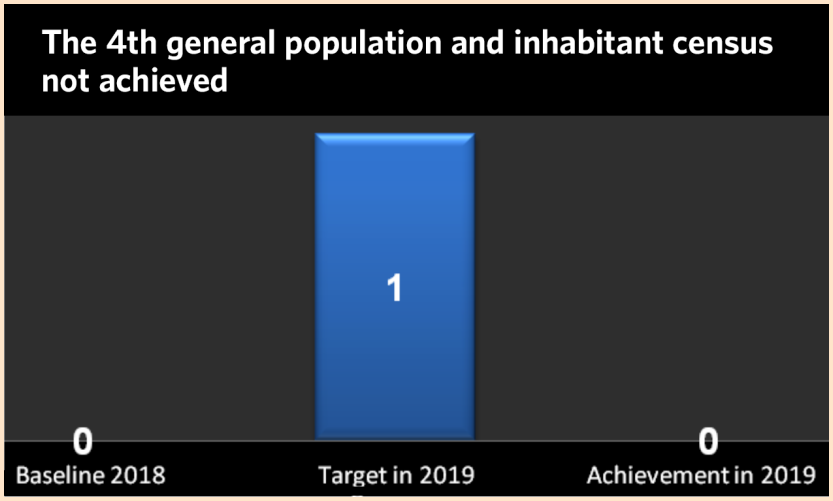
Monitoring Report on the implementation of the 7th Country Program Document and the Sustainable Development Goals conducted.

Technical assistance to the 4th General Census of Population and Housing's team provided

The 5th Demographic and Health Survey (2018) produced

Cameroon's official delegation attended the Nairobi Summit and made commitments on full implementation of the ICPD.





LIST OF ICONS USED

Population trends

Youth leadership and participation

Pregnant woman

Family planning

Midwifery

Health care

Obstetric fistula

Financial resources

Migration

Ageing

Sexual and reproductive health

Child marriage

People affected by conflict or disaster

Gender violence

Stop gender violence

Humanitarian action

Comprehensive sexuality

Refugee

Condom

Demographic dividend

IN THE SPOTLIGHT IN 2020 - END FISTULA CAMPAIGN

FIRST LADY CHANTAL BIYA
ENGAGES TO JOIN UNFPA'S CALL TO END OBSTETRIC FISTULA IN CAMEROON

An estimated **20,000 women** and girls suffer from obstetric fistula in Cameroon. **UNFPA** leads the **"End Fistula" campaign in Cameroon since 2003** and supports the Ministry of Public Heath, communities, families, women and girls affected by this medical condition. On December 17Th, 2018, the United Nations General Assembly adopted the Resolution A/RES/73/147, which calls to intensify actions taken to end obstetric fistula worldwide by 2028.

In compliance to that resolution, the Government of Cameroon and key partners including UNFPA have benefited from the support of the First Lady Chantal Biya to lead a year-long sensitization and resource mobilization campaign in 2020. The aim is to raise awareness and resources as means to accelerate the full implementation in Cameroon of the UN resolution adopted to relieve women and girls from the suffering of obstetric fistula.

3 steps in joining the campaign

1. Become a volunteering member of the national coalition against fistula and stay informed and committed
2. Participate to the national forum to end fistula
3. Donate financial and non-financial resources to help take care of thousands of affected women and girls in:

- **Prevention of obstetric fistula**
- **Identification of women affected**
- **Repair surgery**
- **Psychosocial assistance**
- **Socio-economic reintegration**

SOLIDARITY CAMPAIGN TO END
OBSTETRICAL FISTULA IN CAMEROON

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KEY PARTNERS

Government – NGOs – Civil society – Communities

DONORS

The Government of Cameroon

Central Emergency Response Fund (CERF)

Chantal Biya Foundation

European Union

French Embassy

Fondation ORANGE

GIZ – Deutsche Gesellschaft für internationale Zusammenarbeit

Global Fund for AIDS, Tuberculosis and Malaria

Government of Japan

Islamic Development Bank

World Bank

World Food Program

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ICPD25
International Conference on Population and Development

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