

IMPACT

2008 2012
SPECIAL REVIEW

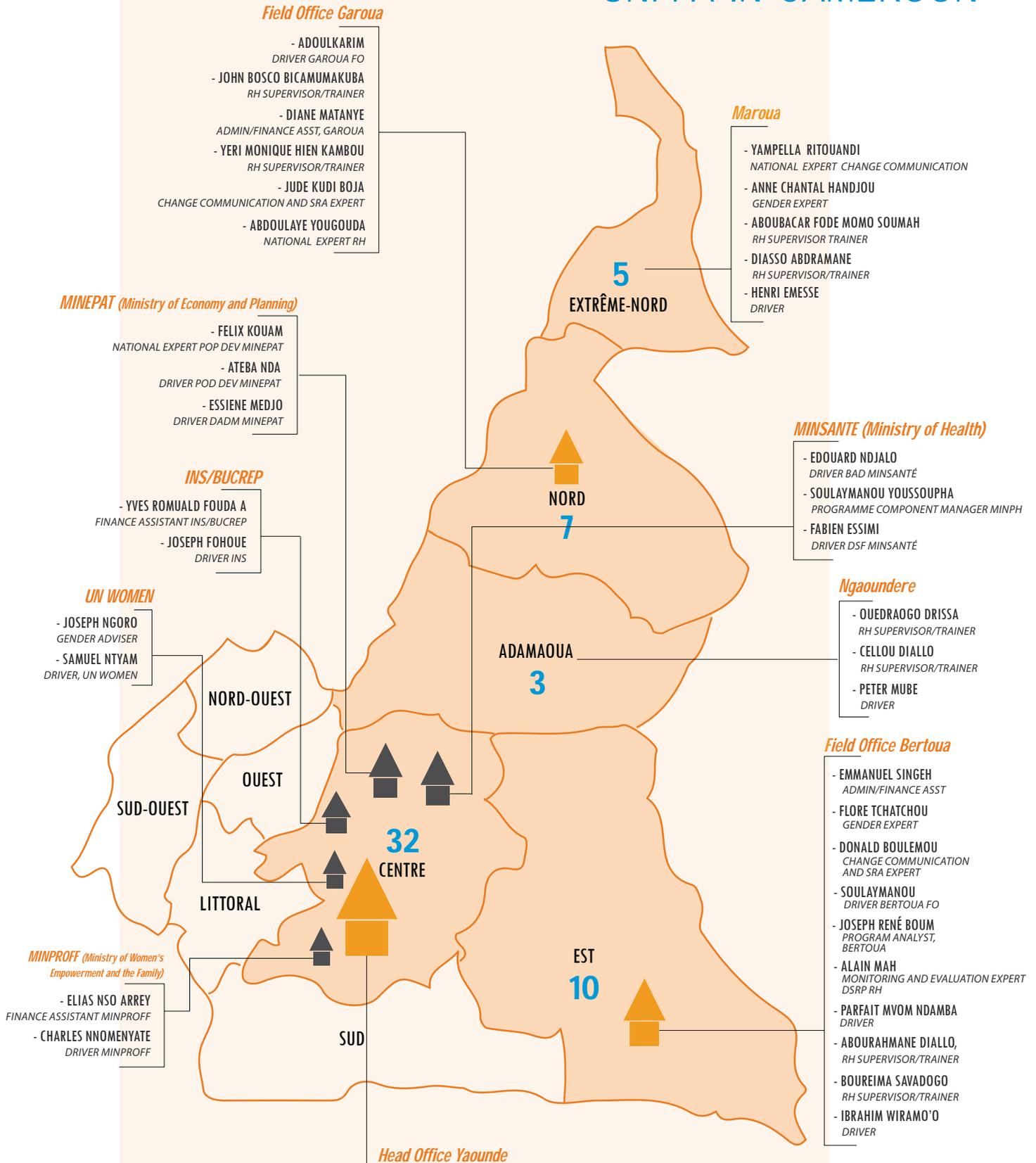
**MATERNAL HEALTH:
ENGAGING MEN**

**DEMOGRAPHIC BONUS:
A WINDOW OF OPPORTUNITY**

**MIDWIVES:
A CRUCIAL NEED**

2013 2017
**NEW CHALLENGES,
NEW ORIENTATIONS**

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IMPACT 2012

CONTENT

Special review
5th Programme

8

6

Crossing
Viewpoints

4
Major
events in 2012

21
Obstetric kits:
from local project
to national
strategy

New
orientations
19

18
New challenges

30
Engaging
the men

29
Involving young
people in the
global dialogue

23
For every
pregnancy
to be safe

32
Eradicate obstetric
fistula, maternal
death's "little sister"

33
Post-2015, ICPD +
20, Rio + **WANT**
global agenda
2015

IMPACT

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MAJOR EVENTS IN 2012

February :

Presentation of the 6th Country Programme (2013-2017) to the UN Executive Board



February :

Partnership and role distribution agreement between UNFPA and UN Women and creation of a platform and one stop coordination unit within the MINPROFF that interact directly with the UN System through UN Women.

February 28 :

The Ministry of Public Health entrusts UNFPA with the management of US \$1.4 million in C2D funds (Debt reduction and Development Contract) for the establishment of a large scale training program to boost human resources capital in reproductive health.



April :

Official media launch of UNFPA publication "Portraits of young Entrepreneurs for Change"

May :

Meeting for mobilization of resources in the private sector.



July 11:

World Population Day. Presentation of the reference publication "Why invest in Reproductive Health in Cameroon?" to a panel of eleven government ministers.

August:

Creation of the thematic group Mother-Child.



Assisting the most vulnerable
August:

Following the floods in the northern regions of Cameroon, UNFPA brought assistance and relief to the populations by providing dignity, obstetric and cesarean kits to the female victims.



September 13:

Ratification of the Protocol to the African Charter on Human and Peoples' Rights on the Rights of Women by Cameroon.

Assisting the most vulnerable

October:

During its last campaign, UNFPA covered the surgical costs for the treatment of 45 women suffering from obstetric fistulas and assisted in the socio-economical reinsertion of 74 women who had successfully undergone corrective surgery against fistulas.



A day for the young girl
October 11 :

Celebration of the first installment of the International Day of the Young Girl.



November 14:

Launch of the 2012 report on the state of the population under the theme "By choice, not by chance: family planning, human rights and development" in the region with the lowest family planning prevalence rate in Cameroon.



December:

Launch of a community of practice on human resources, sub-pillar for reproductive health



December :

Publication of the 4th Multiple Indicator Demographic and Health Survey (DHS-MICS IV)

...2013 : Establishment of a national plan to fight against maternal death.

January 2013

Cameroon participates in the special event on CARMMA during the African Union head of states' summit in Addis Ababa (Ethiopia).

January 26, 2013 :

Validation of the 6th Country Programme Document (2013-2017) by the UN Executive Board

CROSSING VIEWPOINTS ON THE DEMOGRAPHIC BONUS

Alain Sibenaler, UNFPA Representative in Cameroon, and **Roger Mbassa**, Senator, Former Secretary General at the Ministry of Economy, Planning and Regional Development, who led the task force for the elaboration of “Cameroon Vision 2035” and the “Growth and Employment Strategic Papers”. He also conducted a study on the demographic bonus financed by UNFPA.



Roger Mbassa: You conducted a UNFPA-sponsored study on the demographic dividend. What is the purpose of such a study?

The study pertains to the benefits to be drawn from the demographic bonus. The purpose was to clearly define the concept of demographic dividend and to underscore the role and importance of this phenomenon in the emergence of nations. Almost every state that has engaged in the process of emergence has at some stage of its development, experienced the consequences of a demographic dividend in the form of a decrease in the fertility rate combined with a lower mortality rate. This has resulted in a significant transformation of its demographic structure as well as a shift in social demand, which has allowed for an increased apportionment of national resources toward saving and investment. In that sense, the demographic bonus constitutes a window of opportunity that we must seize and capitalize upon in order to accelerate growth and reduce poverty.



Mr. Sibenaler: Why did the UNFPA finance a study on the demographic dividend in Cameroon?

We do believe that the concept of the dividend will play a pivotal role in the debates discussions about development in Cameroon. in Cameroon are a powerful catalyst of national to their innovative spirit, dynamism and demographic of Cameroonians are aged between 15 and 34 years. However, they are not able to express their full potential and invest it in building their nation due to the multiple problems they face. We will never emphasize it enough: we have the opportunity and responsibility to invest in the teenagers and young adults aged 10 to 24 in the entire world who account for a total of 1.8 billion individuals. They represent more than a quarter of the world population, with about 90 percent of them living in developing countries. Every young person deserves an education, including sexual education, as well as access to comprehensive health care. By investing in the youth, we can solve multiple development issues and build a better future for all generations. UNFPA would like to be the Cameroonian Government’s partner of choice in initiating a wide-ranging discussion on such a vital matter.

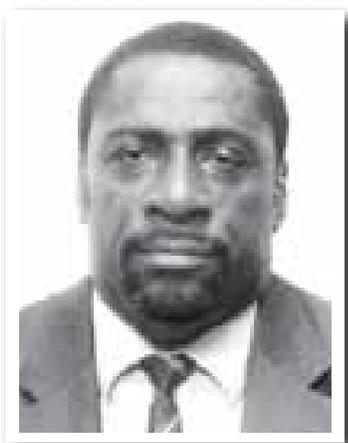


demographic and strategic Young people development due size – 34,7 percent

Q. 3

Roger Mbassa. What are the main findings of this study?

We made simulations on the evolution of Cameroon's demographics towards Horizon 2060 in the context of this study. In summary, the results show that Cameroon has not yet entered a critical phase of demographic transition, which means that it will for many more years continue to experience both a high mortality and synthetic fertility rate (which is currently of more than five children in average per woman in procreation age). Given these circumstances, the country is thus not likely to benefit from the demographic dividend in the near future. However, thanks to a combination of adequate public policies in terms of population, health, education, social assistance/ community and employment, Cameroon will benefit from its first demographic bonus by 2035-2040 and hence give a considerable and lasting impetus to its economic emergence process. It is nevertheless important to from now on assess the efficiency of the aforementioned existing public policies and to further align them with the Growth and Employment Strategic Papers which constitute the frame of reference for any governmental action until 2020. We will be able to meet the criteria to benefit from a demographic dividend and virtually eradicate poverty only through a well targeted and sustained effort.



Q. 4

Alain Sibenaler: What advantages does Cameroon draw from having a study on the demographic dividend?



The study demonstrates that action in favor of the youth presents multiple economic advantages. Young people can boost economic growth. The positive impact of initiatives in favor of teenage girls and young women extends well beyond their participation in the job market and overall productivity. Improving the condition of women and girls leads to better maternal health, a decrease in infant mortality and an increase in the return of investment for households and communities. Social investments in health, education and employment can allow Cameroon to build a sturdy economic base and to end trans generational poverty. Young people are also a tremendous resource for short-term growth. Youth idleness is costly in terms of loss of expected earnings. The loss of revenue among the younger generation results in a loss of savings as well as a decrease in global demand. When we address this subject – like we have done with the help of Senator Mbassa – we must avoid reducing it to a mere compilation of statistics. This study will serve as a springboard and an important advocacy tool for reflection and concrete action to increase both social investments and those toward poverty reduction while keeping in mind social security with the purpose of curbing the intergenerational dependence rate.



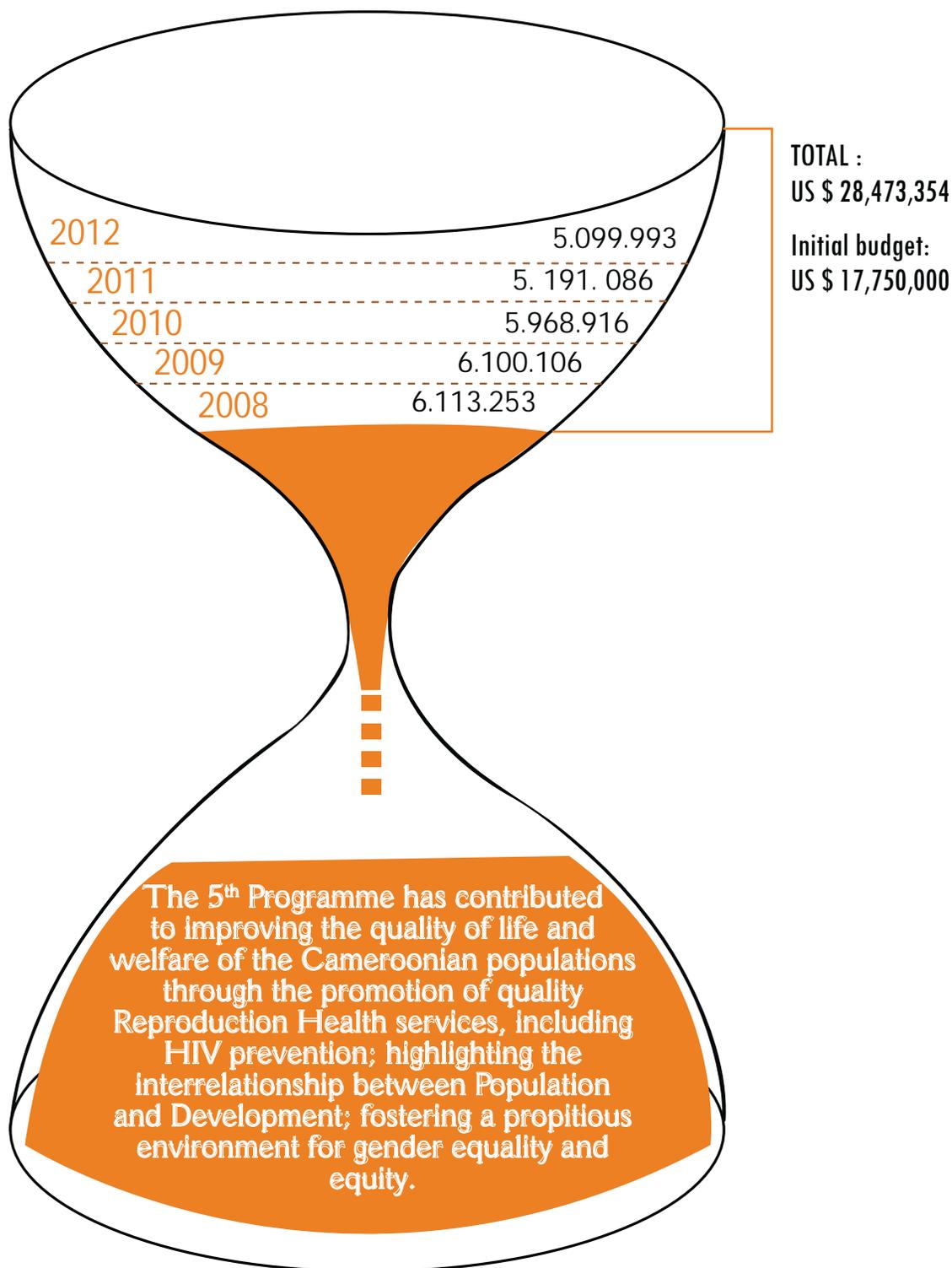
SPECIAL REVIEW OF THE 5TH PROGRAMME

During the past five years, UNFPA has :

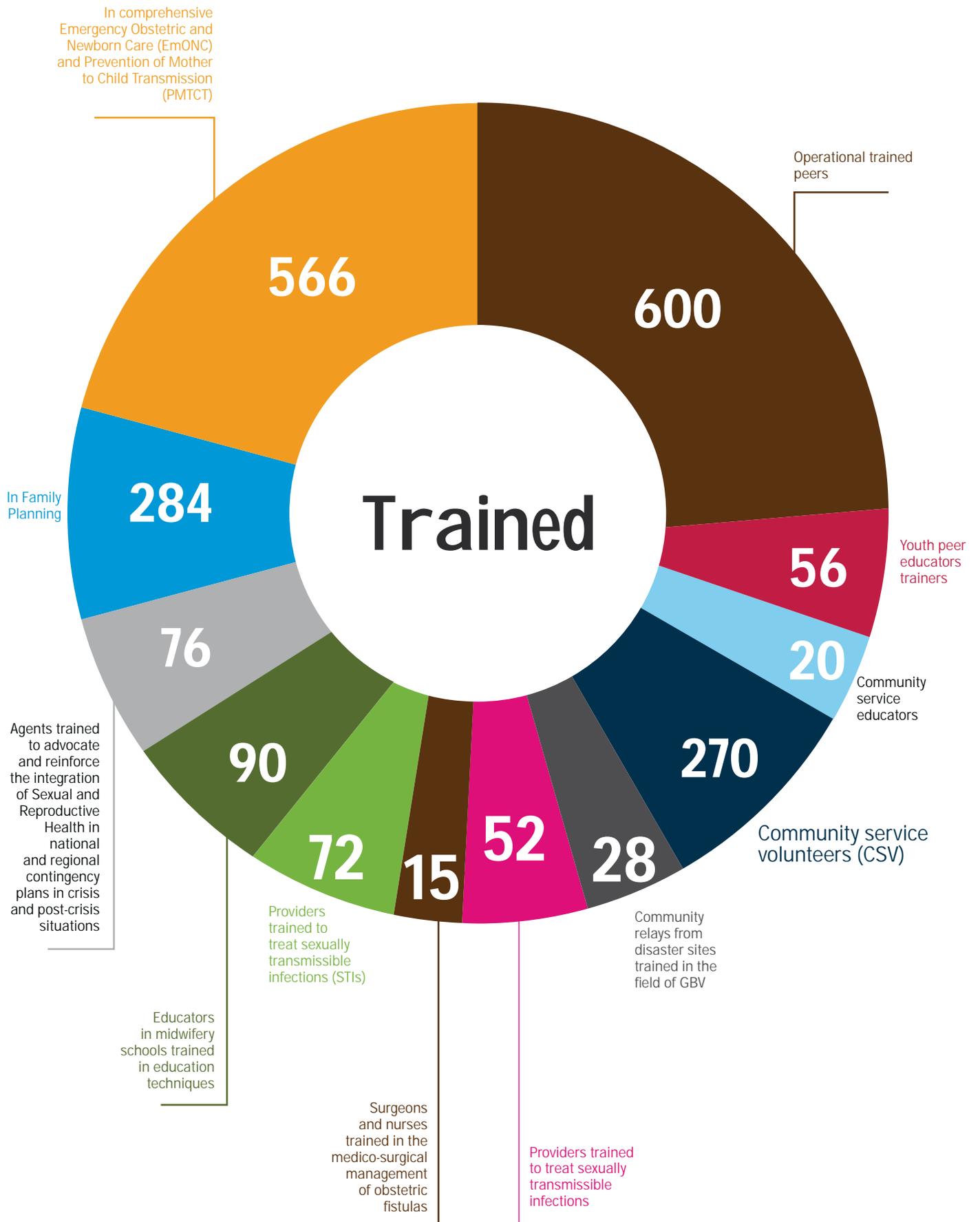
- **Shaped policies and strategies;**
- **Trained and strengthened national capacities;**
- **Provided support in the production and dissemination of strategic documents;**
- **Equipped health facilities and centers for youth and women empowerment;**
- **Provided assistance to the victims of obstetric fistulas and emergency relief in humanitarian crises;**

*Those actions were all undertaken with the purpose of reducing maternal mortality.
And their beneficiaries testify...*

SPECIAL REVIEW 5TH PROGRAMME OF COOPERATION UNFPA-GOVERNMENT OF CAMEROON



TRAINED



INFLUENCED

- Integration of a sub-account for reproductive health in the creating process of National Accounts for Health;
- Inscription of reproductive health in the Ministry of Public Health's Medium Term Expenditure Framework (MTEF);
- Creation of an operational thematic working group on mother and child;
- Creation and opening of 10 midwifery schools;
- Country's commitment to the UN Secretary General's Global Strategy for Women and Children's Health;
- Creation of a budget line for the purchase of contraceptives;
- Mobilization of US \$ 1.4 million within the debt reduction and development contract (C2D) with France;
- Establishment of a Health Development Plan for all health districts;
- Integration of gender in the document "Vision 2035", the GESP*, and the Strategic Planning Guide produced by the MINEPAT*;
- Operational multisector platform for the fight against GBV.

*GESP : Growth and Employment Strategy Papers (DSCE in French)

*MINEPAT : Ministry of Economy, Planning and Regional Development

SUPPORT THE PRODUCTION:

Guides

- Gender integration in Policies, Programs, Strategies and Development Projects
- Animation/Training of community relays on gender promotion
- Socio-legal clinics
- Status of gender mainstreaming in policies, programs and projects in Cameroon

- Status of gender mainstreaming in policies, programs and projects in Cameroon

- National Gender Policy Document

- Multiple Indicator Demographic and Health Survey (DHS-MICS IV)

- Joint CARMMA* Strategy Plan

Gender based Violence

- Understand it to better fight it
- The state of gender based violence in Cameroon

- A Cameroon of 20 million people against youth challenges

- Six reviewed and updated reference RH* documents: RH service norms, Strategic Plan for the National RH Program, RH service policy, Training document for contraceptive technology, Training document for EmONC, Peer Educator Guide, Midwives' training curriculum

- 3rd General Population and Housing census 2005 (RGPH in French)

- Sector plans for the implementation of National Gender Policies (NGP) established

Analysis

- Of the situation of female genital mutilations (FGM) in Cameroon
- Of the legal framework concerning women and girls rights in Cameroon

- A Study on the availability, use and quality of EmONC

- Why invest in Reproductive Health in Cameroon?

- Health Sector Strategy (HSS)

- National Strategy for the Fight against Gender Based Violence

- Diagnosis of the situation of the woman in Cameroon

- Knowing and Understanding CEDAW*

- Survey on sociodemographics, behavior and HIV/AIDS prevalence rate in the Logone and Chari Department (Lake Chad Basin Initiative/LCBI)

*RH: Reproductive Health

*CARMMA : Campaign for the Acceleration of the Reduction of Maternal Mortality

*CEDAW: Convention on the Elimination of all forms of Discrimination against Women

*GNP : Gender National Policy

*EmONC : Emergency Obstetric and Newborn Care

ASSISTED AND EQUIPPED



5000 flood victims by providing them with dignity kits and by assisting them during deliveries in humanitarian emergency situations.

204 women suffering from obstetric fistula by covering the costs for corrective surgery and providing them with startup funds for income generating activities in order to facilitate their socioeconomic reinsertion.



- 4 midwifery schools
- 4 centers of excellence in regional hospitals (Garoua, Maroua, Ngaoundere, Bertoua),
- Maternity centers (Bamenda, Bertoua, Garoua, Yaounde)
- Multifunctional youth empowerment center

POSITIONNING UNFPA AS A DEVELOPMENT PARTNER OF CHOICE IN CAMEROON

The 6th Country Programme of UNFPA Cameroon constitutes an opportunity for increased organizational effectiveness – in light of the general organizational change process that UNFPA is currently undergoing. The beginning of the 6th CP should be seen as a positive momentum to establish UNFPA as a partner of choice in Cameroon and a world-class provider of cutting edge development services and solutions to Cameroon. To remain relevant and competitive, UNFPA, will have to be agile in responding to emerging needs in maternal health, health systems strengthening, population and development dynamics and community mobilization for integrated and decentralized governance.

AN INNOVATIVE APPROACH TO CONSOLIDATE THE UNFPA'S PAST SUCCESSSES

- ▶ 1. Pursuing a leadership role by keeping maternal mortality high on the political and development agenda.

UNFPA has supported Cameroon to launch its accelerated campaign to reduce maternal mortality in Africa (CARMMA) in May of 2010. Based on the CARMMA strategic plan, the UNFPA initiated and led the elaboration of the UN system in Cameroon first joint programme to support implementation of this vast and cross-cutting millennium development goal (MDG 5). Supported by the local H4+ agencies (UNICEF, WHO, UNFPA, World Bank and UNAIDS). As a direct consequence of the joint CARMMA Programme, the government decided by ministerial decree to open 8 public and private midwifery schools, and UNFPA has benefited from a US \$ 1.4 million from (C2D) debt for health swap from the government of Cameroon training program emergency obstetric care and prevention of mother to child transmission.

- ▶ 2. Repositioning UNFPA in Cameroon to strategically tackle the issue of maternal and newborn health through an integrated and decentralized program approach

As the independent country programme evaluation, conducted in 2011 by our HQs Division of Oversight Services has shown, previous CO management successfully managed to reposition UNFPA in Cameroon to address maternal and newborn health strategically through an integrated and decentralized programme approach strengthening the health system in its entirety while addressing community mobilization and community centered-health programme to reduce maternal health. Maternal and Newborn Health in Cameroon is now an integral part of the Government's mid-term expenditure framework and newly adopted programme budget as well as a building block of the national health sector strategy/ SWAP, the national health development plan and the compact under preparation with Cameroon's accession to the International Health Partnership (IHP+) initiative. UNFPA, in collaboration with WHO, JHPIEGO and the International Midwifery Confederation, has assisted

the Government of Cameroon to elaborate a comprehensive midwifery training and employment framework. With UNICEF, USAID and the World Bank, UNFPA assisted the Government of Cameroon since 2009 to publish its 4th Demographic Health Survey – coupled for this first time to the Multiple Indicator Cluster Survey (MICS) hence maximizing external partner’s efforts to build national capacity on health-related data collection, analysis and management.

▶ 3. Integrate the demographic variable – beyond maternal and reproductive health – in the process of decentralized planning

Over the last years of Cameroon’s 5th Programme Cycle, UNFPA has been recognized as the most strategic and credible partner in the area of building national capacity to collect, analyze and disseminate data for decision-making. Apart from accompanying the Government in building a strong evidence base (above mentioned documents and national data systems) UNFPA in Cameroon has managed to advance a sensitive but necessary agenda on using data for development planning and budgeting. The onus will be to integrate the demographic variable – beyond maternal and reproductive health – into the decentralized planning process and the newly adopted “Programme-Budget Approach” by the Government in 2013. The Government and development partners (among which the sub-regional regional office of the ECA) are expecting UNFPA to lead the thinking around and the elaboration of action-oriented frameworks on how to benefit from the demographic dividend. UNFPA’s capacity to deliver thinking with foresight and anticipation will be judged by its operational and programmatic capacity to translate for studies on the demographic dividend into policies and frameworks increasing pro-poor social investments and strengthening the building blocks of Cameroon’s social protection policy.

▶ 4. Significantly strengthen the coordinating role of UN Women for gender-related operational activities within the United Nations system

Since 2011, UNFPA in Cameroon has been determined to recognize and significantly strengthen UNWomen’s coordinating role of the UN System’s operational activities on gender. The clear messages to UNFPA staff and to the UN country team underlining the change and of doing business differently were the basis of a widely participatory and iterative coordination process which led to: i) Support to the MINPROFF to create a coordination unit among all entities of the Ministry, i.e. a platform and one-stop shop which would interact directly with the UN System, through UNWomen. ii) Support to UNWomen’s coordination and convening role. UNFPA offered a M&E national expert to UNWomen, whose task consists in planning, coordinating and monitoring the UN system’s activities on gender and who interacts directly with the MINPROFF’s coordination unit, iii) strengthening UNWomen’s operational capacity to carry out its coordinating role with UNFPA. This has led to a clear understanding of shared responsibilities between UNFPA and UNWOMEN in Cameroon with UNFPA providing direct support to develop the thematic priority areas on health and human rights under the National Gender Policy. UNFPA led the elaboration of the Government’s National Strategy on Gender Based Violence and published a series of evidence-based studies on the socio-economic situation of women (one of the analytic themes of Cameroon’s third Population and Housing Census), the legal status of gender issues, and gender-based violence. In addition, UNFPA – through its decentralized offices and integrating gender with its reproductive health and population and development components - started building capacity of rural radios on gender-based violence and developed a user-friendly advocacy toolkit on how to integrate gender, reproductive health and rights and the demographic variable into national planning and development frameworks.



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WHAT STRUCK ME

The plea that the Regional Delegation of Women's Empowerment and the Family made to traditional and religious leaders concerning the fight against violence and harmful practices particularly touched me. I had never had the opportunity to attend a forum that addresses these issues before. It made me aware that as a traditional leader, I must engage in the fight against harmful cultural practices in my community. From now on, I will adopt a different approach when solving the issues I am presented with. I will also strive to raise those issues in all my meetings with my people. Being that I also am the president of the association of the traditional leaders of the Haut Nyong, I will initiate the adoption of a collective approach to harmful cultural practices

Her Majesty Fouda, Traditional leader of Nguelemedouka

Previously, few pregnant women would visit health facilities during their pregnancy, and they usually gave birth at home with the help of village midwives. The reason given was that the delivery costs were too high and the families could not pay. Today, however, the trend has reversed: thanks to the joint action of UNFPA's partners, 90 % of pregnant women attend prenatal consultations. They are followed up on in health facilities from the beginning of their pregnancy until the delivery. Moreover, some sanitary structures have UNFPA-subsidized obstetric and cesarean kits. A system is also put in place, which allows the women to regularly set some money aside and pay gradually so that they have already covered the entire costs of their delivery kits by the time they are ready to give birth

A health center manager

What struck me the most is that fact that today the barriers of taboos are broken through the multiple mobilization and awareness campaigns thanks to UNFPA support through its partners (MINPROFF, media, MINJEUN*, ...). Until now, violence against women was a taboo subject: a battered woman did not have the right to denounce her husband, and the same went for sexually abused young girls. In most cases, the abuser was never very far; he was a cousin, a neighbor. Nowadays we have cases of denunciation, and the MINPROFF assists the victims through listening centers until the perpetrators are brought to justice. Former victims can recount their experience on air, and they are leading the fight against that type of violence.

**Head of the radio station
"Echos des montagnes"**

The most remarkable moment for me occurred in 2012: I discovered the female condom for the first time, and I learned how to use it thanks to a demonstration by UNFPA-trained peer educators.

A young woman from the multifunctional youth empowerment center in Garoua

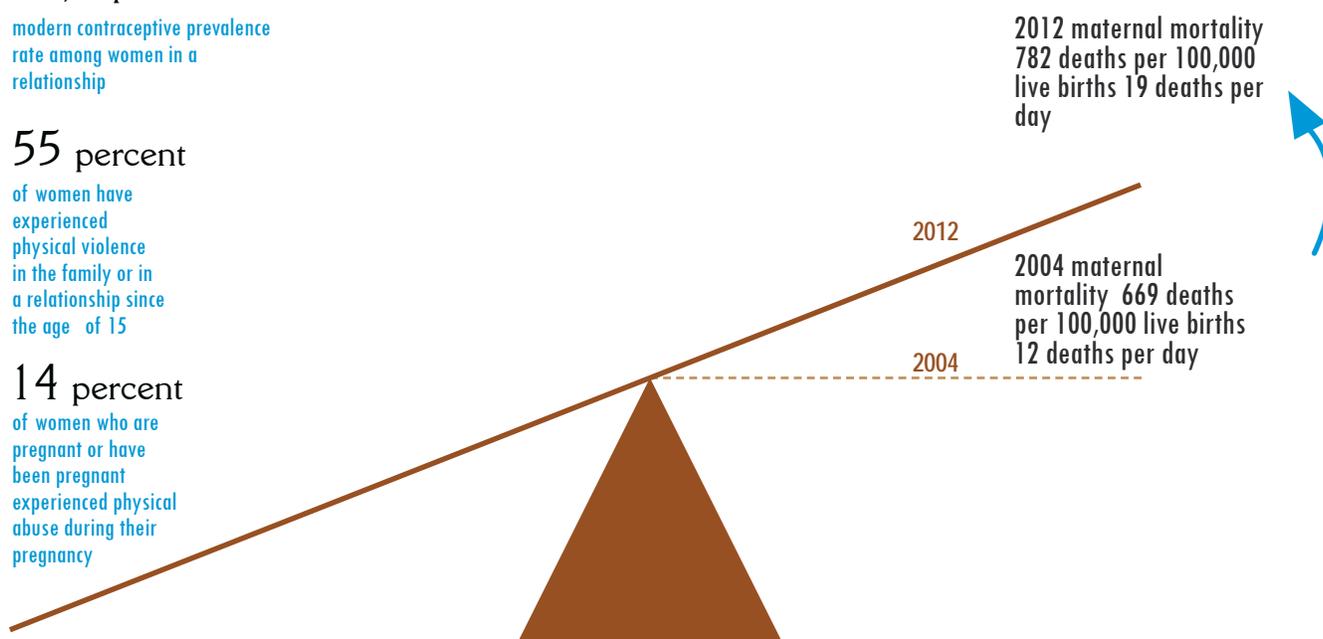
NEW CHALLENGES ...

40,3 percent
of women in procreation age wish to delay or prevent future pregnancies

14,4 percent
modern contraceptive prevalence rate among women in a relationship

55 percent
of women have experienced physical violence in the family or in a relationship since the age of 15

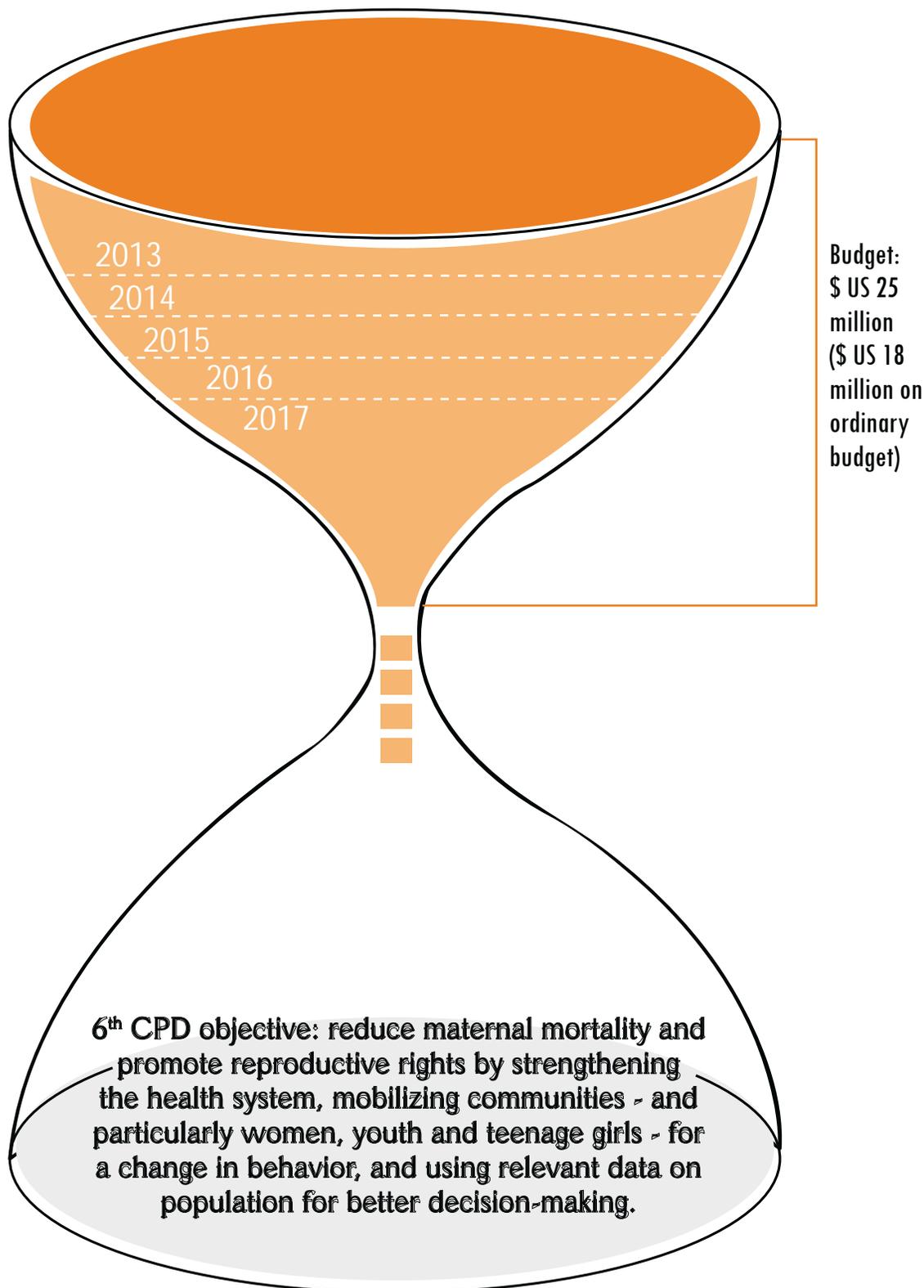
14 percent
of women who are pregnant or have been pregnant experienced physical abuse during their pregnancy



Source: Demographic and Health Survey (DHS-MICS) 2011

...NEW ORIENTATIONS

The 6th Cooperation Programme between the Cameroonian Government and the United Nations Population Fund for the period 2013-2017 was approved by the UN Executive Board on January 28, 2013



WHAT HAS CHANGED

FROM THE 5TH PROGRAMME

APPROACH BY COMPONENT

Reproductive Health:
Increased use of quality reproductive health services

Population and Development:
Population issues are taken into account in strategic documents on the reduction of poverty as well as in policies, plans and sector programs at all levels

Gender: A propitious judicial and social environment for the promotion of gender equality and equity, and for the reduction of sexual and gender-based violence.

...TO THE 6TH PROGRAMME

CLUSTER APPROACH

Adolescents health and sexual education: The youth in general, and particularly adolescents girls, are provided access to information and basic health services related to sexuality and reproductive health, and to sexual education in areas of intervention. One product.

Family planning :
An expected result in this cluster is a strengthened management logistic system of contraceptives.

Maternal and neonatal health:
This section aims at strengthening the health system in order to improve the access and use of quality maternal and neonatal health services.

Dynamics of population:
Decentralized territorial collectivities and national administrative entities integrate the issues of population and development, reproductive health, gender and human rights in their development plans.

Gender equality and reproductive health rights:
Support provided in fight against harmful cultural practices, gender-based violence, and information and services offered to victims of gender-based violence.

OBSTETRIC KITS: FROM LOCAL PROJECT TO NATIONAL STRATEGY

The strategy of obstetric kits allows the sustainable increase of the delivery rate in health facilities

On the heels of that success, the government has decided - with UNFPA support - to implement the strategy on a national scale.

“ I came here to give birth; the delivery was difficult. I was told that I would have to undergo surgery. My husband did not have any money, and we wanted to go back home. The nurse told us that I would have surgery even if I did not have any money, and that we could pay afterwards. I had my surgery, thanks to God. We will pay that money, the nurse told us that if we did not, another woman would die because the medication supply would run out. My husband went to collect the money.” *Awa, a pregnant woman from the North region.*

Most women in the regions of the North, Far North and Adamaoua, find themselves in the same predicament as Awa, pregnant, but not having enough money to pay the hospital delivery fees due to poverty. They rather give birth at home with all the risks that it entails. These vulnerable women are the main target of the pre-positioning strategy for obstetric kits initiated by UNFPA in conjunction with the debt reduction and development contract (C2D).

Since the launch of this strategy in 2011, the targeted health facilities in the regions of the North, Far North and Adamaoua – selected as pilot regions – have witnessed an increase in their delivery rate from 50% to 100%, which shows that the approach is effective.

l'Est.

On the heels of that success, the government has decided - with the support of UNFPA – to implement the strategy on a national scale, starting with the East region.

BLOC
OPERATOIRE

NET CESARIEN
PRIX: 40.000 CFA

NET ACCOUCHEMENT
PRIX: 6.000 CFA

WHAT IS THE OBSTETRIC KITS STRATEGY?

The strategy entails an innovative financing mechanism to ensure its sustainability. That mechanism improves women and families' access to obstetrical care, since purchasing a kit allows them to benefit from a quasi-total coverage of the delivery and cesarean (except in some rare cases of complications) at a fixed rate in any health facility, with the possibility for the women or families to pay in one or many installments depending on their financial situation before, during or after the delivery or cesarean. The mechanism comprises an incentive premium and a flat management fee to motivate the facilities and personnel, the staff members tending to the patients during delivery and in case of complications – which can be fatal – as well as those involved in the preparation of the kits. Lastly, the mechanism fosters the participation of the community, even in recovering the costs, an essential factor of durability.

The strategy consists in providing health facilities with ready-to-use delivery (simple kits with an emergency case containing elements to handle certain complications) and cesarean kits.

The delivery kit covers a classic delivery and its possible complications such as hemorrhages, tears, infections and eclampsia. It costs 6,000 FCFA and covers the delivery and hospitalization fees as well as the medication and medical consumables. The cesarean kit costs 40,000 FCFA and covers the aforementioned services plus C-section specific needs. As soon as she enters a health facility (regional or district hospital, district medical and health center) to give birth, the woman is taken care of by competent health personnel using the kit that matches her condition, regardless of her financial situation. The woman or her family pays for the kit either immediately or in installments. She can also purchase her kit completely or progressively at the pharmacy in her health center where she will be given a receipt.



FOR EVERY PREGNANCY TO BE SAFE

In 2011, only 129 midwives and 140 obstetrician gynecologists – unequally spread across the national territory - were counted in Cameroon.

skilled birth attendance constitutes one of the four pillars of every strategy aimed at reducing maternal mortality

MIDWIVES: A CRUCIAL NEED

In Cameroon, despite overall acceptable rates of prenatal consultations and childbirths attended by skilled health providers (84,7% and 63,6% respectively - DHS/MICS 2011), the maternal mortality rate increased (from 600 to 782 maternal deaths per 100 000 live births - DHS/MICS 2011), and the targets of MDG 5 will probably not be reached, especially since family planning has not experienced any significant growth (prevalence rate for modern contraceptive methods = 14,4% - DHS/MICS 2011).

While insufficiencies in the health system as a whole certainly account for this situation to a great extent, the shortage of skilled personnel trained to dispense perinatal care appeared to be preoccupying enough for the CARMMA campaign, which Cameroon joined on May 8, 2010, to make the issue an absolute priority.

Indeed, the deficit created by the discontinuation of the training of nurse midwives in 1987 was not palliated for by the establishment of a training program for nurses specialized in Reproductive Health. In 2011, only 129 midwives and 140 obstetricians-gynecologists – unequally spread across the national territory - were counted in Cameroon. The importance of having skilled professionals (midwives or equivalent health providers, medical doctors trained in obstetric care) is undeniable: skilled birth attendance constitutes one of the four pillars of every strategy aimed at reducing maternal mortality, the others being family planning, focused antenatal care, and emergency obstetric care. Cameroon needs 6 midwives per 1,000 births (State of the World's Midwifery: Delivering Health, Saving lives – 2011), i.e. 5,400 ideally.



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UNFPA AT THE FOREFRONT OF THE TRAINING OF MIDWIVES

the Ministry of Public Health has turned to UNFPA for assistance in developing a program aimed at strengthening human capacity in maternal and neonatal health.

Aware of the urgent need to provide greater access to skilled obstetric care, the Ministry of Public Health has turned to UNFPA for assistance in developing a program aimed at strengthening human capacity in maternal and neonatal health. The implementation of this program unfolds in two phases. In the short term, UNFPA assist the government in offering continuous and large-scale training for health professionals in BEmOC/PMTCT*. In the middle and long term, UNFPA has committed to supporting the Ministry of Public Health in training midwives. It is in that context that 8 midwifery schools were opened in 6 regions, Center (2), East (1), Littoral (1), North (1), Northwest (2), Southwest(1) at the beginning of the 2011 school year, with a total of 200 students. Two additional schools will opened their doors at the beginning of the 2012 school year: Littoral (1) and Far North (1).

UNFPA provides assistance in the training of midwives via different

channels, namely:

- Advocacy for the opening of midwifery schools and the mobilization of resources. UNFPA has been the main initiator of the project and continues to mobilize development partners (WHO, GIZ) to join the initiative;
- Technical support in the conception and evaluation of the institutional framework for the training, recruiting and employment of midwives: two (2) international missions UNFPA/ ICM and WHO/JHPIEGO were established by UNFPA to provide the government with orientations and recommendations on the subject;
- Equipment of 4 schools (Bamenda, Bertoua, Garoua and Yaounde) which underwent renovation work in the classrooms and received donations in the form of computer equipment and teaching material;
- Training and refresher courses for teachers.

*BEmOC/PTMTC: Basic Emergency Obstetric Care/Prevention of Mother To Child Transmission



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MULTIPLE CHALLENGES TO OVERCOME

The need for midwives is tremendous and acute (about 5,400 midwives), and opening 8 schools simultaneously constitutes a daunting challenge that entails the following aspects among others:

- Availability of adequate infrastructures and teaching tools (classrooms and internship locations that match the norms required);
- Mobilization of sufficient funding to cover the entirety of those institutions' operating costs and thus allow for a reduction of tuition fees so that underprivileged candidates can benefit from this training opportunity;
- Creation of a proficient and adequately staffed teaching body;
- Conception and maintaining of a quality training program anchored to the national LMD system;
- Establishment of a recruiting and placement system for midwives after completion of their training that fulfills the needs of the populations more equitably.

UNFPA'S RESULTS IN 2012

Considering the aforementioned challenges, in line with national priorities and following the recommendations formulated by the WHO/JHPIEGO mission of evaluation of the institutional framework for the training, recruiting and employment of midwives, the main outcomes of UNFPA's assistance to the Government in 2012 comprise:

- A training curriculum revised to meet the level of internationally agreed standards while still addressing more specific local needs of proximity with the communities;
- A training for midwives that is aligned with the LMD system, and therefore guarantees the recognition of their diploma by the Ministry of Higher Education;
- Strengthened teachers' competencies and a reflection on ways to address the deficits reported by all of the schools;
- Customized pedagogic material and student assessment tools for an effective standardization and harmonization of the instruction provided;
- Schools furnished with computer equipment and Internet capacity to grant students wider access to updated information.



INVOLVING THE YOUNG PEOPLE

NAFISSATOU ABDOURAMAN, YOUNG FAMILY PLANNING AMBASSADOR

Nafissatou Abdouraman is one of the 12 ambassadors selected by UNFPA throughout Africa to convey messages about family planning on social networks and participate in all related UNFPA activities.

This dynamic young lady has worked at strengthening youth capacity in the fight against HIV and in the reduction of risks related to early pregnancies. It is to that effect that she took part in two workshops for peer educators in and out of school as a trainer and identified youth training potential in September and December 2012 in Garoua. She also initiated and led the “Youth

on the Move” caravan from November 24 to December 2, 2012 on the occasion of the national awareness week about the fight against HIV in secondary schools from the city of Garoua and Pitoa (College Moderne de la Benoue, Lycee Classique et Moderne de Garoua, Lycee Technique de Maroua and Lycee de Pitoa). During that mobilization and awareness caravan and in partnership with the Cameroonian Association for Social Marketing (ACMS) and Voluntary Service Overseas (VSO), the peer educators involved spread messages directed at the youth that aimed at fostering responsible

behavior to limit HIV infection, reducing stigmatization and discrimination of persons living with HIV (PLHIV*), and encouraging young people to know whether they are seropositive or -negative. The youth caravan against HIV drew massive support from young people through sketches, competitions and performances from the artists who provided for entertainment during the event.

Moreover, during the launch of the 2012 report on the status of the world population in Garoua, the ambassador was assigned the responsibility of managing UNFPA stand and supervising peer

*PLHIV: Persons living with HIV



educators. The purpose of the stand was to inform young people about the different contraceptive methods including the female condom, direct them toward family planning services (FP), educate them about the benefits of FP ... Finally, during the last campaign to repair obstetric fistula,

Nafissatou mobilized the victims - about 109 women coming from all four corners of the Northern region - , wrote an article and hosted a radio program for young people on fistula. Nafissatou seizes every opportunity in her position as a communication consultant for change at ACMS to

transmit messages about family planning to young people on her radio show, 100% Jeune live, which runs every Saturday on CRTV North starting 11am. She also works with health clubs in secondary schools.



BUREAU CONSEILS JEUNES

- Conseils sur la santé sexuelle et reproductive des jeunes
- Conseils pour dépistage du VIH
- Calculs éducatifs
- Distribution de port correct de préservatifs masculin et féminin
- Explication du cycle menstruel de la jeune fille
- Préservatifs Disponibles
- Services d'orientation vers d'autres structures spécialisées et dans les formations sanitaires

ENGAGING YOUNG PEOPLE TO ADVISE THE YOUTH :

THE YOUTH COUNSELING CENTER

46,8 percent : Percentage of girls aged 15 to 19 who have already entered their fertile life in the East region

Since opening in 2012, the office/center has received about 196 young people

Young people and teenagers of both genders are increasingly exposed to Reproductive Health related problems due to a combination of environmental, biological and socioeconomic factors that impact their reproductive health. They are namely: early sexual activity, lack of supervision in their familial environment, and most of all limited access to information about reproductive health and health services. These factors lead among others to an increase in the incidence and prevalence of STIs (Sexually Transmissible Infections) and HIV/AIDS, early and unwanted pregnancies, and abortions. The East region has the highest rate of adolescents girls who are already sexually active. They are therefore more vulnerable to early pregnancies, STI/HIV and abortions. The Regional Delegation of the Ministry of Youth and Civic Education, with the financial and technical support of UNFPA, has opened a youth counseling center since October 2012 to adequately address these problems.

The main purpose of this listening and

exchange forum is to provide young people and adolescents with advice and information about sexual and reproductive health including HIV/AIDS. The center offers a wide range of services from youth counseling sessions on problems related to sexual and reproductive health to orientation services to specialized structures and health facilities, as well as educative talks and sale of condoms.

The youth counseling center and health and social services work conjointly, which allows for an increased health center attendance rate by young people. Since opening in 2012, the office/center has received about 196 young people who asked questions and raised problems on various themes: contraceptive methods, advice on HIV screening, dialogue with the parents, PMTCT, proper condom use, education on the dangers of early pregnancy, explanation of the menstrual cycle, advice following a rape, STI, abortion...and even problems linked to youth entrepreneurship.





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ENGAGING YOUNG PEOPLE IN THE GLOBAL DIALOGUE :

THE GLOBAL YOUTH FORUM IN BALI

More than 2,000 youth came together in Bali, Indonesia, in December 2012 to redefine their priorities in order to influence the United Nations agenda in terms of the rights to health, reproduction, education, employment and civic participation. The discussions occurred in the context of the ICPD beyond 2014 Youth World Forum organized as a follow up to the International Conference for Population and Development (ICPD) that had taken place in Cairo, Egypt in 1994.

During that conference, the 179 participating states had committed to meeting the needs in terms of education and health, especially reproductive health. The youth who represent 43 percent of the 7 billion strong and growing world population (in some countries like Brazil, Nigeria and Tanzania, that rate can go up to 60 %), are faced with the biggest challenges in a fast-changing world. Young people can however constitute an innovative source of solutions

to these problems if they get involved and are motivated. UNFPA, a co-sponsor of the event, backed the participation of two young Cameroonians to this worldwide gathering: Desire Balogog (Association for the defense of nature), and Alake Alokese Joseph (World Youth Alliance). Back in Cameroon, they will assist UNFPA as resource people in creating programs targeted at young people that are in accordance with the recommendations formulated during the forum.



© Nafissatou Abduraman

ENGAGING MEN

Men play an important role in the eradication of all forms of injustice, discrimination and practices that prevent the woman and young girl from thriving, and in the fight against gender-based violence.

Society's expectations as to what the man should do - or not - directly affect his attitude and patterns of behavior, namely in his interactions with women. Gender-linked comportments displayed by men and boys have a direct impact on the health and well-being of women and young girls. Those attitudes derive for instance from beliefs about the supposed role of men as heads of household, especially in terms of decision-making. In many cases, fathers, husbands and other men can hold the right to block the resources necessary for the health care of women, prevent them from using contraceptive methods or even refuse to use some themselves (including condoms), and limit the women's freedom to move around or join an association.

The International Conference for Population and Development (ICPD) Programme of Action, which constitutes the foundation of UNFPA's action, called for an innovative and expansive participation of men and boys in the search for gender equality and more importantly presented the men and boys not as obstacles, but rather as allies. This is why UNFPA, using an approach that involves communities in the promotion of human rights, has engaged in reversing the trend in Cameroon by recruiting men to talk to other men. It is the case for example of the association of Men Engaged in Gender Promotion and Equality (HEPROGES in French) which was created in Bertoua with the support of UNFPA.

As Mr. TCHUENKAM Patrice, the president of the association, sums it: “ Our association was born out of the awareness that men play an important role in the eradication of all forms of injustice, discrimination and practices that prevent the woman and young girl from thriving, and in the fight against gender-based violence.” These men are well-equipped to talk to other men thanks to training with UNFPA Gender expert who “after only a few capacity strengthening sessions lifted us from the shadows of the caves in which

socialization had locked us to the light of gender ” for “if we were not trained, what would we tell people? The training on gender allows us to free our own minds from the burden of socialization that has tagged the woman as an inferior being so that we can in turn share our vision with others.”

“We are fully aware that we cannot in a few days only erase what socialization has cultivated and maintained for centuries if not millennia. We know that it is a long-term process in which each single step counts.”



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ERADICATE OBSTETRIC FISTULA, THE “LITTLE SISTER” OF MATERNAL DEATH

On May 23 2013, the UNFPA and the international community will celebrate the very first edition of the international day to end obstetric fistula. This decision was taken by the United Nations’ General Assembly in December 2012.

Obstetric fistulas are abnormal openings that let urine and/or feces through the female genital organs in a steady and involuntary manner. They generally occur during a prolonged delivery.

Obstetric fistulas are the «little sisters» of maternal death. Indeed, for every woman who deceases, 20 to 30 survive with more or less chronic complications. The prevalence of obstetric fistulas is estimated at 0.4 percent in Cameroon, which means that around 19,000 women suffer from obstetric fistulas. (Source: Demographic and Health Survey- DHS IV, 2011)

Obstetric fistulas are frequent among young, poor and primiparous women and signify social death as they lead to ostracism and stigmatization of the victims by society. However, an adequate support can help their reinsertion. Therefore, UNFPA’s strategy to eradicate this ill unfolds on three major fronts:

19,000 women are victims of obstetric fistulas in Cameroon

Prevention focuses on family planning, quality care and violence against women, harmful practices, early marriages and pregnancies (among teenage girls). It consists in raising awareness in the communities (through radio shows, educational talks...) on the consequences of these practices on the lives and health of women.



Reinsertion allows women who have fully recovered to resume their active life. UNFPA provided financial support to 74 women by granting them a startup capital for an income-generating activity in order for them to achieve financial autonomy.



Treatment addresses the condition itself: it comes in the form of a corrective surgical intervention to mend the fistula. In 2012, UNFPA organized a campaign to repair obstetric fistulas in the North region during which about 45 women received treatment.





WHAT FUTURE DO WE WANT AFTER 2015?

POST 2015, ICPD+20, RIO+20, NEW GLOBAL AGENDA: FROM MDG (MILLENNIUM DEVELOPMENT GOALS) TO SDG (SUSTAINABLE DEVELOPMENT GOALS)

Two years away from the deadline for achieving the millennium development goals (MDG), the 20th anniversary of the International Conference on Population and Development (ICPD+20) has given Cameroon the opportunity to assess the implementation of Cairo's Programme of Action and despite a few improvements, the review is rather negative: the maternal mortality rate has increased and no progress was recorded in relation to MDG 5. It is worth remembering that during the Cairo Conference in 1994, a consensus was reached among all participants on the necessity to achieve the following three objectives within the next twenty years: the reduction of child, youth and maternal mortality; universal access to education, especially for girls; and universal access to reproductive health care and family planning. Since the countdown to 2015 has

started, what future do we want after 2015, after the MDG and ICPD? The Conference on sustainable development Rio +20 has provided a starting point for discussions on the

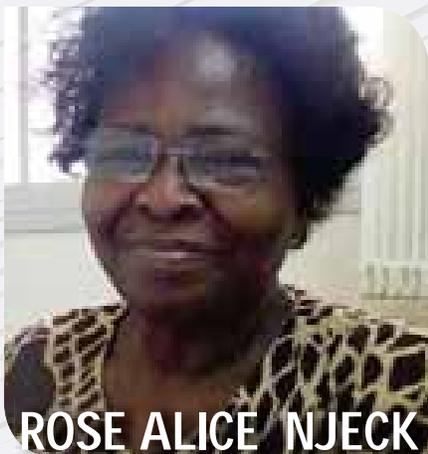
Reducing maternal mortality is a sustainable development goal for Cameroon

post- 2015. The new world agenda speaks of Sustainable Development Goals (SDG).

It is about figuring out how SDG can complete MDG. The priority areas will hence be those MDG that were not reached in 2015. Cameroon seemingly will not be able to reach MDG 5 – namely reduce maternal mortality by 2/3 – in 2015. That is the reason why the government has pushed the limit date for this goal to 2020 in its strategic document. It is equally essential to search for ways to address the needs, characteristics and realities of a

country. Cameroon can improve maternal health like many other countries with lower revenues have done before it with the support of the United Nations' system. Investing in the health of mother and child is not only the best thing to do; it will also allow the entire nation to reap great benefits. Data shows that investing in new initiatives to reduce maternal mortality has a significant and lasting impact on development. The reduction of maternal mortality incorporates the three pillars of sustainable development, namely the environment, economic growth, and social progress. In other words, reducing maternal mortality is a sustainable development goal for Cameroon. The future we want for Cameroon is one where every pregnancy is wanted, every childbirth is safe, and every young person's potential is fulfilled.

THE LAST WORD...



ROSE ALICE NJECK

EXPERTISE BEYOND RETIREMENT

After Mrs. Njeck retired in 2011 after more than ten years spent at UNFPA as the Assistant Representative on Population and Development, she barely had the time to take a breather before she was solicited again, this time as a consultant, for her expertise and mastery of all UNFPA's programming mechanisms. It is in that capacity that she spearheaded the elaboration of the 6th Cooperation Programme between UNFPA and the Cameroonian Government as well as the plan of Action for its implementation.



MONIQUE YERI

SUPERVISING MIDWIVES

Every morning, when she arrives at Garoua's regional hospital, Monique, a midwife from Burkina Faso, is swarmed by young midwives trainees thirsting for advice and orientation. "Maman Monique", as they affectionately call her, guides them as they take their first practical steps as midwives. Monique and her colleagues play a key role in training midwives in Cameroon.

DRIVING TO SAVE LIVES

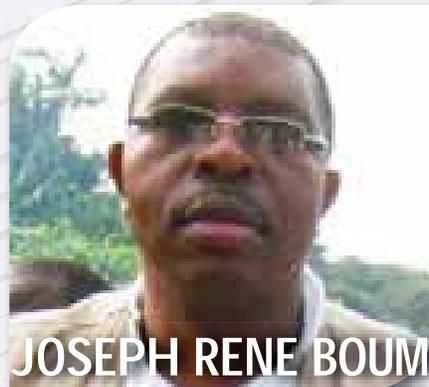
Since I joined UNFPA 19 years ago, what I love about my work is that we (UNFPA) are always in direct contact with the population and we step in to save lives, because no woman should die by giving life. Every time I see a pregnant woman, I think about what we do to protect them, to make sure that their delivery is safe



FRANCOIS FEUKEU

WORKING IN THE FIELD

As a young doctor, I was appalled by the phenomenon of mothers held prisoners in health facilities after they have received health services, and by the decimation caused by AIDS among the youth and particularly young girls, another form of injustice against women in the face of which I felt powerless. I started working with UNFPA on April 1, 2008 in order to prevent and avoid those situations. In addition, I draw tremendous pleasure from working with a sharp-minded and close-knit team.

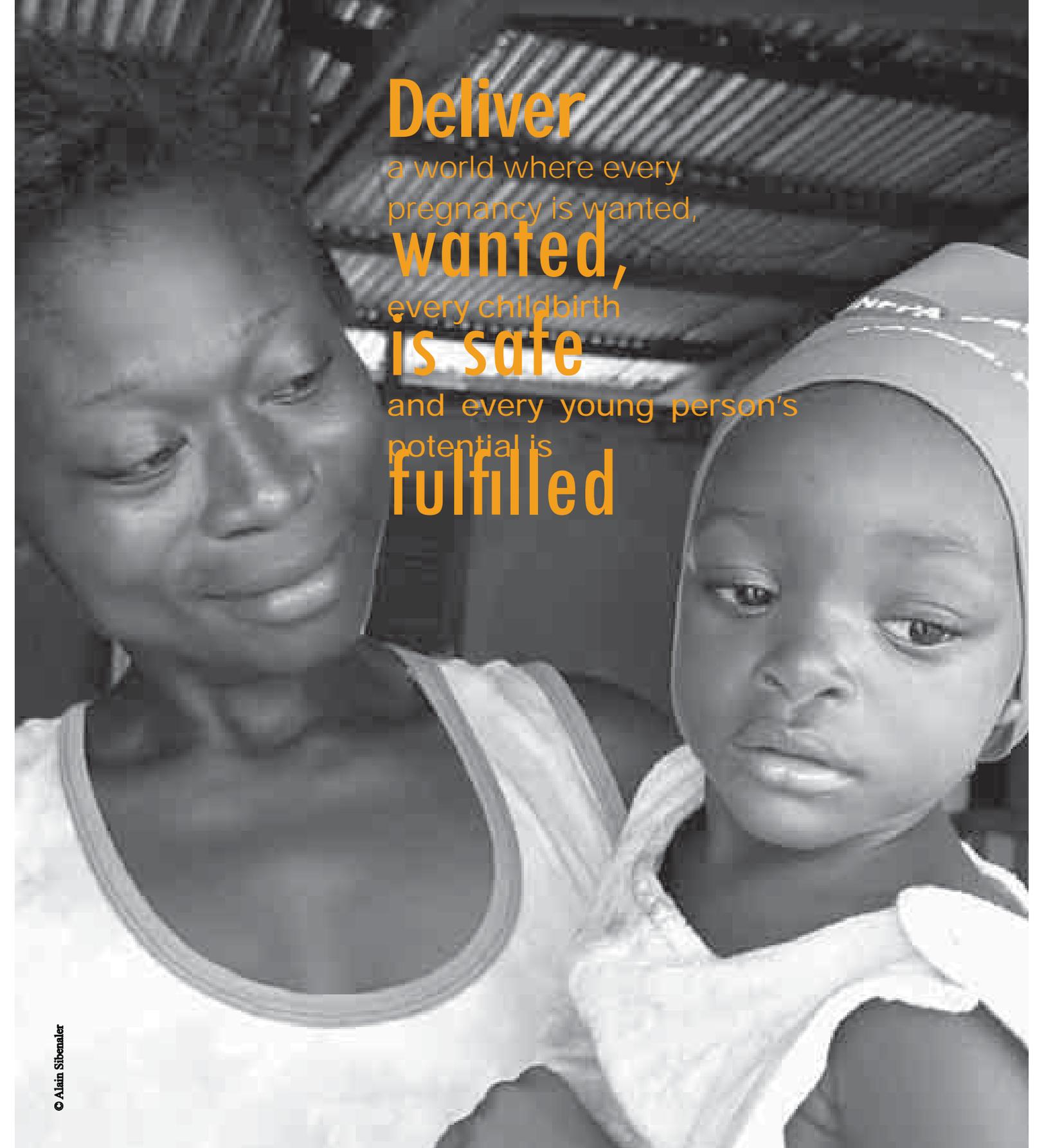


JOSEPH RENE BOUM

By CHOICE,
Not by CHANCE



Pregnant by choice, because I want it



Deliver

a world where every pregnancy is wanted,

wanted,

every childbirth

is safe

and every young person's

potential is

fulfilled

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