



ANNUAL REPORT 2022 CAMEROON

LIST OF ABBREVIATIONS

ANC	AnteNatal Care	KOICA	Korea International Development Agency
ASRHU	Adolescent Sexual and Reproductive Health Units	LNOB	Leave No One Behind
ASBY	National Small Holding and Retailing Business	M&E	Monitoring and Evaluation
	Association Adolescent and Youth Sexual Sexual and	MHM	Menstrual Hygiene Management
AYSRHU	Reproductive Health Unit	MINEPAT	Ministry of Economy, Planning and Land Planning
BOS	Business Operations Strategy	MINJEC	Ministry of Youth and Civic Education
BUCREP	Central Bureau of the Census and Population	MINPROFF	Ministry of Women Empowerment and the Family
0505	Studies	MINSANTE	Ministry of Public Health
CERF	Central Emergency Response Fund	MISP	Minimum Initial Service Package
CHW	Community Health Workers	MPA	Minimum Preparedness Actions
CIDIMUC	Council of Imams and Muslim Dignitaries of Cameroon		Multifonctional Youth Promotional Center
CNYC	Cameroon National Youth Council	NDS 30	National Development Strategy 2021–2030
CMR/IPV	Clinical Management of Rape and Intimate Partner	PBF	Peace Building Fund
	Violence	PEPS	Effectiveness and Statistical Capacity Project
CPC	Country Program of Cooperation	PMT	Program management Team
CPD	Country Program Document	PNC	PreNatal Consultation
CSE	Comprehensive Sexuality Education	PSEA	Prevention of Sexual Exploitation and Abuse
CSO	Civil Society Oragnizations	PSEAH	Prevention of Sexual Exploitation, Abuse and
DDMI	Demographic Dividend Monitoring Index	DII	Harassment
DHS	Demographic and Health Survey	RH	Reproductive Health
DMU	Dispositif Minimum d'Urgence	RHCS	Reproductive Health Commodity Security
ECA	Economic Commission for Africa	SDG	Sustainable Development Goals
ECHO	European Union Humanitarian Ald	SMT	Situation Report Security Management Team
EF	Emergency Fund of UNFPA	SNU	Système des Nations Unies
EU	European Union	SRH	Sexual and Reproductive Health
EmONC	Emergency Obstetric and Newborn Care	SSAFE	Safe and Secure Approaches in Field Environment
FGM	Female Genital Mutilation	STI	Sexually transmitted infections
FP	Family Planning		Sahel Women's Empowerment and Demographic
GBV	Gender-Based Violence	SWEDD	Dividend project
GBV AoR	Gender Based Violence Area of Responsibility	TFP	Technical and Financial Partner
GBVIMS	Gender-Based Violence Information Management	UHC	Universal Health Coverage
	System	UNCT	United Nations Country Team
GCAL	General Census of Agriculture and Livestock	UNFPA	United Nations Population Fund
GCPH	General Census of the Population and Habitat	UNPRPD	United Nations Partnership on the Right of Persons with Disabilities
НСТ	Humanitarian Country Team	OMIL	
HIV	Human Immunodeficiency Virus	UNS	United Nations System
IARH	Inter Agency Reproductive Health	UNSDCF	United Nations Sustainable Development Cooperation Network
IDP	Internally Deplaced Person	WB	World Bank
INS	National Institute of Statistics		
IsDB	Islamic Development Bank		

CONTENTS

LIST OF ABBREVIATIONS	I
CONTENTS	II
FOREWORD	1
1. EXECUTIVE SUMMARY	3
2. KEY PROGRAM ACHIEVEMENTS TOWARDS ATTENDING THE THREE TRANSFORMATIVE RESULTS	5
► ENDING THE UNMEET NEEDS FOR FAMILY PLANNING	6
FAMILY PLANNING	7
► ENDING PREVENTABLE MATERNAL DEATHS	8
MATERNAL HEALTH	9
→ BABY-BOX STRATEGY AND STIMULATION OF SKILLED BIRTH ATTENDANCE	9
 ADOLESCENTS AND YOUTH'S EMPOWERMENT, PARTICIPATION AND LEADERSHIP 	10
→ YOUNG PEOPLE FIRST	10
► ENDING GENDER-BASED VIOLENCE AND HARMFUL PRACTICES	11
GENDER-BASED VIOLENCE	12
→ PREVENTION OF SEXUAL EXPLOITATION, ABUSES AND HARASSEMENT (PSEAH)	12
→ AN ADVOCAY FILM AGAINST GENDER-BASED VIOLENCE	12
DEMOGRAPHIC DATA FOR DEVELOPMENT	13
→ FOLLOW-UP OF THE NAIROBI SUMMIT RECOMMENDATIONS ON ICPD+25	13
3. HUMANITARIAN ACTION	15
3.1 HUMANITARIAN NEEDS	15
3.2 KEY RESULTS FROM UNFPA'S RESPONSE IN 2022	16
4. BEST PRACTICES	17
4.1 MICRO-TAKAFUL: FUNDING ACCESS TO MATERNAL HEALTH SERVICES THROUGH SOCIAL MOBILIZATION AND SOLIDARITY	17
4.2 "MATERNITY WAITING HOMES"	17
4.3 THE MOTORCYCLE AMBULANCE STRATEGY IN MATERNAL HEALTH	17
5. PARTNERSHIPS AND RESOURCE MOBILISATION	18
5.1 UNITED NATIONS -UNFPA : "DELIVERING AS ONE"	18
5.2 PARTNERSHIPS	19
5.3 FINANCIAL BALANCE SHEET	20
6. CONCLUSION	20

FOREWORD



The Government of Cameroon and UNFPA concluded in 2021, the 8th Country Programme of Cooperation (CPC) running from 2022 to 2026. The objective was to increase the access of women, young people and adolescents to high-quality integrated sexual and reproductive health services, in a bid to reduce maternal mortality. The program is committed to

« by 2026, increase by 10 percent the proportion of births attended by skilled health personnel in the targeted regions, while contributing to the humanitarian response in those areas affected by security crisis (Far North, North West and South West) » and environmental hazards.

The 8th CPC is aligned with the government's Vision to make Cameroon an emerging country by 2035 and with the UNSDCF 2022-2026, which engages the United Nations System to further support Cameroon's achieve the Sustainable Development Goals by 2030. The program specifically contributes to the development of human capital and the well-being of the population, one of the pillars of Cameroon's National Development Strategy 2021-2030 (NDS30). It thus accelerates the achievement of the promise made by the International Conference on Population and Development (ICPD), namely: ensuring universal access to sexual and reproductive health services and rights, including family planning, women and girls' empowerment, and gender equality. Based on the principle of "Leaving No One Behind", the 8th program is structured around 5 outputs, namely: (i) Family Planning, (ii) Maternal Health, (iii) Adolescents and Youth, (iv) Genderand Social Norms, (v) Demographic data for development.

A cross-cutting humanitarian component is also included to ensure the coordination of humanitarian activities.

Implementing this program implies strengthening our partnership with the Government and other stakeholders in order to accelerate the achievement of the Organization's Three Transformative Results, namely:

- Ending the unmet needs for Family Planning;
- Ending preventable maternal deaths;
- ► Ending Gender-Based Violences and harmful practices.

The year 2022 was marked by the beginning of the implementation of the 8th CPC. Its activities started after the approval of the Country Program Document (CPD) by the Executive Board in February 2022. Nevertheless, significant milestones and results were achieved. This report provides facts and data that highlight these results.

I seize this opportunity to express my sincere gratitude to the Government of Cameroon, our donors and partners for their support to UNFPA's Country Programme of Cooperation. I deeply appreciate the commitment of UN Agencies as well as UNFPA staff members for their hard work. I hope to see them even more committed in 2023, meeting together the challenges and seizing likewise the opportunities of expanding the rights and choices for all.

Thank you.

Dr. Justin Koffi, UNFPA Resident Representative, Cameroon Country Office.



1. EXECUTIVE SUMMARY

Cameroon's population is estimated at 26,058,314 inhabitants, with 51% women, 49% men and 45% young people under the age of 15. The country is ranked 151st out of 191 on the 2021/2022 Human Development Index. About 37.5% of the population lives below the poverty line. The informal sector weighs nearly 90% of the labor market.

Gender inequalities are persistent and usually rooted in cultural and religious norms. These are exacerbated by humanitarian crises that affect 9 out of 10 regions of the country. Cameroon records a maternal mortality ratio of 406 maternal deaths per 100,000 live births (DHS 2018); 0.3% of women who give birth are affected by obstetric fistula; and births attended by skilled health personnel only represent 69%. Meanwhile, the unmet needs for family planning are 23% among married women and 47% among young women; the contraceptive prevalence is 15.4% and that of HIV is 1.3% among young people aged 15 to 24. About 32% of women aged 15 to 49 survive with GBV perpetrated by their intimate partners; child marriage still affects as much as 31% of girls and 14.4% of boys. Achieving the Three Transformative Results under these conditions requires the spirit of urgency and acceleration.

Implementing the program in 2022 enabled UNFPA and its partners to achieve tangible results. The technical execution rate was 86%, whereas the financial rate was 78%. Key performance highlights are showcased as follows:

On Family Planning:

- → 229,446 women, including 54,384 girls, became new users of modern contraceptive methods;
- → The framework of reference for the management of contraceptive products has been improved. The MINSANTE and UNFPA signed a partnership agreement to increase the procurement of contraceptive products using the state budget.

▶ On Maternal Health:

→ The EmONC networks have been expanded from

- 100 to 155 health facilities, and contribute to the implementation of Universal Health Coverage (UHC):
- → 2,457 pregnant women benefited from the EmONC services, thanks to health vouchers sponsored by the Micro-Takaful scheme of the Islamic Development Bank (IsDB).

On the fight against GBV

- → GBV response mechanisms were strengthened and holistic care was provided to 26,824 survivors;
- Risk prevention and reduction mechanisms have been strengthened with the establishment of 10 platforms promoting positive masculinity at regional and community levels;
- → A national strategy on GBV and a national action plan to end Female Genital Mutilation (FGM) were adopted by the Ministry of Women Empowerment and the Family.

Other initiatives were carried out.

- → A "Baby-Box" strategy, which encourages pregnant women to give birth in health facilities, was implemented and won the UNFPA Headquarters' Innovation Award in its Impact Drivers Category in 2022.
- Digitalization has been fully integrated into the program and a "Bodyright" campaign, which sensitizes against online Gender-Based Violence was launched.
- → UNFPA's technical assistance to the Government-run SWEDD project started producing multiplier effects in keeping girls at school.
- A youth platform for communication on the Three Transformative Results was established to stimulate young people's leadership and participation in social change.

All these achievements and many others will be used as levers to accelerate the implementation of the 8th CPC in 2023 in Cameroon.





Dr Manaouda Malachie, Minister of Public Health (right), Dr Justin Koffi, Resident Representative UNFPACameroon (left) during the signature of the Framework Agreement.



FAMILY PLANNING



229,446

New users of modern contraceptive methods

54,384

girls have adopted modern contraceptive methods



Signing of a Framework Agreement with the MINSANTE to fund contraceptive commodities



ENDING PREVENTABLE MATERNAL DEATHS

2,457

pregnant women received Health Vouchers from the Micro-Takaful



The Baby box strategy wins UNFPA innovation award



20,269

pregnant and lactating women benefited from psychosocial support



ENDING GENDER-BASED VIOLENCE AND HARMFUL PRACTICES



- The national strategy to fight GBV validated
- The national action plan against Female Genital Mutilation (FGM) adopted



26.824

GBV survivors benefited from holistic care



Monitoring platforms promoting positive masculinity set up



2. KEY PROGRAM ACHIEVEMENTS TOWARDS ATTENDING THE THREE TRANSFORMATIVE RESULTS





ENDING THE UNMET NEEDS FOR FAMILY PLANNING



1. FAMILY PLANNING





Supply Chain Strengthening



National quantification of RH/FP products and IARH kits achieved



Facility Survey completed and report available to inform decisions on the availability of contraceptive and maternal health commodities



01 inventory monitoring spot-check to the last mile completed



64 % of Clusters supervised have Oxytocin 10 IU available



Improved management of products at the central level (cold chain)



Provision of FP in fixed-point delivery and communitybased delivery strategies using ASRHU



3,782 adolescents/young people sensitized on FP



229,446 new users of modern contraceptive methods including 54,384 adolescents / young people



34 leaders of associations trained in peer education



21 AYSRHU and 11 MYPC equipped to offer FP to adolescents / young people



41 Health Facilities in the process to be accredited for social franchising



FP services delivery campaigns and 05 mobile clinics organized



Political Commitment



Guidelines on supply chain management available



Financial commitment made by UNFPA to procure SR-FP commodities with government contribution.



A conducive environment for the provision of FP among Adolescents/youth created



2022-2026 National Strategic Plan to procure RH commodities validated



FP 2030 commitments signed



Partnership agreement framework MINSANTE-UNFPA Supplies 2022-2026 signed



Order signed by the MINSANTE autorizing the creation of AYSRHU in 1-5 categories health facilities.



Availability of RH/FP products, including emergency kits



235,152 cycles of pills, 26,160 sets of implants, 33,600 doses of emergency contraceptives, 4,593,600 male condoms, 600,000 10 IU Oxytocin ampoules, 100,000 Magnesium Sulfate ampoules 50% have been supplied.



SR/FP commodities are available



Capacity building at different levels

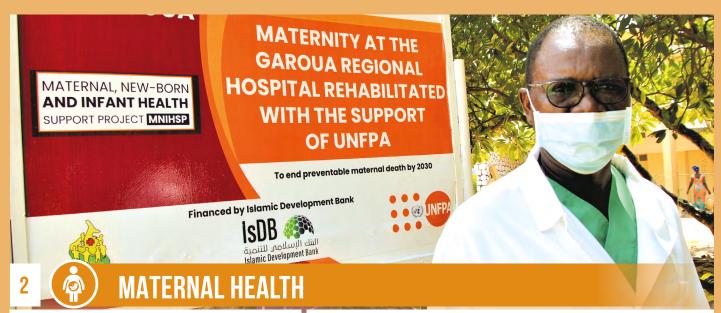


412 service providers and CHWs trained in providing FP services



34 RHCS trainers trained







Human and material resources strengthening to deliver quality services



03 EmONC monitoring sessions carried out



20,269 pregnant and breastfeeding women benefited from psychological intervention in EmONC-connected maternities



05 EmONC Training Centers setup



34 midwives were placed in healthcare facilities in the Adamawa and East regions



Increase in EmONC network coverage from 100 to 150 Health facilities



Strengthening the capacities of actors of the health system at the regional level to optimize the demand for reproductive health services



women's associations trained to enroll pregnant and vulnerable women in the Micro-Takaful initiative in the Adamawa, North and Far-North Regions.



1800 baby boxes distributed to pregnant women



2,457 vulnerable pregnant women were given access to quality EmONC services through health vouchers sponsored by the Micro-Takaful initiative.



Advanced strategies to reach the target population



04 free Obstetric Fistula repair campaigns organized in communities



50 women and girls benefited from free Obstetric Fistula repair surgery



BABY-BOX STRATEGY AND STIMULATION OF SKILLED BIRTH ATTENDANCE

The Baby Box designed by UNFPA is a strategy to increase the attendance rate of pregnant women to health facilities in communities where they are used to giving birth at home. Home births tend to increase in times of health or humanitarian crisis.

A Baby-Box contains items for the newborn such as diapers, soaps, and clothes; a piece of cloth for the mother and a singlet for the father, etc. In the Mindif Health District, a 25-fold increase in the birth rate was observed after the introduction of Baby boxes going from 2 to 50 births per month.

The Baby-Box strategy won the 2022 UNFPA Headquarters' Innovation Award in the Impact Drivers category

END PREVENTABLE MATERNAL DEATH





Strengthening the capacities of Multipurpose Youth Promotion Centers in the East, Adamawa and Far North Regions



MYPC were strengthened with teaching and didactic equipment and tools such as video projectors, TV screens, flip charts, Comprehensive Sexuality Education (CSE) manuals, posters, leaflets and image boxes. Moreover, supervisors were trained to deliver CSE programs.



05 innovative projects led by the youth were supported, namely: (i) FREETRAINER application for the management of menstruations and pregnancies; (ii) The artistic project "SHE WAS JUST 18" to raise awareness on teenage pregnancies through Slam; (iii) The Image Box in sign language for teenagers and youths living with disabilities; (iv) A micro-scale industrial project "MenstruAction" for the manufacturing of sanitary pads made from biodegradable materials and bracelets for monitoring the menstrual cycle; (v) An awareness-raising project sensitizing young people against GBV through the novel "Ritha, the dark episodes of a young girl".



Awareness raising campaigns in schools and in communities



2,150 solar bags and other school supplies were donated to students in primary and secondary schools in the SWEDD Project's area of intervention.



196,207 Youths and adolescents were sensitized on SRH, FP, HIV prevention, MHM through 13 door-to-door campaigns, educational talks, and 04 digital campaigns



Strengthening the capacities of youth-led organizations



50 Youth leaders from 23 associations of the SWEDD project intervention area, were trained in the use of digital technology to amplify messages on CSE



1,180 adolescents and girls from both IDPs and host communities were trained in MHM as well as in the sewing their own reusable sanitary pads.



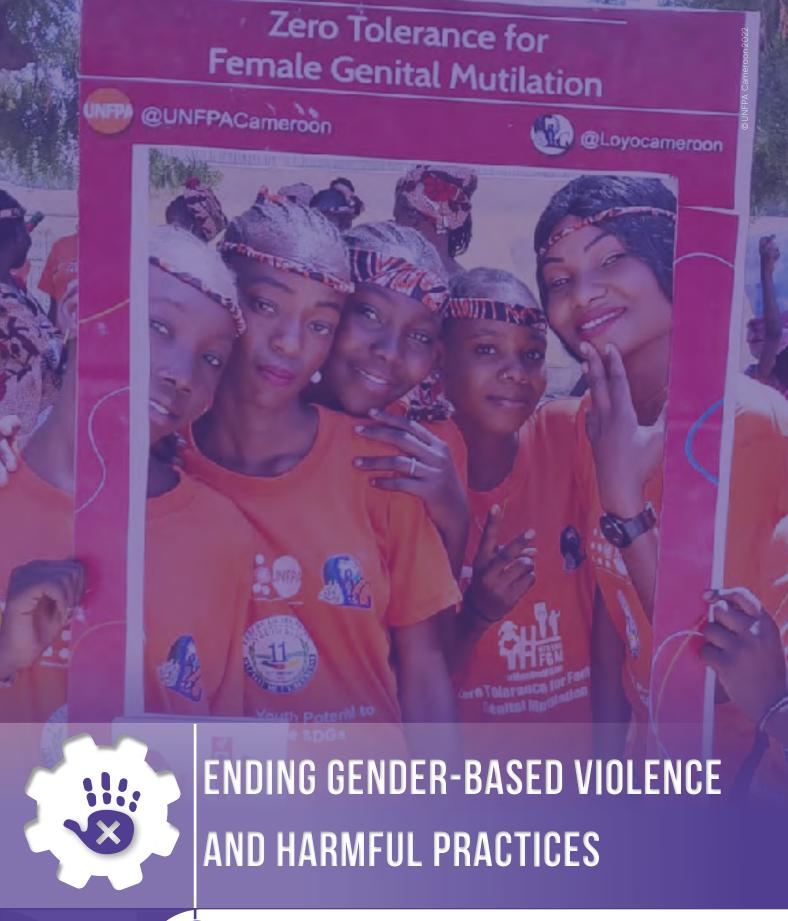
PUT YOUNG PEOPLE FIRST!

Fulfilling young people's potential is at the heart of UNFPA's mandate. It is in this light that partnering with youth-led organizations is essential for UNFPA in Cameroon. Priority is given to strengthening their capacities. This is the case of the Cameroon National Youth Council (CNYC), an umbrella organization with more than 380 members; the African Adolescents and Youth Network on Population and Development (AfriYAN) which has 300 members; the Cameroon Network for Positive Adolescents and Youths (ReCAJ+) with 230 members; and the National Network of Aunties' Associations (RENATA) which has 200 members. These networks have been merged into an outreach communication platform on the Three Transformative Results by the UNFPA's

communication unit in order to accelerate behavior change and social transformation.

Other youth-led organizations are also supported through grants and other capacity-building measures. Among them are organizations like Vessels for Development, ARCAJEF, Youth Network, ADEV, LOYOC, and ROJALNU. They operate in a wide array of activities such as Sexual and Reproductive Health, Family Planning, Menstrual Hygiene Management, innovation, entrepreneurship, peace and security. Partnership with youth-led associations helps to make young people's voices be heard; increases their participation and nurtures their leadership, which is becoming a lever of the social transformation we witness.

END PREVENTABLE MATERNAL DEATH





4. GENDER-BASED VIOLENCE



5. DEMOGRAPHIC DATA FOR DEVELOPMENT





Strengthening response mechanisms



24 Safe Spaces were equipped to provide support services to GBV survivors; 28,016 women and girls were given access to information, income-generating activities, and other basic services



26,824 GBV survivors of which 944 in hard-to-reach areas, received holistic care, including psychosocial services, medical care, referral to legal services, security and economic integration



7,382 GBV service providers and identified communities members were sensitized and were given copies of the referral pathway in different regions



The Bodyright campaign was launched to fight against online violence and 20 GBV actors were trained as a follow-up measure.



Strengthening GBV prevention and risk reduction mechanisms



men-led platforms were established at regional levels to promote positive masculinity



members of the armed and security forces were trained to become trainers on prevention and protection against GBV and SEA in conflict zones



200 vulnerable women in the North West and South West received cash transfers and empowerment kits.



Advocacy and commitment to fight GBV and Harmful Practices



men-led platforms were established at regional levels to promote positive masculinity



women's organizations (Revis and ASBY) and one faith-based organization (CIDIMUC) received grants in support of their commitment to fighting GBV.



the National Strategy for the Fight against GBV in Cameroon and the National Action Plan against FGM have been validated



PREVENTION OF SEXUAL EXPLOITATION, ABUSE AND HARASSMENT (PSEAH)

The Country Office is strongly committed to implementing the organization's Zero Tolerance on sexual exploitation, abuse and, harassment policy. Key achievements in 2022 are:

- → The co-direction of the PSEAH network in Cameroon
- → Contribution to the elaboration of three strategic documents: (i) Guidelines for PSEA network, (ii) Action plan 2022 and (iii) PSEA strategy 2022–2026 which is aligned to the UNSDCF
- $\rightarrow \quad \text{Training of 70 members of the PSEAH network and GBV case managers}$
- Online training on PSEAH for 86 staff from 22 implementing partners of the program.



AN ADVOCACY FILM AGAINST GENDER-BASED VIOLENCE

UNFPA engaged in a strategic partnership with JanusImages communication agency to produce and disseminate the movie, titled "ALERT!". The movie reinforces advocacy on the fight against domestic violence and sexual harassment in the workplace, two widespread ills in Cameroon and West and Central Africa as a whole.

World-class athletes, such as Yannick Noah (ex-tennis champion), Hassan Ndam (ex-boxing champion), and Aurélien Chedjou (ex-football champion) joined forces in the film alongside the director Zack Orji seconded by Léonie Bwemba. The first movie premiere took place in Yaounde and Douala in December 2022. Several members of the government, United Nations staff members, other technical and financial partners; prominent members of the private sector and civil society were also in attendance.





With the support of UNFPA in advocacy and resource mobilization, Cameroon's technical and financial partners, including the World Bank and the EU, committed to contributing to the funding of the remaining activities of the 4th GCPH (Mapping update, pilot census, enumeration areas, etc.).



The World Bank supported MINEPAT's Strengthening Public Sector Effectiveness and Statistical Capacity Project (PEPS) and UNFPA funded the revision of the census cartography, the pilot census, as well as counting equipment.



trained national experts were trained in areas such as: spatial analysis of census (i) The spatial analysis of GCPH data, (ii) The use and dissemination of census data, (iii) Demographic estimation methods using geospatial techniques, (iv) The programming of the Demographic Dividend



policy briefs/thematic reports were produced from DHS, V-2018 data: on maternal mortality, women empowerment, family planning and gender-based violence.



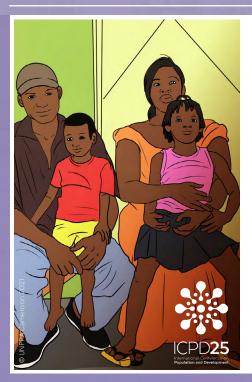
High-resolution population estimates care carried out at the divisional level.



The 5th survey on the availability of contraceptive and maternal health essential commodities in Cameroon (Facility Survey 2022) was issued.



A strategic plan monitoring the implementation of Cameroon's commitment to implementing the ICPD Program of Action during the Nairobi Summit, ICPD@25 was elaborated.



FOLLOW-UP OF THE NAIROBI SUMMIT RECOMMENDATIONS ON ICPD+25

As a follow-up of the recommendations and commitments of the Nairobi Summit on the ICPD@25, UNFPA Country Office supported the Ministry of Economy, Planning and Regional Development (MINEPAT) to develop a National follow-up plan comprising nine main points, namely:

(i) Resource mobilization to implement Universal Health Coverage. (ii) Adolescents and youth access to education. (iii) TFight against GBV and harmful practices. (iv) Funding of the ICPD Program of Action. (v) The demographic dividend. (vi) Demography and peace. (vii) Data and Evidence. (viii) Youth participation in decision-making, (ix) Humanitarian Action.

With this regard, the following monitoring tools were put in place:

- A progress report on the implementation of the commitments has been drawn up
- A multisectoral progress assessment team was established and held two sessions
- A review to elaborate on the country report on the ICPD@30 was launched.

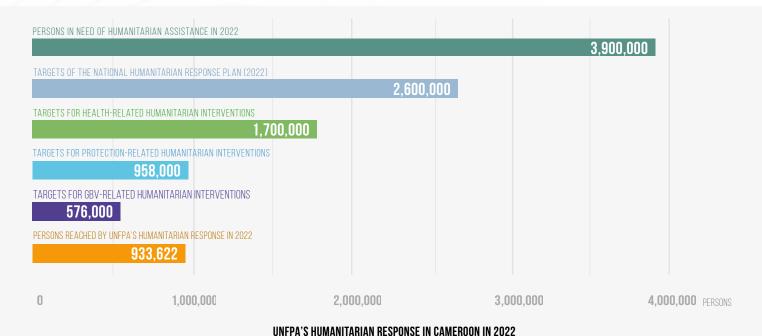


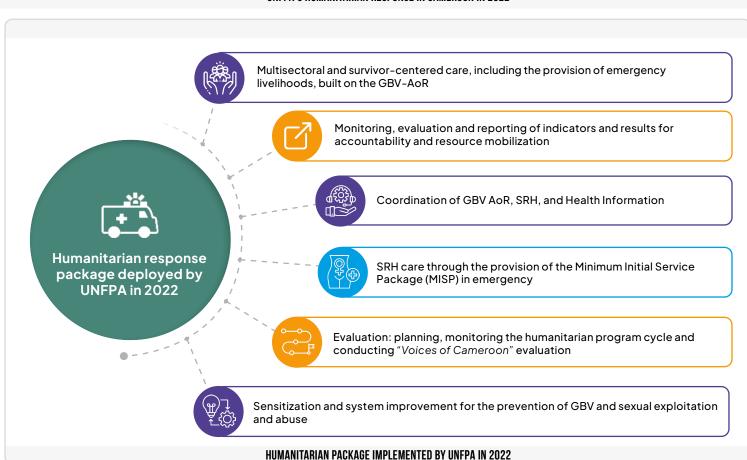
3. HUMANITARIAN ACTION

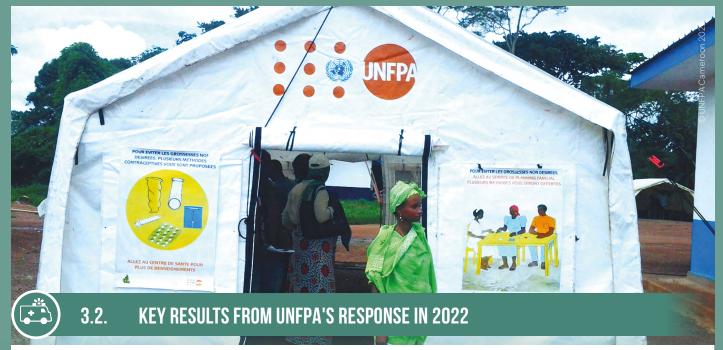
3.1. HUMANITARIAN NEEDS

In 2022, Cameroon registered 3.9 million persons in need of humanitarian assistance. The nation's humanitarian response plan targeted 2.6 million, including 576,000 GBV survivors; as well as internally displaced; returnees; refugees and host communities, etc.

As part of its contribution to the human response, UNFPA provided humanitarian assistance to 933,622 persons. They benefited from integrated sexual and reproductive health services in response to the violence suffered in the regions in crisis (the Far North, the North West and the South West) as well as in the neighboring and host regions of displaced persons (the East, the West and the Littoral).









Operational and inter-organizational capacity strengthening for humanitarian response preparedness and coordination



03 new senior staff were deployed both at central and regional (North-West and South-West) levels to strengthen the coordination and follow-up capacity of humanitarian actions



02 Task forces for resource mobilization and reporting



01 humanitarian report and

03 SITREP issued



03 Task forces on the sexual reproductive health in emergency put in place



58 UNFPA staff members trained in SSAFE



13 Minimum **Preparedness** Actions (MPA) in emergencies achieved



1,1 million USD mobilized from UNFPA's Emergency Fund (EF), the Central Emergency Response Fund (CERF), and the USAID's Bureau for Humanitarian Assistance (BHA)



In collaboration with the global steering committee (UNFPA and UNHCR), 26 GBVIMS focal points and 13 organizations were trained



Upgrading of the comprehensive and well-coordinated service packages through the MISP in emergency



03 health facilities were supplied with essential Inter-Agency Emergency Reproductive Health Kits (IARH)



4,093 sensitization and RH and FP community-based distribution sessions were organized



24 integrated Safe Spaces supported to provide lifesaving care to GBV survivors



17,765 women and girls benefited from dignity kits



933,622 people benefited from integrated SRH and **GBV** services



967 clinical GBV service providers and psychosocial support trained



20 midwives were recruited and deployed in health centers



284,654 people sensitized in the intervention zones



06 integrated mobile clinics campaigns were carried



509 people benefited from cash transfers in support of their income-generating activities

16 **HUMANITARIAN ACTION**

4. BEST PRACTICES



4.1.MICRO-TAKAFUL:FUNDING ACCESS TO MATERNAL HEALTH SERVICES

THROUGH SOCIAL MOBILIZATION AND SOLIDARITY

Micro-Takaful, which originates from the Arabic language, is a mutual aid fund with insurance covering the purchase of health vouchers. These vouchers give pregnant women access to healthcare at an affordable cost. Micro-Takaful covers the cost of prenatal consultations, postnatal consultations, ultrasound, complications related to pregnancy and childbirth, Caesarean sections and minor surgery for the newborn and mother up to 42 days after delivery.

The initiative was implemented by the Ministry of Public Health with financial support from the Islamic Development Bank (IsDB) in 11 health districts in the Adamaoua, North and Far North Regions.

Micro-Takaful enabled 6,000 pregnant women grouped by UNFPA in self-help associations to have access to reproductive health services with greater peace of mind. Among them, 300 were supported to create incomegenerating activities, which further strengthened their empowerment.

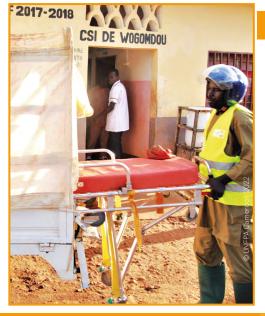
4.2. "MATERNITY WAITING HOMES"

"Maternity waiting homes" are accommodations set up within faith-based health facilities to welcome almost full-term pregnant women. They ensure these women's safe childbirth in the context of UNFPA's humanitarian response.

Maternity Waiting Homes are safe and equipped with bedding, kitchen utensils, television set and basic amenities. Five such homes were created in Banso and Mbingo (North-West Region) and Mutenguene, Kumba and Mamfe (South-West Region). Pregnant women can be accompanied by a caretaker. They can receive financial assistance to support their daily meal. They can stay there until postpartum follow-up before returning to their homes. UNFPA and its partners welcomed 147 pregnant women in these homes in 2022. All gave birth and safely went back home.

The organization intends to integrate this practice into its service package for the humanitarian response in Cameroon.





4.3. THE MOTORCYCLE AMBULANCE STRATEGY IN MATERNAL HEALTH

The motorcycle ambulance strategy consists of equipping hard-to-reach health areas with appropriate means of transport, namely tricycle ambulances, to ensure rapid and safe evacuation of pregnant women from home to health facilities in case of emergency.

Run by a management committee established at the community level, this mechanism makes it possible to reduce the risk of the late arrival of pregnant women to health facilities, which is one of the causes of maternal mortality in Cameroon.

Motorcycle ambulances can provide referral and counter-referral services between pregnant women's homes and health facilities, throughout the health pyramid, from the lower (integrated health centers and District health center) and the highest quality driven health facility (district hospitals and regional hospitals, etc.). These motorcycle ambulances are essential linkages for the well-functioning of the newly established Emergency Obstetrics and Newborn Care (EmONC) networks.

5. PARTNERSHIPS AND RESOURCE MOBILIZATION

5.1. UNITED NATIONS -UNFPA: "DELIEVERING AS ONE"



The United Nations Country Team (UNCT) in Cameroon is united around the principle of "Delivering as One". Under the leadership of the Resident Coordinator, the team drives the UN support for the achievement of national priorities contained in the United Nations Sustainable Development Cooperation Framework (UNSDCF) running from 2022–2026. UNFPA is aligned with the United Nations and actively participates in the activities of the country team (UNCT), in accordance with both the United Nations Management and Accountability Framework and the Leadership Framework adopted at the annual country team retreat in 2021.

In 2022, UNFPA's commitment resulted in its participation in various thematic groups and co-chairmanship with the MINPROFF of Group results 2.2, relating to gender inequalities reduction. UNFPA also participates in working groups such as SDG, Gender, HIV/AIDS, Migration, Youth, Human Rights Human, Location, Communication, GBV, M&E and Disability. The United Nations Sexual and Reproductive Health Agency signed numerous partnership agreements with other UN agencies, in particular, within the framework of joint projects such as PBF (UNWOMEN, UNDP, UNFPA) and UNPRPD (UNESCO, OHCHR, UNFPA). This helped in positioning the ICPD Agenda as well as the UNFPA strategic plan to achieve the Three Transformative Results.

UNFPA brings its unique comparative advantage in the areas of social cohesion, peacebuilding and community resilience through the empowerment of women and youth. An active member of the United Nations Management Team, UNFPA is also part of the Security Management Team (SMT) and the Humanitarian Country Team. The Agency leads the administration working group within the United Nations World Tourism Organization (UNWTO). Elected co-president of PMT and designated among the three BOS Champions of Cameroon, UNFPA has developed a tool for collecting data used by the UN System.

5.2. PARTNERSHIPS

The strategic partnership is an accelerator for the 8th CPC. UNFPA has put in place a partnership and mobilization strategy to raise funds from governments, the private sector, technical and financial partners, civil society organizations, philanthropic foundations, etc.; with a view to achieving the transition from "funding to financing". These partnerships also help UNFPA to nurture its expertise when carrying out its interventions on the ground..

STRATEGIC PARTENERSHIPS



GOVERNMENT:

















OTHER PARTNERS :















































































UNITED NATIONS SYSTEM































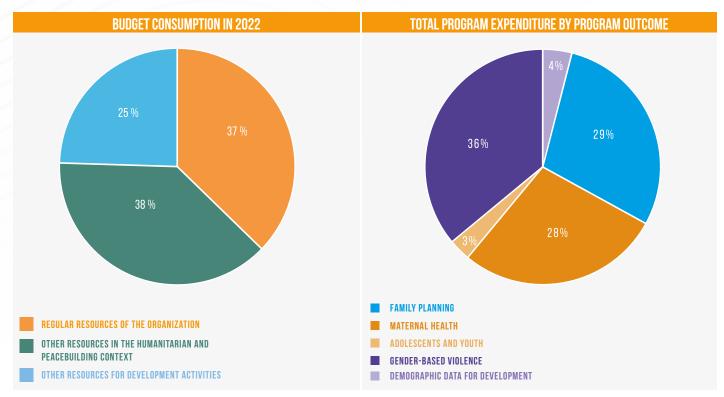




CPD8 provides for a budget of 60 million USD, including 19 million USD in regular resources and million USD to be mobilized over the 2022–2026 period. The amount to be mobilized in 2022 was 7.6 million USD. The Country Office was able to mobilize USD 8,661,049 in co-financing. Majority of new funding received in 2022 came from humanitarian donors.

5.3. FINANCIAL BALANCE SHEET

The financial balance sheet, out of a total of USD 10,383,021 \$ is as follows:



6. CONCLUSION

The year 2022 marked the beginning of the 8th CPC's implementation. Activities effectively began after the CPD was approved by the Board of Directors in February 2022. Nevertheless, important milestones and results have been achieved. The program achieved a technical execution rate of 86% and a budget execution rate of 78%, equivalent to USD 10,383,021 \$.

Several "Best Practices" have been adopted; strategic partnership and resource mobilization initiatives have been undertaken; a plan for acceleration and capacity building at all levels has been developed.

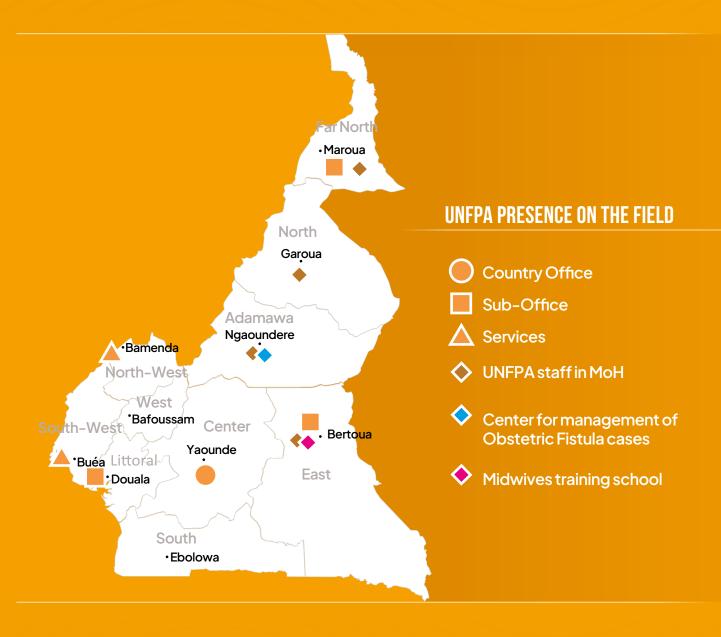
All this will significantly improve the program's performance in 2023 and beyond.







DELIVER A WORLD WHERE :
EVERY PREGNANCY IS WANTED,
EVERY CHILDBIRTH IS SAFE AND
EVERY YOUNG PERSON'S POTENTIAL IS
FULFILLED.







United Nations Population Fund







cameroon.unfpa.org



