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WHO WE ARE

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
## 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\(^4\)

### 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 patients' emergency logistic and transport solutions to health facilities
- Provision of sexual and reproductive health kits in case of emergency
- Setting up sexual reproductive health monitoring system
- Campaign for free surgical treatment 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 surgery

### Data

- **2018**: **40%** decrease in maternal mortality ratio\(^5\)
- **Actual ratio**: 467 maternal deaths per 100,000 live births

### 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 sexual and reproductive health 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 to administer modern contraceptive methods
- 6,420 health facilities supplied with reproductive health and contraceptive commodities

SOURCES

1- Multiple Indicator cluster Survey (MICS) 2014
2- Demographic and Health Survey (DHS) 2011
3- Multiple Indicator cluster Survey (MICS) 2014
### 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 in dispatching essential services kits in case of emergency to community based partner organizations
- Provision of essential services kits for women and girls in case of emergency to community based partner organizations
- Enhanced GBV advocacy, information campaign through Medias, community, religious and youth leaders

### Achievements
- 7,406 GBV survivors benefited from psychosocial support and reference to GBV’s specialized services providers
- 14 safe spaces established to provide GBV services
- 04 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
- 821 persons (280 women, 275 girls, 163 men and 103 boys) received Psychological First Aid
- 972 persons with disabilities supported with various GBV/SRH services.

### Chart 1: Number of safe spaces established to provide GBV Services

<table>
<thead>
<tr>
<th>Gender</th>
<th>Baseline 2010</th>
<th>Target in 2019</th>
<th>Achievement in 2019</th>
</tr>
</thead>
<tbody>
<tr>
<td>Women</td>
<td>15</td>
<td>14</td>
<td></td>
</tr>
</tbody>
</table>

### Chart 2: Number of girls at risk of or affected by child marriage who received prevention and/or protection services and care

<table>
<thead>
<tr>
<th>Gender</th>
<th>Baseline 2010</th>
<th>Target in 2019</th>
<th>Achievement in 2019</th>
</tr>
</thead>
<tbody>
<tr>
<td>Girls</td>
<td>200</td>
<td>280</td>
<td></td>
</tr>
</tbody>
</table>

### 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

**How we do it**

- Enhanced advocacy and capacity-building for integration of youth issues including comprehensive sexual education and demographic dividend into national policies
- Establishment and promotion of youth friendly spaces and youth sexual and reproductive health facilities
- Empowerment of youth and youth organizations as drivers of development
- Capacity-building of youth organizations for dialogue, conflict resolution and resilience

**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 on child marriage.
- **382** volunteering adolescents and youth trained on strengthening the fight against child marriage.
- **143** youth trained in conflict resolution, community dialogue and mediation.
- **300** adolescents and youth (160 girls and 140 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 are factored into Humanitarian response including border areas and communities of displacement.
- Delivery of sexual and reproductive health emergency services and kits.
- Provision of technical assistance, capacity building and training to services providers and other community based organizations offering direct assistance to survivors.
- Coordination of GBV information management system (GBV/IMS).
- Provision of psychosocial and mental health assistance to survivors.

**Achievements**

- **30** reproductive health kits (Block 1 and 2) positioned in health facilities to meet RH needs of **260,000** persons.
- **3,000** mama kits distributed to visibly pregnant women.
- **01** video tutorial on the use SRH kits in humanitarian settings produced and dispatched.
- **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 reached with cultural friendly dignity kits.
- **2,000** economic recovery kits distributed to women and girls.
- **257** cholera kits distributed.
- **19,660** pieces of condoms distributed.
- **250** internally displaced elderly persons received assistance in basic necessities.

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**Sources**

1. OCHA, Cameroon Humanitarian Response Plan 2019

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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 produced.
- 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.
- The 4th General Census of Population and Housing in progress
- 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.
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 Health, 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:
   - Repair surgery
   - Psychosocial assistance
   - Socio-economic reintegration

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Government – NGOs – Civil society – Communities

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Central Emergency Response Fund (CERF)
Chantal Biya Foundation
European Union
French Embassy
Fondation ORANGE
Global Fund for AIDS, Tuberculosis and Malaria
Government of Japan
Islamic Development Bank
MTN Foundation
UN PeaceBuilding Fund
USAID
World Bank
World Food Program