

<b>UNFPA Management Response</b>	<b>Country Programme Evaluation (2008-2012): Cameroon</b>
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*Note: The following management response lists the recommendations as they appear in the Evaluation Report. Please refer to the report for further details on each recommendation. Recommendations are organized by clusters: strategic recommendations, recommendations associated to the programme and recommendations related to the M&E system. Within each cluster, recommendations are ranked by priority levels (from 1 to 3).*

Instructions for completing the management response:

1. Boxes in white to be completed upon receiving the present request
2. Boxes in grey to be completed one year after.

<b>Cluster 1: Strategic Recommendations</b>		
<b>Recommendation # 1</b>	<b>To Country Office</b>	<b>Priority Level 1</b>
<p><b>Create conditions for sustainable effects: elaborate and integrate an exit strategy at both programming and implementation levels and develop a Capacity Development Strategy for the entire programming cycle.</b></p> <p>In consultation with its partners, UNFPA should include an exit strategy both in the CPAP and in AWP to create conditions for sustainability of benefits and limit the substitution effect (stepping in for the government in a number of areas creates dependency). This is particularly true for technical assistance (TA) provided through national experts. The CO should integrate from the outset issues such as: how long are they supposed to stay? what are their precise objectives? etc.. Activity plans for TAs and notably a clearer understanding of their terms of reference and timeframe for action will help them perform their duties and avoid substitution effects.</p> <p>Associating exit strategies with the drawing of lessons from the implementation of the programme would also help better design the next country programme (and CPAP) and avoid the rather confusing strategic framework currently attached to the fifth programme.</p> <p>In addition, measures should be put in place to develop the capacities of strategic partners or to share knowledge (such as: delivering trainings, workshops, providing long and short-term technical assistance, positioning national and/or international expert) within an overall Capacity Development Strategy for a five year time period. The Capacity Development Strategy should complement the CPAP in view of obtaining long-lasting effects.</p>		
<p><b>Management Response -</b> Please provide your response to the above recommendation. Where recommendations (or parts of) are not accepted, please provide detailed justification. Where accepted, please indicate key actions for implementation.</p> <p><b>We fully agree. The current “confusing strategic framework” had been developed under previous management at the beginning of the CP cycle (2008). It should be noted that the CO shifted its TA approach since the beginning of 2009 at four levels: 1. Moving from 7 teams of regional reproductive health coordinators (national experts) with vague supervisory roles and oversight functions to a structure with 2 UNFPA sub-offices staffed with fixed –term staff – supported by technical experts. 2. The national experts provide technical expertise on an added value and integrated fashion. Their TA / expertise is complementing the work of the sub-offices in youth mobilization and gender and hence limited to the duration of the country programme. 3. To avoid the danger of substitution, our national experts’ roles and responsibilities are clearly defined in a way that they are directly providing demand-based expertise in the field – in support of all our strategic aspects of implementation: capacity building, strengthening M&amp;E and management and coordination of decentralized actors. 4. Six experts (3 M&amp;E and 3 admin and finance assistants) provide support to the government IPs in facilitating NEX. The CO will need help and guidance from both the PD / TD and ARO on developing a capacity development strategy – geared specifically at UNFPA’s programme niches. A first step has been undertaken with a study carried out last year by a student from Cornell U on capacity building in maternal mortality reduction. It should be noted that UNFPA has been insisting that the current UNDAF will encompass a MDG focused national capacity development strategy and hence the new CPD will be aligned with the latter. Finally, UNFPA’s coordinating role and convener of the H4+ Joint Programme on maternal Health will help to sharpen the focus of an capacity building and exit strategy in maternal health. Lastly, UNFPA is expecting that the Government of Cameroon will provide clear guidance on the type and profile</b></p>		

of the needed technical assistance for the next programme cycle.				
Key action(s)	Deadline	Responsible unit(s)	Annual implementation status updates	
			Status (on going or completed)	Comments
Align new CPD capacity development strategy with UNDAF strategy.	March 2012	CO Rep., PD		
Share concept paper on National capacity and sustainability with PD and integrate into new CPD.	March 2012			

Recommendation #2	To ARO/Country Office	Priority level 1		
<p><b>UNFPA should reinforce its institutionalization at country level, thus lessening its dependency on individual staff members.</b></p> <p>The effective functioning of a country office should not be dependent on the personal commitment and approach of its management, in particular the representative. Whereas this evaluation team agrees that staff personalities necessarily affect a programme, fundamental aspects such as the relationship with the counterparts in the construction of programmes should be much more defined by the institution itself. Less dependent on individual staff members or management styles, the organization could better ensure continuity of approaches in time of staff (representative and/or senior staff) turnover.</p> <p><b>The African Regional Office (ARO) should</b> support and create conditions to strengthen the CO institutional capacity. Possible actions to be considered are:</p> <p>(1) recruitment of a deputy representative and</p> <p>(2) attention to ensuring an adequate mix of expertise, both national and international, at the level of the technical staff.</p> <p><b>The CO should:</b></p> <p>(1) build-in and institutionalise a consistent strategy vis-a-vis the main partners and</p> <p>(2) maintain a coherent line of implementation within UNFPA mandate and approved country programme.</p> <p><b>Management Response</b> - Please <i>provide your response to the above recommendation. Where recommendations (or parts of) are not accepted, please provide detailed justification. Where accepted, please indicate key actions for implementation:</i></p> <p><b>CO - Concrete first suggestive steps from the CO to the ARO can be as follows: 1. Ensure hand-over / knowledge transfer notes are effectively done and transmitted by the outgoing CO management. 2. Ensure overlapping period among international staff with detail assignments and missions. 3. Allow in-depth induction and orientation mission to CO for new incumbents. The CO commits to review and improve its filing and documentation system before the end of the year. It should be noted that the internal / institutional aspects of our communication strategy and tools will inter-alia facilitate better institutionalization. The CO is requesting stronger guidance and advice from ARO and DHR on defining the CO typology and structure for the next program cycle. It is expected that the portfolio of UNFPA in Cameroon will significantly grow over the next years. Hence the suggestion to include a Deputy Representative post into the next biennium of the BSB/ institutional budget is fully justified.</b></p> <p><b>ARO: ARO will continue to support the CO's capacity strengthening needs in line with approved CO typology, and in line with the UNFPA corporate Programme and HR policies and guidelines.</b></p>				
Key action(s)	Deadline	Responsible unit(s)	Annual implementation status updates	
			Status (on going or completed)	Comments

Recommendation #3	To Country Office	Priority level 2
<p><b>Incorporate the decentralization process to the support strategy of UNFPA in Cameroon</b></p> <ol style="list-style-type: none"> <li>1. Direct role of UNFPA in decentralization.</li> <li>2. UNFPA could start with some initial interventions in those strategies considered to provide the highest added value. Possible actions to be considered are: <ol style="list-style-type: none"> <li>i. Concentration on the identification of needs in order to lobby for the support of other donors and raise awareness about the importance of decentralization, its governance implications and public service improvement implications;</li> <li>ii. Provision of capacity development to councils;</li> <li>iii. Courses on local demography, integration of local data in local planning and local policy design;</li> <li>iv. Ensure that Census information is channeled in a usable way to municipal levels, that key actors at the decentralized level are informed beforehand about types of data should be available and its utilisation etc.</li> </ol> </li> <li>3. UNFPA should aim at promoting reflection in INS about its role in the decentralization process.</li> <li>4. UNFPA should take into account the decentralization process and decentralized levels when distributing and accompanying the implementation of the methodological guide for integration of P&amp;D issues.</li> </ol>		
<p><b>Management Response</b> - Please provide your response to the above recommendation. Where recommendations (or parts of) are not accepted, please provide detailed justification. Where accepted, please indicate key actions for implementation:</p>		
<p><b>Ad 1) The P&amp;D section of the 5<sup>th</sup> CPD (2008-2012) is proof of the fact that the CO has long recognized the need to strengthen both national and sub-national capacity to engage in evidence-based planning, programming and M&amp;E with regard to SRH, Gender and P&amp;D issues.</b></p>		
<p><b>Ad 2&amp;4) Until 2012, much of the CO-efforts focused on putting in place national references with regard to ‘integration of SRH, gender and P&amp;D issues in development policies/strategies’ and on strengthening capacity of actors at the central level through trainings. These efforts have proven successful. Building on that foundation, CO efforts in 2012 will focus on putting in place sub-national references (ie: a guidance note for decentralized planning) and strengthening capacity of actors at the decentralized level. During these trainings, the relevance and value of a population census in general and the available data from the last census (incl. The 13 thematic publications that have already been made available to actors at the decentralized level) will receive a lot of attention so that trainees will actively seek to use the available data on SRH/gender/P&amp;D and other census related issues when they engage in the development, implementation and M&amp;E of local development plans.</b></p>		
<p><b>Ad 3) Within the context of the above mentioned guidance and training on integration of SRH/Gender/P&amp;D issues in local development frameworks, the availability of data (ie: an evidence base) is crucial. With support from the CO, the INS<sup>1</sup> and BUCREP<sup>2</sup> will be strengthening capacity of regional and district level actors (eg: Regional Health authorities, District Dialogue Platforms on Health<sup>3</sup>, etc. in the areas of:</b></p>		
<p><b>a) Data collection</b></p> <ul style="list-style-type: none"> <li>- A national workshop will be organized to review the existing tools for routine data collection on SRH/Gender/P&amp;D, update/validate these tools to ensure that the key indicators are included and redefine responsibilities with regard to data generation, analysis and reporting.</li> <li>- Regional and district level actors will receive hands on support from the INS and BUCREP when it comes to the disseminating the updated data collection tools and compiling the routine data they will generate.</li> </ul> <p><b>b) Data analysis and documentation</b></p> <ul style="list-style-type: none"> <li>- The INS, BUCREP and MINEPAT/DADM<sup>4</sup> will provide regional and district level actors with hands-on support/assistance to analyse the SRH/Gender/P&amp;D data at the decentralized level and use it to produce a</li> </ul>		

<sup>1</sup> National Statistical Institute

<sup>2</sup> National Population Census Bureau

<sup>3</sup> COSADI

<sup>4</sup> Division for Demographic and Migratory Analasys of the Ministry of Planning

<b>socio-demographic and health profiles for all of UNFPAs intervention districts. The availability of these data and reports is meant to facilitate evidence-based planning, programming and M&amp;E with regard to SRH/Gender/P&amp;D issues at the decentralized level).</b>				
<b>Key action(s)</b>	<b>Deadline</b>	<b>Responsible unit(s)</b>	<b>Annual implementation status updates</b>	
			<b>Status (on going or completed)</b>	<b>Comments</b>
Develop a Guidance Note on the integration of SRH, Gender and P&D (incl. Youth) issues in local development plans	July 2012			
Train 120 actors at the decentralized level on integration of SRH, Gender and P&D (incl. Youth) issues in local development plans	December 2012			
Existing district Level data-bases on key SRH, Gender and P&D indicators will be reinforced and systematically fed in UNFPA's intervention zones.	December 2012	CO-Cameroon		
Socio-Demographic and Health Profiles will be developed for each of UNFPA's intervention districts.	December 2012	CO-Cameroon		

<b>Cluster 2: Recommendations Associated to the Programme</b>		
<b>Recommendations related to Reproductive Health:</b>		
<b>Recommendation # 4</b>	<b>To Country Office</b>	<b>Priority level 1</b>
<p><b>Integrate the development of an effective response to Sexual Reproductive Health challenges into the development of the general healthcare system.</b></p> <p>Verticality may be counterproductive from a general healthcare system point of view. While vertical programs do respond to specific public health issues/diseases, these issues become more complex and intertwined (see for example HIV with TB or SRH with HIV). Therefore, they require more coordinated and integrated responses. UNFPA should learn from the experience accumulated in both vertical and general approaches, particularly as it now has specialists in both a vertical and horizontal approach to tackling reproductive health issues. It can do so through the H4+ group, for example, and through sector-wide approaches; e.g.; through the creation of a SWAP in Cameroon. The next country programme should take integration and cross-fertilization into account as foreseen in the CARMMA (third axis: « interventions sur le système de santé » or actions on the healthcare system) and SRH could play a catalytic role, while UNFPA has the capacity to play a leading role (as shown throughout the implementation of the fifth country programme).</p> <p>Integrating, as much as possible, activities targeting the development of the healthcare system's response to needs in SHR into those aiming at developing the general healthcare system's functionalities should become a priority of the next UNFPA programming cycle. For example, the production, communication and use of reliable reproductive health data should be inscribed into the development of the global health management and information system (HMIS) instead of being developed in parallel. In particular, the elaboration of SRH and FP indicators and data collection should be used to develop the whole system (not just SRH/FP monitoring) and indicators covering that area could serve as pilots for a better, more functional system.</p>		

This recommendation (using SRH/FP to build up the healthcare system) also applies, to the building of a referral / counter-referral system, which is an essential part of SRH interventions and is currently very weak.

**Management Response** - Please provide your response to the above recommendation. Where recommendations (or parts of) are not accepted, please provide detailed justification. Where accepted, please indicate key actions for implementation:

We agree with the principle that a health systems approach, rather than a project-based approach, is the best way to strengthen access to a package of essential health services (incl. SRH services) in a sustainable and equitable manner. In fact, much of what the CO is doing today to strengthen access to SRH-services is directed towards strengthening the development, implementation and M&E of national processes, policies, strategies and plans (eg: supporting both the development of an institutional framework for the training and employment of midwives as well supporting the establishment of functional midwifery schools). Also, the CO has been very active in fostering coordination in the context of CARMMA among stakeholders by supporting the development of a national strategy, spearheading the development of a H4+ joint programme and financing the participatory development of a CARMMA action-framework for a much wider group of stakeholders. To date, this groundwork represents the best potential at country level for collaboration on the basis of the principles of a SWAp (although it is understood that CARMMA focuses on MNH only). In fact, the CO is currently supporting the MoH in the development of a ToR to pilot that approach in Cameroon.

However, the CO recognizes that its interventions are at times less embedded in national processes than would be desirable. Especially in the area of RH-commodity security and in the area of M&E, the interventions supported by the CO function to some extent in parallel to the national systems in place. The enormity of the governance-related challenges that both these intervention areas present at the moment make it:

- a) Very challenging for development partners to engage in strengthening the related national systems in a meaningful way (the political and financial interest surrounding the logistical management system and the M&E system do not favour constructive donor engagement)
- b) Excessively risky to rely on the national systems in place (fully relying on the national logistical management system for the distribution of CO-financed commodities would lead to unacceptable accountability breaches – fully relying on the national M&E system would result in rather empty SRH data-bases).

In light of the above constraints the CO has opted for partially aligned approaches, ie:

- a) Where contraceptive security is concerned, the CO is circumventing the highly politicized and little transparent National Centre for Procurement and Distribution of Essential Medical Products that has no interest in procuring contraceptives itself (in spite of its mandate to ensure the availability of essential medical products incl. Contraceptives). In light of the lack of national leadership/ownership in this area, the CO has become accustomed to:
  - Financing a national workshop to assess the need for contraceptives
  - Procuring contraceptives via the UN-supply-centre in Copenhagen on the basis of the identified needs
  - Direct delivery of these contraceptives to the more responsive small scale decentralized procurement and distribution centres in each of Cameroon's 10 regions.

Although strengthening the commodity security system at the national levels seems to be beyond the capacity of UNFPA, the CO is planning to reinforcement at the decentralized level. In fact, in 2012, the CO – in consultation with the MoH, USAID and GIZ - seeks to train local health authorities and regional pharmaceutical procurement/distribution centres on logistical management issues that are proving challenging, while USAID will attempt to do the same at the centralized level.

Please note that the CO is still looking to finance this activity, as well as the procurement of contraceptives that none of the other partners, nor the government has planned for in 2012 yet. Also,

UNFPA has commissioned an evaluation of the logistical management system in place for contraceptives with a view to contribute to evidence-based policy development in the area of contraceptive security.

- b) Where M&E of routine SRH-indicators at facility level is concerned, the MoH does is not succeeding in developing a standardized format that facility staff can use. Within the MoH there's 1 department attempting to establish a system for integrated data-collection (with little to no support from other departments) and 1 department that has unilaterally developed a vertical data collection tool in 2011 that has not reached most of the health facilities yet. It is proving difficult for the MoH to present clear guidance/leadership in this area and many donor efforts to strengthen available systems in the past have failed and lead to great losses in term of financial investment. The establishment of M&E systems is an issue fraught with political and financial interest in Cameroon. In order to monitor SRH-indicators in its interventions zones, UNFPA is relying on:
  - Data that district health authorities provide on the basis of an existing and rather general district data collection tool

- An agency specific data collection tool that is fed by data collected by UNFPA staff and district health authorities

In 2012 UNFPA will continue to strengthen district level capacity to monitor integrated data collection on routine health indicators at facility/district level (see response Ad3 to Recommendation 3). In the longer term, the CO will need to devise a strategy with partners to help the MoH move forward on a standardized and integrated approach for collection of routine health data, including SRH data.

Key action(s)	Deadline	Responsible unit(s)	Annual implementation status updates	
			Status (on going or completed)	Comments
Support the functioning of a CARMMA coordination structure based on the principles of a SWAp	June 2012			Depending on acceptance by the Minister of Health of the ToR for 'technical thematic working group on mother and child health'
Strengthen Logistical management skills at the decentralized level	October 2012			Depending on the mobilization of adequate funding (\$22,089)
Commission an Assessment of the Logistic Management Chain for Contraceptives	June 2012			
Support the development of a strategic plan on contraceptive security	December 2012			Depending on the mobilization of adequate funding (\$22,378)
Finance a national workshop to assess the need for contraceptives in 2012	May 2012			<ul style="list-style-type: none"> <li>• In the wake CO advocacy efforts GIZ has expressed an initial interest in financing this activity.</li> <li>• If GIZ does not finance, the CO is seeking to mobilize \$10,447 to finance this activity</li> </ul>
Procure contraceptives in line with the needs expressed during the national workshop	June 2012			<ul style="list-style-type: none"> <li>• Depending on the mobilization of adequate funding (\$200,000)</li> </ul>
Devise a strategy with partners to help the MoH move forward on a standardized and integrated approach for collection of routine health data, including SRH data.	December 2012			<ul style="list-style-type: none"> <li>•</li> </ul>

Recommendation # 5	To Country Office	Priority level 1
<p><b>Create conditions for sustainable effects: help the healthcare system develop its facilitating supervision capacity.</b></p> <p>The development of facilitating supervision will need to be emphasized in the next programming cycle. This is needed to ensure that techniques taught are correctly implemented and trainees are provided with complementary practical information if needed. This does not immediately address the low quantity of cases dealt with, which is an issue when it</p>		

Recommendation # 5	To Country Office	Priority level 1
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comes to maintaining quality in medical practice, but it will contribute to maintaining a minimal level that will be critical, in the long run, to increasing that volume. At some point, however, the question of staffing, particularly in rural CSI and CMA, will also become an issue. Developing the use of facilitating supervision will also help moderate the effects of shortage of time and resources that can be dedicated to training. Supervision should be primarily conducted by ECDs (Equipes Cadre de District), and, occasionally, by regional and central staff.

**Management Response** - Please provide your response to the above recommendation. Where recommendations (or parts of) are not accepted, please provide detailed justification. Where accepted, please indicate key actions for implementation:

Previously, the national system for continuous training was primarily based on class room training (incl. some practical exposure in a health facility). During the course of 2011, the CO has supported the MoH in the elaboration of a more effective and decentralized training strategy that is built around the following pillars:

**1) Class-Room Training**

In waves, health staff from the region will receive a class room training (incl. some practical exposure in a health facility) in a regional hospital that has been equipped with a teaching centre for that purpose (by the CO).

**2) Clinical Tutoring/Coaching**

Some time after the initial 'class room training', the 'students' will be tutored/coached during a clinical training in a regional hospital (equipped and prepared as a centre of excellence with support from the CO) or another health centre that is able to provide an adequate caseload and quality tutoring/coaching.

**3) Facilitating Supervision**

Upon return to their habitual health centre the 'graduated students' will resume practice and benefit from periodic facilitating supervisions undertaken by a regional team of supervisors/trainers.

With a focus on EmOC/PMTCT - and funded by Debt-for-Health-Swap funds (provided to the CO by the government) and some core funding - the CO will be piloting this approach that is new to Cameroon in 4 of the country's 10 regions in 2012 and 2013.

UNFPA will use a similar approach to train health staff on Family Planning. To counter the problem of low case loads upon return of trained health staff at the PHC-level, UNFPA will mobilize communities around so called Family Planning Campaigns in which the population is invited to access FP-services free of charge for a certain period of time.

Key action(s)	Deadline	Responsible unit(s)	Annual implementation status updates	
			Status (on going or completed)	Comments
Train regional supervisory/training team on facilitating supervision	July 2012			
Provide trained health staff periodically with facilitating supervisory visits	July 2012			
Mobilize communities around Family Planning Campaigns during which FP-services are free of charge	October 2012			

Recommendation # 6	To Country Office	Priority level 2
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**Design a more continuous and organized strategy on Obstetrical Fistulae.**

As regards obstetrical fistulae, a more regular and comprehensive action needs to be designed and implemented. The prevalence of this extremely debilitating and punitive condition is not well known yet and a specific study might be needed in order to better analyze the magnitude of the problem in Cameroon. Thanks to better prevention, care and treatment, it is likely that the incidence of fistulae will go down. But there will still be a large number of women suffering from the condition and who will not be able to get appropriate care, notably because of the stigma, which prevents them from referring themselves, and because of the huge financial cost to them. UNPFA alone will probably not be able to address the problem in all its dimensions, but it can band partners together in order to obtain a significant impact.

**Management Response** - Please provide your response to the above recommendation. Where recommendations (or parts of) are not accepted, please provide detailed justification. Where accepted, please indicate key actions for implementation:

The CO commissioned a situation analysis with regard to Obstetric Fistula (OF) in 2004. An update is not considered a priority now. Instead, it is considered crucial to institutionalize the management of OF and move away from the periodic OF-campaigns that the CO used to organise periodically. That is why in 2012 the CO will support the government in establishing permanently available fistula-management-services in the regional hospitals of the 3 most affected regions. UNFPA will support these hospitals with equipment (ie: fistula kits), additional clinical training of staff (incl. Facilitating supervision by experts in fistula repair) and funds to finance the operation of 90 women at least. Simultaneously, the CO will attempt to mobilize additional resources among partners and among private sector actors.

Key action(s)	Deadline	Responsible unit(s)	Annual implementation status updates	
			Status (on going or completed)	Comments
Strengthening capacity in 3 regional hospitals so that they are in a position to deal with OF-cases on a permanent basis	December 2012			
Mobilize additional resources for OF among partners and private sector actors	December 2012			

Recommendation # 7	To Country Office	Priority level 2
<p><b>A comprehensive strategy addressing Female Genital Mutilation could offer excellent results and constitute a flagship action for UNFPA in Cameroon.</b></p> <p>A comprehensive strategy addressing Female Genital Mutilation can offer several advantages: not only would it yield invaluable individual benefits for those directly affected, but it would also offer the rare possibility of eradication (in specific areas) without an excessive demand on resources. Additionally, the high profile of the subject among human rights issues combined with the possibility of eradication would help UNFPA and MINPROFF obtaining great and tangible visibility.</p> <p>Some key aspects for a comprehensive strategy are:</p> <ul style="list-style-type: none"> <li>(i) Any strategy needs to be maintained during a mid-term period and needs to address both the supply and demand sides;</li> <li>(ii) Once a critical mass of persons in the community have changed their perception on the practice, eradication becomes increasingly easy, (the social pressure that once was a cultural barrier to eliminate the practice becomes pressure to abhor it);</li> <li>(iii) Although the programme in Yaoundé (Briquetterie neighbourhood) presents a number of difficulties (such as the heterogeneity of the community which is mirrored by the diversity of practices; the illegal status of many potential beneficiaries), it also offers great opportunities such as: higher needs of the potential beneficiaries (which facilitates entry points in the community; the easiness of monitoring and direct action; and the special visibility attached to an action that takes place in the capital;</li> <li>(iv) In Mamfé, there is an opportunity due to the existence and commitment of an already formed local committee (relying on key community leaders) and the work already performed (including identification of “exciseuses” in some communities) in 26 villages, which constitutes a solid basis in view of the establishment of a full-fledged programme.</li> </ul> <p>UNFPA can build on the valuable study of the situation of female genital mutilation in Cameroon that it has sponsored (2010) and support the operationalization of the 1998 strategy on FGMs. Similarly to what is proposed for the eradication of obstetrical fistulae, it should build a constituency of partners, public and private, including civil society organizations, around the government (MINPROFF, MINSANTE and others) in order to create a momentum towards the progressive eradication of these practices.</p>		

**Management Response** - Please provide your response to the above recommendation. Where recommendations (or parts of) are not accepted, please provide detailed justification. Where accepted, please indicate key actions for implementation:

The DHS 2004 indicates that about 1% of the female population has been subjected to FGM. This low overall prevalence conceals wide regional disparities: FGM is primarily practiced in certain areas of the south-west, the extreme north and the capital. During the course of the 5<sup>th</sup> CPD, the CO has worked with the Ministry of Women and made modest investments in community mobilisation against FGM in the South-West. The CO agrees with the evaluation that there is potential for eradication of FGM in Cameroun and will include the development and implementation of a comprehensive FGM-eradication strategy as a priority in its forthcoming 6<sup>th</sup> CPD (2013-2017).

Key action(s)	Deadline	Responsible unit(s)	Annual implementation status updates	
			Status (on going or completed)	Comments
Develop a comprehensive FGM-eradication strategy for the CO (2013-2017)	December 2012			
Implement the comprehensive FGM-eradication strategy for the CO (2013-2017)	December 2017			

<b>Recommendation # 8</b>	<b>To Country Office</b>	<b>Priority level 1</b>
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**Expand work to large urban centers –where a sizable proportion of the population does not have access to basic services – besides current focus on rural areas.**

With the share of the population living in the urban areas growing, it would be advisable to include them (at least some of their health districts) in the programming of the next Country Programme. Conditions in those districts are different from those of rural districts targeted by the current programme. Therefore, it would also seem fit to undertake first a specific analysis of the situation there in order to calibrate the type of response that should be put in place, in line with national policies and strategies. Because resources are limited, and should not be spread too thin, UNFPA should work with its partners in order to create and co-finance pilot projects that could be implemented among some of the least privileged populations of urban centres or peri-urban areas.

**Management Response** - Please provide your response to the above recommendation. Where recommendations (or parts of) are not accepted, please provide detailed justification. Where accepted, please indicate key actions for implementation:

The prevalence of poverty in Cameroon has stabilized around a rate of 40% of the total population since 2001. However, in urban zones, the prevalence of poverty has dramatically reduced to an average of 12% of the population. In contrast, the 4 most rural regions that were poorest in 2001 already (EN/N/Ad/Est)<sup>5</sup>, are the only regions in which the prevalence of poverty has increased and where now 50-66% of the population is considered poor. Not surprisingly, the FP and MNH-indicators in these regions are also systematically inferior to those the other 6 regions of Cameroon. That is why 3 of these regions are UNFPAs core intervention regions, and with locally mobilized funds UNFPA has managed to set up critical interventions in all 4 of these regions.

Moreover, the DHS clearly indicates that FP and MNH-indicators in urban areas are systematically superior to those in rural areas.

Considering the enormous needs in Cameroon and the limited means available to the CO in terms of funds and human resources, continuing to focus on the most marginalized and deprived rural areas prevents fragmentation and should be considered a solid strategic decision.

Key action(s)	Deadline	Responsible unit(s)	Annual implementation status updates	
			Status (on going or completed)	Comments

<sup>5</sup> DSCE

<b>Recommendation # 9</b>	<b>To Country Office</b>		<b>Priority level 2</b>	
<b>Documenting and ensuring continuity in sensitization and on behaviour change communication activities</b>				
<p>There is a need for more continuous action in the activities in behaviour change communication or sensitization (through “causeries” or community-based discussions, and through legal clinics). Only few sessions have been organized so far. Impact, through this type of intervention, can only be achieved in the long run given the hardship in change habits, behaviours, practices. Therefore, repetition, follow up, use of multiple channels (including the various types of media), advocating for a national conversation, is essential. The constituency of partners and stakeholders needs to be expanded and a true coordinating mechanism, under the helm of the government, has to be implemented and made functional. Implementing a more expansive behaviour change framework will also need: (i) the operationalization of the various national strategies and plans that have been designed in the recent past (including the Gender Policy that UNFPA has helped craft) and (ii) an effective M&amp;E system the absence of which constitutes a current major weakness in view of the successful implementation of those policies and strategies.</p>				
<p><b>Management Response</b> - Please provide your response to the above recommendation. Where recommendations (or parts of) are not accepted, please provide detailed justification. Where accepted, please indicate key actions for implementation:</p>				
<p><b>We agree with the recommendation and, to ensure more continuous in action in the activities in behaviour change communication, the CO will contractualize with local associations or groups to implement these activities through the years .They will have the obligation to provide periodic M&amp;E reports with selected indicators to monitor the impact of their activities on populations’ behaviour. Also, periodic (quarterly) survey will be conducted to assess the level of behaviour change.</b></p> <p><b>The capacity of local committees and community leaders (COSA, religious and traditional leaders...) will be strengthened so that they can coordinate behaviour change communication activities in their communities.</b></p> <p><b>A mix of interactive radio programmes, mobiles phones and social media will be used to create and maintain information sharing and conversation for behaviour change. This will be done through partnerships with community radio, development of an information sharing system using mobile phones and creation of a facebook account.</b></p> <p><b>Finally, good practices will be documented to capture behaviour change</b></p>				
<b>Key action(s)</b>	<b>Deadline</b>	<b>Responsible unit(s)</b>	<b>Annual implementation status updates</b>	
			<b>Status (on going or completed)</b>	<b>Comments</b>

<b>Recommendation # 10</b>	<b>To Country Office</b>		<b>Priority level 1</b>	
<b>Focus the support of UNFPA on sectoral ministries and policies</b>				
<p>After achieving significant progress with MINEPAT, sectoral policies should now be at the core of the strategy of the CO. This shall not mean abandoning MINEPAT -- a key actor in planning and a fundamental partner for UNFPA which should be supported in its important coordination role. However, the ambition to have real impact on the lives of the citizens calls for the direct engagement with sectoral decision-makers, in sectoral policies, and with concrete applications in sectoral planning.</p>				
<p>The CO needs to move the focus from the planning institutions to policy making ones and, when determining which sectoral ministry/policy should be supported, it should consider any ministry dealing with strategies affecting the socioeconomic situation of the country.</p>				
<p>In a framework of limited resources, prioritisation should be defined by the CO depending on perceived will to collaborate, capacity to implement and monitor or their relative strategic significance. In this respect, the evaluators</p>				

suggest the Ministry of Secondary Education of Cameroon (MINESEC) as a strategic priority since (i) its target population is the key segment of those aged between 12 and 18 years old and (ii) its staff has suitable capacity to achieve significant progress. It is important to note that any support strategy should go beyond isolated actions and include mid-term accompaniment.

**Management Response** - Please provide your response to the above recommendation. Where recommendations (or parts of) are not accepted, please provide detailed justification. Where accepted, please indicate key actions for implementation:

**We agree but have already included into our 2012 AWP the application of the methodology on integrating demographic variables in the Health Sector Strategy.**

Key action(s)	Deadline	Responsible unit(s)	Annual implementation status updates	
			Status (on going or completed)	Comments

Recommendation # 11	To Country Office	Priority level 2
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**Concentrate the support of UNFPA on the transformation of data into usable information for planning**

One of the main challenges in Cameroon is the ability to transform data into usable information for planning. The general commitment by UNFPA to avoid playing a substitution role to Government should not impede the identification of specific areas in which it can play a leading role in view of decisive initial push and prompt Government activity.

One of these areas is the production of high-quality studies offering in-depth analysis on strategic sectors. Such studies should illustrate different scenarios and their likely consequences, offer cost-benefit estimations and present the links between investments and possible outcomes in a way that allows decision makers to compare different policies in an evidence-based fashion. As long as this level of analysis remains beyond local capacity, bringing outside expertise would provide a concrete example of overcoming the challenge of converting data into real information in a strategic sector. Showing how a certain depth of analysis can offer tangible benefits in planning and outcomes could facilitate the government taking ownership of the idea once the benefits of efforts in this area are exposed. In this respect, this strategy should be considered as an opportunity to change a paradigm in Cameroon’s planning culture and constitute a breakthrough in the process of effective integration of P&D issues and hard data in the other sectors.

Critical factors that are required in this first study would be to ensure depth of analysis and its practical application for planning. Given the present under-utilization of data, almost any key sector in Cameroon is amenable to this approach (education, employment, agriculture or energy). The choice of sector should take into consideration obvious criteria such as the political will of the specific sectoral ministry, the capacity to follow up on the planning stage, the strategic relevance for the country and – taking into account the desired “demonstration effect” - the relative straightforwardness of the chosen study, hence demonstrating the feasibility of the approach for other sectors and studies.

Additionally, it is of fundamental importance to transform data into useable information for planning in terms of the link between demographic and economic growth: its long-term trend and how to channel the opportunities it offers (and how to minimize its risks). This analysis work would be essential to guide the Government work and also to provide a base of evidence for UN/UNFPA strategic decisions in the country. Another area of attention - as well as opportunity – for UNFPA is offered by the recently finished Census. Support and accompaniment in the task of interpreting the data and its incorporation into planning should be a core concern of the Government and UNFPA.

**Management Response** - Please provide your response to the above recommendation. Where recommendations (or parts of) are not accepted, please provide detailed justification. Where accepted, please indicate key actions for implementation:

<b>We are currently testing an approach and a workplan of data for development as described above (2012). UNFPA has managed to include this aspect into one of the UNDAF outcomes.</b>				
Key action(s)	Deadline	Responsible unit(s)	Annual implementation status updates	
			Status (on going or completed)	Comments

<b>Recommendation # 12</b>	<b>To Country Office</b>	<b>Priority level 2</b>
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**Capitalize on lessons learned for the next Census such as:**

- Start the process for the new Census as soon as possible.** Capitalize upon the momentum and anticipate those aspects that can already begin, e.g., preparatory tasks, engagement of funds, etc.
- Review the previous Census experience before starting a new one.** Learning from past experience seems logical, yet is not always done. It is suggested that the main actors gather to review the previous experience before starting the new Census cycle.
- Take advantage of the existence of BUCREP.** It is important to take advantage of the creation of a body that is specifically dedicated to the Census. It represents an opportunity for institutional learning and sustainability of capacity development related to the Census. Specifically, it is important to revise previous flaws related to the establishment of BUCREP and build upon its strengths.
- Perception of the Census quality is almost as important as its actual technical quality** and should be proactively addressed. In this respect, creating awareness on basic technical aspects among the citizens will require significant resources. Organizing a seminar with key journalists to explain and show basic technical aspects of the Census comes as less resource-intensive and necessary investment. The effect would not only be positive for the journalists themselves, allowing them to work more accurately and preventing unjustified criticism of the Census, but it would also have an indirect effect on the population at large (given the role of journalists to convey information to the public at large).

In the case of unexpected problems with potential damaging impact on public perception of the Census (e.g., delays in the release of information) the CO should make it a priority to inform the media (on reasons for delay and timeline) so that delays are not equated with lack of transparency and reliability.

**Management Response -** Please provide your response to the above recommendation. Where recommendations (or parts of) are not accepted, please provide detailed justification. Where accepted, please indicate key actions for implementation:

**Currently there is no mention of a 2015 Census in the 2013 – 2017 UNDAF. It remains a complicated and sensitive issue which the CO will try to bring to the attention of the Multi-partner Committee (former Comité multi-bailleurs) and which would warrant a multi-donor approach with the buy-in at the highest political level (first discussion held with the Permanent Secretary of the Prime Minister's Office).**

**Our 2012 AWP foresees the commissioning of a technical and financial external audit on the 2005 Census.**

Key action(s)	Deadline	Responsible unit(s)	Annual implementation status updates	
			Status (on going or completed)	Comments



<b>3- A Programme Review Committee (PRC) with a Secretariate will be set up. The (PRC) will review the new cycle of country programme and assess them for quality assurance, including the incorporation of RBM principles.</b>	<b>April 2012</b>	<b>OED</b>		

<b>Recommendation # 14</b>	<b>To Country Office and PD</b>	<b>Priority level 1</b>
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Address the quality of the results-oriented monitoring tools so that they become operational

The **Programme Division (PD)** should support the **CO** in the creation of a results-oriented monitoring system. In particular:

- Ensure a realistic formulation of outputs and of SMART indicators and baselines that allow a measurement of progress towards results. The methodology for this process should be provided and **supervised by PD**. It requires technical expertise on formulation of indicators, and, at CO level, it should involve CO staff and counterparts throughout the whole formulation process. These indicators should also be referred to in the AWP.
- **PD** should initiate the process of design of an information management system based on results associated with the indicators identified for the results-oriented M&E system and which should be implemented in **COs**. In particular, this system should:
  - i. define what kind of information should be collected, who should collect it, with what frequency, who this information should be communicated to, for what purpose, etc.;
  - ii. establish a system for the registration and management of indicators (indicator fiches) and
  - iii. design the most appropriate IT platform for the office needs, taking into account platforms developed by other agencies. UNICEF and UNDP, have already initiated this process (namely: the enhanced results-based management platform of UNDP), and their experience can be extremely useful for the UNFPA process.

**Management Response** - Please provide your response to the above recommendation. Where recommendations (or parts of) are not accepted, please provide detailed justification. Where accepted, please indicate key actions for implementation:

**PD** through its 2009 RBM optimization initiative along with other initiatives taken after the MTR with regard to the establishment of a PRC has already taken steps to ensure among other things that all COs are able to formulate realistic outputs and smart indicators. The ongoing GPS project aims at addressing most of the information management issues. Moreover, a joint initiative PD-MIS launched earlier this year at the request of the Executive Director is taking a comprehensive review of UNFPA challenges and needs for strategic information and will put forward a solution framework in due course.

Overall, while we acknowledge the issues raised in the report about the poor quality of the result framework developed years ago, we are confident that numerous initiatives launched since 2008/9 as well as the recent efforts with regards to the PRC, GPS and SIS are addressing these issues in a comprehensive manner. As such the recommendation 14 needs reformulation to be more relevant to the current situation.

Key action(s)	Deadline	Responsible unit(s)	Annual implementation status updates	
			Status (on going or completed)	Comments

