



**HEALTH  
POLICY  
PROJECT**

# Funding Cameroon's Costed Implementation Plan for Family Planning, 2015-2020

OCTOBER 2015

This publication was prepared by Sarah Fohl of the Health Policy Project.



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# INTRODUCTION

The Government of Cameroon joined FP2020 in December 2014 by committing to improving and increasing family planning policy, funding and service delivery; specifically by increasing the budget allocation for reproductive health to 5% of the health budget by 2020. Soon thereafter, Cameroon's Operational Plan or Costed Implementation Plan for Family Planning 2015-2020 became part of the Strategic Plan for Reproductive, Maternal, Neonatal, and Infant Health (2014-2020) and specifically set a target of increasing contraceptive prevalence from 16.1% in 2011 to 30% by 2020 (over a 2% increase per year)<sup>1</sup>. The Costed Implementation Plan outlines specific activities and associated costs necessary to achieve a national family planning goal. Overall, the funding for this plan is strong indicating a long-term commitment to family planning, yet there are gaps in areas such as coordination and youth and adolescent reproductive health.

The importance of family planning was recognized in Cameroon in the early 1990s through the creation of standardized national service delivery guidelines and provider trainings to improve both the quality and access to family planning and integrate family planning services into the health system. Since that time, a few additional steps were made to support family planning in the country including creation of a national symposium on reproductive health and initiation of programs like the "Gold Circle Campaign" implemented by John Hopkins University Center for Communication Programs and funded by USAID to promote and improve family planning service delivery sites. Family planning was considered an important priority intervention in the mid-2000s for the reduction of maternal mortality and was included in strategies such as The Road Map for the Reduction of Maternal and Neonatal Mortality (2006-2015) and the Strategic Campaign for the Accelerated Reduction of Mortality (2011-2013).

The government's FP2020 commitment and CPR goal are expected to be met primarily through offering subsidies for family planning services to more vulnerable groups such as adolescents and women with disabilities and by ensuring effective commodity security to avoid stock outs of contraceptives. The CIP is organized around six thematic areas:

- **Contraceptive commodities:** The costs of procuring contraceptive commodities and directly-related supplies (e.g. surgical supplies for sterilization, contraceptive implants)
- **Demand creation:** The costs for activities to increase demand for FP services, including developing and implementing a targets, holistic and evidence-based socio-behavior change communication program
- **Service delivery and access:** The costs for training and equipping health care workers and facilities to ensure that FP service delivery is available, accessible, equitable, and voluntary throughout the country
- **Contraceptive security:** The costs for the processes, equipment and management to quantify, procure and distribute FP contraceptives and related supplies
- **Policy and enabling environment:** The costs for activities to ensure that national and local policies and guidelines and policymakers are supportive of the goal of universal family planning access

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<sup>1</sup> Republique du Cameroun, 2014. Plan Opérationnel de la Planification Familiale 2015-2020.

- **Monitoring and evaluation and coordination:** The costs to ensure that coordination, management, and monitoring and evaluation efforts are in place at the national and district level to manage all FP activities

At the request of the Government of Cameroon, an analysis of youth and adolescent reproductive health programming is also included in this study, which was not a specific thematic area in the original CIP. This thematic area includes the costs for educational and awareness activities as well as specific service delivery programs for youth and adolescents. The estimated annual costs for each thematic area, as seen in the CIP, are outlined in Table 1 below.

**Table 1. Cameroon CIP for Family Planning (2015-2020) Annual Expected Costs (USD)**

<b>Thematic area</b>	<b>2015</b>	<b>2016</b>	<b>2017</b>	<b>2018</b>	<b>2019</b>	<b>2020</b>	<b>TOTAL</b>
<b>Contraceptive Commodities</b>	2,354,226	2,690,986	3,045,194	3,417,854	3,809,935	4,224,472	<b>19,542,668</b>
<b>Demand Creation</b>	921,059	857,762	783,327	751,480	654,324	695,894	<b>4,663,847</b>
<b>Service Delivery and Access</b>	4,023,854	2,264,481	2,458,740	2,089,469	1,541,779	1,415,860	<b>13,794,182</b>
<b>Contraceptive Security</b>	1,086,444	992,645	41,257	41,257	41,257	20,102	<b>2,222,960</b>
<b>Policy and Enabling Environment</b>	135,570	348,644	252,188	47,005	87,646	43,088	<b>914,141</b>
<b>M&amp;E and Coordination</b>	3,454,132	855,104	865,853	855,104	865,853	855,104	<b>7,751,150</b>
<b>Youth and Adolescent Reproductive Health</b>	1,176,088	2,535,324	2,501,482	2,501,482	2,452,122	2,480,923	<b>13,647,423</b>
<b>TOTAL</b>	<b>13,151,373</b>	<b>10,544,947</b>	<b>9,948,040</b>	<b>9,703,651</b>	<b>9,452,916</b>	<b>9,735,444</b>	<b>62,536,371</b>

\*Amounts converted from local currency (595.62 Franc CFA to 1 USD)

In June 2015, the USAID-funded Health Policy Project conducted a financial gap analysis of Cameroon's CIP to compare the annual funding available from the government and partners for family planning compared to the CIP budget. In this study, funding available can be defined as any future funding that is promised, expected or estimated to be allocated to family planning or in the case of past years, actual funds spent on family planning, excluding overhead costs. The CIP Gap Analysis Tool, developed by Futures Group, was used to estimate additional resources needed to fully implement each thematic area identified in the CIP (contraceptive commodities, demand creation, service delivery and access etc.). The government and development and implementing partners<sup>2</sup> provided information on their planned FP activities between 2015 and 2020. All funded thematic areas were then assigned the appropriate funds (without any associated overhead costs added), and compared to the costs of the CIP thematic areas. The results of this analysis can assist the government to identify thematic areas with high financial coverage and those that need additional resource mobilization. More information on the CIP Gap Analysis Tool is available at [www.healthpolicyproject.com](http://www.healthpolicyproject.com).

#### CIP Gap Analysis Methodology

- FP Stakeholder meeting and training on tool
- Review CIP budget and enter costs by thematic area into tool
- Collect funding data from government, FP implementing partners and donors through individual consultations
- Enter funding data in tool and analyze results, comparing costs in CIP to available funding from government and partners

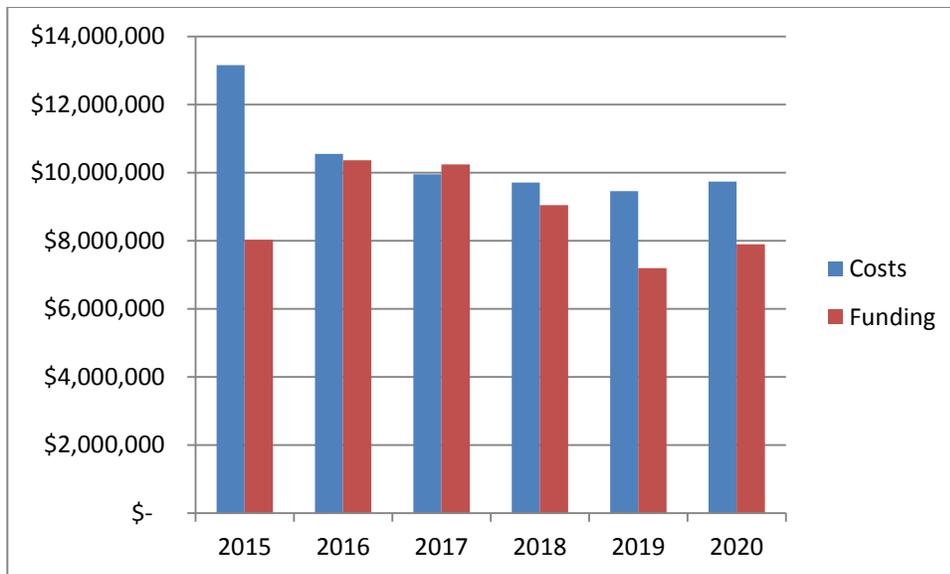
## CIP GAP ANALYSIS RESULTS

Based on an analysis of actual and projected expenditures allocated by the Government of Cameroon and partners implementing family planning programs in the country, the government and partners are contributing US\$52.7 million to family planning from 2015 to 2020. Compared to the CIP, this analysis indicated an overall gap of 16% of the total CIP budget equivalent to US\$9.8 million over five years. Figure 1 compares the costs budgeted in the CIP with the funds allocated by partners over the 6 years of the plan.

### **Figure 1. Cameroon CIP costs and funds allocated by the government and donors to support family planning programming 2015-2020**

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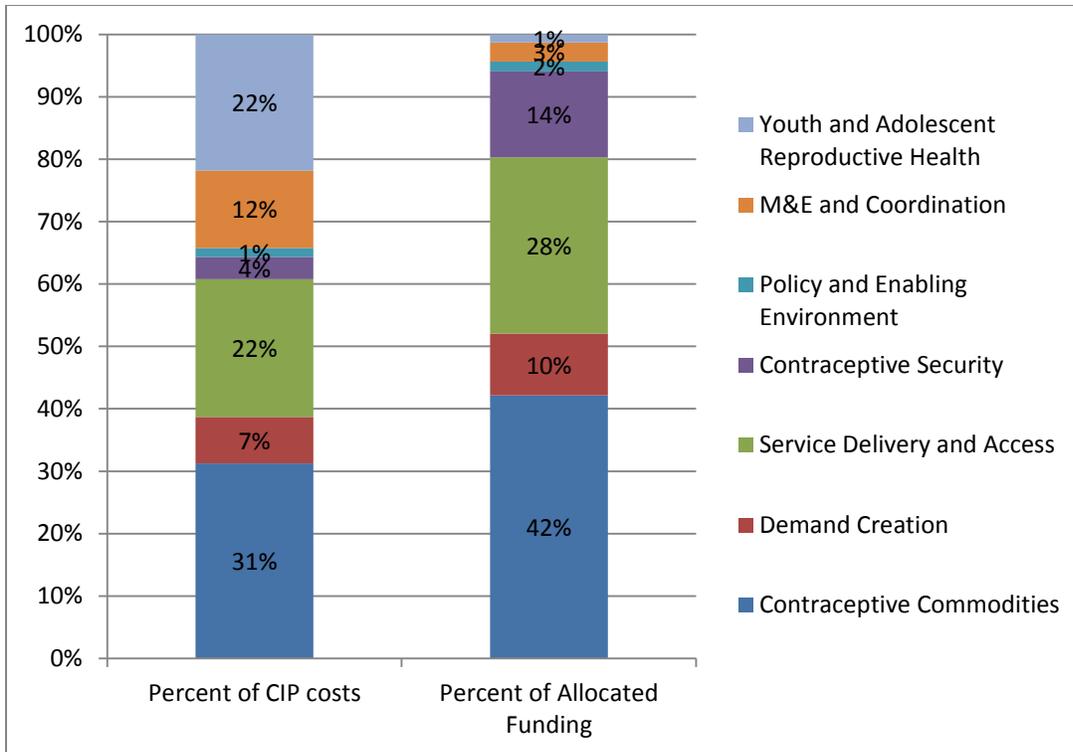
<sup>2</sup> DSF-Department de la Santé Familiale (Ministère de la Santé), UNFPA, RENATA (Reseau Nationale des Associations des Tantines), GIZ, MSH (Management Sciences for Health), ACMS (Association Camerounaise de le Marketing Social), FESADE (Femmes Santé Developpement), Ad Lucem, USAID, CBCHS (Cameroon Baptist Convention for Health Services), CAMNFAW (Cameroon National Association for Family Welfare), PEPFAR



The largest overall funding gap occurs in the start-up year of the plan which is understandable considering new activities require extra funds for trainings, equipment etc. and it often takes months to mobilize funds. The size of the gap shrinks in each subsequent year, except in 2017 where an estimated slight excess in funding exists. This slight excess equivalent to 3% of the 2017 CIP budget and US\$296,000 will not compensate for the more significant funding gaps in other years. In general, there is a larger funding gap in the later term of the plan (2018-2020) compared to the near-term, most likely due to uncertainty of future available funding that could be influenced by new governments, projects or procurements.

Figure 2 compares the breakdown of costs by thematic area in the CIP to funds available from the government and partners. The CIP budget does not align with donor priorities. While the CIP budget allocated 22% to youth and adolescent reproductive health activities, it only represents 1% of funding. Twelve percent of the CIP budget was allocated for M&E and coordination; it represents only 3% of the funding available for family planning over six years (figure 2).

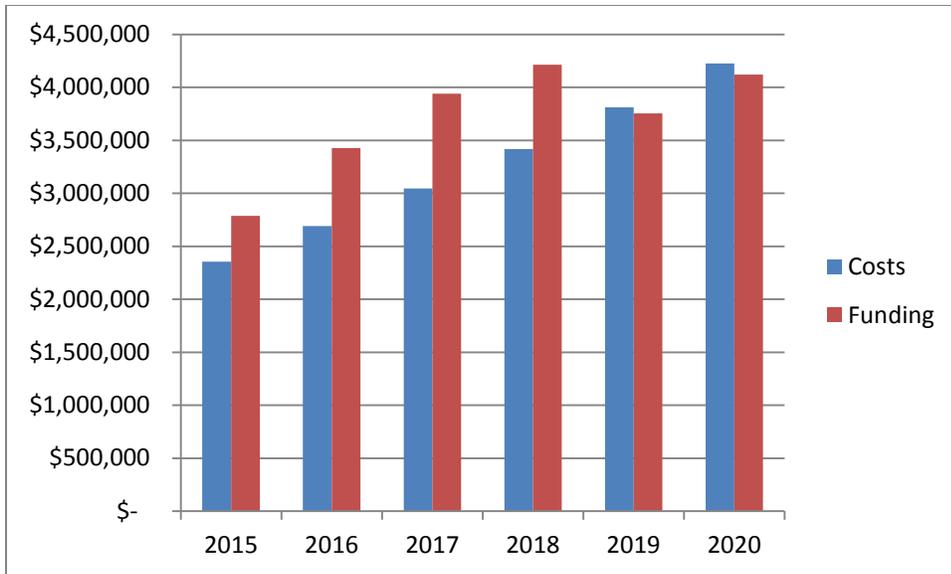
**Figure 2. Percentage of CIP costs and allocated funds by thematic area, 2015-2020**



## Contraceptive Commodities

When examining each thematic area individual, there are sufficient funds to purchase contraceptive commodities in the first four years of the plan and there are financial gaps in the last two years. The gaps for contraceptive commodities are slight, representing only 1% and 2% of the budgets in 2019 and 2020. Contraceptive commodities are expected to receive additional funding compared to the costs outlined in the CIP, equal to \$2.7 million more (14%) over the six-year plan (Figure 3). While commodities are important to building any family planning activity, strong funding for commodities alone cannot sustain a program.

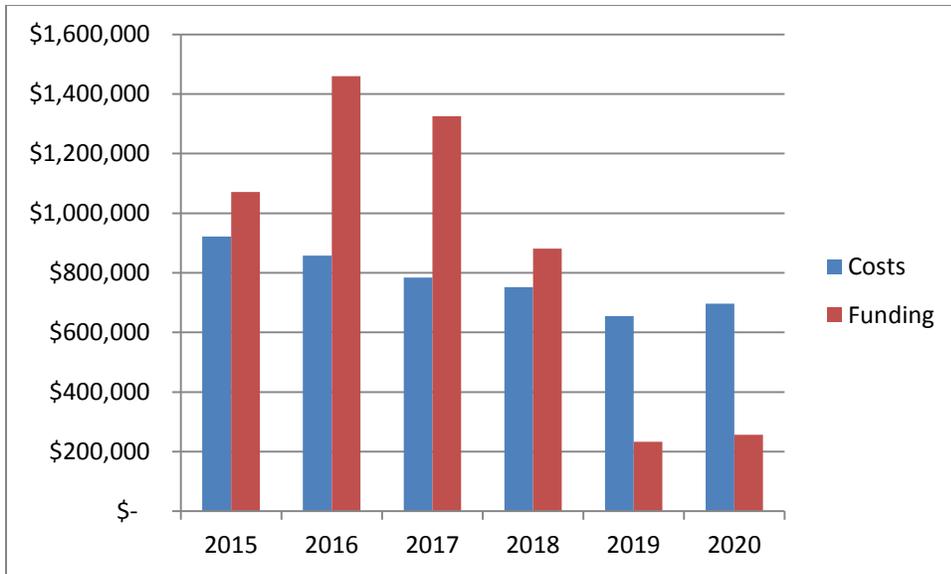
**Figure 3: CIP costs and funds allocated by the government and donors to support contraceptive commodities 2015-2020**



## Demand Creation

Based on this analysis, demand creation programming is expected to experience financial gaps with a 64% and 63% deficit in 2019 and 2020, despite decreases in the estimated CIP costs for those years. In first four years, more funding is expected to be allocated to demand creation than originally planned in the CIP. Overall, during the entire six-year period, demand creation is overfunded by 12% or \$560,871 compared to the CIP budget.

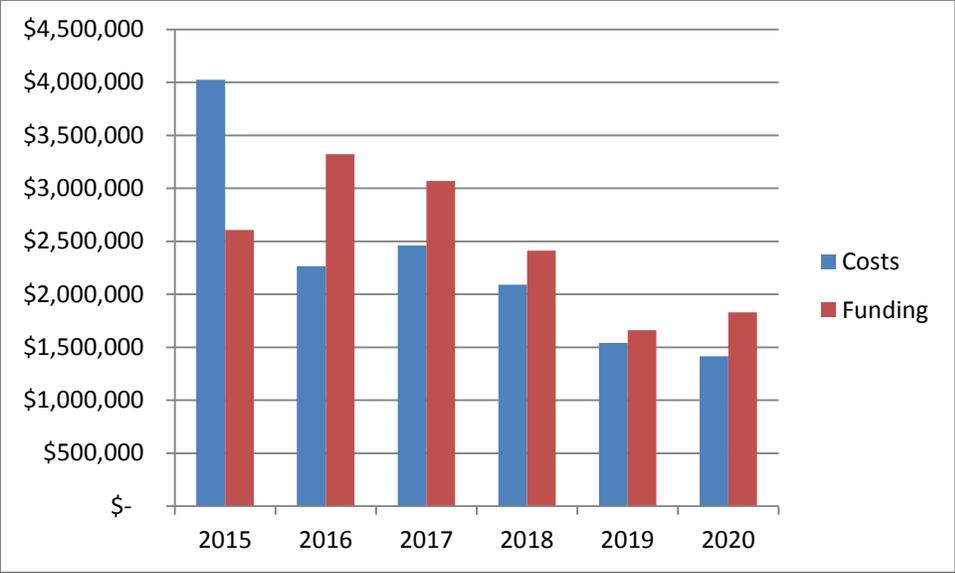
**Figure 4: CIP costs and funds allocated by the government and donors to support demand creation 2015-2020**



## Service Delivery and Access

For service delivery and access related activities, while the start-up year of the plan shows a 35% deficit in funding compared to the CIP budget, there is sufficient funding each of the subsequent years (average of 15% surplus each year). The largest level of funding will occur in 2016, equaling 47% more than the original CIP budgeted costs. Overall, the thematic area is sufficiently funded (8% surplus), equivalent to \$1.1 million (Figure 5).

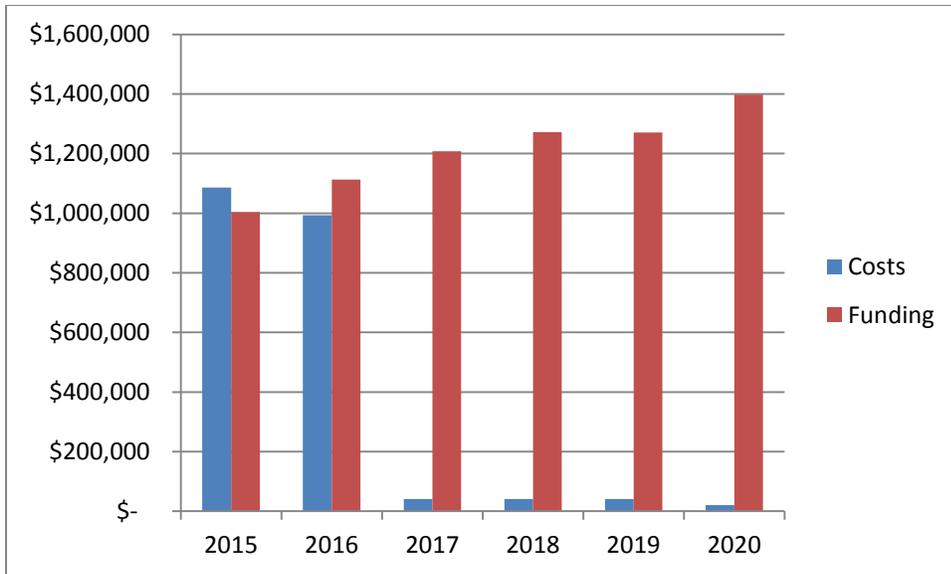
**Figure 5: CIP costs and funds allocated by the government and donors to support service delivery and access 2015-2020**



### Contraceptive Security

Programs focused on contraceptive security are expected to receive sufficient funding every year except for 2015, which will experience a slight gap in funding (8% or \$83,172) (Figure 6). Beginning in 2017, the excess reaches over 2,000% of the cost estimated in the CIP and increases each following year to over 6,000% of the budget by 2020. This is mostly due to the decrease in cost allocated to contraceptive security in the CIP from 2017 to 2020. Costs during this period are mostly for supervision and training of drug supply managers at all levels of the supply chain and most likely, funds from partners include additional necessary activities in this area that were not specifically outlined in the CIP. Over the 6 year period, the area is overfunded by \$5 million.

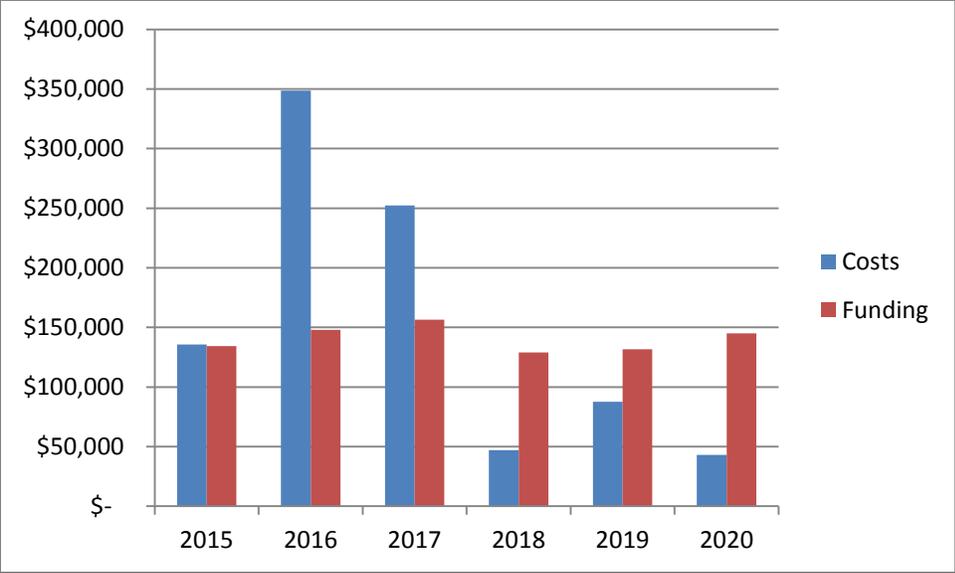
**Figure 6: CIP costs and funds allocated by the government and donors to support contraceptive security 2015-2020**



## Policy and Enabling Environment

Program activities to support a favorable political environment for family planning are expected to experience financial gaps during the initial three years of the plan, primarily in 2016 and 2017 with deficits of 58% and 38%, respectively. The last three years, from 2018 to 2020, are expected to witness a 154% excess in funds over the projected CIP budget, however, during the entire six-year period, there remains an 8% funding gap equivalent to \$70,000. This means that throughout the duration of the CIP activities such as advocacy towards key government decision makers for increased mobilization of resources for family planning, improving the knowledge of stakeholders and communities on the rights to sexual and reproductive health and family planning and advocacy and implementation of new pricing policies for family planning cannot take place (Figure 7).

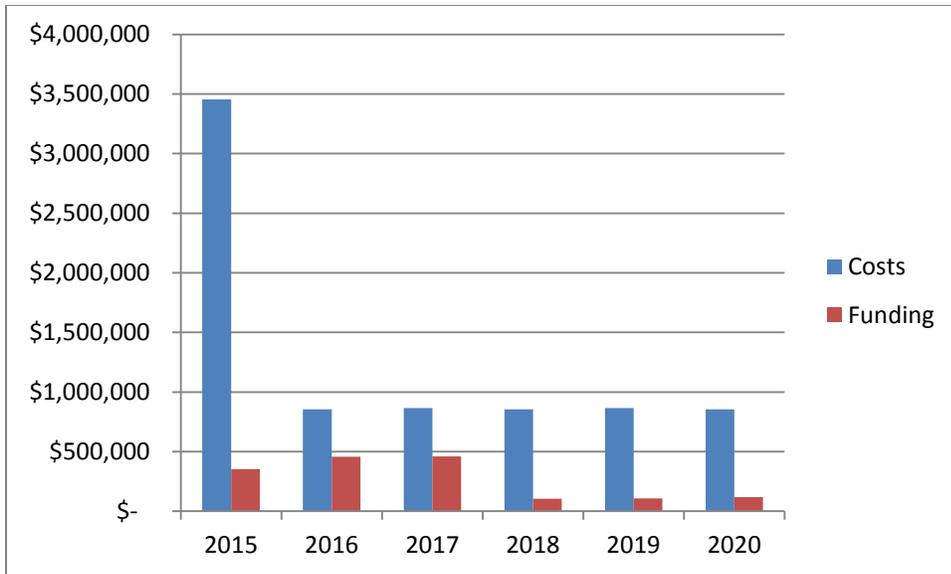
**Figure 7. CIP costs and funds allocated by the government and donors to support policy and enabling environment 2015-2020**



## Monitoring, Evaluation and Coordination

Monitoring and evaluation and coordination activities are severely under-funded when compared to the CIP budget; over the six-year period of the plan, 79% of CIP budgeted funds are not allocated by government or partners. While the CIP budget suggests US\$7.8 million is needed for the entire six-year period, only US\$1.6 million has been allocated. The largest gap exists in the start-up year of the plan where 90% of CIP budgeted funds are not allocated; the trend continues for each subsequent year (figure 8). The large cost in 2015 is due to several start-up activities such as, implementing a national monitoring and evaluation plan, updating and increasing data collection support at each health center and providing logistic support to evaluation efforts.

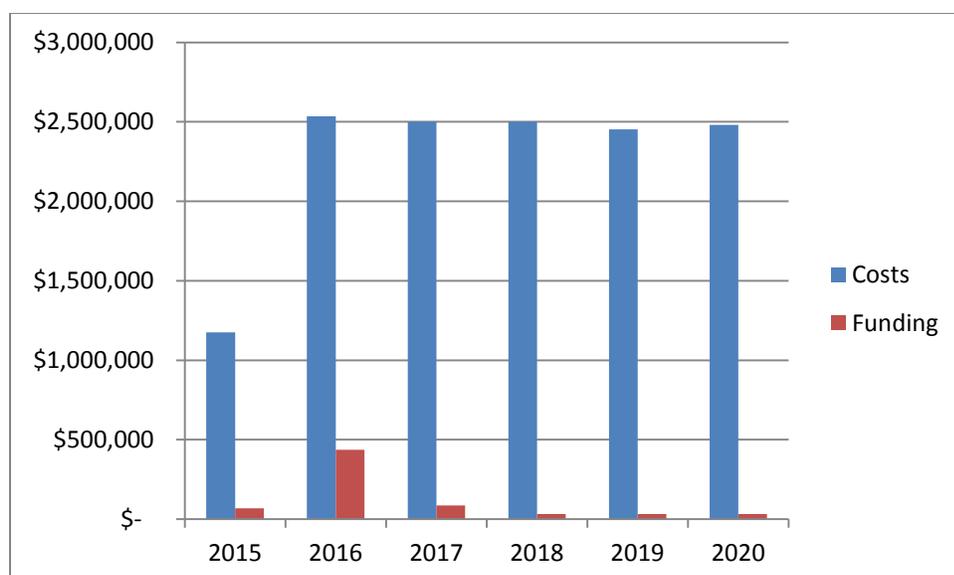
**Figure 8. CIP costs and funds allocated by the government and donors to support M&E and Coordination 2015-2020**



## Youth and Adolescent Reproductive Health Services

The figure below shows that activities focused on youth and reproductive health is expected to be drastically underfunded each year, ranging from a gap of 83% to 99%. Overall, 95% of the costs in this area are unfunded (\$13 million), indicating a lack of alignment between priorities in the CIP and priorities of funders. Youth and adolescent reproductive health services were not an original thematic area in the CIP but imbedded within both demand creation and service delivery and access areas. Previously buried in the CIP, this analysis provides strong evidence that more support and funding are needed for these programs; without them youth and adolescents will not receive adequate reproductive health education, awareness or services.

**Figure 9. CIP costs and funds allocated by the government and donors to support youth and adolescent reproductive health 2015-2020**



## Summary

In sum, 16% of budgeted costs in the CIP are not met by government or donor funding. The following thematic areas, policy and enabling environment, M&E, and youth and adolescent reproductive health are expected to witness severe deficits in funding which will limit the activities that can be accomplished in each of these areas.

**Table 2: Summary of results (in USD)**

Thematic areas	CIP costs	Allocated Funds	Gap	Percent gap
Contraceptive Commodities	\$ 19,542,668	\$ 22,239,922	\$ (2,697,254)	-14%
Demand Creation	\$ 4,663,847	\$ 5,224,718	\$ (560,871)	-12%
Service Delivery and Access	\$ 13,794,182	\$ 14,897,080	\$ (1,102,897)	-8%
Contraceptive Security	\$ 2,222,960	\$ 7,263,640	\$ (5,040,680)	-227%
Policy and Enabling Environment	\$ 914,141	\$ 844,511	\$ 69,629	8%

M&E and Coordination	\$ 7,751,150	\$ 1,599,337	\$ 6,151,814	79%
Youth and Adolescent Reproductive Health	\$ 13,647,423	\$ 686,320	\$ 12,961,103	95%
<b>Total</b>	<b>\$ 62,536,371</b>	<b>\$ 52,755,527</b>	<b>\$ 9,780,844</b>	<b>16%</b>

## SUMMARY AND RECOMMENDATIONS

Despite overall funding gaps in only a portion of the priority areas in relation to Cameroon’s CIP, it is important to take into account the large fluctuations in CIP costs from year to year in areas such as demand creation, service delivery, and programs focused on supporting a favorable political environment for family planning. Deficits, especially during the early years of CIP implementation, in any of the programmatic areas would negatively impact increasing access to family planning and achieving CPR goals for the country. Although the youth and adolescent reproductive health program was not a priority area in the CIP, the Ministry of Health indicated that this thematic area was of great importance to the country’s FP plan. Therefore, gaps for this area and M&E also require particular attention to ensure early education and introduction to family planning as well as data collection on the progress made towards achieving the objectives laid out in the CIP are successful activities. Therefore, it is recommended:

- The Department of Family Health provide an opportunity to present the CIP gap analysis findings to all family planning partners and discuss possible solutions to ensuring increased commitments in M&E and youth and adolescent programs.
- The Ministry of Health leads discussions with its partners about aligning donor funding with CIP priorities to ensure national targets are achieved and about the potential of shifting funding across the years of the CIP so that all areas and all years are fully funded. Additional discussion may include timing of budget allocations; specifically addressing the first few years of activities to support an enabling political environment, and the last two years of demand creation programs.



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