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UNFPA – Country programmes and related matters

United Nations Population Fund

Country programme document for Cameroon

Proposed indicative UNFPA assistance:	\$48.7 million: \$14.8 million from regular resources and \$33.9 million through co-financing modalities and other resources
Programme period:	Five years (2027-2031)
Cycle of assistance:	Ninth
Category:	Tier I
Alignment with the UNSDCF Cycle	United Nations Sustainable Development Cooperation Framework, 2027-2031

I. Programme rationale

1. The population of Cameroon of 29 million is young (31.1 per cent aged 10-24 years), with 40 per cent living in rural areas, women ¹ representing 50.8 per cent of the population, and persons with disabilities accounting for approximately 6.7 per cent ². The country's demographic profile is characterized by high fertility (4.8 births per woman) and adolescent fertility (98 births per 1,000 girls aged 15-19 years), contributing to a high dependency ratio of 298 dependents per 100 working-age individuals. With each worker supporting three non-productive individuals, capital is consumed by immediate subsistence rather than the savings and investment essential for industrialization. To unlock economic transformation, Cameroon must pivot toward a demographic dividend narrative. This requires accelerating the fertility transition to shift the age structure, reducing the dependency burden while simultaneously boosting the productivity of its 70 per cent labour force. By investing in the human capital of women and youth, Cameroon can convert this 'youth pressure' into a 'youth bonus'. This shift is the prerequisite for moving beyond basic Sustainable Development Goal (SDG) improvements, as reflected in the 57.8 index score, to achieve a structural economic breakthrough where a larger, skilled working-age population drives sustainable national wealth and higher quality of life.

2. The country has demonstrated continued efforts to advance population and development priorities, aligned with the International Conference on Population and Development (ICPD) Programme of Action and the national voluntary commitments made at the 2019 Nairobi summit, particularly in expanding youth participation. However, progress remains uneven, with persistent challenges in mobilizing adequate resources and partnerships for all sectors, including security, humanitarian crisis and social norms, and in strengthening the national statistical system to generate timely, reliable, disaggregated data for monitoring SDG targets. Addressing these gaps will be critical to accelerating progress toward the ICPD Programme of Action, the SDGs and the four interconnected outcomes of the UNFPA Strategic Plan, 2026-2029, particularly in advancing sexual and reproductive health, reducing gender-based violence, promoting gender equality and empowering youth.

3. These structural and resource gaps directly translate into severe socioeconomic vulnerabilities. The country's development is hindered by persistent poverty affecting 37.7 per cent of the population, soaring to a critical 69.2 per cent in the far north. Economic disparities are further highlighted by a 2021 Global Income Inequality Insight Index of 42.2. Although Cameroon shows gradual progress, with a 2023 Human Development Index of 0.588 (ranking it 151 globally in the medium category), socioeconomic inclusion remains limited. Youth unemployment (ages 14 and above) sits at 6.1 per cent, disproportionately impacting women (7.5 per cent) compared to men (5.1 per cent). Furthermore, the prevalence of young people not in education, employment, or training is a significant challenge (30 per cent for young women and 15 to 18 per cent for young men); 2021 data indicates married women and mothers face the highest risk. To address these gaps, the initiative will focus on generating current data to create targeted support for the most vulnerable, particularly married adolescent girls and young mothers. Given that the previous evidence base is nearly a decade old, the programme will refresh vulnerability criteria using more recent, multisectoral, disaggregated data to improve targeting accuracy and prevent the misidentification of vulnerable populations.

4. Beyond these socioeconomic hurdles, the inclusion and well-being of these populations are further compromised by continuous external shocks. Cameroon is addressing interconnected regional challenges, including insecurity in the north-west and south-west and incursions in the Lake Chad basin, through a comprehensive humanitarian-development-peace continuum approach. These efforts are anchored in national reconstruction and development plans, where providing social services is a strategic tool to reinforce social cohesion, restore the social contract and provide a foundation for lasting stability in affected zones. These challenges have exacerbated existing vulnerabilities, leaving an estimated 2.9 million people in need of humanitarian assistance in 2026 with about 845,000 internally displaced persons, 790,000 returnees and 404,000 refugees. Despite these pressures, Cameroon stands out for its strategic transition from internationally led humanitarian aid toward

¹ National Institute of Statistics (INS).

² Enquête Camerounaise auprès des Ménages (ECAM) 2022.

nationally owned and sustainable development. The Government is ensuring that the response to chronic crises is integrated into the long-term national development fabric, guaranteeing greater efficiency. This shift is characterised by significant reforms to coordination structures, moving away from the traditional international Inter-Agency Standing Committee (IASC) model towards a localized approach led by national and local actors.

5. Amid these overlapping crises that severely strain the national health system, maternal and reproductive health in Cameroon continues to be a major concern. In 2025, the estimated maternal mortality ratio was 258 deaths per 100,000 live births compared to the SDG target of 140 deaths per 100,000 live births by 2030. These high numbers are driven by limited access to quality obstetric care and a shortage of skilled health personnel, especially in rural and remote areas with poorly equipped facilities. Currently, only 69 per cent of births are assisted by qualified personnel, with significant regional disparities, such as 40 per cent in the north region and 96 per cent in the littoral region.

6. The Government recognizes family planning as a central pillar of its human capital development strategy, essential for improving maternal health and accelerating the demographic dividend. While the current modern contraceptive prevalence rate is 15.4 per cent, the Government is committed to addressing the 23 per cent unmet need through the strategic modernization of the national health supply chain, integrating digital tracking and ‘last-mile’ logistics to overcome geographic constraints. Furthermore, by engaging in constructive dialogue with community leaders to address social barriers, the Government aims to ensure that women and couples can make informed choices about their reproductive lives.

7. To effectively address these systemic gaps in maternal health and family planning, interventions must prioritize those furthest behind. According to the 2025 Country Analysis, certain population groups in Cameroon are more vulnerable to health, social and economic conditions placing them at a higher risk of being left behind. These groups include rural and peri-urban populations, women, adolescents and youth, particularly those out of school, married, displaced, or living in regions with high rates of child marriage and early pregnancy, (in the far north, north and east regions). Vulnerabilities are also significant among persons with disabilities, internally displaced persons and refugees.

8. Among these marginalized groups, adolescent girls and young women bear a disproportionately heavy burden. Adolescents and young women account for 10 to 15 per cent of maternal death due to high fertility rates, and biological and social vulnerabilities. Adolescent fertility rates vary significantly by region, with the highest rates in the far north (95 births per 1,000), north (125 births per 1,000) and east (173 births per 1,000), correlating with child marriage prevalence and limited access to sexual and reproductive health services. Limited education, early and unintended pregnancies, disproportionately affected by climate shocks, and restricted access to age-appropriate sexual and reproductive health services continue to exacerbate this risk. Adolescents are also exposed to gender-based violence, which adversely affects their health and well-being and limits their ability to access education and essential services. In 2023, the HIV prevalence rate was 2.7 per cent in the general population, 2 per cent among young people aged 20–24 years (2.4 per cent among women and 1.5 per cent among men) and 0.8 per cent among adolescents aged 15–19 years. The higher HIV prevalence among young women reflects gender inequalities, age-disparate relationships and barriers to accessing prevention services. Integrated sexual and reproductive health and HIV interventions will prioritize adolescent girls and young women.

9. These profound health and vulnerabilities are deeply rooted in harmful sociocultural norms. Despite government efforts, severe gender disparities hinder women’s societal participation in Cameroon, reflected by a 2023 Gender Inequality Index of 0.558 (ranking 148). Political representation remains low, with women holding only 33 per cent of parliamentary seats, 20 per cent of ministerial positions, and 30 per cent of local council roles. Gender-based violence and harmful practices are alarmingly high, exacerbated by entrenched norms and humanitarian crises. Per the 2018 demographic and health survey, 32 per cent of women aged 15–49 years experienced intimate-partner violence, 39 per cent faced physical violence since age 15, and 13 per cent suffered lifetime sexual violence. In humanitarian settings, 98 per cent of gender-based violence survivors are women, including 20 per cent who are girls under age 18. In 2025, 74 femicides were reported, predominantly committed by intimate or ex-partners. Furthermore, child marriage affects nearly 30 per cent of women aged 20–24

years, severely undermining their health, education and economic empowerment. Female genital mutilation (FGM) also persists, practiced at a 20 per cent rate in the southwest and far north regions, and soaring to 91 per cent among the Arabe Choa population.

10. Effectively targeting and resolving this multitude of interconnected health and protection challenges requires robust evidence; however, the availability, analysis and use of socio-demographic disaggregated data remain insufficient in Cameroon, limiting evidence based-programming. To boost data utilization, it is essential to strengthen national expertise and promote an evidence-based decision-making culture. Improved accessibility and communication, combined with the seamless integration of information systems, will transform administrative statistics and surveys into coherent strategic levers. Demographic intelligence is still poorly institutionalized and underutilized at the decision-making level for forecasting and anticipating future needs and challenges.

11. The eighth country programme has significantly advanced sexual and reproductive health and maternal outcomes through systemic reinforcements and innovative community-based interventions. Specifically: (a) the programme expanded family planning access to 426,771 new users and modernized the national supply chain by adopting an open-source electronic logistics management information system (eLMIS); (b) maternal health was bolstered by extending the emergency obstetric and newborn care network to 273 facilities and deploying 57 midwives to conflict-affected zones; and (c) the initiative successfully treated 321 women for obstetric fistula while providing psychosocial support to over 20,000 survivors, all underpinned by the approval of the strategic plan for reproductive, maternal, newborn, child and adolescent health and nutrition, 2024–2030.

12. Youth empowerment and gender equity milestones were achieved by fostering inclusive environments and protecting the rights of women and girls. Under this pillar: (a) the programme expanded HIV prevention and sexual and reproductive health services by building the capacity of 241 delivery structures and launching 29 digital initiatives; (b) protection mechanisms were strengthened through the creation of 90 safe spaces serving 113,865 women and the validation of national strategies to eliminate gender-based violence and FGM; and (c) social norms were transformed by engaging 1,500 men on positive masculinity and supporting the participatory development of the national youth policy and the National Action Plan on Youth, Peace and Security.

13. The programme also played a decisive role in strengthening national data systems and resilience in crisis-affected regions to ensure evidence-based development planning. Key results include: (a) the mobilization of \$12.5 million from the World Bank to finance the Fourth Population and Agriculture Census scheduled for 2026, utilizing a hybrid approach for insecure areas; (b) the capacity-building of 174 national officials in advanced demographic analysis to ensure the production of disaggregated data; and (c) the delivery of educational support to 32,000 young girls and equipping 165 youth structures in northern regions to enhance access to reproductive health information and economic opportunities.

14. The lessons learned from the evaluation of the eighth country programme are: (a) technological and social innovations – such as AlertGBV,³ Youth FP,⁴ Baby Box– accelerate results by responding directly to beneficiary needs and local contexts; (b) local partnerships are essential and collaborating with community-based organizations improves access to remote areas and ensures the critical needs of marginalized groups are met; (c) youth and women’s engagement fosters ownership by involving young people and women as direct implementing partners and stakeholders in national policies, which increases programme effectiveness and the uptake of health and gender-based violence services; (d) rapid assessments and continuous evaluation are critical as conducting needs assessments before and during crises ensures protective and context-appropriate humanitarian responses for the most vulnerable; (e) data availability and quality matter as up-to-date, disaggregated data requires stable national funding and sustained commitment to inform planning and strategic decision-making; (f) investing in human capital is crucial with developing the ability to analyse and translate statistics into policy and programming enhances the impact of interventions; and (g) sustainability requires diversified funding as reliance on external funding poses risks, as seen in 2025, emphasizing the need to strengthen national ownership for sustainable programme impact.

³ <https://alertgbv.com/>.

⁴ <https://www.youthfp.cm/>.

II. Programme priorities and partnerships

15. The ninth country programme envisions a Cameroon where every individual – particularly women, adolescents, youth and vulnerable groups – has access to quality reproductive health services and is empowered and exercises leadership in decisions affecting their lives and communities, accelerating gender equality and enabling the country to reduce maternal mortality. It is directly aligned with national priorities, specifically in its pillars relating to human capital development and governance. It is anchored in the United Nations Sustainable Development Cooperation Framework (UNSDCF), 2027–2031, the UNFPA Strategic Plan, 2026–2029 and the African Union Agenda 2063. The programme is informed by ICPD Programme of Action and the national voluntary commitments from Nairobi. The programme was developed beginning with a strategic dialogue process. This was followed by a participatory approach through consultation and prioritization meetings involving key stakeholders from government, non-governmental organizations, private sector, civil society, youth and women's organizations from national and subnational levels and United Nations organizations. These actors will participate in the various stages of programme implementation, monitoring and evaluation to ensure full accountability. The programme will contribute to the 2023 Agenda for Sustainable Development through support to SDGs 3, 5, 10, 13, 16 and 17.

16. This programme will prioritize and focalize interventions in high-priority regions (far north, north, east, north-west and south-west regions) to avoid fragmentation, ensuring that investments are concentrated where they can achieve a more significant, catalytic and sustainable impact. Reducing maternal mortality remains a central priority of this programme. Efforts will focus on placing maternal mortality reduction as a national political and strategic priority, promoting a multisectoral approach, improving access to quality services for women, adolescents, young people and vulnerable populations through the implementation of universal health coverage strategies, the expansion of the emergency obstetric and newborn care network, and the scaling-up of family planning services. This scaling up will be facilitated by the continuous capacity-strengthening of State actors coupled with advocacy for the mobilization of domestic funds, including the Government's engagement in the supply country compact.

17. Guided by the leaving no one behind principle, the programme adopts a human rights-based, gender-transformative, life-cycle approach to empower women, adolescents and vulnerable populations. This includes systematically integrating leaving no one behind and disability inclusion across programme activities, ensuring persons with disabilities are reached through targeted mentoring, support to representative organizations and inclusive access to gender-based violence case management and family planning counselling. Recognizing that climate shocks and protracted crises exacerbate vulnerabilities, the programme operationalizes the humanitarian-development-peace continuum by institutionalizing systemic resilience. The programme will integrate multi-hazard climate (extreme heat, floods, landslides) resilience by strengthening policy frameworks, health systems and data-driven anticipatory action. It will facilitate the humanitarian-to-development transition by shifting coordination to national actors and embedding specialized services into State systems. It will prioritize national implementation in order to build long-term state capacity and resilience. The strategic advisory group will remain functional to accompany coordination. Implementation emphasizes integrated, multisectoral linkages and relies on five strategic modes of engagement: advocacy, capacity-building, service delivery, partnerships and knowledge management. To maximize its impact, the programme leverages the UN2.0 quintet of change innovation, data, digital, foresight and behavioural science alongside South-South cooperation, to inform strategic targeting. Crucially, meaningful youth engagement and equitable access to technology serve as cross-cutting accelerators.

18. The ninth country programme will accelerate results by operationalizing five strategic shifts. UNFPA is merging sexual and reproductive health, gender-based violence and youth services into a single integrated delivery model, while pivoting gender-based violence efforts toward changing community norms and local bylaws to prevent violence. UNFPA is transferring humanitarian leadership from international agencies to government-led and local non-governmental organization frameworks. For smarter governance, UNFPA is replacing basic data collection with predictive demographic intelligence and foresight to guide policy. Finally, the programme will move beyond donor dependency by securing domestic funding through the integration of sexual and reproductive health and gender-

based violence services into infrastructure projects, implementing cross-border project initiative, integrating and mobilizing State budget lines, and reinforcing public-private partnerships to ensure sustainable, long-term financing.

19. The achievement of programme results will rely on a broad and diverse ecosystem of partnerships involving government institutions, civil society, the private sector, development partners, academia and the United Nations system. Collaboration with the government will be consolidated to ensure a multisectoral approach aligned with national priorities, involving ministries focused on: coordination and data; health and product safety; combating gender-based violence and promoting gender equality; youth empowerment and participation in peacebuilding; social inclusion; and decentralization. These partnerships are essential to mobilize resources, coordinate interventions and achieve sustainable, inclusive, equitable programme outcomes.

20. The localization strategy will be strengthened and operationalized through targeted partnerships with decentralized local authorities, traditional leaders, civil society and national non-governmental organizations, especially those led by women and young people. Leadership and capacities of women-led organizations will be continuously enhanced to enable them effective gender-based violence and sexual and reproductive health service delivery. This approach will ensure that planning, resource allocation and programme delivery reach the most remote and marginalized populations, reinforcing national ownership and sustainability.

21. UNFPA will pursue innovative partnerships with the private sector, international financial institutions, foundations and philanthropists, leveraging corporate social responsibility to mobilize domestic and technological resources. The programme will also maintain strategic dialogue with technical and financial partners, as well as bilateral and multilateral actors, to support key interventions. This will include collaborating with the African Intellectual Property Organization to improve women's and girls' access to innovation and intellectual property. Academic institutions will also be engaged to conduct action-oriented research to inform policy and programme design.

22. The programme will leverage the normative role of UNFPA, ensuring that national laws (such as the gender-based violence law, the sexual and reproductive health law and family legislation) align with international human rights by providing policy and legislative support, and implement joint initiatives with other United Nations organizations to maximize efficiency and impact. Close collaboration will be maintained with the United Nations Children's Fund (UNICEF), the Joint United Nations Programme on HIV/AIDS (UNAIDS) and the World Health Organization (WHO) on maternal and neonatal health and HIV; with UNDP, the International Labour Organization (ILO), the United Nations Educational, Scientific and Cultural Organization (UNESCO) and the United Nations Entity for Gender Equality and the Empowerment of Women (UN-Women) on gender-based violence prevention, peacebuilding and the empowerment of women and young people; and with the United Nations High Commissioner for Refugees (UNHCR), Office of the High Commissioner for Human Rights (OHCHR), the International Organization for Migration (IOM), the Office for the Coordination of Humanitarian Affairs (OCHA), the World Food Programme (WFP) and the United Nations Food and Agriculture Organization (FAO) to deliver an integrated and resilient humanitarian response in crisis-affected areas.

23. The programme will be implemented through three interconnected outputs, covering quality of care, social and gender norms, and data analysis and foresight.

A. Output 1. By 2031, the capacities of health systems, institutions and communities are strengthened to provide integrated, accessible, equitable and quality sexual and reproductive health and gender-based violence services, including maternal health, family planning, adolescent and youth health, HIV prevention and sexual violence response in development and humanitarian contexts.

24. This output will be achieved through: (a) Expanding the emergency obstetric and newborn care network, integrating telemedicine, facilitating obstetric fistula repairs, upgrading midwife training to International Confederation of Midwives (ICM) standards, and advocating for midwife retention in emergency obstetric networks; (b) fortifying the contraceptive and sexual and reproductive medicine

supply chain via eLMIS rollout, stakeholder capacity-building, last-mile delivery and fulfilling government country compact commitments; (c) advocating to integrate comprehensive sexual and reproductive health, gender-based violence and family planning into universal health coverage, including actions to address financing gaps, system weaknesses, inequities and instability by comprehensively addressing financing gaps, system weaknesses and inequities; (d) empowering stakeholders, especially youth, to deliver community-based services using digital, culturally sensitive, human rights-based and gender-transformative approaches; (e) utilizing digital tools and youth platforms to provide adolescents with WHO-standard access to sexual and reproductive health information, family planning and HIV prevention; (f) implementing international comprehensive sexually education-aligned, age-appropriate family life education to prevent HIV and unintended pregnancies, and utilizing it as a core gender-based violence prevention strategy across school, out-of-school and humanitarian settings, while monitoring behavioural outcomes; (g) providing holistic gender-based violence responses (medical, psychosocial, legal and security) through integrated services and confidential referrals to ensure a comprehensive service delivery approach within health systems; (h) enhancing emergency and climate-shock preparedness by deploying the minimum initial service package for sexual and reproductive health in crises alongside the preparedness and emergency response integration framework; and (i) integrating youth-friendly mental health and psychosocial support, including peer mechanisms and specialized referral pathways into sexual and reproductive health services.

B. Output 2. By 2031, the capacities of systems, institutions, individuals and communities are strengthened to end/eliminate gender-based violence and harmful practices, promote gender equality and support the empowerment of women and young people, particularly the most vulnerable, in development and humanitarian contexts.

25. This output will be achieved by: (a) enhancing gender equality mainstreaming in policies, enforcing anti-gender-based violence laws, and enhancing multisectoral coordination; (b) improving delivery of multisectoral interventions for the prevention of and response to gender-based violence, sexual exploitation and abuse and harmful practices, including child marriage and FGM; (c) expanding gender-based violence survivor-centred support with effective referral pathways and service mappings, including for persons with disabilities; (d) preventing gender-based violence through community mobilization against harmful norms and engaging adolescent boys and men through positive masculinity; (e) empowering women and youth, particularly adolescent girls, through entrepreneurship, socioeconomic integration, mentoring and school retention; (f) building the capacity of women and youth-led organizations to increase their leadership in decision-making and peacebuilding, with targeted resource allocation; and (g) supporting gender-based violence data management using age-disaggregated data to track trends among children and youth, informing targeted interventions.

C. Output 3 By 2031, the capacities of systems, institutions and communities are strengthened to regularly produce, analyse, integrate and use up-to-date, disaggregated, and inclusive sociodemographic data and carry out forecasting to inform planning, resource mobilization and monitoring of public policies, particularly those related to the ICPD and the four interconnected strategic plan outcomes.

26. This output will be achieved through: (a) producing high-quality, inclusive and disaggregated data by completing the fourth census and sixth demographic and health survey, and modernizing the civil registration and vital statistics system to ensure comprehensive visibility for vulnerable groups; (b) enhancing the analysis and utilization of socioeconomic, demographic and environmental data; (c) improving data access and dissemination through secure digital platforms, enabling all stakeholders especially youth to regularly publish and communicate available information; (d) institutionalizing demographic intelligence to drive evidence-based decision-making, bolster resource mobilization, and support the development of investment cases; (e) pooling stakeholder initiatives across all levels to

optimize resource mobilization and strategic coordination, thereby ensuring overall programme performance.

III. Programme and risk management

27. The management and coordination of the country programme will be aligned with the implementation mechanisms of the UNSDCF, 2027–2031, under the leadership of the Resident Coordinator. The Directorate General for Cooperation and Regional Integration of the Ministry of Economy, Planning and Regional Development will ensure overall programme coordination, maintaining alignment with the national priorities defined in the National Development Strategy 2030. Operational implementation will rely on close collaboration with sectoral ministries, civil society organizations, academic institutions and national statistical agencies. National implementation will remain the default implementation modality to strengthen national ownership and capacity, while direct implementation may be applied in acute humanitarian emergencies requiring rapid response.

28. UNFPA will continue to apply the harmonized approach to cash transfers. To manage financial risks, partnerships with implementing partners will be subject to the periodic assurance activities (micro-assessments, audits, spot-check) to ensure accountability, strengthen the management systems of implementing partners, and ensure use of resources to the intended purposes. UNFPA will ensure internal control and continued use of the enterprise resources planning and reporting systems to cover the other programme implementation modalities and ensure mitigation of all potential risks relating to the use of funds. Internal and external audits will be done for the whole programme. Within the United Nations country team, UNFPA will leverage joint expertise through collaborative programmes and operations maximizing efficiency, promoting complementarities and avoiding duplication, in accordance with the principle of unity of action.

29. To ensure effective programme implementation, the country office will maintain an agile organizational structure aligned with programme priorities. Staff capacities will be continuously adjusted to meet emerging technical needs, with additional support mobilized from the regional office and headquarters as required. The operational presence will combine a central office in Yaoundé, providing strategic leadership and technical expertise, with decentralized field presence to ensure local oversight, real-time monitoring and coordination in priority intervention areas.

30. Resource mobilization will be guided by an integrated strategy aimed at diversifying funding sources and ensuring programme sustainability. Building on the success of the country compact, UNFPA will intensify advocacy to increase domestic funding for programme implementation and for scaling up and institutionalizing successful innovations from the previous cycle – specifically AlertGBV, YouthFP and Baby Box – by executing a targeted operational and financial roadmap. At the same time, innovative financing mechanisms will be explored, including partnerships with the private sector, international financial institutions and South-South and triangular cooperation, to bridge funding gaps and support the scaling up of high-impact interventions.

31. The programme will operate under multiple risks. The country office will explicitly link its risk monitoring to the UNFPA enterprise risk management system, recording, monitoring and updating risks quarterly with specific, evidence-based mitigation measures drawn from proven strategies of the previous cycle. Funding risks will be mitigated through diversified partnerships and strengthened domestic financing. To address the gap between available resources and estimated needs, the country office will develop a concrete strategy that includes scenario-based financial planning to anticipate funding shortfalls, alongside a detailed human resource gap analysis and realignment memo to ensure staff have the right skills mix for the shifting priorities. Security and operational risks in crisis-affected areas, particularly in the far north, north-west and south-west regions, will be managed through continuous security monitoring, strict adherence to United Nations security protocols, active humanitarian access negotiations with relevant local actors to ensure safe delivery of life-saving services, and robust business continuity planning. Environmental and climate-related risks, including floods, will be proactively monitored to ensure programme readiness and adaptability.

32. UNFPA will rigorously uphold its risk management policy, maintaining zero tolerance of fraud, corruption and wrong doings. Despite programme intentions, young people may be excluded from

meaningful participation. This will be mitigated through adopting meaningful youth engagement standards aligned with United Nations Youth2030 guidance.

33. UNFPA will maintain a robust commitment to prevent sexual exploitation, abuse and harassment and guarantee the respect, safety and protection of all right holders. It will do so through a multi-pillar strategy aligned with the UNFPA protection from sexual exploitation and abuse and harassment strategy and United Nations zero tolerance to sexual exploitation abuse through: systems and institutional accountability; sexual exploitation and abuse and harassment risk management and implementing partner oversight; sexual exploitation and abuse and harassment prevention and capacity-building, response and survivor-centred assistance; and interagency leadership and collaboration.

34. This country programme document presents UNFPA contributions to national results and constitutes the primary basis of accountability to the Executive Board for the alignment of results and resources allocated at the country level. Responsibilities of managers at the country, regional and headquarters levels regarding country programmes are defined by UNFPA programme and operations policies and procedures and reinforced through the internal control framework.

IV. Monitoring and evaluation

35. UNFPA and its partners will implement a robust monitoring and evaluation system, grounded in the principles of results-based management and fully aligned with the UNFPA Strategic Plan, 2026–2029, the UNSDCF, 2027–2031, and the National Development Strategy 2030. Programme performance monitoring will leverage UNFPA corporate platforms, including Quantum Plus and Customer Relationship Management, to ensure transparent and effective management of programmes and finances. Participatory monitoring mechanisms will be institutionalized, with quarterly, semi-annual and annual reviews coordinated by the General Department of Cooperation and Regional Integration of the Ministry of Economy, Planning and Regional Development. To ensure the voices of the most vulnerable are considered, these mechanisms will explicitly feature community-based monitoring involving them. These forums will facilitate joint analysis with sectoral ministries and implementing partners, enabling the identification of bottlenecks and the implementation of strategic adjustments in real time. This system will measure progress toward the four interconnected Strategic Plan outcomes while also fostering continuous learning, accountability and evidence-based decision-making, particularly in a national context characterized by overlapping humanitarian and development challenges.

36. A comprehensive evaluation framework will guide the assessment of the country programme in accordance with the UNFPA evaluation policy and the budgeted evaluation plan. A final evaluation will examine the relevance, effectiveness, efficiency and sustainability of interventions, with particular focus on their impact on gender equality and women and youth empowerment. UNFPA will also collaborate with other United Nations organizations on the final evaluation of the UNSDCF, while thematic evaluations will document good practices, lessons learned and innovative approaches to inform future programming. The country office will regularly update the UN-INFO platform with reports on its contributions to the UNSDCF and the SDGs.

37. Data and report quality assurance will remain a cross-cutting priority. In addition, training on results-based management and gender and human rights-sensitive data collection and analysis will be provided to office staff and national partners, consolidating a culture of performance and accountability.

RESULTS AND RESOURCES FRAMEWORK FOR CAMEROON (2027-2031)

NATIONAL PRIORITY: National Development Plan 2030. Pillar 2: Human capital development and well-being.				
UNSDCF OUTCOME: By 2031, people in Cameroon, especially women, youth, children and vulnerable groups, including refugees, internally displaced persons, persons with disabilities and indigenous peoples, have increased, equitable, sustainable and integrated access to quality basic social services and acquire relevant skills aligned with market demand, enabling them to reach their full potential.				
RELATED UNFPA STRATEGIC PLAN OUTCOME(S): 1. Reduction in the unmet need for family planning has accelerated; 2. Reduction of preventable maternal deaths has accelerated.				
UNSDCF outcome indicators, baselines, targets	Country programme outputs	Output indicators, baselines and targets	Partner contributions	Indicative resources
<u>UNSDCF outcome indicator(s):</u> Proportion of births attended by skilled health personnel <i>Baseline: 69%;</i> <i>Target: 95% (2031)</i>	<u>Output 1.</u> By 2031, the capacities of health systems, institutions and communities are strengthened to provide integrated, accessible, equitable and quality sexual and reproductive health and gender-based violence services, including maternal health, family planning, adolescent and youth health, HIV prevention, and sexual violence response in development and humanitarian contexts.	- Number of people who received services related to comprehensive sexual and reproductive health, prevention and protection from gender-based violence and harmful practices in all settings (disaggregated by women, young people, people with disabilities and type of services, targeted health district and region <i>Baseline: 0; Target: 300,000</i> - Country has a functional electronic logistics management information system for contraceptives, maternal health medicines and HIV-related drugs at all central-level warehouses, with explicit features to ensure 'last-mile' delivery <i>Baseline: No; Target: Yes</i> - Number of midwives trained and deployed, including in humanitarian areas (disaggregation by pre-service/in-service and humanitarian/non-humanitarian) <i>Baseline: 57; Target: 200</i> - Number of obstetrical fistula surgeries directly supported by UNFPA <i>Baseline: 1,596; Target: 2,036</i> - Number of adolescents/young people who have acquired quality knowledge of family life education (disaggregated by school status and disability) <i>Baseline: 637; Target: 10,000</i> - Percentage of people who have access to an emergency obstetric and newborn care health facility network (basic emergency obstetric and newborn care or comprehensive emergency obstetric and newborn care) within a two-hour travel time. <i>Baseline: : 67%; Target: 85%</i>	Ministry of Health, Ministry of Economy, Planning and Regional Development; Ministry of Youth Affairs and Civic Education; Ministry of Secondary Education. WHO, UNICEF, UNAIDS, World Bank, African Development Bank, Inter-American Development bank. Society of Gynaecologists and Obstetricians of Cameroon, Cameroon National Planning Association for Family Welfare, Association of Midwives, faith-based organizations, and youth-led organizations (AFRIYAN, SHARe, RECAJ+, LOYOC)	\$21.9 million (\$5.9 million from regular resources and \$16.0 million from other resources)
NATIONAL PRIORITY: National Development Plan 2030. Pillar 2: Human capital development and well-being; Pillar 4: Governance.				
UNSDCF OUTCOME: By 2031, institutions at the central and decentralized levels are effective, inclusive and participatory, ensuring governance based on transparency, accountability, digital innovation and data use, integrating risk management and resilience to social and environmental shocks				

RELATED UNFPA STRATEGIC PLAN OUTCOME(S): 3. Reduction in gender-based violence and harmful practices has accelerated.				
UNSDCF outcome indicators, baselines, targets	Country programme outputs	Output indicators, baselines and targets	Partner contributions	Indicative resources
UNSDCF outcome indicator(s): - Representation rate of: (a) women; and (b) young people in political decision-making bodies (government, parliament, constitutional council) and in local governance (mayors and municipal councils) <i>Baseline: (a) 22.2%; (b) 4.9%; Target: (a) 37%; (b) 15%</i> - Number of key legal reforms newly adopted that incorporate inclusion standards <i>Baseline: 0; Target: 3</i>	Output 2. By 2031, the capacities of systems, institutions, individuals and communities are strengthened to end/eliminate gender-based violence and harmful practices, promote gender equality, and support the empowerment of women and young people, particularly the most vulnerable, in development and humanitarian contexts.	- Number of women-led coalitions and movements that advocate for gender equality and sexual and reproductive health during the year <i>Baseline: 65; Target: 158</i> - Number of youth-led coalitions and movements that advocate for gender equality and sexual and reproductive health during the year <i>Baseline: 29; Target: 100</i> - Number of vulnerable adolescent girls (aged 10–19 years) benefiting from UNFPA-supported girl-centred programmes that empower them with knowledge, life skills, assets and social networks (disaggregated by vulnerable groups and targeted region). <i>Baseline: 0; Target: 2500</i> - Country had a dedicated programme or initiative to empower vulnerable girls with knowledge, life skills, assets and social networks (national scale implementation). <i>Baseline: No; Target: Yes</i> - Country had a national human rights mechanism for tracking human rights obligations related to gender equality, sexual and reproductive health, gender-based violence and harmful practices <i>Baseline: No; Target: Yes</i>	Ministry of Women's Empowerment and the Family; Ministry of Social Affairs; Ministry of Youth Affairs and Civic Education; Ministry of Employment and Vocational Training; Ministry of Secondary Education; Ministry of Justice, Ministry of Defence. UN-Women, UNICEF, UNDP, UNHCR, UNESCO, FAO, IOM, OHCHR, World Bank, African Development Bank, Inter-American Development Bank. ALVFF, LUKMEF, TEENALIVE, ACAHIJEC, ALDEPA, CAMP, ACAFEJ, APDDH, ASBY, WACAMEROON, AfriYAN, RENATA, LOYOC, traditional and religious leaders, National Council for Women, girls and women scientists	\$17.5 million (\$4.7 million from regular resources and \$12.8 million from other resources)
NATIONAL PRIORITY: National Development Plan 2030. Pillar 4: Governance, decentralization and strategic management of the State (statistics and planning).				
UNSDCF OUTCOME: By 2031, institutions at the central and decentralized levels are effective, inclusive and participatory, ensuring governance based on transparency, accountability, digital innovation and data use, integrating risk management and resilience to social and environmental shocks.				
RELATED UNFPA STRATEGIC PLAN OUTCOME(S): 4. Adapt to demographic change through evidence and rights-based policies				
UNSDCF outcome indicators, baselines, targets	Country programme outputs	Output indicators, baselines and targets	Partner contributions	Indicative resources
UNSDCF outcome indicator(s): Percentage of municipalities regularly producing and publishing reports on the implementation of participatory accountability mechanisms in place <i>Baseline: 15%;</i>	Output 3. By 2031, the capacities of systems, institutions and communities are strengthened to regularly produce, analyse, integrate and use up-to-date,	- Country produced inclusive and disability-disaggregated population data outputs from either censuses, surveys, civil registration and vital statistics systems, or administrative records (Strategic Plan indicator 1.5) <i>Baseline: No; Target: Yes</i> - Country conducted analysis or reviews of the impact of population change and other megatrends in advancing sustainable development and acceleration of the four outcomes,	Ministry of Economy, Planning and Regional Development; Ministry of Health; Ministry of Youth Affairs and Civic Education; Ministry of Women's Empowerment and the Family; Ministry of	\$7.5 million (\$2.4 million from regular resources and \$5.1 million from other resources)

Target: 50%	disaggregated and inclusive sociodemographic data and carry out forecasting to inform planning, resource mobilization and monitoring of public policies, particularly those related to the ICPD and the four interconnected Strategic Plan outcomes.	including climate-ready interventions and disaster preparedness and programmes. (Strategic Plan indicator 1.6) <i>Baseline: No; Target: Yes</i> - Country conducted and applied futures analysis, or scenario planning, or anticipatory analysis to inform the development or updating of plans, policies and programmes related to the four interconnected Strategic Plan outcomes (Strategic Plan indicator 1.7) <i>Baseline: No; Target: Yes</i> - Percentage of domestic resources and innovative financing (e.g., from international financial institutions and/or the private sector and government) successfully mobilized <i>Baseline: 0%; Target: 80%</i>	Decentralization and Local Development; Central Bureau of Censuses and Population Studies; National Institute of Statistics. World Bank, Economic Commission for Africa, United Nations system, Institute for Demographic Training and Research, universities, decentralized territorial collectivises...	
Programme coordination and management				\$1.8 million from regular resources