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UNFPA – Country programmes and related matters

United Nations Population Fund

Country programme document for Cameroon

Proposed indicative UNFPA assistance:	\$60 million: \$19 million from regular resources and \$41 million through co-financing modalities or other resources
Programme period:	Five years (2022-2026)
Cycle of assistance:	Eight
Category:	Tier I
Alignment with the UNSDCF cycle	United Nations Sustainable Development Cooperation Framework, 2022-2026



I. Programme rationale

1. The population of Cameroon is estimated at 26 million, with 33 per cent aged 15-24 years.¹ The poverty rate declined from 39.9 per cent in 2007 to 37.5 per cent in 2014, though with a persistence in rural areas (57 per cent) and peaks in the far north (74 per cent). The United Nations Sustainable Development Cooperation Framework (UNSDCF) and the national 2035 Vision underline the centrality of human capital and gender and regional equality in achieving the Sustainable Development Goals (SDGs).

2. In addition to the COVID-19 pandemic, the country faces security and humanitarian crises characterized by the continuous influx of refugees in the eastern and Adamawa regions, Boko Haram attacks in the far north region, and sociopolitical crises in the northwest and southwest regions, with internally displaced persons in two bordering regions. The study on the socioeconomic impact of the COVID-19 pandemic showed a decrease in household income (15 per cent), affecting in particular people living with disabilities and the elderly, and threatening access to maternal health, family planning and gender-based violence services.²

3. The maternal mortality ratio declined from 782 to 406 deaths per 100,000 live births and obstetric fistula prevalence dropped slightly, from 0.4 to 0.3 per cent between 2011 and 2018.³ The proportion of births attended by skilled personnel increased from 65 to 69 per cent, the lowest levels (37 per cent) being in northern regions.

4. Still, maternal health remains a concern. By prioritizing women and children, especially those at risk of being left behind, universal health coverage presents opportunities to eradicate obstetrical fistula by 2028 and meet the related national SDG targets.

The modern contraceptive prevalence rate increased from 14.4 per cent in 2011 to 15.4 per cent in 2018, with persistent regional disparities – 6 per cent in Adamawa, 6.7 per cent in the far north and 6.9 per cent in the northwest – while the fertility rate declined from 5.0 per cent to 4.8 per cent.⁴ Meeting the unmet need for family planning increased from 18 per cent to 23 per cent between 2011 and 2018, reflecting the intense information and education campaigns among communities and young people. The unsatisfied need for family planning stands higher in the South region (34 per cent) and among youth and adolescent girls (47 per cent). A notable operational barrier is the stock-out of family planning commodities, invariably at 49 per cent, due to the insufficient digital logistics information management system, which has resulted in tenacious supply chain breakdowns.⁵

5. Notwithstanding efforts, young people's potential is yet to be fulfilled to harness the demographic dividend. Gender inequalities and sociocultural barriers expose them to poverty, high-risk coping tactics, radicalization and violent extremism in a few regions. The adolescent fertility birth rate is 122 per thousand, and the contribution of adolescent girls to maternal mortality is 26 per cent.⁶ Young people aged 15-24 years are vulnerable to HIV infection (1.3 per cent), women and girls registering the highest levels. Domestic violence affects 32 per cent of women aged 15-49 years, including pregnant women, particularly in the central region, which recorded a high of 5 per cent.⁷

6. The production, dissemination and use of disaggregated sociodemographic data, including civil registration and vital statistics systems, are affected by insufficient resources. The last census was in 2005. The recent fourth census initiated in 2019 is using digital devices, though delayed due to a lack of resources and sociopolitical crises in some regions.

¹ National Institute of Statistics, 2016.

² National Institute of Statistics, 2020.

³ Fifth demographic and health survey.

⁴ Ibid.

⁵ 2020 facility survey.

⁶ Fifth demographic and health survey.

⁷ Ibid.

7. Cameroon committed to intensifying the implementation of the International Conference on Population and Development (ICPD) Programme of Action focusing on the three transformative results and supporting the development of human capital and well-being to achieve the National Development Strategy 2030 and the 2030 Agenda for Sustainable Development. The investment case analysis on the three transformative results led by the Minister of Public Health will support advocacy and leveraging of strategic partnerships, resource mobilization and funding.

8. Key achievements from the current country programme evaluation include: strengthening of emergency obstetric and neonatal care; creating women and youth safe spaces and humanitarian coordination mechanisms; availability of sociodemographic data through the fifth demographic and health survey and the cartography and pilot census and a national demographic dividend roadmap. It recommended mainstreaming humanitarian issues and including a dedicated gender output in the new country programme.

9. The main lessons learned include (a) building capacity and empowering communities are crucial to intensify emergency obstetric and neonatal care; (b) the humanitarian-development-peace continuum approach is instrumental in responding to maternal health, family planning and gender-based violence needs in humanitarian, security and COVID-19 contexts while strengthening community empowerment; (c) coordination of cross-border interventions in the Lake Chad Basin from UNFPA teams in Cameroon, Nigeria, Niger and Chad contributes to optimizing community resilience.

10. Key challenges of the programme include (a) insufficient coverage of emergency obstetric and neonatal care; (b) low access to integrated maternal health, family planning and HIV-prevention services; (c) weak implementation of the ‘last mile’ delivery approach; (d) truncated relevance of family life education and life skills response to the vulnerability of youth to economic and environmental shocks; (e) social and cultural norms limit women’s and girls’ empowerment; (f) inconsistent availability of disaggregated population data for real-time, evidence-based decision-making; (g) inadequate continuity of maternal health, family planning, HIV prevention and gender-based violence services for vulnerable people in crisis-affected regions.

II. Programme priorities and partnerships

11. The proposed country programme builds on lessons from the previous country programme, 2017-2021. It is aligned with the national priorities, as laid out in the National Development Strategy 2030, in particular the pillar on developing human capital and well-being, the national engagements made on the 25th anniversary of the ICPD (ICPD+25) at the Nairobi Summit, the ICPD Programme of Action, the Strategic Plan, 2022-2025, the 2030 Agenda, and the African Union Agenda 2063. It is also anchored in the UNSDCF, 2022-2026, particularly outcomes 2.1, 2.2 and 3, to contribute to the attainment of nationalized Goals 1, 3, 5, 10, 13, 16 and 17.

12. From its theory of change, the country programme is committed to increasing, by 2026, by 10 per cent the proportion of births attended by skilled health personnel in the targeted regions, which contributes mostly to the reduction of preventable maternal deaths. Achievement of this result will happen by realizing the five interconnected outputs on quality-of-care and family planning and maternal health services; adolescent and youth empowerment; transforming gender and social norms; and improving data accessibility and population changes. Prioritized interventions to realize these outputs are determined from selected pathways for acceleration that include integration of services, scaling-up, and strengthening capacity.

13. The country programme was developed using a participatory approach involving the main stakeholders from the Government, United Nations organizations, national and international non-governmental organizations (NGOs), civil society, and youth and women organizations. These stakeholders will be involved at different steps of implementation, monitoring and evaluation of the programme to ensure full accountability and progress.

14. Central to this programme is the principle of leaving no one behind, particularly those left furthest behind, focusing on women, girls and youth in extreme poverty and insecurity and humanitarian challenged areas, living with HIV and disabilities, exposed to violent extremism, and displaced persons with low access to health, education and protection. Emphasis will be on women and adolescent girls most at-risk of maternal death or affected by obstetric fistula, survivors of and those exposed to gender-based violence and harmful practices, including forced marriage.

15. The country programme will be implemented at national and regional levels, with a focus on the regions showing the lowest sociodemographic indicators on gender equality, maternal health, and family planning: Adamawa, Centre, Far North, East, North, Northwest, West, Littoral and Southwest. The programme will contribute to achieving two key SDG accelerators, among those selected by the Government in 2019: increased allocations to health and family planning, and improved governance through regional and local decentralized entities. Other accelerators involve the use of data and evidence, innovation, digitalization and partnerships.

16. Strengthening community resilience by investing in women's and youth empowerment following the humanitarian-development-peace continuum approach will be integral to the programme. Therefore, humanitarian action will prioritize life-saving interventions by ensuring continuity in the provision of the minimum initial service package reinforced by holistic gender-based violence services. Attention will be paid to mental and psychological care to the most vulnerable and at-risk populations (pregnant women, gender-based violence survivors, people with disabilities, etc.) integrating protection and livelihood needs. Humanitarian action will also cover response to floods or droughts, particularly in the northern regions, that create disruptions in access to health services and life-saving commodities, including contraceptives. In the same vein, evidence-based advocacy and sensitization will be conducted to better understand the interrelation of population dynamics, reproductive health, and gender to climate change.

17. The country programme will seek to support delivering voluntary family planning services to the 'last mile'. The focus will be on strengthening resilient supply chains, partnering with the private sector for transportation of commodities and with other partners to escalate the installation of solar kits in health facilities that will ensure a protective environment in the conservation of reproductive health and contraceptive commodities and limit stock-outs in remote areas. Community-based distribution of family-planning products will be reinforced by strengthening the capacity and participation of all community actors and by using virtual delivery modes, such as mobile learning, to disseminate information and services that create demand. The UNFPA Supplies Partnership will also continue.

18. The country programme will continue to facilitate innovative platforms to increase national capacity to promote community cohesion, peacebuilding, and prevention of violent extremism and to effectively improve inclusive access and use of integrated maternal health, voluntary family planning, HIV prevention, and gender-based violence services. The programme will invest in the resilience of women and young people affected by crises to empower them through capacity-building and support their organizations to foster their participation in conflict management and peacebuilding.

19. To accelerate the achievement of the three zeros, the country programme will apply all modes of engagement: advocacy and policy; knowledge management; coordination, South-South and triangular cooperation and partnerships; capacity-building and service delivery and innovative approaches. To intensify and expand progress, the programme will adopt the innovative model of the Sahel Women's Empowerment and Demographic Dividend (SWEDD) programme that Cameroon joined to boost development by accelerating demographic transition and harnessing the demographic dividend through greater investments in women and girls. The SWEDD model combines, in the three regions targeted by the programme, interventions related to the education of adolescent girls, women's economic empowerment, life skills, social protection, provision of integrated maternal health, family planning, HIV prevention and gender-based violence services. To help

accelerate the reduction of the three zeros in the Lake Chad Basin severely hit by environmental and insecurity crisis, the programme will intensify its articulation with the regional strategy for stabilization, recovery and resilience in the Lake Chad Basin region, through the UNFPA regional platform for the Lake Chad Basin. As part of this coordination, the programme will continue to support the commitment of young people to lasting peace, security, stability, and development among affected communities.

20. While adopting a cross-cutting communication strategy involving digital technology, the country programme will deploy national, social and behavioural change communications approaches seeking to increase demand-creation, access and use of youth responsive and age-appropriate integrated maternal health, and voluntary family planning information and services that help women and girls avoid unwanted pregnancies and keep girls at school, thereby accelerating women's and youth's empowerment.

21. Such strategies will intensify national efforts to eradicate obstetric fistula, gender-based violence, child marriage and other harmful practices.

22. Through the country programme, UNFPA will collaborate with the United Nations system to reinforce peacebuilding initiatives and access to justice for women and girls, with UNDP, the United Nations Children's Fund (UNICEF), and the United Nations Entity for Gender Equality and Women's Empowerment (UN-Women); continue efforts to strengthen the health system, especially the national emergency obstetric and neonatal care network, and resilience to outbreaks, with UNICEF and the World Health Organization (WHO); advocate for gender mainstreaming (UN-Women); improve access to integrated maternal health, voluntary family planning, HIV prevention and gender-based violence services in the context of universal health care through innovative microfinance activities, with the International Labour Organization (ILO); respond to integrated maternal health, voluntary family planning, HIV prevention and gender-based violence needs of displaced people, with the International Organization for Migration (IOM), the Office of the United Nations High Commissioner for Refugees (UNHCR), and the World Food Programme (WFP). Existing partnerships with the local affiliate to the International Planned Parenthood Federation (IPPF) and with United Nations Volunteers will be intensified to build the leadership and civic participation of youth associations while sustaining the agility of service delivery at the field level. Partnerships will be established with national stakeholders, including the Government and national human rights institutions. Enabling country office capacity to conduct and use inclusive and culturally based assessments will help scale up innovations and leverage the use of digital technology.

23. UNFPA is recognized as the main actor of political, technical and financial influence and has technical expertise in active advocacy and capacity-building in the areas related to ICPD Programme of Action and the three transformative results.

A. Family planning

24. *Output 1. By 2026, strengthened capacity of systems and institutions to provide high-quality, comprehensive and integrated voluntary family planning services, including supplies.*

25. The prioritized interventions are to (a) conduct advocacy and policy dialogue towards key stakeholders to ensure the sustainability of contraceptives supply; (b) strengthen institutional capacity on logistic supply-chain management to ensure availability of commodities to the 'last mile'; (c) reinforce the capacity of health-care providers on innovative strategies, community-based distribution and community-directed interventions in age-appropriate reproductive health, HIV prevention for adolescent and youth, and voluntary family planning; (d) strengthen the capacity of identified key stakeholders on the use of digital technology and demand-creation for voluntary family planning among vulnerable groups, particularly adolescent girls, youth, and persons living with disabilities; and (e) strengthen institutional capacity to ensure voluntary family planning and minimum initial service package implementation in humanitarian settings and under the COVID-19 situation.

B. Maternal health

26. *Output 2. By 2026, strengthened the capacity of the health system, institutions and communities in line with universal health coverage to provide quality and integrated maternal and neonatal health services, including in humanitarian settings and public health emergencies.*

27. The prioritized interventions are to (a) conduct advocacy and policy dialogue in line with the universal health coverage strategy for the recruitment of midwives for maternities within emergency obstetric and neonatal care networks supported by UNFPA; (b) conduct advocacy and policy dialogue in line with the universal health coverage strategy for additional cost reduction of reproductive maternal neonatal child health-adolescents services; (c) reinforce the emergency obstetric and neonatal care functions and national emergency obstetric and neonatal care network, including the use of telemedicine; (d) strengthen the capacity of identified stakeholders to implement decentralized and community-directed interventions, with a focus on adolescent girls, persons living with disabilities, and women with obstetric fistula; (e) support the accreditation of midwifery schools as per International Confederation of Midwives (ICM) standards in support of training of midwives; (f) strengthen institutional capacity to ensure the minimum initial service package implementation and continuity of maternal health, voluntary family planning, HIV prevention and gender-based violence services in humanitarian settings, the COVID-19 situation and other public health emergencies.

C. Adolescents and youth

28. *Output 3. By 2026, strengthened national capabilities to increase the knowledge and skills, leadership and participation of adolescents and youth in age-appropriate reproductive health, voluntary family planning, family life education, including HIV and gender-based violence prevention, and their resilience to social, economic and environmental shocks*

29. The prioritized interventions are to (a) conduct advocacy and policy dialogue towards key stakeholders to consider young people's perspectives in policy and programme documents focusing on maternal health, voluntary family planning, and HIV prevention to increase choices for women and adolescents to avoid unwanted pregnancies and HIV; (b) strengthen institutional capacity to implement tailored and age-appropriate family life education, focusing on the needs of vulnerable groups of young people; (c) reinforce the capacity of community mobilization actors, especially young people and the most vulnerable (young girls, youth leaving with disabilities, etc.) in promoting life skills, preventing HIV and utilizing reproductive health-responsive youth services; (d) support innovative initiatives, including digital solutions led by platforms, networks and organizations of young people in remote areas, to promote access to age-appropriate family life education, including gender-based violence and HIV prevention among vulnerable groups of young people; (e) strengthen institutional capacity, in particular that of youth-led organizations, to improve institutional and community mechanisms that promote youth resilience, and participation in political dialogue, conflict prevention, and peacebuilding processes, notably around the Lake Chad basin; (f) scale up impactful youth volunteering initiatives to improve youth leadership skills; (g) strengthen institutional capacity to coordinate youth-oriented interventions and the commitment of young people to lasting peace, security, stability and development among affected communities around the Lake Chad basin; and (h) reinforce joint programmes with other United Nations organizations.

D. Gender-based violence

30. *Output 4. By 2026, strengthened national capacity for women's empowerment, prevention and response to gender-based violence, harmful social and gender norms and practices, particularly female genital mutilation and child marriage, including in humanitarian settings and public health emergencies.*

31. The prioritized interventions are to: (a) strengthen the capacity of women-led organizations, men and youth platforms for the elimination of discriminatory gender and

sociocultural norms affecting women's and girls' empowerment; (b) conduct advocacy and policy dialogue towards key stakeholders to ensure women's and girls' protection against gender-based violence and harmful practices in an ethical way; (c) reinforce the capacity of safe spaces to provide quality holistic and ethical response services to gender-based violence and harmful practices, as well as information on maternal health, voluntary family planning services, and women's rights; (d) strengthen the capacity of key stakeholders in gender-based violence management to prevent and respond to gender-based violence, including referrals to adequate high quality services; (e) strengthen the coordination of the gender-based violence sub-cluster in humanitarian settings; and (f) strengthen the institutional capacity to continue implementation of the gender-based violence information management system.

E. Population data for development

32. *Output 5. By 2026, enhanced national capacity for production, dissemination and use of disaggregated population data for development, monitoring and evaluation of policies and programmes, especially those related to sexual and reproductive health and reproductive rights, including in humanitarian settings.*

33. The prioritized interventions are to (a) accompany the Government in mobilizing resources (technical and financial) for the finalization of the fourth census; (b) support the sixth demographic and health survey, the multi-indicator cluster survey, facility surveys and generation of civil registration and vital statistics, contributing to the production of disaggregated data and evidence for programming and Sustainable Development Goals follow-up, focusing on the furthest behind at the national and subnational levels; (c) strengthen the capacities of potential users to utilize data for evidence-based programming and decision-making; (d) contribute to the production and dissemination of Sustainable Development Goals and UNSDCF reports; (e) strengthen the institutional capacity to set up an integrated database for results and evidence-based management of the programme; (f) strengthen the institutional capacity to produce subnational data and mapping and to conduct rapid needs assessments and common operational data on population to support humanitarian response; (g) conduct and disseminate thematic studies and evaluations on sexual and reproductive health, gender-based violence, family planning and youth, to inform policy-making, follow-up and evaluation of the national ICPD Programme of Action and Sustainable Development Goals; (h) strengthen the institutional capacity to implement and follow up the post-Nairobi voluntary national commitments actions plan and the Sustainable Development Goals; (i) strengthen national capacity on promotion (advocacy, sensitization/communication), programming and budgeting that are sensitive to the demographic dividend; and (j) provide technical and financial support for the operationalization of the national roadmap for demographic dividend.

III. Programme and risk management

34. The country programme management will be aligned to UNSDCF implementation carried on by the United Nations country team, under the leadership of the Resident Coordinator in close cooperation with the Government. The Ministry of Economy, Planning and Regional Development (MINEPAT) will coordinate the programme while engaging the line ministries of the five programmatic outputs and the Ministry of External Relations. MINEPAT will co-organize with UNFPA consultation and coordination meetings to ensure accountability, visibility and documentation of the results of the programme. For each output, the appropriate line ministry will coordinate the activities of implementing partners supporting the outcome.

35. National execution will be the main implementing modality while strengthening national capacity for the harmonized approach cash transfer (HACT) in coordination with other United Nations organizations to manage financial risks. A capacity-building plan for implementing partners will be developed and implemented to improve the management and accountability of the programme. Direct execution will also be considered if needed. Spot-check audits and enterprise risk management will be carried out as per UNFPA procedures

and their recommendations implemented to improve programme delivery. Standard operating procedures will be put in place to reinforce programme management.

36. The UNFPA country office in Cameroon consists of the Representative, the Deputy Representative and the International Operation Manager and other programme and operational staff based at the head office in Yaoundé, and three sub-offices, two of which are located in Maroua (Far North), one in Bertoua (East), and three workspaces in Bamenda (Northwest), Buea (Southwest) and Douala (Littoral). National sexual and reproductive health specialists are seconded to the Ministry of Health in Garoua (North), Ngaoundere (Adamawa), and Yaoundé (Centre). In addition, a temporary appointment will be recruited to support the fourth census. As highlighted in the realignment report, the country office will adjust its human resources capacity. The presence of other United Nations entities co-located with UNFPA outside Yaoundé, in the Far North, Northwest, Southwest and East regions, offers potential savings options to extend the UNFPA programmatic footprint. Based on its comparative advantages, UNFPA will play a leadership role in its areas of expertise, such as the provision of contraceptive products, family planning, and tailored sexual reproductive health for youth, obstetric fistula services, and gender-based violence prevention and response. At the regional level, joint programmes will be implemented with other United Nations organizations, such as IOM, UNDP, UNICEF and WFP, especially at the regional level, following the ‘delivering-as-one’ approach.

37. A major risk to the success of the country programme is that UNFPA may fail to mobilize the expertise required to provide the cutting-edge policy and strategic advice needed to support the development of partnerships, resources mobilization, humanitarian coordination, midwifery programme and programmatic innovation, South-South cooperation and knowledge management. Besides strengthening the office typology, UNFPA will continuously build its country office staff’s skills to better match the evolving needs and it will strategically leverage expertise from UNFPA regional office and headquarters, as well as from the United Nations system in Cameroon.

38. The country office developed an integrated partnership and resources mobilization plan that includes United Nations organizations, bilateral and non-traditional donors, the private sector, South-South and triangular cooperation, and the Government to implement the programme.

39. The persistence of the COVID-19 pandemic and other public health emergencies, as well as sociopolitical and security crises, and escalation of insecurity in the Far North region, remain major risks during this programme cycle, with negative effects on sexual and reproductive health and gender equality. To mitigate those risks, UNFPA will conduct regular environmental scanning as well as operational and risk management assessments. In case of emergency, to ensure continuity of sexual and reproductive health services within humanitarian settings and under the COVID-19 pandemic, in consultation with the Government and other United Nations organizations, the country office will redirect its interventions, based on an objective assessment and update of its contingency plans, and implement a programme criticality.

40. This country programme document outlines UNFPA contributions to national results and serves as the primary unit of accountability to the Executive Board for results alignment and resources assigned to the programme at the country level. Accountabilities of managers at the country, regional and headquarters levels concerning country programmes are prescribed in the UNFPA programme and operations policies and procedures, and the internal control framework.

IV. Monitoring and evaluation

41. The monitoring and evaluation plan will be set up in line with the UNSDCF, 2022-2026, mechanism. It will be based on the principles of results-based management. In collaboration with partners, real-time monitoring data collection and analysis will be conducted and analytical reports will be produced using organizational tools and innovative methods, including digital platforms. Systematic quality assurance of data and reports will be carried

out. Joint follow-up missions, and semester and annual reviews, will be organized. In support of ‘delivering-as-one’, these reviews will feed into UNSDCF annual reports and UN-Info reports on progress towards achieving the Sustainable Development Goals.

42. A mid-term review of the country programme will be organized with all stakeholders to assess progress in achieving results and to agree on corrective measures to be taken. Throughout the programme cycle, research will be conducted to continuously inform and adjust the direction, strategies and modalities of the programme. Donor-funded projects will also be assessed, as per the agreement.

43. Considering that the country programme will be implemented in the context of United Nations system reform, the Nairobi summit on ICPD+25 and the COVID-19 pandemic, the final programme evaluation, as indicated in the costed evaluation plan, will be conducted to assess progress made in fulfilling the commitments of the United Nations system in support of the Government, as well as the programme’s ability to adjust to emerging events in the framework of humanitarian-development-peace nexus. In line with the United Nations and National Institute of Statistics agreement, the programme will help to strengthen the national statistics information system for regular production of high-quality population data to track the country's progress towards fulfilling its voluntary national commitments to the ICPD Programme of Action and the Sustainable Development Goals programme and risk management.

RESULTS AND RESOURCES FRAMEWORK FOR CAMEROON (2022-2026)

NATIONAL PRIORITY: Pillar 2 National Development Strategy 2030: Development of human capital and well-being; Axis 2: Health development and nutrition.				
RELATED UNFPA STRATEGIC PLAN OUTCOME(S): Reduction unmet need in family planning accelerated. Reduction and preventable maternal deaths accelerated.				
UNSDCF outcome indicators, baselines, targets	Country programme outputs	Output indicators, baselines and targets	Partner contributions	Indicative resources
<p><u>UNSDCF outcome indicators:</u></p> <ul style="list-style-type: none"> Proportion of births attended by qualified health workers <i>Baseline: 69%; Target: 72%</i> Prevalence of adolescent pregnancies <i>Baseline: 19.2%; Target: 15%</i> <p><u>Related UNFPA Strategic Plan outcome indicator(s):</u></p> <ul style="list-style-type: none"> Proportion of (a) primary service delivery points; and (b) secondary and tertiary service delivery points have at least three modern family-planning methods available <i>Baseline: 52%; Target: 85%</i> 	<p>Output 1. By 2026, strengthened capacity of systems, institutions and communities to provide high-quality, comprehensive and integrated family planning services, including supplies.</p>	<ul style="list-style-type: none"> Number of health facilities providing integrated quality family planning, sexual and reproductive health services tailored for adolescents including in humanitarian settings. <i>Baseline: 20; Target: 150</i> Number of distribution and dispensing health facilities and structures for reproductive health and family planning commodities using a functional e-LMIS for forecasting and tracking reproductive health/family planning stocks. <i>Baseline: 300; Target: 1250</i> Number of new users of modern family planning methods including in humanitarian context and public health emergencies. <i>Baseline: 0; Target: 650 000</i> 	<p>Ministry of Public Health, Ministry of Women's Empowerment and the Family (MOWAF), Ministry of Decentralization and Local Development (MINDEVEL), Ministry of Territorial Administration and Decentralization, Ministry of territorial administration (MINAT), National Multisector Programme to Combat Maternal Newborn and Child Mortality (PLMI), UNFPA, WHO, UNICEF, Centre for Disease Control (CDC), the Global Fund to Fight AIDS, Tuberculosis and Malaria, Clinton Health Action Initiative (CHAI), German Society for International Co-operation (GIZ), Associate for Cameroon Social Marketing (ACMS), Cameroon National Association for Family Welfare (CAMNAFAW), Cameroon Baptist Convention Health Services, (CBCHS), United Nations High Commissioner for Refugees (UNHCR)</p>	<p>\$12 million (\$2 million from regular resources and \$10 million from other resources)</p>
	<p>Output 2. By 2026, strengthened capacity of the health system, institutions and communities in line with universal health coverage to provide quality and integrated maternal and neonatal health services including in humanitarian settings and public health emergencies.</p>	<ul style="list-style-type: none"> Number of health facilities in the national emergency obstetrics and neonatal care network providing integrated maternal and neonatal health services (including gender-based violence, obstetric fistula, family planning) taking into account the humanitarian context and public health emergency <i>Baseline: 100; Target: 300</i> Number of women and girls living with obstetric fistula who have received surgical repair <i>Baseline: 1198; Target: 2698</i> Number of midwifery initial training schools accredited and their programmes in line with the International Confederation of Midwives <i>Baseline: 0; Target: 6</i> Number of health care providers trained on innovative strategies, community-based distribution and community-directed interventions in sexual reproductive health for 		

		adolescent and youth and family planning <i>Baseline: 20; Target:150</i>		
	Output 3. By 2026, strengthened national capabilities to increase the knowledge and skills, leadership and participation of adolescents and youth in age-appropriate reproductive health, voluntary FP, family life education including HIV and GBV prevention and their resilience to social, economic and environmental shocks	<ul style="list-style-type: none"> Number of structures that implement age-appropriate family life education (including HIV) programs at the school and out of school levels following international standards or technical and programme guidance <i>Baseline: 85; Target:300</i> Number of innovative initiatives led by platforms, networks and organizations of young people, including those of vulnerable groups, to promote access to age-appropriate family life education, reproductive health, FP, ad GBV services in remote areas <i>Baseline: 0; Target:50</i> Number of policies, programmes and projects formulated or implemented with the participation of youth <i>Baseline: 10; Target:30</i> 	Ministry of Youth Affairs and Civic Education, Ministry of Secondary Education, Ministry for Women’s Empowerment and the Family, Ministry of Health, Ministry of Basic Education, Ministry of Higher Education, Ministry of Social Affairs, Ministry of Decentralization and Local Development, UNICEF, UNESCO, UNDP, PLAN International, Cameroon National Association for Family Welfare (CAMNAFAW), Cameroon National Youth Council (CNJC), civil society organizations, non-governmental organizations of Cameroon	\$9 million (\$4.5 million from regular resources and \$4.5 million from other resources)
NATIONAL PRIORITY: Pillar 2 National Development Strategy 2030: Development of human capital and well-being; Axis 2: Health development and nutrition.				
UNSDCF OUTCOME: Outcome 2.2: By 2026, gaps in key socio-economic indicators are narrowed, reflecting greater gender equality and progress in empowering young people, women and girls, and other vulnerable groups including humanitarian settings. (Goals 1, 2, 3, 4, 5, 6, 7, 8, 9, 10, 11, 12, 13, 14, 15, 16, 17)				
RELATED UNFPA STRATEGIC PLAN OUTCOME(S): Outcome 3: Reduction of gender-based violence and harmful practices accelerated.				
UNSDCF outcome indicators, baselines, targets	Country programme outputs	Output indicators, baselines and targets	Partner contributions	Indicative resources
UNSDCF outcome indicators: <ul style="list-style-type: none"> Proportion of women aged 15 to 49 making their own informed decisions about sex, contraceptive use and reproductive health care <i>Baseline: 19%; Target: 25%</i> Proportion of women and girls aged 15 and over who have lived in a relationship, victims of physical, sexual or emotional violence inflicted in the previous 12 months by their current or former partner, by 	Output 4. By 2026, strengthened national capacity for women’s empowerment, prevention and response to GBV, harmful social and gender norms and practices, particularly female genital mutilation (FGM) and child marriage, including in humanitarian settings and public health emergencies.	<ul style="list-style-type: none"> Number of platforms involving men in programmes to promote positive social norms, gender equality and reproductive health and rights, including humanitarian and public health emergencies <i>Baseline: 36; Target: 150</i> Number of safe spaces set up that provide education on life skills, gender equality, life-saving reproductive health, HIV prevention, and family planning information, holistic response to GBV and harmful practices survivors, including for women and girls living with disabilities or/and indigenous peoples <i>Baseline: 25; Target:100</i> Number of women and girls who have access to at least one essential GBV service 	Ministry of Women’s Empowerment and the Family (MOWAF), Ministry of Health, UNFPA UNICEF, UNESCO, World Bank, UN-Women, Cameroonian Association Of Women Lawyers (ACAFEJ), Martin Luther Jr. King Memorial Foundation, (LUKMEF), Community Initiative for Sustainable Development (COMINSUD), National Network of Aunties Associations (RENATA), Cameroon National Association for Family Welfare (CAMNAFAW), Association for Combatting Violence against Women (ALVF), African Youth Adolescents Network,	\$9.8 million (\$3.5 million from regular resources and \$6.3 million from other resources)

<p>age and location of the events <i>Baseline: 31%;Target: 15%</i></p> <ul style="list-style-type: none"> • Proportion of women and girls aged 15 and over who have been sexually abused in the previous 12 months by someone other than their intimate partner by age and location of the incident <i>Baseline: 14%; Target: 8%</i> 		<p>(psychosocial, medical, legal, security, socio-economic), including in the context of crises. <i>Baseline: 58028; Target:220 000</i></p>	<p>(AFRIYAN), Cameroon National Youth Council (CNJC), Cameroon Baptist Convention Health Service (CBCHS)</p>	
<p>NATIONAL PRIORITY: Pillar 4 National Development Strategy 2030: Governance, decentralization and strategic state management (all four axes of Pillar 4) and monitoring and evaluation.</p>				
<p>UNSDCF OUTCOME: Outcome 3: By 2026, young people, women, the most vulnerable groups, people with disabilities, are actively contributing to the effectiveness of policies and the performance of public institutions at the national, regional and communal level, and enjoying their rights fully.</p>				
<p>STRATEGIC PRIORITIES: Strategic priority 3: Institutional support and citizen participation.</p>				
<p>RELATED UNFPA STRATEGIC PLAN OUTCOME(S): Outcomes 1: Reduction unmet need in family planning accelerated; 2: Reduction and preventable maternal deaths accelerated; 3: Reduction of gender-based violence and harmful practices accelerated.</p>				
UNSDCF outcome indicators, baselines, targets	Country programme outputs	Output indicators, baselines and targets	Partner contributions	Indicative resources
<p><u>UNSDCF outcome indicators:</u></p> <ul style="list-style-type: none"> • Proportion of sustainable development indicators produced and disseminated at the national level with complete disintegration where appropriate <i>Baseline: 65%;Target: 100%</i> 	<p>Output 5. By 2026, enhanced national capacity for production, dissemination and use of disaggregated population data for development, monitoring and evaluation of policies and programs especially those related to sexual and reproductive health and reproductive rights, including in humanitarian settings.</p>	<ul style="list-style-type: none"> • Number of data collection operations with their reports (census, demographic and health survey (DHS), multiple indicator cluster surveys, facility surveys) carried out with the support of UNFPA <i>Baseline: 0; Target: 6</i> • Number of studies, mappings, assessments, small-area estimations, population analysis and monographs, including from censuses, DHS, civil registration and vital statistics, analysis, conducted in reproductive health, family planning, GBV, and demographic dividend, to guide the programme's interventions and monitoring, the Sustainable Development Goals, the ICPD, including humanitarian and health emergencies <i>Baseline: 0; Target:17</i> • Number of national actors capacitated in the analysis and use of population, health, family planning and GBV data for the formulation, monitoring, and evaluation of policies and programmes, especially those related to sexual and reproductive health and the demographic dividend <i>Baseline: 0; Target:300</i> 	<p>Ministry of Economy, Planning and Regional Development, National Institution of Statistics, Central Bureau of Census and Population Studies, Institute of Demographic Training and Research</p>	<p>\$8.2 million (\$3.0 million from regular resources and \$5.2 million from other resources)</p>

		<ul style="list-style-type: none"> • Number of initiatives such as political statement, national forum, advocacy and sensitization sessions and platforms implemented to promote and follow-up the implementation, follow up and evaluation of the demographic dividend and the national voluntary commitments to the ICPD <i>Baseline: 0; Target:17</i> 		
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