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Country programme document

Cameroon

Summary

The country programme document (CPD) for Cameroon is presented to the Executive Board for discussion and approval at the present session, on a no-objection basis. The CPD includes a proposed aggregate indicative budget of $54,105,000 from regular resources, subject to the availability of funds, and $98,460,000 in other resources, subject to the availability of specific-purpose contributions, for the period 2027 to 2031.

* E/ICEF/2026/25.

Note: The present document was processed in its entirety by UNICEF.

Programme rationale

1. This country programme builds on over five decades of partnership between UNICEF and the Government of Cameroon to advance the rights of every child. Recent investments in girls' participation and birth registration have delivered results, including reaching over 5,600 girls through the Girls' Rights Forum, and enabling 48,000 children to obtain legal identity through expanded registration services across most municipalities, illustrating a steadfast commitment to realizing children's rights for a brighter future.[1]

2. Cameroon has a young population, with nearly half of the 29.9 million inhabitants under 18 years in 2025. Children under 5 represent 17 per cent of the population, while adolescents aged 10–18 account for 21 per cent, and young people aged 10–24 represent 33 per cent.[2] With an annual growth rate of 2.6 per cent, the population is expected to reach 34 million by 2030, including 31 per cent young people aged 10–24 years.[3] The urban share of the population has increased from 40.8 per cent in 1992 to 58.7 per cent in 2022 with about one in every three urban dwellers living in the two major cities (Yaoundé, the capital, and Douala, a major port city)[4] – challenging education, health and other services to keep pace with growing demand.

3. Cameroon is a lower-middle-income country with a gross national income per capita of $1,700 in 2024.[5] In 2021–2022, 37.7 per cent of the population lived below the poverty line.[6] Poverty reduction efforts have stalled over the past two decades. While inequality has diminished (from 44.0 to 42.9 during 2014–2021),[7] child income poverty rose from 44.2 per cent in 2014[8] to 45 per cent in 2022.[9] The most vulnerable children are poor, living in the North-West (74.1 per cent), Far North (73.9 per cent), North (65.6 per cent), East (49.3 per cent) and Adamawa (49.1 per cent) regions, which are affected by humanitarian crises and vulnerable to shocks.[10] Gender inequalities compound these disparities, with Cameroon ranked ninety-seventh of 146 countries in the 2024 Global Gender Gap Index.

4. Significant progress has been made to address macroeconomic imbalances, economic recovery, and inclusive growth with the reform programme mostly on track. Although falling short of the economic growth target of 6.6 per cent set by the

[1] UNICEF Cameroon, *Annual Report 2024* (Yaoundé, 2024), available at https://www.unicef.org/cameroon/reports/annual-report-2024; UNICEF Cameroon, *Annual Report Republic of Cameroon 2025* (Yaoundé, 2025) (forthcoming).

[2] Cameroon, Bureau Central des Recensements et Etudes de Population, 2020. Data obtained calculated from the United Nations Populations Division projections 2024 available at https://population.un.org/wpp/.

[3] Cameroon, National Institute of Statistics (INS), 2024. Data obtained calculated from the United Nations Populations Division projections 2024 available at https://population.un.org/wpp/.

[4] United Nations Population Division, 2019. Data calculated from the United Nations Populations Division projections 2024 available at https://population.un.org/wpp/.

[5] World Bank, "GNI per capita, Atlas method (current US$) – Cameroon", World Development Indicators, 2024, available at https://data.worldbank.org/indicator/NY.GNP.PCAP.CD?locations=CM.

[6] Enquête Camerounaise auprès des ménages ECAM 5, 2024. Key indicators published by Cameroon, INS.

[7] Ibid.

[8] Cameroon, INS, 2022, available at https://ins-cameroun.cm/en/statistique/fifth-cameroon-household-survey-ecam5situation-of-household-living-conditions-in-2021-2022policy-brief/

[9] Cameroon, INS, 2024, available at https://documents1.worldbank.org/curated/en/099062225204533850/pdf/P179778-2a6748ee-fb32-4be3-bbad-f374f1dca4e2.pdf.

[10] Cameroon, INS, *Fifth Cameroon Household Survey (ECAM5): Situation of Household Living Conditions in 2021–2022. Policy Guidance Note* (Yaoundé, 2024), available at https://ins-cameroun.cm/wp-content/uploads/2025/07/Brochure-Ecam-5-En-1.pdf.

Stratégie Nationale de Développement 2020–2030 (SND30), [11] an encouraging performance was registered for the period of 2021–2024 averaging 3.4 per cent, which surpasses the annual average established by the Central Africa Economic and Monetary Community (2.7 per cent), and is on par with the sub-Saharan Africa (3.6 per cent) projections.[12]

5. While Cameroon remains committed to the 2030 Agenda for Sustainable Development, progress is uneven. The *Sustainable Development Report 2025* ranks the country 132nd out of 167. Of 45 child-related indicators, only 4 require moderate effort, while 8 need considerable and 20 need major acceleration. [13] Progress is constrained by limited financing, climate and environmental pressures, insecurity, and governance challenges, highlighting the need for integrated, system-strengthening approaches.

6. Governmental resolve to strengthen the framework for children's rights is notable, including the adoption of laws and policies on the protection of children.[14] Cameroon submitted its sixth and seventh Convention on the Rights of the Child periodic progress reports in September 2023, and the fourth Universal Periodic Review report underwent review in April 2024.

7. Three of ten regions (Far North, Northwest and Southwest) remain in a state of humanitarian crisis.[15] As of December 2024, multifaceted insecurity has resulted in 2.1 million displaced persons, including 970,000 internally displaced persons, 700,000 returnees, and 408,000 refugees, 60 per cent of whom are in long-term displacement exceeding 10 years. [16] The SND30 leverages the humanitarian-development-peace nexus to strengthen social cohesion and institutional resilience, with a focus on decentralization aiming to mitigate structural inequalities by enhancing access to basic services and economic livelihoods.

8. A total of 15 per cent of children in Cameroon were estimated to be living with disabilities in 2024,[17] with school attendance increasing by 5 percentage points since 2016.[18] Following the 2017 recommendations of the Committee on the Rights of the Child, the Inclusive Education Policy adopted in 2024 provides a platform to address the needs of learners with disabilities, strengthen services and advance inclusive education, demonstrating the commitment to leave no child behind.

[11] Rapport d'évaluation à mi-parcours de la SND30 (MINEPAT), 2025, available at https://www.scribd.com/document/991185164/Rapport-d-Valuation-Mi-Parcours-de-La-SND30-1769532843.

[12] Cameroon, Ministry of the Economy, Planning and Regional Development, *Rapport d'évaluation à mi-parcours de la SND30* (Yaoundé, 2025).

[13] Jeffrey D. Sachs and others, *Sustainable Development Report 2025: Financing Sustainable Development to 2030 and Mid-Century* (Dublin, Dublin University Press, 2025), available at https://dashboards.sdgindex.org/. See also "Rankings", Sustainable Development Report Dashboards, available at https://dashboards.sdgindex.org/rankings/ (accessed 19 February 2026).

[14] Law no. 2023/009 of 25 July 2023 on the Protection of Children Online; the National Inclusive Education Policy (2025); Law no. 2024/016 of 23 December 2024 and the Plan Strategique de modernisation du systeme d'enregistrement des faits d'Etat Civil et de Production des Statistiques d'Etat Civil (NPA) 2025–2029, organizing and modernizing the civil registry and vital statistics.

[15] United Nations Office for the Coordination of Humanitarian Affairs (OCHA), *Cameroon Humanitarian Response Plan* 2025 (New York and Geneva, 2025), available at https://www.unocha.org/publications/report/cameroon/cameroon-2025-humanitarian-response-plan-january-2025.

[16] OCHA, *Cameroon Humanitarian Needs Overview* (New York and Geneva, 2025), available at https://reliefweb.int/report/cameroon/cameroon-humanitarian-needs-overview-2025-january-2025.

[17] Committee on the Rights of Persons with Disability (CRPD) First State Party report, 2025 (forthcoming).

[18] Ibid.

9. Improving child survival remains a national priority, with resource allocation guided by cost-effectiveness and focus on high-impact interventions. Infant and neonatal mortality rates decreased from 48 to 41 deaths per 1,000 live births and 26 to 25 deaths per 1,000 live births respectively, while the under-5 mortality rate dropped from 72 to 67 deaths per 1,000 live births from 2020 to 2024.[19] Neonatal deaths account for half of all deaths of children under the age of 5 years.[20] The main causes of death in children under 5 are malaria (14 per cent), pneumonia (13 per cent) and diarrhoea (9 per cent),[21] with malnutrition as an underlying factor in nearly half of all cases.[22]

10. Advances have been made to reduce the maternal mortality ratio from 342 per 100,000 live births (2020) to 258 per 100,000 live births (2024),[23] yet critical gaps persist in access. Progress is hampered by uneven coverage and quality of essential water, sanitation and hygiene (WASH), nutrition, and child and maternal health services: only 65 per cent of pregnant women receive four or more antenatal care visits; 69 per cent of deliveries are assisted by a skilled birth attendant; and 60 per cent of mothers receive postnatal care within two days after birth.[24] Girls transitioning into adolescence face additional vulnerabilities, including early pregnancy, and limited access to adolescent-friendly services.[25]

11. Recurring measles outbreaks have been registered in eight regions and cholera in four of the 10 regions in 2020.[26] Despite national DTP3 coverage having reached 89.9 per cent in 2025,[27] "zero-dose" and under-immunized children are clustered in hard-to-reach districts with known entrenched behaviour barriers. In 2024, Cameroon was the first country in the world to successfully integrate vaccination against malaria into the routine immunization programme, covering 42 districts.

12. Persistent challenges remain in reducing stunting (29 per cent) and wasting (4.3 per cent). The prevalence of anaemia is noted at 57 per cent among children under the age of 5 years, and 40 per cent among women of reproductive age. Four in five children aged 6–23 months lack the minimum dietary diversity, and one in three experience severe food poverty, consuming only zero to two food groups daily out of the recommended eight.[28]

13. The health sector received 4.3 per cent and 4.1 per cent of the national budget in 2020 and 2024 respectively. Out-of-pocket payments for healthcare average 72 per cent of total health expenditure compared to 34 per cent average in sub-Saharan

[19] United Nations Inter-Agency Group for Child Mortality Estimations (UN-IGME), *Levels & Trends in Child Mortality: Report 2024* (New York, UNICEF, 2024), available at https://data.unicef.org/wp-content/uploads/2025/03/UNIGME-2024-Child-Mortality-Report_28-March.pdf.

[20] Cameroon, INS and ICF, *Cameroon: 2018 Demographic and Health Survey. Summary Report* (Rockville, Maryland, INS and ICF, 2020), available at https://dhsprogram.com/methodology/survey/survey-display-511.cfm.

[21] UN-IGME, *Levels & Trends in Child Mortality*.

[22] Robert E. Black and others, "Maternal and child undernutrition and overweight in low-income and middle-income counties", *Lancet*, vol. 382, No. 9890 (August 2013), pp. 427–451.

[23] WHO, UNICEF, UNFPA, World Bank Group and UNDESA/Population Division, *Trends in Maternal Mortality Estimates 2000 to 2023* (Geneva, WHO, 2025), available at https://www.who.int/publications/i/item/9789240108462.

[24] UN-IGME, *Levels & Trends in Child Mortality*.

[25] WHO Regional Office for Africa, "Adolescent health in Cameroon" (Brazzaville, 2018), available at https://www.afro.who.int/sites/default/files/2019-08/9%20Cameroon%20AH18052018.pdf.

[26] Cameroon, Ministry of Health, *EPI – Expanded Programme on Immunization: Annual Report* (Yaoundé, 2025).

[27] Ibid.

[28] Cameroon, INS and ICF, *Cameroon: 2018 Demographic and Health Survey*, available in French at https://dhsprogram.com/methodology/survey/survey-display-511.cfm.

Africa.[29] Universal health coverage, piloted in 2023 targeted seven regions offering prenatal and postnatal (the first 42 days) services to pregnant women and newborns. Results are promising with expectations to gradually increase coverage to all ten regions by 2030.

14. Pre-primary enrolment for children 5 years of age increased from 34 per cent in 2020/21 to 41 per cent in 2023/24, yet this progress is overshadowed by stark disparities in the Far North (8 per cent) and the North (12 per cent). At the primary level, the national completion rate was estimated at 76 per cent in 2022/23, but drops to 62 per cent in the Far North.[30] Gender parity in primary education, though favourable at the national level (0.91), is lower in the northern regions, particularly the Far North (0.79) and the North (0.76), where girls are less likely to complete primary school. Disparities widen at secondary level, where the national enrolment rate for 12–15-year-old learners is 53 per cent, compared to only 19 per cent in the North-West.[31]

15. Although school enrolment has increased over the past decade, about 1.1 million children were out of school in 2024, of which 61 per cent were girls. Even though the transition rate from primary to secondary increased from 58 per cent in 2020/22 to 61 per cent in 2023/24, over 11 per cent of primary learners (age 6–11 years) were out of school. The lack of birth registration documents remains a major constraint for exam eligibility and transition to secondary education.[32]

16. Quality of learning is low across all grade levels. Learning assessments found that 72 per cent aged 10 years are unable to read and understand a simple text, 60 per cent of learners finishing primary lack minimum reading proficiency, and 67 per cent do not meet basic standards in mathematics. The shortage of qualified teachers and their inequitable geographical deployment contribute to overcrowded classes with an average student-teacher ratio of 43:1.[33] Only 42 per cent of primary schools have a functional water point, and 63 per cent have gender-sensitive sanitation facilities that allow for menstrual hygiene management, particularly affecting girls, especially those with disabilities.[34]

17. The share of the national budget allocated to the education sector is 14 per cent,[35] with intrasectoral distribution disadvantaging basic education, and hampering infrastructure development, teacher deployment and the operationalization of inclusive education. The burden of direct and indirect costs borne annually by households for fees, uniforms, supplies and transportation averages about $32 per primary learner and $77 per preschooler.[36]

18. Access to WASH services has improved since 2020, with 71 per cent of the population accessing basic drinking water in 2024 compared to 66 per cent in 2021. But there has been little change for rural households, which are particularly deprived, with 52 per cent having access. Only 22 per cent of rural households have basic

[29] Cameroon, Ministry of the Economy, Planning and Regional Development, *Rapport d'évaluation à mi-parcours de la SND30*.
[30] Cameroon, Ministry of Basic Education (MINEDUB), *Statistical Yearbook 2023/24*, (Yaoundé, 2025).
[31] Cameroon, INS, *Fifth Cameroon Household Survey (ECAM5)*.
[32] Cameroon, Ministry of the Economy, Planning and Regional Development, *Rapport d'évaluation à mi-parcours de la SND30*.
[33] Cameroon, Ministry of the Economy, Planning and Regional Development and Steering Committee for the Coordination and Monitoring of the Education Sector Wide Approach Implementation, *Diagnostic du secteur de l'éducation et de la formation du Cameroun* (Yaoundé, 2019) [in French], available at https://minesec.gov.cm/web/index.php/fr/borderaux/item/1339-resen-cameroun-2019.
[34] Cameroon, MINEDUB, *Statistical Yearbook 2023/24*.
[35] Cameroon, MINDEUB, *Statistical Yearbook 2022/23.*
[36] Ibid.

sanitation. In rural areas, including the insecure zones, many children lack access to safe water (52 per cent), sanitation (60 per cent), and menstrual hygiene products (58 per cent).[37] Barriers include gaps in accessibility of infrastructures, limited or inequitable financing and weak coordination of the WASH sector, as well as limited technical capacities at decentralized level, and persistent harmful social norms and behaviours.

19. Cameroon has made climate adaptation, environmental safety and disaster response main pillars of the SND30. The country ranks tenth among the 25 countries worldwide where children are the most exposed to climate and environmental hazards, shocks and stresses.[38] Climate change is increasing the frequency and severity of adverse weather events, further straining resources, increasing water scarcity and heightening existing vulnerabilities.

20. Gender inequality begins early and deepens during adolescence, with girls facing intersecting rights violations that differ from the risks faced by boys or adults. Early sexual violence is significant, with 20.8 per cent of girls in rural areas reporting having experienced sexual violence before age 15 (compared to 6.6 per cent of boys), contributing to early pregnancy (29 per cent before age 18) and disrupted schooling with long-term health consequences.[39] Unsafe learning environments further affect retention, as violence and discrimination in and around schools continue to discourage girls' attendance and progression.

21. Early marriage remains prevalent, with nearly 30 per cent of women aged 20–24 married before age 18 and 11 per cent married before the age of 15.[40] Girls' progression through secondary education remains limited, and only 8.3 per cent reach higher education, reducing economic opportunities.[41] These interconnected rights deprivations reinforce economic dependency, increase exposure to continued violence and contribute to intergenerational transmission of poverty, particularly in crisis-affected areas.

22. Although data confirming sexual violence and abuse of children is scarce, 7.7 per cent of girls and 2.9 per cent of boys aged 15–19 years were survivors in 2024.[42] A total of 85 per cent of children experience violence at home or in school, affecting boys (86 per cent) and girls (84 per cent).[43] The child protection management information system was launched in 2025, but requires further investment to strengthen data collection, enhance transparency and efficiency, and expedite response interventions. The process of broader reform and capacity-building of front-line workers is ongoing, and is fundamental in order to strengthen the system's ability to prevent and better respond to child protection violations.

[37] WHO/UNICEF Joint Monitoring Programme for Water Supply, Sanitation and Hygiene (JMP), *Progress on Household Drinking Water, Sanitation and Hygiene. 2000–2024: Special Focus on Inequalities* (Geneva and New York, 2025), available at https://data.unicef.org/resources/jmp-report-2025/.

[38] UNICEF, "Children's Climate and Environmental Risk Index (CCRI)", 2021, available at https://knowledge.unicef.org/CEED/resource/childrens-climate-and-environment-risk-index-ccri.

[39] Cameroon, National Institute of Statistics, *Women and Men, Girls and Boys in Cameroon* (Yaoundé, 2024), available at https://ins-cameroun.cm/wp-content/uploads/2025/07/Factbook_Cameroon_EN_2025_01_17.pdf.

[40] Cameroon, INS and ICF, *Cameroon: 2018 Demographic and Health Survey*.

[41] Investir en faveur des femmes: accélérer le rythme (2024), MINPROFF and INS, 2024.

[42] Ibid.

[43] Cameroon, INS, *Enquête par grappes à indicateurs multiples (MICS5): 2014. Cameroun. Rapport final* (Yaoundé, 2015) [in French], available at https://mics.unicef.org/sites/mics/files/Cameroon%202014%20MICS_French.pdf.

23. A total of 38 per cent of children under the age of 5 years are not registered at birth, hindering their access to essential newborn, child health and nutrition services.[44] The number of primary school students without birth certificates increased by 2.9 per cent in 2023/24.[45] Despite steady progress to reduce under-registration in 2024–2026, enhanced focus on interoperability between sector interventions and the promotion of positive social norms and practices are critical to increase the demand and accessibility for birth registration.

24. The General Code of Decentralized Territorial Collectives (CGCTD) enacted in 2019 is a critical step towards improving accountability to ensure adequate provision of local services that reflect local needs. This has also resulted in increased spending, greater coherence and synergy among social protection programmes. However, progress is slow, as only about 10 per cent of the poor households are covered by safety net programme.[46]

25. Lessons from the 2022–2026 country programme evaluation, research and consultations highlighted the cross-sector comparative advantage of UNICEF, and the need to strengthen interoperability and institutional capacity for subnational coordination, planning and budgeting. The country programme evaluation called for a systemic, multisectoral approach that strengthens national capacities to tackle overlapping deprivations and inequities, increasing the focus, scale and impact.

Programme priorities and partnerships

26. The 2027–2031 country programme sets out an innovative agenda to support the SND30 ambition to position human capital as a core pillar for structural economic transformation by 2030. It has been informed by consultations with Government, development partners, civil society organizations (CSOs), children and adolescents, especially girls. It is derived from the 2027–2031 United Nations Sustainable Development Cooperation Framework (UNSDCF) and will contribute to its three pillars, and is also aligned with the Africa Agenda 2063, UNICEF Africa strategy, UNICEF Strategic Plan 2026–2029, and its Gender Equality Action Plan 2026–2029.

27. The overall goal of the country programme is that children and adolescents have increased and equitable access to quality inclusive social services and to a protective environment that enables their rights to survive, thrive, learn, grow up free of violence and develop to their full potential.

28. UNICEF, under the leadership of the Government and associated implementing partners, will apply a mix of the following strategies to boost results:

(a) **Child rights advocacy:** Shared value partnerships will position child rights as a lever to influence policies and investments in favour of children, engaging with academia, community leaders and children to strengthen decentralized governance and social accountability mechanisms.

(b) **Girls' empowerment and youth engagement**: A multisectoral, girl-intentional approach will ensure that interventions systematically identify and address **barriers** affecting girls' access to services, promoting meaningful participation in decision-making processes that affect their lives and engaging families and communities to address harmful gender norms.

[44] Cameroon, INS and ICF, *Cameroon: 2018 Demographic and Health Survey*.
[45] Cameroon, Ministry of Secondary Education, *MINESEC Statistical Yearbook 2023–2024* (Yaoundé, 2024), available at https://www.minesec.gov.cm/web/index.php/fr/communiques/item/1824-annuaire-statistique-minesec-2023-2024.
[46] Social Safety Net Project review, World bank 2025.

(c) **Social and behaviour change (SBC) and community engagement**: Positioning local authorities and communities in leadership roles to address social and gender norms, generate and use community insights, strengthen accountability, and improve service provision quality, trust, and uptake of health and positive family care practices.

(d) **Humanitarian-development-peace nexus**: Shock-adaptive and resilient systems including social protection schemes will be strengthened for continuity of essential services before, during and after crises, including through anticipatory action, to mitigate the impact of shocks on children and communities.

Child survival and development

29. In alignment with UNSDCF outcome 1 and with particular focus on the first 1,000 days, UNICEF, along with other partners, will support the Government to improve the survival rate and healthy development of newborns, with targeted attention to adolescent girls to prevent early pregnancy and ensure adolescent mothers have access quality maternal health, nutrition and counselling services.

30. The programme will strengthen health and nutrition systems through strategic planning and evidence generation, with a focus on improving the quality, equity and resilience of maternal, newborn and child health services. It will promote the integrated delivery of nurturing care, WASH and birth registration across facility and community platforms, while accelerating the identification and reach of zero-dose children within immunization programmes. Efforts will also prioritize more efficient and reliable health and nutrition supply chains, alongside stronger community health systems and municipal leadership to enhance social accountability and stimulate local demand for services.

31. In parallel, the programme will reinforce HIV prevention and the elimination of mother-to-child transmission, while advancing the availability of safe and nutritious foods, and promoting optimal breastfeeding, complementary feeding and responsive caregiving practices.

32. UNICEF will continue to strengthen and expand the health information system, including community data, and its ability to monitor, prepare for and respond to health-related emergencies.

33. The programme will strengthen social protection interventions to address systemic gaps, with a focus on health and nutrition vulnerabilities of young children and adolescent girls, and access to essential services for vulnerable households in shock-affected settings.

34. The programme will emphasize integrated human-centred SBC to reinforce community engagement platforms, and engagement with religious and traditional leaders on the promotion of positive parenting and early childhood stimulation.

Learning and skills in a safe and healthy environment

35. In alignment with UNSDCF outcome 1, this programme will promote access to inclusive quality education and skills development to improve learning outcomes, including life skills, through innovative approaches. It will strengthen education systems and standards, address gender and digital barriers to learning, and support integrated information systems for equitable decision-making and targeted financing. It will prioritize quality teaching, foundational learning, and safe and accessible environments to improve retention and transition.

36. The programme will prioritize out-of-school children, in particular girls, and promote intersectoral collaboration to ensure they gain foundational and digital skills

through learning continuity interventions, promoting adaptive and flexible learning pathways, including access to social protection programmes, strengthening school safety and protection, setting inclusive WASH standards for schools, and strengthening menstrual hygiene guidelines.

37. UNICEF will support Government to model scalable, climate-resilient education-WASH innovations, and integrate children's education and WASH adaptation needs into climate policies to sustain the provision of inclusive and climate-resilient WASH services to schools, health facilities and communities, and to protect learning continuity, especially for girls and children with disabilities.

38. The programme will reinforce the quality and effectiveness of teachings to improve learning outcomes and primary school completion rate. It will strengthen sustainability through local participatory governance structures including school councils, parent associations, community WASH committees and youth groups.

Protection from violence, abuse and harmful practices

39. In alignment with UNSDCF outcome 1, this component aims to ensure that an inclusive, adaptive and equitable child protection system is in place and used to prevent and respond to violence in all settings.

40. UNICEF will support the review of child protection laws to ensure harmonization with human rights and humanitarian instruments. It will advocate for increased allocations to child protection, the strengthening of referral and case management systems, and the expansion of a qualified social workforce.

41. UNICEF will strengthen civil registration and vital statistics (CRVS) systems and remove barriers to universal birth registration, including requirements to access social protection programmes.

42. The programme will prioritize the expansion of integrated protection services for girls and strengthen response capacity, particularly in crisis-affected areas. It will also strengthen girls' leadership and empowerment to combat gender-based violence, early marriage and other harmful practices.

43. UNICEF will support child rights education at school and community levels to promote actions and behaviours conducive to child rights, while ensuring safe and meaningful participation of children and adolescents, especially girls, through strengthened leadership and peer engagement.

Programme effectiveness

44. In alignment with UNSDCF outcome 3, this component will ensure strategic and results-based design, coordination and management of multisectoral programmes, to further programme excellence, the monitoring of progress against programme priorities, and evaluation for learning and accountability.

45. The component includes planning, monitoring, evidence generation and evaluation; child-sensitive social policy; SBC, community engagement, adaptive learning and accountability to affected populations; gender equality and adolescent development and participation; and partnerships, advocacy, and communication. This component will integrate emergency preparedness and anticipatory action to ensure timely multisectoral responses to crises. including capacity-building of national and local systems for sustainable disaster risk management.

Summary budget table

Programme component	*(In thousands of United States dollars)*		
	Regular resources	*Other resources*	*Total*
Child survival and development	16 232	29 538	45 770
Learning, skills, safe environment and WASH	8 116	39 384	47 500
Protection from violence, abuse and harmful practices	10 821	14 769	25 590
Programme effectiveness	18 936	14 769	33 705
Total	**54 105**	**98 460**	**152 565**

Programme and risk management

46. This CPD outlines UNICEF contribution to the SND30, the UNSDCF and the SDGs, and serves as the primary unit of accountability to the Executive Board for the achievement of results and resources assigned to the Cameroon country programme. Accountabilities of managers at the country, regional and headquarters levels for country programmes are prescribed in the organization's programme and operations policies and procedures.

47. The Ministry of Economy, Planning and Regional Development will coordinate planning, implementation and monitoring of the country programme with line ministries and departments responsible for implementation and management of programme components at the national and decentralized levels, based on jointly established multi-year workplans.

48. Analysis of risks and vulnerabilities, including humanitarian and climate-related risk analysis, will inform the risk management response.

49. UNICEF will coordinate across the United Nations system on the harmonized approach to cash transfers, strengthening accountability to affected populations, and the implementation of measures to prevent sexual exploitation and abuse.

50. UNICEF will work with local authorities to accelerate results for children and deliver humanitarian assistance through its field offices in Maroua, Bertoua and Buea. It will strengthen local capacities to integrate humanitarian and development programming, promote social cohesion, and address climate-related risks in line with the Core Commitments for Children. The programme will uphold a "do no harm" approach, including safeguarding against sexual exploitation and abuse.

51. UNICEF will enhance operational efficiency and effectiveness through strengthened governance, financial stewardship and risk management, including risks from global instability and unpredictable resources. These risks will be mitigated through strategic partnerships and innovative resource mobilization.

Monitoring, learning and evaluation

52. The country programme will strengthen institutional capacities to generate gender-, age- and disability-disaggregated data and harness the power of data and evidence to accelerate results for children. Country-led and United Nations joint

evaluations and studies will be prioritized, capitalizing on strategic linkages with the monitoring and evaluation functions of other United Nations entities to strengthen the national evaluation system, and identify opportunities for coherence, complementarity and cost-sharing.

53. Building on UNICEF-supported university child rights networks, the programme will conduct joint research and evaluations and strengthen the National Institute for Statistics (INS). It will improve timeliness and quality of analysis and promote evidence-based use of administrative data. INS coordination, oversight, accountability and dissemination will be reinforced, prioritizing quality and utility over volume.

54. Midyear and annual reviews, alongside field and humanitarian monitoring visits, will track progress and inform strategic adjustments. UNICEF will leverage digital monitoring systems to enable real-time tracking, strengthen feedback and accountability to affected populations, and support national monitoring of SND30 and SDGs in collaboration with the United Nations system.

Annex

Results and resources framework

Cameroon-UNICEF country programme of cooperation, 2027–2031

Convention on the Rights of the Child: Articles 2, 6, 12, 19, 22–24, 28, 29, 32–40

National priorities: National Development Strategy 2020–2030

UNSDCF outcomes involving UNICEF: 1, 3

Related Impact Results of the UNICEF Strategic Plan, 2026–2029: 1–5

UNSDCF outcomes	*UNICEF outcomes*	*Key progress indicators, baselines (B) and targets (T)*	*Means of verification*	*Indicative country programme outputs*	*Major partners, partnership frameworks*	*Indicative resources by country programme outcome: regular resources (RR), other resources (OR) (In thousands of United States dollars)*		
						RR	*OR*	*Total*
1. By 2031, people in Cameroon, especially, women, youths, children and vulnerable groups, notably refugees, internally displaced, persons with disabilities and Indigenous Peoples, benefit from increased equitable, sustainable and integrated access to quality social services, and	1. Improved and equitable access to quality primary healthcare and nutrition services, strengthened policies, and financing, for better health and nutrition outcomes for children and adolescents.	Coverage of essential maternal, newborn and child health interventions B: ANC4+: 65% Attendance of a skilled birth attendant: 69%[a] Postnatal care for newborn: 60%[b] T: ANC4+: 80% Skilled birth attendance: 80% Postnatal care for newborn: 80%	DHIS2 HMIS reports National health surveys Programme monitoring reports National Strategy on Reproductive, Maternal, Child, Adolescent, and Nutrition Health 2024–2030	1.1 Primary healthcare systems are strengthened to deliver quality, inclusive and resilient maternal, newborn, child, adolescent, HIV and nutrition care and services. 1.2 Families and communities adopt essential family practices increasing demand for quality health, HIV and nutrition services, with focus on first 1000 days. 1.3 Improved access to nutritious diets and healthy food environments for children, adolescents and women.	Ministry of Public Health, Ministry of Environment, Ministry of Finance, WHO UNFPA, World Bank	16 232	29 538	45 770
		Percentage of children 6–23 months who are fed minimum number of food groups B: 20%[c] T: 25%	DHS National nutrition surveys					

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acquire relevant market-aligned skills that enable them to fully realize their potential.		Percentage of children 6–59 months who received two annual doses of vitamin A supplementation B: 90%[d] T: 92%	DHIS2 HMIS reports	1.4 Improved health and nutrition policy implementation and accountability, and strengthened governance, financing and evidence systems.				
		Percentage of children who are exclusively breastfed B: 39%[e] T: 50%	DHIS National nutrition surveys					
		Percentage of health districts, in priority regions, that provide services for early detection and treatment of children with severe wasting. B: 42%[f] T: 55%						
		Percentage of pregnant women who received IFA 90+/MMS, in priority districts of Far North, North, East and Adamawa regions, for the prevention of anaemia and low birthweight. B: 54%[g] T:65%	DHIS/HMIS reports					

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						RR	*OR*	*Total*
		Country is polio-free B: Yes T: Yes	Ministry of Public Health declarations Global Polio Eradication Initiative reports					
		Percentage of HIV exposed infants tested HIV-positive at 6–8 weeks B: 2.41%[h] T: 1.5%	DHIS2 HMIS reports National health surveys					
1. (as above)	2. Increased equitable access to quality, inclusive and safe education and skills development opportunities, supported by sustainable, functional and climate-resilient WASH services across learning environments, health facilities and communities	Proportion of population using basic drinking water services B: 71 %[i] T: 75 %	MICS JMP	2.1 Improved governance, institutional framework, financing capacity and evidence-based policy- and decision-making for education and WASH sectors. 2.2 Reduced number of out-of-school children and improved foundational learning and skills. 2.3 Increased equitable and inclusive access to climate-resilient WASH services in the learning environment, health facilities and communities, in all settings.	Ministry of Water and Energy, Ministry of Environment and Sustainable Development, Ministry of Health, National Climate Change Observatory, Ministry of Basic Education, Ministry of Secondary Education, UNESCO, Plan International, Ministry of Higher Education and national	8 116	39 384	47 500
		Proportion of population using basic sanitation service B: 45 %[j] T: 55 %	MICS JMP					
		Number of children and adolescents newly enrolled or reintegrated into formal and alternative education pathways (pre-primary, primary, secondary and non-formal programmes) disaggregated by sex and disability.	EMIS Annual school census Administrative reports Enrolment and attendance registers					

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						RR	*OR*	*Total*
		B: 100 000 (2024) T: 500 000 Girls: 300 000 Boys: 200 000 Disability: 50 000	Alternative education databases		universities, Ministry of Youth and Civic Education, Ministry of Employment and Vocational Training, Ministry of Social Affairs (MINAS), ILO, World Bank, Islamic Development Bank			
		Proportion of children reaching minimum proficiency levels in reading and mathematics at the end of the primary cycle, disaggregated by sex and disability B: 30% (2024) T: 35% Girls: 34% Boys: 33%	National learning assessments Standardized assessment and foundational learning tools School-based assessment records and examination results					
1. (as above)	3. Increased proportion of children and adolescents registered and better protected from violence, abuse, exploitation and harmful practices through positive social and gender norms, and a strengthened, inclusive and resilient child	Maturity of child protection systems B: System enhancement (CPSS Scale of Global Monitoring Framework) (2025) T (2031): System maturity (CPSS Scale of Global Monitoring Framework)	CPSS benchmarks UNICEF/ MINAS reports	3.1 Laws and policies reviewed, aligned with international standards, and effectively implemented with stronger governance and resources. 3.2 Families, caregivers and communities adopted and sustained positive social behaviours and practices that promote child rights (including birth registration), and protect children, especially girls, from violence, abuse,	Government ministries and institutions; local governance; United Nations agencies; international and national financial institutions and bilateral/multilateral partners; community and social actors (traditional and religious leaders)	10 821	14 769	25 590
		Number of children and adolescents with access to child-adolescent-friendly integrated protection services (justice, social, education and health, including MHPSS)	National CP data systems: CPIMS, GBVIMS, 5Ws Monthly Reach, Operational Presence dashboards					

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	protection system.	Baseline: Through national child protection data systems (e.g. CPIMS+, GBVIMS, 5Ws Monthly Reach[k] Target: 250,000 At least 60% girls included	Government reports: MINAS, Ministry of Justice, Ministry of Education, Ministry of Health Partner monitoring reports: UNICEF, UNFPA, UN-Women and other child protection organizations	exploitation and harmful practices. 3.3 Improved coordination and delivery of integrated child protection and civil registration services, supported by an expanded specialized social service workforce at decentralized level.				
		Maturity of free and universal birth registration service within civil registration and vital statistics Baseline (2025): 5 (CRVS Scale Global Monitoring Framework) Target (2031): 6 (CRVS Scale Global Monitoring Framework) Percentage of children under 5 years of age who are registered at birth Baseline: 62% Target: 70%	CRVS reports Government monitoring websites BUNEC, UNICEF and United Nations reports/partner monitoring reports National CRVS systems Demographic and Health Surveys (DHS) Multiple Indicator Cluster Surveys (MICS)					
3. By 2031, central and decentralized institutions are participatory,	4. The country programme is efficiently designed, coordinated,	Percentage of management and programme indicators on track B: 92% (2025)	Insight/performance scorecard	4.1 Effective programme planning, monitoring, implementation and evaluation are delivered.	Ministry of Economy Planning and Regional Development	18 936	14 769	33 705

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						RR	*OR*	*Total*
inclusive and effective, ensuring governance embedded in accountability, transparency, numerical innovation, data utilization, risk management, and resilience to social and environmental shocks.	managed and supported to meet quality programming standards in achieving results for children and adolescents including in emergency preparedness, anticipatory action and timely multisectoral responses to humanitarian crises.	T: 95% Percentage of evaluation management responses completed on time B: 100% (2025) T: 100%	Internal reports	4.2 Integrated programming delivers effective social behaviour change, girls' empowerment and youth engagement, child rights advocacy, and adaptive social protection strategies.				
Total resources						**54 105**	**98 460**	**152 565**

[a] UN-IGME, *Levels & Trends in Child Mortality*.
[b] Cameroon, Ministry of Public Health, "DHIS2", 2025, available at https://dhis-minsante-cm.org/dhis-web-commons/security/login.action.
[c] Cameroon, INS and ICF, *Cameroon: 2018 Demographic and Health Survey*.
[d] Cameroon, Ministry of Public Health, "DHIS2".
[e] Cameroon, INS and ICF, *Cameroon: 2018 Demographic and Health Survey*.
[f] Ibid.
[g] Cameroon, Ministry of Public Health, "Sous direction de l'alimentation et de la nutrition", 2025, available at https://dps.minsante.cm/sous-direction-de-lalimentation-et-de-la-nutrition-5/.
[h] Cameroon, Ministry of Public Health, "DHIS", 2024, available at https://dhis-minsante-cm.org/dhis-web-commons/security/login.action.
[i] JMP, *Progress on Household Drinking Water, Sanitation and Hygiene*.
[j] Ibid.
[k] UNICEF Projects Divisions - Q1 2026.pdf.