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## United Nations Children's Fund

Executive Board

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Item 6 (a) of the provisional agenda\*

### 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 \$57,950,000 from regular resources, subject to the availability of funds, and \$146,000,000 in other resources, subject to the availability of specific-purpose contributions, for the period 2022 to 2026.

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\* E/ICEF/2021/23.



## Programme rationale

1. Cameroon has achieved significant socioeconomic progress over the past decade. Between 2010 and 2019, the gross domestic product (GDP) increased from 3.0 to 4.5 per cent.<sup>1</sup> Maternal mortality decreased from 732 to 406 deaths per 100,000 live births, the under-5 mortality rate decreased from 122 per 1,000 live births to 80 per 1,000 live births<sup>2</sup> and literacy among people aged 15 years and above rose from 71 to 77 per cent.<sup>3</sup> This progress has contributed to the progressive realization of the rights of children, who make up 49 per cent of the country's estimated 24.9 million inhabitants.<sup>4</sup> The aim of the National Development Strategy 2020–2030 is for Cameroon to become an emerging country and to advance its income classification from lower- to upper-middle income. Cameroon has one of the highest urbanization rates in sub-Saharan Africa, with 56 per cent of the population living in urban areas. According to the common country analysis, the pace of progress must be accelerated in order to meet Sustainable Development Goal targets.

2. Public spending on education as a percentage of the total national budget (14.7 per cent) is approaching the target of 15 to 20 per cent set in the Incheon Declaration: Education 2030 – towards inclusive and equitable quality education and lifelong learning for all,<sup>5</sup> while public spending on health (4.4 per cent of the total national budget) remains low in relation to the commitment of 15 per cent set in the Abuja Declaration.<sup>6</sup> The Government has taken measures to honour its commitments to increase public social spending, yet challenges remain in ensuring that resources reach children, especially the most vulnerable.

3. Children make up approximately half of the 4.4 million people in need of humanitarian assistance in 2021<sup>7</sup> in the Far North region, which forms part of the Lake Chad Basin, and the North-West, South-West and East regions. Each of these regions is characterized by specific challenges related to fragility, sociopolitical dynamics and humanitarian access. The country hosts approximately 441,000 refugees, principally from the Central African Republic and Nigeria.<sup>8</sup>

4. Multidimensional poverty stands at 47.5 per cent nationally, and reaches 75.1 per cent in the Far North region.<sup>9</sup> Insecurity in crisis-affected zones, combined with the effects of the coronavirus disease 2019 (COVID-19) pandemic, led to an economic contraction in 2020. The socioeconomic effects of the pandemic are expected to continue to strain the resilience of communities and institutions, limit investment in essential social services and increase social and economic vulnerabilities. For instance, school closures due to the COVID-19 pandemic affected 4.5 million primary school children in 2020, undermining progress towards the development of human capital.<sup>1</sup>

5. Neonatal mortality is particularly high in the East, North and Adamawa regions, with 41, 39 and 38 deaths per 1,000 live births, respectively, above the national rate

<sup>1</sup> Cameroon, National Development Strategy 2020–2030.

<sup>2</sup> Unless indicated otherwise, data is from the Cameroon demographic and health surveys of 2018 and 2011.

<sup>3</sup> World Bank, World Development Indicators.

<sup>4</sup> Bureau Central des Recensements et des Études de Population, July 2020.

<sup>5</sup> See United Nations Educational, Scientific and Cultural Organization, *Final Report of the World Education Forum 2015, Incheon, Republic of Korea, 19–22 May 2015* (Paris, 2015).

<sup>6</sup> Abuja Declaration on HIV/AIDS, Tuberculosis and Other Related Infectious Diseases, April 2001.

<sup>7</sup> Cameroon Humanitarian Response Plan 2021.

<sup>8</sup> Office of the United Nations High Commissioner for Refugees, Refugees Operational Data Portal, April 2021.

<sup>9</sup> Cameroon, public expenditure tracking survey, 2018–2019.

of 28 deaths per 1,000 live births. Only 52 per cent of children aged 12 to 23 months have received the required vaccinations (34 per cent of children in the lowest wealth quintile). The main bottlenecks are uneven access to quality health services across the regions, insufficient and underqualified health workers and frequent supply stockouts.

6. Only 38 per cent of children aged 0 to 14 years living with HIV have access to antiretroviral treatment (ART), versus 73 per cent for pregnant women. Adolescent girls aged 10 to 19 years are disproportionately affected, as they experience a rate of HIV infection nine times higher than adolescent boys.<sup>10</sup> Only one third of adolescents aged 15 to 19 years have comprehensive knowledge of HIV prevention, with girls particularly disadvantaged.

7. The proportion of children under 5 years of age affected by stunting decreased slightly from 32.5 per cent in 2011 to 29 per cent in 2018, with children in the lowest wealth quintile most affected (42 per cent). Wasting is most prevalent in the Far North and Adamawa regions (10 per cent). Only 11 per cent of children aged 6 to 23 months have access to a minimum acceptable diet. The rate of exclusive breastfeeding among children under six months of age stands at 32.5 per cent. Determinants of child malnutrition include insufficient knowledge and capacity to adopt optimal nutritional practices among parents and caregivers and inequitable access to quality and fortified foods.

8. Since 2000, the prevalence of open defecation has remained at 7 per cent, while in the Far North region it is more than double the national rate (16 per cent). Only 66 per cent of the population has access to drinking water, and rural areas are particularly deprived, with 44 per cent having access.<sup>11</sup> Access to water, sanitation and hygiene (WASH) services in schools is limited, such that 77 per cent of primary schools have no drinking water and 54 per cent have no sanitation services.<sup>12</sup> This is a key factor leading to the dropout of adolescent girls from school.

9. Between 2010 and 2018, the gross enrolment rate for preschool rose from 27 to 36 per cent. The primary school completion rate, however, remained at 72 per cent between 2012 and 2017 and is lower among girls (66 per cent)<sup>13</sup> and in the East region (66 per cent) and the Far North region (65 per cent).<sup>14</sup> Only 50 per cent of children who successfully complete the last year of primary school meet the minimum proficiency threshold in reading and mathematics.<sup>15</sup> Key bottlenecks include the costs associated with school attendance and the availability of qualified teachers, especially in rural areas.

10. Between 2011 and 2018, the proportion of women aged 20 to 24 who were married or in union before the age of 18 decreased from 38.4 to 29 per cent. Child marriage affects girls' access to secondary school and leads to dropouts. Moreover, 18 per cent of girls have their first sexual experience before the age of 15, leading to potential health risks, violence and school dropout related to early pregnancy. The reasons for the persistence of child marriage include socioeconomic factors, cultural practices and insufficient implementation of the national legal framework to end child marriage.

11. Among children under the age of 5 years, 62 per cent had their births registered in 2018, a reduction from 66 per cent in 2014. The lowest registration rates are in the Far North region (49 per cent) and the East region (43 per cent). Limited knowledge

<sup>10</sup> Cameroon population-based HIV impact assessment 2018.

<sup>11</sup> World Health Organization/UNICEF Joint Monitoring Programme (JMP), 2021 (forthcoming).

<sup>12</sup> JMP, 2019.

<sup>13</sup> Cameroon, National Development Strategy 2020–2030.

<sup>14</sup> Ministry of Basic Education, 2016.

<sup>15</sup> Status report on the national education system, 2020.

among parents of the importance of birth registration, costs related to registration, the inadequate capacity of the civil registry system and an outdated legal framework are key bottlenecks to achieving universal birth registration.

12. Lessons learned from evaluations reveal that: (a) effective planning at the subnational level facilitates the integration of interventions and is cost-effective; (b) multisectoral approaches to programme delivery can enhance the quality of social services for children and mothers; (c) inequitable social and gender norms hamper progress, holding girls back; and (d) the interoperability of the civil registry and health systems can improve birth registration outcomes.

## **Programme priorities and partnerships**

13. The vision of the country programme is that every girl and boy in Cameroon, including adolescents, survives, thrives, learns, is protected and develops her or his full potential, thereby contributing to human capital growth and well-being. This vision is aligned with the United Nations Sustainable Development Cooperation Framework (UNSDCF) 2022–2026; the National Development Strategy 2020–2030; the concluding observations of the Committee on the Rights of the Child; the UNICEF Strategic Plan and Gender Action Plan; the African Union Agenda 2063: The Africa We Want; and the Sustainable Development Goals.

14. To realize the vision, UNICEF will work in close partnership with Government institutions at the national and subnational levels, local councils, traditional authorities, civil society organizations (CSOs), United Nations agencies, non-governmental organizations (NGOs) and other development and private sector partners. The vision will be realized if: (a) domestic resource allocations for children are increased and the efficiency of public spending is improved; (b) national and regional authorities and local councils utilize evidence-based integrated models tested at the community level to scale up the coverage, capacity and quality of essential social services; (c) the demand for and use of child-centred social services by parents, families and communities is increased and sustained; (d) positive behavioural changes related to sociocultural and gender norms, beliefs and harmful practices are adopted; (e) the empowerment of girls and boys, including adolescents, as agents of change is achieved; (f) gender, socioeconomic and geographic inequalities are narrowed; (g) social cohesion is fostered, thereby enhancing the resilience of communities and systems to shocks and stresses, including the multiple effects of public health emergencies; and (h) access to children in need of humanitarian assistance is ensured.

15. In support of the Government's decentralization policy, the country programme will be implemented at both the national and subnational levels. At the national level, UNICEF will work with line ministries and partners towards the development of child-friendly policies delivered through multisectoral approaches. Technical and financial support will focus on national priorities for children, including immunization, birth registration and the prevention of stunting, which are among the key results for children in West and Central Africa. UNICEF will advocate for increased child-friendly budget allocation, at all levels.

16. At the subnational level, the country programme will prioritize the most deprived and emergency-prone regions, including the North, Far North, Adamawa, East, North-West and South-West regions. Adapting the country programme's overall strategic approach to the specificities of each region and leveraging UNICEF zone offices, UNICEF and partners will work with regional authorities, local councils, CSOs and the private sector to identify and remove bottlenecks and obstacles to the universal coverage of quality essential social services. This will be achieved through: (a) the strengthening of the systems and human capacities of regional delegations for planning, monitoring and information management; (b) improvement of the technical

and managerial capabilities of local NGOs and community organizations; and (c) the leveraging of additional resources, expertise and capacity from the private sector.

17. The design, assessment and scale-up of context-specific, sustainable and replicable models will begin in prioritized regions and the most deprived urban communes in Douala and Yaoundé. Key elements of these integrated models include: (a) effective community engagement, including with traditional and religious leaders and adolescents; (b) adequate resource planning, allocation and use of municipal budgets; and (c) social accountability and monitoring frameworks.

18. UNICEF, in partnership with community-based organizations, will work to foster positive social and gender norms that counter harmful practices and support the empowerment of women and girls. Social and behaviour change strategies will play a transformative role in the country programme, driving change in support of all programme components by catalysing social networks and traditional and innovative media channels to strengthen social cohesion.

19. UNICEF will engage with adolescents in the national development agenda by empowering them to express their views, be heard and claim their rights. Collaboration with influencers and opinion-makers through social media and U-Report will be expanded in order to promote the meaningful participation of boys and girls, including adolescents, as agents of change in their communities.

20. The country programme will pursue risk-informed humanitarian and development nexus programming and contribute to social cohesion and peace; enhance emergency prevention, preparedness and response; and strengthen the resilience of systems and communities, in line with the UNICEF Core Commitments for Children in Humanitarian Action and the Inter-Agency Standing Committee Transformative Agenda. In areas affected by emergencies, UNICEF will provide direct assistance to affected children and their families, including internally displaced persons (IDP) and refugees.

### **Every child survives and thrives**

21. In line with the National Health Sector Strategy 2016–2027, the National Strategic Plan to Combat HIV, AIDS and Sexually Transmitted Infections 2021–2023 and outcomes 2.1, 2.2, 3 and 4 of the UNSDCF, UNICEF will focus on strengthening health systems and supporting policy development at the national and subnational levels. UNICEF, together with the Ministry of Public Health, the World Health Organization (WHO), the United Nations Population Fund (UNFPA), the United Nations Entity for Gender Equality and the Empowerment of Women (UN-Women), the Joint United Nations Programme on HIV/AIDS, Gavi, the Vaccine Alliance, and the Global Financing Facility for Women, Children and Adolescents, will support the delivery of equitable and affordable integrated reproductive, maternal, newborn, child and adolescent health services, leverage domestic resources for primary health care and support institutional reforms towards universal health coverage for children.

22. At the subnational level, UNICEF will support the strengthening of the institutional and human capacity of primary health-care services related to: (a) multisectoral coordination with nutrition, child protection, education and WASH sectors; (b) the development of standards and protocols for quality health-care prevention and treatment services; (c) improved supply-chain management; (d) engagement of communities, families, parents and caregivers to adopt healthy behaviours and practices in favour of children; and (e) the scale-up of innovations in monitoring through the child-friendly communities approach.

23. UNICEF will contribute to expanding the coverage of DTP3 vaccination among children under 1 year of age from 76 to 95 per cent; increasing the proportion of

children and adolescents living with HIV on ART to 60 per cent; scaling up the prevention of mother-to-child transmission of HIV; promoting early HIV diagnosis and care; and expanding integrated community case management to prevent and treat childhood illnesses.

24. UNICEF will contribute to the strengthening of routine immunization within the framework of primary health care, with a focus on the most vulnerable and hard-to-reach children.

25. The programme will contribute to the nutritional goals of the National Development Strategy 2020–2030 and outcomes 2.1, 2.2, 3 and 4 of the UNSDCF, at the national and subnational levels, through support to the development of policies and the implementation of multisectoral programmes. As lead agency for the United Nations Network for Nutrition, bringing together the Food and Agriculture Organization of the United Nations (FAO), WHO, the Office of the United Nations High Commissioner for Refugees (UNHCR) and the World Food Programme (WFP), UNICEF will support national efforts related to the collection and use of nutritional data, the coordination of nutrition interventions and the mobilization and leveraging of domestic resources towards the prevention, early detection and treatment of all forms of malnutrition, in both development and humanitarian contexts.

26. The programme will support the Government to reduce the prevalence of stunting by contributing to increasing the proportion of children aged 6 to 23 months with a diet of at least five different food groups from 20 to 35 per cent. To this end, the programme will: (a) strengthen institutional capacity across sectors to deliver a package of nutrition services, in both humanitarian and development contexts; (b) engage the private sector to improve the accessibility of affordable, safe and nutritious food; (c) foster the adoption of positive nutrition practices, including among adolescent girls; and (d) increase the quality of the management of severe wasting.

27. At the subnational level, UNICEF will use the entry point of the first 1,000 days as a window of opportunity for the provision of an integrated package of nutrition, health, WASH and social protection services.

### **Every child learns**

28. In line with the Education Sector Strategy 2021–2030 and outcomes 2.1, 2.2, 3 and 4 of the UNSDCF, and together with the education ministries, UNICEF will work in partnership with the United Nations Educational, Scientific and Cultural Organization and other United Nations agencies, the World Bank, the Global Partnership for Education, Education Cannot Wait and the Education Plus initiative to increase access to education and improve learning outcomes for all children, including children with disabilities and those out of school.

29. The programme will contribute to increasing the proportion of children who achieve the minimum proficiency level at the end of primary school from 23 to 53 per cent in reading and from 50 to 80 per cent in mathematics, and to increasing the gross enrolment rate for lower secondary education to 67 per cent for boys and girls equally.

30. The programme will apply the following strategies in both development and humanitarian contexts: (a) supporting the design and implementation of alternative learning and digital platforms for children in and out of school; (b) equipping stakeholders at the regional and community levels with the skills and capabilities to foster a protective learning environment, including in schools; (c) engaging in policy dialogue, resource leveraging and sector coordination, with the Government and partners, to improve school management and governance systems, the learning environment and access to gender-responsive education; and (d) enhancing the

capacity of key stakeholders to apply the guidelines of the Global Coalition to Protect Education from Attack.

### **Every child is protected from violence and exploitation**

31. Within the framework of the National Child Protection Policy and its National Multisectoral Plan of Action, the National Multisectoral Plan of Action for Ending Child Marriage and the Strategic Plan for the Rehabilitation of Civil Registration, and in line with outcomes 2.1, 2.2 and 3 of the UNSDCF, the programme will contribute to improving the protection of children, including adolescents, especially the most vulnerable.

32. Priority will be given to increasing the rate of birth registration among children under 1 year of age from 53 to 71 per cent; reducing the prevalence of child marriage among girls under 18 years of age from 30 to 26 per cent; and protecting girls and boys, including adolescents, from violence, abuse and exploitation. In order to achieve these results, UNICEF will collaborate with UNHCR, UNFPA, UN-Women, the United Nations Development Programme, the International Labour Organization, community-based organizations and academic centres.

33. Working with authorities at the national and subnational levels, the programme will apply the following strategies in both development and humanitarian contexts: (a) strengthening demand for child protection services among adolescents, parents and caregivers and equipping them with the knowledge and skills to realize their rights and fulfil their duties; (b) supporting the integration of a minimum package of child protection services into health, education and social protection; (c) strengthening the regulatory and policy environment and monitoring frameworks; and (d) supporting the enhancement of the case management mechanism.

34. UNICEF will support knowledge management and evidence generation on the burden, determinants and impacts of childhood violence and early marriage, with a focus on marginalized populations, including children with disabilities.

### **Every child lives in a safe and clean environment**

35. The programme will contribute to the National Water Policy, the Community-Led Total Sanitation Strategy and outcomes 2.1, 2.2, 3 and 4 of the UNSDCF, supporting the Ministry of Energy and Water Resources in ensuring equitable and gender-responsive WASH services through partnerships with national institutions, local councils, communities, community-based organizations and the private sector. The programme will contribute to increasing the proportion of the population using drinking water services and basic sanitation from 66 to 71 per cent and from 45 to 55 per cent, respectively.

36. The strategic focus of the programme will involve: (a) improving WASH sector governance, coordination and planning and leveraging financing; (b) developing the capacity of targeted municipalities and communities to deliver equitable, sustainable and replicable WASH services; (c) addressing social norms and hygiene practices through behavioural change; and (d) accompanying the Government in setting standards for WASH in schools and health facilities, with a focus on underserved areas, including in emergency contexts.

37. UNICEF will support knowledge management and evidence generation on the impacts of climate change on children and will advocate for national policies and strategies to promote climate resilience.

### **Every child has access to inclusive social protection and lives free from poverty**

38. In line with outcomes 1, 2.1, 2.2, 3 and 4 of the UNSDCF, the programme will support the Ministry of Economy, Planning and Regional Development and the

Ministry of Finance to strengthen policy development and programme delivery so that children live free from poverty. To this end, in partnership with the World Bank, the International Monetary Fund, bilateral partners and other United Nations agencies, UNICEF will advocate for increased domestic resource allocation to the social sectors and the efficiency of public spending, including at the subnational level.

39. Focusing on children and inclusivity, UNICEF will support the implementation of the National Social Protection Strategy and the operationalization of the unified social registry.

40. The programme will: (a) generate evidence, including gender-sensitive multidimensional child poverty data; (b) strengthen the capacity of public institutions to design and implement child- and shock-responsive social protection programmes and to plan and budget for child-centred social services; and (c) promote the participation of citizens, including by involving adolescents, through partnerships and alliances with NGOs and community-based organizations, to foster budget and expenditure accountability.

#### **Programme effectiveness**

41. To promote evidence-based programming with a focus on equity, the country programme will foster interoperable and multisectoral approaches, while conducting robust programme monitoring and generating evidence to inform timely corrective actions. UNICEF will apply a value-for-money approach to enhance the effectiveness of financial resources.

42. Applying a gender-transformative approach, UNICEF will strive to address the determinants of discrimination and exclusion by: (a) promoting the systematic disaggregation of data; (b) fostering gender-balanced community participation mechanisms; (c) leveraging innovations and promoting opportunities for girls and boys, including adolescents; (d) promoting social and behaviour changes to address harmful practices and reinforcing child-friendly behaviours; and (e) fostering the demand for and use of essential social services.

43. UNICEF field operations and humanitarian action will engage partners in crisis-affected regions to respond to emergencies with timely, context-specific, risk-informed and conflict-sensitive humanitarian assistance that safeguards children from sexual exploitation and abuse. Accountability to affected populations will be promoted through support for the operationalization of adequate complaint and feedback mechanisms. UNICEF will leverage risk communication to engage communities in the response to public health emergencies and to promote the acceptance of vaccinations.



## Summary budget table

<i>Programme component</i>	<i>(In thousands of United States dollars)</i>		
	<i>Regular resources</i>	<i>Other resources</i>	<i>Total</i>
Every child survives and thrives			
Health and HIV/AIDS	12 500	55 000	67 500
Nutrition	7 500	30 000	37 500
Every child learns	9 000	20 000	29 000
Every child is protected from violence and exploitation	7 500	7 500	15 000
Every child lives in a safe and clean environment	7 500	10 000	17 500
Every child has access to inclusive social protection and lives free from poverty	5 000	2 500	7 500
Programme effectiveness	8 950	21 000	29 950
<b>Total</b>	<b>57 950</b>	<b>146 000</b>	<b>203 950</b>

## Programme and risk management

44. The Ministry of Planning, Economy and Regional Development will be the principal counterpart for the coordination of the UNSDCF. Within the United Nations country team, UNICEF will serve as the lead agency for pillar 2 of the UNSDCF on the development of quality, inclusive and equitable human and social capital. The individual components of the country programme will be jointly coordinated by line ministries and UNICEF. In humanitarian action, UNICEF will continue to serve as the lead agency for the clusters and working groups related to health, nutrition, WASH and child protection.

45. The most prominent risks to the achievement of the expected results include: (a) a worsening of public health emergencies; (b) the acceleration of environmental degradation, leading to recurrent floods and droughts; (c) protracted subregional instability; and (d) a contraction of fiscal space and insufficient budget allocations to subnational governmental entities. To mitigate these risks, UNICEF will further leverage resources and proactively support the Government to prevent, prepare for and respond to emergencies and to promote social cohesion.

46. This country programme document outlines the UNICEF 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 with respect to country programmes are prescribed in the organization's programme and operations policies and procedures.

## Monitoring and evaluation

47. The monitoring of results for children and their contribution to regional and global goals, including the Sustainable Development Goals, will be guided by the results and resources framework (see annex). Progress indicators will be monitored through systematic data collection and analysis, annual programme reviews and

frequent field visits. UNICEF will contribute to the strengthening and digitalization of data management systems in priority regions and urban communes and will promote innovations, such as real-time monitoring. In collaboration with other United Nations agencies, UNICEF will support the National Institute of Statistics to conduct household surveys and baseline studies, including a multiple indicator cluster survey. UNICEF zone offices will contribute to monitoring programme implementation and to documenting evidence-based models on integrated approaches that aim to enhance programmatic synergies. Programme reviews and evaluations will assess the validity of the programme's theory of change and the effectiveness of programme strategies, ascertain the achievement of outcomes, capture lessons learned and identify corrective measures or strategic shifts, as appropriate.

## Annex

### Results and resources framework

#### Cameroon – UNICEF country programme of cooperation, 2022–2026

**Convention on the Rights of the Child:** articles 1–40, 45

**National priorities:** National Development Strategy 2020–2030

Pillar 1: Structural transformation of the economy

Pillar 2: Development of human capital and well-being

Pillar 3: Promotion of employment and economic integration

Pillar 4: Governance, decentralization and strategic management of the State

**United Nations Sustainable Development Cooperation Framework outcomes involving UNICEF:**

1. By 2026, more people, especially young people, women and socially and economically vulnerable groups, including refugees and internally displaced persons (IDPs), benefit equitably from increased opportunities in a green, diversified, transformative, resilient and inclusive economy that creates decent jobs in productive sectors.

2.1. By 2026, more people, by age group, especially the most vulnerable, including refugees and IDPs, use quality basic social services equitably and sustainably to realize their full human potential and enhance their social and economic well-being.

2.2. By 2026, gaps in critical socioeconomic indicators are reduced, reflecting greater gender equality and progress in the empowerment of young people, women and girls, and other vulnerable groups, including those in humanitarian contexts.

3. By 2026, young people, women, the most vulnerable groups and people living with disabilities, including refugees and IDPs, actively contribute to the efficiency of policies and the performance of public institutions at national, regional and council levels, and enjoy their rights fully.

4. By 2026, populations, in different agroecological zones, including young people, women and socially vulnerable groups, live in a healthier environment, sustainably manage environmental resources, including biodiversity, and are more resilient to disasters and climate change shocks.

**Outcome indicators measuring change that reflect UNICEF contribution:**

National human capital index

HIV prevalence

Primary and lower secondary school completion rates (boys/girls)

Percentage of children under the age of 5 years stunted

Proportion of women and girls aged 15 years and above engaged in marital relations who experienced physical, sexual or emotional violence perpetrated by the partner over the past 12 months, by age and by location

**Related UNICEF Strategic Plan:** Goal Areas 1–5

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 2026, pregnant women and children, including newborns and adolescents, particularly the most vulnerable, enjoy increased access and use quality essential health services delivering high-impact interventions and adopt healthy behaviours, including in emergency contexts.	Country has been verified/ validated as having eliminated maternal and neonatal tetanus B: Yes (2020) T: Yes	World Health Organization (WHO)/UNICEF joint reporting form (JRF)	Central and decentralized services and communities have the tools and mechanisms to implement protocols and quality standards in health care for pregnant women and children, including newborns and adolescents.	Office of the Prime Minister Line ministries Municipalities United Nations agencies World Bank Gavi, the Vaccine Alliance	12 500	55 000	67 500
	Percentage of children (0–11 months) vaccinated with 3 doses of DTP-containing/Penta vaccine B: 76% (2020) T: 95%	JRF Demographic and Health Survey (DHS) Multiple indicator cluster survey (MICS)	Health services and workers are equipped to deliver integrated packages to the most disadvantaged children and pregnant women. Local councils, communities, parents and caregivers enjoy enhanced capacity to foster demand for and use of health services.				
	Percentage of adolescents (15–19 years) and children (0–14 years) living with HIV who are receiving antiretroviral treatment B: Adolescents: 32.2% Children: 38% (2020) T: Adolescents: 60% Children: 60%	National AIDS Control Committee annual report	Pregnant and breastfeeding women and children, especially the most vulnerable, access a quality HIV/AIDS health-care package to prevent and eliminate mother-to-child transmission of HIV. Prevention, care and treatment of HIV/AIDS is available for children and adolescents.				
2. By 2026, children, including adolescents, and pregnant and breastfeeding women enjoy enhanced diets,	Percentage of infants (0–5 months) exclusively breastfed B: 32.5% (2021) T: 50%	DHS MICS	Women, children, including adolescents, men and their communities have improved knowledge of and support essential nutrition practices for	Office of the Prime Minister Municipalities	7 500	30 000	37 500

<i>UNICEF outcomes</i>	<i>Key progress indicators, baselines (B) and targets (T)</i>	<i>Means of verification</i>	<i>Indicative country programme outputs</i>	<i>Major partners, partnership frameworks</i>	<i>Indicative resources by country programme outcome: regular resources (RR), other resources (OR) (In thousands of United States dollars)</i>		
					<i>RR</i>	<i>OR</i>	<i>Total</i>
adopt optimal nutritional practices and use quality services for the prevention and treatment of malnutrition, including in emergency contexts.	Percentage of children (6–23 months) who receive minimum dietary diversity B: 20% (2018, DHS) T: 35%	DHS MICS	the prevention of all forms of malnutrition.  National, regional and local authorities have enhanced capacities to plan, monitor, coordinate and mobilize resources for multisectoral nutrition interventions.	Ministry of Public Health  United Nations agencies			
	Percentage of girls and boys (6–59 months) who receive 2 annual doses of vitamin A supplementation B: 8% (2020) T: 90%	Nutrition information system					
3. By 2026, children, girls and boys, including adolescents, out-of-school children and children with disabilities, enjoy increased access to education services and achieve improved learning outcomes, including in emergency contexts.	Gross intake ratio to last grade of lower secondary education B: National: 63.3% Boys: 64% Girls: 63% (2020) T: 67% (boys and girls)	Ministry of Secondary Education (MINESEC)	Schools and alternative learning platforms offer safe, relevant learning opportunities to children in all contexts.  Schools and communities are equipped to provide inclusive quality education to boys and girls in a protective learning environment.	MINESEC and Ministry of Employment and Vocational Training  United Nations agencies	9 000	20 000	29 000
	Lower secondary education completion rate B: National: 51.7% Boys: 53.8% Girls: 49.6% (2020 status report on the national education system (RESEN)) T: 56% (boys and girls)	MINESEC	Policymakers, programme managers, teachers, parents and children at all levels are equipped to contribute to fostering a safe and child-friendly learning environment.				

<i>UNICEF outcomes</i>	<i>Key progress indicators, baselines (B) and targets (T)</i>	<i>Means of verification</i>	<i>Indicative country programme outputs</i>	<i>Major partners, partnership frameworks</i>	<i>Indicative resources by country programme outcome: regular resources (RR), other resources (OR) (In thousands of United States dollars)</i>		
					<i>RR</i>	<i>OR</i>	<i>Total</i>
	Percentage of children who achieve the minimum proficiency level in reading at the end of primary school B: 23% (2020, RESEN) T: 53%	Early grade reading assessment					
	Percentage of children who achieve the minimum proficiency level in mathematics at the end of primary school B: 50% (2020, RESEN) T: 80%	Early grade mathematics assessment					
4. By 2026, children, including adolescents, especially girls and the most disadvantaged children, have their births registered, are protected and protect themselves from violence, abuse, exploitation and harmful practices, especially child marriage, including in emergency contexts.	Percentage of children under one year of age whose births are registered B: 52.7% (2018, DHS) T: 71%	Civil registration information system DHS	Government agencies have increased capacities to deliver free routine birth registration services and to generate reliable vital statistics.  Government institutions, social workers and community leaders have improved capacities to identify, refer and provide a minimum package of protection services to children at risk.	Ministries of Social Affairs; Women's Empowerment and the Family; Justice; Decentralization and Local Development; and Public Health  United Nations agencies	7 500	7 500	15 000
	Women (20–24 years) married before the age of 18 years B: 29.8% (2018, DHS) T: 26%	DHS					
	Number of children who have experienced violence reached by health, social work or justice/law enforcement services B: 2 995 (2020) T: 10 950	Health and social affairs information systems					
5. By 2026, girls, boys, parents and caregivers use	Percentage of people using basic drinking water services	JMP MICS	National and subnational institutions and civil society organizations (CSOs) have	Ministries of Energy and Water	7 500	10 000	17 500

<i>UNICEF outcomes</i>	<i>Key progress indicators, baselines (B) and targets (T)</i>	<i>Means of verification</i>	<i>Indicative country programme outputs</i>	<i>Major partners, partnership frameworks</i>	<i>Indicative resources by country programme outcome: regular resources (RR), other resources (OR) (In thousands of United States dollars)</i>		
					<i>RR</i>	<i>OR</i>	<i>Total</i>
adequate, equitable, sustainable and climate-resilient water, sanitation and hygiene services that meet national standards, including in emergency contexts,	B: 66% (2020, WHO/UNICEF Joint Monitoring Programme (JMP)) T: 71%		increased capacity to safely manage and use climate-resilient facilities for safe drinking water and adequate sanitation.	Resources; and Public Health  Municipalities  Private sector  United Nations agencies			
	Percentage of people using basic sanitation services  B: 45% (2020, JMP) T: 55%	JMP MICS	Communities and families have adopted safe sanitation and hygiene behaviours.				
	Number of people still practicing open defecation  B: 1 472 205 (2020, JMP) T: 925 291	JMP MICS					
6. By 2026, children, girls and boys, including adolescents, benefit from an institutional, policy and programmatic environment that enables them to live free from poverty.	Share of public spending on health  B: 4.4% (2020, National Development Strategy 2020-2030 (NDS)) T: 15%	Medium-term expenditure framework (MTEF)	Disaggregated data and evidence and multidimensional child poverty analyses inform policymaking, social protection programme implementation and financing for children.	Ministries of Economy, Planning and Regional Development; Finance; and Social Affairs  World Bank  United Nations agencies	5 000	2 500	7 500
	Share of public spending on education  B: 14.7% (2020, NDS) T: 18.2%	MTEF	Government authorities and CSOs have increased capacity to plan and budget domestic resources for child-focused programmes and policies.				
7. By 2026, the country programme is effectively designed, coordinated, managed, and supported to meet quality programming standards in achieving results for children.	Number of partnership agreements signed with private companies  B: 4 (2020) T: 10	Partnership agreements	Programme managers are equipped to apply results-based management principles and effective cross-sectoral coordination mechanisms.	Ministries of Economy, Planning and Regional Development; Communication; and Youth Affairs and Civic Education	8 950	21 000	29 950
	Number of community engagement platforms and mechanisms  B: 300 (2020) T: 500	Programme monitoring reports	Donors and the private sector are engaged to accelerate the achievement of quality results for children.				

<i>UNICEF outcomes</i>	<i>Key progress indicators, baselines (B) and targets (T)</i>	<i>Means of verification</i>	<i>Indicative country programme outputs</i>	<i>Major partners, partnership frameworks</i>	<i>Indicative resources by country programme outcome: regular resources (RR), other resources (OR) (In thousands of United States dollars)</i>		
					<i>RR</i>	<i>OR</i>	<i>Total</i>
	Percentage of evaluation management responses completed on time B: 60% (2020) T: 100%	InSight	Communities and institutions are equipped to influence the adoption of key family and community practices and positive behaviours.  Government institutions, implementing partners and communities are equipped to address the key drivers of vulnerabilities and strengthen resilience to shocks.	United Nations agencies			
<b>Total resources</b>					<b>57 950</b>	<b>146 000</b>	<b>203 950</b>