



Phase III: Project for the Reconstruction of the South-West Region through Rehabilitation of Basic Social Services Infrastructure.

PROJECT DOCUMENT
Cameroon

Project Title: Phase III: Project for the Reconstruction of the South-West Region through Rehabilitation of Basic Social Services Infrastructure.
Project Number:
Implementing Partner: UNDP
Start Date: January 2026 **End Date:** January 2028 **PAC Meeting Date:**

Brief Description

Since 2016, Cameroon's South-West Region has suffered from a socio-political crisis that has displaced communities, destroyed infrastructure, and severely limited access to health, water, and education services. Through the Presidential Plan for Reconstruction and Development (PPRD), the Government of Cameroon, with technical support from UNDP and financial support from the Government of Japan, has initiated recovery in the region. Phases I and II of this support rehabilitated essential health and water infrastructure, benefitting over 700,000 people. Phase III will consolidate and expand these achievements by extending support to education infrastructure, while deepening efforts in health and water access. The intervention will strengthen local systems, support peacebuilding, and restore service delivery in crisis-affected areas, contributing to the goals of the PPRD and Japan's NAPSA framework.

The project will rehabilitate **six health centres**, construct **twelve solar-powered boreholes**, and restore **six schools**, directly benefiting more than **13 councils**. These efforts will enhance healthcare access, improve sanitation, and provide safe learning environments, addressing immediate humanitarian needs while laying the foundation for long-term development. Specific outputs include:

- **Output 1**: The populations of the South-West region have increased access to basic health care services.
- **Output 2**: The populations of the South-West region have increased access to safe drinking water.
- **Output 3**: The populations of the South-West region have increased access to better educational services.

Contributing Outcome (UNSDCF, CPD, RPD):		
By 2026, youth, women, the most vulnerable groups, and people living with disabilities actively contribute to the effectiveness of policies and the performance of public institutions at the national, regional, and municipal levels, and fully enjoy their rights. (Goals 5, 10, 11, 13, 14, 15, 16, 17). Indicative Output(s) with gender marker: GEN2	**Total resources required:**	416,000,000 Japanese Yen (estimated US$ 2,657,128) 1,504,109,964 FCFA
	Total resources allocated:	**Donor: Government of Japan** — 416,000,000 Japanese Yen

Agreed by (Signatures)

Government of Cameroon	Donor	UNDP
Minister of the Economy, Planning and Regional Development	Ambassador Extraordinary and Plenipotentiary of Japan to the Republic of Cameroon	UNDP Resident Representative
Alamine Ousmane Mey		Mathieu CIOWELA
		12 DEC 2025

PROJECT SUMMARY

Country	**CAMEROON**
Project Title	**Phase III: Project for the Reconstruction of the South-West Region through Rehabilitation of Basic Social Services Infrastructure.**
Budget	2,657,128 USD
Implementation Period	2 Years (January 2026 – January 2028)
Sector(s)	Infrastructure Development
Related SDGs goals	Goal 3: Good Health and Wellbeing Goal 5: Gender Equality Goal 6: Clean Water and Sanitation Goal 7: Affordable and Clean Energy Goal 10: Reduced Inequalities
Gender Marker	GEN2
Project Objectives & Number of Beneficiaries	The overall objective of the project is to enhance the resilience of populations in the crisis-affected South-West region of Cameroon and accelerate recovery through the rehabilitation of essential infrastructure to promote basic service delivery in the areas of Health, Water, Sanitation and Hygiene (WASH) and education. Direct Beneficiaries: 682,402 Indirect Beneficiaries: 3,118,118
Focal Point	Country Office: Ahmed Ndjama Abouem, Programme Coordinator, ahmed.ndjama.abouem@undp.org Regional Office: Ivo Lysinge, Regional Coordinator for the South-West, ivo.lysinge@undp.org
Urgency	The South-West Region of Cameroon remains in a fragile state due to the ongoing socio-political crisis since 2016. Despite progress made under the PPRD, essential public services in health, education, and water remain inaccessible to thousands. The education sector has not yet been addressed under earlier phases of this project, even though over 293 schools were reported damaged by 2020, and many remain closed. Children are at risk of protection violations, including early marriage and child recruitment. Also, access to clean water is still limited across many communities, increasing the risk of waterborne diseases. This project is urgently needed to prevent the erosion of recent gains of phases I and II, and close key service gaps for vulnerable populations in previously unreached localities.
Necessity	The proposed intervention under Phase III is necessary not only to consolidate previous achievements but to strategically expand interventions to underserved sectors and locations. This project fills the education infrastructure gap left by Phases I and II and scales up the successful health and water components. Sample data from previous phases indicate the 18 facilities rehabilitated now serve 86,000 more people each year. Similarly, the rehabilitated water points are producing over 280,000 m^3 of safe water annually, benefiting more than 20,000 people. Without a continuation of the intervention, these outcomes will be limited to areas that have already benefited, and essential needs will remain unmet. The necessity is reinforced by widespread community demand, formal Government request, and observed sectoral gaps.

Unpredictability	Access and implementation conditions in the South-West Region remain unstable due to localized insecurity and seasonal weather disruptions. During Phases I and II, some sites became temporarily inaccessible after initial clearance, showing volatility of conditions. Given this uncertainty, it is important to proceed while access is possible, and coordination is active. Delays may increase costs and reduce the chances of successful implementation.
Unsubstitutability	The scale of needs in the South-West Region remains overwhelming. Despite the significant achievements of Phases I and II, many communities are still without basic services, particularly in education, where no schools were covered in previous phases. The Government of Cameroon, through the PPRD, has mobilized over USD 45 million from both national resources and loan agreements with multilateral partners. However, this represents only a fraction of the estimated USD 257 million required for full recovery, leaving a substantial funding gap. This project is uniquely positioned with UNDP as implementing partner and local councils making sure of local ownership. No other partner has delivered integrated recovery support (across health, water, and education) at this scale in the South-West Region like Japan. Japan's contribution has also built community trust and recognition, as evidenced by the Water Management Committee functionality and strong civic ownership.
Implementing & collaborating partner(s)	Ministry of Public Health (MINSANTE), Ministry of Water and Energy (MINMEE), Ministry of State Property, Surveys and Land Tenure (MINDCAF), Ministry of the Economy, Planning and Regional Development (MINEPAT), Ministry of Basic Education (MINEDUB), Ministry of Secondary Education (MINESEC)
Date of Submission	

1. Development Challenge

The socio-political crisis that began in Cameroon's North-West and South-West Regions in 2016 has left communities fractured, services paralyzed, and public infrastructure destroyed. The South-West Region continues to experience long-term consequences, including persistent displacement, deepening poverty, and a deterioration of basic service delivery systems. The 2020 MINEPAT damage assessment highlighted staggering figures: over 23,273 homes destroyed, 293 schools damaged, 206 villages burned in the NW and SW, and more than 400 km of roads and 40 bridges rendered impassable. Essential infrastructure in health, education, and water supply remains significantly impaired.

In response, the Government of Cameroon, through the Presidential Plan for Reconstruction and Development (PPRD), collaborated with UNDP and several bilateral and multilateral partners to achieve a multi-sectoral recovery and development process. The PPRD operates on three pillars: (1) Social cohesion, (2) Rehabilitation of basic infrastructure, and (3) Economic revitalization.

Under the social cohesion component, over 800 individuals have regained civil documentation, 88 socio-cultural events have been organized to foster peaceful coexistence, 7 civic engagement workshops held, 3 early warning cells established, and 14 community-based women's centres supported. In infrastructure, 99 schools, 39 health facilities, 39 water points, and 4 bridges have been rehabilitated, restoring essential public services in hard-hit areas. On the economic front, 1,725 hectares of farmland have been rehabilitated, 2,461 farmers equipped with

tools and materials, 67 transformation units supported, 23 markets rebuilt, and support provided to 171 agro-pastoral groups and 321 youth-led start-ups. In addition to these achievements, several other activities are currently under preparation for implementation (with funds already received from the Government), which are expected to raise these figures significantly by the end of the PPRD's implementation period.

Although a formal mid-term evaluation of the whole PPRD has not yet been finalized, MINEPAT has conducted regular internal assessments and evaluated individual funding from donors, and a mid-term review is planned in the coming months to determine the strategic direction for PPRD-Phase II. The Government of Cameroon has expressed satisfaction with the implementation of the PPRD to date and has authorized the continued rollout of recovery activities under the plan. Based on the PPRD database, the President of the PPRD Steering Committee approved the specific projects proposed under this proposed Phase III as priority interventions. Furthermore, the Government is currently mobilizing additional resources and partners to launch the second phase of the PPRD and extend implementation to additional localities.

The Government of Cameroon has invested more than USD 45 million in the PPRD through both national resources and loan-financed agreements. The estimated cost of Phase I of the PPRD is USD 257 million, with only 20% of resources mobilised to date. The Government is actively seeking additional financial partners to help fill this gap and scale up delivery.

One of the key bilateral partners is the Government of Japan via its Phases I and II projects for the SW region. These two phases focused primarily on rehabilitating health infrastructure and restoring access to water in vulnerable communities, first in Fako division (phase I) and later across the region (phase II). A total of 18 health centres and 28 solar-powered boreholes were delivered between 2021 and 2024, with remarkable initial results.

In the health sector, facility-level outcome data provides compelling evidence. A sample health centre (Buea Town Integrated Health Centre) rehabilitated in Phase II increased patient consultations from an annual average of 2,000 in 2022 to 4,829 in 2023, representing a 241% increase in utilization. With a similar trend across all 18 rehabilitated health facilities, we conservatively estimate that an additional 86,922 patients have accessed primary healthcare annually compared to pre-rehabilitation figures. These are not hypothetical gains: they translate to thousands of mothers receiving antenatal care, children being vaccinated, and community members accessing treatment for both chronic and acute conditions. This is not just an increase in foot traffic; it is a direct reflection of improved accessibility, better trust in health systems, and improved service delivery made possible through infrastructure and equipment investment.

In the water sector, the sampled solar-powered borehole in Bonabile (Limbe I) serves 121 households, averaging 726 individuals, and produces between 8,760–10,000 m^3 of clean water annually. Extrapolated across the 28 boreholes completed in Phases I and II, the water points now produce approximately 280,000 m^3 of safe water each year. This volume is equivalent to supplying over 20,000 people with sufficient daily water for drinking, hygiene, and basic domestic use. Community feedback confirms that waterborne diseases such as cholera and typhoid have been virtually eliminated in these serviced areas. Also, 17 Water Management Committees (WMCs) remain active and oversee the cleaning, routine maintenance, and monitoring of these boreholes; an institutional arrangement that has ensured both community ownership and long-term sustainability.

These figures, although derived from partial samples, show the real-life impact of infrastructure investments when they are community-driven, locally owned, and technically sound. They also point to the unmet need. While over 86,000 additional patients may now be able to access health care, there are still hundreds of thousands more without adequate facilities and equipment. While over 20,000 people now drink clean water, many more are dependent on unsafe surface or distant sources.

In the education sector, no such interventions were undertaken under Phases I or II, even though the crisis has kept thousands of children out of school for years and more than 293 schools had been confirmed destroyed or damaged by 2020, with many remaining non-functional to date. The absence of accessible, safe, and functioning schools continues to deprive children of education and exposes them to a host of protection risks, including child labour, early marriage, exploitation, and recruitment by armed groups. If Nothing is done in this sector, future generations will be affected.

The expansion into education infrastructure under Phase III is, therefore, not only an add-on; it is a strategic and urgent evolution of the scope of the recovery efforts under this funding. It is an integrated approach that not only restores basic services but rebuilds trust in the state and reweaves the social fabric torn apart by conflict.

The South-West Region still bears the scars of conflict. Health, water, and education infrastructure remain critically insufficient. Left unaddressed, these gaps could reverse the peacebuilding gains made over the past years. Phase III is an opportunity to address this deficit and extend the reach of recovery into previously underserved areas.

To address these persistent gaps, this Phase III will rehabilitate six Integrated Health Centres, construct twelve solar-powered boreholes, and restore six schools across high-need localities in the South-West Region. These interventions will directly benefit over 700,000 people, including children, women, and displaced populations who have remained underserved since the start of the crisis.

The project will restore basic public services, reduce vulnerability to disease and protection risks, and reinforce state presence in fragile areas. By delivering essential infrastructure in a coordinated, community-led, and sustainable manner, the project contributes to improved human development outcomes, social stability, and long-term peacebuilding.

2. Strategy

The strategy supporting this Phase III intervention is one of integrated recovery: restoring the functionality of essential public services while building the resilience of communities emerging from conflict. The approach is informed by the verifiable results of Phases I and II and framed by lessons learned in the South-West Region, where service delivery has been retarded by insecurity, displacement, and the degradation of basic infrastructure.

Phase III expands programming beyond health and water to include education infrastructure, which has been identified by both local authorities and communities as an urgent and unaddressed gap. This new output aims to restore access to learning for children who have spent years without safe or functional schools, thereby helping prevent future cycles of exclusion, instability, and poverty.

The strategic rationale is based on three key drivers:

- **Consolidation of Gains and Scale-Up of Impact**: Phase III will strengthen and expand the impact of previous investments by deepening engagement in health and water infrastructure while broadening geographic coverage. The introduction of education as a third sector allows for a multisectoral footprint within the same communities, maximizing resource efficiency and enabling more coherent service delivery. This integrated model ensures that children can go to school, access clean water, and benefit from nearby health services.

- **Targeted Expansion to Underserved Areas**: Building on the success of Phases I and II, this phase prioritizes communities that were not previously reached but have been identified by MINEPAT, municipal councils, and technical ministries as high-need areas. These include Akwaya, Toko, Muyuka, and Kumba III, where infrastructure gaps are acute, and the social impact of the crisis remains deep.

- **Institutional Sustainability and Community Ownership**: As with earlier phases, this phase will be fully aligned with the Government's priorities and national recovery strategies. Activities have been co-planned and validated with line ministries, while local implementation will be supported by trained community committees: Parent-Teacher Associations (PTAs) for schools, Water Management Committees (WMCs) for boreholes, and Health Committees for health facilities. This ensures ownership, accountability, and maintenance of facilities beyond the project life cycle.

Alignment with National and International Frameworks

- **Government of Cameroon**: This project is enshrined within the PPRD's strategic objective to restore essential services and rebuild community resilience in the South-West and North-West Regions. It complements the Government's broader efforts under the National Development Strategy (NDS30) and is fully coordinated through the PPRD Steering Committee in collaboration with line ministries.

- **UNDP's Strategic Plan (2022–2025)**: The project is aligned with Signature Solution 1 (Strengthening Governance and Institutions) and Signature Solution 4 (Enhancing Resilience). It operationalizes UNDP's commitment to leaving no one behind by targeting marginalized, post-crisis populations.

- **Japan's NAPSA Framework and SDGs:** The project directly contributes to Japan's New Approach for Peace and Stability in Africa (NAPSA) by promoting resilience, state presence, and human security. It supports SDGs 3 (Good Health and Well-being), 4 (Quality Education), 6 (Clean Water and Sanitation), and 11 (Sustainable Cities and Communities).

Evidence-Informed and People-Centred

The strategy is grounded in field data and informed by community feedback, sector assessments, and direct monitoring from previous phases. A review of Phase II showed how infrastructure investments lead to behavioural and service uptake changes. For example, communities previously reluctant to visit health centres began doing so once infrastructure and equipment were restored.

One parent in Bakingili shared: "*Now, water is just a few steps away. My children no longer suffer from water related diseases, and I don't have to spend hours walking to get water. I have more time to take care of my family and even run my small business.*"

Mrs. Mokwe Marie, Chief of Post at the Buea Town IHC noted: "*We lacked water, consistent electricity, and basic medical equipment. The building was old, unfenced, and poorly lit. There wasn't enough space for patients, and maternity services were inadequate. These conditions made it extremely difficult to provide proper care to our growing population. We now have a clean and safe environment to care for our patients. This has significantly improved the quality of services we provide, and we've seen over a 200% increase in patient visits, especially among pregnant women. The better environment has boosted both patient satisfaction and staff morale.*"

These stories reflect the lived experience behind the project's numbers and drive the rationale for continuing and scaling up support.

The project qualifies as a GEN2 marker as it directly addresses gender inequalities and integrates gender-responsive interventions across all sectors. Women and girls in the North-West and South-West regions face heightened vulnerabilities due to the ongoing crisis, including limited access to maternal healthcare, lack of safe water sources close to homes, and inadequate school infrastructure that hinders girls' education. The rehabilitation of health facilities will prioritize women-centred services, including maternal and reproductive healthcare, while water points will be strategically placed to reduce the burden on women and girls, who traditionally bear the

responsibility of water collection. Additionally, the construction of gender-sensitive school facilities, such as separate latrines for boys and girls and menstrual hygiene management stations, will promote higher school retention rates among adolescent girls. This project ensures that both men and women equally benefit from recovery efforts, while also addressing structural barriers that disproportionately affect women and girls in crisis-affected communities.

3. Objectives

The overall objective of the project is to enhance the resilience of populations in the crisis-affected South-West region of Cameroon and accelerate recovery through the rehabilitation of essential infrastructure to promote basic service delivery in the areas of Health, Water, Sanitation and Hygiene (WASH) and education.

Specific outputs include:

Output 1: The populations of the South-West region have increased access to basic health care services.
Output 2: The populations of the South-West region have increased access to safe drinking water.
Output 3: The populations of the South-West region have increased access to better educational services.

4. Outputs, Activities and Locations

Output	Activity Indicator	Activity
Output 1: The populations of the South-West region have increased access to basic health care services through the rehabilitation of 6 Integrated Health Centres	Number of **health facilities** rehabilitated and equipped.	**Activity 1.1**: Rehabilitate Konye District Hospital, Konye Council - Meme Division **Activity 1.2**: Rehabilitate the Etoko IHC, Tinto Council - Manyu Division **Activity 1.3**: Rehabilitate IHC Kombone, Mbonge Council - Meme Division **Activity 1.4**: Rehabilitate Bangang I.H.C, Wabane Council - Lebialem Division **Activity 1.5**: Rehabilitate CMA Wabane (Talung), Wabane Council - Lebialem Division **Activity 1.6**: Rehabilitate Dikume Balue Hospital, Dikume Balue Council - Ndian Division
Output 2: The populations of the South-West region have increased access to safe drinking water through the construction of 12 solar-powered boreholes with storage facilities.	Number of **water points** rehabilitated and operational.	**Activity 2.1**: Construct 3 solar-powered boreholes in Toko, Toko Council - Ndian Division **Activity 2.2**: Construct 3 solar-powered boreholes in Muyuka, Muyuka Council - Fako Division **Activity 2.3**: Construct 3 solar-powered boreholes in Kumba III, Kumba III Council - Meme Division **Activity 2.4**: Construct 3 solar-powered boreholes in Akwaya, Akwaya Council - Manyu Division
Output 3: The populations of the South-West region have increased access to better educational services through the	Number of **schools** rehabilitated and equipped.	**Activity 3.1:** Rehabilitate and equip GBHS Kosala, Kumba II Council - Meme Division **Activity 3.2:** Rehabilitate GS Mukunyong, Akwaya Council - Manyu Division **Activity 3.3:** Rehabilitate GS Mavas, Akwaya Council - Manyu Division

rehabilitation of 6 schools.		**Activity 3.4:** Rehabilitate GS M'mockmbie, Alou Council - Lebialem Division **Activity 3.5:** Rehabilitate GTHS Tombel, Tombel Council - Kupe Muanenguba Division **Activity 3.6:** Rehabilitate GBHS Kumba, Kumba I Council - Meme Division

Activity #	Location	Direct beneficiaries (Council)	Indirect Beneficiaries (Division)
1.1	Konye	54,083	346,334
1.2	Etoke (Upper Banyang)	31,945	124,827
1.3	Mbonge	131,077	346,334
1.4	Wabane (Bangang)	28,218	73,309
1.5	Wabane (Talung)		
1.6	Dikume Balue	6,825	85,632
Total		**252,148**	**976,436**
2.1	Toko	4,204	85,632
2.2	Muyuka	95,918	556,785
2.3	Kumba III	45,191	346,334
2.4	Akwaya	32,566	124,827
Total		**177,879**	**1,113,578**
3.1	GBHS Kosala (Kumba II)	54,257	346,334
3.2	GS Mukunyong (Akwaya)	32,566	124,827
3.3	GS Mavas (Akwaya)		
3.4	GS Mmouckmbie (Alou)	24,073	73,309
3.5	GTHS Tombel	79,753	137,300
3.6	GBHS Kumba (Kumba I)	61,726	346,334
Total		**252,375**	**1,028,104**

5. Expected Results

By the end of the implementation period, the project aims to achieve the following results:

- **Output 1: Six Integrated Health Centres rehabilitated and equipped**
  - Clinics will be upgraded structurally, solar-electrified, and furnished with essential medical equipment (delivery beds, diagnostic tools, sterilization kits, etc.).
  - These facilities are expected to serve over 44,280 direct beneficiaries across six localities, including Konye, Etoko, Kombone, Bangang, Wabane-Talung, and Dikume Balue.

- **Output 2: Twelve solar-powered boreholes constructed and operational**
  - Each borehole will provide approximately 10,000 m^3 of safe water annually, reaching on average 726 individuals per borehole.

- Across the 12 boreholes, an estimated 8,571 people will gain access to clean water, with corresponding reductions in waterborne disease.
- All boreholes will be managed by trained Water Management Committees, building on the success of the 17 active WMCs established under earlier phases.

- **Output 3: Six schools rehabilitated and reactivated for safe learning**
  - The project will rehabilitate damaged school buildings, construct gender-sensitive latrines, provide water access points, and furnish classrooms with benches and materials.
  - These schools (GBHS Kosala, GS Mukunyong, GS Mavas, GS M'mockmbie, GTHS Tombel, and GBHS Kumba) are expected to reopen safely and serve over 4,000 children, restoring learning for students who have missed years of education due to conflict.

6. Partnerships

The project will be implemented under UNDP's Direct Implementation Modality (DIM), in close coordination with Government counterparts, municipal councils, and community-based structures. The institutional setup ensures technical validation, field-level coordination, and long-term sustainability.

- **The Steering Committee of the PPRD:** Provides strategic oversight and chairs the PPRD activities. Coordinates with line ministries to consolidate needs and prioritize interventions.
- **Devolved Services of Sectoral Ministries**
  - Ministry of Public Health for health infrastructure design, equipment standards, and post-handover supervision.
  - Ministries in charge of Basic and Secondary Education for school rehabilitation guidelines, teacher deployment, and curriculum continuity.
  - Ministry of Water and Energy Resources for water quality assurance and borehole functionality monitoring.
- **Municipal Councils:** Serve as field-level partners and project owners. Councils assist in site selection, contractor supervision, and mobilization of community structures. They also assume formal ownership of assets after handover.
- **Community-Based Committees**
  - Water Management Committees (WMCs) for each borehole will be trained in routine maintenance, cleaning, and local accountability mechanisms.
  - Parent-Teacher Associations (PTAs) for each school will be engaged in safeguarding and maintenance.
  - Health Committees will support upkeep of medical facilities and facilitate community feedback loops.
- **UNDP:** Responsible for implementation, procurement, financial management, monitoring, and reporting in accordance with UNDP's rules and procedures and in full compliance with donor requirements. UNDP also ensures risk management, quality assurance, and visibility for the Government of Japan throughout the project cycle.

7. Project Implementation and Oversight Arrangements

The project will be implemented by UNDP using its Direct Implementation Modality (DIM), which allows for full accountability over procurement, financial management, contracting, quality control, and reporting. This modality has proven effective in fragile environments and was successfully used in Phases I and II.

Implementation Structure

1. **UNDP Country Office – Cameroon**
   - The UNDP Country Office will serve as the principal executing agency.
   - A dedicated project team based in the South-West Region will oversee daily coordination, field monitoring, and community engagement.
   - The project team will include a Project Manager, Engineers, Procurement and Finance Officers, and a Monitoring & Evaluation specialist, supported by the Programme and Operations units at the country office.

2. **National Counterpart – PPRD Steering Committee**
   - The PPRD Steering Committee will provide national leadership, consolidate requests from local councils, and ensure that the project remains aligned with the PPRD.
   - It will coordinate across relevant line ministries and support the validation of workplans and site selections.

3. **Municipal Councils and Devolved Services of Technical Ministries**
   - Municipal councils will facilitate access to sites, participate in the supervision of works, and receive infrastructure upon completion.
   - Devolved services of technical ministries will validate technical specifications, supervise sectoral work (Health, Education, Water), and ensure service delivery integration post-handover.

4. **Community-Based Mechanisms**
   - Community ownership will be critical to sustainability. The project will activate and train Water Management Committees, Health Facility Committees, and Parent-Teacher Associations for each relevant facility.
   - These groups will be involved from the planning stage through to commissioning, ensuring local buy-in and capacity for ongoing maintenance.

Oversight and Governance

The project will report to the PPRD Steering Committee, chaired by the Minister Delegate at MINEPAT. This committee includes representatives from line ministries, development partners, and civil society, and meets twice a year to review progress, validate adjustments, and resolve bottlenecks.

UNDP will conduct frequent field reviews to track implementation progress, document emerging lessons, and escalate risks through formal reporting channels. Upon project completion, an external final evaluation will be undertaken to assess the effectiveness, efficiency, and sustainability of the project, ensuring accountability to both the Government of Japan and national stakeholders.

8. RESULTS FRAMEWORK

Intended Outcome as stated in the UNDAF/Country [or Global/Regional] Programme Results and Resource Framework: Building resilience to shocks and crises
Outcome indicators as stated in the Country Programme [or Global/Regional] Results and Resources Framework, including baseline and targets: By 2026, youth, women, the most vulnerable groups, and people living with disabilities actively contribute to the effectiveness of policies and the performance of public institutions at the national, regional, and municipal levels, and fully enjoy their rights. (Goals 5, 10, 11, 13, 14, 15, 16, 17). - Output 3.2. Institutions, communities and vulnerable populations in targeted areas are structured and equipped to foster social cohesion, peace, security and boost local development and recovery from shocks.
Applicable Output(s) from the UNDP Strategic Plan: Structural transformation, leaving no-one behind, building resilience
Project title and Atlas Project Number:

EXPECTED OUTPUTS	OUTPUT/OUTCOME INDICATOR	DATA SOURCE	BASELINE		TARGETS			DATA COLLECTION METHODS	RISKS
			Value	Year	Year 1	Year 2	FINAL		
Output 1: The populations of the South-West region have increased access to basic health care services.	***1.1** Number of Health Facilities Rehabilitated.*	*Project Progress Report, Field Monitoring Reports, National Reports and Surveys*	18	2024	*4*	2	*24*	*Field monitoring reports, site inspections with remote verification*	*Security constraints delaying access to sites*
	***1.2** Number of people (men and women) that have access to health centres by the end of the project.*		*132,844*	2024	*22,140*	*22,140*	*177,124*	*Household surveys, health facility reports*	*Displacement of populations*
	***1.3** Number of health facilities with women-centred services rehabilitated, including maternal and child health units.*		*4*	2024	*2*	*2*	*8*	*Project monitoring reports, site visits with local partners*	*Lack of skilled personnel to operate centres*
Output 2: The populations of the South-West region have increased access to safe drinking water	***2.1** Number of Solar-powered water points constructed.*		28	2024	*9*	3	*40*	*Physical verification, photographic evidence submission*	*Security risks*
	***2.2** Number of water management committees formed and trained on sustainable water resource management.*		*28*	2024	*9*	*3*	*40*	*Training attendance records*	*Loss of trained members due to displacement*
	***2.3** Number of people (men and women) that have access to water points by the end of the project.*		*21,000*	2024	*4,500*	*4,500*	*30,000*	*Water supply monitoring with local focal points*	*Security risks*
Output 3: The populations of the South-	***3.1** Number of schools rehabilitated and equipped.*		-	2024	*6*	-	*6*	*Physical inspections, photographic documentation*	*Security risks*

EXPECTED OUTPUTS	OUTPUT/OUTCOME INDICATOR	DATA SOURCE	BASELINE		TARGETS			DATA COLLECTION METHODS	RISKS
			Value	Year	Year 1	Year 2	FINAL		
West region have increased access to better educational services.	***3.2** Number of schools rehabilitated and equipped with gender-sensitive infrastructure (e.g., separate latrines for boys and girls, accessible facilities for children with disabilities).*		-	2024	*3*	*3*	*6*	*School assessments, direct consultations*	*Security risks*
	***3.3** Percentage increase in school enrolment and retention rates, disaggregated by gender, in rehabilitated schools.*		-	2024	*10*	*10*	*20*	*School enrolment records*	*Security risks*
	***3.4** Number of students (boys and girls) benefiting from improved learning conditions, including access to safe water and adequate school facilities.*		-	2024	*4,000*	*4,000*	*8,000*	*Attendance Records*	*Displacement of populations*

9. Monitoring & Evaluation

UNDP will monitor all activities in real time using a combination of baseline data collection, joint site inspections, periodic reviews, and community feedback. Baseline assessments will be conducted before construction begins to capture infrastructure status, service access, and usage patterns. During and after implementation, UNDP, in collaboration with engineers and local authorities, will carry out site inspections to ensure quality and compliance. Quarterly reviews will track progress against key performance indicators and verify output delivery against expenditures. In addition, beneficiary satisfaction surveys will be conducted in selected communities to assess service improvement and ownership. All monitoring will follow UNDP corporate standards and build on tools and practices used successfully in Phases I and II.

In accordance with UNDP's programming policies and procedures, the project will be monitored through the following monitoring and evaluation plan.

Monitoring Plan

Monitoring Activity	Purpose	Frequency	Expected Action	Partners (if joint)
Track results progress	Progress data against the results indicators in the RRF will be collected and analysed to assess the progress of the project in achieving the agreed outputs.	Quarterly, or in the frequency required for each indicator.	Slower than expected progress will be addressed by project management.	UNDP, Government of Japan, CSOs, MINEPAT, Coordination Unit of the PPRD

Monitoring Activity	Purpose	Frequency	Expected Action	Partners (if joint)
Monitor and Manage Risk	Identify specific risks that may threaten achievement of intended results. Identify and monitor risk management actions using a risk log. This includes monitoring measures and plans that may have been required as per UNDP's Social and Environmental Standards. Audits will be conducted in accordance with UNDP's audit policy to manage financial risk.	Quarterly	Risks are identified by project management and actions are taken to manage risk. The risk log is actively maintained to keep track of identified risks and actions taken.	UNDP, Risk Mitigation Working Group (composed of UNDP, OCHA, UN agencies and iNGOs) and MINEPAT
Learn	Knowledge, good practices and lessons will be captured regularly, as well as actively sourced from other projects and partners and integrated back into the project.	At least annually	Relevant lessons are captured by the project team and used to inform management decisions.	UNDP, Government of Japan, CSOs, MINEPAT, Coordination Unit of the PPRD
Annual Project Quality Assurance	The quality of the project will be assessed against UNDP's quality standards to identify project strengths and weaknesses and to inform management decision making to improve the project.	Annually	Areas of strength and weakness will be reviewed by project management and used to inform decisions to improve project performance.	UNDP, Government of Japan, MINEPAT, Coordination Unit of the PPRD
Review and Make Course Corrections	Internal review of data and evidence from all monitoring actions to inform decision making.	At least annually	Performance data, risks, lessons, and quality will be discussed by the project board and used to make course corrections.	UNDP, Government of Japan, MINEPAT, Coordination Unit of the PPRD
Project Report	A progress report will be presented to the Project Board and key stakeholders, consisting of progress data showing the results achieved against pre-defined annual targets at the output level, the annual project quality rating summary, an updated risk long with mitigation measures, and any evaluation or review reports prepared over the period.	3 months after completion of the project a narrative report will be provided. 12 months after completion the financial report will be provided)		UNDP, Government of Japan, MINEPAT, Coordination Unit of the PPRD, Steering Committee



Monitoring Activity	Purpose	Frequency	Expected Action	Partners (if joint)
		A progress report in the case of request for no cost extension		
Project Review (Project Board)	The project's governance mechanism (i.e., project board) will hold regular project reviews to assess the performance of the project and review the Multi-Year Work Plan to ensure realistic budgeting over the life of the project. In the project's final year, the Project Board shall hold an end-of project review to capture lessons learned and discuss opportunities for scaling up and to socialize project results and lessons learned with relevant audiences.	Specify frequency (i.e., at least annually)	Any quality concerns or slower than expected progress should be discussed by the project board and management actions agreed to address the issues identified.	UNDP, Government of Japan, MINEPAT, Coordination Unit of the PPRD, Steering Committee, beneficiaries

Evaluation Plan

Evaluation Title	Partners (if joint)	Related Strategic Plan Output	UNDAF/CPD Outcome	Planned Completion Date	Key Evaluation Stakeholders	Cost and Source of Funding
Final Project Evaluation	UNDP	TBC	TBC	TBC	Steering Committee	50,000

Evaluation is conducted in accordance with the UNDP Evaluation Policy.

10. Reporting to the Government of Japan

UNDP will provide quarterly updates and bi-annual narrative and financial reports detailing progress against planned outputs, challenges encountered, mitigation measures taken, and overall implementation status. At the conclusion of the project, an exhaustive final report will summarize the outcomes achieved, key milestones, lessons learned, and the overall visibility results. In addition, the project will generate high-quality visibility materials, including geo-tagged photo essays, human interest stories, infographics, and short videos documenting the impact of Japan's support.

Dedicated communications packages will be prepared for Japan's TICAD and other public diplomacy platforms to highlight project achievements and reinforce Japan's global development contributions. UNDP will also ensure that representatives of the Embassy of Japan are invited to project launches, field missions, and infrastructure handover ceremonies to reinforce visibility and transparency.

11. Risk Management

The operating environment in Cameroon's South-West Region remains volatile, with active security risks, logistical constraints, and governance challenges that could affect project delivery. However, UNDP's experience from previous phases and its embedded presence in the region allow for early identification and mitigation of risks. Risk management will be proactive, integrated into all planning and implementation phases, and reviewed regularly.

Risk Category	Description	Likelihood	Impact	Mitigation Measures
Security Risk	Access to some project sites may be restricted due to armed conflict, roadblocks, or local insecurity	Medium	High	Coordinate with local authorities and security forces for safe access routes and timing; stagger implementation in high-risk zones; engage local leadership for early warning; maintain operational flexibility and backup sites
Contractor Performance Risk	Contractors may underperform or fail to meet deadlines due to inexperience or supply disruptions	Medium	Medium	Apply competitive bidding and strict technical vetting; enforce milestone-based contracts with penalties; assign dedicated UNDP engineers for supervision; ensure advance procurement planning
Community Resistance or Low Ownership	Communities may not fully engage in facility use or maintenance, threatening sustainability	Low	Medium	Involve communities early through councils and traditional authorities; activate and train local management structures (WMCs, PTAs, Health Committees); hold joint monitoring reviews with beneficiaries
Operational Delays	Delays in importation, procurement, or administrative approvals	Medium	Medium	Use long-term agreements where possible; maintain buffer timelines; engage national counterparts in advance for fast-track approvals; decentralize procurement to regional office as needed

Environmental or Social Risk	Construction may affect nearby water sources or land tenure if not planned carefully	Low	Medium	Conduct environmental and social safeguards screening per UNDP guidelines; secure local validation of land use for all construction sites; ensure designs are environmentally sound and inclusive
Inflation and Cost Escalation	Rising prices may affect materials or contractor rates, impacting scope	Medium	Medium	Build a 5–10% contingency into cost estimates; review local market rates periodically; apply transparent change control mechanisms for budget revisions

Risk mitigation will be tracked as part of regular project management dashboards and reviewed regularly. If new risks emerge, UNDP will propose adjustments to the work plan and budget, with formal communication to the donor and government counterparts.

12. Sustainability and Exit Strategy

Ensuring the long-term sustainability of infrastructure and services is a core objective of this project. The approach adopted in Phases I and II—based on national alignment, local government ownership, and community participation—will be strengthened and institutionalized further in Phase III. The project's exit strategy rests on four interlinked pillars:

1. Government Ownership and Integration

The project is fully embedded in the national recovery framework under the PPRD. All interventions are selected, validated, and overseen by the Steering Committee of the PPRD, in coordination with relevant line ministries. Rehabilitation works follow national design standards, and completed assets are handed over to the appropriate Government Authority (Health, Education, Water) for integration into their service delivery system.

- Health centres are officially incorporated into the Ministry of Public Health's operational plans, with medical staff deployed and equipment inventories updated.
- Schools will be reactivated under the Ministry of Basic or Secondary Education, depending on the level, and connected to regional education networks.
- Water points are registered and monitored by the Ministry of Water and Energy and councils, with repair protocols established.

These actions institutionalize the assets and anchor their maintenance in public budgets and performance frameworks.

2. Local Government Engagement and Responsibility

Municipal councils are central to the project's sustainability model. They participate in site selection, contractor supervision, and are the legal custodians of all infrastructure upon completion. During Phases I and II, this model proved effective: councils facilitated community engagement, took responsibility for site security, and committed to maintaining rehabilitated assets.

3. Community Participation and Management Structures

Each infrastructure component includes a corresponding community-based management structure:

- Water Management Committees (WMCs): 17 committees trained in Phases I and II continue to oversee cleaning, and repairs. Twelve new WMCs will be created and trained in Phase III using the same model.
- Health Committees: Will work with councils and the Ministry of Health to monitor cleanliness, client satisfaction, and minor repairs at each clinic.
- Parent-Teacher Associations (PTAs): Will be strengthened in each rehabilitated school to ensure that schools are maintained, and community-school dialogue continues.

Training sessions, toolkits, and handover guides will be developed for each committee, building on local practices and lessons from prior phases.

4. Technical Quality and Resilience Design
All infrastructure will be built to climate-resilient, low maintenance standards. Boreholes will use solar pumps and reinforced heads; schools and health centres will include rainwater harvesting and be designed to withstand harsh weather conditions. UNDP will apply stringent quality control protocols during construction and commission technical audits before final handovers.

13. Human Interest and Communications / Visibility of Japan's Support

The visibility of the Government of Japan's contribution and the impact of its support on the lives of vulnerable populations is a priority for this project. The communications strategy will go beyond institutional branding to highlight authentic human stories, reinforce public diplomacy, and showcase Japan's solidarity with conflict-affected communities in Cameroon.

1. Visibility Commitments
All project activities will visibly acknowledge Japan's support in accordance with the UNDP-Japan visibility guidelines. This includes:

- **On-site branding**: All rehabilitated health centres, schools, and water points will display plaques or signage with the Japanese flag and "From the People of Japan" in English.
- **Launch and handover ceremonies**: Events will be organized in collaboration with the Embassy of Japan, featuring traditional leaders, local officials, and media representatives. These events will be accompanied by press releases, photography, and recorded statements for use on UNDP and Embassy platforms.
- **Visibility materials**: Professionally produced photo essays, video stories, infographics, and social media packages will be created. These materials will be made available for use in Embassy communications, and broader Japanese public diplomacy.
- **Joint field missions**: Embassy staff and Japanese stakeholders will be invited for joint monitoring visits to select sites to interact with beneficiaries and witness project impact firsthand.

2. Human Interest Stories from the Field
The project will continue to document and amplify beneficiary voices to personalize results and build global empathy. These affirmations will reflect the tangible transformation enabled by Japan's support: not only restoring infrastructure but rebuilding dignity, agency, and hope.

14. Other Provisions

Audit: Audits are performed in accordance with the UNDP Financial Regulations and Rules, and the cost is not included in the budget of the individual project.

Unspent balance: At the end of a project, any unspent balances held by the projects will be returned to Japan Unit/BERA.

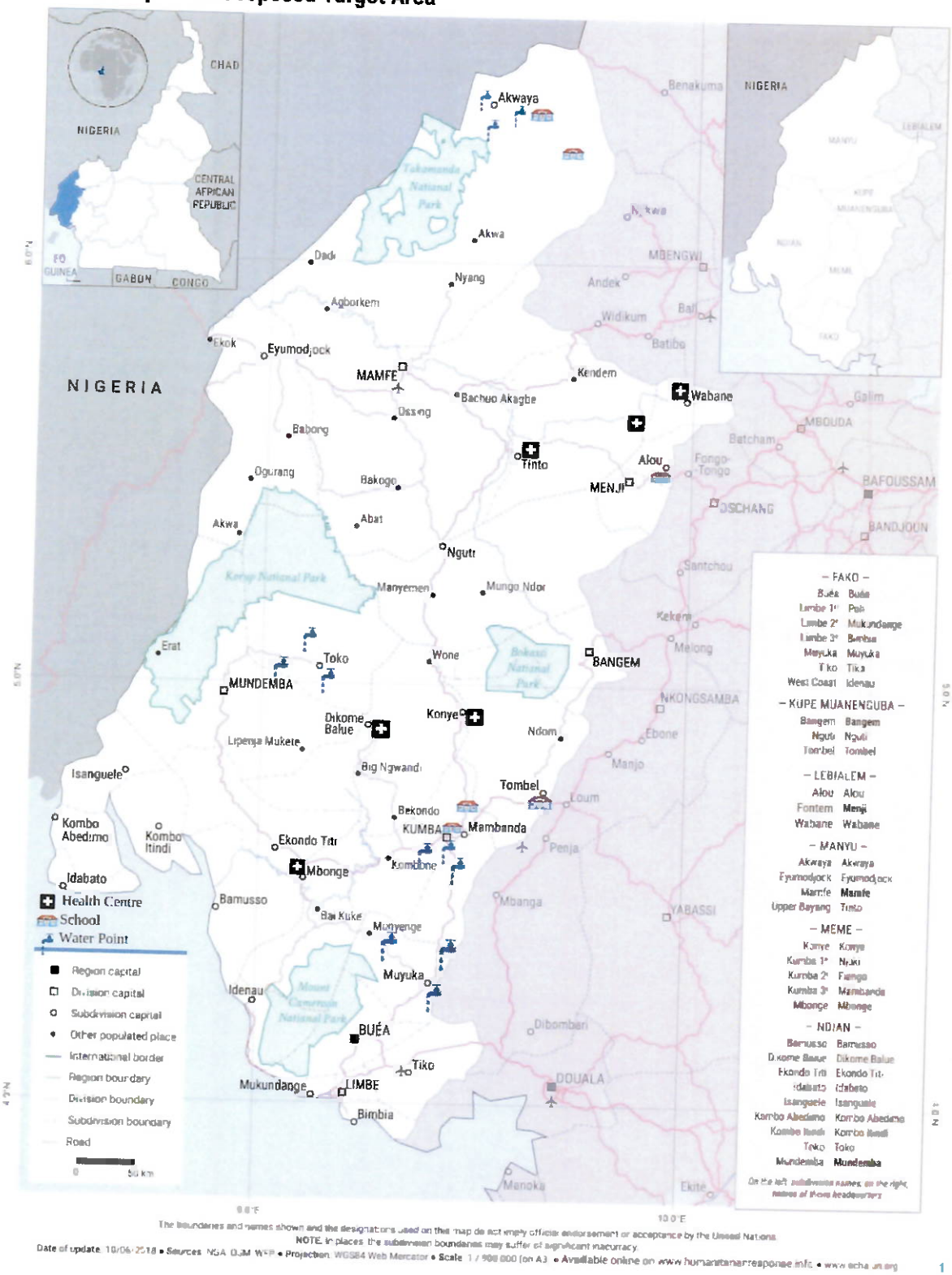
15. Budget

OUTPUT	ITEM	UNIT	QUANTITY	UNIT COST (USD)	TOTAL (USD)
Output 1: The populations of the South-West region have increased access	Preparatory work and site installation, earthworks, Foundation	Flat rate	5,536	33,217	36 000
	Masonry Elevating	Flat rate	28,604	171,623	186 000
	Frame roofing	Flat rate	13,841	83,044	90 000

OUTPUT	ITEM	UNIT	QUANTITY	UNIT COST (USD)	TOTAL (USD)
to basic health care services.	Electricity, Plumbing, Sanitation, Doors and windows, Painting, DRV	Flat rate	9,227	55,362	60 000
	Solar energy, Boreholes with submersible pumps solar-powered and storage tank and a block of four stand taps for the community	Flat rate	25,836	155,015	168 000
	Wash facilities	Flat rate	30,449	182,696	198 000
	supply of equipment	Flat rate	11,072	66,435	72 000
Subtotal for Output 1					**747,392**
Output 2: The populations of the South-West region have increased access to safe drinking water	Construction of 12 solar-powered boreholes with storage capacity to ensure access to safe drinking water by the population in crisis-affected areas of the South-West Region. Solar-powered Borehole activities will include but will not be limited to:				
	Geophysical studies	Flat rate	12	3,257	39,079
	Drilling	Flat rate	12	12,212	146,548
	Development and flow testing,	Flat rate	12	4,071	48,849
	disinfection,	Flat rate	12	2,442	29,310
	dewatering equipment,	Flat rate	12	2,442	29,310
	Construction of storage towers	Flat rate	12	4,885	58,619
	Supply and putting in place storage tanks with accessories	Flat rate	12	1,628	19,540
	Installation of a pipe network with stand taps for the communities	Flat rate	12	3,257	39,079
	Training of Management Committees	Salary	12	2,442	29,310
Subtotal for Output 2					**622,827**
Output 3: The populations of the South-West region have increased access to better educational services.	Preparatory work and site installation, earthworks, Foundation	Flat rate	6	5,536	33,217
	Masonry Elevating	Flat rate	6	28,604	171,623
	Frame roofing	Flat rate	6	13,841	83,044
	Electricity, Plumbing, Sanitation, Doors and windows, Painting, DRV	Flat rate	6	9,227	55,362
	Solar energy, Boreholes with submersible pumps solar-powered and storage tank and a block of four stand taps for the community	Flat rate	6	25,836	155,015
	Security fence with solar powered security lamps	Flat rate	6	41,522	249,131
Subtotal for Output 3					**747,392**

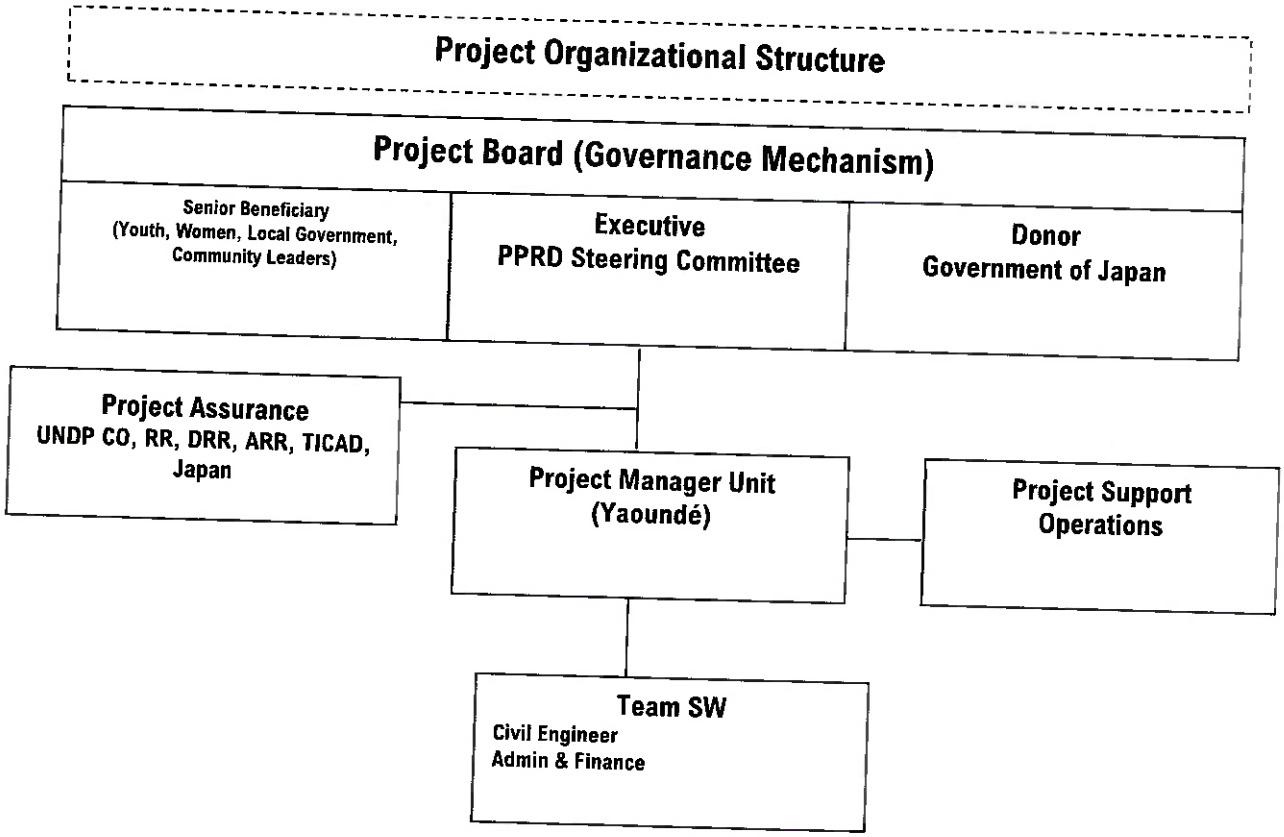
OUTPUT	ITEM	UNIT	QUANTITY	UNIT COST (USD)	TOTAL (USD)
Project Management	Salaries of Project Staff			318,334	318,334
	Travel				
	Equipment and Supplies				
	DES (Delivery Enabling Services) and GOE (General Operating Expenses in the CO)				
	Monitoring and Evaluation				
	Reporting				
	Communication and Visibility				
Project Net Budget (Sub-Total for Output 1, Output 2, Output 3, and Project Management)				**2,435,944**	
General Management Support (8% of Project Net Budget)				**194,876**	
Coordination Levy (1% of Project Net Budget + GMS)				**26,308**	
Sub-Total for General Management Support and Levy				**221,184**	
Total (USD)				**2,657,128**	

Annex 1: Map of the Proposed Target Area

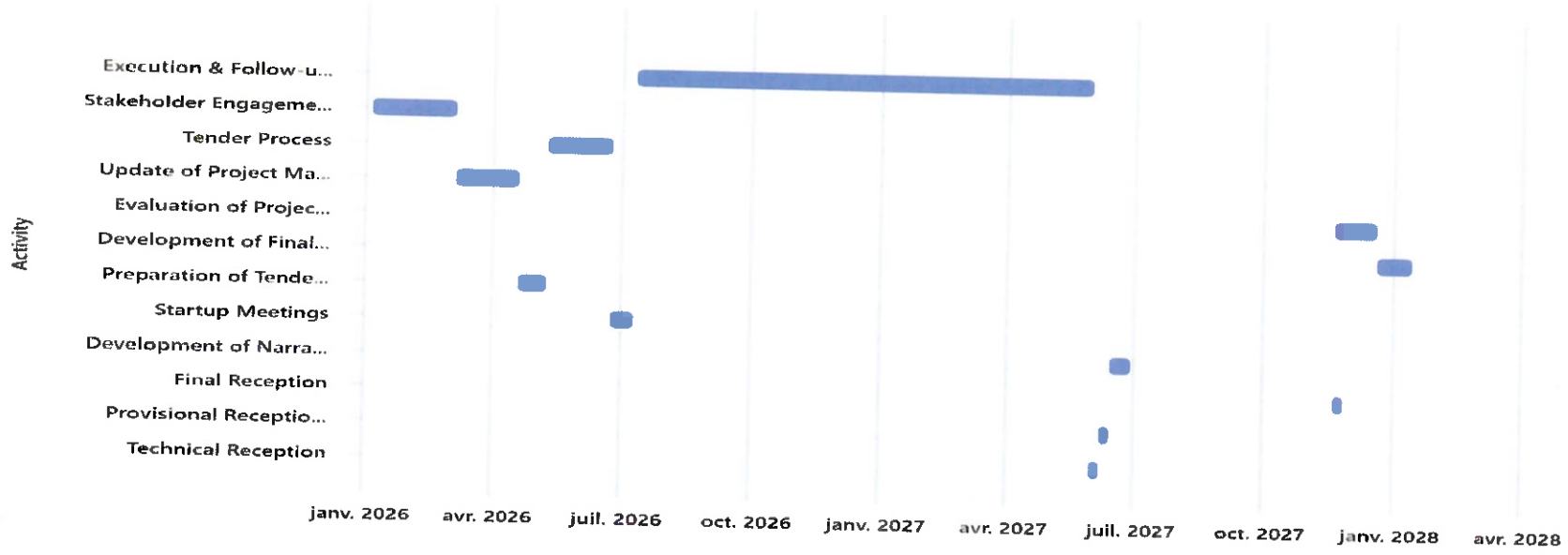


[1] Map is produced by OCHA 2018. Annotations based on project locations done by us.

Annex 2: Project Organizational Structure



Annex 3: Project Timeline



Activity	Start Date	End Date	Duration
Stakeholder Engagement	05/01/2026	06/03/2026	60
Update of Project Maturation & Report	06/03/2026	20/04/2026	45
Preparation of Tender Documents	20/04/2026	10/05/2026	20
Tender Process	10/05/2026	24/06/2026	45
Startup Meetings	24/06/2026	10/07/2026	16
Execution & Follow-up	10/07/2026	31/05/2027	325
Technical Reception	31/05/2027	07/06/2027	7
Provisional Reception	07/06/2027	14/06/2027	7
Final Reception	20/11/2027	27/11/2027	7
Development of Narrative Report	14/06/2027	29/06/2027	15
Evaluation of Project	20/11/2027	20/12/2027	30
Development of Final Financial Report	20/12/2027	14/01/2028	25