



**Executive Board of the
United Nations Development
Programme and of the
United Nations Population Fund**

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**UNITED NATIONS POPULATION FUND
Country programme for Equatorial Guinea**

Proposed UNFPA assistance:	\$3.4 million: \$2 million from regular resources and \$1.4 million through co-financing modalities and/or other, including regular, resources
Programme period	5 years (2003–2007)
Cycle of assistance	Fourth
Category per decision 2000/19:	A

Proposed assistance by core programme areas (in millions of \$):

	Regular resources	Other	Total
Reproductive health	1.1	0.8	1.9
Population and development strategies	0.6	0.6	1.2
Programme coordination and assistance	0.3	-	0.3
Total	2.0	1.4	3.4

I. Situation analysis

1. Since 1997, Equatorial Guinea has experienced strong economic growth, along with a gradual drop in external debt. This has enabled the country to plan short-, medium- and long-term development strategies aimed at reducing poverty. The Government has drawn up a 10-year development programme of action (2001-2010) and a national good governance programme. These programmes were preceded by the national economic and social development strategy implemented from 1997 to 2001.

2. In 2001, the population of the country was estimated at almost 500,000, with the urban population accounting for 38 per cent of the total. The annual population growth rate is 6 per cent, and 44 per cent of the population is younger than 15 years of age. The total fertility rate is high at 5.9 children per woman. Contraceptive prevalence rates remain low: 0.7 per cent in rural areas, compared to 2.9 per cent in urban areas.

3. There is no national population policy. There are, however, sectoral policies on health, education, the environment and women. Many of these policies are still in draft form.

4. Health indicators are troubling, despite an extensive health infrastructure and the relatively high level of national resources allocated to the health sector. The maternal mortality ratio, for example, is estimated at 352 deaths per 100,000 live births, while the infant and child mortality rates are estimated at 111 and 202 deaths per 1,000 live births, respectively.

5. The number of sexually transmitted infections (STIs), including HIV/AIDS, is rising rapidly. The HIV/AIDS prevalence rate within the sexually active population was 7.2 per cent in 2001, up from 3.5 per cent in 1997. A national strategic plan to combat the HIV/AIDS pandemic has just been developed.

6. Women's advancement is seriously constrained by low educational levels (71 per cent of women are illiterate) and by their low legal and socio-economic status. Most women still work in poorly remunerated occupations in the agricultural sector, where they account for more than three quarters of the labour force. In the civil service, women comprise only 13 per cent of the total number of workers. Women earn only 28 per cent of the national income.

II. Past cooperation and lessons learned

7. The third UNFPA programme of assistance (1998-2002), which received \$2.5 million from UNFPA core resources, achieved success in a number of areas, including reproductive health. UNFPA supported a national symposium on reproductive health and the creation of a reproductive health policy and reproductive health standards and procedures. These helped to lay the groundwork for the formulation of a national reproductive health programme. The UNFPA programme also helped to upgrade reproductive health services in 24 health units and to establish two counselling and monitoring centres for youth and adolescents.

8. Through advocacy and population information, education and communication (IEC) activities, substantial progress was made in sensitizing decision makers, leaders and the general public on population and development issues such as HIV/AIDS, girls' school enrolment, youth welfare and gender equity. A multisectoral team of IEC and reproductive health trainers and community workers helped to coordinate activities among various stakeholders, including those from government departments and from non-governmental organizations (NGOs).

9. In the area of population and development strategies, the programme contributed to strengthening national institutional capacity. National counterparts were trained, an institutional coordination framework was

established and a sociodemographic database was set up. The programme also supported the collection, analysis and dissemination of data from the second population census and from the knowledge, attitudes and practices survey. In addition, a national policy on the advancement of women was formulated and adopted, and two important population and development networks involving women ministers and parliamentarians were established. These networks have contributed significantly to advocacy and awareness-creation efforts.

10. Programme implementation was constrained by a number of factors: (a) delays in the start of the programme; (b) an inadequate human resources base; (c) a weak institutional framework; and (d) inadequate data.

11. The lessons learned from the previous programme confirm the continued relevance of international expertise and South-South cooperation for national capacity-building. The programme demonstrated the need to draw up an effective human resources development plan to facilitate the design, implementation, monitoring and evaluation of population programmes.

12. There is neither a national population policy nor an effective framework for monitoring and coordinating population activities. In this context, there is a need to expand and strengthen IEC and advocacy strategies to provide information to selected groups in order to modify attitudes about reproductive health.

13. Finally, to ensure a more rational management of counterpart funds allocated to the programme, a harmonized and decentralized financial management system should be established.

III. Proposed programme

14. The proposed programme was developed in close collaboration with the Government and

is based on national priorities to reduce poverty as defined in the 10-year development programme of action. Even though the common country assessment and the United Nations Development Assistance Framework have not yet been developed, the proposed programme takes into account interventions by other United Nations agencies.

15. The goal of the proposed programme is to contribute to national efforts to reduce poverty and improve living conditions. This will be accomplished through: (a) the establishment of an institutional and reference framework to integrate population into development planning; (b) the advancement of women and the promotion of gender equality and equity; and (c) increased utilization of high-quality reproductive health services. While the coverage in reproductive health will focus on the 18 health districts covered by the previous programme, UNFPA will also provide support to develop quality of care standards in all districts in the country.

Population and development strategies subprogramme

16. The goal of the population and development strategies subprogramme is to address a variety of challenges, including the lack of an effective institutional framework for the population programme; the absence of a national population policy; the inadequacy of human resources; and the need for updated and reliable data.

17. The first output – the formulation and adoption of a national population policy – will be achieved through various strategies. These strategies include: (a) developing a pedagogical approach that permits a better understanding of population, programme variables, the interrelations between population and development, and the process of formulating a population policy; (b) extending technical support for the formulation of the national population policy; and (c) using the media and

educational workshops to disseminate information on, and encourage support for, the national population policy.

18. The second output – strengthened national capacities for the formulation, implementation, monitoring and evaluation of population programmes – will be achieved through strategic planning in human resources development and through results-based management in priority areas. Priority areas include the monitoring and evaluation of programmes; advocacy and gender issues; population IEC; and the collection, analysis and dissemination of population and socio-economic data. This output will also be achieved through the integration of a population and development training course into the university curriculum and through the development of monitoring, evaluation and coordination tools to complement national capacity-building strategies.

19. The third output is increased awareness of population issues. This output will be achieved by: (a) implementing the IEC strategy on population and developing advocacy efforts to support programme implementation; and (b) conducting awareness-creation activities in provinces to facilitate the formulation and adoption of the national population policy.

20. The fourth output – the availability of updated and reliable population and sociocultural data – will be achieved by: (a) assisting the Government in conducting population studies and research; (b) strengthening the sociodemographic database through support to various population and development studies, surveys and statistical systems, including those focusing on health, education and employment; and (c) consolidating the data collection and analysis system and establishing an information and management system for monitoring and evaluating the programme.

21. In the area of gender, the output will be the promotion of gender equality and equity. This will be achieved by providing: (a) institutional support to the Ministry of Social and Women's Affairs for the dissemination of the national policy for the advancement of women; (b) support for mainstreaming gender into sectoral policies and programmes, through advocacy and gender training for decision makers and development partners; and (c) support for capacity-building for women's groups and associations, with the aim of promoting the rights of women and girls.

Reproductive health subprogramme

22. The goal of the reproductive health subprogramme is to address high maternal, infant and child mortality rates; low utilization rates for reproductive health services; and the spread of STIs and HIV/AIDS.

23. The first output in the reproductive health subprogramme is increased access to and availability of reproductive health services. This output will be achieved by: (a) upgrading 24 health institutions through the introduction of a minimum package of reproductive health services; (b) the inclusion of emergency obstetric care in 24 health units; (c) the development of community-based reproductive health services, including those for men, adolescents and youth in 18 selected districts; (d) the development of STI and HIV/AIDS control activities in health units and communities; and (e) the development of reproductive health services for adolescents and youth.

24. The second output – increased demand for reproductive health services – will be achieved by: (a) developing and implementing IEC activities for behavioural change in health delivery units; (b) strengthening information and communication programmes through the use of the mass media; and (c) strengthening promotion activities at the community level in support of service-delivery strategies.

25. The third output – improved management of reproductive health services and an enhanced human resources base – will be achieved through a number of strategies. These strategies include: (a) developing a reproductive health programme and operational frameworks; (b) strengthening management and coordination capacities in reproductive health; (c) enhancing the skills of health personnel through ongoing training and the integration of reproductive health components into the university curriculum and health-care training schools; and (d) upgrading the health information system to facilitate decision-making, self-assessment and dialogue with local communities.

IV. Programme management, monitoring and evaluation

26. Various government ministries and departments will implement the programme. Technical assistance, aimed at institutional capacity-building and the transfer of knowledge, will be provided by specialized agencies. An NGO with expertise in the area of reproductive health will be selected to assist the Government with the execution of the reproductive health subprogramme. *L'Institut de formation et de recherche démographiques* (IFORD) will assist in implementing activities in the area of population and development. The Ministry of Planning and Economic Development will be responsible for programme coordination.

27. The programme will be implemented within the context of ongoing decentralization efforts. Capacity-building and the transfer of responsibilities to regional entities and health districts will be emphasized.

28. The monitoring and evaluation of the programme will follow standard UNFPA guidelines, including the organization of annual reviews, a midterm review and a final evaluation in 2007. A monitoring and evaluation plan will be developed, based on the

programme logical framework and related indicators.

29. The UNFPA country office consists of a non-resident Country Director based in Cameroon, a national programme officer and support staff. An additional programme assistant will be recruited. The capacity of the office for technical and financial management will be strengthened through on-the-job training and technical backstopping from the UNFPA country office in Cameroon and the UNFPA Country Technical Services Team based in Dakar, Senegal.

ANNEX: RESULTS AND RESOURCES FRAMEWORK FOR EQUATORIAL GUINEA

National Objective 1*: To reduce poverty by 50% by the year 2015				
UNFPA Goal	Outcome	Indicators	Outputs and Key Indicators	Resources
To contribute to national efforts to reduce poverty through the establishment of an institutional and reference framework to better integrate population into development planning	Establishment of an institutional framework to better integrate population into development planning	Staff and institutions responsible for planning, implementing, monitoring and evaluation trained Coordination mechanisms among development sectors established	Output 1: Formulation of a national population policy that takes into account population and development interrelationships <u>Output indicators:</u>	\$0.1 million
			<ul style="list-style-type: none"> National population policy document available Functional monitoring and coordination mechanisms 	\$0.71 million
			Output 2: National capacities strengthened <u>Output indicator:</u>	\$0.07 million
			<ul style="list-style-type: none"> National counterparts, including 30% women, trained in aspects of the training plan 	
			Output 3: Increased awareness of population issues <u>Output indicator:</u>	\$0.125 million
			<ul style="list-style-type: none"> 60% of the target population informed of at least three priority population themes (reproductive health, HIV/AIDS and gender) 	
			Output 4: Availability of updated and reliable population and sociocultural data disaggregated by sex, age and region <u>Output indicator:</u>	
			<ul style="list-style-type: none"> Functional, disaggregated sociodemographic database 	
National Objective 2*: To ensure women's promotion; 25% reduction in women's illiteracy; and promotion of women's legal and socio-economic status through a 30% participation quota in various sectors of the economy that have low female participation rates				
To contribute to the advancement of women and to gender equality and equity	Women's advancement and gender equality and equity advocated	Women's welfare policy and a widely disseminated work plan Proportion of policies, strategies and programmes which include a gender dimension 25% decrease in women's illiteracy	Output 1: Promotion of gender equality and equity strengthened <u>Output indicators:</u>	\$0.15 million
			<ul style="list-style-type: none"> Number of male and female leaders trained in gender issues and advocacy Number of women's groups and associations working on gender sensitization and population and development issues 	

National Objective 3*: To reduce maternal and infant mortality by 50% by 2010 and carry out systematic HIV/AIDS prevention actions				
UNFPA Goal	Outcome	Indicators	Outputs and Key Indicators	Resources
To contribute to better use of high-quality reproductive health services	Increased utilization of high-quality reproductive health services	Rate of antenatal consultations increases from 30% to 60%	Output 1: Better accessibility and availability of reproductive health services <u>Output indicator:</u> <ul style="list-style-type: none"> 24 health institutions from 18 districts provide high-quality reproductive health services (antenatal care, emergency obstetric care, complications from abortions, STIs and HIV/AIDS) based on a minimum package of reproductive health services 	\$1.22 million
		Rate of assisted births by qualified personnel increases from 40% to 90%	Output 2: Increased demand for reproductive health services <u>Output indicators:</u> <ul style="list-style-type: none"> 5 youth centres provide counselling services using well-defined methods 18 secondary schools teach family life education and population education 90% of the population (men, women, adolescents and youth) receive reliable information on various reproductive health issues 	\$0.46 million
		Rate of contraceptive prevalence increases from 2.9% to 20% in urban areas and from 0.7% to 20% in rural areas	Output 3: Improved management of activities and human resources development <u>Output indicator:</u> <ul style="list-style-type: none"> 18 health districts develop activities in accordance with operational action plans in reproductive health 	\$0.265 million
		50% increase in the knowledge and attitudes of target populations on reproductive health issues		Programme coordination and assistance: \$0.3 million

* UNDAF has not yet been developed.

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