



**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 document for Equatorial Guinea

Proposed indicative UNFPA assistance: \$5.5 million: \$2.5 million from regular resources and \$3 million through co-financing modalities and/or other, including regular, resources

Programme period: Five years (2008-2012)

Cycle of assistance: Fifth

Category per decision 2005/13: A

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

	Regular resources	Other	Total
Reproductive health	1.00	1.3	2.30
Population and development	0.65	1.0	1.65
Gender	0.60	0.7	1.30
Programme coordination and assistance	0.25	–	0.25
Total	2.50	3.0	5.50

I. Situation analysis

1. Equatorial Guinea, with a population of just over one million, consists of islands as well as a mainland. Almost 80 per cent of the population lives on the mainland. The economy grew 35-fold from 1996-2006 due to the development of oil resources. In 2006, the oil sector generated 94 per cent of the gross domestic product. Economic growth has not resulted in a proportional reduction in poverty, however.

2. The contraceptive prevalence rate for modern methods has been only 2.8 per cent since 1994. The total fertility rate is high, at 5.6 children per woman. The maternal mortality ratio is 352 deaths per 100,000 live births, and the infant mortality rate (2001) was 93 deaths per 1,000 live births. The rate of skilled attendance at birth has almost doubled, from 27 per cent in 2002 to 52 per cent in 2006. Access to reproductive health services is concentrated in urban areas, and there is a shortage of qualified health workers.

3. The population is young, with 47.3 per cent below the age of 15. The median age at first sexual intercourse is 14 years. Cultural taboos and the lack of youth-friendly reproductive health information and services have hampered access for young people.

4. According to 2001 estimates, the HIV prevalence rate among the sexually active population is 7.2 per cent, with women and young people the most affected. The Government guarantees confidential voluntary counselling and testing for HIV/AIDS and provides free access to antiretroviral medication. According to a 2006 survey, nearly 86 per cent of the population is aware of sexually transmitted infections and HIV/AIDS. Nevertheless, condom usage is low, at 15 per cent, due to insufficient access to reproductive health and contraceptive supplies, especially in rural areas.

5. Women represent 52.5 per cent of the population. Although the Government has ratified the Convention on the Elimination of All Forms of Discrimination against Women and other international human rights treaties, women are underrepresented in decision-making positions. They constitute only 13 per cent of government positions and 18 per cent of parliament. Inequalities between boys' and girls' education increase after the primary school level. At the secondary school level, there is one girl enrolled for every three boys. Results from a 2006 national survey on domestic and sexual violence will guide future programme interventions to combat gender-based violence.

6. Despite censuses in 1994 and 2001, there is a lack of reliable data, which hampers development programming, monitoring and evaluation. The problem is especially acute in the area of reproductive health, given the weak health information system.

7. In 2006, the Government began to develop Vision 2020 – the economic development and poverty reduction plan, which it will finalize in 2008. The plan will replace the current development programme of action (2001-2010). Priorities include economic diversification, with an emphasis on the non-petroleum sectors. With the support of development partners, the Government will undertake the first national demographic and health survey in 2007. It will also carry out a household survey and a poverty mapping exercise.

II. Past cooperation and lessons learned

8. The previous country programme supported interventions in five districts on Bioko Island and 13 districts on the mainland. In the area of reproductive health, UNFPA assistance helped to improve health indicators related to prenatal consultations, skilled attendance at birth, and care for obstetric complications, including Caesarean sections.

The programme provided support for: (a) developing and adopting a national reproductive health programme and integrating reproductive health modules into the curriculum of the University School of Health and Environment; (b) integrating family life education into the curriculum of secondary schools; (c) building the capacity of technical personnel; (d) evaluating the emergency obstetric care programme to generate data for programme monitoring and evaluation; (e) preventing and treating cervical cancer; and (f) establishing a logistics management system, including the provision of contraceptives through cost-recovery.

9. In area of population and development, assistance was provided for: (a) the draft economic development and poverty reduction plan; (b) the first national report on the Millennium Development Goals; and (c) the first demographic and health survey.

10. With regard to gender issues, the Government will promote gender equality and equity through a multisectoral action plan, which was prepared with UNFPA support. The family code, which was developed and adopted with UNFPA support, will further promote human rights. UNFPA also helped to strengthen the technical capacity of the Ministry of Social Affairs and Women's Promotion in gender mainstreaming, and supported advocacy for gender and development issues. The programme organized workshops and study tours to encourage women ministers and parliamentarians to advance gender issues. UNFPA also helped the Ministry of Education, Science and Sports to develop a national youth policy as well as an action plan to implement that policy.

11. Lessons learned include: (a) South-South cooperation with Mali in obstetric fistula repair helped to build the capacity of national institutions; (b) establishing a system to collect and analyse emergency obstetric care data facilitated the systematic follow-up of maternal

health indicators; (c) multisectoral peer educators increased reproductive health knowledge among diverse communities; and (d) establishing district teams to promote behaviour change has increased understanding of reproductive health, gender and HIV/AIDS issues among government authorities and the community.

III. Proposed programme

12. The Government and UNFPA collaborated with civil society and United Nations organizations to develop the country programme. It is based on the United Nations Development Assistance Framework (UNDAF), 2008-2012, and is aligned with: (a) the national priorities outlined in Vision 2020 – the economic development and poverty reduction plan; (b) the Programme of Action of the International Conference on Population and Development; (c) the Millennium Development Goals; and (d) the 2005 World Summit Outcome.

13. The goal of the country programme is to contribute to a reduction in poverty and to an improvement in the quality of life of the people of Equatorial Guinea by supporting the development and implementation of policies and programmes on population, reproductive health and gender. The programme will contribute to three of four UNDAF outcomes. It will be implemented in five districts on the island and 13 districts on the mainland, through three programme components: (a) reproductive health; (b) population and development; and (c) gender.

Reproductive health component

14. The outcome under this component is: increased availability and utilization of high-quality reproductive health services, including HIV/AIDS prevention services, with an emphasis on young people. This will be achieved through three outputs.

15. Output 1: Increased access to reproductive health information and services, especially by women and young people. This output, in line with efforts to operationalize the Maputo Plan of Action in the areas of reproductive health and HIV, will: (a) support, in collaboration with the World Health Organization (WHO), the finalization of the national road map to reduce maternal mortality and morbidity; (b) strengthen institutional and human resource capacity to provide high-quality reproductive health services, including essential emergency obstetric care, family planning services, prevention and treatment of obstetric fistula, and prevention and treatment of cervical cancer, in 36 health centres and 18 hospitals; and (c) develop a national strategy for reproductive health commodity security and build national capacity to implement the strategy.

16. Output 2: Increased access to youth-friendly sexual and reproductive health information and services, with a focus on preventing sexually transmitted infections and HIV/AIDS. This output will help to implement the youth policy action plan by: (a) strengthening the peer educator programme in secondary schools; (b) developing and implementing a communications plan for in-school and out-of-school youth in order to prevent unwanted pregnancies, sexually transmitted infections and HIV/AIDS; (c) developing a social mobilization and communications strategy targeting village and district councils, faith-based organizations and other groups to raise awareness of adolescent reproductive health issues; and (d) supporting youth networks.

17. Output 3: HIV/AIDS prevention strategies are integrated into reproductive health services, including prenatal and post-natal consultations. This will be achieved by: (a) strengthening the capacity of service providers to integrate malaria prevention services into pre- and post-natal consultations; (b) strengthening institutional and technical capacities to provide voluntary counselling and testing for

HIV/AIDS as part of prenatal and post-natal consultations; and (c) promoting the use of family planning services.

Population and development component

18. The outcome under this component is: population dynamics and its linkages with reproductive health, HIV/AIDS and gender equality are incorporated into Vision 2020 – the economic development and poverty reduction plan. This will be achieved through two outputs.

19. Output 1: Strengthened skills to review population dynamics and its linkages with reproductive health, HIV/AIDS and gender, so that it can be better integrated into the economic development and poverty reduction plan. This output will be achieved by: (a) reviewing, analysing and updating basic indicators; (b) proposing new intervention areas and strategies; (c) integrating the proposed strategies into the national economic development and poverty reduction strategy plan; (d) costing the proposed strategies and urging the Government to include them in the national budget; and (e) advocating financial and technical contributions from the Government.

20. Output 2: Improved national system to collect, analyse and utilize sociodemographic and economic data. This output will be achieved by: (a) developing an operational research plan on population and development and poverty issues; (b) supporting, in collaboration with the United Nations Children's Fund (UNICEF) and UNDP, the first demographic and health survey, and the analysis and use of survey data disaggregated by age and sex; and (c) mobilizing resources for collecting, analysing and disseminating socio-economic data.

Gender component

21. The outcome under this component is: institutional and judicial frameworks and mechanisms are in place to protect the rights of women and young girls. This outcome will be achieved through two outputs.

22. Output 1: Strengthened capacity of the Ministry of Social Affairs and Women's Promotion and of civil society organizations to implement Vision 2015 – the multisectoral plan of action for women. This will be achieved by: (a) providing financial and technical support to analyse the status of women, with an emphasis on implementing the family code; (b) strengthening the technical capacity of the Government to implement international and regional agreements related to the rights of women; and (c) establishing mechanisms to promote and monitor human rights, including women's rights.

23. Output 2: Creation of an enabling environment in which to operationalize the family code and to combat gender-based violence. To achieve this output, the programme will: (a) help to finalize the family code and advocate its adoption and dissemination; and (b) use the findings of the 2006 survey on domestic and gender-based violence to formulate strategies to prevent and manage gender-based violence.

IV. Programme management, monitoring and evaluation

24. National execution will be the principal execution modality. The Government will ensure that the programme contributes to the UNDAF and to national priorities, as stated in national development and poverty reduction programmes. The Ministry of Foreign Affairs, International Cooperation and the Francophonie will coordinate the UNFPA-assisted programme.

25. Within the context of the UNDAF, the Government and the United Nations country team will establish a monitoring and evaluation committee, which will monitor programme implementation and provide strategic guidance. UNFPA and national counterparts will carry out joint supervision visits to programme sites at least two times a year. The programme will conduct quarterly, annual, midterm and final programme reviews, in line with UNFPA guidelines and the UNDAF monitoring matrix. The country office will formulate a resource mobilization plan to leverage additional resources for the programme.

26. The UNFPA office will collaborate with government institutions and civil society organizations. The UNFPA country technical services teams in Ethiopia, Mexico and Senegal, as well as national and international consultants, will provide technical assistance.

27. The UNFPA country office consists of a non-resident country director based in the Democratic Republic of the Congo, an international programme officer, an assistant representative, a national project staff member, and several support staff. To strengthen programme implementation, UNFPA will recruit two national programme officers and will earmark programme funds to recruit an international chief of operations.

RESULTS AND RESOURCES FRAMEWORK FOR EQUATORIAL GUINEA

National priorities in health and education (2001-2010): improved status of health, education, drinking water and environmental management				
UNDAF outcome 2: increased availability, provision and utilization of basic social services				
Programme component	Country programme outcomes, indicators, baselines and targets	Country programme outputs, indicators, baselines and targets	Partners	Indicative resources by programme component
Reproductive health	<p><u>Outcome:</u> Increased availability and utilization of high-quality reproductive health services, including HIV/AIDS prevention services, with an emphasis on young people</p> <p><u>Outcome indicators:</u></p> <ul style="list-style-type: none"> • Increased contraceptive prevalence rate from 2.8% to 10% in programme areas • 90% of the population is knowledgeable about reproductive health, HIV/AIDS and sexually transmitted diseases • 85% of sexually active young people use condoms • Maternal mortality ratio and the neonatal mortality rate are reduced by 50% in programme areas 	<p><u>Output 1:</u> Increased access to reproductive health information and services, especially by women and young people</p> <p><u>Output indicators:</u></p> <ul style="list-style-type: none"> • At least 50% of pregnant women have had two prenatal consultations and one post-natal consultation in programme areas • Availability of least three modern methods of family planning at service delivery points increased to 70% in programme areas • Proportion of deliveries with skilled attendants increased from 53% to 70% in programme areas • Proportion of Caesarean sections carried out in institutions providing emergency obstetric care increased from 12% to 15% • A reproductive health commodities logistics management information system is in place and operational <p><u>Output 2:</u> Increased access to youth-friendly sexual and reproductive health information and services, with a focus on preventing sexually transmitted infections and HIV/AIDS</p> <p><u>Output indicators:</u></p> <ul style="list-style-type: none"> • 60% of the national population is reached with information, education and behaviour change communication messages on reproductive health, HIV/AIDS and sexually transmitted infections • Existence of a specific communications plan for young people aged 10-24 years • 50% of in-school youth aged 10-19 have access to information on sexual and reproductive health <p><u>Output 3:</u> HIV/AIDS prevention strategies are integrated into reproductive health services, including prenatal and post-natal consultations</p> <p><u>Output indicator:</u></p> <ul style="list-style-type: none"> • Proportion of pregnant women having received voluntary counselling and testing services for HIV is increased from 44% to 70% 	<p>Ministry of Health and Social Welfare; Ministry of Information, Tourism and Culture; Ministry of Education, Science and Sports; Family Welfare Association of Equatorial Guinea (ABIFAGE); <i>Mujer y Madre</i> (Woman and Mother, an international NGO from Spain); Other international NGOs from Spain; Equatorial Guinea Social Fund; European Union</p> <p>WHO; UNICEF; Global Fund to Fight AIDS, Tuberculosis and Malaria</p>	<p>\$2.3 million (\$1 million from regular resources and \$1.3 million from other resources)</p>

National priority: improved living conditions of the population UNDAF outcome 1: by 2012, the population living in absolute poverty is significantly reduced				
Programme component	Country programme outcomes, indicators, baselines and targets	Country programme outputs, indicators, baselines and targets	Partners	Indicative resources by programme component
Population and development	<p>Outcome: Population dynamics and its linkages with reproductive health, HIV/AIDS and gender equality are incorporated into Vision 2020 – the economic development and poverty reduction plan</p> <p>Outcome indicators:</p> <ul style="list-style-type: none"> • Existence of an approved economic development and poverty reduction plan • Availability of an annual report to monitor progress towards the Millennium Development Goals 	<p>Output 1: Strengthened skills to review population dynamics and its linkages with reproductive health, HIV/AIDS and gender, so that it can be better integrated into the economic development and poverty reduction plan</p> <p>Output indicators:</p> <ul style="list-style-type: none"> • Integration of health, gender and education sectors into the economic development and poverty reduction plan • Increased allocation of funds for health, gender and education sectors in the budget of the economic development and poverty reduction plan <p>Output 2: Improved national system to collect, analyse and utilize sociodemographic and economic data</p> <p>Output indicators:</p> <ul style="list-style-type: none"> • Existence of updated socio-economic and demographic data disaggregated by age and sex • Availability of demographic and health survey and results of knowledge, attitudes and practices (KAP) survey on HIV/AIDS 	Ministry of Education, Science and Sports; Ministry of Planning, Economic Development and Public Investment	\$1.65 million (\$0.65 million from regular funds and \$1 million from other resources)
National priority: reinforcement of government institutional mechanisms and civil society organizations to promote and protect the rights of women UNDAF outcome 3: effective institutional and judicial frameworks and mechanisms are in place and protect human rights, particularly the rights of women and children				
Gender	<p>Outcome: Institutional and judicial frameworks and mechanisms are in place to protect the rights of women and young girls</p> <p>Outcome indicators:</p> <ul style="list-style-type: none"> • Family code approved and executed • Network of women ministers and parliamentarians is operational • Local and national institutions implement laws that ensure gender equity 	<p>Output 1: Strengthened capacity of the Ministry of Social Affairs and Women's Promotion and of civil society organizations to implement Vision 2015 – the multisectoral plan of action for women</p> <p>Output indicators:</p> <ul style="list-style-type: none"> • Existence of a follow-up committee to implement treaties and conventions on the rights of women and girls • Existence of a training plan on population and gender issues <p>Output 2: Creation of an enabling environment in which to operationalize the family code and combat gender-based violence</p> <p>Output indicators:</p> <ul style="list-style-type: none"> • Family code adopted and disseminated • Results of the 2006 survey on domestic and gender-based violence disseminated • Number of victims of discrimination and gender-based violence who benefit from medical and legal assistance 	Ministry of Information, Tourism and Culture; Ministry of Justice, Worship and Penitentiary Institutions	<p>\$1.3 million (\$0.6 million from regular funds and \$0.7 million from other resources)</p> <hr/> <p>Total for programme coordination and assistance: \$0.25 million from regular resources</p>