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Draft country programme document**

Equatorial Guinea

Summary

The draft country programme document (CPD) for Equatorial Guinea is presented to the Executive Board for discussion and comments. The Executive Board is requested to approve the aggregate indicative budget of $3,750,000 from regular resources, subject to the availability of funds, and $5,000,000 in other resources, subject to the availability of specific-purpose contributions, for the period 2013 to 2017.

* E/ICEF/2012/15.

** In accordance with Executive Board decision 2006/19, the present document will be revised and posted on the UNICEF website, along with the results matrix, no later than six weeks after discussion of the CPD at the 2012 second regular session of the Executive Board. The revised CPD will then be presented to the Executive Board for approval at the first regular session of 2013.

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Basic data[†] (***2010*** *unless otherwise stated*)	
Child population (*millions, under 18 years*)	0.3
U5MR (*per 1,000 live births*)	121
Underweight (*%, moderate & severe, 2004*)	16[a]
(*%, urban/rural, poorest/richest*)	../.., ../..
Maternal mortality ratio (*per 100,000 live births, adjusted*)	240[b]
Primary school enrolment/attendance *(% net, male/female, 2009*)	58/56
Survival rate to last primary grade (*%, male/female, 2009*)	63
Use of improved drinking water sources (%, 2005)	51
Use of improved sanitation facilities (%, 2005)	89
Adult HIV prevalence rate (*%, 15-49 years of age, male/female, 2009*)	5.0
Child labour (*%, 5-14 years of age, male/female, 2000*)	28
Birth registration (*%, under 5 years of age, 2000*)	32
(*%, male/female, urban/rural, poorest/richest*)	35/30, 43/24, ../..
GNI per capita (*US$*)	14 680
One-year-olds immunized with DPT3 (%)	33
One-year-olds immunized against measles (%)	51

[†] More comprehensive country data on children and women can be found at www.childinfo.org.

[a] Underweight estimates are based on the WHO Child Growth Standards adopted in 2006.

[b] The UN Interagency Group (WHO, UNICEF, UNFPA and The World Bank) produces internationally comparable sets of maternal mortality data, which account for the well-documented problems of under-reporting and misclassification of maternal deaths, including also estimates for countries with no data. Comparable time series on maternal mortality ratios for the years 1990, 1995, 2000, 2005 and 2010 are available at http://www.childinfo.org/maternal_mortality.html.

Summary of the situation of children and women

1. Equatorial Guinea comprises a continental and an insular region, with a total area of 28,050 square kilometres, and a population of slightly over a million. Thanks to exploitation of its oil resources, accounting for 95 per cent of the country's gross domestic product, the average gross national income per capita is one of the highest on the African continent. Equatorial Guinea has recently been classified as a high-income country. Yet despite this status, it still has most of the characteristics of a low-income country in terms of social and child-related indicators. The majority of people are poor; according to the 2009 national report on the Millennium Development Goals, the proportion of people living in poverty was 76.8 per cent in 2006. The country has some of the worst social indicators on the continent (affecting mostly women and children), and is ranked 117th out of 169 countries on the Human Development Index. Huge disparities can be found among the population, as a large part of it faces enormous challenges in accessing basic social services. The presence of UNICEF and other development partners in such an unusual context (an oddity in high-income countries) is imperative in order to advocate for children and help build national capacities of all actors, including

families and communities to achieve the Millennium Development Goals and improve the situation of children and women.

2. The current system of information collection and statistics is very weak; existing data on social indicators is very limited and outdated, and does not allow for a comprehensive analysis of the disparities among the population in terms of wealth quintiles, geographic area, gender or other socio-cultural realities. Nevertheless, empirical evidence, and a national brainstorming on the bottlenecks to accessing services conducted in preparation for this document shows that children, especially the girl child living in rural areas and in the periphery of big cities, children of poor families, orphaned and disabled children comprise the most disadvantaged groups. The weakness of the social protection system, contributes to the disparities in access to basic social services.

3. The under-five mortality rate is estimated at 121 per 1,000 live births. Malaria, diarrhoeal diseases, acute respiratory infections and malnutrition are the major causes of child morbidity and mortality. The main underlying causes of the high mortality include weaknesses of the health system, such as low capacity of the staff at all levels, low coverage of potable drinking water and sanitation facilities (only 45 per cent of the population having access to safe water), and low capacities of families and communities to prevent and treat the most common illnesses.

4. Maternal mortality rates, estimated at 240 per 100,000 live births result from the low level of skilled attendance at birth (48 per cent in rural areas), early pregnancies, high fertility rates of 5.3, combined with the lack of adolescent-friendly health services, low availability of emergency obstetric care and the fact that almost half of all deliveries occur at home. Poverty, distance to the health centre or preference for local traditions to deliver at home were identified during the preparatory meetings to this document as the main bottlenecks for safe delivery. Other factors mentioned in the analysis were the low usage of mosquito nets to prevent malaria, the lack of safe drinking water in many areas and the lack of water treatment knowledge, resulting water-borne diseases.

5. Although there are no reliable statistics, HIV/AIDS prevalence rates are estimated to be 5 per cent for the general population, and 7.3 per cent for pregnant women. HIV prevalence in the country is increasing; it is possible that this trend will continue. Women, more than men, are adversely affected, and there is a knowledge gap among adolescent boys and girls with regard to risk factors; there are also disparities based on geographical location, wealth quintiles, and the differences between rural and urban populations. Knowledge needs to be generated on the “hot spots” for HIV transmission.

6. Primary education for children 6 to 12 years of age is free and compulsory. While progress has been achieved in recent years with regard to enrolment rates, the quality of education remains a major challenge. The gross enrolment rate increased from 89 per cent in 2002 to 98 per cent in 2010, and the net rate increased from 51 per cent in 2002 to 65 per cent in 2010. Gender parity has improved in the past few years although girls still drop out of school due to heavy domestic workload or early pregnancies. The low completion rate at primary school is worrying, with high repetition and drop-out rates (31 per cent and 14.5 per cent, respectively, in Grade 1) and 76 per cent of the children are over age. The major causes for this situation include the low quality of teachers’ training, the family’s inability to afford

education costs, and the non-existence of a system of social support for the poorest families.

7. There is no formal child protection system in Equatorial Guinea. The recent fast economic growth led to an exodus from rural areas and consequently weakened the traditional community and family protection networks. Violence and child trafficking are among the main child protection issues in the country, in addition to sexual abuse, particularly in schools, together with the abuse of drugs and alcohol. Violence against children, at home and in schools, is widespread and socially accepted. So is child labour, which is justified as a survival strategy for poor families. Additional knowledge needs to be produced on child protection matters, including the reasons for the low rates of birth registration (32 per cent), the situation of children in conflict with the law, and orphaned and vulnerable children. Equatorial Guinea has become one of the destination countries of children trafficked mainly from West Africa, although the extent of the phenomenon is not well known.

8. Equatorial Guinea has the financial resources for rapid progress in reducing poverty. However, until recently, a strong emphasis was placed instead on building basic infrastructure. The Government has now manifested its will to address poverty reduction in a major way through the adoption of the National Plan for Economic and Social Development, *Horizonte 2020*, and through the creation of the Fund for Social Development, which will reinforce social investments and presents an opportunity to improve and extend the existing social programmes to improve children's lives. However, there is still a need to apply an equity approach to reduce inequalities in the country. The Government has also started a process of strengthening the national social protection mechanism.

Key results and lessons learned from previous cooperation, 2008-2012

Key results achieved

9. The Expanded Programme on Immunization has been strengthened through vaccines and immunization equipment supplied by UNICEF with funding from the Government. As a result, immunization coverage increased for measles, diphtheria, pertussis and tetanus from 34 per cent in 2006 to 74 per cent in 2009, as per government reports. In addition, according to an evaluation carried out by UNICEF in 2010, maternal and neonatal tetanus have been almost eradicated.

10. A system for the prevention of mother-to-child transmission (of HIV) (PMTCT) was also established, including the development of a protocol for PMTCT, the training of medical and paramedical staff in PMTCT and HIV diagnosis in children and pregnant women through the "three-in-one" test; and the distribution of antiretroviral (ARV) drugs for the treatment of HIV-positive pregnant women, and children exposed or affected by HIV. As a result, the percentage of HIV-positive mothers receiving ARVs has increased from 23 per cent in 2007 to 42 per cent in 2009.

11. In education, the focus has been on early childhood education: the pedagogic skills of at least 1,500 teachers have been strengthened, and 33 early childhood development centres have been upgraded with pedagogic materials and manuals. The number of children enrolled in preschools increased by 2.6 per cent from 2010

to 2012. In addition, access to hygiene and sanitation facilities of more than 6,000 children in rural preschools and primary schools was improved due to the construction of drinking water wells and pit latrines in the schools.

12. The strengthening of a protective environment for children continued through important initiatives ready to be submitted to Parliament for approval: the drafts of the Family Code, the Law against Gender-based Violence and the Children's Law.

Lessons learned

13. The key roles for UNICEF in the country are advocacy, policy dialogue, partnership and capacity building. To play these roles effectively, UNICEF needs to have a strong focus on strategies and avoid being diverted by project-type interventions.

14. UNICEF in Equatorial Guinea plays an important role in convening and mobilizing development partners. The country is financing almost every major development project currently underway. Bilateral cooperation with major partners (Cuba, Brazil, France, Spain and the United States) has been strengthened for coordinating a more coherent transference of skills and resources. A consultation mechanism with the oil companies that have investments in the social sector has been put in place. Linkages with sports and religious organizations have been established in order to influence vulnerable and hard-to-reach groups for the promotion of positive behavioural changes. In addition, a partnership was established with the national mobile provider (GETESA-Orange) to support the Mother and Child Health Weeks with awareness messages through SMS to sensitize parents on the importance of child immunization. This strategy of collaboration and establishment of linkages with bilateral organizations, the private sector and civil society as well as South-to-South cooperation will continue in the next country programme.

15. Reliable and up-to-date data, as well as evidence-based studies are crucial to guide the development of programmes and policies to benefit children and women. The Government plays an important role in leading the harmonization of statistical data in collaboration with development partners. UNICEF supported the elaboration of important studies and surveys, such as the first survey on demography and health; studies on child protection, juvenile justice and school failure; and the KAP (knowledge, attitude and practice) survey. UNICEF will continue efforts in this direction with a focus on equity.

16. Communication for development interventions implemented in the past programme of cooperation have revealed the importance of this programme strategy for achieving sustainable results and empowering communities, especially given the constraints faced by the traditional media. UNICEF will continue efforts in this direction.

The country programme, 2013-2017

Summary budget table

	(In thousands of United States dollars)		
Programme	*Regular resources*	*Other resources*	*Total*
Equity-based social policies, knowledge and advocacy	1 000	1 500	2 500
Child survival, development and protection	2 250	3 000	5 250
Cross-sectoral costs	500	500	1 000
Total	**3 750**	**5 000**	**8 750**

Preparation process

17. The country programme preparation process started with the midterm review of the country programme 2008-2012. The Common Country Assessment for the United Nations Development Assistance Framework (UNDAF) was developed by the United Nations agencies in collaboration with the Government and other partners, and was used to inform the programme. The new UNDAF 2013-2017 has been finalized; it covers three strategic areas: (a) socio-economic and cultural well-being; (b) good governance; and (c) environmental sustainability.

18. Immediately after the development of the UNDAF, UNICEF and its partners, under the leadership of the Ministry of Foreign Affairs, International Cooperation and Francophonie, held a series of consultations to identify the most vulnerable groups and the main bottlenecks to access basic social services. The results of the consultation have been included in the situation analysis.

19. All partners were of the view that the lack of disaggregated data for all social sectors did not allow for a more detailed bottlenecks analysis and strategy development. Data collection and analysis would therefore be a priority for the country programme.

Programme components, results and strategies

20. The country programme aims to contribute to the achievement of the Millennium Development Goals, to support the National Plan for Economic and Social Development, *Horizonte 2020*, and to ensure that all children, especially the most vulnerable, are guaranteed their rights to survival, development, protection and participation. The availability of financial resources with the Government as well as the small size of the country should allow all children to enjoy a minimum package of basic social services in the context of social policies promoting the welfare of children and based on equity.

21. In the context of a small UNICEF country office with a limited budget operating in a country with abundant financial resources but severely limited capacities, the overall strategies of the country programme should be centred on advocacy, partnerships, policy development and capacity building. Thus, the country office needs to focus primarily on providing technical support to the Government to

improve existing social policies and support the development of new policies, laws and systems to improve the lives of all children, with an equity approach currently not considered in the national development agenda. This priority includes support to improve data collection and analysis, generate knowledge around the situation of children and women, and identify existing deep pockets of inequity. This priority has been accorded because of weak technical capacity and expertise in the country around data collection and analysis, and especially with regard to the development of equitable child-friendly policies, laws and protection systems, and wealth redistribution.

22. Part of the evidence for advocacy, policy development and capacity building will be collected through operational research to be conducted in the most vulnerable areas of the country (yet to be determined), where basic social services in health, education and protection will be improved, while also reinforcing the capacities of the communities with a view to empowerment. Local planning, monitoring and evaluation will ensure the integration and coordination of actions in the target areas. This model pilot will take place in one urban area and one rural area, to show the specificities of each situation. Both models will be assessed for possible replication at the national level and scaling up with national financial resources and partnerships. Thus, the evidence collected in the micro-level interventions will be articulated to provide evidence for policy dialogue, advocacy, capacity building and the establishment of partnerships at the macro level. The pilots will be able to demonstrate how the equity approach can be applied to programming; later on, they will be taken to scale.

23. With regard to the programme component on equity-based social policies, knowledge and advocacy, the expected result is: *By the end of 2017, adequate laws, policies and systems, especially a social protection system, for improving the survival, development and protection of children, focusing on the most vulnerable, are adopted and implemented.*

24. The main strategy to achieve this result will be the promotion and organization of knowledge, including support for the generation of disaggregated statistics and the improvement of the current system of data analysis. Based on its results, UNICEF will use evidence-based advocacy tools to support the Government in the elaboration of child-friendly laws, policies and the development of systems in the health, education and child protection sectors. Advocacy will be extended to other areas such as public expenditure and budget allocation for social areas, prioritizing the most vulnerable groups, to reduce inequalities and to ensure an equity approach in the implementation of the National Plan. Inputs for the advocacy will be extracted from the results of the model pilot. This programme component will use mostly regular resources for its implementation.

25. The expected result for the programme component on child survival, development and protection is as follows: *By the end of 2017, the capacities of government institutions, families and communities are strengthened to ensure access to, and use of, a quality minimum package of basic social services, especially for the most vulnerable.*

26. The main strategy to achieve this result will be investment in human resources and systems to improve basic social services and increase knowledge on basic care practices in the model pilot areas, starting with the local authorities, communities and families. This strategy will be implemented in the areas of child protection,

health and education; it will rely on strategic alliances with the Government, the private sector and United Nations agencies to enhance basic social services in the pilot areas. Strategic partnerships will be strengthened through this model. UNICEF will provide the necessary technical assistance at the central and local levels to ensure that the pilot areas have access to a comprehensive package of basic social services. Communication for development strategies will be used to achieve individual and collective empowerment, changes in social norms and adoption of good practices in health and child protection among communities and families. This includes immunization, promotion of exclusive breastfeeding and improvement of complementary feeding, prevention of HIV among young people, improved hygiene and water treatment practices, community child protection, and support to quality minimum standard packages, such as the child-friendly schools (CFS) model. This component will use mostly other resources for its implementation.

27. UNICEF will also contribute to strengthening the capacity of the Government, particularly in the health, education and protection sectors, and of communities and families in order to ensure that all children have access to quality basic health, education and protection. The weak capacity and expertise in the country to scale up quality basic services require the strengthening of delivery systems, including human resources procedures and mechanisms. Some of the evidence needed to achieve this result will come from the experience and assessment of the model pilots.

28. In pursuing this strategy of national capacity building, UNICEF will also seek partnerships with universities and international centres of excellence.

Programme components

29. **Equity-based social policies, knowledge and advocacy.** This component will contribute to ensure that equitable and child-friendly laws, policies and systems for improving the survival, development and protection of children are adopted and implemented.

30. To achieve these results, UNICEF and implementing partners will focus on the following areas of intervention:

(a) Collection of data on child protection, health, HIV/AIDS and education, disaggregated by gender, geographic area and wealth quintiles and other important inequity drivers in the country, in order to allow for a comprehensive situation analysis;

(b) Elaboration of a strategy to generate awareness on the situation of children and women on an equity perspective, and identification of vulnerable groups, using bottlenecks analysis methodologies and tools;

(c) Development of an advocacy strategy at the national budgeting level, in order to highlight the importance of increasing financial and human resources in the social sectors and of using available resources from an equity perspective to benefit the most vulnerable;

(d) Use of evidence from the model pilots to feed into the advocacy strategy, including advocacy for a social protection system;

(e) Support to the national law-making institutions for integrating the principles of the Convention on the Rights of the Child and the Convention on the

Elimination of All Forms of Discrimination against Women into the existing legal framework;

(f) Support to the Government for the establishment of a national social protection system, giving priority to the most vulnerable, including those affected by HIV/AIDS;

(g) Support to the health and education sectors to update existing national policies and strategies to introduce the equity approach;

(h) Support to the Government to introduce the Communications for Development strategy in all its sectoral policies, particularly in health, education and protection.

31. **Child survival, development and protection.** This programme component will contribute to strengthening capacities at the government, community and family levels in order to ensure that all children have access to, and benefit from, a package of minimum basic quality social services to improve their living conditions, particularly in the areas of health, education and protection. It will also include capacity building in planning, monitoring and evaluation. This programme will be implemented at the national level, for nationwide interventions as well as in the model pilot areas for activities at the community level.

32. To achieve these results, UNICEF and implementing partners will focus on a number of areas of intervention.

(a) *Health*. Support will be provided for the following efforts:

(i) Update the health operational plans at the district level, using harmonized norms and standards, as well as the RED (Reach Every District) strategy;

(ii) Promote the National Immunization Plan, including twice yearly vitamin A supplementation and deworming, to reach all children and pregnant women with a second dose of tetanus toxoid vaccine;

(iii) Promote good health practices among families, including exclusive breastfeeding during the first six months, oral rehydration therapy, use of insecticide-treated mosquito nets for malaria prevention and hand washing;

(iv) Promote the national programme to prevent mother-to-child transmission of HIV and develop and implement a national strategy and a plan of action with clear strategies to eliminate transmission;

(v) Conduct, in collaboration with UNFPA, an analysis of the most-at-risk adolescents to assess needs and the most appropriate strategies for HIV prevention among adolescents and young people, as well as prevent early pregnancy. In the model pilot areas, all interventions at the community level will be part of a comprehensive package that will include health, nutrition, WASH (water, sanitation and hygiene education) and PMTCT.

(b) *Education*. UNICEF will assist in the following efforts:

(i) Support the Ministry of Education and Science in its efforts to increase access to, and improve the quality of education;

(ii) Support the elaboration of a "Call for Action" document around CFS, to attract donors and the private sector, based on the experiences of the CFS in the model pilot areas;

(iii) Reinforce the Government's efforts to improve access to water, sanitation and hygiene at the school level, taking into account gender specificities in the pilot areas and included in the "Call for Action";

(iv) Give priority to strengthening the capacity of primary school teachers and early child development promoters to improve their pedagogical capacities and ensure improved quality education in the pilot areas, as part of the CFS approach.

(c) *Child protection*. Efforts will concentrate on the following:

(i) Increase knowledge around child protection issues and the most vulnerable children;

(ii) Develop a strategy and an action plan to strengthen the child protection system, including children affected by HIV/AIDS;

(iii) Increase birth registration rates;

(iv) Assist the Government to improve services for child victims of abuse and exploitation and create community child protection systems, especially in the pilot areas;

(v) Increase, with support from neighbouring countries, the knowledge around child trafficking.

33. **Cross-sectoral.** This component will cover the costs of management and programme support, including planning and coordination; personnel and operating costs, including logistics, administration, finance and UNICEF staff security; and the costs of implementing cross-sectoral activities.

Relationship to national priorities and UNDAF

34. The country programme is fully aligned with the national priorities defined in the National Plan for Economic and Social Development 2010, particularly the first strategic axis: "Reinforce human capital and improve social well-being". This axis has five components: education, health, a social protection system, social infrastructures, and water. The country programme, through the two main programme components, will try to ensure that an equity approach is applied to the implementation of the National Plan.

35. Simultaneously, the country programme will contribute to the achievement of UNDAF 2013-2017 strategic area 1 on socioeconomic and cultural well-being, and 2 on good governance, and in particular to the following UNDAF outcomes:

(a) Outcome 1. The most vulnerable population has access to social services through policies and social protection programmes;

(b) Outcome 3. Human capital has been strengthened to reach the objectives of the Agenda 2020;

(c) Outcome 4. The population, especially women, boys and girls and young people, have improved levels of health;

(d) Outcome 5. Public institutions have strengthened their capacity to promote and protect human rights and gender equality;

(e) Outcome 6. The country has a national statistics system that provides periodical and reliable data for the elaboration and follow-up of public policies.

Relationship to international priorities

36. The country programme will continue to strengthen national capacity to implement the Convention on the Rights of the Child and the Convention on the Elimination of All Forms of Discrimination against Women, and will continue to support Equatorial Guinea's efforts to achieve the Millennium Development Goals. The country programme is fully aligned with the focus areas of the UNICEF medium-term strategic plan in the promotion of survival, development and protection, as well as social policies. The equity approach will include a situation analysis based on newly collected disaggregated data, a bottlenecks analysis for each social sector and the design of appropriate strategies to overcome the bottlenecks. It will be mainstreamed throughout the entire programme cycle. The country programme is also consistent with the gender-equality approach.

Major partnerships

37. Establishing and strengthening partnerships for child survival, development and protection is a major strategy of the country programme. Partnership with the private sector will be broadened and strengthened. Based on the experience and knowledge accumulated in the region with the oil and extractive industries, UNICEF will increasingly apply leveraging strategies, to influence the use of oil revenues in support of social sectors and towards stabilization spending. UNICEF will support the Government in the development of coordinating mechanisms and procedures for private sector collaboration in the social sectors to ensure that the benefits reach the most vulnerable children effectively and efficiently.

38. UNICEF will also convene and mobilize the bilateral partners in the country to leverage resources for children and to provide a coordinated approach in support of health, education, HIV/AIDS and other social development areas. Other partners include international, regional and subregional institutions present in the country such as the European Union, the World Bank, the African Development Bank, the Economic Community of Central African States and the Economic and Monetary Community of Central Africa. At the operational level, it will work in collaboration with international non-governmental organizations. To strengthen advocacy for children, strategic alliances and regular contacts will be maintained with donors, the media, civil society, religious leaders and influential community leaders.

39. There are only five resident United Nations agencies in the country: UNDP, UNFPA, UNICEF, FAO and WHO. Collaboration with these agencies will be carried out through the UNDAF, which identified some key areas of possible joint and/or collaborative work, especially around outcomes 1, 3, 4, 5 and 6.

Monitoring, evaluation and programme management

40. The programme will help strengthen national monitoring systems and promote the importance of producing and using timely and reliable data in key areas, and will ensure proper monitoring of the progress of the programme in removing the

various barriers and bottlenecks to child survival, development and protection. Monitoring and evaluation functions in the country office will be supported by the Libreville Area Office, with a Monitoring and Evaluation Specialist to be shared among Libreville, Equatorial Guinea and Sao Tome and Principe. Monitoring for the equity system will be introduced in all the programmatic areas and a system to monitor the removal of the bottlenecks will be designed. The programme will be closely monitored through an integrated five-year monitoring and evaluation plan, which includes field visits and consultations at the community level by the Government and UNICEF; impact evaluation studies of specific programmes; biannual evaluations; midterm review; final evaluation of the UNDAF cycle and Country programme Action Plan 2013-2017.