



**Executive Board
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and of the
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UNFPA

**UNITED NATIONS POPULATION FUND
PROPOSED PROJECTS AND PROGRAMMES**

Recommendation by the Executive Director
Assistance to the Government of Cameroon

Proposed UNFPA assistance: \$12 million, \$10.5 million from regular resources and \$1.5 million from multi-bilateral and/or other, including regular, resources

Programme period: 5 years (1998-2002)

Cycle of assistance: Third

Category per decision 96/15: A

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

	Regular resources	Other	<i>Total</i>
Reproductive health	7.0	0.9	7.9
Population & development strategies	2.0	0.5	2.5
Advocacy	0.9	0.1	1.0
Programme coordination & assistance	0.6	-	0.6
Total	10.5	1.5	12.0

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CAMEROON

INDICATORS RELATED TO ICPD GOALS*

		Thresholds*
Births attended by health professional (%) ¹	64.0	≥60
Contraceptive prevalence rate (15-44) (%) ²	16.0	≥55
Access to basic health services (%) ³	41.0	≥60
Infant mortality rate (/1000) ⁴	63	≤50
Maternal mortality rate (/100,000) ⁵	430	≤100
Gross female enrolment rate at primary level (%) ⁶	70.1	≥75
Adult female literacy rate (%) ⁷	44.4	≥50

* AS CONTAINED IN DOCUMENT DP/FPA/1996/15 AND APPROVED BY THE EXECUTIVE BOARD IN DECISION 96/15.

¹ WHO, *Coverage of Maternal Care*, 3rd ed., 1993. Data cover the period 1983-1993.

² United Nations Population Division, *World Contraceptive Use 1994*, ST/ESA/SER.A/143. Data cover the period 1986-1993.

³ UNICEF, *The State of the World's Children 1995*. Data cover the period 1985-1993.

⁴ United Nations Population Division, *World Population Prospects Database 1950-2050, 1994 Revision*. Data are for 1992.

⁵ UNICEF, *The State of the World's Children 1995*, which is based on data compiled by WHO. Data cover the period 1980-1992.

⁶ United Nations Statistical Division, *Women's Indicators and Statistics Database*, Version 3 (CD-ROM), 1994, which is based on data compiled by UNESCO.

⁷ UNESCO, 1996, *Education for All: Achieving the Goal: Statistical Document*. Two dashes (--) indicate that data are not available.

Demographic Facts

Population (000) in 1995	13,192	Annual population growth rate (%)	2.74
Population in year 2000 (000)	15,129	Urban	4.53
Sex ratio (/100 females)	98.6	Rural	1.17
Per cent urban	46	Crude birth rate (/1000)	39.3
Age distribution (%)		Crude death rate (/1000)	11.9
Ages 0-14	44.2	Net migration rate (/1000)	0.0
Youth (15-24)	19.4	Total fertility rate (/woman)	5.30
Ages 60+	5.6	Life expectancy at birth (years)	
Percentage of women aged 15-49	44.9	Males	54.5
Median age (years)	17.7	Females	57.2
Population density (/sq. km.)	28	Both sexes	55.9
		GNP per capita (U.S. dollars, 1994)	680

Sources: Data are from the Population Division, Department of Economic and Social Information and Policy Analysis (DESIPA) of the United Nations, *World Population Prospects: the 1996 Revision*; Annual population growth, including urban and rural data are from DESIPA, *World Urbanization Prospects: the 1996 Revision*. GNP per capita is from UNDP. Two dashes (--) indicate that data are not available.

1. The United Nations Population Fund (UNFPA) proposes to support a population programme over the period 1998-2002 to assist the Government of Cameroon in achieving its population and development objectives. UNFPA proposes to fund the programme in the amount of \$12 million, of which \$10.5 million would be programmed from UNFPA's regular resources to the extent such resources are available. UNFPA would seek to provide the balance of \$1.5 million from multi-bilateral resources to the extent possible, consistent with Executive Board decision 96/15 on the allocation of UNFPA resources. This would be the Fund's third programme of assistance to Cameroon.

2. The proposed programme takes into account the objectives of the Government of Cameroon as expressed in the medium-term economic and social policy strategy, the 1996 Public Investment Plan; and sectoral policies in the areas of health, education, the environment and agriculture. The recommendations of the Programme Review and Strategy Development (PRSD) exercise that was undertaken in cooperation with the Government and various national non-governmental organizations (NGOs) have been instrumental in shaping the programme. The proposed programme is also the result of consultations with the Government at various levels as well as with other development partners, including other United Nations agencies, bilateral and multilateral donors and NGOs. The proposed programme is harmonized with the cycles of UNICEF and the World Food Programme (WFP). Harmonization with the UNDP programme cycle will be achieved in 2002, but coordination between the two programmes will continue as it has in the past.

3. The goal of the Government as expressed in the Declaration of the National Population Policy (DNPP) is to improve the quality of life of the population within the framework of the country's fight against poverty and of its development efforts. Within this context, UNFPA's third country programme will assist the Government in achieving the following specific purposes: (a) to revise and update the DNPP of 1992 and to elaborate action plans for its implementation at the national and regional levels; (b) to promote greater availability of quality reproductive health, including family planning and sexual health, services in five provinces where the Fund has been concentrating its efforts since the second programme of assistance; (c) to increase the contraceptive prevalence rate in the same five provinces; (d) to enhance understanding by decision and policy makers of the interrelationships between population and development, of the reproductive health concept and of the need for equity and equality between men and women; and (f) to promote the empowerment of women.

4. UNFPA's assistance will be channeled through three subprogrammes. Activities in the areas of advocacy and population and development strategies will be national in scope and will target the implementation of the DNPP as well as an improvement in the status of women. Activities in the area of reproductive health service delivery will focus on improving such services in five provinces but will, at the same time, help to reinforce the capacity of the central government to manage health programmes.

5. All the activities under the proposed programme, as in all UNFPA-assisted activities, will be undertaken in accordance with the principles and objectives of the Programme of Action of the International Conference on Population and Development (ICPD), which was endorsed by the General Assembly through its resolution 49/128.

Background

6. Cameroon is classified as a category "A" country according to UNFPA's approach for resource allocation. The present demographic situation is the result of several years of population dynamics that have been characterized by high population growth and total fertility rates, a high percentage of women of reproductive age, a low contraceptive prevalence rate and an increasing life expectancy. Furthermore, the unequal distribution of the population, the rapid urban growth rate and the very young age-structure are strains on the country's available resources.

7. From the available data, the infant mortality rate is estimated at over 65 per 1,000 live births and maternal mortality remains high due to the persistence of high fertility, short birth intervals, low levels of use of modern contraceptive methods (12 per cent in urban and 4 per cent in rural areas) and inadequate safe motherhood services. Early sexual relations are common: over a third of young girls aged 15-19 years have been pregnant at least once and 6.1 per cent of girls aged less than 15 years have already had a first pregnancy. Another reproductive health problem is the high infertility rate among women of reproductive age, especially those between 35 and 49 (6.5 per cent), which can be partly attributed to an increasing prevalence of sexually transmitted diseases (STDs). The overall rate of HIV infection was estimated at 5.5 per cent of the total population at the end of 1996.

8. Girls are under-represented at every level of the educational system, and more than half of women of reproductive age are illiterate. Even though Cameroon signed the Convention on the Elimination of All Forms of Discrimination Against Women in 1994, several social and cultural barriers still exist that hamper the empowerment of women, including the continuation of harmful traditional practices among some ethnic groups in the country. The population in general, and women in particular, are not aware of women's legal rights. The majority of women work in the primary and informal sectors of the economy, but they face difficulties in access to land and to credit facilities that would make their economic situation more secure. To foster the participation of women in the development process, the Government has taken the specific problems of women into consideration during the formulation of its national economic and social policies and programmes and in developing the National Plan for Women and Development, adopted in April 1997, which takes into account the recommendations of the Fourth World Conference on Women (FWCW).

9. The DNPP was adopted in July 1992 but was formulated without the participation of the civil society, which has hampered its acceptance. However, since its publication the DNPP has become a reference framework for all population-related activities. The absence of a functional institutional framework for the coordination of the national population programme shows a lack of information

and understanding about population issues by decision makers, legislators and opinion leaders and their lack of commitment to implementing the National Population Policy. The DNPP needs to be updated to reflect the recommendations of the ICPD and the FWCW.

10. Even though the gross national product (GNP) has increased in recent years, the low- and middle-income population are still confronted with harsh living conditions, with deteriorating basic social services, including depreciation of the health infrastructure and equipment. In order to reinforce the health sector, in 1993 the Government adopted a health policy emphasizing decentralization of activities, integration of services, community participation and the provision of essential drugs, including contraceptives. The country has 10 provincial hospitals, 124 district hospitals and 1,491 other health facilities. In the five provinces where UNFPA has been working since its second programme of assistance, there are 5 provincial and 71 district hospitals and 706 other health facilities. Although maternal and child health and family planning (MCH/FP) services are included in the Government's minimum package of activities, not all health facilities provide them. A major problem limiting the effectiveness of the health system is the weakness of the national health management information system.

Achievements, constraints and lessons learned from past UNFPA assistance

11. The second UNFPA country programme was approved in 1992 for a total amount of \$7.5 million covering the period of 1992-1996, with \$1.5 million to be sought from multi-bilateral sources. However, no multi-bilateral funds were obtained. By December 1997, the programme, which was extended for one year without additional funds, had spent 92 per cent of the allocated funds.

12. Achievements of the second country programme in the population and development sector include improved national technical capacity for the elaboration and the implementation of sectoral and regional action plans and improved knowledge of some key demographic issues through the collection, analysis and dissemination of vital statistics and demographic and health surveys. In the health sector, UNFPA provided training and refresher courses in clinical and management skills to reinforce the technical capacity of the medical and paramedical staff in 60 health centres and 20 district hospitals in five provinces as well as 24 private enterprises throughout the country. The expansion of family life education for youth through the Scouts movement helped create a conducive environment for considering the development of a National Youth Policy with a reproductive health component, which is in the planning stage. The programme also helped increase awareness among the country's decision makers of the situation of Cameroonian women and facilitated the formulation of a national policy for the integration of women's issues into the economic and social development process.

13. The weakness of the mechanisms for national coordination of population activities and the high mobility of nationals involved in the execution of projects, mainly in the health sector, greatly

affected the execution of the programme. The absence of a programme of family life education in the schools made implementation of IEC activities for young people problematic. Other obstacles included the difficulty in developing quantitative and qualitative indicators to measure the programme's achievements and to direct follow-up activities. The limited number of national professional staff at the local UNFPA office hindered technical follow-up of activities.

14. One of the main lessons learned from the implementation of the second country programme is the necessity to involve the main parties concerned with the population programme in all phases of programme and project formulation, implementation, monitoring and evaluation. Basic and updated data must be available for the determination of specific indicators for the monitoring and evaluation of the programme. Decentralizing the execution of programme activities improves their effectiveness but also requires putting in place an institutional framework for the coordination and monitoring of all population activities in the country. Finally, careful assessment of national and international executing bodies needs to be done at the time of subprogramme design so that planned activities correspond to their capacities. If necessary, prior training in the area of management and accounting (including UNFPA's procedures) should be provided to these executing bodies.

Other donor support

15. External assistance in the area of population has been primarily focused in the health sector where the various funding bodies have been assigned specific districts by the Government in which to carry out their activities. Coordination between the various donor agencies is assured through regular informal meetings coordinated by WHO at which the Government is represented. Support to the primary health care system, including the provision of MCH/FP services, is provided by UNICEF, the World Bank, the European Union, Belgium, Germany, Italy and Switzerland. UNFPA has complemented the activities of other donors in some health districts in five provinces by supporting the reproductive health component of the minimum package of services.

16. The national AIDS-prevention programme has been supported by WHO, UNICEF, France and Germany through the creation of health clubs inside schools. The European Union has supported the operationalization of the National Centre for the Supply of Essential Drugs. IEC activities for the reproductive health sector have been supported by UNICEF and Germany. Canada has been actively involved in IEC and advocacy programmes in support of women and has provided assistance for the elaboration of the national policy on women and development while UNDP is supporting the development of income-generating activities for women. The United States Agency for International Development (USAID), which was very active until 1995 in the delivery of family planning services, is now funding the country's second demographic and health survey with joint funding from UNFPA for the maternal mortality component. Finally, WHO is funding the Special Centre for Collaboration in Research on Human Reproduction.

Proposed programme

17. Considering UNFPA's comparative advantages -- such as its holistic approach to reproductive health, its mandate to promote population and development strategies and its multisectoral approach to population assistance -- the proposed third country programme will support activities in the three thematic areas as well as in such cross-cutting issues as capacity-building, gender concerns and programme coordination. Activities in the areas of population and development strategies and advocacy will be national in scope. Improvement of reproductive health service delivery, in coordination with other donors, will focus on the same five provinces (Extreme North, Northern, Central, Eastern and Southern) as in the last programme, which contain almost 50 per cent of the total population. The proposed programme will pay particular attention to the needs of adolescents and will work to extend IEC activities for youth throughout the country.

18. Reproductive health. The purpose of the reproductive health subprogramme is to increase utilization of quality reproductive health services in five provinces, with special emphasis on adolescent needs; to improve safe motherhood services; to increase contraceptive prevalence rates from 12 per cent in 1996 to 20 per cent in 2002 in urban areas and from 4 per cent in 1996 to 10 per cent in 2002 in rural areas; and to reduce the incidence of STDs, including HIV/AIDS. The specific outputs of the subprogramme will be: (a) greater availability of quality reproductive health services in 160 health centres, 50 district and 5 provincial hospitals as well as 30 clinics of public and private companies; (b) increased demand for reproductive health services; (c) improved national expertise for the management of reproductive health services at both local and central levels; and (d) four new youth centres providing reproductive health counseling and information and services.

19. The increased availability of quality reproductive health services will be achieved by supporting the rehabilitation of the health facilities mentioned above and the supply of medical equipment, contraceptives and essential drugs. A strategy for providing continuous training in reproductive health will be elaborated at the national level and will be implemented in the five provinces, starting with training of reproductive health personnel (two paramedics per health centre and two paramedics and one physician per hospital) in clinical methods, management, IEC and counseling techniques with particular attention to the needs of men and young people. Training of laboratory technicians in cervical cancer screening will be provided at the district hospital level if funds can be secured for treatment. To improve the quality of pre-service training, reproductive health modules will also be introduced into the curricula of the country's medical schools and faculties. Research on the causes of infertility will be undertaken to analyse the linkages between STDs and increasing infertility in the Eastern Province in order to provide reproductive health services adapted to combating this problem. This research will be undertaken in collaboration with countries of the subregion and will be coordinated by the central African customs union (UDEAC).

20. To increase the demand for reproductive health services, knowledge, attitude and practice (KAP) surveys on sociocultural acceptance of such services will be conducted in the five provinces

where UNFPA will be concentrating its interventions. Based on those KAP surveys, IEC messages and programmes will be designed with a special emphasis on the needs of men and adolescents. These messages will be disseminated through NGOs, youth and women's associations, television, radio and other existing communication channels. The subprogramme will also support development of IEC materials for use in health facilities and in 10 medical schools. The programme of family life education for workers will be reinforced.

21. The subprogramme will work to improve the management of reproductive health services by helping to train personnel at the central level and to elaborate a national reproductive health programme and norms and standards for reproductive health services. At the provincial level, the National Health Information System in the five provinces will be supported to ensure the regular availability of updated data on reproductive health.

22. As a first step in making reproductive health information and services more responsive to adolescent needs, the subprogramme will undertake research on adolescent pregnancies. Four youth counseling and service centres will be opened, and peer education will be developed within the youth movements and organizations in all ten provinces of the country. The subprogramme will help to extend family life education for Scouts to parts of the country where it is not now being carried out and to develop a curriculum for the introduction of family life education in primary and secondary schools.

23. Of the \$7 million in regular resources to be allocated to the reproductive health subprogramme, \$6 million will be used for the extension of the service delivery points (at the health centre and district hospital levels), including training, equipment and supplies of drugs and contraceptives; \$500,000 will go for IEC activities and \$500,000 for research. If obtained, \$800,000 of the multi-bilateral funds would be used to finance the equipment and training needs of the provincial hospitals and \$100,000 for the development of family life education for schools.

24. Population and development strategies. The purposes of the subprogramme in population and development strategies are to revise and update the DNPP according to the recommendations of the ICPD and FWCW in order to have a global framework for all population activities and to contribute to the elaboration and dissemination of a national family code. The following outputs of UNFPA subprogramme are expected at the end of the programme: (a) operationalization of the updated, gender-sensitive DNPP at central and provincial levels; (b) increased awareness by the general population of the content of the updated DNPP; and (c) integration of women's rights and, particularly, reproductive rights into the family code.

25. The operationalization of the updated and gender-sensitive DNPP will be achieved through: (a) support for creation and equipment of multisectoral and multi-disciplinary teams at central and regional levels to integrate sectoral social policies, including reproductive health and gender issues, into the DNPP; (b) elaboration and implementation of a national plan for training in the area of

population and development, including gender issues, for government and NGO professionals; (c) development of action plans for implementation of the DNPP; and (d) an increase in the availability of data by supporting the 1999 population census in cartography, data collection, analysis and dissemination of results; the creation of a socio-demographic database disaggregated by gender; and other relevant demographic and sociocultural studies. The subprogramme would organize workshops, nationally and regionally, to foster coordination and to ensure the appropriate implementation of the DNPP.

26. Increased awareness of the content of the DNPP will be achieved through: (a) organization of seminars and workshops for political and opinion leaders, educators, NGOs, women's associations and youth groups; (b) organization of sensitization and information campaigns through the media and other means of communication for the general population; (c) wide dissemination of the results of studies and surveys undertaken during the programme; (d) translation and publication of the DNPP in national languages; (e) organization of seminars and workshops for journalists on the contents of the DNPP and on the recommendations of the ICPD and FWCW, with particular emphasis on reproductive health.

27. Integration of women's rights, especially their reproductive rights, into the family code will be achieved through: (a) creation of a multisectoral committee including government officials, members of civil society and NGO representatives to build a consensus on the family code; (b) analysis of the legal texts on women's rights; and (c) a study on violence against women.

28. Of the \$2 million in regular resources that will be allocated to the population and development strategies subprogramme, \$200,000 will be devoted to IEC activities, \$750,000 to updating the DNPP, \$250,000 for gender-related activities and \$800,000 for data collection and analysis. If multi-bilateral funds are secured, \$400,000 will be used for data collection, \$50,000 for the family code and \$50,000 for income-generating activities.

29. Advocacy. The purposes of proposed UNFPA assistance in the area of advocacy will be to assist the Government in its efforts to develop the commitment of decisions makers, opinion and religious leaders and legislators for the implementation of the DNPP and for the promotion of reproductive health services and of gender equity and equality. The specific outputs of the UNFPA programme will be a better understanding by decision makers, opinion and religious leaders of population and development issues and a reduction of harmful traditional practices and discrimination against girls and women.

30. Among the advocacy activities that will be carried out is the organization of seminars for parliamentarians, decision makers and opinion leaders to inform them of the benefits of the implementation of the DNPP and to encourage the creation of a parliamentary commission on population and development. The subprogramme will also assist in providing advocacy training for

social communicators and for national programme and NGO personnel involved in advocacy activities.

31. To reduce the prevalence of harmful traditional and discriminatory practices against women and young girls, it will, first of all, be necessary to carry out an inventory and synthesis of all research studies done in Cameroon related to those practices and to complement them, if necessary. This will provide the necessary inputs for IEC and advocacy activities under the reproductive health subprogramme. The programme will also conduct a study on gender stereotypes in the media and/or in school textbooks in order to design IEC messages to improve the status of women. Other activities include the organization of seminars and workshops for opinion leaders, decision makers, NGOs and public and private enterprise personnel on the reproductive rights of women and adolescent girls and on the necessity of girls' education. The latter will be undertaken in collaboration with UNICEF. The programme will also provide support for the provision of legal assistance to women through the legal clinics organized by the Association of Cameroonian Female Jurists in the five provinces in which the Fund will be carrying out reproductive health activities.

32. Implementation, coordination, monitoring and evaluation. The Ministry of Economy and Finance will be responsible for the overall coordination of the proposed programme through the National Population Commission and its Technical Committee and Permanent Secretariat. Sectoral ministries will continue to be responsible for the implementation of component projects.

33. A coordination group of the heads of all United Nations agencies in the country exists to facilitate joint programming and evaluation of programme activities, and it has set up four thematic groups: basic social services, headed by UNFPA; employment and sustainable livelihood; environment for economic and social development; and women and gender equality. The activities of these groups, which started their work in 1997, are being coordinated by the United Nations Resident Coordinator.

34. The proposed country programme will be implemented in accordance with UNFPA's established guidelines and procedures. These include annual project reports and reviews; quarterly plans of project activities; twice yearly review meetings with UNFPA staff and government representatives; project management and thematic evaluations; field monitoring visits; project management and financial auditing, as well as field office auditing. Regular meetings will continue with national programme and project management staff and project financial managers in order to share experiences and discuss problems encountered and solutions. Technical backstopping will be provided by the Country Support Team headquartered in Dakar, Senegal, and by pertinent regional institutions. As far as possible, surveys and/or situational analyses will be undertaken before the start of activities in order to facilitate an evaluation of performance at the end of the programme. A mid-term review of the programme will be held in the year 2000 to assess the progress and problems encountered, and reorientation plans will be defined as necessary. A final evaluation will be held in. Indicators defined during the PRSD exercises in conformity with the logical framework

will be used to monitor the implementation of the programme along with the data collected through programme activities.

35. The programme will be executed by the Government, specialized agencies of the United Nations, and international and national NGOs. Taking into account the limited capacity for national execution, projects and subprogrammes will partly be carried out with the assistance of a Chief Technical Adviser (for the transfer of technical expertise to national staff) or with a national expert. Efforts will be made to add a well-qualified national accountant and a national professional project personnel position. UNFPA execution will be limited to the procurement of contraceptives and equipment and technical support provided by the CST.

36. The Cameroon field office is composed of a Representative and two national programme officers -- one francophone and one anglophone; two secretaries; one financial assistant and one senior secretary/administrative assistant and one junior professional officer.

Recommendation

37. The Executive Director recommends that the Executive Board approve the programme of assistance to Cameroon, as outlined above, in the amount of \$12.0 million over the period 1998-2002, of which \$10.5 million would be programmed from UNFPA's regular resources to the extent such resources are available and the balance of \$1.5 million would be sought from multi-bilateral and/or other, including regular, resources to the extent possible, consistent with the Executive Board decision 96/15 on the allocation of resources.



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**UNITED NATIONS POPULATION FUND
PROPOSED PROJECTS AND PROGRAMMES**

Recommendation by the Executive Director
Assistance to the Government of Equatorial Guinea

Proposed UNFPA assistance: \$2.5 million from UNFPA regular resources

Programme period: 5 years (1998-2002)

Cycle of assistance: Third

Category per decision 96/15: A

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

	Regular resources	<i>Total</i>
Reproductive health	1.7	1.7
Population & development strategies	.5	.5
Advocacy	.2	.2
Programme coordination & assistance	.1	.1
Total	2.5	2.5

EQUATORIAL GUINEA

INDICATORS RELATED TO ICPD GOALS*

	<u>Thresholds*</u>
Births attended by health professional (%) ¹	58.0
Contraceptive prevalence rate (15-44) (%) ²	20.0
Access to basic health services (%) ³	na
Infant mortality rate (/1000) ⁴	117
Maternal mortality rate (/100,000) ⁵	430
Gross female enrolment rate at primary level (%) ⁶	74.2
Adult female literacy rate(%) ⁷	60.8
	≥60
	≥55
	≥60
	≤50
	≤100
	≥75
	≥50

* AS CONTAINED IN DOCUMENT DP/FPA/1996/15 AND APPROVED BY THE EXECUTIVE BOARD IN DECISION 96/15.

¹ WHO, *Coverage of Maternal Care*, 3rd ed., 1993. Data cover the period 1983-1993.

² United Nations Population Division, *World Contraceptive Use 1994*, ST/ESA/SER.A/143. Data cover the period 1986-1993.

³ UNICEF, *The State of the World's Children, 1995*. Data cover the period 1985-1993.

⁴ United Nations Population Division, *World Population Prospects Database 1950-2050, 1994 Revision*. Data are for 1992.

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⁷ UNESCO, 1996, *Education for All: Achieving the Goal: Statistical Document*.

Two dashes (--) indicate that data are not available.

Demographic Facts

Population (000) in 1995	400	Annual population growth rate (%)	2.46
Population in year 2000 (000)	452	Urban	5.13
Sex ratio (/100 females)	97.0	Rural26
Per cent urban	43	Crude birth rate (/1000)	40.8
Age distribution (%)		Crude death rate (/1000)	16.2
Ages 0-14	43.2	Net migration rate (/1000)	0.0
Youth (15-24)	18.2	Total fertility rate (/woman)	5.51
Ages 60+	6.2	Life expectancy at birth (years)	
Percentage of women aged 15-49	44.9	Males	48.4
Median age (years)	18.5	Females	51.6
Population density (/sq. km.)	14	Both sexes	50.0
		GNP per capita (U.S. dollars, 1994)	430

Sources: Data are from the Population Division, Department of Economic and Social Information and Policy Analysis (DESIPA) of the United Nations, *World Population Prospects: the 1996 Revision*; Annual population growth, including urban and rural data are from DESIPA, *World Urbanization Prospects: the 1996 Revision*. GNP per capita is from UNDP. Two dashes (--) indicate that data are not available.

1. The United Nations Population Fund (UNFPA) proposes to support a population programme over the period 1998-2002 to assist the Government of Equatorial Guinea in achieving its population and development objectives. UNFPA proposes to fund the programme in the amount of \$2.5 million from UNFPA regular resources, to the extent such resources are available. This will be UNFPA's third cycle of assistance to Equatorial Guinea.
2. The proposed programme was prepared in close collaboration with the Government, non-governmental organizations (NGOs) and with other donors active in the population and development fields in Equatorial Guinea. It takes into account the Government's development priorities, the conclusions of a Programme Review and Strategy Development (PRSD) exercise that was finalized in July 1997, the lessons learned from past UNFPA assistance and input from the Fund's United Nations Development Group (UNDG) partners and other international and bilateral donors.
3. The overall goal of the Government of Equatorial Guinea as stated in its economic development strategy for 1997-2001 is to improve the standard of living of the population through the efficient provision of public services, especially health, education and potable water, and through a poverty alleviation programme. The Government's specific objectives include: (a) strengthening the primary health-care system; (b) strengthening the institutional capacity to manage health-care programmes; (c) reducing overall illiteracy from 37 per cent to 27 per cent and among women from 60 per cent to 30 per cent by the year 2000; and (d) promoting, through education and information programmes, behaviours, attitudes and practices that will improve the status and condition of women in the country.
4. UNFPA will assist the Government in attaining these goals in the areas of reproductive health and population. The purposes of the proposed UNFPA programme are: (a) to increase utilization of quality, gender-sensitive, reproductive health services in the main cities with the aim of reaching almost half of the population, with a particular attention to adolescent reproductive health needs; and (b) to promote awareness on population and development interrelationships and on the status of women through information, education, and communication (IEC) and advocacy activities targeting policy and decision makers and opinion and religious leaders and to help the Government in its efforts to revise the laws governing the family.
5. The strategies that the Fund will use to achieve these objectives are: (a) strengthening the technical capacity of the Ministry of Planning and Economic Development, the Ministry of Health and Social Welfare and the Ministry of Social Affairs and Women's Promotion (MINASCOM) as well as of selected national NGOs that will be involved in implementing the programme; (b) strengthening gender-sensitive and adolescent-friendly reproductive health services; and (c) reinforcing coordination among United Nations agencies and complementarity of activities with bilateral assistance agencies.

6. All activities under the proposed programme, as in all UNFPA-assisted activities, would be undertaken in accordance with the principles and objectives of the Programme of Action of the 1994 International Conference on Population and Development (ICPD), which was endorsed by the General Assembly through its resolution 49/128.

Background

7. Equatorial Guinea, the only Spanish-speaking country in sub-Saharan Africa, consists of a mainland region and a group of islands. With an annual growth rate of 2.5 per cent, the 1994 population of 406,151 will double by the year 2022. The very young population is unequally distributed, with almost 80 per cent of the population living on the mainland. At present, 62.2 per cent of the population lives in rural areas; however, the urban areas are growing very quickly due to an increasing rural exodus. Even though exploitation of the country's petroleum resources has generated significant revenue in the last few years, it is estimated that 80 per cent of the population lives below the poverty level and that 50 per cent lives in absolute poverty.

8. In 1996, the Ministry of Health and Social Welfare elaborated a national health policy. The five-year plan for maternal and child health (MCH), part of this policy and the only framework for reproductive health activities, does not take into account the new data available from the 1994 population census nor the recommendations from the ICPD. Only 0.34 per cent of the national budget is earmarked for health activities, and 80 per cent of the health sector is supported by external assistance.

9. It is estimated that 60 per cent of the population lives within an hour's walk of a health facility, but there is an under-utilization of health services due to the lack of equipment, drugs and trained personnel. MCH services are provided in 15 per cent of the health facilities while family planning (FP) services are only provided in the six UNFPA-supported health centres. The country's high maternal mortality rate is due to the inadequate handling of obstetric emergencies, to frequent pregnancies and to a very low use of modern contraceptive methods (0.7 per cent at national level and 2.9 per cent in urban areas). Men and adolescents are left out of family planning activities: less than 1 per cent of family planning acceptors in 1996 were adolescents. The only school for training health professionals is the national nurses school, which does not function effectively due to lack of qualified teachers, financial resources and equipment. In addition, the MCH curriculum is outdated and does not take into account the reproductive health concept.

10. Among adolescent girls aged 15-19 years, 31.2 per cent have already had one child. Reports from the largest testing laboratory in Malabo in 1996 indicated that adolescents and youth accounted for 80 per cent of the total number of people infected with sexually transmitted diseases (STDs). Even though the prevalence of HIV/AIDS (3 per cent at national level) is not high compared with other countries of the region, it is becoming an increasing problem: the prevalence almost doubled in four years.

11. National communication infrastructures and modern methods of information dissemination are not well developed in Equatorial Guinea. However, the networks of village councils of community leaders and of development workers in the rural areas have proven to be important channels for the dissemination of population and reproductive health IEC messages.

12. Equatorial Guinea signed the Convention on the Elimination of All Forms of Discrimination Against Women (CEDAW) in 1984. However, traditional practices, like the dowry and the persistence of customary laws continue to discriminate against women. Primary school enrolment is almost the same for girls (84.3 per cent) and boys (84.8 per cent), but given the high drop-out rate in secondary schools, 60 per cent of females aged 15 years and older are illiterate as compared to 11 per cent of males. An estimated 25 per cent of households (48.5 per cent in the rural areas) are headed by women, almost a fourth of whom are single. The women of Equatorial Guinea, who contribute 37.4 per cent of the country's gross national product (GNP), if oil is excluded, and 90 per cent of the agricultural production receive in return only 28 per cent of the national revenue.

Previous UNFPA assistance

13. The approved amount for the 1993-1997 country programme was \$3.35 million, including \$700,000 from multi-bilateral sources. Following the recommendations of the mid-term review of December 1996, a supplementary budget of \$600,000 was allocated. No multi-bilateral resources could be mobilized and UNFPA had to fund the entire programme. By December 1997, total expenditures reached \$3.95 million distributed as follows: MCH/FP, 30 per cent; IEC, 28 per cent; data collection, 24 per cent; women, population and development, 9.5 per cent; and multisectoral activities, 8.5 per cent.

14. UNFPA assistance was instrumental in building national capacity in MCH/FP service delivery, in data collection and analysis and in the development and dissemination of IEC materials on MCH/FP. The IEC unit established with UNFPA funding is practically the only structure that develops and implements activities in social communication and that coordinates with the Ministry of Health and Social Welfare, MINASCOM and NGOs.

15. Programme implementation was constrained by the lack of coordination and the high turnover of the few qualified personnel in the Ministry of Health and Social Welfare. Implementation of the family planning programme suffered from the insufficient knowledge by the population at large of the existence of family planning services. Even if there is an increasing awareness of population issues among decision and policy makers, the Government has not sufficiently taken into account demographic variables in its development plans. MINASCOM, instead of playing an advisory role for the other ministries with regard to the integration of women into the development process, has tried to execute all the projects involving women. As yet, there is no national policy for promoting the advancement of women. The focal points that MINASCOM appointed inside the various ministries do not have the training nor the position to give directions

on the implementation and monitoring of projects aimed at improving the socio-economic status of women.

16. The main lessons learned in the previous programmes are the need to involve nationals in the design and formulation of programme and projects, which has proven to be a major factor in their success. In order to increase the use of reproductive health services and modern contraceptive methods, IEC campaigns must be linked with the provision of reproductive health services. There is a need to enrich the quantitative data with qualitative research in order to better understand the characteristics of the population. The institutional framework needs to be clearly defined prior to the initiation of projects and subprogrammes, to make sure that the nationals trained by UNFPA are operating within their area of expertise and that programmes are sustainable. Improved coordination and flow of information among government institutions and between them and donors will improve project execution.

Other external assistance

17. The few multilateral and bilateral donors involved in the funding of population activities mainly target the health sector. A coordination committee was created in 1996 in the Ministry of Health and Social Welfare but is not yet entirely functional. UNICEF supports the national MCH programme through training of traditional birth attendants (TBAs). The new UNICEF programme (to begin in 1999) will continue to support child survival activities plus advocacy for the rights of the child and the reestablishment of the health information system. WHO is providing technical assistance to the Ministry of Health and Social Welfare in the development of health strategies and to the MCH and HIV/AIDS-prevention programmes. The European Union is supporting reproductive health activities on the mainland and has funded a study to evaluate the prevalence of STDs among adolescents going to school in Bata. ABIFAGE, the national affiliate of the International Planned Parenthood Federation (IPPF), does not yet provide any services but is planning to train its staff and organize sensitization campaigns during the next three years. Spain, which was until 1995 the leading agency in terms of providing external aid, is now providing limited support to NGOs working in the area of primary health care, including MCH. UNDP's focus is on the fight against poverty, but it is also working to strengthen the coordination mechanisms among donors and the Government. An African Development Bank poverty alleviation project of around \$7.3 million will start soon with a focus on income-generating activities for women.

Proposed programme

18. UNFPA's comparative advantage in Equatorial Guinea is that the Fund is the only agency that provides comprehensive reproductive health, including family planning, services as well as comprehensive assistance in terms of population and development strategies. The proposed programme will focus on increasing reproductive health services in the main cities where health personnel are available in sufficient numbers to make an impact. The rural areas will be reached by reproductive health IEC activities and by a community-based distribution (CBD) system for

contraceptives. Interventions in the population and development strategies and advocacy subprogrammes are designed to reinforce the activities in the area of reproductive health and will be implemented at the national level. The results from the various studies undertaken under the programme as well as the IEC materials that will be developed will be used in all three subprogrammes to increase awareness and knowledge among policy and decision makers, opinion and religious leaders and the general population about population issues in general and about the empowerment of women and issues concerning young people, in particular.

19. Reproductive health. The purpose of the reproductive health subprogramme is to help increase the availability and utilization of quality reproductive health services in Equatorial Guinea. This will support the Government's aim of increasing the use of modern contraceptive methods to 5 per cent in 2002 in the main cities. The major output of the subprogramme will be the provision of gender-sensitive quality reproductive health services in 24 health facilities in the major urban centres and the opening of two centres for adolescents and greater availability of family planning services in the rural areas. This will be achieved by: (a) training and refresher courses and supervision for Ministry of Health and Social Welfare personnel at the central and local levels in all reproductive health sectors and introduction of a reproductive health curriculum in the basic training of nurses; (b) training of the personnel of health centres and youth NGOs in IEC techniques; (c) organization of study tours for government and NGO personnel; (d) training of TBAs from Bioko island as CBD agents in rural areas; (e) carrying out of operational research on social marketing of condoms and spermicides in urban areas; and (f) equipment and renovation of reproductive health centres and of referral hospitals and acquisition of contraceptives and drugs for treatment of STDs and complications from abortions.

20. In order to increase the use of reproductive health services, the subprogramme will work to create greater awareness of the existence of the reproductive health services. Activities to achieve this will include: (a) carrying out a knowledge, attitudes and practices (KAP) survey on reproductive health among the population, with a particular attention to young people; (b) developing reproductive health messages adapted to different target groups; (c) disseminating reproductive health messages through existing communication channels, including health centres; (d) complementing training being provided by the other donors to TBAs so as to give them information on family planning and sexual health; and (e) training some key individuals working in the income-generating activities supported by the African Development Bank so that they can serve as reproductive health counselors.

21. Of the \$1.7 million in funds allocated to the reproductive health subprogramme, \$200,000 will go to research and studies; \$500,000 to procurement of drugs, equipment and contraceptives; \$670,000 for training and supervision; and \$330,000 to IEC activities.

22. Population and development strategies. The purposes of the subprogramme in the area of population and development strategies are to contribute to the commitment of policy and decision makers and opinion and religious leaders to population and development issues and to contribute to

the development of a policy for the integration of women into the development process. To achieve a greater awareness of policy and decision makers, opinion and religious leaders of population, gender and development issues, the subprogramme will carry out such activities as: (a) compilation, analysis and publication of data collected by different ministries for use in monitoring the programme; (b) creation of parliamentary groups on population and development and, more specifically, on issues concerning women and young people; (c) organization of workshops and seminars for decision and policy makers on gender, population and development issues; and (d) organization of study tours in countries of the subregion for officials of the Ministry of Health and Social Welfare and the Ministry of Planning and Economic Development and for parliamentarians.

23. The subprogramme will also support the development of the capacity of MINASCOM to design and implement gender and development programmes through: (a) conducting a study on the reasons for the high drop-out levels among girls and a sociocultural study on the family in Equatorial Guinea; (b) gender training of the focal points from different ministries; (c) development and implementation of a training plan in programme management and policy design for MINASCOM personnel; (d) support for MINASCOM in organizing coordination meetings with different line ministries and different multi- and bilateral agencies working in the field; and (e) introduction of family life education and reproductive health components in the curriculum of functional literacy programmes.

24. Of the \$500,000 allocated to the population and development strategies subprogramme, \$140,000 will be for IEC activities, \$230,000 for policy development, including gender, and \$130,000 for data collection and analysis.

25. Advocacy. The purpose of the advocacy subprogramme is to contribute to the revision and adoption of family laws and, more specifically, laws protective of the rights of women and young people, particularly their reproductive rights, so as to increase the use of reproductive health services. The output will be increased knowledge of gender and youth issues on the part of the members of the parliamentary codification committee. This will be realized through: (a) inventory and analysis of population-related laws to identify contradictions among them and to see to what extent they may be discriminatory; (b) organization of information and sensitization campaigns for members of the codification committee; (c) development of capacity at MINASCOM and among youth NGO personnel to advocate for the rights of women and adolescent girls; and (d) publication and dissemination of the revised and new laws.

26. Implementation, coordination, monitoring and evaluation. The overall coordination of the UNFPA programme will be the responsibility of the Ministry of Planning and Economic Development. The Directorate for Statistics will be in charge of organizing, analysing and disseminating the results of various studies. The IEC and advocacy activities will be coordinated by the IEC unit of the Ministry of Information, while the activities in the reproductive health subprogramme will be coordinated by the Ministry of Health and Social Welfare and the activities in the area of women, population and development by MINASCOM.

27. In order to address the problem of poor coordination of the inputs from the various donors, UNFPA will collaborate with UNDP, UNICEF and WHO to help reestablish the coordination committees of the Ministry of Planning and Economic Development and of the Ministry of Health and Social Welfare. UNFPA will also coordinate with other United Nations agencies through meetings organized by the Resident Coordinator and will collaborate closely with WHO in reproductive health staff training, with UNICEF in advocacy for the rights of adolescent girls and in reproductive health data collection and analysis, and with UNDP for population data collection and analysis. The UNFPA country office is headed by the Country Director, resident in Cameroon, and is staffed by one national programme officer.

28. All subprogrammes will be executed by government entities and national NGOs. In order to address the problem of limited national capacity, institutions such as the Institut de formation et de recherches démographiques (IFORD), United Nations Volunteers, the WHO local team and UNFPA's Country Support Team advisers will be utilized to implement and backstop the programme. To ensure effective implementation of the programme, national professional project personnel and, if needed, United Nations Volunteers will be recruited. Training in UNFPA guidelines and procedures for personnel involved in the subprogramme will be organized by the UNFPA field office.

29. The programme will follow standard UNFPA guidelines and procedures for monitoring and evaluation. All activities of the subprogrammes will be subject to annual progress reports and to annual reviews. Monitoring visits in the health sector will be organized with WHO and UNICEF in collaboration with the Directorate of Family Health. A mid-term review will be undertaken in the year 2000 to assess the progress made and to review the relevance of the country programme vis-à-vis the national situation and the status of assistance from other donors. An evaluation of the programme will be held in 2002.

30. Activity reports from health centres, a situation analysis of the reproductive health subprogramme, and KAP surveys at the beginning and end of the programme, training report forms, the revised family laws and the publication of analysed data will be used to monitor and evaluate the performance of the programme. Furthermore, the annual and mid-term review reports will document the status and results of monitoring and internal evaluation.

Recommendation

31. The Executive Director recommends that the Executive Board approve the programme of assistance to the Government of Equatorial Guinea as outlined above, in the amount of \$2.5 million for the period 1998-2002 to be programmed from UNFPA's regular resources to the extent such resources are available.

