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UNFPA – Country programmes and related matters

United Nations Population Fund

Country programme document for Equatorial Guinea

Proposed indicative UNFPA assistance:	\$8.3 million: \$2.8 million from regular resources and \$5.5 million through co-financing modalities or other resources
Programme period:	Five years (2024-2028)
Cycle of assistance:	Eighth Programme
Category:	Tier I
Alignment with the UNSDCF Cycle	United Nations Sustainable Development Cooperation Framework, 2024-2028

I. Programme rationale

1. The Republic of Equatorial Guinea is located in the Gulf of Guinea in Central Africa. In 2021, its population was estimated at 1.5 million,¹ of which 47.6 per cent is female. This low percentage of females is linked to the flow of male migrants, attracted by the boom in the oil and construction sectors. Migrants represent 12.4 per cent of the total population (2015 Census data). An average annual population growth rate of 3.1 per cent between 2020 and 2025 is estimated.² The total fertility rate stands at 5.1 children per woman. The country's population is young, 55.8 per cent are under the age of 25 and 38 per cent are under age 15.³ The urban population represents 76.1 per cent,⁴ concentrated in the large cities of Malabo and Bata.

2. Equatorial Guinea is an upper middle-income country, with an estimated gross domestic product (GDP) per capita of \$7,506 in 2021. Although poverty has decreased significantly in recent years (from 76.8 per cent in 2006 to 43.7 per cent in 2011),⁵ unemployment stands at 15.9 per cent (2015) due to the economic downturn observed since 2014. Unemployment particularly affects young people aged 15-24 years (33.2 per cent) and more young women (36.9 per cent) than young men (30.3 per cent). Income levels and human development are unbalanced. The Human Development Index in 2021 was 0.596, which places the country in the medium human development category, at 145 out of 189 countries (UNDP, 2022).

3. In Equatorial Guinea, oil and gas revenues represent up to 80.3 per cent of government resources and 91 per cent of the country's exports in 2022.⁶ Since 2014, the country is experiencing an economic slowdown, linked to the decrease of oil prices in the international market. After a GDP growth of 3.1 per cent in 2022, Equatorial Guinea will be in recession in 2023 (-1.9 per cent GDP; -9.3 per cent in the oil sector; and -2.5 per cent for non-oil sectors)⁷.

4. While the country was still recovering from the COVID-19 pandemic, it was hit hard by the recent geopolitical developments that resulted in extreme food inflation. In addition, on 13 February 2023, the Health Minister declared the country's first-ever Marburg virus disease outbreak. Based on data from previous outbreaks, pregnant women with Marburg virus disease face extremely high rates (95 per cent) of spontaneous abortion, foetal or neonatal death. Women who are infected while pregnant require special care and follow-up, as the virus persists after recovery in pregnancy-related fluids and tissue as well as in breast milk. Moreover, potential onward sexual transmission from semen in male survivors poses a high risk for up to 12 months. As of April 2023, the situation is under control.

5. Availability of updated data for decision-making, planning, monitoring and evaluation is an issue in Equatorial Guinea, with the last available data stemming from the Demographic Health Survey (DHS) 2011. The final results of the fourth Census (2015) were not published in a disaggregated way. Thus, the design of the United Nations agency country programmes and the new United Nations Sustainable Development Cooperation Framework (UNSDCF), 2024-2028, relies on DHS 2011 data and estimates; the outdated data makes planning a challenge.

6. Maternal mortality decreased from 308 per 100,000 live births in 2010 (DHS 2011) to 212 per 100,000 live births in 2020, as estimated by Maternal Mortality Estimation Inter-agency Group (MMEIG, 2023). This makes Equatorial Guinea far from meeting the Sustainable Development Goal (SDG) target of 70 per 100,000 live births in 2030. However, the National Health Development Plan (PNDS), 2021-2025 target of 145 per 100,000 live births by 2024 is likely to be met. In 2016, the emergency obstetric care services indicated that maternal deaths are due to the following direct causes: (a) haemorrhage (30.5 per cent); (b), ectopic pregnancies (22.2 per cent); (c), pre-eclampsia and eclampsia (15.2 per cent); (d), prolonged or labour dystocia (14.2 per cent); and (e) complications from miscarriages (9.3 per cent). The proportion of births assisted by qualified health personnel stands at 68.3 per cent (DHS 2011). In rural areas, the risk of maternal morbidity and mortality remains high due to home births facilitated by untrained traditional birth attendants. Access to sexual reproductive health services is hampered by distance and economic barriers, which negatively affects assisted delivery, especially in rural areas. Equatorial Guinea has the highest HIV prevalence in the subregion, estimated at 6.2 per cent (DHS 2011), affecting more

¹ National Institute of Statistics of Guinea Equatorial (INEGE), Statistical Yearbook, 2022.

² UNFPA, "Average annual rate of population change in Africa between 2020 and 2025, by country". <https://www.unfpa.org/es/data/world-population/GQ>.

³ UNFPA, <https://www.unfpa.org/es/data/world-population/GQ>, accessed in March 2023.

⁴ National Institute of Statistics of Guinea Equatorial (INEGE), Statistical Yearbook, 2022.

⁵ DHS 2011.

⁶ National Institute of Statistics of Guinea Equatorial (INEGE), Statistical Yearbook, 2022.

⁷ Ministry of Finance, draft financial bill, 2023.

women (8.3 per cent) than men (3.7 per cent), along with poor use of condoms (4.4 per cent). Among youth aged 15-24 years, 3.2 per cent are living with HIV. Young girls (5 per cent) are five times more exposed to HIV than boys (1 per cent).

7. Regarding adolescents and young people, 43 per cent of girls aged 15-19 years have started their reproductive life and 37 per cent are mothers. This implies high levels of pregnancies among adolescent girls, which can negatively affect their right to education and to fulfill their potential and contribute to the country's development. Over 34 per cent of women aged 20-24 years were in a union before age 18. Adolescent fertility stands at 177 per 1,000 girls aged 15-19 years. In the culture of the Fang ethnic group, representing 80 per cent of the population, early teenage pregnancy is considered proof of fertility and the good fortune to marry. Consequently, children born out of marriage are taken in by the family and adopted by the community. According to UNICEF, in 2017, 85 per cent of children aged 12-14 years were in school (49 per cent girls; 51 per cent boys). In 2018-2019 of the 6,241 students enrolled, 55.9 per cent were male and 44.1 per cent female, the primary school completion rate is relatively low (63 per cent), due to school dropout for various reasons, including early pregnancies.

8. The use of modern contraceptives (9.6 per cent) is low (7.5 per cent in rural areas; 12.1 per cent in urban areas) (DHS 2011). Unmet needs of family planning of women in a union aged 15-49 years stands at 34 per cent and unmet needs of family planning among adolescents and youth stands at 37.2 per cent (DHS 2011). Coverage of family planning services continues to be limited to only 23 of the 47 functional health centres in 2018 (48.9 per cent) and 6 of the 18 public hospitals (33.3 per cent) that offer family planning services. The supply of family planning products is currently interrupted.

9. Regarding gender-based violence, 63 per cent of women aged 15-49 years have experienced intimate partner violence and 65 per cent of married women experienced violence from their spouse (DHS 2011). Moreover, 53 per cent of women and 52 per cent of men aged 15-49 years think violence is justified; 34 per cent of women aged 20-24 years were in union before age 18. Female genital mutation is not a significant issue in Equatorial Guinea and was not captured by DHS 2011 but it will be investigated in the upcoming DHS 2024. Since 2016, three draft laws related to gender equality have been elaborated with UNFPA providing technical and financial support to the Ministry of Social Affairs and Gender Equality (on gender equality; on child marriage; and on integral protection and prevention of gender-based violence) but are still pending approval.

10. Regarding gender equality and women's empowerment, following presidential, legislative and municipal elections in November 2022, the representation of women increased in parliament (from 21 per cent to 31 per cent) as well as in the Senate (from 17.1 per cent to 21.6 per cent). On 31 January 2023, the President appointed a woman as Prime Minister. This is the first time in the history of Equatorial Guinea that a woman holds the position of Prime Minister. The female President of the Senate was reappointed for a second term.

11. In terms of key achievements, the evaluation of the previous programme cycle highlight that the country office contributed significantly to promoting sexual and reproductive health in the Bioko Norte and Kié-Ntem regions, raising awareness and fighting HIV-related stigma. The country office introduced the following innovations through its programming: (a) introduction of subdermal contraceptive implants; (b) conducting the first *dispensarización* (medical classification); (c) introduction of eight antenatal care consultations; and (d) winning the innovation competition with the "Ángeles de la Guardia" (guardian angels) project.

12. Limited contributions were noted in relation to gender-based violence, compared to the ambition shown in the country programme. The evaluation recommended strengthening the programmatic coherence and its potential effectiveness, to develop a theory of change that links outcomes, assumptions and indicators to the new UNSDCF and establish mechanisms for measuring transformative results while allocating substantive funds to gender-based violence. It acknowledged the partnerships developed to conduct the "maternal and neonatal mortality reduction" project implemented in Bioko Norte and Kié-Ntem and recommended it to scale up at the national level.

13. Lessons learned relate to: (a) persistence of discriminatory socio-cultural norms regarding sexual and reproductive rights, including family planning; (b) low capacity for programme implementation by counterparts; (c) need to advocate for the approval and adoption of the three pending laws in support of women and girls (on gender equality; on regulating child marriage; and on integral protection and prevention of gender-based violence); (d) need to support training of midwives to focus on emergency obstetric care services, and improve the quality of supervision of emergency obstetric care; (e) need to advocate for comprehensive sexuality education in the curricula and improve the coordination of the gender-based violence prevention and response mechanisms.

14. UNFPA is chairing the monitoring and evaluation group within the United Nations country team and is actively supporting the development of the Common Country Assessment and the new UNSDCF, 2024-2028.

UNFPA also supported, technically and financially, the development of the voluntary national report 2022 and a report on ‘leaving no one behind’; the findings from that report were leveraged to identify the most marginalized populations, which will be targeted in the new country programme. UNFPA will exercise its comparative advantages in the areas of: (a) sexual and reproductive health and rights, maternal health and family planning; (b) adolescent sexual and reproductive health and rights; (c) adolescent and youth development; (d) human rights-based and gender-transformative approaches; (e) ‘leaving no one behind’, including people with disabilities; (f) the demographic dividend; (g) gender-based violence prevention and response services, including in humanitarian settings; and (h) disaggregated socio-demographic data and strengthening of statistical systems to support evidence and policy dialogue.

II. Programme priorities and partnerships

15. The new country programme is aligned with the national priorities, as outlined in the National Strategy for Sustainable Development (Equatorial Guinea Agenda 2035) and in the National Health Development Plan (PNDS), 2021-2025. The programme is anchored in the UNSDCF, 2024-2028, Outcome 1 (by 2028, more people, especially children, women, adolescents, and youth have access to quality social services in an equitable and sustainable way to reach their full human potential) and Outcome 2 (by 2028, citizens, especially excluded groups, enjoy their rights, and contribute to the development of policies and the performance of public institutions).

16. The country programme is aligned with the 2030 Agenda for Sustainable Development and the African Union Agenda 2063. The programme also aligns with the UNFPA Strategic Plan, 2022-2025, in its goal to enhance universal access to integrated sexual and reproductive health and reproductive rights by supporting the actions of national partners to accelerate achievement of the three transformative results: zero unmet need for family planning; zero preventable maternal deaths; and zero gender-based violence and harmful practices. It will support the Government in realizing its voluntary ICPD25 national commitments.

17. The programme is being prepared in a complex global economic context, in addition to the Marburg virus disease outbreak in Equatorial Guinea since February 2023. The country is not immune to economic uncertainty, marked by its deep dependence on hydrocarbons. Financing the new programme remains a challenge but it is also an opportunity to mobilize the network of partners that the country office has been able to create, both at the level of government structures, as well as with other United Nations organizations and development partners.

18. The vision of the country programme is: by 2028, women, adolescents and young people, particularly those left furthest behind and are the most marginalized, will benefit from better access and universal coverage to high-quality sexual and reproductive health and rights information and services and from an integrated response to gender-based violence. The programme aims to close the data gap by supporting the production and utilization of high-quality disaggregated data for evidence-based planning and decision-making as well as monitoring and evaluation. To achieve these commitments, the programme will focus on three main outputs: (a) support access to quality of care, information and services, especially for adolescents and youth; (b) combat gender-based violence and promote gender equality; and (c) strengthen the national information system.

19. These results will be achieved through the implementation of high-level advocacy and policy dialogue for impactful strategic interventions: (a) capacity building of health workers to enable the provision of high-quality and accessible services, supplies and information; (b) strengthening programme management, accountability and the intersectoral coordination network; (c) improving the mobilization of civil society and community participation to address social norms and promote rights; (d) empowering adolescents and young people networks; (e) improving the production and use of disaggregated socio-demographic data, research and surveys; and (f) using integrated and innovative approaches. UNFPA will adopt a humanitarian-development continuum approach in Equatorial Guinea by building resilience and strengthening the ability of individuals, especially adolescents and youth, communities and the health system, to anticipate, mitigate and withstand shocks.

20. This effort will be sustained and supported through a carefully prepared, robust and integrated communication, information and advocacy programme and policy dialogue, using evidence-based data, based on factual knowledge of the country’s socio-cultural context. The programme will contribute to the improvement of the living conditions of disadvantaged adolescents, youth and women, those left furthest behind, including migrants, whose number is steadily growing in the country (12.4 per cent in 2015). The main modes of engagement will be: (a) advocacy and policy dialogue; (b) knowledge management and evidence generation; and (c) capacity building.

21. To address the data challenge mentioned above, the country programme will also focus on strengthening the national information system, particularly by supporting the next Demographic and Health Survey in 2024 (DHS 2024) and as well as the fifth Census in 2025.
22. The programme objectives will contribute to the country's capacity to undertake the great innovative leap towards the diversification of the national economy and sustainable development, as stated in its national development plan, Agenda 2035: the population must be adequately educated, trained and in good health, enjoying their full human and reproductive rights, protected from any kind of abuse, violation or injustice. Women should have the same opportunities as men, making full use of their physical and intellectual capacities, participating fully in the public and private spheres of society, and young people must realize their full potential.
23. Support to the economic and social development of the country will be a concerted and collective effort of the entire United Nations system, contributing to the improvement of the country's institutional capacities, in particular in relation to human resources, legal instruments, South-South and triangular cooperation, promoting partnership with bilateral donors, introducing and developing innovative solutions, using digital technology to widely disseminate information and raise awareness on sexual and reproductive health and rights, family planning and gender-based violence.
24. The principle of 'leaving no one behind' and reaching the most disadvantaged is a priority of the Government, which will first require a mapping of poverty and vulnerability in the country. The mapping will identify not only who and where people are left behind but also how and why. The results of this mapping will allow UNFPA to focus on the most marginalized communities to accelerate the achievement of the three transformative results, concentrating the efforts of all stakeholders through specific thematic areas, supported by the various partnership networks.
25. For the implementation of the programme, the following accelerators will be used: (a) human rights-based and gender-transformative approaches to support the delivery of sexual services while promoting the rights of women; (b) generate and use high-quality and disaggregated evidence to accelerate progress towards the transformative outcomes and take advantage of the opportunity provided by the upcoming DHS 2024 and the fifth Census in 2025; (c) build and maintain partnerships to mobilize financial resources and technical support for programme implementation; (d) follow the principle of 'leaving no one behind' to reach people living in the most remote and disadvantaged areas; (e) use resilience and adaptation to ensure programme implementation in response to any emergency outbreak; and (f) innovation and digitalization will be included as accelerators and mainstreamed at the output level to achieve the programmes outcomes.
26. The programme implementation will rely on existing networks, alliances and partnerships as well as enhancing cooperation with communities, including educational institutions, in urban and rural areas. The programme will develop and strengthen youth and women's networks in order to strengthen capacities, disseminate information, generate demand for sexual and reproductive health services and advocate for the realization of the three transformative results. Collaboration and coordination with United Nations agencies in the country will be strengthened in a cross-cutting manner, in order to maximize synergies and take advantage of various opportunities offered under the new UNSDCF to jointly engage relevant adolescent, youth and women's organizations. Particular attention will be given to strengthening national capacities through the development and implementation of integrated capacity building plans to improve the quality of programme delivery, as well as building national capacity for the generation and management of evidence, contributing to improved governance and accountability. This collective effort to strengthen national capacities will be extended, as appropriate, to the civil society organizations (CSOs) and local communities, according to programme needs.
27. The country programme was designed and elaborated in an inclusive and participatory approach. National consultations were organized in February 2023 with line ministries and relevant government partners, as well as youth-led and women-led CSOs, the private sector, the media, United Nations agencies and other technical and financial partners operating in Equatorial Guinea.
28. The programme will accelerate the achievement of the three transformative results in Equatorial Guinea through high-level advocacy, policy dialogue and capacity building activities, with a focus on supporting the production and utilization of disaggregated data as a key accelerator to advance accurate planning, decision-making, and monitoring and evaluation. The expected results are anchored in two of the UNSDCF, 2024-2028 outcomes.

A. Output 1. Increased equitable and sustainable access to high-quality sexual reproductive, maternal, neonatal, child and adolescent health information and services

29. The programme will support: (a) capacity building of health personnel in: (i) emergency obstetric and neonatal SRH care; (ii) strengthening the community-based, advanced strategy; (iii) strengthening the formative supervision system in health districts; (b) prevention of HIV/STI transmission through: (i) development of information and sensitization activities on prevention against HIV/AIDS and other sexually transmitted infections to the community and for in-school and out-of-school youth; (c) strengthening drug logistics management through: (i) mobilization of internal and external financial resources in favour of family planning; (ii) strengthening the supply chain and its distribution to 'the last mile'; and (iii) strengthening the referral and counter-referral systems, through capacity building of health centre personnel; (d) creation and strengthening of adolescent and youth health centres in each district, building adolescents and youth capacities as active agents of change in realizing adolescent sexual and reproductive health and rights, to generate demand for sexual and reproductive health information and services.

B. Output 2. Women and young girls and boys are protected from all forms of violence and discrimination in all areas of public and private life

30. This output will contribute to: (a) developing advocacy strategies involving all stakeholders (Government, CSOs, the media and the private sector, among others) for the enforcement of international conventions in support of women and girls, including implementation of the Convention on the Elimination of All Forms of Discrimination against Women and the recommendations of the Universal Periodic Review and advocate for the approval of the three pending draft laws, on gender-based violence, on the family code and on customary marriages; (b) strengthening the capacities of the Ministry of Social Affairs and Gender Equality to effectively coordinate high-quality multisectoral and integrated gender-based violence essential services by strengthening the sector capacity, including the Ministry of Health, Ministry of Justice, Ministry of National Security and CSOs; (c) strengthening advocacy and sensitization activities to keep girls and adolescents in school and prevent unwanted pregnancies among adolescent girls while meaningfully engaging with religious and traditional leaders, men and boys to promote gender equality and positive masculinity and to generate demand for sexual and reproductive health services.

C. Output 3. The national statistical information system is strengthened and enables effective participation of stakeholders in the development, implementation and monitoring of development policies

31. This output will be achieved through the following strategies: (a) strengthening the capacity of the National Institute of Statistics of Equatorial Guinea (INEGE) personnel across sectors (technicians, engineers and postgraduates) to generate, analyse and disseminate high-quality disaggregated data; (b) support the realization of the DHS 2024; (c) support the fifth General Population and Housing Census planned for 2025; and (d) strengthening the national health information system through capacity building interventions for the health personnel in charge of information management.

III. Programme and risk management

32. The Government of Equatorial Guinea and UNFPA will jointly plan, coordinate, implement, monitor and review implementation of the country programme, using a results-based management approach, in line with the programme accountability framework. While UNFPA implementation will be the main implementation modality, implementation through national partners will be encouraged and promoted, based on their ability to deliver high-quality programmes. The risk of insufficient implementation capacity will be mitigated by using the harmonized approach to cash transfers, where applicable. Emphasis will be placed on strengthening inter-agency coordination and joint programming as well as integrated, flexible and innovative joint planning and monitoring, evidence-based results reporting and communication, applying relevant lessons learned.

33. UNFPA will develop an integrated partnership and resource mobilization plan to spur innovation and engage the Government, donors, civil society, academia and the private sector to generate and leverage resources towards achieving the expected results. UNFPA will play a key role in partnership building and resource mobilization in support of United Nations system joint programmes. The country office will strive to build joint programmes with the other United Nations agencies and strengthen existing ones.

34. All units of the country office work within one integrated programme and operations team, representing an appropriate skills-mix for efficient programme delivery. The country office will continue to operate with one main office based in Malabo. In collaboration with partners, it will put in place an internal programme coordination and oversight results team to oversee implementation, provide assurance on the harmonized approach to cash transfers, guide programme monitoring, evaluation and quality assurance, including risk monitoring, mitigation and management.

35. The programme will be delivered with the high-quality technical, operational and programmatic support of other UNFPA staff at country, regional and headquarter levels, and will leverage South-South and triangular cooperation.

36. Programme risks include: (a) protracted Marburg virus disease, which can prevent the implementation of activities in the field; (b) sociocultural norms that undermine gender inequality and make it harder to achieve positive change; (c) declining donor resources to address social sector priorities due to geopolitical shocks and climate change and due the country's status as an upper-middle-income country; and (d) limited capacity of national CSOs.

37. To mitigate these risks, the programme will: (a) support the Marburg virus disease response; (b) leverage capacity and technical expertise using evidence-based advocacy to promote human rights and advocate for the removal of sociocultural barriers to gender equality and promote positive masculinity; (c) develop an integrated partnership and resource mobilization strategy to identify opportunities for innovative financing; and (d) support capacity building of national CSOs.

38. This country programme document outlines UNFPA contributions to national results and serves as the primary unit of accountability to the Executive Board for results alignment and resources assigned to the programme at the country level. Accountabilities of managers at the country, regional and headquarters levels with respect to country programmes are prescribed in the UNFPA programme and operations policies and procedures, and the internal control framework.

IV. Monitoring and evaluation

39. UNFPA will align the monitoring and evaluation of the country programme with the UNSDCF monitoring plan and coordination mechanism, which gives priority to joint programming. UNFPA is committed to monitoring progress jointly as part of the broader commitment to development effectiveness and accountability under the 'delivering as one' approach. The plan will include monitoring of programme, operational and financial performance through regular meetings, field visits, quarterly reporting, annual programme reviews and assurance activities, such as spot checks and audits, when applicable. Results-based monitoring tools will be used to track and report on programme results. The programme will strengthen the capacity of staff and partners on result-based management and data collection to inform reporting.

40. The programme performance indicators have been derived from the UNSDCF indicators and the UNFPA Strategic Plan, 2022-2025, integrated resources and results framework. Milestones will be recorded to improve programme monitoring while the monitoring of UNSDCF outcomes will be ensured through the results groups that will be created.

41. To fill the data gaps that compromise the ability to monitor the progress, UNFPA will provide high-quality support to the Government, through the National Institute of Statistics of Equatorial Guinea and the Ministry of Health and Social Welfare, to conduct the DHS in 2024 and the fifth General Census on Population and Housing in 2025 and to establish functional integrated health management information systems.

42. The monitoring and evaluation system of the programme is aligned with the national system and the new UNSDCF mechanisms and results groups. This includes: (a) an annual review to assess programme performance in order to make required readjustments; and (b) a midterm review assessing the level of achievement, identifying good practices as well as challenges. As a country programme evaluation was carried on for the previous cycle, it will not be conducted for the new programme. UNFPA will develop and implement a monitoring and evaluation plan, in line with the national data management, monitoring and reporting systems, to increase the availability of high-quality data, information and evidence for improved SDG-based policy and programme analysis and planning. UNFPA will support the United Nations country team processes by engaging in UNSDCF outcome result groups, including those for data for development and evaluation, joint reporting and quality assurance, as well as UNInfo.

UNFPA will work with other United Nations agencies, multilateral and bilateral partners to strengthen national capacities and systems for improving results measurement, monitoring and reporting.

43. The UNFPA Representative, as a member of the United Nations country team, will have mutual accountability, together with the United Nations Resident Coordinator, for contributions to and support for the implementation of the UNSDCF and other inter-agency agreements of the United Nations country team.

RESULTS AND RESOURCES FRAMEWORK FOR EQUATORIAL GUINEA (2024-2028)

NATIONAL PRIORITY: Agenda 2035 – Strategic Axis I: Poverty Eradication. Promote human development and the well-being of Equatoguineans, eradicating hunger and poverty and promoting the development, education and health of the population.				
UNSDCF OUTCOME(S): By 2028, more people, especially children, women, adolescents and youth have access to quality social services in an equitable and sustainable way to reach their full human potential.				
RELATED UNFPA STRATEGIC PLAN OUTCOME(S): 1. By 2025, the reduction in the unmet need for family planning has accelerated. 2. By 2025, the reduction of preventable maternal deaths has accelerated. 3. By 2025, the reduction in gender-based violence and harmful practices has accelerated.				
UNSDCF outcome indicators, baselines, targets	Country programme outputs	Output indicators, baselines and targets	Partner contributions	Indicative resources
<p><u>UNSDCF Outcome indicator(s):</u></p> <ul style="list-style-type: none"> Maternal mortality rate <i>Baseline: 212 per 100,000 live births (2020); Target: 130 per 100,000 live births (2028)</i> <p><u>Related UNFPA Strategic Plan outcome indicator(s):</u></p> <ul style="list-style-type: none"> Annual rate of reduction of maternal mortality <i>Baseline: 1.5% (2020); Target: 7.5% (2025)</i> Proportion of women of reproductive age (aged 15-49 years) who have their need for family planning satisfied with modern methods <i>Baseline: 9.6% (2011); Target: 30% (2028)</i> 	<p>Output 1. Increased equitable and sustainable access to high-quality sexual reproductive, maternal, neonatal, child and adolescent health information and services.</p>	<ul style="list-style-type: none"> Number of designated health facilities (maternities/hospitals) that provide full basic package of emergency obstetric and neonatal care services <i>Baseline: 7 (2023); Target: 18 (2028)</i> Number of adolescents and youth, including those with disabilities, who benefit from high-quality sexual and reproductive health services, including family planning and prevention of HIV/STIs <i>Baseline: 9,806 (2023); Target: 50,000(2028) with 50% of females</i> 	<p>Ministry of Health and Social Welfare; Ministry of Information, Press and Radio; Ministry of Social Affairs and Gender Equality; Ministry of Education; Ministry of Finance, Ministry of Planning; United Nations system; non-governmental organizations: Biriaelat; Equality and Human Rights of Women in Africa (IDHMA); Federation of Religious for Health (FERS); China Embassy; Spanish Agency for International Cooperation and Development (AECID); US Agency for International Development (USAID)</p>	<p>\$2.1 million (\$0.1 million from regular resources and \$2.0 million from other resources)</p>
<p><u>UNSDCF Outcome indicator(s):</u></p> <ul style="list-style-type: none"> Proportion of women and girls aged 15 years and older who have experienced physical, sexual or psychological violence at the hands of a current or former intimate partner in the last 12 months. <i>Baseline: 63% (2011); Target: 30% (2028)</i> <p><u>Related UNFPA Strategic Plan outcome indicator(s):</u></p> <ul style="list-style-type: none"> Proportion of ever-partnered women and girls aged 15 years and older subjected to physical, sexual or 	<p>Output 2. Women and young girls and boys are protected from all forms of violence and discrimination in all areas of public and private life.</p>	<ul style="list-style-type: none"> Existence of multi-stakeholder coordination mechanisms operational for prevention and management gender-based violence cases <i>Baseline: No (2024); Target: Yes (2028)</i> Number of operational social networks advocating for changing discriminatory gender and social norms <i>Baseline: 0 (2024); Target: 2 (2028)</i> 	<p>Ministry of Health and Social Welfare; Ministry of Information, Press and Radio; Ministry of Social Affairs and Gender Equality; Ministry of Education; Ministry of Finance, Ministry of Planning; UN organizations; non-governmental organizations: Biriaelat; IDHMA; FERS; China Embassy; AECID; African Development Bank.</p>	<p>\$1.6 million (\$0.1 million from regular resources and \$1.5 million from other resources)</p>

psychological violence by a current or former intimate partner in the previous 12 months, by age and place of occurrence <i>Baseline: 12.5% (2018); Target: 6% (2028)</i>				
NATIONAL PRIORITY: Agenda 2035 – Strategic Axis 2: To guarantee unity and national cohesion, promoting peace and Equatoguinean unity, building a democratic and participatory society, guaranteeing fundamental freedoms and rights and the development of civil society.				
UNSDCF OUTCOME(S): By 2028, citizens, especially excluded groups, enjoy their rights and contribute to the development of policies and the performance of public institutions.				
RELATED UNFPA STRATEGIC PLAN OUTCOME(S): 1. By 2025, the reduction in the unmet need for family planning has accelerated. 2. By 2025, the reduction of preventable maternal deaths has accelerated. 3. By 2025, the reduction in gender-based violence and harmful practices has accelerated.				
UNSDCF outcome indicators, baselines, targets	Country programme outputs	Output indicators, baselines and targets	Partner contributions	Indicative resources
<u>UNSDCF Outcome indicator(s):</u> <ul style="list-style-type: none"> Census realized each 10 years <i>Baseline: Yes (2024); Target: Yes (2028)</i> <u>Related UNFPA Strategic Plan outcome indicator(s):</u> <ul style="list-style-type: none"> The country has conducted the fifth population and housing census <i>Baseline: No (2024); Target: Yes (2028)</i> 	Output 3. The national statistical information system is strengthened and enables effective participation of stakeholders in the development, implementation and monitoring of development policies.	<ul style="list-style-type: none"> Equatorial Guinea produces key population data outputs, including subnational population projections; routine vital statistics reports; census reports on youth, migrants, older persons, and populations living with disability; and population megatrends, such as mobility, urbanization and climate vulnerability <i>Baseline: No (2024); Target: Yes (2028)</i> 	National Institute of Statistics of Equatorial Guinea; Ministry of Health and Social Welfare; Ministry of Information, Press and Radio; Ministry of Social Affairs and Gender Equality; Ministry of Education; Ministry of Finance, Ministry of Planning; UN system; non-governmental organizations: Biriaelat; IDHMA; FERS; China Embassy; AECID.	\$2.1 million (\$0.1 million from regular resources and \$2.0 million from other resources)
Programme coordination and assistance				2.5 million from other resources