

### EXECUTIVE SUMMARY

Key achievements include:

- The consolidation within the Ministry of Health of a Department dedicated to implementing an integrated strategy to address the most prevalent childhood diseases, the elaboration of a Plan of Action and the implementation of some activities nationwide. Further, the Government confirmed its commitment to maintain the immunization coverage of at least 80% and co-funded together with UNICEF a nationwide campaign to support routine immunization, distribution of Vitamin A, deworming, and vaccination against measles.
- Training modules and guides have been developed to reinforce teachers' skills of pre-school education. These modules need to be validated before being introduced into the pre-school curriculum. At the same time, UNICEF continued the reinforcement of hygiene education in schools including the construction of water and sanitation installation in rural schools.
- Sport for Development activities to promote children's rights and raise awareness on practices and behaviors that jeopardize the physical and psychological wellbeing of children (HIV/AIDS, drugs abuse, intolerance, violence against children, etc.)
- Reinforcement of peer education on prevention of HIV/AIDS and alcohol abuse in adolescents and young people. UNICEF and several NGOs developed a wide training programme and awareness campaign to reach adolescents and young people, especially those at risk.

Shortfalls include:

- The understaffing of the CO in the areas of Health, Education, Social policy, and Operations.
- The time commitment required for the numerous international events organized in the country (African Summit, South American and African Conference, the preparation of the Cup of African Nations, etc.) affected many government officials' ability to devote more time to their regular obligation in their respective departments.
- The delayed completion of the DHS until the end of this year, which hold back the disaggregated data and identification of the most vulnerable population groups.
- The move to a new UN House donated by the Government has been delayed more than expected due to incompliance with procedures and regulation. This has caused uncertainty and deviation of attention and resources.

The most important collaborative partnerships in which UNICEF is currently involved to achieve results for children's and women's rights include:

- UNICEF's cooperation with sports organizations and religious leaders to influence behavioral change on key strategic behaviors and reach the hard-to-reach vulnerable groups (partnerships with the Football Federation, Olympic committee, Sport schools and Churches on HIV/AIDS, girls' education, tolerance, violence, etc.).
- UNICEF's collaboration with the private sector, especially oil companies (BG Group, Marathon Oil, Noble Energy) who are very active in supporting social sector programmes in the fields of education and health.
- Collaboration with other UN agencies, especially with WHO and UNFPA and the important bi-lateral cooperation active in the country (Cuban, American, Spanish and French cooperation).

### COUNTRY SITUATION

Although Equatorial Guinea has faced challenges with regard to the Millennium Development Goals (MDGs), some progress has been made. MDGs 2 and 6 are likely to be reached and there is also potential for reaching MDGs 1, 3, and 7. Greater effort will be needed, however, to reach MDGs 4 and 5.

Maternal and child mortality rates are among the highest in the world. The progressive increase of HIV prevalence and the still deficient access to sanitary services and essential medicines put women and children in difficult circumstances to ensure their health. The under-five mortality rate is 93 per 1000 live births, while the maternal mortality rate is 352 per 100,000 live births. Malaria, diarrheal diseases, acute respiratory infections, measles and AIDS are the main causes of child deaths, while malnutrition affects 40% of the children under five.

Potable water is available in the major towns but is not always reliable because of poor maintenance and ageing infrastructure; consequently, supply interruptions are frequent and prolonged in some neighbourhoods. A major project upgrading the public water system is underway, while an accelerated program of water wells in the countryside aims to increase the number of beneficiaries in rural areas. According to 2006 data, nearly 55% of the population does not have access to the potable water.

In education, new national statistics show that the primary level gross enrolment rate has improved from 89% in 2001/02 to 99% in 2007/08, and the net enrolment rate has increased from 51% in 2001/02 to 76% in 2007/08. Pre-school education has been consolidated into the education system and the number of children attending preschools increased steadily. Gender disparity in primary education is about two percentage points: 51% of students being boys and 49% representing girls, giving a Gender Parity Index of 0.95. However, there are differences between regions, and districts where the primary GPI is lower. On the secondary level, the GPI is only 0.79, with boys representing about 55% of the student population and girls representing 44%.

On the other side, quality of education needs to be improved with high rates of school failure, over-aged children, and school dropout. In primary school, 24% of the children repeat a grade, especially the 1st grade, and 83% of primary school students are either older or younger than the expected age. The levels of school dropout are also worrisome; only one of every two students who enter the first grade finishes the complete primary cycle.

Protection of children and women still need to be reinforced. Some progress has been made in legislation, however, a UNICEF study on the protective environment shows that 80% of the children have experienced corporal punished within the family and 54% of them in school. 85% of the parents perceive that child sexual abuse exists in the country. Additionally, 15% of the children regularly work.

There are many laws, programmes and initiatives to guarantee the rights of the child exist in the country. At the moment there is not a formal system of juvenile justice. The government and UNICEF are the only players in the area of child protection programs in the country. Interventions are oriented to births registration, juvenile justice, elaboration of basic packages of social services for victims of domestic violence and exploitation, as well as children orphaned by HIV/AIDS and other vulnerable children.

The government has embarked on many initiatives and programmes to improve the

situation of children in the areas of survival, development, and protection; however, some major challenges remain.

Malaria prophylaxis, antiretroviral drugs and post natal care services are free of charge for children under five and pregnant women. High impact interventions such as vaccines, micronutrient supplementation, and insecticide-treated bed nets have been costed and included in government budget. The government has been buying all of its vaccines and injection materials for the past 5 years, however, the EPI outreach service is not functioning well.

The Accelerated Child Survival and Development program has tried to put into practice a series of activities and actions related to the health and well-being of mother and child to reinforce and to extend the existing activities, but also to organize, to integrate and to systematize the work of all the areas. Mother and Child Health weeks are organized with the participation of UNICEF, WHO and MoH and include EPI, Vitamin A supplementation and deworming, which has allowed reaching 80% coverage since 2008. A 5 year plan and budget on EPI was developed in 2009 and approved by the Government.

The Government with the support of UNICEF and the private sector is strengthening the Cold Chain system, with the installation of five cold rooms in each of the five main provinces, the provision of vehicles for the transportation of the vaccines and IT equipment for a new logistics system. This will facilitate the correct implementation of the Reach Every District strategy (RED) and make it possible to reach at least 90% coverage in 2011.

On PMTCT UNICEF advocated to include child-friendly ARV prophylaxis in health services free of charge and supported the updating of the protocol. Medical and paramedical personnel have been trained nationwide on the new PMTCT protocol.

Modules on hygiene and health for behavior change were developed by UNICEF and the Ministry of Education. These modules aim to introduce in the curricula hygiene and school health in primary and pre-schools. 1650 teachers have been trained on these subjects to educate children on the adoption of responsible behaviors for their health and the environment.

The protective environment for children has been reinforced as two important initiatives are in the pipeline for Parliament's approval: the family code and the juvenile justice system. However the rapid urbanization process of the country due to accelerated economic growth brings new challenges, including violence especially against women and girls, sexual exploitation of children, drugs and alcohol abuse and trafficking of children.

### **Who are the deprived children in your country context?**

The situation of inequities in Equatorial Guinea is not well known, mainly because of lack of data. The new Country Programme 2013-2017 makes it a priority issue to improve the knowledge of the situation of children in general, especially the most deprived. In addition, a DHS currently underway should be completed at the end of 2012, and should provide up to date data on children.

### **Data/Evidence**

Equatorial Guinea faces a long standing problem of scarcity and reliability of up-to-date data in the social sector in general, and in the areas of child survival and protection in particular.

The DHS, which started towards the end of 2011, will be bridging some of the data gaps that exist, and help create a baseline in many areas. Additional surveys and studies will be

carried out as part of the next Country Programme (2013-2017) and will help sharpen the focus on the inequalities in the country.

### **Monitoring Mechanism**

Monitoring systems and various surveys are being planned as part of the upcoming Country Programme 2013-2017.

### **Support to National Planning**

Preliminary discussions have started with the government in the context of the upcoming Country Programme 2013-2017.

### **Any other relevant information related to data/evidence?**

Discussions with national counterparts during the UNDAF preparation and the preparation of the CPD identified availability of reliable, up-to-date data as a major issue; both processes will include support to improving the knowledge of the situation through the provision of good data as a major programmatic intervention.

## **COUNTRY PROGRAMME ANALYTIC OVERVIEW**

UNICEF's country programme is being implemented in a rapidly changing context. The social and economic situation in Equatorial Guinea is changing quite rapidly; however while the government has financial resources, national capacities are still very low. Hence the programme priority strategies of advocacy and capacity building. A mid-term review (MTR) of the country programme was carried out in 2011.

The main recommendations coming out from the MTR evaluation exercise are:

- To speed up the upstream social policy and social protection work; child-sensitive social protection, as part of a social and economic policy, could contribute significantly to reducing poverty and improving the lives of the majority of the population who have no access to formal safety nets. Much needs to be done in order to engage the government in discussions on social protection and to build up local capacity to deliver a social protection programme.
- Priority Areas: For the remainder of the programme cycle, UNICEF will apply the dynamic programming approach with a balanced annual work plan for support to both upstream policy work and downstream service delivery interventions to accelerate CSD. In this regard, reinforce the EPI program; development of norms and procedures for the Integrated Care for Infant Prevalent Diseases; management, logistics and distribution systems for vaccines and medicines and PMTCT. In Education, harmonize the transition between pre-school and primary school; improve the quality of primary education by tackling school failure, dropout and over-age students. In Child Protection, consolidate the juvenile justice system, support the OVC program and birth registration.
- Communication for Development: an effective Communication for Development (C4D) strategy is needed. The challenge will be with the evidence gathered with the KAP survey to develop a large-scale human rights-oriented approach, in order to achieve measurable changes to social norms and individual behaviours in favour of children. It will focus on dialogue at the community level, so that people can realize rights and integrate new behaviours into their daily lives. Other communication channels, such as local media, national media and public relations campaigns will then connect issues raised in dialogue with decision-makers and service-providers.

### EFFECTIVE ADVOCACY

*Mostly met benchmarks*

A regional study on social protection mechanisms in Western and Central Africa concluded that in Equatorial Guinea there is an almost complete absence of social protection mechanisms. Setting up such mechanisms could be a good tool to reduce the inequalities existing in the country and protect the most vulnerable sectors of the population, amongst them women and children.

Based on this study, UNICEF's Country Office elaborated a plan to advocate for the introduction of social protection mechanisms in the country. Different sectors were mobilized such as the Ministries of Finance, Health, Education and Social Affaire, the Presidency, the private sector and Parliament. A road map was also elaborated which included a feasibility study of the pertinence, benefit and efficacy of such mechanisms. The Vice-Prime Minister was named champion of social protection in Equatorial Guinea. He was encouraged to visit other similar practices in Latin-America to learn about processes such as south – south cooperation, with a view of introducing some of these mechanisms in Equatorial Guinea.

The process continued in 2011 with two key national meetings. We expect the elaboration and adoption of a social protection mechanism by the end of 2012

#### **Changes in Public Policy**

There is now a wide recognition that lack of data is a serious issue that needs to be tackled. In both the UNDAF and the CPD processes for the upcoming programming cycle, the improvement of data collection analysis and use is one of the key strategies to be pursued.

The government is also implementing the DHS. Final preparations have been carried out in 2011 and the implementation will start in 2012.

The government is committed to adopting a national social protection mechanism by the end of 2012, focusing on the poorest and most vulnerable.

#### **Leveraging Resources**

The staffing situation in the office in 2011 did not allow the CO to put a strong emphasis on leveraging.

### CAPACITY DEVELOPMENT

*Mostly met benchmarks*

Along with advocacy, capacity building is one of the two main strategies pursued by the Country Programme. In 2011 more than 1500 teachers from pre-school and basic education received training on pedagogical skills to improve quality of education. Also a one-year training has been organized in collaboration with the Ministry of Justice and a local institute for Judges, member of the police and Law students on Juvenile Justice. Finally, an exchange programme with the Government of Mali was set up for government officials to make acquainted on social protection mechanisms. A visit with representatives of the Ministry of Social Affairs, Justice, Human Rights and Planning was paid to Mali to see how some protection mechanisms are put into practice.

### COMMUNICATION FOR DEVELOPMENT

*Partially met benchmarks*

C4D was introduced as a new key programme strategy in 2011 for the three countries covered by the Area Office. The process was jointly managed by the three Communication Specialists using a common approach. In Equatorial Guinea, a cadre of professionals have been trained and will constitute the core group who will then train other communicators at local level, and manage the overall C4D process. The introduction of C4D was facilitated by the completion of a study on key family practices undertaken earlier in the year.

### SERVICE DELIVERY

*Fully met benchmarks*

Equatorial Guinea is a middle income country. The UNICEF CP was designed to focus on advocacy and capacity building, with no service delivery. UNICEF has been offering procurement services to the government for many years, especially for vaccines; in 2011, this service has also been extended to essential drugs

### STRATEGIC PARTNERSHIPS

*Fully met benchmarks*

In 2011, UNICEF has continued to extend its outreach to the relatively small pool of partners, such as the bilateral cooperation present in this country (among which are Cuba, Brazil, Spain, France and the USA). This partnership covers mostly the exchange of information and coordination of activities. In addition, UNICEF has widened its collaboration with NGOs, especially those who are active in the prevention of HIV/AIDS. PCAs have been drafted with several NGOs to reinforce the work done by the government on awareness raising and information on AIDS.

Partnership with oil companies is also being strengthened; UNICEF continues to receive funding from this important source, and numerous discussions have been held with other companies to explore funding possibilities.

#### **Mobilizing Partners**

Many oil and gas companies in Equatorial Guinea have programmatic interventions on the ground, especially in the areas of health and education. One important aspect of the partnership with the oil companies is guiding and influencing their programmatic interventions, particularly in the design phase of their programmes. UNICEF maintains a close and frequent relationship with them in order to help the government in its coordination efforts.

### KNOWLEDGE MANAGEMENT

#### *Initiating action to meet benchmarks*

Improved knowledge of the situation of children, especially of the equity issues is a key priority of the upcoming country programme. Gathering and using relevant disaggregated data is a priority that needs to be higher on the national agenda. The ongoing DHS process will help bridge some of the biggest gaps in the availability of data in the social sector.

### HUMAN RIGHTS BASED APPROACH TO COOPERATION

#### *Partially met benchmarks*

As part of the UNDAF process, the UN system organised a national workshop on the HRB approach to programming, a first in the country. UNICEF plans to progressively implement the approach in its country programme, taking into account the weak national capacities.

### GENDER

#### *Initiating action to meet benchmarks*

UNFPA takes the lead on gender issues in Equatorial Guinea. UNICEF plays an important role by advocating for the inclusion of a gender dimension in surveys and studies, such as the DHS. In addition, gender is a prominent advocacy issue in the education and HIV/AIDS sectors.

### ENVIRONMENTAL SUSTAINABILITY

#### *Fully met benchmarks*

N/A

### SOUTH-SOUTH AND TRIANGULAR COOPERATION

As the government has expressed interest in south-south cooperation, UNICEF has supported the sharing of experiences with other countries especially in the area of social protection. An initial study tour by a delegation of EG to Mali has helped strengthen the commitment to social protection, and kick-start the process of elaboration of a national policy on social protection. It is planned that throughout this process the learning from other countries, especially Latin America (in particular Brazil) will continue.

**COUNTRY PROGRAMME COMPONENT: POLICY DEVELOPMENT, ADVOCACY AND PARTNERSHIPS**
**PCRs (Programme Component Results)**

PCR	EQRank	OTDetails
Capacities of government strengthened and a strong protection framework is put in place, including adequate resources allocated to social sectors		2 FA4OT4, FA4OT5, FA4OT7, FA5OT1, FA5OT4, FA5OT7, FA5OT8

**Resources Used in 2011 (USD)**

Resource Type	Planned for 2011 (as per CPAP ceiling)	Allocated in 2011	Estimated Year-End Expenditure	%Spent (4)/(3) * 100
OR-E				
OR-R	0.00	0.00	0.00	0.00
RR	0.00	0.00	0.00	0.00
<b>Total</b>	<b>\$0.00</b>	<b>\$0.00</b>	<b>\$0.00</b>	

**Results Achieved**

One of the main achievements of this component in 2011 is the launch of the preparatory work for the elaboration of a national social protection mechanism, through intensified advocacy targeting the key decision makers and actors in the area of social protection. Discussions were held between partners in the two national workshops held during the year. One key outcome is a high commitment of the government to draft and adopt by the end of 2012 a national mechanism for social protection.

Another important activity is the preparation of the DHS for which UNICEF provided technical support. The preparatory phase was completed in 2011 and the survey will be done in 2012.

All programme interventions in child protection also fall under this PCR and had the following main achievements:

- Completion of training of 280 officials of justice on juvenile justice, with their corresponding appointments and integration in the judicial system.
- Review of the law proposal on minors, who incorporates a civil and penal component of protection, with measures of re-education for children in conflict with the law
- Reinforcement of capacity of key officials of the administration, in social protection with a trip of study to Mali to benefit from the experience of the projects in process in the country.
- Advocacy sessions with government officials on the importance of social protection and its benefits to improve the situation of the poor and vulnerable families.
- Identification of the minimal package of social services for vulnerable children.
- A wide range of contacts playing a strategic role in communication for development and from various sectors (government, NGOs, communities, faith-based organizations, UN agencies) to create a critical mass of "decision-makers" national well-informed about the latest trends in communication for development.

- Training of "national experts" in C4D from strategic areas for child survival, protection, education (e.g.: the Department of Health Education, EPI, Education, NGOs) in order to create a pool of national experts in C4D.
- It was anticipated that the training would take place over 5 days. The first two days were devoted to an introduction to C4D for policy makers and national experts in order to introduce the essential contribution of communicational development programs. The next three days should be spent on further training in communication intended only pool of national experts in C4D.
- Training of pair educators in the centres of education to become trainers for young people in the prevention of the HIV -AIDS.
- Campaign of sensitization to young persons on HIV –AIDS and the consumption of alcohol; campaign realized by the first time in the spaces of concentration of many juvenile population, the discotheques, disco pubs, as well as hotels and restaurants.
- Formation of all the national mass media on the HIV - AIDS as well as their implication in the awareness of the population on the pandemic, across a common language and harmonization of messages

### Most Critical Factors and Constraints

The biggest constraint is internal UNICEF capacity. Indeed the CO is very small and shares with the two other offices one single Social Policy Specialist. The second constraint is the tradeoff between language capacity (Spanish) and relevant expertise (social policy in a similar context). The third is limited national capacities.

### Key Strategic Partnerships and Interagency Collaboration

### Humanitarian Situations

N/A

### Summary of Monitoring, Studies and Evaluations

No major studies or evaluations were carried out in 2011.

### Future Work Plan

## COUNTRY PROGRAMME COMPONENT: CHILD SURVIVAL AND DEVELOPMENT

### PCRs (Programme Component Results)

PCR	EQRank	OTDetails
Capacities of relevant government institutions and families strengthened to provide minimum quality services to children to improve their survival, development and protection		2 FA10T4, FA10T13 (c), FA20T3, FA20T7, FA30T6, FA30T7

**Resources Used in 2011 (USD)**

Resource Type	Planned for 2011 (as per CPAP ceiling)	Allocated in 2011	Estimated Year- End Expenditure	%Spent (4)/(3) * 100
OR-E				
OR-R	0.00	0.00	0.00	0.00
RR	0.00	0.00	0.00	0.00
<b>Total</b>	<b>\$0.00</b>	<b>\$0.00</b>	<b>\$0.00</b>	

**Results Achieved**

## 1. Child Survival

In order to identify those children who are not vaccinated (20%) and to know the reasons why this group is so difficult to reach, UNICEF supported the MoH with a vaccination coverage survey prior to the vaccination campaign aimed to maintain the vaccination coverage with at least 80%. Figures of 2011 are not yet ready so it is hard to confirm whether this goal has been achieved.

UNICEF continues its support to the Government with the reinforcement of the cold chain. Equipment (cold rooms) has been procured during 2011 and its installation will be carried out beginning 2012.

A national Strategic Plan has been developed to fight all the preventable diseases that affect children.

## 2. HIV/AIDS

- Training of peer educators in the centres of education to become trainers for young people in the prevention of the HIV -AIDS.
- Campaign of sensitization to the young persons on HIV -AIDS and the consumption of the alcohol; campaign realized by the first time in the spaces of concentration of many juvenile population, the discotheques, disco pubs, as well as hotels and restaurants.
- Formation of all the national mass media on HIV - AIDS as well as their implication in the awareness of the population on the pandemic, across a common language and harmonization of messages
- Medical and paramedical personnel from all the hospitals of the country have been trained on the new protocol of PMTCT

## 3. Education

- A teacher guide has been developed for pre-school education on the development of cognitive skills and early child development.
- The introduction of 'school in a box' has been monitored and supervised in 32 pilot schools in Bioko Island and in the mainland
- In 5 rural communities, schools were provided water and sanitation installations for girls, boys and teachers.
- Community leaders and teachers of rural areas have been trained on hygiene and the use and care of the water and sanitation installations
- Pedagogic material on hygiene and environmental sanitation have been developed for teachers, head of centers and promoters of school health.

**Most Critical Factors and Constraints**

- Weak institutional and human resource capacity.
- Insufficient data analysis to document key performance indicators.
- High turnover of personnel.
- There are no monitoring and evaluation frameworks operational. Although an interagency coordination committee is established, its functioning was not regular.

The biggest internal constraint has been the lack of a Health Specialist. An NOC post has remained vacant for over five years. To resolve this issue, a new international Health Specialist/Deputy Rep post has been created at P4 level and will be filled early in 2012.

**Key Strategic Partnerships and Interagency Collaboration**

In health, UNICEF engaged in multiple partnerships; among the most important ones, we have the Ministry of Health and Social Welfare, Ministry of Interior and Local Corporations, Ministry of Social Affairs and Promotion of Women, local media, the Global Fund to Fight AIDS, Tuberculosis and Malaria, Carlos III Foundation, FERS (Spanish cooperation), the Network of journalists against HIV/AIDS, the Cuban Cooperation, private sector companies and UN agencies, especially, the World Health Organization (WHO)

For education, the partnerships include the Ministry of Education, the Ministry of Fishing and Environment, the Ministry of Interior, the Ministry of Social Affairs and Women's Promotion, the Red Cross and PRODEGE

**Humanitarian Situations**

N/A

**Summary of Monitoring, Studies and Evaluations**

N/A

**Future Work Plan****COUNTRY PROGRAMME COMPONENT: CROSS-SECTORAL COSTS****PCRs (Programme Component Results)**

PCR	EQRank	OTDetails
Support implementation of Country Programme	2	FA6OT9

**Resources Used in 2011 (USD)**

Resource Type	Planned for 2011 (as per CPAP ceiling)	Allocated in 2011	Estimated Year-End Expenditure	%Spent (4)/(3) * 100
OR-E				
OR-R				
RR	0.00	0.00	0.00	0.00
<b>Total</b>	<b>\$0.00</b>	<b>\$0.00</b>	<b>\$0.00</b>	

### **Results Achieved**

- Support to the implementation of the country programme

### **Most Critical Factors and Constraints**

- Small CO (7 people in total) with small budgets
- High costs of doing business in the country
- Linguistic "isolation" (EG is the only Spanish-speaking country in Africa)
- Weak national capacities

### **Key Strategic Partnerships and Interagency Collaboration**

N/A

### **Humanitarian Situations**

N/A

### **Summary of Monitoring, Studies and Evaluations**

N/A

### **Future Work Plan**

N/A

## **EFFECTIVE GOVERNANCE STRUCTURE**

The objectives and priorities of the office for 2012 were defined following the review and update of the 2010-2011 rolling plan. The composition of statutory and non-statutory committees as well as the list of alternates at Area and Country Offices levels was updated. The committees met regularly and whenever required and functioned effectively.

The CO prepared its risk profile and risk control library. These tools are being used to make risk informed decisions, particularly in the process of elaboration of the new CPD for 2013-2017. The Office Business Continuity Plan (BCP) was updated but its testing was postponed to 2012.

The CMT met regularly to monitor the overall implementation of country programme activities using the established programme performance report as well as the Regional Management Report dashboard as the basis for discussion, decision and recommendations for improvement. There were also regular all staff meetings to discuss the day-to-day functioning of the office.

## **STRATEGIC RISK MANAGEMENT**

The risk profile and risk control library were updated and are being used in the elaboration of 2013-2017 CPD. Both documents will be updated in 2012 and will be used as reference in the implementation of AMP.

The Business Continuity Plan (BCP) was updated to reflect change in the composition of the team and personal details. To increase resilience to ICT failure the CO continues having BGen as a back up to the regular VSAT communication and improved its file back up with more regular backups. The BCP was not tested as initially planned because the CO was more focused on the implementation of change management initiatives. The BCP will be reviewed and tested in 2012 and a simplified and more user-friendly version developed.

To ensure voice and data communication in emergency situations, the Deputy Representative was provided with a Blackberry.

## EVALUATION

The Integrated Monitoring and Evaluation plan (IMEP) developed at the beginning of the cycle was reviewed and updated at the end of 2010. However, no major evaluations or studies were conducted.

In view of a potential audit in 2012, the CO started the compilation and preparation of the validation documentation for audit review.

## EFFECTIVE USE OF INFORMATION AND COMMUNICATION TECHNOLOGY

With the ICT Officer based in Gabon, the challenge for the CO was to get ready for VISION. With good planning and coordination, the CO managed to successfully and timely:

- Renew its IT equipment; re-image the desktops and laptops in Windows 7 and Office 2010.
- Configure all out computers for access to VISION training and Go Live.
- New servers were ordered along with the required accessories for the installation of Windows 2008 and virtualization of all our servers.

Firewall was migrated and CISCO IPSEC configured in laptops to enable key staff remote access to office application. The Deputy Representative was provided with a BlackBerry telephone for access in real time to his e-mail and communication in case of emergency. We worked with other UN agencies on the ICT needs for the move into the UN House, expected for early 2012.

## FUND RAISING AND DONOR RELATIONS

The CO submitted 3 donor reports over the course of the year. Two were submitted on time and one was late. All reports were reviewed and quality assured by the Deputy Representative's Office before submission.

The overall execution rate of the two expiring PBAs was very low standing at 38.2%, with the following breakdown:

Reference PBA	Expiry date	Allocation	Expenditure	%
SC/2009/0528	31/12/2011	183,229.00	138,519.00	75
SC/2009/0733	31/10/2011	453,916.00	104,776.00	23

The low execution rate was to high extent due to swap containers – those that were expected in Malabo went to Bata and vice-versa. Besides administrative and bureaucratic difficulties encountered at port level, there were excessive delays in the custom clearance of cold chain equipment and accessories purchased with support of Supply Division to be installed at provincial hospitals. Due to these constraints, the CO will request the extension of the PBA to ensure the installation of the cold rooms and training of health care professionals on how to operate and manage them.

### MANAGEMENT OF FINANCIAL AND OTHER ASSETS

The Office's Support Budget and Cross Sectoral allocations are limited and consequently resource allocations were carefully planned throughout the reporting period.

The Table of Authority (ToA) was updated in May and August to reflect staff changes in the office and Area Office. The Office has a total of 8 staff – 4 GSs, 2 NOs and 1 IP therefore, the segregation of duties among them was difficult and consequently closely monitored. The Office is anticipating the segregation of duties will be simplified and easier to maintain with VISION, and the inclusion of Area Office staff to the CO role-mapping.

As of December 15, 2011 the Regular Resources expenditure rate was 75 per cent and Other Resources expenditure rate was 72% per cent.

The CO set as target for 2011 no DCT over 9 months in its books. A strategy was developed and implemented in close collaboration with implementing partners and continuous monitoring and situation updates take place. Unfortunately, due to shift in key staff in ministry of Education, it was not possible to liquidate all over 9 months DCT in our books. At 31 December 2011 total amount of cash transferred to partner stood at US\$ 266,144.00 with the following breakdown:

0-3 months – USD	153,224.00	57.57%
3-6 months – USD	51,885.00	19.45%
6-9 Months – USD	21,704.00	8.00%
> 9 months – USD	39,331.00	14.77%

Unfortunately the CO continues being not HACT compliant and no HACT instrument like face is used. The process of HACT implementation is delayed due to lack of coordination among resident UN agencies. In 2012 the CO will push the HACT process to ensure that the new programming cycle starting in 2013 will be HACT compliant.

### SUPPLY MANAGEMENT

The supply component for the country programme was less active in 2011 compared to 2010 with only US\$ 68,976 in 2011. Supply used both local and offshore sources for its procurement. The selection of providers was always based on the criteria, objective and transparent evaluation of key comparative advantage such as - availability, price, quality, timing, and others. In 2011, the CO purchased a total of US\$ 3,975 worth of supplies from distributors in Malabo, and procured from offshore cold chain equipment for a national cold chain storage room worth US\$ 65,001.

Limited service providers remain a key challenge for the CO Supply division. In order to facilitate operations, CO Operations will expand its supplier database, to include not only

suppliers of goods but also individual and institutional contractors. This database will help to streamline the procurement and contracting processes of the CO. Furthermore, in order to facilitate operations and in view of expected move into the UN House in 2012, the CO will work with other UN agencies for joint local procurement, including establishment of joint LTAs. In the same perspective and considering the lean structure the Operations sector, the CO will explore the possibility to use the procurement services of other UN agencies for local supply, preferably that of UNDP.

UNICEF supply division will continue to procure equipment and vaccines on behalf of the Ministry of Health. However, with the establishment of the Area Operations Center, based in Libreville, starting January 2012, all offshore procurement will be forwarded to the Operations Center for central processing.

### **HUMAN RESOURCES**

Despite the efforts made and resources committed to fill vacant positions, due to continuous shortage of skilled labor in certain areas, professional positions in health and education remained vacant. However, after several trials the CO was able to recruit an Operation Assistant and a temporary driver. The shortage of professional staff negatively impacted the CO performance and consequently its absorption capacity. The human capacity problem may improve substantially with the upcoming separation of the office from the Area Structure to become a full-flag office in 2012, coupled with two approved IP positions - 1. Representative and 2. Deputy Representative/Health Specialist and possible support from the future Operations center in Libreville.

The CO learning plan was based on the change management initiatives underway – CBI and IPSAS as well as on the preparation for the roll out of the new Integrated Management System - VISION. In line with organization recommendation, e-learning was the preferred learning method. IPSAS training was fully computer-based. In addition, Operations staff initiated the basic accounting training as part of preparation adoption of IPSAS also on e-learning platform. Three staff members seating in the interview panel participated in the CBI training in Libreville, facilitated by trainers from Yaoundé and Abidjan offices. In preparation for VISION roll out, 1 staff member participated in the super users training in Dakar, while 3 others benefitted from end user training held in Libreville early November.

The Country Office benefitted from a one-week technical support mission of the Senior HR Assistant. She held a training session and bilateral discussion with staff member on individual work plan and paper based PAS process for the national staff. By November 80% of 2010 PER was completed and the first part paper based PAS for all national staff was completed.

### **EFFICIENCY GAINS AND COST SAVINGS**

As part of preparation for the move into the UN house, UNICEF made cost-benefit analysis and concluded that besides better location and office space, improved safety and security the move to the UN House will offer a drastic reduction in the running cost. The CO will also explore the possibility of joint procurement and sharing of resources like vehicles.

### CHANGES IN AMP AND CPMP

Although the most recent CPMP was approved in 2011 for the period covering 2012-2013, due to separation of Equatorial Guinea from the Area Office, it is likely that a new CPMP will be submitted to reflect the new reality.

The 2012 AMP will respond mainly to global change initiatives that will be rolled out in 2012 – adoption of IPSAS and VISION go live as well as all other initiatives at the global and country levels. Other priorities will be:

- update of the ERM and BCP, testing of the BCP,
- move into the UN House, which will include common services for cleaning, security, maintenance and gardening
- alignment of the internal control mechanisms with VISION workflow and IPSAS requirements
- development and adoption of new workflow process in line with the previous point.
- review and adoption of new management dashboard.
- new internal regulation on leave policy closely alternates and office needs
- capacity building with focus on training sessions on the new policies, procedures and guidelines.

### DOCUMENT CENTRE

#### **Evaluation**

#### **Other Publications**

#### **Lessons Learned**

#### **Programme Documents**