

Equatorial Guinea

Part 1: Situation update in the country

While Equatorial Guinea's socio-political climate was deemed stable in 2018, the macro-economic outlook remained dependent on oil and gas production as well as price fluctuations in the global market. According to a 2018 International Monetary Fund report, the pace of economic contraction slowed, and macroeconomic imbalances narrowed. Nevertheless, economic conditions remain challenging. In 2017, the real gross domestic product (GDP) contraction was estimated at 3.2 per cent, and at 7.9 per cent in 2018, while the projection for 2019 is negative growth of 2.6 per cent. The total public debt rose from 12.6 per cent of gross domestic product in 2014 to 37.3 per cent in 2018.

In May 2018, the International Monetary Fund signed a Staff Monitored Programme with the Equatorial Guinean Government. The main fiscal objectives are to (1) reduce the budget deficit through non-hydrocarbon revenue mobilization and expenditure reduction, while protecting social spending and (2) address critical weaknesses in public financial management. The Government is currently spending 1.8 per cent of GDP on the social sector. However, in light of the ongoing fiscal adjustments implemented, the Government increased its social expenditure in the 2018 budget to 2 per cent of the GDP, which opened the door for future opportunities to increase social spending and guarantee continued support to vulnerable and disadvantaged groups.

Equatorial Guinea is classified as an upper middle-income country mainly due to its rapid economic growth in the oil sector, which accounts for 60 per cent of its GDP and 80 per cent of its fiscal revenue. However, according to the 2018 United Nations Development Programme report, Equatorial Guinea's ranking on the human development index was 141 out of 189 countries, which is low compared to countries with the same income per capita. During the economic boom, the prevalence of monetary poverty decreased from 77 per cent in 2006 to 44 per cent in 2011, and the proportion of people living in extreme poverty declined from 33 to 14 per cent. The 2015 census estimated the population at 1.2 million, with 72 per cent living in the continental region and 28 per cent in the insular region. The population is young (43 per cent is under the age of 18 years; 15 per cent is under-five) and doubled in the last 15 years, coupled with accelerated urbanization (70 per cent lives in urban areas). According to the 2015 population census, the youth (20-24 years old) unemployment rate is high at 23.5 per cent (men: 21 per cent, women: 27 per cent), which can have an impact on social cohesion.

The Government plans to update the country's National Economic and Social Development Plan in 2019 and made considerable effort to improve the socio-economic infrastructure. However, public investment in the social sector was only 13 per cent of total expenditures. While the Government had planned to invest more in the social sector, the economic downturn hampered the overall achievement of expected results. The forthcoming review of the National Plan is an opportunity to integrate and harmonize the national goals with the Agenda 2030 and

African Union Agenda 2063. This updated strategy will guide economic and social transformation for the next 15 years. Of the social component, the focus will be on poverty reduction, social inclusion and empowerment of youth. Other relevant priorities include the establishment of a minimum level of spending on social programmes for population groups with low income; and improvement of data on social indicators through periodic surveys of household income and expenditures.

Although there has been progress in health infrastructure and access to services, the quality of services remains a challenge. Life expectancy increased from 48 years in 1990 to 58 years in 2016. The under-five mortality rate declined from 179 to 91 per 1,000 live births between 1990 and 2017 which is insufficient compared with Sub-Saharan African countries. The under-five mortality rate is higher for boys (97) than for girls (84). A 2018 study conducted by the Malaria Control Project (Ministry of Health) estimated that the under-five mortality rate fell from 152/1,000 to 57/1,000 on Bioko Island between 2004 and 2018, mainly due to a reduction of malaria prevalence. The main causes of child mortality are related to preventable diseases such as malaria, acute respiratory infections, diarrhoea and HIV/AIDS. Neonatal mortality is 50 per cent of infant mortality (66/1,000), with the main causes being low birth weight and neonatal sepsis. The maternal mortality ratio decreased from 1,600 to 310 per 100,000 live births between 1990 and 2015 and 68 per cent of deliveries are supported by a skilled birth attendant, with discrepancies between urban (86 per cent) and rural (53 per cent) regions.

The national health system faces persistent challenges, with disparities in access and quality of care. According to the Demographic and Health Survey 2011, the main barriers to accessing health care are distance (41 per cent) and financial means (56 per cent). Many health posts are under-staffed and under-funded, deterring health seeking-behaviour. Just over half of all mothers bring their children to a health centre in the case of diarrhoea (53 per cent), pneumonia (54 per cent) or acute respiratory infections (53 per cent). The Government guarantees financing for essential supplies such as cold chain equipment; free health services including immunization, growth monitoring, and treatment of malaria; tuberculosis; and HIV and AIDS. However, delays in the release of funds often led to stock depletion and service disruptions.

The 2017 Rapid Malaria Survey by Ministry of Health indicated that malaria affects 55 per cent of children under five years old in the continental region. Diagnosis of, treatment of and outpatient care for malaria are free of charge only on Bioko Island, where prevalence is low at 8.5 per cent, while the rate is 46 per cent in the continental region. Despite a high level of awareness of the dangers of malaria, only 23 per cent of children under five years old sleep under impregnated treated nets nationwide, compared to 54 per cent on Bioko. This is the result of limited financial resources on the continent and a lack of a sensitization mechanism for sustained use of mosquito nets.

A 2016 evaluation of the expanded programme on immunization found that only 24 per cent of children under 12 months old received all recommended vaccines. Ministry of Health 2018 data indicated some improvement in immunization: DPT3 rose from 36 per cent in 2016 to 48 per cent in 2018. While 45 of the 65 vaccination units were adequately equipped, the routine immunization system faced bottlenecks such as inadequate data management and a limited effective vaccine management (confirmed by the 2017 average score under 80 per cent for all evaluation criteria). The need remains for an advanced expanded programme on immunization strategy to reach every community, reduce drop-out, strengthen community mobilization and create demand. The Government finances all vaccine costs, but further efforts are required to

secure financing of all components of the programme in the national budget. On the demand side, a 2016 Ministry of Health knowledge, attitude and practice survey indicated that mothers believe vaccinations cause sickness and that knowledge of the vaccination process is limited. Based on the results of 16 polio campaigns, which provided services directly to the home, many mothers prefer accessible services given the distances to health centres. The level of vaccination coverage is still too low and presents a serious risk to new epidemic outbreaks, particularly of polio and measles.

According to the 2011 Demographic and Health Survey, 26 per cent of children under five years old are stunted; 3 per cent are wasted (2 per cent are severely wasted); and 10 per cent are overweight. Stunting is more prevalent in rural areas (32 per cent) than in urban areas (20 per cent). Thirteen per cent of newborns have a low birthweight; 81 per cent of mothers initiate breastfeeding directly after birth; but only 7 per cent of newborns are exclusively breastfed during the first six months. Only 11 per cent of children between six and 23 months old receive at least two solid/semi-solid meals a day. During pregnancy, only 9 per cent of women take iron supplements for at least 90 days. In the case of diarrhoea, 40 per cent of children under five receive treatment with oral rehydration salts (55 per cent in urban regions and 27 per cent in the rural).

UNAIDS data from 2017 estimated HIV prevalence 6.5 per cent among people aged 15 to 49 years old (8.1 per cent among women and 5.4 per cent among men)---the highest rate in West and Central Africa---and that 53,000 adults and children are living with HIV/AIDS (3,400 children under 14 years old). Prevalence among adolescents and young people 15 to 24 years is 2.8 per cent (5 per cent in females and 1 per cent in males). Only 43 per cent of people living with HIV and AIDS receive treatment. The percentage of women who pregnant and living with HIV who received antiretroviral treatment to prevent mother-to-child transmission increased from 17 per cent in 2010 to 64 per cent. Children (0 to 14 years old) living with HIV who received antiretroviral treatment rose 45 per cent between 2016 and 2017, from 11.6 per cent to 16.8 per cent.

Main bottlenecks are limited decentralization, no access to early infant diagnosis, limited family testing approaches, and insufficient uptake of HIV prevention interventions, due to limited comprehensive knowledge of HIV and widespread stigma and discrimination.

According to Demographic and Health Survey 2011, access to safe drinking water and sanitation facilities has shown some improvements, however 22 per cent of urban households depend on unimproved water services. Access to at least basic drinking water services for rural households decreased from 41 to 31 per cent. The country is characterized by a low open defecation rate estimated at 4 per cent. Nevertheless, only 57 per cent of households have access to hand-washing facilities. Seventy-two per cent of preschools and primary schools do not have access to drinking water while 90 per cent have latrines. The main bottlenecks are the lack of a water and sanitation policy and a sustainable institutional and regulatory framework.

The Ministry of Education 2018 Annual Education Statistics Publication indicated that preschool enrolment rose in the previous 15 years, including 21 per cent from 2014 to 2017. In the 2016-2017 school year, there were 51,391 students in 936 preschools (598 public and 338 private) with impressive gender parity (49.7 per cent girls and 50.3 per cent boys). The gross enrolment rate was estimated at 58 per cent in 2017. The rate of students attending preschool education is higher in urban areas (78 per cent) than in rural areas (22 per cent). An estimated 1 per cent of children who attend preschool have special education needs. Only 11 per cent of

preschool teachers are qualified, however, although it is an improvement from 2017 at 8 per cent. Nineteen per cent are volunteers and 88 per cent are female.

Primary education is free and compulsory for all children between six and 12 years of age. UNESCO data estimated gross enrolment rate of 80 per cent in primary education for 2015 with gender parity (50.9 per cent boys and 49.1 per cent girls). In 2016/2017, 110,684 students were enrolled, an increase of 8 per cent compared to the previous year. The repetition rate in primary education is high, with 15 per cent of students repeating at least once in primary, with 22 per cent (20 per cent for girl and 24 per cent for boys) of repetitions occurring in grade one.

Further, 56 per cent of all students are over-aged, while the survival rate to the last primary grade is 72 per cent with gender parity. An estimated 2 per cent of primary school children have some form of disability. Only 51 per cent of teachers received formal education. The Ministry of Education is addressing this bottleneck with a newly designed teacher training programme in partnership with the private sector and UNICEF.

The net enrolment in secondary education is estimated at 23 per cent (SOWC, 2017). However, the number of secondary children increased from 34,237 to 46,702 with improved gender parity from 2010/11 to 2016/17. The literacy rate in Equatorial Guinea is estimated at 88 per cent among adults, whereas young people between 15 and 24 have a literacy rate of 97 per cent, showing inter-generation improvement. A total of 91 per cent of adolescents indicate using mass media with gender parity. This reflects a shift in mentality between generations as in the overall population only 66 per cent uses a mobile phone and only 24 per cent uses internet. Approval rates for the university through entry exams decreased significantly from 54 per cent in 2014 to 19 per cent 2017 (INEGE, 2018).

According to the Demographic and Health Survey 2011, 54 per cent of births were registered with disparities between urban and rural areas (60 per cent/47 per cent) and the insular compared to the continental region (73 to 47 per cent). Bottlenecks include absence of services at the district level; lack of civil registration and vital statistics system or custom of registering children at birth; and lack of adequate staff training. Bottlenecks on the demand side include reliance on religious certificates, insufficient knowledge on importance of registration and cost related perceptions.

Sixty-three per cent of 15-year-old girls have experienced physical violence and 32 per cent of women (15-49 years old) have been subjected to sexual violence. Fifty-two per cent of the population, both men and women, indicated that wife beating can be justified, with an even higher percentage for adolescents (56 per cent). An estimated 28 per cent of children between five years old and 14 are subject to child labour. Estimates from the 2011 Health Survey indicated that 22 per cent of girls aged 15 to 19 were married or in domestic partnerships compared to 5 per cent of boys. However, anecdotal information indicates that this practice reduced significantly due to new legislation protecting children. At age 18, 48 per cent of girls have given birth to a child. The number of adolescents and young people in conflict with the law increased since the economic boom due to social inequalities, lack of education and employment opportunities and substance abuse.

The year 2018 was dedicated to the preparation of the new Country Programme 2019-2023 and the new UNDAF, considering the Sustainable Development Goals and the call to 'leave no child behind'. Despite limited financial resources, the partnership with the Government

improved and resulted in the renewal of the commitment of the Government to co-finance the UNDAF/Country Programme Documents. Advocacy continued with partners to leverage resources for children (including the International Monetary Fund, World Bank, European Union, the private sector and non-government organizations).

Part 2: Major results including in humanitarian action and gender, against the results in the Country Programme Documents

Goal area 1: Every child survives and thrives

The child survival and protection programme, as per Country Programme Document 2013-2018, aimed to strengthen the capacities of government institutions, families and communities to ensure access to, and use of, a quality minimum package of basic social services, especially for the most vulnerable. The country programme continued to support government efforts in reducing child morbidity and mortality related to major preventable child diseases. In accordance with Country Programme Document/UNDAF 2013-2018, and UNICEF's regional and global priorities of the strategic plan, goal area 1 focused on health system strengthening, immunization, nutrition, HIV/AIDS and malaria.

Health systems strengthening

UNICEF supported the efforts of the Ministry of Health, in collaboration with World Health Organization and FundacionReligiosos para Salud in strengthening the capacity of 18 health district teams (54 newly hired health staff) in programme management and monitoring and evaluation on immunization, reproductive health, malaria, tuberculosis, integrated management of childhood diseases and HIV/AIDS. In addition, 15 trainers, heads of programmes of the Ministry of Health received training in health system strengthening.

Other efforts to reduce child mortality included the revision of the protocol for pregnancy, delivery and post-natal care in partnership with UNFPA, FundacionReligiosos para Salud, WHO and the Cuban Medical Brigade. The protocol for antiretroviral treatment of adults, adolescents, women who are pregnant and children was updated in collaboration with Instituto Carlos III, UNAIDS and FundacionReligiosos para Salud, aligned with WHO recommendations. The national list of essential medicines was reviewed in coordination with UNFPA and WHO. Based on the analysis on the national situation of tuberculosis in children, in partnership with WHO, the Government identified the urgency to prioritize prevention and increase treatment.

As part of the joint programme with UNFPA, WHO and FundacionReligiosos para Salud, a national communication strategy for maternal, neonatal and child health was designed involving 20 health professionals. An IMCI guide on child illnesses was revised together with WHO and National Institute for Social Pensions (INSESO).

Immunization

In line with the Sustainable Development Goal 3 and West and Central African Regional's priority, immunization is one of the Key Results for Children agreed with UNICEF Equatorial Guinea: By 2021, 80 per cent of children between 0-11 months are protected against vaccine preventable diseases annually.

While the maternal and neonatal tetanus was eliminated in 2017, advocacy by UNICEF and WHO was required to ensure that Ministry of Health discerns the importance of sustaining the

status and supporting the preparation of the national maintenance plan. The programme supported Ministry of Health in the implementation of EPI outreach strategy in six priority districts. The rate of DPT3 coverage improved in the four target districts of Riaba (96 to 103 per cent), Akurenam (59 to 89 per cent), Annobon (78 to 86 per cent) and Bata (37 to 38 per cent). It was stagnant in Anisok (26 per cent) and lowered in Mbini (76 to 54 per cent). The national DPT3 coverage did not show substantial improvement, as 2017 rate of 48 per cent was maintained. Latest routine data indicated that only 28 per cent of districts achieved at least 80 per cent coverage, as per Key Result for Children immunisation target.

The main reasons for halted growth in EPI coverage were persistent deficiencies in cold chain and vaccine management, reduction of vaccination staff and limited utilization of outreach services (limited resources for transport and fuel, low salaries and morale). UNICEF Equatorial Guinea continued to support procurement of vaccination materials and equipment and maintain its advocacy efforts to increase government funding to finance all EPI components. A new technology to monitor the quality of newly arrived vaccines (the “VAR app”) was introduced.

Government EPI staff received several training sessions through UNICEF on effective management of vaccines: 56 vaccination personnel received training on mid-level management, 104 on the introduction of Hepatitis B vaccine and interpersonal communication, and 22 on an investment case for immunization (EQUIST and OneHealthTool). Six EPI central health professionals were trained on cold chain management. A communication for development mechanism for guided supervision was implemented to improve the work of social mobilizers (outreach services, informative sessions, interpersonal communication, use of communication for development tools) in the selected prioritized districts (Mbini, Bata, Riaba, Anisok and Akurenam).

UNICEF and WHO supported Ministry of Health in the national polio vaccination campaign that reached over 162,023 under-five children with a rate of 94 per cent. The country has been certified free of polio circulation since 2016. The last cases of polio (five) were registered in 2014. However, the routine polio coverage level is low (45 per cent) which poses risk for a new outbreak.

In line with efforts to improve routine immunization and the polio campaigns, UNICEF Equatorial Guinea designed innovative communication for development multimedia tools (interactive cartoon figures, posters, flyers, flipchart), linked with a digital communication plan which will be implemented from 2019.

Through UNICEF’s advocacy and as per the UNICEF regional office recommendation, the Ministry of Health will organize a high-level forum on immunization in 2019 in conjunction with the National Development Conference to boost political attention and improve programmatic strategies.

Nutrition

In line with the strategy to improve young child feeding practices, the drafting of the legislation harmonized with the International Code of Marketing of Breast-milk Substitutes was initiated with support from UNICEF and WHO. Having delivered 80 anthropometric kits, UNICEF Equatorial Guinea supported the Government in two supervision missions and monitoring of child growth and development indicators in all 63 health centres. The country office received guidance from UNICEF regional office to integrate severe and acute malnutrition medication and supplies in the national list of essential medicines.

The 2018 review of the health services system did not include nutrition interventions, which is planned for 2019. UNICEF Equatorial Guinea continued advocacy with the Ministry of Health for the final approval of the National Nutrition Policy, and prepared two funding proposals in the area of child nutrition in collaboration with the UNICEF Regional Office and a private sector company in Equatorial Guinea to be followed up in 2019.

HIV/AIDS

With the UNICEF Regional Office recommendation, in 2018 the country office supported the evaluation of the prevention of mother-to-child transmission programme, which estimated that out of 2,400 women who were pregnant, 1,516 received treatment for HIV, corresponding to 64 per cent. However, only 16 per cent of children (0 to 14 years old) living with HIV received antiretrovirals. Due to lack of reliable data on the number of women who were HIV-positive and pregnant and the number of HIV exposed children, it is difficult to assess the impact of the programme in reducing the vertical transmission. Hence, strengthening data is key to reduce mother-to-child transmission.

In partnership with Instituto Carlos III, the programme succeeded in increasing access in 2017-2018 by expanding available services in all the 18 districts (services were only available in five districts) and providing training to health agents in 33 centres in treatments for women who are HIV-positive and pregnant. The decentralization is contributing to: (1) making the virus better known among the population, (2) systematically testing all pregnant women attending pre-natal consultations and (3) reducing the stigma linked to the specialized infectious diseases centres by moving the service provision to primary health facilities.

Additionally, seven health centres are now, through UNICEF and WHO support, following up on HIV-positive children and their mothers. UNICEF also contributed to an awareness campaign for youth in schools as comprehensive knowledge on HIV/AIDS (only 17 per cent of girls and 12 per cent of boys aged 15 to 19) is a main bottleneck, and condom use is only at 26 per cent of the total population.

The evaluation concluded that, had programme included men and male youth participation, an HIV status would be more acceptable in society and among couples. Also, when central-to-local decentralization is incomplete it exacerbates inequities, as urban communities are more familiar with HIV and have relatively more access to treatment, while rural communities are likely to become more affected by the condition due to lack of awareness and limited access to services.

With UNICEF Regional Office support, Instituto Carlos III, FRS, UNAIDS, UNFPA and WHO a workshop was organized for 39 health staff to identify HIV interventions in line with the 90/90/90 objectives and the 'start free, stay free, AIDS free' strategy, with focus on improving diagnosis, access to services and integration of HIV services with tuberculosis treatment. There was a training workshop for 38 health professionals from the health centres of Littoral province to launch decentralized antiretroviral treatment.

During the celebration of the World AIDS Day, United Nations agencies worked with government partners and civil society organizations to launch a young people and HIV forum to increase awareness on HIV/AIDS. The forum included the participation of high-level government authorities, the Executive Director of UNAIDS and the private sector.

UNICEF Equatorial Guinea programme continued to integrate HIV interventions at scale in maternal, neonatal and child health programmes (prevention of mother-to-child and paediatric AIDS). In addition, collaboration was established with child protection partners to promote cross-sectoral integration in adolescent HIV prevention, with particular focus on risky behaviour (drug addiction and alcoholism).

Malaria

Malaria remains a main cause of child mortality, particularly in the continental region where it affects 55 per cent of children under five years old. UNICEF Equatorial Guinea focused on raising funds to expand the malaria programme on the island of the Bioko to the continental region and Annobon. The implementation of the programme commenced on the island of Annobon with support of Marathon Oil and Noble Energy.

Goal area 2: Every child learns

In line with the Sustainable Development Goal 4 and West and Central African Regional priority, improved learning outcomes is a Key Result for Children which UNICEF Equatorial Guinea prioritizes: By 2021, 100 per cent students from pre-primary to lower secondary education, boys and girls, are reached with interventions targeting the improvement of learning outcomes and skills. The 2013-2018 Country Programme Document, as part of the child-friendly school approach, prioritizes strengthening the capacity of pre-school and primary school teachers to improve their pedagogical skills and ensure improved quality of education in the targeted districts, with particular attention to girls and boys with disabilities, and to children who are out of the formal school system.

As per UNICEF regional office recommendation, UNICEF provided technical assistance to the Ministry of Education and the National Education Development Programme on the publication of the annual National Education Statistics Reports and collaborated in the preparation of the version for 2018/2019 (to be published in early 2019), which received funding from a consortium of private sector oil companies working in Equatorial Guinea (Kosmos Energy and Trident Energy) and from UNICEF. These reports provide useful information on basic data trends in the education sector as summarized below.

Access to pre-school is stable and has full gender parity (total of 51,391 with 25,834 boys and 25,557 girls) with a slight decrease from school year 2015/2016 to 2016/2017. In school year 2014/2015 there were an estimated 42,108 pre-school children. The number of children in primary school (total of 110,684 with 56,327 boys and 54,357 girls) increased with a higher rate for private schools and with a 7 per cent increase from school year 2015/2016 to 2016/2017.

The primary schools reached full gender parity. At the primary level, the rate of repetition in the first grade was alarming at over 22 per cent (average of 17 per cent for all grades but higher among boys). Children who dropped out of school in 2015/16 was approximately 3,254 children (52 per cent for boys and 48 per cent for girls): 3.2 per cent of the total children, of which a significant number abandoned in the first grade. A forthcoming study, commissioned by UNICEF, will provide detailed information on out-of-school children and the underlying causes for dropout rates, to be published in 2019 as disaggregated data from the 2015 census is made available for secondary analysis.

In line with the child-friendly school initiative, the UNICEF programme supported the Ministry of Education in training on school management, targeting 200 school directors of pre-school,

primary and secondary schools in three target districts (Riaba, Annobon and Mbini). The training programme facilitated use of the School Management Manual and the school agenda by parents and caretakers.

The programme reached 1,319 pre-schools and primary schools out of 1,824 schools in total with 1,725 teaching and learning kits including 417 sports and medical kits. A total of 117,415 children benefitted from the programme (37,290 pre-schoolers and 80,125 primary school children).

In secondary education, the number of enrolled students was 46,702 in 2016-2017 with near gender parity (51 per cent male and 49 per cent female). The number of secondary schools increased from 110 in 2011 to 196 in 2017, an increase of 56 per cent. The share of private schools is increasing rapidly to 81 per cent of all secondary schools in 2016-2017 compared to 64 per cent in 2010-2011.

In line with the Generation Unlimited strategy and in collaboration with Equatorial Guinean singer Nelida Karr, the first music school in the country was established where 186 children and young people six to 27 years old are encouraged to discover their musical skills and talent. The academy is also a welcome option for leisure time for young people in Malabo, where such venues are rare.

In coordination with the UNICEF Italian National Committee, Nelida Karr and two young female representatives of the school participated in the PRODIGI 2018 resources mobilization show televised in RAI1 (Italy's main public TV station) in November 2018. The preparation for the show was preceded by an Italian National Committee mission to Guinea Equatorial to prepare footage and stories to highlight social issues within the national context for broadcasting. UNICEF Equatorial Guinea promoted its work in the country for international exposure. A portion of funds gathered through the show will be budgeted for Generation Unlimited programmes in Equatorial Guinea.

UNICEF provided technical and logistical support to a youth motivation workshop organized by the non-government organization Africa Huna. This annual event empowered 35 adolescents to better understand opportunities in the labour market and societal and personal advantages of voluntary work. Sessions offered insight into participants' strengths and weaknesses, fostering positive attitudes leveraged for personal and societal gain within the National Development Agenda.

Goal area 3: Every child is protected from violence and exploitation

In line with the Sustainable Development Goal 16 and West and Central African regional priority, birth registration is a Key Result for Children which UNICEF Equatorial Guinea agreed to prioritize: by 2021, 30 per cent more children under one year old have their births registered.

The Country Programme Document 2013-2018 and Child Survival and Protection Programme outputs aim to improve access to the birth registration system to all families (baseline of 54 per cent for under-five children), ensuring families and communities know child rights and are sensitized to take action against harmful practices, and establishing a national child protection system on all forms of abuse, exploitation and violence against children.

Technical and financial support was provided to the Ministry of Justice and the National Center

for Digitalisation of Public Administration Services for the modernization of the national child birth registration services which included: 1) restructure and make dynamic the inter-ministerial technical commission with regular meetings; 2) design digitalized birth registration system (including data collection, analysis and reporting), provision of equipment (computers, scanners, printers) and installation of a LAN in the Ministry of Justice Birth Registration Department; and 3) review the national birth registration legislation in progress.

A digital communication campaign was prepared to support the roll out of the new birth registration services in early 2019. In accordance with the child-friendly district approach, the birth registration services will be integrated in health facilities utilizing the same civil identification coding established by Ministry of Justice. UNICEF programme in collaboration with government national services will strengthen the capacity of health staff on using the new registration system.

UNICEF Equatorial Guinea provided technical support to the national child rights committee in the preparation of the consolidated report, to be submitted to the Committee on the Rights of the Child in 2019, and provided timely inputs to the United Nations system in the preparation of the universal periodic review of human rights, submitted to the United Nations Human Rights Council.

UNICEF Equatorial Guinea supported the Ministries of Justice and Social Affairs and Gender Equality and the national child rights committee to prepare the first analytical study on children in conflict with the law, used to review the national juvenile justice policy and other social policies targeting adolescents at risk. The study sample showed that 56 per cent of children live with either one parent or both parents; and that around 25 per cent of the sampled adolescents from 12 to 17 years old are at risk of being in conflict with the law, mainly due to engagement in risky behaviours (alcohol consumption, drug abuse, fighting and petty theft). Young men 15-17 years old, with limited parental supervision outside the home, are at higher risk. The lack of leisure options in Equatorial Guinea is one reason why young people adopt risky behaviours that can lead to conflict with the law.

A capacity-building event was held in collaboration with the Ministry of Justice and CNDN to provide training to 102 justice professionals (judges, prosecutors for minors, justice officials) on the child rights principles and protocol, as well as their effective implementation at the national and regional/district level. UNICEF supported a nationwide supervision of eight public and private broadcasting services of radio and television to strengthen programmes focusing on child rights issues.

The programme supported the commemoration of the Day of the African Child (June 16) the Anniversary of the Convention on the Rights of the Child (20 November) in partnership with the CNDN and the Ministries of Education and Youth; Information and Press and Radio; Social Affairs; and Gender Equality. The commemoration involved over 2,000 school children, and non-government and civil society organization partners nationwide to promote education for all children. National TV and radio debates, theatre and a sports competition were held that emphasized and advocated for child rights. The direct interaction of the school children with the heads and members of the Parliament, the Senate and the National Ombudsperson was appreciated by the authorities and raised children's voices to high levels of the state institutions. The programme supported the Ministry of Social Affairs and Gender Equality in the mapping of children and persons with disabilities, and the roll out of information campaigns to improve the awareness and access to services targeting this vulnerable group.

UNICEF Equatorial Guinea contributed to International Women's Day and the International Day for Elimination of Violence Against Women at national, local and community level with UNFPA, UNDP, FAO, UNAIDS, WHO and government partners, non-government and civil society organisations, and private sector to enhance advocacy efforts.

Goal area 4: Every child lives in a safe and clean environment

Presently, the country programme does not include WASH interventions. However, through the child-friendly school initiative and an integrated approach piloted in four districts (Riaba, Akurenam, Mbini and Annobon), hand washing was promoted as an essential practice to reduce child morbidity due to diarrheal diseases. The Demographic and Health Survey 2011 estimated 20 per cent of children under five had diarrhoea. Recent data show a reduction with the general prevalence estimated at 8.4 per cent (Ministry of Health, 2018) and only 40 per cent treated with oral rehydration salts. Despite progress in WASH, safe water coverage still shows major inequities in urban/rural regions (78 per cent and 31 per cent respectively). Sanitation coverage is estimated at 75 per cent with one of the lowest open defecation rates (4 per cent) in Sub-Saharan Africa. The last cholera epidemic occurred in 2005.

The Government Ministry of Planning, Economy and Finance approached UNICEF in 2018 to request support in the preparation of a national WASH assessment. In line with the preparation of the Country Programme Document 2019-2023, UNICEF agreed to include a component of school WASH that will also address policy issues, assessment tools and methods and institutional and regulatory frameworks. In consultations with the UNICEF Regional Office, the country office will include elements of climate change awareness through the 'climate landscape analysis for children' methodology.

Goal area 5: Every child has an equitable chance in life

In line with government priorities and the UNDAF, the Country Programme Document 2013-2018 included an outcome on equity-based social policies, knowledge and advocacy that aimed to adopt and implement, by the end of 2018, laws, policies and systems, especially a social protection system, for improving the survival, development and protection of children, focusing on the most vulnerable.

The following outputs were outlined: a national social protection system focusing on the most vulnerable; political decision-makers understand the situation of children through improved knowledge of disaggregated data; national policies, strategic plans and programmes in health and education, including special education, are validated and implemented using an equity-based approach.

The main intervention implemented in 2018 by UNICEF in the area of social policy was executed in collaboration with the Prime Minister's Office, Ministries of Plan, Economy and Finance and Social Affairs and Gender Equality and included: 1) advocacy for the approval of the new social protection legislation with the Prime Minister's Office and 2) organization of two rounds of consultation for the dissemination of the social protection legislation and the single social registry system at national level with key state institutions (parliament, senate, CNDN), ministries and civil society organizations. The sessions were an opportunity to disseminate and improve the capacity of more than 50 senior staff on integrated social protection and facilitate the discussion of the legislation at the council of ministers level.

A study on Public Finance for Children was concluded in collaboration with the National Statistics Institute and the non-government organization Equity for Children based in New York. This study will raise advocacy for higher investment in the social sectors, particularly in health, education and child protection. Equatorial Guinea is ranked as an upper-middle income country but investment in the social sector lags. The main findings indicated that approximately 30 per cent of total public spending benefitted children directly or indirectly. However, 86 per cent of that spending in 2017 could be considered capital spending (infrastructure dominated), of which 94 per cent was indirect and mainly related to programmes such as 'electricity for all' and food security.

Within current expenditure, which was only 29 per cent of 2015 total expenditure, only seven per cent of spending was in the education sector and only six per cent in the health sector. When looking at total expenditure, education and health spending only accounted for three per cent each in 2017, the lowest in the West and Central African countries that reported data. The 2015 Education for All Report estimated the regional educational expenditure average at 18 per cent. In health, Equatorial Guinea is still far from the committed amount of 15 per cent of the national budget as per Abuja Declaration.

Considering spending for children, in current expenditure in 2017, close to 70 per cent went to the education sector and about 22 per cent to the health sector. In capital expenditure benefitting children, 16 per cent went to the health sector and just over five per cent to education. The study included a small field component that revealed that much planned funding does not reach the target audience, and that decentralization is insufficient. Recommendations were made to the relevant government institutions to improve the efficiency of spending, to increase the component of spending directed at social components and to ensure that the study will be replicated biennially to measure change.

UNICEF Equatorial Guinea continued advocacy with Ministry of Health for the approval of the child health policy and the nutrition policy.

Gender dimension

The UNICEF programme made the effort to align interventions with the Gender Action Plan 2018-2021 strategic goals, focusing on adolescent health (HIV/AIDS prevention and treatment and pregnancy care), equality in education for girls and boys, and addressing gender-based violence against girls, boys and women.

Girls 15 to 24 years old are more affected by HIV/AIDS than boys (five per cent compared to one per cent of young boys), thus focus was on gender-specific strategies in prevention through schools, community structures and peer education, in collaboration with non government and civil society organizations. UNICEF Equatorial Guinea, in collaboration with WHO, UNFPA and UNAIDS supported the Government to put in place adolescent-friendly services at health facilities to increase HIV-testing and access to treatment.

During the preparation of the Country Programme Document 2019-2023, the annual programme reviews and in meetings with the Ministry of Education, UNICEF advocated: for the dismissal of a decree that prevents adolescent girls who are pregnant from attending class; for providing alternative education options; and for the introduction of sexual education in primary and secondary schools.

The study on children in conflict with the law conducted with UNICEF support estimated that 34 per cent of young girls are at risk of being in conflict with the law and 66 per cent of young boys.

In 2017, UNICEF supported the Ministry of Social Affairs and Gender Equality in the preparation of the final evaluation of the national multi-sectoral plan to promote women and gender equity in Equatorial Guinea. A gender programme review as recommended by UNICEF regional office was not undertaken in 2018, as focus was on advocacy to approve legislation related to gender in the country: the family code, legislation on traditional marriage and the gender-based violence law, all of which are pending approval in the parliament and senate.

Women's access to decision-making structures remains limited (12 per cent of government members are women; 10 per cent in the Senate; 25 per cent in the Parliament), preventing progress on gender-related issues and gender-specific policies and legislation.

UNICEF in collaboration with UNFPA, UNDP, FAO, UNAIDS, WHO will continue advocacy with government partners to implement the recommendations from the Gender National Evaluation 2017 and to harmonize the national multi-sector gender plan with Sustainable Development Goal 5 and the National Development Agenda 2020 during the upcoming 2019 National Conference.

Humanitarian situation

Equatorial Guinea did not respond to a humanitarian situation in 2018. However, due to the prevailing Ebola epidemic in the Democratic Republic of Congo, UNICEF Equatorial Guinea supported the Ministry of Health in the update of a contingency plan and provided social mobilization and communication materials (leaflets and posters).

With the support of the UNICEF Regional Office, UNICEF Equatorial Guinea updated the Emergency Preparedness Platform highlighting epidemics due to low vaccination coverage (polio and measles); and the Ebola outbreak in the region. In line with established risk scenarios and the minimum preparedness standards, UNICEF Equatorial Guinea maintained contact with Ministry of Health, the National Red Cross and civil protection services to partner in case of emergencies.

Other cross-cutting work

Change strategy 1: Programming for at-scale results for children

UNICEF, in collaboration with the Ministry of Interior and Local Administration and the Akurenam district, developed and initiated a decentralized and integrated approach with focus on communication for development to achieve key behavioural change throughout programme areas. This approach, in line with the child-friendly district concept, will empower stakeholders and communities to increase demand for quality services, by promotion of essential family practices and services to strengthen community resilience: immunization, birth registration, preschool and primary education, exclusive breastfeeding, sleeping under long-lasting insecticidal nets, hand-washing, nutrition, sexually transmitted diseases and HIV.

The strategy integrations services for children and will be replicated in an additional five districts. It promotes quality services and focuses on the priorities that create evidence to

advocate for national scale up. The initial engagement with the head of district services and community leaders showed potential to achieve results for children, particularly in vaccination, birth registration and improving learning outcomes.

Change strategy 2: Gender responsive programming

During the preparation of the Country Programme Document in 2018, the strategic goals of the Gender Action Plan and the 2017 National Gender Evaluation recommendations were aligned. In the programming phase, and with the support of UNICEF Regional Office, strategic areas such as adolescent health, equality in education for girls and boys and addressing gender-based violence against girls, boys and women were reflected in the new country programme document.

Change strategy 3: Winning support for the children's cause

In line with the advocacy strategy that focuses on immunization, birth registration and learning outcomes, UNICEF Equatorial Guinea launched its first website using the Web Content Management System, Drupal, and prepared and published pages, articles, stories and press releases, and amplified on social media channels.

Since its launch in 2018, the country office regularly communicates on website, Facebook, Twitter, Instagram and YouTube channels. The launch was orchestrated with UNICEF global, UNICEF LACRO, the UNICEF West and Central Africa Regional Office and UNICEF Spain. Taking advantage of UNICEF's anniversary, a debate was organized on communication in the digital era with children and young people, representatives of United Nations agencies, government officials, members of the diplomatic corps, mobile operators, journalists and non-government organisation and civil society organisation representatives. UNICEF Equatorial Guinea presented its new website, opened its social media channels and invited the partners to follow. Within a week, the country office social media channels had reached 310 followers on Facebook, 220 on Instagram, 125 on Twitter and over 500 views of its first eight videos on YouTube.

Change strategy 4: Developing and leveraging resources and partnerships for children

Partnerships with national non-government organizations (including Bocamandja, ACIGE, ASAMA, AfricaHuna, BIRIAELAT, EDIS) were strengthened in health, education and child protection sectors to promote demand for quality services, change key behaviours, increase gender equality, empower youth and vulnerable groups and engage communities more effectively. UNICEF Equatorial Guinea continued collaboration with the European Union on implementation of child protection with focus on birth registration, juvenile justice and violence against children.

Change strategy 5: Harnessing the power of businesses and markets for children

UNICEF Equatorial Guinea stepped-up collaboration with the private sector with a two-fold approach: 1) interest-matching with the focus on key results for children (education/learning outcomes and nutrition/stunting) and 2) leveraging resources for WASH for schools in rural areas and expansion of the malaria programme to the continental region.

Change strategy 6: United Nations working together

In line with the UNDAF 2013-2018, UNICEF Equatorial Guinea contributed to two outcomes: basic social services and good governance. In line with the strategic plan common chapter, UNICEF collaborated on maternal and adolescent health with UNFPA, WHO and UNAIDS; on advocacy for data generation with UNFPA and UNDP; on immunization with WHO; and on

equity and social protection with FAO, UNDP and UNFPA. UNICEF Equatorial Guinea collaborated with the World Bank in the preparation of public-private partnership proposals in the area of health/nutrition and in education.

The United Nations' system coherence and collaboration was reinforced, with contributions from UNICEF to the following: 1) UNDAF 2019-2023 draft and approval process; 2) capacity building for 50 diplomats of the Ministry of Foreign Affairs and Cooperation; 3) preparation of the National Economic and Social Development Conference; 4) preparation of human rights reports (UPR and CRC) and 5) fostering joint programming and resource mobilization approaches (social protection, HIV/AIDS and immunization).

UNICEF Equatorial Guinea provided technical support to the Papua New Guinean UNCT for communication for development during a polio outbreak and to the UNDP Angola country office for of HIV/AIDS strategic planning.

Change strategy 7: Fostering innovation for children

To ensure the maintenance and consistency of the new digital tools, UNICEF Equatorial Guinea developed a digital communication strategy for 2019. The plan focuses on positioning the new digital communication strategy among key audiences in Equatorial Guinea and globally in Spanish-speaking areas. The country office trained staff to prepare and engage the new digital communication plan, the new content management system and social media channels.

Innovative approaches in programme communication were designed and launched in 2018 to improve vaccination demand, with the creation of four cartoon characters that will also target programmatic areas such as birth registration, stunting (young child feeding practice), learning outcomes and violence against children, in line with the regional Key Results for Children.

Change strategy 8: Harnessing the power of evidence as a driver of change for children

In 2018, UNICEF Equatorial Guinea agreed with UNFPA to undertake a joint MICS/Demographic and Health Survey to generate data and evidence on child rights. UNICEF in collaboration with United Nations agencies advocated for the release of the 2015 census data to allow for secondary analysis of disaggregated data in early 2019.

Enabler 1: Responsive, transparent and accountable internal governance

The country office addressed all previous audit recommendations (2013) and plans to be audited in 2019.

Enabler 2: Results-oriented, efficient and effective management

In order to strengthen accountability and transparency in financial resource management and for results for children, the country office improved the implementation of the HACT assurance plan, having concluded two audits of the main partners (Ministry of Education and Ministry of Health). HACT assurance plan and mechanisms were reinforced with a higher level of compliance.

Enabler 3: People: versatile staff as agents of change

In 2018, the country office improved its human resources gender balance with the recruitment of six staff with support from UNICEF Regional Office, and completed its transition process from the operation service centre, managed previously through the Gabon Area Office by establishing an operations section and an monitoring and evaluation function.

In line with the country risk assessment, all staff members completed the required security courses and the country office improved the work environment. As per global guidance, country office ensured that all staff completed sexual harassment and abuse-of-authority prevention courses and held specific sessions on ethics awareness. Staff well-being was promoted in collaboration with local staff association and peer support volunteer system.

Enabler 4: Versatile safe and secure knowledge and information systems

With the support of UNICEF Regional Office, the country office improved its connectivity; information, communication and technology capacity; and service cost effectiveness. Energy efficiency was improved through the installation of solar panel systems in Bata and Malabo offices.

Part 3: Lessons learned and constraints

The two main lessons learned from programme implementation that ended in 2018 were the following:

1) UNICEF Equatorial Guinea cannot rely solely on its limited human and financial resources to advocate for more equitable social transformation in Equatorial Guinea. The change has to come from the inside, and the catalytic inputs and factors will need a balanced and joint effort from the United Nations system, the regional fora, bilateral/multilateral partners and in particular the international private sector working in the oil/gas sectors;

2) limited new data and evidence on child rights' issues hampered advocacy efforts for government approval of equity and gender-based policies, and also legislation and the ability to leverage additional resources for children. There is a challenging context, where the country is not donor friendly and has a limited number of partners on the ground, particularly bilateral and multilateral donors and international non-government organisations.

Moreover, the state structure is more vertical, with limited inter-institutional cooperation and collaboration, resulting in ineffectiveness and inefficiency. For example, the country has one of the highest levels of expenditure in health (over US\$700 per capita) but one of the worst under-five mortality rates in the world (in the last 11 in the world).

The number of engaged civil society organizations in the country is limited and their institutional, human and financial capacity is restricted and somewhat thwarted by the specific socio-political context. Furthermore, there is no independent pro child rights' platform that could raise the voice of children and contribute for a more holistic child rights' agenda.

The Government recognized, after several years of economic transformation and focus on infrastructure development, the need to implement a more equitable social agenda and a diversified economy in this constrained economic environment. UNICEF and partners take this as an opportunity to re-position their programmatic and strategic vision, as leading advocates, to put child rights at the centre of the national development agenda through policy advice, partnerships, public campaigns and positive social engagement and transformation.

The development of the new programme 2019-2023 evolved against the backdrop of the preparation of the National Economic Development Conference (planned for 2019) to better

align the current National Economic and Social Development Plan with the Sustainable Development Goal and African Union agendas.

In 2018, the main structural bottlenecks that impeded the realization of the rights of Equatorial Guinean children related to (1) the need to accelerate the approval and implementation of more equitable and child friendly policies (2) a low level of data and evidence-based culture that limits strategic planning and policy development, and (3) pronounced inefficiencies and inequities in the delivery of social services targeting children. All these factors were aggravated in 2018 by the economic downturn due to the country's dependence on oil prices.

The development of evidence-based national policies and plans is hampered by the ineffectiveness of information management systems. The Government is working to improve the availability of reliable and timely routine information on social indicators (for example, availability of national statistics; strengthening the Health Information and Management System; updates of the annual education statistics).

However, epidemiological and social data are not systematically collected and updated. A significant number of laws, policies, strategies and plans (family code, social protection legislation, a bill on customary marriage, a gender-based violence law, national health regulations, a national health development plan, national policies on child health and nutrition, and child health and malaria strategic plans) were prepared but have not yet been approved/ratified.

In 2018 the Government submitted legislation related to child and gender rights (family code, regulatory law on criminal responsibility of minors, a bill on customary marriage, and a gender-based violence law) to the parliament and senate. Advocacy effort by partners involved in the social sector (United Nations, bilateral and multilateral, civil society organizations and the private sector) are needed to accelerate the approval of legislation and transform the social sector in Equatorial Guinea.

UNICEF worked in 2018 with World Bank, UNFPA, international non-government organisations and private sector companies to strengthen information systems by demanding accountability for the collection and delivery of data at local, regional and national levels. The 2018 decision by the Ministry of Economy, Plan and Finance to release the database of the 2015 population census was the result of the advocacy of all United Nations partners. The database will be explored in 2019 to gather data on the social sector, namely in health, education, WASH and child protection (birth registration).

Despite a recent reduction of investment in infrastructure development (estimated at around 57 per cent of overall investment by World Bank in 2016), the financial investment in social sectors remained low as demonstrated by the Public Finance for Children study implemented by Government with UNICEF support in 2018.

The average spending with a social character between 2006 and 2015 was estimated at 13 per cent with an upward trend (22 per cent in 2015). The study identified an average of six per cent of budget allocation for the health and education sectors. This budget/financial constraint limits development and capacity of service providers and the quality of long-term social services, including operation and maintenance. One example is the systematic loss of vaccines and medication due to poor management and maintenance of cold chain facilities.

The level of investment in the social sectors (compared to the Gross National Product and the public budget) remained relatively moderate, to address the interrelation between social exclusion and poverty (estimated at 44 per cent in 2011). Nevertheless, public demand for social services is low and there is no culture to demand state accountability for services that promote general well-being. Community-based approaches intend to raise awareness amongst families of their rights to health care, education and social protection and promote accountability so that communities can demand better quality services. The ongoing process of institutionalization of a social protection system supported by UNICEF with special attention on children could play a critical role in protecting vulnerable and marginalized children and their families.

Lack of continuity of service and the absence of sufficient national capacity to service the social sector create important vulnerabilities. The Government guarantees the financing of a series of essential supplies from its own resources (for example, vaccines and anti-retroviral for HIV/AIDS treatment). However, there remain important challenges in terms of the timely release of funds, which leads to the depletion of stocks, disruption in the continuity of service and possible increase in morbidity and mortality.

Informal fee payments for education and health services have negative consequences for children's access to such services. The Constitution states the importance of good health and free education. Education is compulsory at the primary level and current legislation and policies stipulate that a range of health services are free (vaccination, diagnosis and treatment of HIV and tuberculosis, delivery and post-natal care until 30 days, monitoring of child growth and development, diagnostic and treatment of malaria on Bioko island). However, in practice, caregivers must pay tuition fees for required materials. In the health sector, it is not uncommon that payments are required to access officially free services and medicines (for example, vaccines, malaria and antiretrovirals) or to pay higher amounts than official rates (such as delivery). This is often cited as an important barrier to service demand.

A 2018 external review of health facilities implemented by Ministry of Health with UNICEF support revealed the following: 1) malaria is the main cause of morbidity and mortality of children and adults; 2) the health infrastructure has had substantial improvement but the rate of utilization is still below standards (less than 50 per cent of beds occupancy); 3) there are economic and cultural bottlenecks (vulnerable population rely on traditional medicine) impeding the full access and utilization of health facilities; 4) weak health information system; 5) inefficient management of the national medication system; 6) insufficient qualified human resources; 7) lack of basic equipment, supplies and materials to ensure a service of quality for all population; 8) deficient application of protocols and norms in primary health care, particularly for paediatric pathologies; 9) de-motivation of health personnel at local and national levels; weak financial capacity and limited autonomy of health services, particularly at provincial/direct level.

Despite low levels of malnutrition, prevalence of stunting (26 per cent) is worrying and is related to low levels of exclusive breastfeeding (7 per cent) and high incidence of anaemia in children (67 per cent) and among women of reproductive age (44 per cent) in the population according to the available data from the Demographic and Health Survey 2011.

Constraints in nutrition include: 1) limited institutional capacity, 2) no system for routine data on stunted or wasted children, 3) young child feeding practices are not sufficiently promoted, 4) nutrition is not included in education school curriculum, and 5) nutrition aspects are not

prioritized by the Government, as there are no funds directed to deworming, oral rehydration salts and Zinc+ provision.

In the education sector, UNICEF Equatorial Guinea found that the child-friendly school approach, approved in 2015 and tested in 33 integrated preschools and primary schools, was partly successful but not ready for nationwide expansion. UNICEF implemented components: capacity building of teachers and school managers; provision of teaching and learning materials; and inclusiveness promotion through training and awareness raising. However, the components of school environment (WASH) and enhancing community participation through teachers and parent's associations was not effectively done due to a lack of resources and strategic gaps. The future plan is to implement all the child-friendly school components in the current target schools and to propose a gradual expansion to 200 schools by 2023.

In the area of child protection, UNICEF collaborated with non-government organisations and civil society organizations on issues such as violence against children, children in conflict with the law and stigma and discrimination on HIV/AIDS, especially targeting adolescents. UNICEF Equatorial Guinea noted insufficient understanding and actions of government partners to address child protection issues, thus UNICEF focused resources on modernizing a birth registration system, generating evidence and promoting legislation on children in conflict with the law and proposing a protocol for child victims of violence and abuse. In the new country programme innovative tools will be used to reach a broader audience, to improve direct dialogue with the targeted population and to generate evidence on protection issues.

UNICEF Equatorial Guinea started implementation of an integrated district approach with the goal of raising awareness on social issues and increasing demand from the communities. This programme started in 2018 in the Akurenam district with collaboration of the non-government organizations ASAMA and FRS. The bottleneck was the national centralization of finance management, which sustains poor capacities in the district for planning and implementation of interventions. To mitigate the situation, UNICEF started to advocate with the Prime Minister for a mechanism to decentralize the finance management at the district level as part of the sustainability plan for the child-friendly district strategy.

UNICEF Equatorial Guinea 2019-2023 country programme will use its mandate's comparative advantage to influence partners on policy support and programme implementation through two interrelated programme components to optimize the synergy between policy advice and fieldwork: child protection and equity, and child survival, development and learning. The child protection and equity programme will focus on policy, advocacy and system strengthening to address bottlenecks. The child survival, development and learning programme will advocate that all children, particularly those in under-served areas, have equitable access to quality health and education services, and will promote essential family practices through an integrated district approach.

In line with the common chapter of the Strategic Plan 2018-2021 and other joint initiatives, UNICEF Equatorial Guinea will strengthen joint programming and partnerships with United Nations organizations such as UNDP, WHO, UNFPA, FAO, UNAIDS, UNESCO to address poverty; improve adolescent and maternal health; achieve gender equality and empower women and girls; and support availability and use of disaggregated data for sustainable development. UNICEF will leverage the resources of private sector and bilateral and multilateral partners (the European Union and the World Bank) for the social sector, and develop innovative partnerships to generate and promote data and knowledge on child rights

with civil society, including national and regional academic institutions, media organizations and youth movements.
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