

Executive Summary

Despite the instability caused by a military coup d'état in April, notable achievements were registered in the implementation of the Country Programme in 2012. Two Child Health days, integrating polio and measles vaccination with Vitamin A supplementation and Mebendazole for deworming, reached more than 300,000 children under five. Following the coup, which put the school year at risk, UNICEF rapidly conducted an education needs assessment and changed its implementation modality to deliver, in collaboration with WFP, a curriculum "catch-up" summer camp, reaching almost 45,000 school-age children. Community-led total sanitation was reflected in the draft Sanitation and Hygiene Policy. Implementation was scaled up to 333 communities, with 255 of them declared open-defecation free, benefiting 95,000 people. The government and key stakeholders demonstrated strong ownership of this initiative. Non-governmental organizations (NGOs) have leveraged resources to implement community-led total sanitation (CLTS) programmes, with UNICEF shifting focus to capacity building and quality assurance. In October, the Islamic Supreme Council issued a "Declaration of Imams of Guinea Bissau against female genital mutilation/cutting (FGM/C)", which supported national efforts for abandonment of harmful practices, in particular FGM/C. To date, 157 communities of Bafata, Gabu and Oio have declared adherence to human rights values and to abandonment of these practices.

The April coup d'état and the installation of a Transitional Government not recognized by part of the international community resulted in halting of key funding to the government. Support from the European Union for water, sanitation and hygiene (WASH) and Child Protection was channeled only through NGOs, which in turn weakened government ownership and hindered institutional capacity building. Knowledge, attitudes and practices studies, necessary to inform programme implementation could not be carried out, due to lack of NGO capacity. The UN Peace Building Fund was frozen, halting preparation of the Child Protection Code and the National Child Justice policy document. Lack of institutional and programmatic support from the Global Fund for AIDS, Tuberculosis and Malaria (GFATM) for the principal recipient (National Technical Secretariat of Fight against AIDS [SNLS]) and implementing partners since August 2011 seriously weakened the national HIV response. Between the first and the fourth quarter, national maternal antiretroviral (ART) prophylaxis initiation and rates decreased from 79 to 54 per cent, while completion rates decreased from 47 to 20 per cent. Additionally, significant opportunities were lost in integrating HIV/AIDS into health and nutrition programmes, leading to low case identification of HIV+ children through health outreach strategies, and subsequent low coverage of pediatric ART; only 13 per cent of HIV+ children aged 0-15 years who required ART received it.

Key partnerships include the Government of Japan's support to education, health, HIV/AIDS and WASH, EU Water Facility for WASH interventions, UN system (Joint Programmes on Nutrition and FGM/C), the National Committees of Spain, Italy, Switzerland and Slovakia, and the Lacos-Sul-Sul Initiative. UNICEF worked with World Bank and education partners to establish a new management modality for the Global Partnership for Education Fund, safeguarding it for Guinea Bissau. International non-government organizations (INGOs) and community-based organizations (CBOs) have figured much more prominently in 2012 as collaborative partners in implementation, as UNICEF flexibly shifted its programme delivery modality to reach beneficiaries following the April coup.

Country Situation as Affecting Children & Women

Political instability continued in Guinea Bissau with a military coup d'état in April, hindering economic recovery and social development. Between 2002 and 2010, monetary poverty increased nationally from 65 to 69 per cent and extreme poverty from 21 to 33 per cent; the rates were 25 to 40 per cent outside the capital Bissau (Autonomous Sector of Bissau [SAB]) and 9 to 13 per cent in SAB (LPS, 2010). The country remains highly dependent on overseas development assistance (ODA). Between 2010 and 2012, state budget allocations to health and education fell from 7 to 6 per cent and 13 to 11 per cent respectively. Following the coup, key partners, namely the World Bank (WB), African Development Bank (AfDB), European Union (EU) and the Global Fund to Fight AIDS, Tuberculosis and Malaria (GFATM), have suspended or delayed support.

Although under-five (U5) mortality declined from 210 to 161 deaths per 1,000 live births between 1990 and

2011 (Levels and Trends in Child Mortality, 2012, Interagency Group), Guinea Bissau still has the seventh highest U5 mortality rate globally. Maternal mortality is approximately 790 women per 100,000 live births (Trends in Maternal Mortality 1990-2008, WHO et al. 2010).

Nine of ten pregnant women have at least one antenatal visit, but only 68 per cent attend a fourth visit and only 41 per cent deliver at health facilities (29 per cent in rural areas versus 69 per cent in urban areas, MICS). Over half of health workers are in SAB, while outside the capital half the population lives more than five kilometres from a health facility. Health centers must generate revenues to renew drug stocks, pay incentives and auxiliary staff, forcing the community to pay for drugs and services.

Guinea Bissau has been "polio-free" since 2009 and reported incidence of measles is near zero, due to vaccination campaigns through child health days and strengthened routine immunization. In February, maternal and neonatal tetanus was declared eliminated.

Access to diarrhea treatment has doubled from 25 to 54 per cent (2006-2010), through increased market availability of oral rehydration salts and awareness campaigns. Between 2006 and 2010, the proportion of U5 children sleeping under a long-lasting insecticide-treated mosquito net (LLITN) declined from 39 to 36 per cent despite national campaigns in 2006 and 2007 and free distribution. Individual/community low-risk perception may constitute a barrier to LLITN use. During the same period, the proportion of U5 children with fever receiving anti-malarial treatment increased from 27 to 37 per cent, while those with pneumonia receiving antibiotic treatment decreased from 42 to 35 per cent (MICS), because community-level treatment of pneumonia by community health workers (CHWs) was not yet authorized by the Ministry of Health (MoH) and antibiotics were less available at health centers.

In 2010, the level of acute malnutrition was 7 per cent, while stunting was at 32 per cent, with little improvement since 2000, despite increases in exclusive breastfeeding (16 to 38 per cent) and early breastfeeding initiation (from 23 to 55 per cent, MICS) since 2006. One third of newborns are given water and only 44 per cent of infants received complementary feeding at 6-8 months (MICS). Barriers include lack of a national infant and young child feeding (IYCF) policy, lack of CHWs trained on IYCF and low community knowledge of IYCF. Household iodized salt availability improved from 1 to 12 per cent between 2006 and 2010, with marked disparities among regions due to weak government authority in the commercial sector.

One third of the total population, and half of the rural population, do not have access to safe water (MICS). With no operational national spare-parts chain, broken hand-pumps go unrepaired for long periods. More than 80 per cent of people lack access to sanitation, including more than two thirds in urban areas. The national water policy and national sanitation and hygiene policy were drafted in 2011 but are not yet approved. Cholera continues to be endemic.

Adult HIV prevalence is 5.3 per cent (INASA-2010), with women disproportionately affected (6.9 versus 2.4 per cent of men). In 2012, 70 per cent of estimated pregnant women were tested for HIV through the national prevention of mother to child transmission (PMTCT) programme, and 84 per cent of pregnant women found to be HIV+ initiated prophylaxis. While 68 per cent of estimated HIV+ adults requiring antiretroviral treatment (ART) receive it, only 13 per cent of HIV+ children (0-15 years) receive ART. Barriers include weak procurement and supply management, insufficient numbers of trained health workers, lack of HIV integration into health outreach activities and insufficient support to recuperate patients lost to follow up.

The primary school net attendance rate (NAR) increased from 54 to 67 per cent between 2006 and 2010 (MICS), in part due to increased involvement of communities, private providers and madrasas in education. The NAR increased in urban areas from 69 to 85 per cent, compared to 46 to 57 per cent in rural areas. Only 52 per cent of school-age children from the poorest households attended primary school in 2010, versus 87 per cent from the richest households. The Gender Parity Index fell between 2006 and 2010, from 0.97 to 0.94 (MICS), with wider disparities in rural compared to urban areas (0.83 versus 0.97). Education quality is low, with only one in four Grade 9 pupils passing Mathematics and Portuguese in the 2011 national exams.

Between 2006 and 2010, female genital mutilation/cutting (FGM/C) increased from 45 to 50 per cent among women 15-49 years, reaching 94 per cent in the East, due to adverse social norms and absence of legislation.

Child marriage is a social norm and legislation is gender-biased (14 years for girls, and 16 years for boys). Twenty-nine per cent of girls were married before the age of 18, reaching 50 per cent in the East (MICS). Due to increasing poverty and poor access to basic education, child labor increased from 39 to 57 per cent between 2006 and 2010 (MICS), reaching 74 per cent in the East. From 2006 to 2010, birth registration (BR) declined from 39 to 24 per cent (MICS), with Gabu at 11 per cent, due to weak registration systems, low awareness of the benefits of BR by the population and financial barriers.

Country Programme Analytical Overview

The April coup interrupted the development of the new Country Programme Document (CPD) for 2013-2017 (Board Approval was planned for June). In alignment with the other UN agencies, an extension of the current CPD was requested and granted for 2013. A more in-depth analysis was carried out to strengthen the equity focus of the Situation Analysis of Children and Women (SITAN), which made clear that the high level of poverty is directly linked to the recurrent military and political instabilities since independence in 1973. Some social indicators are improving, but at a rate insufficient to meet any of the MDGs by 2015. UNICEF and other UN agencies must play a catalytic role to break this vicious cycle in coming years, with the equity-focused human rights framework being used as the main advocacy tool in the national dialogue.

The Country Office (CO) has started testing the key strategic adjustments planned for 2013:

- i) Scale up of community-based approaches that have shown positive results, namely child-friendly schools-plus (CFS+), community-led total sanitation (CLTS), CHWs, people living with HIV/AIDS (PLHIV) and Community Management Committees (CMCs) to address harmful practices;
- ii) Strengthening decentralization through building regional capacity in planning, management, implementation and supervision;
- iii) Integrating programmes for more effective service delivery and capacity development to achieve results at scale, especially at community and regional levels, and using more innovative approaches, such as the roll out of the National Strategy for the Accelerated Reduction of Child and Maternal Mortality Reduction (POPEN) and CFS+;
- iv) Communication for development (C4D) for adoption of key family practices (KFP): hand-washing, household water treatment and safe storage, proper latrine use, exclusive breastfeeding, sleeping under impregnated bed nets, HIV prevention, and reduction of harmful practices, including FGM/C, child trafficking, child marriage and intergenerational sex (IGS);
- v) Advocacy and resource mobilization on underfunded child rights themes (FGM/C, child trafficking and BR);
- vi) Strengthening partnerships through existing UNICEF-led coordination mechanisms such as Education, WASH and Nutrition, including testing a health sector-wide approach (SWAP) under the backdrop of POPEN with EU/UNICEF funds.

Plans for 2013 will use the same programme component result/intermediate result (PCR/IR) structure of 2012 with some minor adjustments: i) Accelerated Child Survival and Development; ii) Education and Gender Equality; iii) Children and AIDS; iv) Child Protection and Rights Promotion; v) Advocacy, Information and Communication; and vi) Monitoring and Evaluation, building upon the policy and legal framework that has been strengthened over the programme cycle, and based upon the targets set in the second national Poverty Reduction Strategy Paper (DENARP-II). UNICEF will work with the UN Country Team to put forward an agenda for child rights under the framework of peace and stability to ensure a better future for children, and will promote the equity agenda, particularly as the DENARP-II focuses on the most vulnerable and poorest populations. UNICEF will also reinforce the Disaster Risk Reduction component of the country programme to promote sustained access to and use of basic social services particularly for at risk groups, including PLHIV.

Humanitarian Assistance

Following the April coup, approximately 5,000-10,000 people moved from the capital to the North and East of the country, creating financial burdens for host families to take care of extended families. Reduced cashew nut exports (Guinea Bissau's main export) and the suspension/delay of major development programmes further exacerbated socioeconomic conditions. After rapid assessments were done together with other UN agencies and NGOs in the areas of WASH, nutrition, health and education, UNICEF took a number of actions, including setting up a summer camp in partnership with WFP for over 12,000 school children in 280 schools,

continuing to provide supplementary food (F100, F75, BP5) to the main nutrition centers, and procuring three months' emergency supply of TB and HIV drugs. The CO also established a wide partnership with government, NGOs (Médecins Sans Frontières [MSF], Assistência Médica Internacional [AMI], Red Cross), donors (European Community Humanitarian Office [ECHO] and Sweden/WCAR), as well as the Water and Sanitation Working Group to prevent and respond to the cholera epidemic that registered 3,280 cases and 22 deaths between August and December 2012. Activities included mapping high risk areas and actors in health and water sectors, prepositioning key supplies, operationalizing rapid response teams in all regions and conducting regular meetings of the Epidemic Response Group under the Ministry of Health (MoH).

Effective Advocacy

Mostly met benchmarks

UNICEF advocacy was evident at polio and measles vaccination and vitamin A campaigns, International Woman's Day, Breastfeeding Week, World Water Day, World Handwashing Day, World AIDS Day and International Day of the Girl Child.

A total of 18 articles were published in 2012 in the three major newspapers in Guinea-Bissau (the state weekly and two private newspapers), mostly focusing on the promotion and protection of child and adolescents' rights. Two abstracts were submitted by UNICEF and were accepted for poster presentations at the AIDS 2012 Conference in July 2012, contributing to advocacy efforts to bring attention to HIV/AIDS funding gaps in Guinea Bissau. In December, UNICEF Guinea Bissau provided an article for the Children and AIDS Newsletter as well as key information for an IRIN article on HIV/AIDS in Guinea Bissau.

C4D advocacy efforts were conducted to raise awareness among traditional authorities and the public to enact and support laws and policies related to child protection. From July to December 2012, national campaigns promoted BR; disseminated the law against child trafficking and the law criminalizing FGM/C; and discouraged child labor, domestic violence and child marriage. The campaigns engaged 11 rural radio stations, three national radio stations, and the national television station, which broadcast information on protective roles and duties of the Guardian ad Litem. As noted, three newspapers were also engaged, and articles were issued disseminating steps taken by Muslim organizations to delink FGM/C from Islam. Advocacy with the Ministry of Justice yielded a waiver of BR fees for children over seven years of age in three regions. For the International Day of Child Rights, awareness activities were carried out in the high-risk regions of Gabu and Bafata, with a focus on child trafficking, bringing together community leaders, Koranic teachers, parents and children themselves for discussions. Radio debates on children's rights and trafficking of children were held on local radio stations. The November 20th celebrations culminated with a national broadcast from the Presidency of the Republic on the Rights of the Child.

Advocacy efforts were also carried out by UNICEF, through the Country Coordination Mechanism (CCM), the West and Central Africa Regional Office (WCARO) and New York Headquarters (NYHQ), to bring attention to the challenges faced by Guinea Bissau due to the lack of Global Fund to Fight AIDS, Tuberculosis and Malaria (GFATM) disbursements for the HIV grant since August 2011 and the invocation of the Additional Safeguard Policy in August, 2012. These efforts, in part, resulted in a GFATM Mission to Guinea Bissau in December, 2012, during which GFATM agreed to increase PMTCT targets to scale up for elimination of MTCT (EMTCT).

Capacity Development

Mostly met benchmarks

With UNICEF support, following the validation of the national guideline on decentralized monitoring, tools were developed and introduced through a pilot in Cacheu under the facilitation of a Technical Working Group established by the MoH. The results of the pilot will be presented to stakeholders in early 2013 to inform commitment in view of scale-up. UNICEF supported capacity strengthening for regional health teams through participatory microplanning, provision of materials and equipment for outreach activities, training and

equipping CHWs, and reinforcing the regional coordination/supervision system.

UNICEF Guinea Bissau introduced CLTS in 2010 to build capacity of local actors to implement, scale up and sustain WASH results, particularly in remote areas where sanitation coverage is less than five per cent. Key government and NGOs actors were selected for initial training. A pilot in 50 communities through 5 NGOs resulted in 27 communities declaring they were open defecation free (ODF). Since then, UNICEF has been focusing on training, mentoring and identification of cadres to expand the approach nationwide. As such, 55 sector senior government staff, sector administrators, teachers, NGOs staff, and community leaders were trained, and a few were selected for international/regional study visits to exchange information on the challenges and results achieved in Guinea Bissau. A core group of facilitators was established and is delivering training nationwide and undertaking verification towards ODF certification.

A resource-leveraging process was encouraged within each partner organization and the communities were encouraged to sustain ODF status and to expand the programme, particularly from bigger to smaller communities. The following results were noted:

- 255 communities were declared ODF in 2012;
- The NGO NADEL partnered with OXFAM to mobilize resources for their own CLTS programme in Biombo and Bubaque;
- PLAN Guinea Bissau and APRODEL (both trained by UNICEF) partnered to implement a CLTS programme in Bafata and Gabu; and
- SNV signed an Memorandum of Understanding (MoU) with UNICEF to document best practices on CLTS implementation.

UNICEF and the Ministry of Justice trained 310 Magistrate and Law Enforcement Officers and implementing agents from NGOs to enforce provisions of newly adopted legislation against FGM/C and human trafficking. Capacities of children and families to claim their rights were built through radio campaigns imparting information on the legislation. At the community level, members of 39 CMCs in Bafata, Gabu and Oio held 78 sessions with administrative authorities to share knowledge on the human rights approach to promoting abandonment of harmful practices, which led authorities to facilitate interactions among members of CMCs, school staff, health staff and civil registrars, resulting in increased access of children to basic social services. The National Committee for the Abandonment of Harmful Practices (CNPN) developed a training tool on FGM/C for NGO facilitators, in partnership with religious leaders, and a sensitization module for Koranic leaders, to promote abandonment of FGM/C. As a result, 225 religious leaders issued edicts delinking Islam and FGM/C and the Islamic Supreme Council proclaimed, in October 2012 the "Declaration of Imams of Guinea Bissau against FGM/C".

Communication for Development

Partially met benchmarks

C4D interventions focused on promoting the 16 KFPs to bring about positive behavior change through participatory approaches (community dialogue), media (radio) broadcasting and training. The Social Ministries were closely involved in the implementation of the C4D programme, and messages for positive behavior change were delivered through the media, youth, women's and PLHIV associations, other NGOs and community-based organisations (CBOs), as well as traditional and religious leaders and CHWs. Three thousand notebooks to track the 16 KFPs were produced and distributed, and 2,463 CHWs from the regions of Biombo, Cacheu, Farim, Oio, Bafata and Gabu were trained on conducting family dialogue.

UNICEF supported the production of an HIV/AIDS educational DVD called "What Can I Do?" in the local language (Kriolu). Using this tool, three C4D learning sessions on HIV/AIDS were conducted in Oio and Gabu to reach 100 participants from Youth and PLHIV Associations, community radio programme producers, literacy coordinators and facilitators, which resulted in increased comprehensive HIV knowledge and reduced HIV-related stigma among participants, as measured by pre-and post-tests. The beneficiaries of this training are ensuring wide dissemination and promotion of accurate information about HIV/AIDS, through their Associations, the ALFA-TV literacy programme and 45 community radio stations. The DVD was broadcast on

national television to mark World AIDS Day in December.

In June, 552 facilitators from the 5 NGO partners (who were trained in C4D in 2010) were trained in the community dialogue approach to promote positive behavior change, including: (i) exclusive breastfeeding; (ii) use of LLITNs; (iii) hand-washing, safe water use and storage; and (iv) child protection promotion (BR, child trafficking, child labor, FGM/C, domestic violence, abuse and child marriage). As a result, 56,000 families were reached in eight of nine regions, through age and sex-disaggregated community dialogue sessions (children under 18 years, pregnant women, breastfeeding women, older women, older men), with strong participation and collaboration of the 351 traditional and religious leaders. Radio programmes were designed to support the community-based dialogue activities and broadcast nationwide by 23 community radio stations. Visual communication materials (posters, flipcharts) were also produced and distributed to support these programme interventions at the community level.

In 2012, six national campaigns were supported: polio, measles integrated with Vitamin A and deworming, LLITN utilization, cholera prevention, promotion of school attendance (to encourage return to school after the April coup) and prevention of violence against women and girls.

Service Delivery

Mostly met benchmarks

To reach global targets in polio eradication and measles elimination, two Child Health Days were implemented to reach more than 300,000 U5 children. The first integrated polio vaccination, vitamin A supplementation and deworming, while the second integrated measles vaccination, vitamin A supplementation and deworming.

To implement the Community Health Policy validated in 2010, UNICEF supported service delivery to children and pregnant women through fixed and outreach strategies by health technicians and CHWs. Training and working materials were provided to 2,463 CHWs identified in six priority health regions of POPEN, who then began offering services to communities. Among them, 788 were also trained to provide community-based growth monitoring and screening for malnutrition, and 112 members of mothers' support groups received training to promote good IYCF practices. At the facility level, UNICEF supported effective management of acute malnutrition at 72 health facilities, using 221 trained health technicians and 11 nutrition focal points.

UNICEF supported PMTCT/ART service delivery by training 100 health workers at 20 health centers in Gabu and Oio (where PMTCT coverage was low), and supported service delivery through Cumura Hospital and NGOs Ceu e Terras and CIDA Alternag, reaching 2,864 ART clients (47 per cent of the national burden of the ART Programme), and providing PMTCT prophylaxis for 284 HIV+ pregnant women (approximately 27 per cent of the national burden of the PMTCT Programme). To minimize loss to follow up PMTCT/ART clients, PLHIV activists were engaged through Cumura Hospital, Ceu e Terras and RENAP+GB to conduct home visits to recuperate approximately 250 HIV+ clients per quarter.

Since service delivery to protect children was poorly coordinated, institutional capacity was weak, and beneficiaries were not aware of services that were available, UNICEF improved collaboration among border guards, NGOs, communities and justice officials, resulting in a decrease in child trafficking victims intercepted at the border from 140 in 2011 to 88 in 2012. UNICEF, with partners AMIC and SOS Talibé Crianças, rescued 208 Bissau-Guinean boys from forced beggary in Senegal and reintegrated them with their families in Gabu and Bafata. To address in-country exploitation of Talibé children, the NGO Juventude Islamica rescued 84 children from forced beggary in SAB, either hosting them with foster families or reintegrating them with their families in Gabu and Bafata. With UNICEF support to build capacity of child protection actors in preventing and responding to violence, exploitation and abuse against children, the Minor Brigade investigated 245 cases (32 of sexual abuse, 20 of forced marriage and 193 of maltreatment), with 10 referred to the Guardian ad Litem to court. This structure of the General Attorney's Office assisted 466 cases affecting children (mainly related to child allowance payments) and provided family counseling sessions through social workers.

In BR, UNICEF strengthened service delivery capacity of civil registration offices in eight regions and supported campaigns in areas covered by the Tostan Community-led Empowerment programme, through which 4,224 children received their birth certificates. This pilot exercise evaluated the capacity of BR officials in introducing mobile units into the BR routine system, which is now being expanded in Quinara.

Strategic Partnerships

Mostly met benchmarks

UNICEF advocated for donor support to POPEN and for partners to engage in its implementation. The EU will provide €1,792,000 for an initial three-year programme from 2013. UNICEF will partner with the NGOs VIDA, ADPP, IMVF and EMI, as well as UNFPA and WHO. Other donors will support POPEN roll-out, including GFATM and the Spanish MDG-F nutrition joint programme. To reinforce health system-strengthening efforts, UNICEF worked with WHO to launch a health sector coordination mechanism with government actors and key donors.

In nutrition, UNICEF partnered with the MoH, WFP, WHO, FAO, NGOs (PLAN Guinea Bissau, CARITAS), communities and media to reduce malnutrition through the MDG-F joint nutrition programme. For universal salt iodization and elimination of Iodine Deficiency Disorders (IDD), UNICEF partnered with the Ministry of Commerce, Customs, the private sector, the Micronutrient Initiative (MI), the Government of Senegal, and USAID.

WASH partnered with the Ministry of Energy and Natural Resources through the Directorate of Water Resources at national and subnational levels, facilitating Guinea Bissau's participation at the High Level Meeting under the Global Partnership on Sanitation and Water for All. An innovative UN partnership was forged in the context of the peace building/employment generation in which UNICEF intervened in sanitation in peri-urban settings and UNDP, ILO and FAO intervened in their areas of expertise. WASH developed new partnerships with ECHO and the EU Water Facility to channel resources to mitigate cholera risk and strengthened CBO partnerships to ensure adoption of safe hygiene practices and appropriate use of facilities constructed by the private sector.

UNICEF partnered with the National Technical Secretariat of the Fight against AIDS (SNLS) and the MoH/ Sector Cell to fight AIDS (CSLS) and is a member of the UN Joint Team for HIV and the CCM. UNICEF engaged with the EU, the US Government, Clinton Health Access Initiatives and the International Development Research Centre (IDRC) to attempt to mobilize more resources for the national HIV response. Resources were successfully mobilized from UNICEF Brazil for primary HIV prevention activities. To implement HIV prevention, care and treatment, UNICEF partnered with NGO service providers and the Network of PLHIV Associations.

UNICEF partnered with the Ministry of Education (MoE) and WFP to select target schools for the CFS+ programme, to prioritize the most deprived children. UNICEF mobilized education partners (including donors, CSOs and other UN agencies), leading negotiations with the government to modify the implementation modality of the USD 12 million Global Partnership for Education Fund, which could not be transferred to the Government following the coup. As a result, UNICEF will assume the Managing Entity role so that the funds can be retained for Guinea Bissau. CBO partnerships were enhanced in 2012 to support children affected by the coup.

In child protection, UNICEF partnered with UNFPA, the National Committee for Abandonment of Harmful Practices, NGO Tostan, networks of religious leaders, and community radio stations, to promote child rights and overcome harmful social norms, in particular child marriage and FGM/C.

The C4D Programme engaged in activities through a range of partners, including Social Ministries (Health, Education, Communication, Natural Resources and Justice), National Institute of Public Health (INASA), NGOs, the community radio network, the children's parliament, CBOs, traditional and religious leaders, mobile phone companies and the UN Communication Group.

Knowledge Management

Partially met benchmarks

UNICEF Guinea Bissau, government partners and the other UN agencies (WFP, WHO, FAO) collaborated in the development of a proposal submitted to the MDG Achievement Fund (MDG-F) nutrition joint programme for knowledge exchange between Guinea Bissau and Ethiopia to allow each country to improve their respective implementation of the programme. The proposal was approved and study visits will be conducted in early 2013.

With funding and technical support from WCARO and UNICEF Guinea Bissau, the SNLS carried out a secondary analysis of the MICS 2010 to inform evidence-based strategies most likely to reduce girls' risk of HIV infection. Factors were identified that were independently associated with sexual risk behaviors (early sexual debut [ESD] and intergenerational sex [IGS]). The findings were disseminated first across relevant programmes within UNICEF. The study showed that education, child protection and HIV issues are intimately inter-linked. Literate girls had lower odds of ESD, while girls currently in school were less likely to carry out IGS. The strongest driver of ESD and IGS was marriage.

The results have informed integrated programming across UNICEF. For example, in 2012, HIV was integrated into the curriculum catch-up summer camps to reach 18,982 children. HIV information was also integrated into training of CFS+ school committee members and teachers, where pre- and post-tests showed a decrease in HIV stigma and discrimination as a result of the training session. The results of the secondary analysis were also disseminated externally at the AIDS 2012 conference in July and in the Children and AIDS Newsletter in December, and have informed activities within the National Strategic Plan for HIV/AIDS (2012-2016) and National EMTCT Action Plan (2012-2016).

The HIV Programme worked closely with government partners (SNLS/CSLS) at national and regional levels to carry out regular bottleneck analyses of key PMTCT indicators, which informed the development of the National EMTCT Action Plan (2012-2016). Results were also disseminated externally at the AIDS 2012 conference as a poster presentation. At regional quarterly meetings, regional- and site-level service providers analyzed national, regional and site level indicators, identifying bottlenecks and proposing corrective actions to improve programme performance.

The HIV Programme also conducted a presentation about HIV/AIDS for all UNICEF staff to contextualize the key HIV/AIDS results (and their links to Education and Child Protection issues) from the MICS to make them relevant to the daily lives of national staff. Through the Local Staff Association, the DVD "O Que Posso Fazer", to combat HIV stigma and discrimination was screened for staff. In a subsequent survey, UNICEF staff demonstrated a very high level of comprehensive HIV knowledge (94 per cent, compared to 24 per cent in the MICS among women aged 15-49 years) and low levels of stigma and discrimination, with 89 per cent of UNICEF staff expressing positive attitudes toward PLHIV (compared to only 11 per cent in the MICS among women aged 15-49 years).

Human Rights Based Approach to Cooperation

Mostly met benchmarks

The UNICEF – UNFPA joint programme (2008-2012) promotes abandonment of FGM/C through implementation of holistic community-based programmes, incorporating human rights education and creating an environment to enable change. The 157 communities that declared adherence to human rights values and abandonment of harmful practices in late December 2012 and early January 2013 in Bafata, Gabu and Oio underwent, over the past four years, human rights education promoting gender equality and the peaceful resolution of interpersonal, intra-familial and social conflicts. The communities also gained skills to build violence-free and gender-sensitive parental behaviors and received information on the adverse consequences of FGM/C and child marriage, among other harmful practices. CMCs from the villages reached by the programme contributed to the improvement of the living conditions of populations with activities to promote child immunization, girl child education, BR and the improved access of women to income generating

activities to enhance their economic capacity.

Freedom from stigma and discrimination and access to treatment are fundamental rights of PLHIV. To achieve these goals, UNICEF supported the national network of PLHIV Associations (RENAP+GB) to recuperate PMTCT/ART clients lost to follow up, as well as carry out sensitization activities to reduce HIV stigma and discrimination in Oio, Bafata and Gabu. These Associations work closely with the health system to identify clients who default on their PMTCT/ART visits, and carry out home visits to provide psychosocial support to encourage the client to return to the clinic for follow up. Also in 2012, UNICEF, together with UNAIDS, supported RENAP+GB to establish an Association of Teachers living with HIV.

UNICEF provided technical inputs to prepare training materials for the academic workshop on Human Rights and Gender Equality organized by the Faculty of Law in Bissau in November 2012, with support from the UNDP Human Rights Project. The sessions were attended by 70 participants from national CBOs and international NGOs.

Gender Equality

Mostly met benchmarks

As a result of the perspective of predominance of men over women, gender inequalities in Guinea-Bissau are deeply rooted in the socio-cultural reality in terms of control of resources, social responsibilities and opportunities for social mobility. Such gender inequalities constitute a flagrant violation of human rights of women and constitute a bottleneck to the promotion of development and social welfare. The elimination of these gender inequalities is imperative and is a national priority, according to the DNARP II. To bring about this goal, in February 2012 the government, with the support of UN Country Team (UNCT)/Gender Thematic Group (GTG), completed and validated its National Policy for Gender Equality and Gender Equity (PNIEG), developed through a consultative and participatory process. A needs assessment was completed for national legislation on gender equality, with the involvement of the government and civil society in the design and drafting of the document.

The National Mechanism for Women, composed by the Institute for Women and Children (IMC), which is the operational arm of the former Ministry of Women, Family, Social Cohesion and Fight against Poverty (which was dissolved following the April coup), is responsible for oversight and technical assistance for the implementation of PNIEG through all sectoral ministries and in conjunction with civil society. Like other state departments, the Institute suffers from political and institutional instability; its statutes have only recently been approved and it faces many limitations in terms of human and financial resources.

On the International Day of Women under the slogan proposed by the UN for 2012, "Giving Autonomy for Rural Women, Eradicating Hunger and Poverty", several activities were implemented with support of the GTG and the Women's Political Platform (PPM), including training workshops for women in political parties and civil society to recognize the importance of voting, a policy statement for political parties and candidates in the presidential election, as well as monitoring of the campaign. March 6 and 7 were devoted to a training workshop for women in political parties and civil society and the Political Declaration on Women (press conference). Field visits were conducted on March 8 to visit women's gardening projects funded by the FAO (Granja de Pessubé to Bissau or North Country).

During the 16 day campaign to end Violence against Women (VAW), a study on VAW in Guinea-Bissau was disseminated through a high-level launch/press conference to raise awareness about the study's recommendations, as well as other efforts related to ending VAW (e.g. Universal Periodic Exam Recommendations). A UNCT concept note/proposal was submitted to the UN Trust Fund to End VAW for a potential Joint Programme on VAW, and a more detailed project document is being elaborated.

UNICEF, together with the United Nations Integrated Peace-Building Office in Guinea-Bissau (UNIOGBIS), provided technical assistance to inform the creation of an Association of Women Teachers to address the many problems faced by teachers in carrying out their functions, including gender inequalities in schools.

Among their priorities will be to ensure that gender inequalities are addressed systematically and in a participatory manner in the education sector.

Environmental Sustainability

Mostly met benchmarks

Environmental risks in Guinea Bissau include climate change. Rising sea water levels have already had a negative impact on fresh water in the Geba river, with considerable impact on agriculture, livestock, fishery and underground water resources.

To ensure sustainable exploitation of underground water, various tools have been introduced and consolidated in the current year taking into account the growing volume of service delivery by the WASH Programme. Geophysical surveys in areas close to the sea are mandatory to ensure identification of the interface fresh/sea water and avoid contamination of fresh water. Water quality analysis, including physical-chemical and bacteriological analysis, has been included in the bidding documents for the recruitment of water supply companies. A partnership has been established with the National Laboratory of Public Health (LNSP) to support water quality efforts. However, there is a gap in their capacity to undertake analysis and deliver timely results. To address this gap, the sector partner EU is supporting the LNSP with analytical equipment.

In regions where UNICEF implements programmes, water quality management has been addressed through training for government officers and NGOs, as well as provision of water quality kits. The implementation of the CLTS approach, with massive construction of latrines at the community level, can pose a risk through the potential contamination of shallow aquifers. A study has been planned to assess the potential risk and identification of mitigation measures to be considered.

In the education sector, environmental protection and sustainability are reflected in the curriculum, but frequent disruption of classes and the lack of adequate teacher training makes it difficult to ensure that children develop the awareness and skills to cope with the environmental risks the country is facing.

In the context of Disaster Risk Reduction, UNICEF has been working with the MoH and all stakeholders as well as the Water and Sanitation Working Group to incorporate cholera preparedness, prevention and response actions in the normal programming. This includes mapping of areas prone to cholera outbreak, prepositioning of key supplies for immediate response in such areas, development of tools indicating who is doing what and where in health and water sectors, reactivation and operationalization of the rapid response teams in all regions, particularly those prone to cholera outbreak for close monitoring and early reporting of possible cases, regular meetings of the Epidemic Response Group under the MoH and monthly meetings of the Water and Sanitation Working Group.

South-South and Triangular Cooperation

In the context of elimination of IDD, UNICEF supported an inter-country study tour in Senegal for seven participants from Guinea Bissau working in sectors of health, commerce, industry and customs, as well as local producers of iodized salt. The aim was to exchange and learn about the surveillance and quality control system for iodized salt at the levels of production, exportation, distribution and commercialization as well as the management and sustainability of associations producing iodized salt locally in Senegal. As a result, recommendations on how to improve the situation in Guinea Bissau and how to strengthen collaboration between the two countries were formulated. Thirty-five agents for quality control of iodized salt were trained in December 2012 in collaboration with the Ministry of Commerce, Health and Customs, with technical support from the Micronutrient Initiative (MI) and WCARO. Rapid test kits for iodized salt were provided to trained control agents to start quality control of iodized salt in all nine regions of the countries.

In May 2012, UNICEF Nicaragua organized an international Lacos Sul-Sul (LSS) Initiative for Government,

youth and UNICEF participants from Portuguese-speaking countries. One government delegate (from SNLS) represented Guinea Bissau. UNICEF Guinea Bissau subsequently supported SNLS to elaborate proposals for LSS seed funding from UNICEF Brazil in the area of primary HIV prevention among youth, which is severely under-funded in Guinea Bissau. As a result, two small projects – one in the area of in-school HIV peer education and the other reaching young, married girls in Bafata and Gabu – were accepted for funding by UNICEF Brazil in 2012, for implementation in 2013. Expected results include: increased comprehensive HIV knowledge and decreased HIV-related stigma among secondary school-aged youth, young married girls and opinion leaders; and increased HIV testing among youth and older men. Further advocacy will be conducted through regular communication with UNICEF Brazil on programme progress, as well as stronger participation (from government, youth civil society and the UNICEF Guinea Bissau HIV Programme) at the next LSS meeting in 2013, to increase the much-needed support to the HIV Programme.

In August, UNICEF's HIV Programme facilitated a study visit for two government delegates (one from SNLS and the other from CSLS/MoH) to Rwanda in the area of couples' HIV testing and counseling through a CDC-funded South-South partnership project. Upon return, the delegates shared the experience with key actors within government, the UN and NGO partners, and shared a draft road map for implementation. Expected results in 2013 include: adaptation of Portuguese-language training materials; training of trainers; cascade training of health service providers; and increased rates of male and couples' HIV testing. International technical assistance will be provided through the South-South partnership by CDC, but local costs need to be covered by the HIV Programme (through the GFATM or UNICEF). This initiative, if successful, will not only build Guinea Bissau's capacity to implement evidence-based HIV prevention interventions, but also contribute to building the country's credibility with United States Government donors.

Narrative Analysis by Programme Component Results and Intermediate Results

Guinea Bissau – 6850

PC 1 - Child protection and rights promotion

 On-track

PCR 6850/A0/03/001 Judicial and Institutional Child Protection systems are functional and at least 25 per cent of OVCs receive free basic support

Progress:

During the reporting period, steps toward adoption of the law against domestic violence, preparation of the Child Protection Code and the National Child Justice Policy document did not progress, and deliberations at the National Assembly on the draft law against domestic violence were suspended (IR1). At the same time, 292 children were rescued from forced beggary and trafficking and 466 children victims of abuse, violence and exploitation accessed care and support services provided respectively by partner NGOs and the Guardian ad Litem (IR2). Among 13,000 children identified and referred to civil registration services, 4,224 received their birth certificates (IR3). 157 communities declared their adherence to human rights values and abandonment of harmful practices (IR4). The political crisis linked with the military coup in April 2012 affected delivery of programme results, with particularly negative effects on legal issues. However, progress towards attainment of the PCR is on track since strategies to address the causes of inequity affecting children are identified.

Human rights education and community development activities coupled with mobilization of religious and traditional leaders led to overcoming social norms driving FGM/C, child marriage and domestic violence. The development of capacities of Civil Registration Services, advocacy for waiver of fees and conduct of C4D campaigns helped to strengthen the supply side, overcome financial barriers and increase demand for BR services. Strengthening capacities of the Guardian ad Litem, the Minor Brigade and Transit Centers, together with reinforcement of coordination capacities, dissemination of information on mandates of child protection institutions and instillation of synergy among border police and partner NGOs, enabled children victims of abuse, exploitation, trafficking and violence to gain access to basic social services. Advocacy and facilitation of policy dialogue with the IMC led to reinforcement of the policy framework with the creation of a national inter-sector committee charged with the coordination of child protection interventions. Reactivation of the Protection Cluster within the UNCT helped to jointly monitor the situation of human rights and to prevent violence against women and children in the midst of the political crisis.

The programme will reinforce the use of these strategies to address drivers of inequity at a larger scale. In this respect: (i) policy dialogue will continue to ensure adoption of the law against domestic violence, and preparation and adoption of the Child Protection Code and the National Child Justice Policy Document; (ii) cross-sector collaboration will be strengthened in the Education, Justice and Health sectors to facilitate access to BR, address drivers of child marriage and end violence against children; and (iv) capacity development and institutional support will be provided to the IMC, the National Committee for the Abandonment of Harmful Practices (NCAHP) and partner NGOs to reach out to children in remote areas with quality services.

IR 6850/A0/03/001/010 Effective and efficient management and support to the Child Protection programme

 Constrained

IR 6850/A0/03/001/012 Child Protection Code created and adopted and Child Justice policies and services integrated into National Justice Policy.

Progress:

Efforts to prepare the draft Child Protection Code and the national Child Justice Policy document were adversely affected by the political crisis prevailing since the April 2012 coup. Low interest of donors in supporting legal issues with a Transition Government, coupled with freezing of funds supporting Child Justice issues, halted the establishment, by Ministerial Act, of the inter-sector committee. That committee could play two critical roles: endorsing knowledge generated through the study on harmonization of legislation and

community consultations on child protection issues, and leading preparation of the Child Protection Code and the National Juvenile Justice Policy document.

Similarly, joint efforts with the Judicial Training Center (CENFOJ), to train magistrates, law enforcement officers and implementing agents from NGOs on the principles and requirements of child justice did not go beyond preparation of training modules. In addition, discussions on the draft legislation on domestic violence with the specialized commission for women and children at the National Assembly did not advance due to suspension of deliberations.

In the meantime, UNICEF pursued discussions with the Ministry of Justice, UNIOGBIS and the Rule of Law Program/UNDP to devise instruments through which child protection issues will be earmarked in the reform of the justice sector. At the field level, capacities of the Guardian ad Litem and the Minor Brigade as well as those of partner NGOs were built to protect and support children in conflict with the law under custody. In the event of a positive evolution of the political situation, preparation of the draft Child Protection Code and the national Child Justice Policy document will be pursued. Establishment of Mobile Courts to reach children in underserved areas with legal protection and judicial assistance is on the agenda of discussions with UNDP/Rule of Law and UNIOGBIS/Justice Sector Reform.

 On-track

IR 6850/A0/03/001/013 Girls and boys without care and victims of abuse, violence and exploitation benefit from social basic services and child protection

Progress:

Steps taken in 2011 to strengthen the institutional framework for child protection were consolidated in 2012 with the creation, following UNICEF advocacy, by the MoH of the national inter-sector committee in charge of coordinating and monitoring child protection National Actions Plans.

The efficiency of basic social services to vulnerable children provided by child protection institutions and partner NGOs improved in 2012 owing to development of their capacities, establishment of synergy among them, dissemination of information on their mandates and conduct of C4D campaigns. Children rescued from trafficking and forced beggary are now cared for and reintegrated in families by trained agents from the Border Police and partner NGOs, while children victims of neglect and violence are accessing care and legal assistance from the Guardian ad Litem, the IMC and the Minor Brigade. Moreover, reactivation of the Protection Cluster within the UNTC helped to coordinate assistance to children in institutions and to children and women in detention centers during and after the political crisis. However, efforts should be made in the area of data collection.

The political crisis impeded establishment of working collaboration among NGOs in Guinea Bissau and in Senegal on child trafficking and Talibé children's issues. Freezing of Peace Building and European Union Funds delayed the support for the functioning of two Units of the Guardian ad Litem in the Oio and Cacheu Regions, postponed the creation of a shelter for women and girls victim of violence in Gabu and the creation (in collaboration with UNIOGBIS) of "child friendly space" in three Border Guard Posts.

In the event of positive evolution of the political situation, priority will be given to pursuing halted interventions and advocacy for conclusion of bilateral cooperation agreements with Gambia, Guinea and Senegal on vulnerable children's issues.

 On-track

IR 6850/A0/03/001/016 Gender sensitive national BR policy implemented and BR system used by the population

Progress:

Improvements were noted during 2012 in the areas of identification and referral of unregistered children to Civil Registration Offices and timely issuance of birth certificates. This progress demonstrated the

appropriateness of the following interventions to strengthen the national registry system and to promote its use by the population: (i) developing capacities of Civil Registrations Offices with skills, working materials and facilitating networking with administrative authorities, local leaders, education institutions and health facilities; and (ii) increasing demand for BR with waiver of existing fees, C4D campaigns and inclusion of identification and referral of unregistered children in routine duties of partner NGOs working at the community level. These interventions were carried out by regional civil registration offices with local partners, and show efficiency in the 187 communities in 4 regions covered by 3 partners NGOs. These efforts will be progressively extended.

At the national level, initial steps for setting up a BR database were taken. The Ministry of Justice, with support from UNICEF and UNFPA, launched a nationwide data collection effort on the number of children registered at birth. The process is overseen by the steering committee of the National Action Plan for Civil Registration. Results to be shared in early February 2013 will provide an overview of progress and remaining challenges.

Actions envisaged to accelerate results include pursuing advocacy work to extend the waiver to all regions of the country and to all children, and strengthening the national BR system with adoption of inter-sector agreements (Justice/Education and Justice/Health) to mainstream BR issues in community health activities and run immunization campaigns and education for all campaigns. Support will also be provided for the creation of BR desks in five health facilities and establishing mobile registration units in five regions.

On-track

IR 6850/A0/03/001/017 Communities adopt protective behaviors related to child mobility, gender relations and violence and solve or refer child protection accidents to national child protection authorities

Progress: The momentum started in 2011 with the adoption of the law criminalizing FGM/C continued in 2012 with the proclamation, by the Supreme Islamic Council of the "Declaration of Imams of Guinea Bissau against FGM/C", and the issuance by 225 religious leaders (against 27 in 2011) of edicts delinking Islam and the FGM/C. Populations of 157 communities also made public declarations of their adherence to human rights values and abandonment of harmful practices. In addition, the legal response to FGM/C was reinforced with training of 360 Magistrates, Law Enforcement Officers and implementing agents from NGOs on enforcement measures of the FGM/C legislation.

These milestones were reached owing to: policy dialogue with the government, development of capacities of the NCAHP and NGOs, technical inputs for implementation of the social norms transformation process and conduct of C4D campaigns, among others. The participation of Imams from Guinea-Bissau in the adoption of a Regional Fatwa against FGM/C, in September 2011 in Nouakchott, invigorated religious leaders in Guinea Bissau and sustained their commitment throughout 2012 to promote the abandonment of FGM/C.

Forthcoming interventions include: assisting CMCs in the 157 communities to maintain their commitment to abandon harmful practices; disseminating provisions in legislation criminalizing FGM/C in local languages; and establishing community-based mechanisms to detect and report acts of violence against children and women, including FGM/C.

PC 2 - Child survival

On-track

PCR 6850/A0/03/002 Reduction of Infant Mortality from 138 to 100, and U5 Mortality from 223 to 180 per 1000 live births respectively

Progress:

Programme efforts during the year focused on activities at the policy and strategic level, including capacity strengthening for implementing partners including line ministries, NGOs, CSOs and community-based actors; service delivery: information production and sharing; and resource mobilization.

The programme supported the updating of the MoH's operational plan to scale up interventions with high impact on infant, child and maternal mortality reduction, completing and strengthening its scope at the first contact level and referral level health facilities. UNICEF supported the performance review of the national malaria control programme that evaluated its strategic plan for the period 2009-2012 as well as the drafting of its new strategic plan for the period 2013-2017. Legislation regulating the production, importation and marketing of iodized salt was revised and validated at the technical level, while its submission for enactment was interrupted by the change in the political situation. In the WASH sector, the water policy and the sanitation and hygiene policy were drafted and submitted to the relevant government institutions for review ahead of adoption, but the process was also stalled.

UNICEF supported the development of a monitoring guide and tools for decentralized monitoring (Tanahashi model) and trained a core of 24 officials from the central services of the MoH who then piloted and supported all 19 health areas of the Cacheu region to conduct the first monitoring session. The results clearly identified the different bottlenecks, which were further analyzed, leading to the adoption of corrective actions that are planned for implementation. UNICEF provided 31 health facilities in the Gabu and Oio regions with sanitary equipment and solar water supply and electrification facilities to boost their capacities to deliver quality health services.

Emergency preparedness and response activities were planned and implemented throughout the year. The cholera prevention campaign was launched in April (as has been the tradition since 2009) and in the aftermath of the April 12 coup that witnessed the stoppage of water supply in Bissau city, UNICEF stepped in and supported the restoration of water supply to populations of the city.

In spite of the difficult working environment, the programme supported the organization of two editions of 'Child Health Days' that each reached over 300,000 U5 children with an integrated package of high-impact interventions including polio and measles vaccination, vitamin A supplementation and deworming. Routine vaccination and antenatal clinic services were supported and services delivered through fixed and outreach strategies in six priority regions (Cacheu, Oio, Farim, Biombo, Bafata and Gabu). Progress was made in the implementation of the community health approach with the effective operationalization of 483 fully trained and equipped CHWs in the Cacheu region who embarked on an exhaustive household registration with emphasis on U5 children and pregnant women, and promotion and monitoring through household visits of the adoption of KFPs with known impact on child and maternal mortality reduction. In this light, community-based nutrition interventions (promotion of breast feeding, nutrition screening and nutrition education) were initiated. Nutritional therapeutic foods and supplies were provided and served for the management of acute malnutrition in health facilities. The implementation of CLTS was scaled up to 333 new communities.

Water supply was improved through the construction of 120 new boreholes, 50 of which were completed during the year, providing water to 10,000 inhabitants in the vulnerable regions of Quinara and Tombali. Collaborative partnerships with NGOs were sought and utilized in the implementation of the community health approach (e.g. with NGO VIDA in the Cacheu region) and CLTS and water supply interventions (ALTERNAG and ADPP), while a host of civil society organizations were engaged in the prevention of cholera activities in Bissau and the regions. The programme pursued collaboration with other UN agencies (WFP, WHO and FAO) and NGOs in the implementation of the Joint MDG-Fund Nutrition project.

With regard to the production, use and sharing of information, the programme supported the conduct of three surveys, notably a tetanus elimination survey (results available since February 2012), a bed net campaign impact survey and a SMART nutrition survey; the results of the latter two will be available in early 2013. These will help inform the programme and guide future planning and intervention in these areas.

Programme implementation and achievement of results in the country continued to be constrained by the very weak human resource situation in the line ministries, coupled with delayed salary payments and recurrent strike actions. The April 12 coup triggered a rapid deterioration in social service delivery, including health care, and was compounded by the withdrawal of a number of funding partners and the placement of restrictions on already-funded activities implemented with government institutions, such as the EU-funded interventions in the WASH sector. The majority of the few NGO implementing partners also closed down their

interventions in the country. The change of government, its priorities, budget and capacity to mobilize its resources compromised commitments that had been obtained from the previous government to part-fund the acquisition of cold chain equipment needed for the planned introduction of pneumococcus and rotavirus vaccines respectively in 2013 and 2014.

With the deteriorating socio-political situation in the country, the programme funding situation, whether through UNICEF, the government or other partners suffered a significant setback. The GFATM invoked additional safeguard measures that led to a suspension of disbursements to the country in 2012, which had a serious negative impact on malaria, tuberculosis and HIV/AIDS programme delivery. The programme made progress in advocacy and fundraising efforts with the local EU delegation and received approval of funding worth € 1.792 million for a three-year implementation of the MoH's operational plan to scale up high impact interventions in four health regions (Cacheu, Biombo, Oio and Farim). The funding contract will be signed in January 2013.

Priorities in the coming year include effective scale up of the operational plan to the six priority regions through the operationalization of all the 2,463 CHWs already trained and equipped in these regions and transiting from campaign-mode child health days to community-based delivery of key services such as vitamin A, deworming and LLITN. Other priorities include evaluation and strengthening of the country's immunization programme and introducing the pneumococcus vaccine; intensification of IDD control and community-based nutrition interventions; and further scale up of CLTS, water supply and school WASH.

 On-track

IR 6850/A0/03/002/003 By the end of 2012, the proportion of households consuming adequately iodized salt and who practise early and exclusive breastfeeding shall be increased by 15 and 10 points respectively and the rate of boys and girls with severe malnutrition will be reduced from 4 to 2.

Progress: The programme has provided and continues to provide support to the Government's efforts on Universal Salt Iodisation. The National Food and Nutrition Policy that was validated in 2011 provides national guidance to all implementing partners. It also strengthens the environment for the implementation of nutrition activities. Legislation regulating the production, importation and marketing of iodized salt has been revised and validated, but it is yet to be enacted and well implemented, a process delayed by the April coup. Three local women's associations producing salt have been supported with the provision of necessary equipment and materials for salt iodization. A South-South collaboration between Guinea-Bissau and Senegal has helped the national multi-sectoral team (Health, Commerce, Customs, private sector) learn how to improve the implementation of the system of surveillance and quality control of iodized salt at all levels (production, exportation, distribution and commercialization). Information to enhance the sustainability of the management of local associations producing iodized salt was also provided.

Training was provided for 35 government control agents on quality control and surveillance of iodized salt, with technical support from WCARO and MI. The sessions were based in Dakar Senegal and 35 rapid qualitative test kits were provided to trainees to allow them to implement their training immediately. Collaborative efforts with other UN agencies (WFP, WHO, FAO) and NGOs within the joint MDG-F Nutrition project have contributed to the reduction of child mortality by improving the effective management of acute malnutrition cases in 24 nutrition rehabilitation centers, 48 health centers of the MDG-F Nutrition project regions (Bafata, Gabu and Oio) and in 42 health areas from other regions. As a result, 3,527 out of 4,076 (86 per cent) of U5 children admitted for undernutrition responded favorably to treatment.

Efforts to strengthen and sustain prevention of malnutrition and micronutrient deficiencies were made through community-based nutrition interventions by promotion of exclusive breast-feeding, nutrition screening and nutrition education using CHWs and Mother Support Groups. Through that approach, initiated in September, 3,116 children were screened for malnutrition, revealing 351 malnourished cases (12 per cent), while 2,818 lactating mothers and 350 men were reached, sensitized and educated on the advantages of breast-feeding, complementary feeding and balanced diets in the area of 12 health centers in Bafata, Cacheu, Gabu and Oio.

 On-track

IR 6850/A0/03/002/004 The proportion of people (men and women) who properly use water and sanitation infrastructures and adopt safe hygiene practices; ie. hand washing, drinking water treatment and conservation and safe excreta disposal is increased by 20 per cent in the regions of Oio, Quinara, Tombali, Bombo, Gabu, Bissau and Cacheu by the end of 2013.

Progress:

In 2012, WASH played a critical role in the sector coordination in support to the government/DGRH. Monthly coordination meetings were held including field visits and preparation of country inputs to different international forums. The country integration into the global partnership on Sanitation and Water for All (SWA) was consolidated through direct interaction between the SWA Secretariat and DGRH. While the national Water Policy and Sanitation and Hygiene Policy have been drafted and are under review by relevant government institutions, further discussions were suspended after the April coup.

Collaborative partnerships with NGOs were sought and utilized in the implementation of CLTS and water supply interventions (ADPP, Medicos do Mundo, Guinea Bissau Red Cross, Nadel and Batom den Ngolen) and a host of CSOs in the prevention of cholera in Bissau and the regions.

Disaster Risk Reduction was addressed in the normal WASH planning, with cholera preparedness and response activities implemented throughout the year. The effectiveness of these activities was critical to protect the country, since all the surrounding countries faced a cholera outbreak in 2012. In August, Guinea Bissau registered its first confirmed case, and up to December the country had 3,171 cases with 22 deaths (0.7 per cent fatality rate). All cholera response structures were activated and instrumental to stop the cholera outbreak.

To respond to the emergency situation following the April coup, ECHO funds were mobilized, focusing on cholera prevention activities, including providing support to ensure two weeks of water supply to Bissau, in cooperation with water supply company EAGB. Furthermore, to respond to the cholera epidemic prevention and response, agreements with 4 NGOs and 15 CBOs were signed for the promotion of correct hygiene practices in SAB. The establishment and management of CTCs (Cholera Treatment Centers) in the main hospital of Bissau and other areas was supported with the delivery of sanitation and hygiene materials and establishment of the link between the activists of the NGOs/CBOs and the management of the CTCs. Other partners focused on case management at the CTCs.

WASH scaled up the implementation of CLTS, to reach a total of 95,000 people living in 333 communities, 255 of which were declared ODF. In addition, 4,128 traditional latrines were constructed and 2,000 upgraded to improved latrines as a result of social marketing of slabs.

Thirty-one health centers had water supply solar systems constructed/rehabilitated, benefitting some 4,650 people. Out of the new 120 boreholes in construction, 50 have been completed, providing water to 10,000 people in vulnerable areas of Quinara and Tombali regions, including remote islands of Komo.

To ensure appropriate use of constructed facilities, hygiene education focusing of safe hygiene practices and operations and management skills were conducted, reaching 12,800 people. Under the school WASH component, 119 blocks of sanitation facilities with latrines and urinals for both boys and girls were constructed benefitting 13,000 school pupils in the regions of Tombali and Quinara.

 On-track

IR 6850/A0/03/002/015 By the end of 2013, Child morbidity and mortality caused by vaccine-preventable diseases, malaria, diarrhea and acute respiratory infections, and maternal morbidity and mortality are reduced by 10 per cent.

Progress:

Within this intermediate result area, UNICEF provided 31 health facilities in the Gabu and Oio regions with sanitary equipment, solar water supply and electrification facilities to boost their capacities to deliver quality health services.

Collaborative partnerships with NGOs were sought and utilized in the implementation of the community health approach (e.g. with NGO VIDA in the Cacheu region).

Two sessions of 'Child Health Days' were organized, reaching more than 300,000 U5 children, with polio vaccine, measles vaccine, Vitamin A and Mebendazol for deworming. The first session integrated polio vaccination, vitamin A supplementation and deworming, while the second integrated measles vaccination, vitamin A supplementation and deworming. UNICEF supported essential service delivery to children and pregnant women through both fixed and outreach strategies, employing health technicians and community health workers.

Training, equipment and working material was provided to 2,463 CHW out of a total of 2,498 identified in 6 regions (Bafata, Biombo, Cacheu, Farim, Gabu, Oio) where the POPEN is being rolled out (98.6 per cent). The focus was on promotion of 16 KFPs in line with the MoH's strategy to scale up interventions with high-impact on child and maternal mortality reduction.

Routine vaccination activities recorded the following results for the period January to November 2012 (November data for 2 health regions - Tombali and Farim not included): 96 per cent for BCG; 101 per cent for DTP+Hib_HepB; 101 per cent for Polio3; 81 per cent for measles; 78 per cent for yellow fever and 31 per cent for TT2+ (pregnant women). Non-mastery of the denominators explains coverage rates above 100 per cent.

Maternal and neonatal tetanus elimination was confirmed after a validation survey conducted in February 2012. This followed the completion in 2008 of three rounds of anti-tetanus vaccination campaigns targeting women of child-bearing age initiated in 2007. During the reporting period, 63 suspected measles cases and 7 acute flaccid paralysis (AFP) cases were tested and confirmed negative in the national reference laboratory.

UNICEF supported the development of a monitoring guide and tools for decentralized monitoring (Tanahashi model) and trained a core of 24 officials from the central services of the MoH, who then piloted and supported all 19 health areas of the Cacheu region to conduct the first monitoring session. The results clearly identified the different bottlenecks, which were further analyzed, leading to the adoption of corrective actions which are planned for implementation.

An evaluation survey is underway as of November 2012 to assess the impact of the 2011 mass bed net distribution campaign in terms of the availability and use of the nets in households, as well as the impact on malaria morbidity and mortality in U5 children. The final results are expected by the end of January 2013.

UNICEF technically and financially supported the National Malaria Control Program in the organization of its performance review and the analysis of the programmatic and financial gaps in essential malaria control supplies ahead of the submission to the GFATM of their proposal for the second phase of the country's current malaria grant.

PC 3 - Basic education and gender equality

 On-track

PCR 6850/A0/03/003 Access and quality education to girls and boys, and National Policies for Early Child Development and Literacy in support of education for the MDG.

Progress:

Guinea-Bissau has made impressive advances in the coverage of primary education in recent years. In grades 1 to 6, the number of students has increased more than 2.3 times from 118,723 to 278,668 students. Nevertheless, education outcomes remain strikingly poor in terms of internal efficiency and equity. To tackle the situation, UNICEF has made strategic choices to support the improvement of access, quality and policies of basic education.

In terms of increasing access to education, UNICEF addressed the bottleneck of commodities by constructing and equipping 146 classrooms in the most disadvantaged regions of Gabu, Bafata and Oio, as well as over-populated schools in SAB, benefitting almost 20,700 children. In addition, 2,360 student desks, 116 blackboards and 116 teachers desks were distributed to 320 schools. Also, 44,492 school kits were distributed during the summer camp activity and 12,000 school kits were distributed to 40 schools EAC to 56,492 children.

Selected CFS+ schools in 2011 were assessed to pilot a preschool initiative project and as well advocacy towards an Early Childhood Development (ECD) national policy was initiated by supporting elaboration of the ECD concept note.

To sustain the reforms in 2012, a Working Group was created to Support Education System Reform in Guinea-Bissau. It includes structures of the Ministries of Education, Economy and Finance, members of civil society (Coordination team piloting the Child Friendly Schools, National Association of Parents, Confederation of Guinean students, and the teacher's trade unions SINAPROF and SINDEPROF) and NGOs and international organizations involved in education (ADPP, FEC, WFP, PASEG, PLAN, UNESCO, UNICEF).

UNICEF has supported the government and partners to build capacity at the national and regional levels to improve planning, delivery and follow up of services. In 2011-2012, UNICEF supported the MoE in developing the training skills of 40 trainers of teachers to start the roll out of the Child Friendly Schools initiative; 481 teachers received audio lessons, training in participative management and administration of schools, which will continue in partnership with the MoE and NGOs. Along with pedagogical training, efforts are ongoing in the review of the curriculum, training in such areas as curriculum planning and design, instructional design, learning materials preparation, school management and other relevant areas of significance for improving the overall efficiency of the school system and teacher effectiveness.

Efforts have been intensified and directed at eliminating gender and regional disparities. Gender parity (Index 0.94), for instance, has almost been achieved at the lower basic (primary) level.

 On-track

IR 6850/A0/03/003/016 Net enrollment rates for girls and boys are increased respectively from 65.4 per cent and 69.3 per cent to 75 per cent by the end of 2012

Progress:

In terms of increasing access to education, UNICEF addressed the bottleneck of commodities by constructing and equipping 146 classrooms in the most disadvantaged regions of Gabu, Bafata and Oio, as well as over-populated schools in SAB, benefitting almost 20,700 children. In addition, 2,360 student desks, 116 blackboards and 116 teachers' desks were distributed to 320 schools. Also, 44,492 school kits were distributed during the summer camp activity and 12,000 school kits were distributed to 40 schools EAC to 56,492 children.

To support more children to start school at the right age, UNICEF conducted an action research activity, surveying the situation of out-of-school children and their psycho-social state in 40 CFS+ school catchment areas, which resulted in face-to-face sensitization of around 12,000 families.

Selected CFS+ schools in 2011 were assessed to pilot a preschool initiative project. Advocacy towards an ECD national policy was initiated by supporting elaboration of the ECD concept note.

In order to motivate students to return to school after 1.5 months out of school during the spring political crisis, UNICEF in collaboration with WFP and nine NGOs attempted to ensure continuity of service by conducting a rapid nationwide assessment of the situation after a teachers' strike and political crisis, a sensitization campaign to bring children back to school, and catch-up summer camps activities in 203 schools.

Gender equity was also addressed, through UNICEF support to the literacy training of 9,471 adults in 2012, of whom 6,965 were women.

 On-track

IR 6850/A0/03/003/017 The quality of primary education is improved nationwide

Progress:

UNICEF supported the MoE to expand the holistic approach to education, the CFS+ initiative, to two additional regions (Tombali and Quinara) that are still trailing in terms on addressing equity. The effort reached an additional 1,941 children in 10 new schools.

In this CFS+ framework, UNICEF addressed the bottleneck on human resources by supporting the MoE to train 18 education inspectors, 56 school directors and 481 teachers of 5 targeted regions and 40 schools in pedagogical practices, math and Portuguese subjects, school environment, planning and management.

At the same time, UNICEF supported the preparation of the National Framework on School Management with participation of the key education partners, developing a training manual in participatory school management. Moreover, UNICEF continued to assist the work on curriculum review by the Institute for Development of Education (INDE).

Following the political crisis, UNICEF tried to improve the quality of education – thus indirectly addressing effective coverage – by assessing the level of accomplishment of school syllabi, helping 10 trainers to prepare 481 animators and teachers to conduct audio catch-up summer camp programmes in 203 schools that were most affected in various parts of the country. The summer camp included cross-cutting themes, such as HIV prevention, and hygiene and sanitation.

 On-track

IR 6850/A0/03/003/018 Government budget share for education increased and sector management capacities reinforced by 2013

Progress:

In terms of reinforcing management capacity of the education sector, UNICEF continued to advocate for increased allocation of the national budget to the education sector, resulting in MoE pledging to allocate 15 per cent of the state budget by 2015 (from 9 percent in 2010 to 11.3 per cent in 2012). UNICEF also acquired IT material to reinforce both national and local management capacity of the education sector.

As the sector lead, UNICEF played a key role in maintaining funding from the Global Partnership for Education Fund, of which USD 12 million had been approved for Guinea Bissau but was in jeopardy due to the political crisis. With a strong collaboration with the education sector donors and partners, the funding has been maintained for Guinea Bissau, and UNICEF will take on the Managing Entity role for 2012-2014.

UNICEF also addressed the bottleneck on human resources at the policy level by launching the process to update and consolidate the database of teachers and other education staff, which is expected to help prevent future teachers' strikes.

PC 4 - HIV/AIDS

 Constrained

PCR 6850/A0/03/004 Universal access to ARV treatment for PMTCT, quality pediatric care and prevention among adolescent and young people

Progress:

At the level of policy, the National Strategic Plan for HIV (2012-2016) has incorporated all elimination of mother to child transmission (E-MTCT) targets. The E-MTCT Action Plan (2012-2016) was drafted in 2012, but is pending validation in early 2013. UNICEF supported the CCM to submit a successful proposal to the

GFATM's Transitional Funding Mechanism (TFM), which will provide funding for essential PMTCT/ART services in 2014 and 2015.

The main bottlenecks at the PCR level are related to budget and supply. The GFATM is the main donor for HIV control in Guinea Bissau. Round 7 Phase 2 funds were not disbursed in 2012, and the GFATM invoked the Additional Safeguard Policy in August 2012, both of which seriously impeded Guinea Bissau's progress on achieving universal access. Despite intervention by UNICEF to assist in procuring a three-month emergency supply of HIV and TB drugs, the HIV drug and supply procurements for 2012 through the GFATM and the Government of Brazil were both delayed (due to lack of GFATM disbursements), resulting in stock outs of HIV test kits and Opportunistic Infection drugs, as well as serious shortages in some ARVs. This situation was exacerbated by the extremely low capacity of national partners in procurement and supply management. A mission was made to Bissau by the GFATM Fund in December 2012, when PMTCT targets in the Global Fund Round 7 Phase 2 Grant were increased, to better support scale-up for E-MTCT. The new targets are as follows:

- a. Number and percentage of HIV-infected pregnant women who receive ARVs to reduce the risk of mother-to-child transmission: targets increased from 58 per cent per cent (2011 baseline) to 90 per cent (2013).
- b. Number and percentage of infants born to HIV-infected women receiving a virological testing for HIV within two months of birth: targets increased from 3 per cent (2011 baseline) to 60 per cent (2013).

In addition, an indicator to track voluntary counseling and testing (VCT) in pregnant women was added (number and percentage of pregnant women who know their HIV status results with targets: 80 per cent coverage by end of 2013). A revised budget was submitted to the GFATM in mid-December 2012. If the GFATM approves the revised budget, Guinea Bissau will get back on track on this PCR and therefore, be on track for E-MTCT.

It should be noted that in 2013, the CO only has USD 100,000 in other resources (OR) available for this PCR, which means that an organizational priority for 2013 must be the resource mobilization and integration of HIV into initiatives of other sections, in particular, Health (POPEN, PIMI, NatComs), WASH (hygiene/cholera prevention BCC through PLHIV and Youth Associations), Nutrition (IYCF, case-finding for HIV+ children), Education (primary prevention) and Protection (parenting education, cash transfers for girl school attendance).

IR 6850/A0/03/004/010 By the end of 2012, 90 per cent of girls and boys from HIV positive mothers are born free from HIV and remain negative

 On-track

IR 6850/A0/03/004/012 By the end of 2012, 90 per cent of girls and boys from HIV positive mothers are born free from HIV and remain negative

Progress:

In terms of PMTCT policy, a decision was made to switch to Option B in 2013, which will require that new PMTCT guidelines are elaborated early in 2013.

These indicators are on track thanks to continuing expansion of the PMTCT program and increasing attention on quality issues in late 2011 and early 2012, as well as funding made available by the Government of Japan (until mid-2012). However, lack of sufficient programme funding thereafter, and a complete lack of GFATM disbursements to the country in 2012 seriously limited the extent of improvement of programme performance. As an example, maternal PMTCT prophylaxis initiation rates declined from 79 per cent in Q1 to 61 per cent in Q3, while completion rates declined from 47 per cent to 26 per cent over the same period. Continued advocacy with the GFATM to reinstate fund disbursement for the HIV Grant (Round 7 Phase 2) is required at all levels (CO, Regional Office, NYHQ).

In 2012, 100 health workers from 20 health centers in Oio and Gabu received training and equipment to deliver PMTCT services. This increased national coverage of PMTCT services to 101 health centers (89 per

cent), reaching 70 per cent of estimated pregnant women in Guinea Bissau with HIV testing (at end September 2012). However, only one per cent of their male partners were tested. Fully 68 per cent of estimated HIV+ women initiated PMTCT prophylaxis, but only 35 per cent completed it. Only 39 per cent of infants exposed to HIV initiated prophylaxis and 21 per cent completed it during the same period.

An additional 967 HIV+ adults were put on ART between January and September 2012, bringing a total of 5,773 HIV+ adults over 15 years (4,176 women and 1,597 men) on ART nationally, which reflects 68 per cent of estimated HIV+ adults who require ART.

Bottlenecks included:

- weak procurement and supply management, leading to stock shortages or stockouts of HIV test kits and other HIV drugs
- lack of sufficient numbers of trained health workers (only 25 per cent of health centers have 2 or more personnel trained in PMTCT)
- low rates of institutional deliveries
- lack of integration of HIV into routine health center outreach strategies
- lack of sufficient support to recuperate PMTCT/ART patients lost to follow up through home visits conducted by PLHIV activists from PLHIV Associations.

 Constrained

IR 6850/A0/03/004/013 By the end of 2012, 90 per cent of girls and boys under age 15 who test HIV+ through PMTCT programmes receive pediatric care, conforming to national norms

Progress:

Some progress was made in terms of policy regarding pediatric care. Guidelines for pediatric HIV care and treatment were updated by a team of UNICEF/CSLS/SNLS. Although the draft requires more work, it is expected to be validated in the first quarter of 2013, and a training manual will be developed based on the new guidelines. A pediatric ART dosing wheel was adapted from UNICEF Mozambique/CHAI and will be printed and distributed to all health center sites in early 2013. A training needs assessment for pediatric care was conducted by CSLS in 2012. Once the guidelines and training manual are available, training will be conducted to expand pediatric care and treatment in 2013.

Although early infant diagnosis (EID) was launched in August 2011, with samples being sent to Dakar, little progress is unfortunately being achieved on EID. Bottlenecks included lack of national capacity to define and quantify needs for EID, lack of a polymerase chain reaction (PCR) machine to carry out EID in-country, and lack of coordination on the part of the entities that are responsible for EID (CSLS, LNPS, SNLS). All of this was caused or worsened by the lack of funds disbursed from the GFATM in 2012. Between July and December 2011, only 4 per cent of infants born to HIV+ mothers were HIV tested before the age of 2 months, with 35 per cent tested before the age of 18 months (SNLS PCR database numerator/Spectrum denominator). The indicator for EID in the first 12 months of life is not yet being routinely reported by SNLS.

In 2012, very little progress was made to put HIV+ children on ART, mainly due to lack of EID or HIV test kits (for children aged 18 months or more). Only 61 HIV+ children were identified during the year and put on treatment, bringing the total number of HIV+ children on ART to 321, which translated to only 13 per cent of the HIV+ children estimated to require ART. In other words, 87 per cent of HIV+ children in Guinea Bissau who are in need of ART for their survival are not receiving it.

During a mission in December 2012, the GFATM and SNLS raised the EID target to 60 per cent (per cent of infants born to HIV-infected women receiving a virological test for HIV within 2 months of life).

 Constrained

IR 6850/A0/03/004/014 At the end of 2012, 30 per cent of girls and boys aged 10-24 years in and out of school, in particular the most vulnerable, acquire the life skills required to reduce their risk of HIV, STI and other sexual and reproductive health problems.

Progress:

Between January and September 2012, Boa Esperanca and Djam Nate (PLWHA Associations in Oio and Gabu) carried out home visits with 125 young HIV+ women aged 15-24. In addition, 80 HIV+ girls in Gabu and Oio benefited from group discussions about HIV in July 2012.

There were no funds available this year for HIV primary prevention activities through youth associations, but the CO successfully raised USD 20,000 from UNICEF Brazil (through Lacos Sul Sul) for these activities in 2013.

In terms of HIV primary prevention activities that were integrated into other Sections, 18,982 primary school children (10,178 boys and 8,804 girls) were reached with HIV and sexual reproductive health information through curriculum catch-up summer school camps in 2012.

PC 5 - Advocacy, information and communication

 On-track

PCR 6850/A0/03/005 Information and advocacy to mobilize partnerships as well as decision makers to help them meet their obligations and promote positive behavioral and attitudinal changes as regard to child survival, harmful practices, education for all and HIV/AIDS

Progress:

After a decade and a half of submissions and withdrawals of the draft law, the National Parliament adopted two laws in June 2011, one prohibiting the practice of FGM/C and the second on child trafficking. The year 2012 was marked by wide dissemination of these laws nationwide to all levels of the society.

The media have become more sensitive to human rights issues and are firmly involved in the dissemination of the laws against FGM/C and trafficking of children. Issues such as BR, child labor, domestic violence and the practice of child marriage and forced marriage are often highlighted.

With strong support from 5 NGOs, 23 radio stations and the 3 most influential and most read newspapers published in the country (the weekly State 'No Pintcha', and 2 private papers, 'Gazette de Noticias' and 'Bantaba di Nobas'), communities in 8 of the 9 administrative regions of the country were informed and sensitized on issues such as use of LLITN, early and exclusive breastfeeding, etc. Traditional and religious leaders also participated in these efforts.

In terms of results, in 2012, 330 communities were declared ODF and 144 others in Oio, Bafata and Gabu regions publicly declared their commitment to respect for human rights and the abandonment of the practice of FGM/C.

 On-track

IR 6850/A0/03/005/003 The government and parliament adopt and implement laws and regulations that promote human rights with focus on abandonment and trafficking of girls and boys in line with CRC and CEDAW

Progress:

- CRC disseminated in schools nationwide through the Children's Parliament
- laws on trafficking and FGM/C disseminated through eight community radio stations
- 18 articles published in leading newspapers published in the country, 12 in 'No Pintcha' with the others in 'Gazeta de Noticias' and 'Bantaba di Nobas'
- information and awareness-raising sessions organized for governors and traditional and spiritual leaders of Oio, Bafata and Gabu regions on the laws on trafficking and FGM/C, with the participation of parliamentarians of these regions
- 45 community radio broadcasters trained on C4D for child protection
- nine UNICEF official pronouncements (speeches) in different special events, highlighting the

protection and promotion of human rights as well as child survival and development

IR 6850/A0/03/005/010 Four key family practices (i.e breastfeeding, use of mosquito nets, hand washing and prevention of HIV/AIDS) are adopted by families in target areas through advocacy, with involvement of media, NGOs, CBOs and CHWs

IR 6850/A0/03/005/011 Project Support

 On-track

IR 6850/A0/03/005/013 Essential family practices adopted by women and men, families and communities through the involvement of the media, NGOs and CBOs in promoting community-based dialogue and at large scale and the full participation of traditional and community structures, fathers and mothers of girls and boys <5 years, increased coverage rate of the use of services particularly by mothers of girls and boys <1 year and pregnant women

Progress:

- 552 facilitators from 5 NGO partners in 8 of the 9 administrative regions of the country received refresher training on how to conduct community dialogue for behavior change in relation to KFPs.
- The programme contributed to the development of management and monitoring tools for community health workers.
- A total of 2,463 community health workers from Biombo, Cacheu, Farim, Oio, Bafata and Gabu regions were trained on interpersonal communication.
- 100 NGO facilitators and members of associations of PLWHA and literacy monitors received capacity building training on C4D and HIV/AIDS.
- Partnerships established with 23 public, private, commercial and community radio stations for the dissemination of programme content.
- Inhabitants of 91 per cent of the 56,000 households in 8 regions sleeping each night under an LLITN (NGO reports)
- Educational audio and visual material designed, produced and distributed for information and mobilization of target populations of the various programme interventions.
- 351 community agents mobilized and involved in the implementation of two campaigns (polio and measles).

PC 6 - Monitoring and evaluation

 On-track

PCR 6850/A0/03/006 Building capacities of partners in the development of monitoring and evaluation mechanisms, and in evidence-based information on the situation of children and women

Progress:

Since the completion of the first round of MICS, UNICEF has formed a group of experts from the MEPIR, in survey procedures as a whole and in a particular in conduct of MICS surveys. Currently, the MEPIR and the National Institute of statistics, there are eight trained experts with extensive experience in the conduct of the MICS surveys. With regard to DevInfo, even with the training of statisticians of the MEPIR and the focal points in the various ministries, this instrument is not yet operational due to a lack of leadership from the National Institute of statistics.

 On-track

IR 6850/A0/03/006/004 Systems established for the production and updating of facts about the situation of women and children and the monitoring of action plans via the supervision of activities and attainment levels of the MDGs and of the Country Programme and their results and impact, and supervision of the cost of the packages of interventions formulated and implemented

Progress:

The three-year system for carrying out the MICS surveys is already implemented at national level of the Government. SMART investigations are conducted as and when necessary to complete or update certain priority indicators for the assessment of programmes of cooperation with partners. Within the MEPIR, there is a responsible cell to follow up and monitor the activities that the development partners are to pursue for achieving goals at the national level. This cell works with a vehicle that the UNICEF has put their disposal and when this cell experts travel to the Interior of the country, the UNICEF supports with fuel and oil expenses.



On-track

IR 6850/A0/03/007/004 Emergency**Progress:**

Emergency preparedness and response in the context of Disaster Risk Reduction was addressed in regular CO planning, with cholera preparedness and response activities implemented throughout the year. The effectiveness of these activities was critical to protect the country, since all the surrounding countries faced a cholera outbreak in 2012. Immediately after the April coup, water supply was restricted due to lack of funding for fuel. UNICEF worked with the EU delegation and EAGB (Electricity and Water Supply Company) to undertake a rapid assessment and define actions to be carried out to deal with the shortage. A proposal submitted to ECHO was approved, which ensured water supply to Bissau city for two weeks, benefiting 256,000 people. Furthermore, to respond to the cholera epidemic prevention and response, partnerships were established with various NGOs and CBOs for distribution of supplies and promotion of correct hygiene practices in SAB. Once the first cases of cholera were registered in August, the establishment and running of CTCs in the main hospital of Bissau and other areas was supported with the delivery of sanitation and hygiene materials. Links were also established between the NGOs and CBOs and the management of the CTCs. Other partners such as MSF and AMI focused on the case management at the CTCs. Up to December the country had 3,280 cholera cases with 22 deaths (0.7 per cent fatality rate). All cholera response structures were activated and instrumental to stopping the cholera outbreak.

Effective Governance Structure

The office finalized its annual management plan (AMP) for 2012. The plan included the main programme results and operational priorities, statutory committee and key management indicators. The AMP was developed with inputs from all sectors and the Staff Association, enabling a good understanding of objectives, results and priorities. Roles and responsibilities in emergencies were well defined.

The Country Management Team (CMT) met eleven times in 2012 and decisions taken during the meetings were shared with staff at all levels. Among others, key decisions were taken to adjust the office's operational and programmatic assistance strategies following the April coup to find solutions to limitations around cash transfers to central governmental structures, strengthen partnerships with NGOs, improve collaboration with other UN agencies on humanitarian issues and strengthen focus on staff monitoring of activities. CMT meetings allowed reviews and monitoring of the office's management indicators with a focus on quality assurance of office objectives and implementing partners' managerial and operational capacities. In 2012, management also issued updated statutory committees to ensure effective governance and control bodies in the office.

To implement VISION, the office set up a VISION team that is coordinated by the Operations Manager and is composed of seven "super-users" and the ICT officer. The team conducted coaching and training for end users and shared with staff the outputs of the Webex sessions organized by New York, Copenhagen and Dakar on critical issues. Individual roles were assigned and each staff member was granted appropriate access rights and roles in VISION. All roles were consolidated into a coherent office role map and approved. The role mapping system was tested to check for role conflicts, provide corrections and ensure effective role and duty assignment within the office. The office finalized its first VISION compliant table of authorities using the format recommended by the Division of Financial and Administrative Management (DFAM) in December 2012. The delegation authority memos were signed by all staff members who were assigned roles in VISION.

Strategic Risk Management

A risk and control self-assessment session was undertaken in May 2012. The session allowed the CO to review the office risk and control library, the office risk profile and an action plan for risk management culture. The CO was able to define objectives and results, identify risks and opportunities, determine responses, establish control activities and identify communication opportunities. All available staff were involved and conclusions were reported according to the new NYHQ format. Identified high risk categories for the office were Aid/Environment & Predictability of Funding, Country Environment, Ability to Change, Rewards & Sanctions, Safety and Security, and Natural Disasters & Epidemics.

The CO updated the Business Continuity Plan (BCP) and Early Warning Early Action (EWEA) documentation. An emergency stockpile was established and emergency focal points identified. Regular meetings of the inter-agency Emergency Preparedness Working Group provided updates on minimum levels of readiness, including stocks, funds and resources. The Annual Work Plans were reviewed regularly in light of the evolving context.

The April coup, which had an effect on staff morale, was an opportunity for the office to test its security mechanism and make necessary adjustments to continually address staff security and programme continuity. Security elements included an updated UNICEF staff and dependents' list; a functioning cell phone call tree system; information-sharing on how to use VHF equipment; reinforcement of participation in the weekly radio checks; meetings and regular contact with all staff to share important information; as well as regular meetings with wardens to harmonize the security approach.

Evaluation

The CO has updated the Integrated Monitoring and Evaluation Plan (IMEP), which included:

a) Major strategic planning events (Equity-focused SITAN, UNDAF Action Plan, CPD 2013-2017, CPMP 2013-

- 2017);
- b) Surveys (vaccination coverage survey for validation of neonatal and maternal tetanus; LLITN post campaign survey; SMART nutrition survey; KAP (knowledge, attitudes and practice) in WASH for Tombali and Quinara regions; out-of-school children survey; KAP study on harmful community practices;
 - c) Evaluations (ALFA TV literacy programme evaluation; mapping and evaluation of media messages on FGM/C; external evaluation of Tostan/UNICEF Programme on community empowerment);
 - d) Reviews and reports (Mid-Year and Annual Review of the 2012 Annual Work Plans and corresponding reports);
 - e) Capacity building (L3 monitoring capacity in five integrated regions of the next CPD 2013-2017; Devinfo capacity development, including launch);

The office has limited capacity in monitoring and evaluation (one national staff) and the strategy used is to integrate and implement the IMEP in alignment with each sectoral programme. Of 22 activities included in the IMEP, 50 per cent were fully implemented, 27 per cent are ongoing and 23 per cent were postponed to next year. Two major survey events (SMART nutrition survey and ITN post campaign) are in the final stages and will provide relevant data to improve the SITAN, adjust programme strategies and leverage resources with other partners. The data from MICS (including a secondary analysis to explore factors associated with ESD and IGS), the out-of-school children survey and other studies and surveys done by partners (Light Poverty Survey, Population Census) have been used to reformulate the SITAN and prepare the next CPD.

There is also limited in-country capacity to conduct studies, surveys and evaluations, both in the public and private sector, as demonstrated by the challenges this year to undertake two KAP studies in WASH and child protection. To strengthen in-country capacity, the office management has recommended establishing partnerships with key national research entities (National Statistics Institute, National Institute for Studies & Research, National Public Health Institute) and strengthen partnerships with international organisations with mandates to build research capacity (CDC, IDRC).

The office also strives to have evaluations conducted with the highest standard of quality, ethics, taking also in consideration gender and other sensitive matters.

Effective Use of Information and Communication Technology

The CO implemented all systems upgrades within the planned timeframe. VISION started as planned on January 2012. For "on-the-job" VISION training, the uPerform server was installed and used to share UNICEF's VISION ERP training materials with end users, in order to overcome problems with the speed of the connection.

For the virtualization project, two physical hosts for Hyper-V were installed and configured. The migration of all existing Windows 2003 physical servers (File and Print, ProMS, Lotus Notes, Citrix) into Windows server 2003 virtual machines running on the Hyper-V Host was completed in the first phase and all physical servers retired. The second phase to migrate Windows 2003 virtual machines to Windows 2008 R2 virtual machine was also completed. The CO also migrated to Domino 8.5.3 on Windows 2008 R2.

To enhance security, a new virtual machine server "Windows Server Update Services" was installed to centrally deploy Windows products updates. A new central UPS of 20 KVA was installed and the servers now have two sources of power: 5 KVA connected directly to the servers and the new UPS.

For UN coherence, a study was carried out within the UNICT working group, and a GPS coordinates survey was carried out for the WIMAX project for BCP to provide an Internet connection to all UN essential staff as an alternate to the connection provided by the local ISP, Orange. However, these coordinates have to be updated as there were some staff changes. The UNICT group organized training events on MS Office 2010 for all UN staff in Bissau who had expressed the need.

For ease of switching between office and remote access, the CO continued to replace outdated desktops by laptops with docking stations. Users were provided with remote access to Lotus Notes and VISION. The new

email replication solution for all mobile users was implemented by configuring Inter-Notes. This solution simplifies email replication and allows mobile users to replicate directly without connection to the Cisco VPN, improving Lotus Notes replication even with a slow Internet connection.

To facilitate access, a scanner was installed in the corridor. To improve efficiency, increase productivity and reduce costs, a digital sender has also been installed in an accessible location to convert large volumes of paper documents into digital files for sharing and accelerate their recovery to email (Lotus Notes).

All Section Chiefs' telephone equipment was upgraded to Alcatel 4020 to accommodate a special box to convert digital into analogic signals for conference calls via polycom.

The long term agreements (LTAs) used by the office are exclusively those listed in UNICEF intranet in the direct order price lists.

ICT equipment and software are as per ITSS (IT Solutions and Services Division) standards, and obsolete equipment was systematically sent to the Property Survey Body (PSB) for further action. Data backup was done daily and stored off-site. A BCP plan has been developed and data recovery tested in a test environment. Regular monitoring of bandwidth utilization and network performance remained a challenge due to the lack of standard tools.

Fundraising and Donor Relations

In 2012, efforts were made to improve the quality of donor reporting, but only 60 per cent of reports were sent by grant reporting deadlines. In 2013 the office will strive to achieve 100 per cent. Overall, the CO mobilized 100 per cent of Other Resources (OR) but with imbalances across programmes; there were sufficient resources for CSD (health, nutrition and WASH) and education, but gaps for child protection and HIV/AIDS. Efforts in 2013 will ensure a more balanced mobilization of resources and cover staff costs through cost-sharing using Regular Resources (RR) and thematic grants and including staff costs in specific donor proposals where possible. All grants expiring in 2012 had implementation rates of over 95 per cent. Extensions of grants were only requested in exceptional circumstances, as a result of donor requirements after the coup (EU, USAID, GFATM, PBF/MDTF grants).

The main funding partners in 2012 were the Government of Japan (Education, Health, HIV/AIDS, WASH), EU (WASH, Child Rights), GFATM (Malaria), Government of Spain (MDG-F joint nutrition programme), Government of Iceland (Health), National Committees of Italy and Spain (Health, Nutrition, WASH, Child Protection), National Committee of Switzerland (Protection), National Committee of Slovakia (WASH), United Nations Foundation (Health), Bill and Melinda Gates Foundation (Health/EPI), UNFPA/USA (FGM/C Joint Programme), and Republic of Korea and USAID (Nutrition). Limited HIV/AIDS prevention funding was raised through South-South Cooperation from UNICEF Brazil for 2013, and funds for emergency cholera interventions were raised in April through ECHO and Sweden/WCARO.

UNICEF advocated with senior members of government (including the Prime Minister, the Minister of Planning and the Minister of Finance) and parliamentarians for effective co-financing of the procurement of new vaccines. As a result, more than 400 million CFA francs (approximately USD 800,000) was allocated and approved in the 2012 state budget. For the first time, the Government of Guinea Bissau honored their vaccine co-financing commitment with GAVI and availed this funding in the first quarter of the year.

In November, UNICEF coordinated the Spanish National Committee mission to Guinea Bissau, at which time they agreed to continue to support the CO in WASH, Nutrition and HIV/AIDS activities.

In 2013, the CO has a funding gap of USD six million, with limited funding prospects for the next three years from the EU (USD 1.8 million for Health) and GPEF (Global Partnership for Education Fund) (USD 2 million for education). In the context of positive political transition, the office will continue to work with partners to leverage resources for the social sector, particularly with the UN agencies (UNDP, WHO, WFP, UNFPA) through UNDAF and joint programme mechanisms, the EU (WASH, HIV/AIDS), AfDB (Education, Nutrition) and WB

(Health, HIV/AIDS, WASH). Other emerging opportunities, in the context of economic and regional alliances, will be also exploited, namely through SSC (Brazil, South Africa, India, Mozambique). For HIV/AIDS, UNICEF supported the CCM to submit a successful proposal for the GFATM Transitional Funding Mechanism (2014-2015), but UNICEF's Children and AIDS programme remains severely underfunded, with only USD 100,000 in OR for 2013. Innovative fundraising strategies will be required to mitigate the serious HIV epidemic in Guinea Bissau.

Management of Financial and Other Assets

There was no audit in 2012 for the CO. The level of delivery was satisfactory. Periodic financial reports including monthly bank reconciliation, monthly cash forecasting and status, dashboard performance indicators, and interim and year-end accounts closure reports were prepared and submitted to DFAM in a timely manner. Petty cash accounts were properly managed in accordance with policy and procedures, and the signatory panel for the bank account maintained by the office was up to date. Finally, financial documents including cheques and payment vouchers were classified, filed and archived in an appropriate location.

CMT meetings dedicated time for the review of the status of funding proposals, donor reports, PBA expirations, fund commitments and outstanding direct cash transfers (DCTs) to implementing partners. Quality assurance activities through the HACT procedures were briefed to new implementing partners (carried out in 2011), which resulted in better compliance to UNICEF procedures, including FACE reporting submissions by partners.

After end-of-year adjustments, the expenditures levels for RR and OR allocations were close to 100 per cent and unliquidated DCTs of more than nine months were less than one percent.

Supply Management

In 2012, the CO implemented 100 per cent of its supply chain and warehouse transactions using VISION. In spite of the challenges and bottlenecks encountered when the new system went live, the office quickly overcame the common issues and successfully authorized 58 per cent of the purchase requisitions by the end of Quarter 1; 85 percent by end of Quarter 2; 92 per cent by end of Quarter 3 and 100 per cent by end of Quarter 4.

The CO purchased programme supplies for a total value of USD 2,671,000, including USD 230,926 for freight costs, USD 579,545 for local procurement and USD 398,070 for direct orders. The major categories of products procured are hand pumps, antimalarial drugs, bed nets, HIV drugs, education supplies, printed health education materials, nutrition supplies and bicycles. The value committed for service contracts was USD 3,214,587 including boreholes and latrines (USD 2,689,588) and construction of schools and health centers (USD 407,143). Catering services, communication services, computer services, office maintenance, solar energy, vehicle maintenance, warehouse labor and security constitute the remaining categories of services contracted by the CO. The total value committed for goods and services in 2012 was USD 5,885,587.

From April to August 2012, UNICEF provided emergency support to government counterparts as a response to the political crisis generated by the April coup through provision of vaccines, emergency health kits, therapeutic and anthropometric supplies, HIV drugs, laboratory reagents, fuel, and sanitation and school supplies.

The supply unit concluded three LTAs for essential and frequently required services, such as in-country transport and distribution of programme supplies, vehicle rental for consultants and partners' field missions and the extension of the clearing agent arrangement. In the UN Procurement Group, UNICEF participated in the finalization of the LTA for travel services with two travel agencies and another, not yet concluded, for the provision of fuel and lubricants.

The Contract Review Committee (CRC) met 12 times and reviewed 18 submitted cases.

As part of the capacity building activities for supply staff and in accordance with VISION and UNICEF policies, various Webinars, face-to-face workshops and training activities were attended by supply and programme staff at the regional level, and also organized for programme and operations/supply staff in-house on VISION supply chain and warehouse modules, contracting for services and CRC policy.

The unit successfully liaised with Supply Division to implement the stocktake guidance to conduct the physical inventory and reported to DFAM within the prescribed deadlines.

Human Resources

The CO Learning and Training committee was involved in the planning of 2012 training activities. It developed criteria for assessing training needs for the office as well as identifying individual development and learning requirements. Facilities for e-learning for on-the-job training were set up by the ICT unit for staff use.

The first semester focused on interactive training for VISION modules control, and individual computer-assisted recommended training such as supervisory skills, managing performance for results, ethics, and English and Portuguese language training.

In the second and third semester, several external training activities and regional workshops were offered in the following areas: Supply and Logistics Training, Joint ESAR/WCAR ICT Training, Education Network Meeting, Regional DROPS Meetings, Nutrition Network Meeting, Joint WCAR/ESAR/MENA HR & Peer Support Volunteer (PSV) Meeting, ACSD Network Meeting, RMT, Talibé Children, Polio, Malaria, Social Policy and Child Rights Training and the Programme Planning Process. These activities contributed to strengthening the staff competency in various programme and technical areas. In addition, one international staff member benefited from Portuguese language training in Lisbon.

The different phases of the HR Global Calendar for completion of PERs and e-PAS were respected up to the end of 2012.

The CO's support to the Country Programme in 2012 and its response to the humanitarian issues required re-enforcement of both local and IP positions. The office was issued 31 special service agreements (16 international consultants and 15 individual national contractors). Ten posts were recruited for the regular programme:

- National Officer under fixed-term contract (Admin & Finance Officer, NOB)
- four Assistants under temporary appointment (Programme Assistant WASH, Logistics Assistant, HR Assistant, Supply Assistant, Receptionist)
- two Temporary Drivers
- two Programme Assistants (Education, WASH)

After the PBR 2012 process the CO got three new positions approved:

- National Officer (HIV/AIDS)
- two General Service posts (Programme Assistant G4, Driver G2)

The CO was involved in the one-time review for consideration for permanent appointment. At the end of the exercise, concluded in April 2012, 14 out of a total of 35 staff (40 per cent) were granted permanent contracts.

Considering the country's security situation, the HR Unit ensured timely maintenance of staff lists to respect the security and UN Dispensary standard requirements.

To improve staff wellbeing, a common session on stress management for the whole UN system was facilitated by an international consultant, with attendance by approximately 80 per cent of UNICEF staff.

Joint Consultative Committee meetings, Local Staff Association recreation activities and the staff retreat were

organized. In October 2012, the office designated the PSV Committee.

The CO was also engaged in the UN Cares programme, which promotes partnership with other UN agencies and encourages the organization for staff living with HIV of activities such as prevention, reduction of stigma and discrimination, advocacy, policy dialogue and communications. An information session on HIV was organized for staff members. As part of UN Cares, a presentation on HIV/AIDS and a DVD were presented to all staff members by the HIV/AIDS Specialist (see Knowledge Management Section), and condoms were made available in both men's and women's restrooms.

Efficiency Gains and Cost Savings

Inter-agency common service activities in 2012 allowed for some gains and saving, in particular saving 11 per cent in electricity costs, in part due to the installation of more economic light bulbs in the common UN building located at Rua Djassi.

The following common activities can also be considered as drivers of efficiency gains but cannot be quantitatively measured: a bidding process for a travel agent was concluded in June with three LTAs in place, a bidding process for catering services by UNIOGBIS was endorsed by Operations Management Group and became effective at the common Rua Djassi UN Building to the satisfaction of staff, and a workshop for ICT equipment repairs and an ICT group MS Office 2010 training was provided to all UN staff.

UNICEF staff awareness is increasing on the issue of cost-saving, and compliance with turning off office lights and air conditioners is high. Management sensitizes staff on an ongoing basis to innovative approaches to implement activities in an efficient manner.

Changes in AMP & CPMP

For the 2013 AMP the following changes are envisaged:

Strategic and programmatic areas:

- i) Mainstream the equity concept across all programme interventions during the planning, implementation and monitoring and evaluation phases, including advocacy with government and partners at all levels to use it as the main framework to make strategic decisions in terms of planning and budget allocation. The SITAN developed and printed in 2012 with an equity focus will be the main advocacy tool and the *A Promise Renewed* strategy will be used to strengthen political will and partnerships. UNICEF will use every opportunity in the national dialogue and political process to mainstream the equity and child right agenda for peace and stability;
- ii) Streamline the MoRES approach (Monitoring Results for Equity System) in all programmes/projects and harmonize the method with the decentralized monitoring (Tanahashi model) being tested in the health sector under the scale-up of POPEN, CLTS and CFS+, including training of partners;
- iii) Foster programme integration and coordination mechanisms (i.e. CCM, LEG, GAS, POPEN, SWAP, JP-Nutrition, JP-FGM/C) to improve efficiency and effectiveness on the delivery of planned results;
- iv) Strike a better balance between institutional support and capacity development to improve sustainability and avoid the potential for a state vacuum in the social sector;
- v) Design a fundraising strategy with accent on the equity and child rights agenda as the cornerstone to communicate the vision for a stable and prosperous country, ensuring a better start and future for children;
- vi) Promote a culture of knowledge management, creating incentives for documentation, including publishing of articles, testing innovative concepts and fostering information management systems (Devinfo);

Operations and management area:

- vii) Improve the VISION consolidation process through continued staff training and refresher courses, using a team building and business approach and improving accountabilities and segregation of duties (reintroducing the ToA);
- viii) Strengthen staff training in other key areas, namely ethics, procurement and contract management,

- disaster risk reduction, PCA development, communication for development and knowledge management.
- ix) Improve grant management (at least 95 per cent of grants used) and donor reporting requirements in terms of quality and timeliness (100 per cent) in line with UNICEF policies;
 - x) Improve DCT management, in line with HACT guidance;
 - xi) Continue to reduce costs through efficiency measures in programme and operational areas;
 - xii) Improve quality of participation and decision making in CO key coordination and statutory mechanisms (CMT, PCM, CRC, PCA Review Committee, Learning Committee) through open dialogue and innovative learning approaches;
 - xiii) Ensure a more effective involvement and leadership in United Nations programme coordination mechanisms (UNCT, UN Strategic planning group, UNDAF Outcome groups, UN Thematic Groups and UN Joint programmes) to enhance UN coherence.

Summary Notes and Acronyms

- ART** – Antiretroviral Treatment
- CBO** – Community Based Organization
- CCM** – Country Coordination Mechanism
- CFS+** – Child Friendly Schools-plus
- CHW** – Community Health Workers
- CLTS** – Community Led Total Sanitation
- CMC** – Community Management Committee
- CNPN** – National Committee for the Abandonment of Harmful Practices
- CRC** – Contract Review Committee
- CSD** – Child Survival and Development
- CSLS** – Sector Cell to fight AIDS
- CTC** – Cholera Treatment Centre
- DENARP** – National Poverty Reduction Strategy Paper
- ECHO** – European Community Humanitarian Office
- EMTCT** – Elimination of Mother to Child HIV Transmission
- ESD** – Early Sexual Debut
- EWEA** – Early Warning Early Action
- FACE** – Funding of Authorization and Certificate of Expenditures
- FGM/C** – Female Genital Mutilation/ Cutting
- FTI** – Fast Track Initiative
- GAS** – Water and Sanitation Group
- GAVI** – Global Alliance for Vaccine Initiative
- GFATM** – The Global Fund to fight AIDS, Tuberculosis and Malaria
- GPEF** – Global Partnership for Education Fund
- GTG** – Gender Thematic Group
- HACT** – Harmonized Approach to Cash Transfer
- IDD** – Iodine Deficiency Disorders
- IDRC** – International Development Research Centre
- IGS** – Inter Generational Sex
- ILAP** – Light Poverty Evaluation Survey
- IMC** – Child and Woman Institute
- IMEP** – Integrated Monitoring and Evaluation Plan
- INASA** – National Institute of Public Health
- INE** – National Institute of Statistics
- IYCF** – Infant and Young Child Feeding
- KFP** – Key Family Practices
- LEG** – Local Education Group
- LLITN** – Long-lasting Insecticide Treated Mosquito Net
- LNSP** – National Laboratory of Public Health
- LSS** – South-South Partnership

- LTA** – Long Term Agreement
- MEPIR** - Ministry of Economy, Planning and Regional Integration
- MI** – Micronutrient Initiative
- MMFCSLCP** – Ministry of Women, Family, Social Cohesion and Fight against Poverty
- MORES** – Monitoring Results for Equity System
- MSF** – Doctors without Borders
- MTCT** – Mother to Child HIV Transmission
- NAR** – Net Attendance Rate
- NCAHP** – National Committee Against Harmful Practices
- ODF** – Open Defecation Free
- PAP** – Priority Action Plan
- PBF** – Peace Building Funds
- PIP** – Public Investment Plan
- PLHIV** – People Living with HIV/AIDS
- PMTCT** – Prevention of Mother to Child HIV Transmission
- PNIEG** – National Policy for Gender Equality & Gender Equity
- POPEN** – Operational Plan for the Reduction of Child and Maternal Mortality
- PPM** – Women Political Platform
- RHS** – Reproductive Health Survey
- SAB** – Autonomous Sector of Bissau
- SitAn** – Situation Analysis of Women and Children
- SMART** – Standardized Monitoring and Assessment of Relief and Transitions
- SNLS** – National Secretariat to Fight AIDS
- SWAP** – Sector-wide Approach
- UNCT** – UN Country Team
- UNDAF** – United Nations Development Assistance Framework
- UNIOGBIS** - United Nations Integrated Peace-Building Office in Guinea-Bissau.
- USG** – United States Government
- VAW** – Violence against Women
- WCARO** – West and Central Africa Regional Office

Document Centre

Evaluation

	Title	Sequence Number	Type of Report
1	Report on Maternal and Neonatal Tetanus Elimination Validation	2012/001	Survey
2	Avaliação dos Centros de Alfabetização – Estratégia Alfa TV	2012/002	Evaluation
3	MAPEAMENTO DAS PRINCIPAIS MENSAGENS UTILIZADAS PELOS MEDIAS E AS ONGS PARA O ABANDONO DAS PRATICAS NEFASTAS	2012/003	Review
4	Using Behavioral Evidence to Refine Guinea-Bissau’s Primary HIV Prevention Programs	2012/004	Review
5	A Bottleneck Analysis to Inform the Elimination of Mother to Child HIV Transmission (eMTCT) in Guinea Bissau	2012/005	Review