

Guinea Bissau

Executive Summary

The year 2015 began with a period of political stability following the 2014 successful general elections that restored constitutional order after the 2012 coup d'état. In March, the Government of Guinea Bissau presented its Vision 2025 and Strategic Operational Plan (SOP) "Terra Ranka" for 2015-2019 to a donor-pledging conference in Brussels, generating possibilities of international support. Despite this promising beginning, however, political tensions persisted, culminating with the fall of the elected Government in mid-2015 and with a deepening of the political crisis by the end of the year.

Guinea Bissau was placed in the category of "least developed countries", entitling it to apply for loans from international financial institutions. Alongside extreme poverty, underdevelopment and economic challenges prevailed, contributing to poor indicators for children and women. Ranking 178th in the Human Development Index, Guinea-Bissau maintained low life expectancy (55.2 years); low mean years of schooling (2.8 years); and a high number (21,000) of children who had lost one or both parents to AIDS-related illness.

The Country Programme (CP) design, strategies and interventions were guided by the Convention on the Rights of the Child (CRC), Convention on the Elimination of all forms of Discrimination Against Women (CEDAW), Convention on the Rights of Persons with Disabilities, the African Charter on the Rights and Welfare of the Child, A Promise Renewed, the Post 2015 Development Agenda, and UNICEF Strategic Plan (2014-2017) aligned with the Government Vision 2025 and SOP.

Guinea Bissau shares a border with Guinea-Conakry, however the country remarkably remained free of Ebola Virus Disease (EVD). With the L3 Corporate Emergency Activation Procedures extended to Guinea-Bissau, UNICEF Guinea Bissau took a lead role with the Government to mitigate the risk of an EVD outbreak in the country, catalysing prevention and preparedness actions engaging all programmes and dedicated staff. The Country Office (CO) delivered materials, developed and conducted intensive awareness and social mobilization actions to promote good hygiene practices and appropriate methods for EVD and cholera prevention. Strategic partnerships were established with 23 community radio stations and a number of civil society organizations (CSOs) engaging decision makers for the welfare and rights of children. UNICEF Guinea Bissau also capitalized on its strategic partnerships with traditional leaders, religious organizations, traditional healers, and associations of drivers and transporters to adequately engage communities in prevention and preparedness efforts and facilitate linkages and collaboration with the health system.

Support to National Community Health for universal access to care at village level was an important achievement. This approach, implemented through the Community Health Workers (CHWs) promoted community initiative and management to adopt Key Family Practices (KFP) and provision of free and equity based services. Monitoring of Results for Equity System (MoRES) was promoted through a decentralized approach.

Key achievements were noted in the Water, Sanitation and Hygiene (WASH) sector with increased access to drinking water by communities in rural and least-privileged areas. Using the Community Led Total Sanitation (CLTS) approach, progress resulted in an increase of villages publicly declaring abandonment of open defecation. The shift in the new CP entailed a focus on establishing a reliable and dynamic mapping of structures in order to emphasize on where interventions are needed, and also for cost effectiveness and impact, while continuing strong advocacy for Government ownership and sustainability in the WASH sector.

Considering that all programmes gear towards the realization of child rights, efforts continued to shift towards integrated planning and monitoring through creation of convergence and programmes linkages. One example is the initiative for more effective prevention of chronic malnutrition and management of Severe Acute Malnutrition (SAM). Through partnership with Caritas, a package for nutrition rehabilitation centres included construction of water points, hand-washing stations, latrines and counselling within WASH; routine HIV testing and counselling for children identified with SAM and their mothers or caregivers, Infant and Young Child Feeding (IYCF) counselling and treatment of SAM.

The CO fostered partnerships between Health and Justice Ministries, which resulted with a start of birth registration services in health units. Child protection systems strengthening resulted in more capacity for Justice for Children and further acceleration of abandonment of negative social norms and harmful practices associated to Female Genital Mutilation/Cutting (FGM/C) and child/forced marriage.

Completion of the Education Sector Strategic Plan and RESEN were important milestones. UNICEF Guinea Bissau served as the lead agency for improved coordination between education partners resulting in strengthened capacities for policy decisions. At downstream level, the education programme supported the CFS (CFS) approach to ensure that children complete a full cycle of education and start school at age six. The Global Partnership for Education (GPE) project remained a priority.

Humanitarian Assistance

With the outbreak of the EVD in Guinea Conakry, Liberia and Sierra Leone, Guinea-Bissau was listed by the World Health Organization (WHO) and United Nations Mission for EVD Emergency Response (UNMEER) as neighbouring country at high risk of an EVD outbreak. UNICEF Guinea Bissau continued to play a strong role to support the Government's National EVD Contingency Plan to mitigate the risk of a full-scale EVD outbreak, while scaling-up community level work. At the upstream level, working closely with WHO and the United Nations Country Team (UNCT), UNICEF Guinea Bissau played a catalytic role in promoting partner coordination, while supporting Government leadership and overall coordination. UNICEF Guinea Bissau actively participated in several EVD coordination working groups, and co-led the EVD Communication and Social Mobilization sub-Group, jointly with the National Public Health Institute (INASA).

The CO used its comparative advantage and resources to strengthen and expand its role by working through partners across all programme areas to scale up EVD prevention, preparedness and readiness for response. Dedicated national and international staff were hired on temporary contracts for delivery of planned interventions. Following L3 Corporate Emergency Activation Procedures (CEAP) in July and the outbreak of EVD in Boke region of Conakry, UNICEF Guinea Bissau actions were further intensified. Resources mobilised for EVD contributed to sustain the high alert status of the country, accelerate the mainstreaming of

preventive interventions in the regular programme, strengthen resilience at the community level and provide support to the fragile health system.

Disinfection materials and hygiene products were supplied to health centres, schools, churches, mosques, markets, taxis and points of entry. Hand washing stations were established at critical points in border areas, and furniture and other materials were supplied for EVD screening at points of entry. Emergency medicine kits and Post Exposure Prophylaxes were distributed to all health facilities of the country, with staff trained on its use. Forty staff of nutrition rehabilitation centres were trained on Nutrition in Emergencies, including EVD, Integrated Management of Acute Malnutrition (IMAM), Infant and Young Child Feeding in Emergencies (IYCF-E), and support to pregnant women and families to adopt good hygiene practices. In ten health centres, water and sanitation structures were rehabilitated to increase preparedness levels and to enhance the quality of services provided.

UNICEF Guinea Bissau and education partners developed a protocol for EVD in schools, approved by the Ministries of Health and Education. The protocol was disseminated through cascade training to all 1,631 primary schools in the country, benefitting around 270,000 school age children. Through strategic partnerships with CSOs, UNICEF Guinea Bissau supported a hand washing campaign, and trained thousands of social mobilization activists to reach families for EVD awareness at the household level. Key communication messages were developed and materials produced for wide dissemination by all EVD players. Partnership agreements were made with 23 radio stations to broadcast messages on prevention of sholera and EVD and on promotion of good hygiene practices. UNICEF Guinea Bissau strengthened strategic partnerships with traditional leadership, the association of traditional healers, the National Islamic Council, Council of Imaams, Caritas and several other religious groups, to facilitate community engagement for case reporting. In total, 76 traditional leaders (Régulos) and 218 traditional healers were trained and engaged as focal points in respective villages. To strengthen surveillance in border communities, UNICEF Guinea Bissau partnered with the taxi drivers union (SIMAPPA) to train 514 motorists and motorcyclists in six regions on good hygiene practices and case reporting to the health system.

UNICEF Guinea Bissau engaged with CHWs through the strong partnerships of the regular community health programme (PIMI-EU and H4+), involving international Non-Government Organizations (NGOs) VIDA, AIFO, ADPP, AMI. A partnership agreement was signed with the National Institute of Health (INASA) and EAWAG (a Zurich-based research institute to support data collection of the EVD Risk, Attitudes, Norms, Abilities and Self-Regulation (RANAS) study. This study will contribute in evaluating and highlighting the main risk factors prevailing with regards to community engagement in the case of an EVD outbreak. Recruitment and selection of data collectors, training and data collection were conducted during the year. No EVD case was reported in Guinea-Bissau and similarly there was no Cholera outbreak for the first time in many years.

UNICEF Guinea Bissau provided emergency water treatment support during a period of three months to the Bissau city water system, following a stock-out of chlorine, thus ensuring continued supply of water to approximately 197,500 people. In August, UNICEF Guinea Bissau responded promptly with provision of medical kits to a Government request for emergency support to victims of a five storey building collapse in Canchungo, Cacheu Region.

Mid-term Review of the Strategic Plan

The Strategic Moment of Reflection (SMR) provided an opportunity to review the application of the principle of Equity towards the fulfilment of Child Rights as stated in the Strategic Plan (2014-2017). Findings of MICS 2014 will further provide evidence of disparities by region and gender which will also feed into guidelines for addressing Equity issues. Focus on a possible humanitarian crisis remained high in view of spread of EVD in neighbouring countries. While there were fortunately no cases of EVD in Guinea-Bissau, all programme staff remained vigilant with standby plans. The CO recognizes the need to strengthen its focus on gender equality and in partnership with other UN agencies, will enhance gender based programming in areas where this was lacking.

The major lessons learned are as follows:

1. UNICEF Guinea Bissau 's close engagement with the Youth Movement of Guinea-Bissau is a promising opportunity for sustainable development given the unstable conditions seen by the country in the recent past. The Youth were engaged in a series of workshops and dialogues around their views of an ideal country where children's voices would be heard. Given the political instability that the country saw during the duration of the CPD (2008-2015) this partnership although not initially planned, stood out distinctly as hope for the future. The key lesson learned is the value of nurturing and grooming diverse partnerships for continuity of programme implementation especially in unstable environments.

2. Strengthening linkages between programmes emerged as a critical programme requirement at the annual review for the year 2015 which was also the last year of the CPD (2008-2015). Several lessons were learned for cost effectiveness and saving of resources including time, and for reaching more numbers of children more efficiently. The CLTS component under WASH is one area in which partnerships started to evolve with education through children as agents of change.

3. Nutrition integrated HIV and WASH into its interventions in three nutrition rehabilitation centres managed by Caritas. Approximately, 4,400 mothers and caregivers were counselled on optimal IYCF practices, inclusive of hygiene and sanitation, HIV screening and rapid referral to care with support from CHWs and 40 Mother Support Groups. The centres were also supported with improved water and sanitation facilities as the connection between malnutrition and environmental health is increasingly recognized. The proportion of children with SAM that tested HIV positive was approximately 25 per cent overall and reinforced the necessity of integration of the two services. However, due to stigmatization and subsequent utilization of services only 400 out of approximately 1,300 children who were identified with SAM were tested for HIV. UNICEF Guinea Bissau nutrition and HIV will seek to improve the integration of referral and testing of children with SAM to expand coverage to additional nutrition rehabilitation centres, and strive to destigmatize both SAM and HIV through advocacy and communications. While water and sanitation facilities were upgraded at nutrition rehabilitation centres and IYCF messages included information specific to hygiene and sanitation, efforts to improve measurement and documentation of outcomes will need to be pursued.

4. Considering that all programmes are geared towards the realization of child rights more attention will be given to the creation of convergence and programmes linkages. The key lesson learned is that working for children provides fertile grounds for programme linkages and convergence but this has to be well planned in advance for better and faster results.

Summary Notes and Acronyms

AMP - Annual Management Plan
ANC - Ante Natal Care
AWP - Annual Work Plan
BCP - Business Continuity Plan
C4D - Communication for Development
CEAP- Corporate Emergency Activation Procedures
CEDAW - Convention on the Elimination of all forms of Discrimination against Women
CHW - Community Health Worker
CMT - Country Management Team
CO- Country Office
CPD – Country Programme Document
CPMP – Country Programme Management Plan
CRC - Convention on the Rights of the Child
CSO - Civil Society Organization
DCT - Direct Cash Transfer
DFAM- Department of Finance and Administration Management
ECCE - Early Childhood Care and Education
ECD - Early Childhood Development
E-FACE - Electronic Funding Authorization and Certification of Expenditures
E-HACT - Electronic Harmonized Approach of Cash Transfer
E-PAS - Electronic Performance Appraisal System
EU - European Union
EVD – Ebola Virus Disease
FGM/C - Female Genital Mutilation and Cutting
FAO- Food and Agriculture Organization
FT - Fixed Term
GFATM - Global Funds for AIDS, Tuberculosis and Malaria
GPE - Global Partnership for Education
HACT - Harmonized Approach of Cash Transfer
HR - Human Resources
iCCM - Integrated Community Case Management
ICT- Information Communication Technology
IMAM - Integrated Management of Acute Malnutrition
IMEP - Integrated Monitoring and Evaluation Plan
IMF- International Monetary Fund
INASA - National Health Institute (Portuguese acronym)
INE - National Institute of Statistics
J4C - Justice for Children
JCC - Joint Consultative Committee
LTA - Long Term Agreement
M&E- Monitoring and Evaluation
MICS - Multiple Indicator Cluster Survey
MoE - Ministry of Education
MoH - Ministry of Health
MoJ - Ministry of Justice
MoRES - Monitoring of Results for Equity System
MOSS - Minimum Operating Security Standard
NGO - Non-Government Organization
PAS - Performance Appraisal System

PBR - Program Budget Review
PMTCT- Prevention of Mother to Child Transmission
PNLS – National HIV/AIDS Programme (Portuguese acronym)
RESEN- Status report on the National Education system (French Acronym)
SIDA - Swedish International Development Assistance
SiTAn - Situation Analysis
SMR - Strategic Moment of Reflection
SNLS - National HIV/AIDS Commission (Portuguese acronym)
SOP- Strategic Operational Plan
UNDP- United Nations Development Programme
UNFPA - United Nations Fund for Population Activities
UNICEF United Nations Children’s Fund
UNESCO- United Nations Educational, Scientific and Cultural Organization
WASH - Water, Sanitation and Hygiene
WCARO - West and Central Africa Regional Office (UNICEF)
WHO-World Health Organization

Capacity Development

UNICEF Guinea Bissau supported the MoH in formulation of a Strategic Plan, Sector Investment Case and Malaria Monitoring and Evaluation (M&E) Plan. An Immunization Operational Plan was developed, vaccine management improved with cold chain capacity and training of staff. UNICEF Guinea Bissau supported community health services and developed the integrated Community Case Management (iCCM) Protocol, disseminating 16 Key Family Practices (KFP) through Communication for Development (C4D). Technical assistance and support was provided to the National Nutrition Service in the formulation of a Multi-Sectoral Platform for Nutrition and to budget the National Nutrition Strategic Plan, both of which will serve as the foundation for coordinated and responsive nutrition services.

UNICEF Guinea Bissau supported the national secretariat (SNLS) and the national HIV/AIDS Programme (PNLS) for preparation of the National Strategic Plan, GFATM Concept Note, Prevention of Mother to Child Transmission (PMTCT) Guiding Document and the National Paediatric AIDS report and Scale up Plan.

The MoE capacities were strengthened for policy and regulatory framework development and mapping of interventions for Early Childhood Care and Education (ECCE), for operationalizing Basic Education Law principles and management of GPE.

Capacities of ministries and CSO’s were improved on planning, M&E and reporting, training of judges, prosecutors on administration of juvenile justice and case management of child victims and consensus building for adoption of a Children's Code. Local authorities, religious and traditional leaders were trained on CRC and were engaged in promotion of birth registration.

Community capacities were developed to analyse behaviour and attitudes towards water and sanitation, resulting in increased use of latrines and hand washing. Community sanitation groups imparted training and created action plans on sanitation. Sanitation clubs were formed in primary schools and local associations were made to manage water systems. Capacities of national authorities, CSOs and local leaders were developed for key messaging, community engagement, prevention and preparedness.

Evidence Generation, Policy Dialogue and Advocacy

UNICEF Guinea Bissau developed an evidence-based investment case on the reduction of maternal and under five mortality, providing analysis, proposed actions, cost estimates and expected impact. The study recommended equity in access to services by empowering local health authorities. The CO also continued advocacy for enhanced nutrition governance through the development and endorsement of a National Nutrition Strategic Plan (2016 – 2020).

HIV services were integrated into malnutrition treatment. The reported prevalence varied across regions from seven to 31 per cent. Results of research were presented at the International Conference on AIDS and STIs in Africa (ICASA) 2015 Conference. UNICEF Guinea Bissau and the National Institute of Health and National Hospital Simao Mendes carried out the first ever HIV prevalence study among children presenting to secondary health care facility.

Jointly with UNESCO, UNICEF Guinea Bissau engaged in policy dialogue and support to the Education sector, which resulted on completion of the Education Sector Analysis, dissemination of findings and development of key sub-strategies.

A situation analysis of alternative care was conducted and findings were disseminated. UNICEF Guinea Bissau then assisted the Government in developing a set of regulatory instruments for shelters and residential care. Advocacy was conducted on the harmful effects of FGM/C, child marriage and child sexual exploitation resulting in a draft Code of Conduct.

The Republica di Mininus Hoje Movement remained an advocacy platform with UNICEF Guinea Bissau support. Organizations led by Children's National Parliament contributed to the adoption of the Guinean Child Agenda. Child/early and forced marriage was the topic of the year and influential personalities publicly committed to respect and support children's rights.

UNICEF Guinea Bissau engaged with partners in a bottleneck analysis of the WASH sector resulting in the drafting of key policy orientations. UNICEF Guinea Bissau led the process of revision of draft policies on water and sanitation and created a platform for dialogue and discussion.

Partnerships

UNICEF Guinea Bissau partnered strategically with Republica di Mininus Hoje (RdMH) for adoption of a National Child Rights Agenda. Led by the Child Parliament, RdMH is composed of over 250 child and youth organizations.

UNICEF Guinea Bissau developed partnerships with EU, SIDA/H4+, and Global Alliance for Vaccines and Immunization (GAVI) to support the Government in the reduction of maternal and U5 mortality. Using EU and SIDA funds, UNICEF Guinea Bissau developed strategic partnerships with civil society to operationalize the community health approach. GAVI funds supported strengthening of the cold chain and the Expanded Programme on Immunization (EPI), including introduction of new vaccines. These partnerships established synergies with the EVD plan (that attracted funding from USAID) to strengthen the health system through epidemic prevention and preparedness, community engagement and behaviour change through CHWs.

UNICEF Guinea Bissau partnered with the NGO Caritas, for integrated interventions to prevent chronic malnutrition and manage SAM, and continued efforts to engage nutrition partners.

Government, UN, donors and civil society attended the global gathering of “Scaling up Nutrition” (SUN) countries.

Partnership was established with 23 radio stations and with over 20 NGOs/CSOs contributing to EVD awareness, promotion of hand washing and hygiene practices. Strategic partnerships were also forged with traditional leaders, healers and religious groups for prevention of Cholera and EVD, promotion of hygiene practices and community engagement, and with the association of drivers and union of transporters to monitor the flow of people on the borders with EVD affected countries.

Guinea Bissau benefitted from GPE funds for strengthening coordination and advocacy. As Coordinating Agency, UNICEF Guinea Bissau organized six Local Education Group (LEG) meetings, creating space for debate and coordination of the education sector. Partnership with GPE resulted in increased ownership of the Education Strategic Plan by the Government and partners and enhanced its quality and chances to be a real guiding document.

External Communication and Public Advocacy

In line with the equity focus, UNICEF Guinea Bissau adopted complementarity and synergy between external communication and C4D to achieve better programme results. The CO amplified the voice of children, through RdMH, to adopt a National Agenda for Children that put the rights and well-being of children at the heart of the new development agenda. Copies of the agenda and leaflets were shared with Parliamentarians, Prime Minister and widely disseminated.

As Guinea-Bissau is a society where harmful social norms are challenging, international days were used as opportunities for advocacy, awareness and rights promotion. For example, on the African Child Day, UNICEF Guinea Bissau partnered with the African Union to issue a press release and supported a special session of the National Children's Parliament to draw attention to forced/child marriage and FGM/C. Debates and discussions on negative social norms and need for societal transformation with recommendations and key messages were further amplified and disseminated through social media and local newspapers.

Other celebration days used to advance programme objectives include the International Day of Zero Tolerance to FGM; World Breastfeeding Week; World Day of Latrines; World Hand washing Day. On the International Children's Day, UNICEF Guinea Bissau engaged 23 radio stations to create awareness on child rights and rights violations.

UNICEF Guinea Bissau engaged religious and traditional leaders in open advocacy in communities to address issues affecting certain segments of society, such as refusals to adhere to vaccination or to send girls to school by specific ethnic/social groups. This engagement, supported by messages delivered by these leaders in local languages, was critical for community information and engagement on EVD prevention.

UNICEF Guinea Bissau wrote 13 articles on child rights that were printed on the national media, produced 16 speeches for special events, gave five interviews to the international media, published one article on WCARO website and placed 120 posts on Facebook page.

South-South Cooperation and Triangular Cooperation

UNICEF Guinea Bissau and Brazil joined hands to support a National Adolescent and Youth Conference on HIV and AIDS in Bissau. The Conference marked the World AIDS Day, whose theme in 2015 called for attention to targeted programming for girls and adolescents, and concluded with concrete recommendations to the Government and civil society.

UNICEF Guinea Bissau leveraged an important MoU between the Ministry of Education and Fundação Calouste Gulbenkian of Portugal, which brings further technical expertise from the Portuguese University of Minho. The triangular partnership (inclusive of UNICEF) aimed at the revision of the curriculum of basic education (grade 1 to 9) and will address education development to go beyond the current scope of the GPE funds through a strong and sustainable cooperation between the two institutions.

Under a joint training programme between Latin America and Portuguese speaking African countries (PALOP), three magistrates working on child justice participated in the first International course on Justice for Children (J4C) for the PALOP in Angola. This important academic course improved the skills and capacities of judges and prosecutors working on J4C and provided a platform for experience exchange with other African countries and Brazil, Argentina, Chile and Spain.

Furthermore, to promote experience exchange among youth and adolescents, the CO supported the participation of Republica di Mininus Hoje Movement in the International Youth Conference in Brasilia to present a progress report to the National Congress of Brazil and learn about the activities of youth organizations working there.

A delegation of six people (Government and civil society) participated in the AFRICASAN 4 meeting in Dakar, in which around 40 African countries met to discuss issues around sanitation. The Guinea Bissau delegation presented progress on Community Led Total Sanitation and shared data on achievements and challenges. The Government committed to increase percentage of funds from the state budget for sanitation.

Identification and Promotion of Innovation

UNICEF Guinea Bissau established a partnership with the Taxi and Public Transport Union (SIMAPPA – Portuguese Acronym), to increase advocacy in two areas: EVD prevention and protection of women and children from violence and abuse.

This partnership engaged taxi and collective transport drivers, to disseminate information both in urban and rural areas. The organization enrolled more than 7,000 drivers, having direct contact with women, children, men and elderly people regularly, making them a formidable vector for information sharing, vigilance and dissemination of key hygiene practices as well as children's rights.

SIMAPPA was involved in conducting training sessions for their own associates on prevention and preparedness against an EVD outbreak (Quinará, Tombali and Gabú regions), road traffic safety and creation of child friendly taxis. The concept of such taxis, introduced by UNICEF Guinea Bissau through SIMAPPA, focussed on children's rights to transform taxis and other vehicles into safe means of transport for women and children. These taxis served as safe places against violence, abuse and exploitation of women and children, together with identification of possible cases of abuse and violence and referral to the police.

Messages were developed and broadcasted across the country (including inside the taxis and with stickers pasted outside) through community radios, to reinforce understanding of children's rights, and concepts related to protection and basic hygiene practices.

Taxi drivers from the southern regions of Quinará, Tombali and Gabú were also part of the C4D strategy in order to prevent the spread of EVD in the country and to promote hygiene practices. They were provided training on basic hygiene practices and were linked with health system and community leaders for referrals of sick passengers and identification of possible contacts. The total number of people trained was 504, of which 62 per cent were male and 38 per cent female.

Support to Integration and cross-sectoral linkages

Within the strategy for EVD prevention and preparedness, UNICEF Guinea Bissau supported the adoption of an EVD Protocol for the education sector. All primary school headmasters and teachers were familiarized with the protocol, and trained on basic prevention, preparedness and response measures.

UNICEF Guinea Bissau led partnerships with NGOs, religious and traditional leaders and CHWs to enhance communication on prevention and vigilance. Cross-sectoral linkages were created between WASH and Health for hygiene promotion, rehabilitation and construction of water points and hand washing stations. UNICEF Guinea Bissau focused on ensuring that hygiene practices were known and practised. Through child protection, UNICEF Guinea Bissau leveraged partnerships between the National Police Force (Interior Ministry) and MoH for point of entry screenings, with provision of hygiene, disinfection and sanitation materials, and between MoH and Ministry of Social Welfare, for training and engagement of social workers.

UNICEF Guinea Bissau Nutrition and HIV programmes along with MoH, integrated the referral and testing of HIV at 22 health centres for treating children with SAM.

UNICEF Guinea Bissau provided technical and material support to establish the first birth registration service in the National Simao Mendes Hospital to be expanded to all major health facilities.

A Parental Competencies Study was conducted on ECD in collaboration with the National Institute of Statistics and MoE. The aim was to analyse family knowledge and practices on children's education, nutrition, care, protection and health. According to preliminary results, the time dedicated by the mother for the care of the child is only one hour per day without any quality stimulation and care activities. In 20 per cent households, neither parent expressed having any influence in the upbringing of the child. More than 50 per cent of the interviewed mothers think that girls should be brought up to undertake domestic chores. In 29 per cent of the cases, children were exclusively breastfed up to six month of age.

Service Delivery

The Health and Nutrition programme falls just short of SPHERE standards due to a few under-performing health facilities. To address this, UNICEF Guinea Bissau and regional nutrition authorities conducted supportive supervision and monitoring visits, providing local health staff with refresher trainings on protocols and procedures. UNICEF Guinea Bissau provided financial, supply and technical support to MoH for vaccination campaigns and related evaluations, and equipped all regions with essential medicines and logistics. UNICEF Guinea Bissau also

provided Long Lasting Impregnated Nets (LLINs) for Malaria control and supported the MoH in preparing a corresponding M&E plan.

PMTCT was fully integrated with ante natal care (ANC). Civil society activists were supported to deliver peer based services for improved retention and adherence to treatment. UNICEF Guinea Bissau supported initial mapping for future development of policies and operational guidelines. UNICEF Guinea Bissau provided text books to all primary schools nationwide, strengthening MoE capacity and accountability for distribution through its own network, thus ensuring self-reliance for future distribution of supplies.

Case referral of crimes against children increased and protection partners provided a coordinated response. UNICEF Guinea Bissau provided extensive support to two temporary shelters caring for children victims of violence. Ninety-three child victims were provided with psychosocial support and were reunited to their families. UNICEF Guinea Bissau strongly advocated with MoH and Ministry of Justice (MoJ) to open joint birth registration services in the main national hospital.

Educational spots were produced and broadcasted countrywide and visual communication materials developed and distributed to support interventions at community level. Campaigns on vaccination, Vitamin-A, deworming, EVD and Cholera prevention were carried out far and wide and communication and social mobilization material prepared and distributed.

Several (146) communities benefitted from new and rehabilitated water infrastructure. This service delivery intervention also created community participation in water management, creating a link with local authorities and the private sector in the running and maintenance of interventions.

Human Rights-Based Approach to Cooperation

UNICEF Guinea Bissau remained a strong advocate of the Republica di Mininus Hoje Movement in promoting a National Agenda for Children. The Agenda stems from national consultations conducted by the Children's Parliament, and reflects the Concluding Observations of the CRC. UNICEF Guinea Bissau supported the Handicap International and the Federation of People with Disability to advocate for the full ratification of CRPD and its Protocol.

UNICEF Guinea Bissau supported the Government community health approach for universal access to care at the village level. This approach, implemented through the CHWs was adapted to each context with the participation of communities in defining and managing their health, nutrition and WASH requirements through the adoption of KFPs and demand for high quality clinic-based services. Services were free of charge and were based on the equity approach especially in reaching the most disadvantaged population. The Monitoring of Results for Equity System (MoRES) was enhanced through decentralized monitoring in all health centres of six health regions thus addressing quality and equity issues in coverage.

The HIV/AIDS programme served as a bridge between rights holders and duty bearers. The national network of People Living with HIV (PLHIV) associations is a critical UNICEF Guinea Bissau partner and it participated regularly in policy and advocacy efforts. Members of the network participated in facilitating service delivery related dialogue between people in need of HIV services and local health providers and addressed issues of discrimination and stigma related to the disease.

UNICEF Guinea Bissau worked with education partners to increase access of boys and girls to quality education focussing on the most remote and difficult to reach regions. With GPE support, over 130 new classrooms were built, equipped with furniture, adequate sanitary facilities and manuals. The CO partnered with NGOs (the Handicap International and Fundacao Fe' a Cooperacao) to promote inclusive education for children with disabilities, while focusing in particular on girls' education.

Capacities of child protection partners were developed in planning and implementing interventions in line with the human rights based approach. Under the UNFPA/UNICEF joint programme for FGM/C abandonment, CSOs and Government were provided with increased knowledge and skills on HRBA planning, M&E and reporting

Gender Mainstreaming and Equality

UNICEF Guinea Bissau supported the design of health-related data collection and reporting tools used at the community level with provision for data disaggregation by gender. This will provide information on gender gaps for formulating future gender sensitive strategies.

With FAO, UN Women and NGOs and through the joint Peace Building Fund project worth US\$ 1,000,000 for "Women's Economic Empowerment" UNICEF provided technical assistance to 6,070 women to produce, iodise and commercialise salt for increased economic empowerment against its share of US\$ 100,000. UNICEF Guinea Bissau also supported training of 20 salt producers, majority female, in iodised salt production and machine assembly and maintenance.

Gender based violence was addressed in protection-related response to emergencies. Negative effects of social norms, attitudes and behaviours against children, particularly girls were addressed. The UNFPA/UNICEF Guinea Bissau Joint Programme remained the main initiative on FGM/C abandonment. US\$ 480,000 was spent on advocacy and capacity development of partners, school teachers and health workers. A total of 47,120 women, men and youth participated in community dialogues on benefits of FGM/C abandonment. Enforcement of the FGM/C legislation was supported by UNICEF and UNFPA, along with provision of protection services to respond to cases.

Gender remained an integral part of the child friendly schools approach. UNICEF Guinea Bissau had a budget of US\$ 346,000 for the completion of sixth grade in 11 child friendly schools. According to RESEN data, 52 per cent of the poorest rural girls have the chance to start grade one while only 37 per cent complete six years of primary education. UNICEF Guinea Bissau supported the MoE in the retention of girls in primary schools through construction and rehabilitation of 22 classrooms for grades five and six and separate latrine blocks for boys and girls. UNICEF advocated the timely start of education especially for girls who may enrol late and drop out soon if they are to get married at a young age.

Public speeches delivered by UNICEF Guinea Bissau were all gender sensitive, and highlighted issues affecting both girls and boys. Gender awareness was strongly highlighted in communications sent to the press.

Presently, the CO does not dedicate staff for gender mainstreaming.

Environmental Sustainability

In UNICEF Guinea Bissau, the WASH programme had the lead role in addressing issues of environmental sustainability, particularly related to conservation of the water table and waste management. Emphasis was laid on the protection of water tables from contamination, especially from human waste and iron (in particular in the southern regions of Quinará and Tombali). Guinea-Bissau is prone to infiltration of human waste into the water table for two main reasons: the water table is shallow and consequently wells are not deep; and latrines are mainly built close to wells and other sources of water. For these reasons, UNICEF Guinea Bissau continued to work with the Government and communities to ensure that a minimum horizontal distance of 30 meters is respected in between a latrine and a water point, and that each water point is protected by a filtered cover that is at least 1.5 meters from the bottom of wells to ensure the passing of filtered water. These standards are already foreseen in the basic Government guidelines for construction of water points and latrines and were introduced widely in all communities where CLTS initiatives were implemented. In addition, the minimum water protection standards were streamlined into the two policy documents that were drafted during the year.

In the southern regions of Quinará and Tombali, there is a high concentration of iron in the water and often the communities living there do not have access to any other water source. UNICEF Guinea Bissau worked actively to implant iron removal devices in 37 communities in these two regions. Linked to the efforts for EVD prevention and preparedness, the WASH programme worked extensively with NGO partners in order to: a) strengthen community awareness on issues related to sanitation and hygiene nationwide and to; b) strengthen the capacity of health system workers, particularly in Tombali region to practice and maintain hygiene, manage sanitary waste and protect the neighbouring health centres from infectious diseases. This intervention was implemented by the NGO LVIA in three health centres of Tombali with UNICEF support worth US\$ 131,000.

Effective Leadership

Key annual management priorities and results were defined in the Annual Management Plan (AMP) through a participatory approach. The AMP also included programme management coordination mechanisms, the annual calendar of events and management indicators. Key annexes included the signed AWP, consolidated supply plan, mandatory committees and task forces and the Annual Learning and Development Plan. Business continuity issues were covered in the Business Continuity Plan (BCP) and the Disaster Recovery Plan documents signed by the Representative respectively in March and April 2015. All activities related to the BCP were referred to those documents.

The CMT met monthly with eleven sessions held during the year to discuss management indicators and office strategies in accordance with the AMP. The CMT endorsed submission of the new CPD (2016-2020), the Strategic Moment of Reflection (SMR) and formulation of the CPAP and Strategy Note articulating the theory of change. Recommendations of the internal audit carried out in 2015 were reviewed by CMT and implemented. UNICEF Guinea Bissau led joint HACT assessments with UNDP and UNFPA; the Table of Authority was updated. CMT maintained a strict review of DCT and took measures to keep it below 5 per cent over six months, and zero DCTs over nine months. Management indicators were reviewed and corrective actions taken to accelerate implementation, promote an integrated approach and improve the quality of delivery, with attention to donor-compliance. The CMT paid special attention and provided guidance for construction and quality assurance bidding processes,

technical reviews and monitoring. The CMT also monitored CO's EVD prevention and preparedness efforts and implementation of L3 CEAP activation.

The Representative chaired weekly section heads' meetings on previous week's results and priorities for the week. These sessions were critical to review the implications of the constantly changing political situation and accordingly adjust implementation both in programme and operations.

Financial Resources Management

The CMT provided priority attention to funding status, donor reporting, grant expirations, fund commitments and outstanding DCTs especially those more than six months old. CMT also discussed the monthly cash flow and its utilization.

The year-end accounts closure reports were posted to DFAM share points in a timely manner. Petty cash account and bank account were managed in accordance with policy and procedures of cash management and disbursement. The signatory panel for the bank account was maintained and regularly updated to reflect changes in staff movement. Monthly bank reconciliation was done regularly.

The control over risks associated with HACT implementation and partners' capacity for better financial management and accountability was strengthened. Training on HACT and new CSO procedures was conducted for 38 national and international NGOs and partners. The UN HACT Committee concluded joint HACT assessments and 39 International Professionals were micro assessed (out of which 27 were for UNICEF Guinea Bissau) using a global Harmonized Account Cash Transfers Long Term Agreement. UNICEF Guinea Bissau took advantage of the scale and saved cost (US\$ 40,000) by doing joint assessments.

DCT liquidation processing was closely monitored for outstanding DCTs of more than three to six months, alerts were issued when DCTs fell in the fifth month. No DCTs were in the category of nine months plus, an improvement over 2014. UNICEF Guinea Bissau continued close monitoring of outstanding DCT more than 6 months, reaching one per cent of total DCT by end of 2015.

The CO was audited in July-August 2015. The audit was conducted remotely from New York Headquarters. The draft report was received in December and the CO response was sent on time.

After the end of year adjustments, the expenditure levels for non-grant (BMA & GC) were estimated at 100 and 99.87 per cent respectively. The OR annual allocations were consumed at 98.68 per cent and for emergency grants at 99.87 per cent.

Fund-raising and Donor Relations

UNICEF Guinea Bissau had a positive funding trend in 2015, reaching US\$ 27,003,268 of which US\$ 20,003,269 were allocated and 93.7 per cent utilized. Some programmes remained severely underfunded while others received funding with limited flexibility. The CO acquired grants from Netherlands, Sweden, Denmark and regional thematic, along with funding raised locally from the EU Delegation and USAID. The CO mobilised US\$ 3,919,569 for EVD, utilizing US\$ 3,286,595.

As 2015 was the last year of the programme cycle, around US\$ 7,000,000 awaited approval for the creation of the new CPD cycle in VISION. These funds were earmarked for GPE, WASH Thematic and Health system strengthening. Key donors contacted were the Italian and Spanish National Committee, Government of Japan and EU. The Representative visited the Italian National Committee and obtained commitment for support to Nutrition. Funding was received from the Spanish National Committee for WASH.

Negotiations were held with the Japan International Cooperation Agency on funding for WASH, Child and Maternal Health and Nutrition, Education and HIV/AIDS worth US\$ 4,280,000. The CO continued to engage in dialogue with the EU on on-going partnerships as well as new funding prospects. This included negotiation of a new contribution "Projecto Saúde" for expansion of community health. The CO submitted a Concept Note on Civil Registration and Vital Statistics to the UN Peace Building Fund Steering Committee for a US\$ 1,000,000 proposal, also leveraging a contribution for UNFPA. The CO continued to work with National Committees, particularly around the Education Toolkit. The Toolkit was updated in February 2015 and a new version will be developed in 2016 covering the new CP priorities.

The new CP started with a funding gap of US\$ 5,700,000, mainly in Child Protection, Nutrition and HIV/AIDS.

Seventeen donor reports were submitted on time, with one submitted with delay.

Evaluation

The IMEP 2015 was developed by the CO at the start of the year. Other strategic planning documents and processes included the CPD extension for 2015 and related budget; ii) nine Annual Work Plans; Annual Management Plan; iii) SitAn iv) participation in the preparation of the UNPAF v) new CPD 2016-2020, aligned with priorities of the Government (2015 to 2020) as well as the Strategic Plan of UNICEF Guinea Bissau.

The MICS 2014 report was finalized with the lead role maintained by the Government.

UNICEF Guinea Bissau supported the training of management and operational staff at national and regional level in establishing a regular programme monitoring system.

Partners were trained in the tools and work processes for the application of HACT.

Technical support was provided to update and disseminate Guinea-Bissau Info, including training of national focal points, digitalization and validation of indicators in the national data base.

Periodic reviews were held with all partners and principles of strengthening capacity and integration, particularly at the decentralized levels, equity and innovative approaches and sustainability were reiterated.

An evaluation of the UNICEF-supported Adult Literacy Project was conducted to identify relevance, effectiveness, efficiency, impact and sustainability of all inputs by UNICEF the CPD period. It was conducted by an external evaluator in collaboration with the INE in 10 literacy centres, interviewing 10 literacy facilitators and 153 students (90 females and 63 males). In the sample villages the project was reported as well-received and disadvantaged students, especially females, were encouraged to participate. The evaluation also demonstrated that the

cost was under US\$ 22 per student over five years. The programme was effective in providing literacy to people, but was cost-inefficient, as over 50 per cent of expenditures were incurred on running costs of the MoE.

Efficiency Gains and Cost Savings

While the UN agencies are committed to “operate as one”, a common approach was not followed in procurement services, human resources management, ICT services and financial management.

Common inter-agency services (travel, cleaning, maintenance, security, fuel, consultant/driver roster, custom clearing agent, courier and UN clinic) generated gains and savings for the sourcing and procurement of goods and services for individual agencies. Existing agreements were assessed and monitored in respect to conditions granted for travel agents, gardening companies, fuel companies, cleaning and security guards. Where LTAs existed UNICEF Guinea Bissau saved considerable staff time and promoted efficiency in getting the work done, as goods and services were received in a timely manner. Calculation of cost savings in monetary terms was however difficult to ascertain.

In 2015, UNDP, UNICEF Guinea Bissau and UNFPA conducted joint HACT assessments that also contributed to cost savings. Using the UNICEF Guinea Bissau global LTA, both Macro and Micro assessments were performed to assess Implementing Partners (IPs), the majority of which (27) are UNICEF Guinea Bissau IPs only. A total of US\$ 40,000 was saved from this joint exercise.

Supply Management

The Supply Plan was worth US\$ 4,255,654 for the regular programme and US\$ 1,034,670 for EVD Emergency, totalling to US\$ 5,290,324. Total value of locally managed procurement was US\$ 1,057,768 of programme supplies, US\$ 192,227 of operational supplies and US\$ 4,296,649 of services (including construction, see breakdown below). Programme supplies were monitored for timely delivery under the direct delivery strategy and Goods in Transit were monitored regularly.

Corporate contracts were raised worth US\$ 4,800,528 and issued worth US\$ 4,296,649 (89 per cent).

Main supplies procured included vaccines, therapeutic food, medicines, education and health (EVD) kits motorbikes, cars and bicycles.

Breakdown of supplies by value:

UNICEF Guinea Bissau 2015	Value in US\$
Programme Supplies	1,898,758
Operational Supplies	193,877
Services	469,565
Construction	3,827,084

Value of supplies channelled via procurement services was US\$ 2,313,068 and US\$ 1,048,099 via GAVI.

Twenty one procurement cases were processed and 19 approved on the first review. Since the Bissau market is small, bidding invitations for procurement of white chalk, Hypochlorite HTC 65 per cent and construction of teacher training centres were advertised locally and in Dakar.

Common LTAs with UNDP covered procurement of fuel, customs clearance and travel services. The CO established LTAs for road transportation, supervision of construction services and procurement of office stationery. The CO constructed 75 classrooms and 25 latrines and contracted companies to build three Teacher Training Centres in 2016. The CO also supported rehabilitation of wells and construction of boreholes.

The CO conducted physical inventories, ensured staff responsibilities and recorded results regularly. The Inventory of programme supplies in the warehouse as of 31 December 2015 was worth US\$ 288,445. Value of programme supplies issued from local warehouses was US\$ 974,580.

MoH has a central warehouse and partner international NGOs have good capacity of warehousing.

Security for Staff and Premises

UNICEF Guinea Bissau staff members were kept up-to-date on security issues and related rules. All staff and consultants were given VHF handset radios and they conducted frequent/weekly radio checks with the UN security base. The Basic Security in the Field and Advanced Security in the Field Courses were undertaken by newcomers as part of their induction programme. The staff and visitors used the same entrance gate, presented their ID cards to the hired private security company staff and were screened while their bags were checked manually.

The CO continued to improve its transportation fleet and strict compliance and travel regulations. All official travel was undertaken after receipt of security clearance from the UNDSS and approved travel authorization by UNICEF Guinea Bissau. Staff on travel were instructed to maintain contact with the UN security base.

The CP prepared a BCP for 2015. The call tree was updated and test exercises were done especially during times of political instability. Emergency and security lists were regularly updated.

Constraints in the application of MOSS included: (i) UNICEF Guinea Bissau is located in common premises (UN House), with office rooms on various floors of the building and cannot be isolated from the rest (ii) Shared decision making responsibility as well as funding caused constraints for the implementation of security recommendations, for example due to lack of combined funding by all concerned UN agencies. (iii) Considering the present risk level (long term political instability) improvement of the access control rules is urgent for which all agencies must contribute due funding on time in order to implement the recommendations of the UN security plan. UNICEF Guinea Bissau was raising the MOSS compliance concerns at both UNCT and SMT.

Human Resources

Human capacity needs of the CO, with the necessary profile were identified through a results-based approach and funded positions filled through a competitive recruitment process. In some cases, despite timely conclusion of recruitment selected candidates declined the offer of

appointment at the final stage. The declaration of L3 CEAP assisted fast-tracking recruitment of 23 emergency staff and consultants required to strengthen the EVD related interventions.

Staff capacity analysis and training requirements were conducted in the development of the new CPD. The results-based approach was applied to define staffing needs for each strategic outcome area. This exercise served as the basis for the CPD/CPMP/PBR submission. Gender balance and geographic diversity remained important considerations.

By the year-end there were 48 per cent female and 52 per cent male staff. ERM training was planned but did not take place due to compelling reasons.

The JCC met three times and addressed critical points raised from GSS like work/life balance, staff morale and personnel related issues. PAS and E-PAS were planned on time and monitored regularly with 100 per cent achievement by end of February for 2014 performance appraisals. The CO achieved 100 per cent mid-year performance review for 2015 PAS, creating a good office culture. The CO experienced funding gaps for one IP (Chief Health and Nutrition L4) initially funded by OR but charged to RR funds to bridge the gap for three months' salary and staff related costs due to shortage of OR.

Mandatory trainings on Ethics and Integrity, E-HACT, E-FACE Form and EVD were completed by most staff members. Knowledge sharing clinics on key work processes in Supply, HR, and travel and programme management areas. The CO held two learning sessions on the 10 minimum standards of HIV/AIDS. Condoms, female and male and Pep kits were regularly made available in the CO.

Effective Use of Information and Communication Technology

While UN agencies are situated in one building, integrating a common ICT approach remained a challenge. UNICEF Guinea Bissau, UNDP, IMF and the World Bank used separate ICT connectivity and only three agencies shared a common PABX system. The CO benefited from use of the UNICEF cloud automation tools and all of them are accessible by staff anytime, anywhere. Thus staff had the option to remain connected even during field missions, hence adding to efficiency and efficacy.

Skype for Business, which replaced Lync, was used for participation in seminars/web trainings. Although there were trainings for staff, One Drive is not yet widely used. SharePoint site will be created in 2016 when the Planning, Monitoring, Evaluation and Social Policy section is fully staffed, with the ICT Unit providing technical support.

Mobile tools have until now been used internally where mobile data collection was established for the evaluation of the integration of HIV/AIDS and Nutrition and evaluation of a Project Cooperation Agreement between UNICEF and Caritas Guinea Bissau, but are not yet extended to other partners.

The digital/social presence of UNICEF was the Facebook fan page, created and maintained by the UNICEF Guinea Bissau communication section and used for publicizing UNICEF Guinea Bissau work and actions to the public and partners. The page had about 4,800 fans in 2015 and about 20 per cent of these shared its posts. Compared to the year 2014, these variables saw an increase in 2015 with potential for further increase.

Following the assessment done for year 2014 that became the baseline, ICT footprint is mainly

due to the electricity consumption. To help reduce this variable, all high-energy light bulbs were replaced by lower voltage, energy saving lights.

Double sided printing was setup as default setting on all computers to save on the cost of paper.

Programme Components from Results Assessment Module

ANALYSIS BY OUTCOME AND OUTPUT RESULTS

OUTCOME 1 Judicial and Institutional Child Protection systems are functional and at least 25 per cent of OVCs receive free basic support

Analytical Statement of Progress:

Although the legal framework for child protection improved, there was a strong need to continue to reinforce positive social norms, to implement policies and to establish systems to protect children and women from violence, abuse and exploitation. Poverty, tradition and culture are interlinked in a complex manner that reinforces harmful social norms and limits community and household capacities to access services. The number of children whose births were registered was very low (24 per cent) due to the weak civil registration system and lack of Government resources to implement the national strategy. These are the main constraints to access of vulnerable population to basic services.

In addition, a range of harmful practices affect children and women such as FGM/C, child marriage, domestic violence, child labour and child trafficking: these continued to be addressed by partners, particularly at decentralized level.

Child protection is included in the National Poverty Reduction Strategy Paper and in the Government's Priority Action Plan. The programmatic framework comprises four National Action Plans addressing specific child protection issues, but so far there was no coherent child protection policy document providing major strategic guiding to improve and strengthen the country child protection systems to prevent and respond to violence, abuse and exploitation of children. UNICEF Guinea Bissau was one of the main organizations providing support to the country to improve the child protection system in 2015.

Supply is a major element of UNICEF Guinea Bissau child protection work. Because of the fragile service provision environment and the gaps among different parts of the country for child protection services, main interventions of UNICEF Guinea Bissau during 2015 were centred on capacity development and on the direct support to services (including working material) for response and prevention to cases of violence, abuse and exploitation.

Improving reporting and monitoring systems was a challenge, especially with inclusion of gender disaggregated data and indicators. To address this main issue, coordination for referral and reporting was strengthened among child protection actors at central level. In order to continue to strengthen the child protection system, particularly in the area of coordination and information system, UNICEF Guinea Bissau assisted the Ministry of Women, Family and Social Cohesion to conduct a national mapping exercise of child protection partners and social assistants, resulting in the development of a data-base covering all actors, including residential care institutions and the national social workforce. Capacity-building of law enforcers on child protection legislation, as well as communities resulted in an increased number of cases on crimes against children referred to and followed by appropriate legal services. In addition

communities are more aware of existing alternatives to address violence against children and women.

Under UNICEF support, five regions (out of nine) were providing protection services to vulnerable girls and boys through child and women protection services for assistance and care as well as legal referral, including one shelter centre, for children and women victims of violence. In addition, referral cases on crimes against children increased from 2014 to 2015, resulting on 260 cases of children victims of abuse and violence referred to and followed by child protection actors (Guardian ad Litem, police, IMC, NGOs) and coordinated responses strengthened. Despite the slow progress to increase rates of birth registration, particularly due to lack of appropriate resources to implement the country national plan for birth registration, with UNICEF Guinea Bissau advocacy and support, integration with the health system was initiated in a more structured and sustainable way.

Birth registration (BR) services were introduced in the main national hospital (with high attendance) and two other health facilities will commence in 2016 to provide registration to newborns and children under the immunization plan. Education and Justice Ministries worked together and developed a pilot to introduce BR services in 45 child friendly schools (starting January 2016) in order to implement a more sustained BR service within the primary schools' planning process in 2016.

Social norms and behaviours against children's and girls' rights persist in Guinea-Bissau and was a major area of UNICEF Guinea Bissau intervention. During 2015, under the UNFPA/UNICEF Guinea Bissau joint programme, efforts accelerated on-going community programmes addressing adverse gender social norms, as well as violence against children. In total 47,120 women, men and adolescents from regions with high rates of FGM/C and child marriage were involved in community dialogue programmes for child and women' rights promotion.

Under UNICEF Guinea Bissau and UNFPA advocacy, public policy statements supporting FGM/C abandonment were made by policy makers, politicians, and traditional/religious leaders at national and decentralized levels, despite resistance from some religious leaders. Also, capacity of programme managers and experts in evidence-based programming on FGM/C was improved during the current year. This joint programme is the main partner of the National Committee for Harmful Practices Abandonment and the mainstay of major country interventions and results achieved in this area.

OUTPUT 1 Child protection code created and adopted and Child Justice policies and services integrated into National Justice Policy.

Analytical Statement of Progress:

Thirty law enforcers, including judges and prosecutors, as well as 250 from police forces capacities were strengthened on case referral and implementing legislation on child and women rights, particularly on FGM/C, human trafficking and domestic violence laws.

Within the legal reform process on child justice, 50 justice actors and 50 CSOs were trained on Justice for Children covering GB legislation and learning from other Portuguese speaking countries. As result, a national consensus on main priorities for the development of the Children's Code were achieved among child protection stakeholders. Under a joint training programme between Latin American and Portuguese-speaking African countries (PALOP),

three magistrates working on child justice participated in first international course on J4C for the PALOP in Angola. This important academic course (certificated by Comillias Univ/Spain) improved skills and capacities of judges and prosecutes working on J4C and offered exchanges of experience and work with other African countries, Brazil, Argentina, Chile and Spain.

UNICEF Guinea Bissau continued support to the dissemination of national legislation on FGM/C, domestic violence and human trafficking. The dissemination was conducted by Parliamentarians and CSOs jointly, at national level; 219 local authorities, religious, traditional and opinion leaders were also informed. During the reported period, five cases of FGM law were reported and addressed by the judiciary system. The non-existence of a Child Court as well as sufficient specialized law enforcers was a major bottleneck to the efforts of adoption of child justice policies and appropriate services addressing child justice.

OUTPUT 2 Girls and boys without care and victims of abuse, violence and exploitation benefit from social basic services and child protection

Analytical Statement of Progress:

Continuing efforts to strengthen the institutional framework for child protection and coordinated responses to address prevention and support to children victims of violence, abuse and exploitation was provided to child protection institutions and partners. This support was provided to develop the capacity to boost the establishment of a legal, institutional and social community environment that protects woman and girls' rights and provide sustainable responses to domestic violence issues, FGM and child marriage.

The National Plan of Action to Combat Trafficking in Human Beings was revised, updated and disseminated at the national level. Continued support is provided to the Child Trafficking National Committee, for implementation of their activities and for their monitoring role throughout the country to achieve better synergy among CP actors and a more coordinated response to emergency cases involving child trafficking.

The Situation Analyses of alternative care in Guinea Bissau, with a focus on children in residential systems, was conducted and the mapping of existing institutions and their respective human resources was updated. Regulatory instruments for shelters (licensing and inspection) and profiles of host families was prepared and pre-validated together with the Government.

Psychosocial support to victims of violence, and referral services, were supported in five regions (out of nine) and these CP services established formal partnerships with hospitals, CAJs and other regional protection structures.

To strengthen the child protection system, in particular the coordination and information system, UNICEF Guinea Bissau assisted the MWFSC to conduct a national mapping of child protection partners and social assistants in the country, resulting on the development of data base systems covering CP actors, residential care and the national social workforce.

Advocacy was conducted on child sexual exploitation in the tourism sector in order to include it the Government agenda, resulting in a draft of the Code of Conduct, elaborated by the Ministry of Tourism and MWFSC for discussion in 2016. Despite efforts to strengthen partner capacity on coordination improvement and capacity to monitor child protection intervention, at central and decentralized level challenges persists.

OUTPUT 3 Gender sensitive national birth registration policy implemented and BR system used by the population

Analytical Statement of Progress:

Despite the institutional instability, UNICEF Guinea Bissau strengthened BR advocacy at high level; and coordinated and fostered partnerships and funding. UNICEF Guinea Bissau is the main Government partner advocating and providing technical and financial support for civil registration (particularly BR). Support was provided to the country's participation in the African Union III Ministerial meeting on Civil Registration and Vital Statistics (CRVS), resulting on the country's submission of a formal request to UNECA for support on the analysis of the situation of the sector and subsequent budgeted action plan (mobilization of resources). This important meeting boosted the partnership between MoH and MoJ, as well as MoE, established in 2014. Joint interventions to increase BR rates among children were developed resulting in the establishment of two BR services installed at the main national Simao Mendes Hospital and Cumura Hospital, and another in establishment in the main immunization centre. The objective was to extend the service to all major public hospitals of the country, depending on resource availability.

With the education sector, 45 child friendly schools will benefit from pilot BR intervention to establish a routine system between education and civil registrations services on the identification n, pre-registration and birth certificate deliver. The programme will initiate in early January.

The civil registration system faced serious problems, but partnerships between the MoJ and civil society was reinforced for social mobilization, increase of awareness on the importance of BR, identification and pre-birth registration of children, strengthening the routine system using community approaches and to reach the most vulnerable children in geographical areas (islands). During the first semester of 2015, 3,845 children (0-7) of Bolama /Bijagos were registered (in collaboration with CSOs and health/education facilities). Major challenges faced on BR were related to funding constraints and a weak civil registration system, particularly working conditions and human resources, which affect the capacity to implement the country national strategy and action plan. To overcome this scenario, UNICEF Guinea Bissau was providing technical and financial support to the development of sustainable joint strategies to strengthen the routine system of BR and better planning of interventions, including the joint interventions with health and education sector.

OUTPUT 4 Communities adopt protective behaviours related to child mobility, gender relations and violence and solve or refer child protection accidents to national child protection system

Analytical Statement of Progress:

High level advocacy continued to stop FGM/C and child marriage, as well as to develop capacity of main NGOs, CSOs and religious organizations.

To implement community programmes addressing social norms in line with the national strategy, capacity of community workers and NGOs officers was improved through a workshop for 25 CSOs and Social and Planning Ministries. The training covered Planning, Monitoring and Evaluation and reporting. Partners improved their planning and reporting documents.

In the education sector, knowledge capacity and skills of 100 school teachers to prevent FGM and child marriage within the school and community environment was increased. Additionally, 500 local community workers were reached through 20 training sessions on community

mobilization for social norms and behaviour change. This important initiative improved the quality of work and reporting results of the community work. Community-led activities, to increase knowledge of benefits of abandoning FGM/C and related adverse gender norms in the population were strengthened. A total of 1,378 sessions on education and community dialogue, to promote the abandonment of practices and social norms that affect the rights of children and women, were implemented in 140 communities, covering 47,120 people.

To reach young people, advocacy and communication campaigns to end FGM/C were on-going and several “advocacy concerts” with the National Committee for the Abandonment of Harmful Practices (CNAPN) and ambassador for FGM/C abandonment were organized. Artists and musicians pledged their commitment to FGM/C abandonment movement, and radio programmes broadcasted in high rate regions. National advocacy to stop FGM/C and child marriage was undertaken and country authorities engaged publicly during several national events. Resistance of certain religious sectors against the legislation on FGM/C still continued. Government and CSOs, jointly with the main national Islamic authority organized discussion on FGM/C. The President of the Imams Union made a public declaration for FGM/C abandonment, as well as child marriage.

Partnership with health sector was reinforced through inclusion of FGM/C in the health curriculum of academic institutions, reached 112 health facilities. Social norms continued affecting girls’ and child rights at community level. Interventions in urban settings, where FGM/C is also performed, particularly in immigrant communities, were not a partner priority and there was no clear strategy to address it, as priority interventions are more focused at community level.

OUTCOME 2 Reduction of Infant Mortality from 138 to 100, and U5 Mortality from 223 to 180 per 1000 live births respectively

Analytical Statement of Progress:

UNICEF Guinea Bissau, through sustained policy development, high level advocacy, strategic partnerships, strengthening of Government institutions and direct support towards the implementation of Health, Nutrition and WASH programmes, contributed to the decrease of infant and child mortality rates from 56.7/1,000 and 104/1,000 in 2014 to 55.4/1,000 and 88.8/1,000, respectively, as reported in 2015.

Both indicator values surpassed the original targets set under the CP 2008 – 2015. However, disparities in under-five mortality rates persisted across eleven health regions, ranging from 42/1,000 in Biombo to 159 /1,000 in Gabú.

CHERG/WHO estimated relative causes of infant mortality were revised in 2015. Contribution of neonatal causes in overall under-five mortality was estimated upwards from 24 per cent to 44 per cent between 2008 and 2015. Other causes of death include: sepsis 10 per cent; AIDS 4 per cent; Malaria 4 per cent; pneumonia 14 per cent; diarrhea 9 per cent; measles 1 per cent. Malnutrition continues to be an underlying cause of majority of U5 deaths.

Maternal mortality, estimated at 900 per 100,000 live births (MICS 2014) was high with main causes: hemorrhage 25 per cent; hypertension 16 per cent; direct causes 9 per cent; Sepsis and Abortion 10 per cent each.

Health mobilized funds from the EU through the PIMI programme, the Swedish International Development Agency (SIDA) through the H4+ initiative and the Global Alliance for Vaccines and

Immunization (GAVI) for support provided either directly to the Government and/or through strategic partnerships with the CSO at community level.

Additionally, with advocacy from UNICEF Guinea Bissau, Mother and Child Health was included in Vision 2025 as a public health priority and positioned highly on the Government agenda.

Additional funding for health system strengthening was mobilized from USAID and EU within an effort to better contain EVD treat.

Nutrition governance gained momentum in 2015. An interim Multi-sectoral Platform for Nutrition was established under the leadership of the National Nutrition Service and with support from UNICEF Guinea Bissau, the MOH developed a costing plan for the National Nutrition Strategic Plan (2016 – 2020), with technical support from the World Bank, and representatives from Government, UNICEF, donors, and civil society participated in the SUN Countries Global Gathering. Advocacy efforts continued throughout the year to adopt the International Code of Marketing of Breast-milk substitutes and the enforcement of the Decree-Law No.1/2004 for Universal Salt Iodization, with little movement.

The WASH sector launched a review process of the National Water Policy and National Sanitation and Hygiene Policy. The two policies aimed to ensure equitable and sustainable access to improved water, sanitation and hygiene services that meet acceptable standards for quality, quantity, and continuity as well as to grant effective and efficient water supply to households and public places (schools, hospital, etc.). The policy review process was widely collaborative involving partners from civil society, UN, Government and multi-sectors spanning agriculture, health, etc. UNICEF Guinea Bissau also advocated for hand washing stations in every public and private institution, conducted a massive behaviour change communication campaign, and adopted hand washing and the five main hygiene practices as its motto for a nationwide EVD and cholera prevention campaign.

The enabling environment was bolstered with the re-establishment of relative stability in Guinea-Bissau and increased confidence of the international community as evidenced by the return and re-entry of donors, such as USAID. Additionally, questions remain concerning sustainability of interventions as budget allocated by Government to the Ministry of Health and Ministry of Natural Resources remains only 9 per cent combined, with the funds almost entirely supporting salaries.

Health System Strengthening was supported and services for the integrated management of acute malnutrition (IMAM) and HIV were implemented directly through health facilities with capacity augmented by local NGOs. National campaigns for vitamin A, mebendazole, polio, measles, were supported by UNICEF Guinea Bissau in collaboration with the MOH and World Health Organization (WHO). Furthermore, the EVD epidemic presented an opportunity to strengthen health facilities and the water and sanitation infrastructure was updated, hygiene and health kits provided, and health workers and Community Health Workers (CHW) trained on packages of interventions encompassing EVD prevention, WASH, nutrition and health. However, health worker strikes and inconsistency in service delivery at health facilities led to an over-reliance on Community Health Workers who are increasingly the frontline health workers in Guinea Bissau .

Guinea-Bissau did not achieve Millennium Development Goal (MDG) 4 to reduce child mortality and will face obstacles to meet the Sustainable Development Goal (SDG) targets for neonatal,

under-five and maternal mortality rates.

To achieve the SDGs will require innovation, increased multi-sectoral linkages, and tailored interventions to accelerate a reduction in maternal and child mortality. A focus will need to be given to addressing neonatal mortality in particular as it accounts for nearly half of under-five deaths. This will require a framework of policy and programme that are more focused on maternal health, inclusive of adolescents, as the interventions to address neonatal mortality are more closely linked with protection and promotion of maternal health and nutrition. Advocacy efforts will need to be increased, particularly in regard to budget allocation for Ministry of Health and Ministry of Natural Resources, in order to promote sustainable Government owned solutions. Additionally, the formal adoption, endorsement and implementation of key legislation will need to be pursued to ensure that all populations have equitable access to health, nutrition, and WASH services.

OUTPUT 1 By the end of 2015, the proportion of households consuming adequately iodized salt and who practice early and exclusive breastfeeding shall be increased by 15 and 10 points respectively and the rate of boys and girls with severe malnutrition is reduced from 4 to 2.

Analytical Statement of Progress:

UNICEF Guinea Bissau worked closely with the National Nutrition Service to provide a package of interventions targeted to children under-five and pregnant and lactating women, including the Integrated Management of Acute Malnutrition (IMAM), supplementation of vitamin A and mebendazole, promotion of optimal Infant and Young Child Feeding (IYCF) practices, fortification of salt, and prevention of EVD. Efforts were made to build complementarities across sections.

Nutrition integrated HIV and WASH into its interventions in three nutrition rehabilitation centres (NRC) managed by CARITAS. Approximately, 4,400 mothers and caregivers were counselled on optimal IYCF practices, inclusive of hygiene and sanitation, with support from Community Health Workers (CHW) and 40 Mother Support Groups (MSG). Three-thousand children under-five were screened for acute malnutrition and linked with VCT, where 400 children were tested for HIV (86 positive). The major challenges to IYCF were cultural beliefs and practices and to HIV and nutrition were stigmatisation and subsequent uptake of services.

The composite recovery rate between the inpatient and outpatient treatment centres was 69 per cent, falling short of SPHERE standards. The programme performance was constrained due access constraints and high staff turnover. UNICEF Guinea Bissau coordinated with the World Food Programme to ensure a continuum of care for the management of severe acute malnutrition (SAM) and moderate acute malnutrition (MAM).

The linkages between nutrition and health were strengthened through integration of IYCF counselling messages and vaccination cards. UNICEF Guinea Bissau supported two campaigns for vitamin A supplementation and deworming in partnership with the MOH, World Health Organization (WHO), and Plan International. The first campaign achieved 96 per cent coverage and the second campaign was integrated with measles vaccinations (data not yet available).

Additionally, 6,070 women were assisted by local NGO in the production, iodization and commercialization of approximately 405 tons of iodized salt. The Alliance for National Food Fortification (ANFA), supported the national laboratory of the MOH to conduct quality control of iodised salt and UNICEF Guinea Bissau supported warehouse construction for iodized salt production. However, the uptake of iodized salt at the household level is low (25.7 per cent >

0ppm and 8.4 per cent > 15ppm) and impeded by a fragmented salt producing industry, poor enforcement of existing legislation, and cultural beliefs about iodized salt.

UNICEF Guinea Bissau engaged in EVD prevention and preparedness by adapting the regional Protocol for the Nutritional Care of EVD Patient and training 40 health workers at NRCs in nutrition in emergencies, inclusive of EVD.

OUTPUT 2 The proportion of people (men and women) that properly use water and sanitation infra-structures 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 target regions of Oio, Quinara, Tombali, Biombo, Gabu, Bissau and Cacheu by the end of 2015.

Analytical Statement of Progress:

During 2015, In Oio, Quinara, Tombali, Biombo, Gabú, Bissau and Cacheu, UNICEF Guinea Bissau programme declared 239 villages Open Defecation Free (ODF), reaching an impressive 1550 (cumulative) communities that were currently declared ODF.

Hygiene promotion campaigns reached 45,500 families in the same regions, amounting to estimated 180,000 people. This resulted in safer hygiene behaviour, increased sanitation coverage and improved knowledge on how to safely store and treat water. This output target was to increase the percentage of population practicing safe hygiene practices, i.e. hand washing with soap, drinking water treatment and conservation and safe excreta disposal by 20 per cent, achieving thereby, the change of behaviour (MISC 2014) for around 60,000 people. Target was thus met and well surpassed.

For water programming, 50 per cent more waterpoints than initially planned were constructed as a result of significant funding increase due to the EVD treat. Waterpoints were placed in schools, health posts and villages and the total number of people reached was around 18 000. During the year WASH celebrated three events: Global water day was celebrated through the inauguration of the UNICEF Guinea Bissau funded water supply system in Catio; Global Hand washing day was celebrated through partners and World toilet day was celebrated in Quinhamel with the final ceremony of handing over ODF certificates to 21 proud village chiefs together with the Governor of Biombo. Media was covering all events.

In the framework of WASH sector organization, UNICEF Guinea Bissau continued supporting the government by serving as secretary for the GAS (grupo de agua e saneamento). Ten GAS meetings were convened during the year. A challenge for the wash team was the political instability in Guinea Bissau which hampered the activities with the government partners. During the year two policy drafts were presented for validation but cancelled due to the fact that the Minister of the line ministry remains to be appointed.

The frail political situation in Guinea Bissau remains challenging, especially considering a major delay in the appointment of the Minister responsible for the sector. UNICEF Guinea Bissau can rely on very few international NGO partners for WASH and no other UN actor engaged is engaged. Opportunities are plenty as the civil servants of the Directorate of Water are showing an interest in progressive new thinking using smartphones for monitoring and introducing new high impact low cost interventions such as manual drilling. Also the WASH section stands alone within the 2016-2020 CPD structure.

OUTPUT 3 By the end of 2014, Child morbidity and mortality caused by vaccine-preventable diseases, malaria, diarrhoea and acute respiratory infections, and maternal morbidity and mortality are reduced by 10 per cent.

Analytical Statement of Progress:

Technical assistance was provided for development of the strategy for Integrated Community Case Management (iCCM) as well as drafting of an Investment case for Guinea-Bissau. The key iCCM technical resources were developed: facilitator, participants and supervisor's manual, reporting tools and communication tools. Strategic Partnerships were developed with 4 NGOs (VIDA, AIFO, AMI, and ADPP) for facilitating the work of Community Health Workers (CHWs) in six of the nine targeted regions. In those regions, 2.173 CHW were retrained to promote 16 KFP and out of these, 1.365 were trained in iCCM in 4 pilot regions: Cacheu, Biombo, Oio and Farim. All the regions were supplied with essential medicines and logistic support to conduct community health work along with promotion of EVD (EVD) preparedness and response.

Decentralized monitoring was conducted twice a year in six of 11 health regions and key system bottlenecks related to demand and supply of health care were revealed and analysed in depth. With regards to EVD, UNICEF Guinea Bissau advocated with Donors and Partners to increasingly engage into building health system capacity focusing on community health as part of a strategy to decrease EVD risk. This advocacy resulted with mobilization of US\$ 1,300,000 for strengthening community health system. The health care system was further strengthened by increased investment in WASH infrastructure in health facilities. Capacity was developed towards involving CHW, traditional healers and other opinion leaders to engage more on EVD prevention practices in border regions with Guinea-Conakry 30,000 LLINs were availed for distribution through routine EPI and ANC. Two new vaccines, Pneumococcus and rotavirus, were introduced and the cold chain storage facilities reinforced in 19 health facilities.

Supplementary Immunization Activities (SIAs) were realized for Polio reaching 310,951 children U5 and a campaign integrating Measles + Vit A and Mebendazole targeting close to 254,000 children 9-59 months.

Coverage with high impact interventions (HII) increased from four to six regions, however the disease burden of vaccine-preventable and treatable conditions such as malaria remains high (routine health service statistics): 20 new cases registered against zero targeted for measles and 22,606 against 10,000 targeted for malaria. Also, as reported in MICS, the treatment coverage for common childhood illnesses using IMCI approach deteriorated significantly during the CPD cycle (2008-2015): Malaria treatment from 51 per cent to 24.4 per cent, diarrhea treatment from 53 per cent to 16.6 per cent and Pneumonia treatment from 35 per cent to 14.5 per cent

OUTCOME 3 Access and Quality Education to girls and Boys, and National Policies for Early Child Development and Literacy in support of Education for the MDG.

Analytical Statement of Progress:

During 2015 UNICEF Guinea Bissau continued to play a key role in supporting the Government, and the Ministry of Education (MoE) in particular, to increase access to and quality of education in the country. The percentage of state budget dedicated to education did not increase drastically during the last five years (from 10.7 per cent in 2011 to 12.6 per cent in 2015) despite the strong advocacy of UNICEF Guinea Bissau and development partners. This positive result

can be attributed to the constant support provided by UNICEF Guinea Bissau and other development partners to the expansion of the education system, particularly in rural and disadvantaged areas.

Despite efforts in improving access to education, around 44 per cent of children aged six to 11 are out of school, which indicates a very poor performance of the system in attracting and retaining students at primary level. The net intake rate also remains very low, indicating that children tend to enter school late and, consequently tend to drop out before completing the primary education cycle. It is worthy to note, however, that the school year 2014/2015 was the first in a long time that was not disrupted by teachers' strikes. This ensured that the school year started and finished on time, leaving all education partners, and the society as a whole, with a sense or renewed hope for the development of the sector.

In terms of quality of education, UNICEF Guinea Bissau and partners were working in various areas, particularly on teachers' training, curriculum development and distribution of textbooks. Data show however, that pupils and teachers in grade 2 and grade 5 still perform extremely low in Portuguese and Mathematics. This is an area of great concern for both the MoE and partners: UNICEF Guinea Bissau through its role of coordinating agency was pivotal to start an open discussion on this in 2015 and will continue in 2016 and during all of the next CP.

Thanks to the opportunity provided by the Global Partnership for Education (GPE), UNICEF during the year 2015 was pivotal to support the Ministry of Education in starting the strategic thinking for the development of the new Education Sector Strategic Plan (ESSP) 2016-2020. Important decisions were made in April, in Dakar, during the work conducted with UNESCO for the development of the financial simulation and the financial note framework. Important work was also led, this year, by UNICEF Guinea Bissau during the months of May and June to convene partners and Ministry of Education to work together to define around 25 sub strategies, which constitute the backbone of the new strategic plan.

A political crisis in August 2015 slowed down the positive trend of engagement and commitment for the sector, creating delays for the development of the last part of the ESSP and the organisation of training sessions. The start of the school year was fortunately not delayed, due to advocacy and technical support by UNICEF Guinea Bissau in August, September and October to ensure that current activities within the Ministry would be conducted. To ensure this, in addition to daily technical assistance and advocacy during the Local Education Group (LEG) meeting of September, UNICEF Guinea Bissau ensured that all primary schools in the country received attendance and registration books together with a quantity of chalk sufficient for the whole school year.

Overall UNICEF Guinea Bissau played a key role as coordinating agency, a managing entity for GPE and a key partner in the education sector. A new strategic partnership was also initiated in the area of inclusive education with an international NGO: this gave a new energy to the CFS concept in the country, which will be further revamped and defined in 2016.

Overall, during this long CP cycle, UNICEF Guinea Bissau was able to play a key role, both at upstream and downstream level. The opportunity of being the managing entity for GPE gave a positive contribution to position the organisation as the leading partner in the sector and additional leverage for increased advocacy for access and quality of education for the most marginalised children in the country.

OUTPUT 1 Net enrolment rates for girls and boys are increased respectively from 65.4 per cent and 69.3 per cent to 75 per cent until the end of 2012

Analytical Statement of Progress:

UNICEF Guinea Bissau supported the MoE to increase access to education in the country, particularly in remote and rural areas. Efforts were devoted to school construction, both through Global Partnership for Education (GPE) and thematic funds, in areas with low levels of enrolment. GPE school construction activities focused its interventions in the regions of Quinará, Tombali and Biombo, building 75 new classrooms and 25 latrines in 33 schools, benefitting around 5,200 children. GPE funds also supported the rehabilitation of six primary schools in Bissau, which were severely damaged by the rainy season of 2014. A total of six schools were rehabilitated, benefitting around 7,000 children who would have, otherwise, been denied education.

UNICEF Guinea Bissau, through CSO partnership and upon request from MoE, supported the rehabilitation of eleven schools in Gabú, Bafatá and Biombo region, giving an opportunity to continue schooling to approximately 2,200 primary school children.

Recent data from RESEN revealed that only 25 per cent of schools in the country offer up to grade 6 of primary education, denying the chance to complete a free and compulsory first cycle of education to many children. UNICEF Guinea Bissau supported the construction/rehabilitation of 22 classrooms in eleven CFS in Oio region, benefitting around 2,300 children. These interventions, in Oio, were particularly aimed at increasing access to the 5th and 6th grade of primary education, benefitting directly girls and vulnerable children. Efforts in Oio region were also targeting the management capacity of schools to properly stock food and school feeding equipment in appropriate safe storage rooms and in building director's rooms.

UNICEF Guinea Bissau was also strongly engaged, in the Early Childhood Care and Education (ECCE) component: With key partnerships with Government and CSOs, nine community kindergartens in Quinará and Tombali regions were built, benefitting around 450 children; ECD kits were procured and distributed, benefitting around 600 children in community and public kindergartens nationwide. The utilisation of the ECD kits gave also the opportunity to develop and manufacture low cost, locally available early learning material.

Main challenges encountered under this output were related to the capacity of Government institutions to provide realistic data that allowed timely and effective school construction. Maintenance of school infrastructure was a challenge addressed through the support of school management committees. During 2016, stronger emphasis will be dedicated to supporting the strengthening of these community level structures, in order to ensure participation and sustainability of interventions.

OUTPUT 2 The Quality of Primary Education is improved nation wide

Analytical Statement of Progress:

During 2015 visible efforts in the area of quality of education and CFS in Oio region were started.

Work at upstream level was undertaken in the area of Early Childhood Care and Education, through a desk review of the current curriculum and the drafting of a comprehensive document on rules and regulations for kindergartens.

Resources were dedicated to revive the CFS concept both at upstream and downstream level to provide an integrated package of services to children aged 6 to 12 enrolled in primary schools, through the provision of: teaching and learning material, construction of water and sanitation facilities, early detection of disabilities, community participation, through school management committees and birth registration. Distribution of teaching and learning material, together with birth registration interventions started, through a specific agreement between Ministry of Education and Ministry of Justice, in 47 schools in Oio, Bafatá, Gabú, Tombali and Quinará.

Through GPE funds and a strong partnerships with *Fundação Calouste Gulbenkian* and *Universidade do Minho* (Portugal), the revision of the curriculum for grade 1 to 9 progressed with the agreement and finalisation of the curriculum framework and the signature of a MoU among the Ministry of Education and the two institutions. Following the nationwide distribution of primary school textbooks in 2014, during the year 2015 UNICEF Guinea Bissau supported the distribution of the second phase, targeting the remaining schools that did not receive sufficient textbooks in 2014. A total of 69,000 children benefitted from this second round of distribution nationwide.

In order to increase the number of qualified teachers in rural areas, UNICEF Guinea Bissau through GPE funds completed the technical documentation for the construction of three teacher training centres. The bidding was launched and contracts signed, while the actual construction works will commence in 2016.

UNICEF Guinea Bissau supported the printing of attendance books, lesson plan registry books and chalk to all primary schools in the country.

The main challenge encountered during the year was related to the slow pace of the agreement between the MoE and the FCG for the revision of the curriculum. More investment in time and communication needs to be put during 2016 to ensure that this key activity produces the expected results.

OUTPUT 3 Government Budget Share for Education increased and Sector Management Capacities Reinforced by 2013.

Analytical Statement of Progress:

Under this output a total of six Local Education Group (LEG) meetings were organised, creating a space for debate and coordination of the education sector. Of particular importance were the discussions on the donors round-table and the development of the new Education Sector Strategic Plan 2016-2025. The sub-group for early childhood met eight times, developing clear terms of reference and targets for the year 2015.

For the development of the new ESSP, a two weeks workshop took place in Dakar, with UNESCO and MoE, in order to conduct the financial simulation and to establish milestones for the plan. This work was followed by five consecutive partner meetings, over the months of May and June, when around 25 sub-strategies were consensually identified. These sub-strategies will constitute the backbone of the ESSP.

In July RESEN was officially launched and presented to key partners and MoE officers at central and regional level. The launch provided the opportunity to reflect on the achievements and the challenges of the sector. The final translation of the whole document was completed and the printing and distribution of the document is foreseen for the first quarter of 2016. During the month of June, 22 MoE officers received one week training session on learning assessment data analysis and a four day training on basic statistics was conducted in April, for 45 sectorial statisticians and approximately 1,800 school directors countrywide.

A study on parental competencies in early childhood was conducted during the month of April and the final document was translated to Portuguese. Validation of data, printing and dissemination is foreseen for early 2016.

UNICEF Guinea Bissau conducted the evaluation of its supported adult literacy programme. The final document was translated and will be shared with the MoE in January 2016.

Under the support of GPE, five MoE officers who were enrolled in 2014 to an on-line Master at the Diop University in Dakar pulled out and will not be able to complete the course in 2015.

Despite achievements in the area of sector coordination and generation of information, the efforts to strengthen the EMIS of the MoE still encountered challenges particularly linked to data collection. A scheduled review of the situation with UIS UNESCO did not take place, and this will be prioritised in January 2016.

OUTCOME 4 Universal Access to ARV treatment for PMTCT, quality paediatric care and prevention among adolescent and young people

Analytical Statement of Progress:

Mechanism by GFATM prioritized essential services including procurement of ARV treatment and PMTCT and provided limited funding for other interventions within the country programme. HIV-prevention services for adolescents and young people remained unfunded, and little funding was available for treatment support and treatment promotion activities. Despite considerable financial and programmatic gaps, the review of the National AIDS Program 2012-2016 indicated that some important targets or good progress were achieved:

- With UNICEF Guinea Bissau support at end of September, 83.2 per cent of pregnant women attending ANC were tested for HIV and received their results. Out of women testing positive 77.5 per cent (1030/1328) started ARV prophylaxis;
- Though the service statistics show favourable progress, calculating the coverage with ARV for pregnant women based on the estimated number of HIV pregnancies remained under 50 per cent (1030/2123);
- 28.8 per cent (613/2123) of HIV exposed infants started ARV prophylaxis;
- 16.7 per cent (356/2123) of children exposed to HIV had access to PCR analysis;
- Less than 8 per cent of eligible children HIV+ under 15 were enrolled in ARV treatment.

Although the rates of enrolment in ARV for pregnant women living with HIV is one of highest in West Africa, the retention in treatment and completion of prescribed regimen is very low: around 60 per cent of them are lost to follow-up during pregnancy and child birth. The country started option B+ implementation and to ensure better treatment outcomes and prevent lost to follow up. A pilot implementation plan was elaborated and 4 sites were identified as pilot sites

that will also monitor retention in the programme for pregnant women M3, M6, M9 and M12 following the initiation of ART.

A challenge was delivery of pediatric care to children exposed to or infected by HIV. To address this issue, with UNICEF Guinea Bissau support, bi-annual action plan (2016-2017) based on the evidence generated from comprehensive situation analysis of pediatric AIDS care (in 2014) and ARV pediatric treatment bottlenecks analyses, using regional Bottleneck Analysis Tool was elaborated. The plan includes employment of the multiple strategies, such as: community involvement, C4D based on a communication action plan; HIV mainstreaming in EPI, nutrition and tuberculosis programme; provider initiated HIV testing polices.

Integration of HIV and Nutrition services, piloted in 2014 revealed important lessons learned. In the first year of implementation, 44.1 per cent of children enrolled in malnutrition treatment were tested for HIV and 13.9 per cent in total tested positive (13.3 per cent HIV1 and 0.49 per cent HIV2) and in 7.4 per cent of cases HIV status was undetermined. The results also showed a considerable difference across pilot sites with HIV prevalence ranging as high as 30 per cent. The lessons learned will be further used to develop HIV integration policy such as integration of early HIV diagnosis in EPI programme and provider initiated tasting, as a model to mainstream HIV into general pediatric care.

In 2015, with UNICEF Guinea Bissau support, the NGO ALTERNAG continued to deliver HIV/STI education and prevention services for adolescents with disabilities (hearing and visually impaired children and adolescents). In 2015, the programme was extended to two additional regions: Bafatá e Gabú.

National strategic plan for 2012-2016 was reviewed and the new strategic plan 2015-2020 was developed and approved. The Concept Note for funding was submitted to the Global Fund and approved. However, with financial envelope allocated to the country, the considerable funding gap for implementation of the national programme still remains. Programmes such as primary prevention for adolescents, communication strategy and stigma reduction, were particularly affected by funding shortages.

OUTPUT 1 By the end of 2015, 90 per cent of girls and boys from HIV positive mothers are born free from HIV and remain negative

Analytical Statement of Progress:

In PMTCT, the following progress was achieved in first three quarters 2015:

- With UNICEF Guinea Bissau support, at end of September, 83.2 per cent of pregnant women attending ANC were tested for HIV and received their results; among them 3.7 per cent (1328/35721) tested HIV positive. 77.5 per cent (1030/1328) started on ARVs. However still less than 50 per cent (1030/2123) of estimated pregnant women living with HIV received ARVs.
- Improvements were seen among proportion of partners tested for HIV that rose from 1.6 per cent in 2013 to 4.9 per cent (2108/42894).
- 28.8 per cent (613/2123) of HIV exposed infants started ARV prophylaxis, but less than 21.9 per cent (467/2123) completed it.
- 16.7 per cent (356/2123) of HIV exposed infants received PCR test for early HIV diagnosis;

To address the lack of human resources, UNICEF Guinea Bissau supported a network of associations of PLWHIV interventions at health facilities (peer counselling) and community level (home based services for women and children who are lost to follow-up). This was critical and was only slightly scaled up in 2015. To ensure quality of interventions, UNICEF Guinea Bissau supported RENAP with technical assistance; bottlenecks analysis was conducted and new Manual of Procedures was adopted. RENAP will continue to require assistance to improve the quality of services, as well as support to improve their communication capacity by intensified training and production and dissemination of communication tools.

Although PMTCT programme improved in coverage and quality, it was facing multiple challenges such as: ensuring continued and uninterrupted supply of tests, poor participation of partners and low rates of couple HIV testing, lack of treatment promotion and adherence support, lack of psycho-social counselling interventions, low capacity of laboratory services to perform diagnostic and treatment monitoring services, low coverage with community based interventions.

To better face option B+ challenges including retention in care, gaps in psychosocial support and availability of laboratory, an operational plan was elaborated and the main approaches were outlined: PMTCT sites will provide ART for women after the delivery, promotion of male partner involvement, communication for development thorough communities radios and CHW interventions. Family centred approach is one of priority. RENAP role is also clearly outlines, in particular in the area of provision of support services to improve treatment adherence and retention in care.

With technical and financial UNICEF Guinea Bissau support, NSP 2012-2016 was reviewed and extended to 2015-2020 and the Concept Note elaborated, submitted to Global Fund and approved. PMTCT and ARV treatment are key priorities of the CP. However, the amount planned for PMTCT will not cover all PMTCT programme needs, making a fundraising and resource mobilization a continued priority. The actual grant (TFM) will be extended until 30 September 2016 and this new grant will cover around eighteen month from end of 2016 to 2017. Due to the continued threat of EVD outbreak, UNICEF Guinea Bissau supported the Government to develop a comprehensive plan to ensure ART service continuity in the Southern regions implemented by local NGO and focusing on community interventions.

OUTPUT 2 By the end of 2015, 90 per cent of girls and boys < age 15 who test HIV+ through PMTCT programmes receive pediatric care, conforming to national norms.

Analytical Statement of Progress:

Access of children to HIV prevention, care and ARV treatment remains very low. Currently, not more than 8 per cent of children have access to ARV treatment. Retention in care at 12 months following treatment initiation is less than 5 per cent (GARPR, 2015).

To improve children access to HIV prevention, care and treatment, with UNICEF Guinea Bissau support, the National AIDS Programme conducted situation analysis and an elaborated the Action Plan. The implementation of the plan will start early 2016. The plan features the following key components:

- Development of Family Centered Approach to boost pediatric AIDS care: define and adopt package of interventions and standard operational procedures;
- Improve linkages and referral between PMTCT services and ARV treatment sites;

- HIV mainstreaming: nutrition, EPI, tuberculosis, in-patient and out-patient general pediatric care;
- Promote provider initiated HIV testing at pediatric care facilities;
- Improve quality of services by training health workers, making treatment sites child-friendly, develop communication tools, promote regular meetings and networking among care providers, ensuring transportation of samples for viral load and CD4+ counts.

With UNICEF Guinea Bissau support, a survey about burden of HIV among children hospitalized for health conditions was commissioned and the results are expected in 2016.

OUTPUT 3 At the end of 2015, 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 SRH problems.

Analytical Statement of Progress:

The HIV situation among adolescents remains serious. Adolescent and youth represent around 60 per cent of population of the country, and HIV prevalence in adolescent populations is estimated at 2.9 per cent. Adolescent girls are three times more likely to be living with HIV than boys (INASA, 2010). National sentinel surveillance study from 2015 reported 3.6 per cent HIV prevalence in pregnant girls aged 15-19. The comprehensive knowledge of HIV is low and the incidence of risk behaviours is very high (sexual contacts before age of 15, multiple sexual partners, early pregnancy, low level of condom use. MICS, 2014).

Despite this, adolescents were not systematically prioritized within the national programme. UNICEF Guinea Bissau supported the development of new National Strategic Plan (NSP 2016-2020) that for the first time identified adolescents as a priority population and at high risk of HIV. The Concept Note was later submitted to GFATM but not sufficient resources were allocated for adolescent programming.

- HIV prevention among children with disability: extension to Bafatá and Gabú (inclusive school);
- Empowerment of adolescents and young girls and their parents: every Saturday during one month (October) about 100 girls, boys and their parents met to talk about sexuality, HIV/IST prevention, early pregnancy (teenager's pregnancy), gender violence, excision and their consequences... these sessions are facilitate by adolescents and young girls with support of a specialist in area.
- National Conference Adolescents and HIV: during two days (25 and 26 November) 100 adolescents and young people from all country met in Bissau to talk about Adolescents and HIV. From this conference 13 recommendations were formulated to Government and partners including: introduce Reproductive Sexual Health as a module in the school curriculum, increase domestic fund for HIV response, improve quality services for HIV, improve adolescents and young people participation.

OUTCOME 5 Information and Advocacy to mobilize partnerships as well as decision makers to help them meet their obligations and, Promote positive behaviour al and attitudinal changes as regard to child survival, harmful practices, education for all and equity, and HIV/AIDS.

Analytical Statement of Progress:

The advocacy and communication programme component of UNICEF Guinea Bissau worked to advocate for positive behaviour and mobilise partnerships to support decision makers to meet their obligations, particularly with regard to women and children's rights.

The year 2015 was characterised by relative political stability during the first two quarters of the year, during which the Agenda for Guinea Bissau Children was presented by the Movimento Republica di Mininus Hoje (MRMH), (with the active support of UNICEF Guinea Bissau) to the President of the Republic, the Prime Minister and the President of the National Assembly who pledged to respect, support and help the rights of all children and women in the country. In addition, the Prime Minister promised to transform this Agenda into public policy.

Despite the political crises in August 2015, UNICEF Guinea Bissau continued to work with the MRMH and other community-led networks and managed to maintain open dialogue and communication with communities and the population as a whole, particularly around issues of EVD prevention and preparedness.

During 2015 key partnerships were reinforced by UNICEF Guinea Bissau with strategic actors, both at Governmental and non-governmental level such as Ministry of Social Communication, INASA, Ministry of Health, Ministry of Interior, NGO Palmeirinha, community radios (through two multifunctional centres), taxi drivers, traditional healers, religious and traditional leaders to strengthen communication for development initiatives to prevent the spread of cholera, EVD and to promote good hygiene practices, within the 16 key family practices. UNICEF Guinea Bissau continued to strengthen the capacity of young people organisations; to create a platform for dialogue, peer education and participation in order to promote citizenship and encourage active engagement to influence other young people to demand better social economic services and protection of human rights for themselves and the Bissau Guinean society as a whole.

Despite no data on behaviour change regarding hand washing and hygiene, the fact that in the past twelve months no cases of cholera were registered in the country was considered a positive trend and possible result of the massive engagement of UNICEF Guinea Bissau and partners in this area.

Regarding harmful practices, particularly against children and women, with the support of UNICEF, Guinea-Bissau approved a Law in 2011 prohibiting the practice of FGM/C. UNICEF Guinea Bissau engaged over the year in constant campaigns and mobilisation initiatives to raise awareness among the population about the prohibition of FGMC and the harmful and negative consequences that this practice has on children and women. As a result, the percentage of women accepting this practice dropped from 34 in 2010 to 12.8 in 2014 (MICS5). Despite this however, the percentage of children aged 0 to 14 who have undergone the practice increased from 39 in 2010 to 49.7 per cent. This data shows a trend that requires analysis with child protection to have a more consistent and comprehensive approach during the next CP cycle.

MICS5 results showed that the UNICEF Guinea Bissau strategy of engaging the general public through radio programmes is the best suited for both women and men, rural and urban population and for the poorest and the richest quintile alike. This strategy will continue during the next CP, and will particularly focus on the 16 key family practices.

OUTPUT 1 The government and parliament adopt and implement laws and regulations that promote human rights with focus on abandonment of FGM and trafficking of girls and boys in line with CRC and CEDAW.

Analytical Statement of Progress:

During 2015, the Communication and Advocacy component worked in strong collaboration with the other programmes to celebrate specific international days like: the fortnight of the child (June), the Day of the African Child (16th July), International Toilet's Day, World Water Day, The World Breastfeeding Week and the 26th anniversary of the CRC. In particular, in collaboration with the African Union, the National Committee for the Abandonment of Harmful Practices and the Network of Girls in Leadership, a session on the problem of child marriage in Guinea-Bissau was organised. This event involved girls' victim of child marriage and their parents and Government representatives. This was an important opportunity to exchange experiences of many girls who managed to leave the bondage of marriage, return to school and be reintegrated within their families/communities. Other important activities were organised during the celebration of the fortnight of the child: UNICEF Guinea Bissau involved 23 radio stations to raise awareness on issues related to child marriage and FGMC. At the end of these activities a live event was organised in one of the most populated neighbourhoods of Bissau, with the participation of the UNICEF Guinea Bissau Goodwill Ambassador and other singers, in order to draw attention of the population, and political authorities, on issues around FGM.

During November, UNICEF Guinea Bissau in partnership with the African Union, organised a special session of the Parliament, led by the Children's National Parliament and with the participation of Cabinet members. The aim of this special session was to raise awareness on child marriage and to celebrate the 26th anniversary of the Convention of the Rights of the Child.

UNICEF Guinea Bissau was also involved, together with other UN agencies, funds and programmes to celebrate the 70th anniversary of the United Nations in October. These celebrations foresaw a special sessions of the Parliament, a session with the Children's Parliament, a photo exhibition, a UN promotional video and a concert.

The CO was also engaged in promoting the work of UNICEF Guinea Bissau through social media: the number of fans during 2015 increased by 45 per cent, compared to 2014 (from 3,084 to 4,456) and the CO managed to post 120 stories and pictures, on main events related to children in the country. The CO wrote an article on education that was published in the WCARO website. During 2015, the CO started a routine press-review and developed 16 speeches for official events.

The main challenge during 2015 was the high turnover of team staff which impeded continuity of activities to sustain the broadcasting initiatives. For next year, the programme component will prioritise capacity building for fundraising of these small radio stations in order to be more sustainable.

OUTPUT 2 Essential family practices adopted by women and men, families and communities through the involvement of the media, NGOs, CBOs, CHW 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

Analytical Statement of Progress:

During 2015, Communication for Development (C4D) interventions focused on cholera and EVD prevention and preparedness, as well as promoting the 16 key family practices through the involvement of the media and civil society organisations.

Regarding immunization, the programme component worked in close collaboration with the Child Survival and Development programme to develop and implement a strategic communication plan for routine vaccination, a communication plan for the polio campaign (October), measles, Vitamin A supplementation and deworming campaign, and the introduction of two new vaccines in the national immunization plan (PCV13 and rotavirus) in June and November. Communication for Development was also strongly engaged in supporting the adoption of good hygiene practices through the dissemination of messages about hand-washing during the Community Led Total Sanitation events, at community level. In particular, regarding polio and measles campaigns, after noticing resistance from some pockets of the society, religious leaders were involved to broadcast messages aimed at communicating the safety of the vaccines, which was causing concerns among some communities.

In order to respond to a possible outbreak of EVD in the country, strong efforts were dedicated to initiatives related to prevention and preparedness. A flip-chart for community trainers was developed during the first quarter of the year, in collaboration with MoH, INASA and partners, and was printed in 500 copies and distributed to partners for utilisation in communities. The programme produced one type of posters (20,000 copies), two types of leaflets (45,000 copies) and two types of stickers (45,000) on basic information about EVD (symptoms and prevention methods). These information material constituted the backbone of communication on EVD in the country and was used during training and awareness sessions by all partners. UNICEF Guinea Bissau engaged 366 community volunteers nationwide, 61 head of health area, 730 Community Health Workers, 126 Traditional leaders, 578 traditional healers, 514 taxi drivers and 70 journalists to support the dissemination of key EVD prevention messages.

The CO worked in close collaboration with 23 radio stations to produce 18 radio programmes to promote the 16 key family practices, particularly at community level. The main messages that were broadcasted (a total of 2,250 spots) were aimed at promoting exclusive breastfeeding, the use of long lasting impregnated nets, hand washing with soap, safe water use and storage, and promotion and protection of key children's rights, such as birth registration, fight against child trafficking, female genital mutilation and cutting, violence and abuse, as well as child marriage.

One of the main challenges encountered during 2015 was the lack of regional level Government structures to support communication for development initiatives, with a wider outreach to communities.

For the year 2016, one of the main priorities will be to create a baseline for the 16 Key Family Practices.

OUTCOME 6 The established systems 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 Program and their results of impact, and formulated and implemented the supervision of the cost of the packages of interventions;

Analytical Statement of Progress:

The year 2015 featured a number of key planning events that resulted with UNICEF Guinea Bissau Executive Board approval of the new CP Document in September 2015. To inform the

CPD development, preliminary results of MICS 5 were officially launched by the Government. MICS 5 results were also used for development of SitAn and were the basis of analytical review of the programme during the SMR conducted with support and participation of the Regional Office in March 2015. To gain further insight into key determinants of child deprivation, the CO conducted MODA analysis for strengthening of equity-based programming and for ultimately achieving better results for children.

MICS-5 indicators provide the most recent socio demographic information in the country and were being used by all engaged partners. UN agencies used MICS 5 data for development of UNDAF and respective CPDs. In addition, MICS data are used for evaluation of major programmes implemented in the country, such as H4+ and PIMI (EU sponsored community health programme). The summary of the main indicators of the preliminary report was printed and distributed during the donors' round table between the Government and European Union in Brussels in March 2015, where donors pledged 1.6 billion dollars in the form of grants and soft loans to support the development of the country.

When analysed along with the two previous MICS rounds, 2015 results enabled monitoring of trends of key indicators for children over time and provided a basis for the country to reflect on achievements towards Millennium Development goals. According to MICS data the country has or is most likely to achieve the following goals: Access to improved water sources and primary school enrolment. While good progress on some MDGs (infant mortality, nutrition, access to pre-natal care) was measured no evidence of achievement of many other MDGs is in sight. HIV and RH data from MICS are also used to advocate for greater attention to adolescents which resulted in inclusion of adolescents as a priority population for the new national AIDS programme (2015-2020), and the consequent Concept Note for funding application to Global Fund to fight AIDS, Malaria and Tuberculosis.

As for GUINEA INFO, the database was updated with results of MICS 5 and the web page of Guinea-Bissau Info is currently populated with two data sets (MICS 2010 and MICS 2014).

The National Institute for Statistics took the lead role in all stages of MICS planning and implementation which resulted in increased capacity of the counterpart in evidence based planning and programming. To ensure further capacity development UNICEF Guinea Bissau facilitated participation of national counterparts from Ministries of economy, health, justice, education and infrastructure in a training in Results Based Management in the Institute for Development and Economic Planning Dakar/Senegal. To ensure participation of more counterparts in this event UNICEF Guinea Bissau also leveraged resources with UN Economic Commission for Africa.

MICS 5 data are representative at both national and regional level, thereby enabling planning and monitoring of indicators at both levels and laying the foundation for further de-centralized monitoring of trends in population level indicators for households, children, women and families. The current capacity for monitoring of indicators at the regional level are in need of attention to make sure that data are properly used for planning and measuring results.

OUTPUT 1 The established systems 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 Program and their results of impact, and formulated and implemented the supervision of the cost of the packages of interventions;

Analytical Statement of Progress:

A number of steps were taken to strengthen the M&E programme. These included finalization of the MICS report, completion of the SitAn and use of MODA for planning for the new CPD. Only four out of 24 outcome indicators lack baseline values and plans to obtain these are covered in the IMEP for the new CPD.

UNICEF Guinea Bissau provided inputs into UNDAF and chaired two technical groups: Education and WASH. Based on UNDAF and CPD, the Strategic Note and Theory of Change were developed.

Field Results Group Guidance on field monitoring visits were adapted, translated into Portuguese and a system to follow up on field monitoring visits recommendations was initiated, to ensure full HACT compliance in 2016.

Evaluation of the adult literacy programme was conducted by sampling of ten literacy centres. Ten male facilitators, 90 female students and 63 male students were interviewed. The findings of the evaluation suggest that costs of supervision were disproportionately higher in the overall project costs and recommended continuation of the programme, under a revised framework of action, focusing on decentralized monitoring and quality supervision of teaching and learning. Impact assessment of integrated HIV/AIDS and nutrition programme, reported up to 31 per cent HIV prevalence among children enrolled in malnutrition treatment. Computer programme "MAGPI" for data collection, processing and analysing was used for this study and the results were presented at ICASA 2015 Conference.

The following studies were completed in 2015:

1. Parental competencies study: the main findings of the study inform strategic planning around early childhood interventions, particularly looking at inter-sectoral collaboration among education, nutrition, health, communication for development, protection and HIV/AIDS programmes.
2. A Cholera Anthropological study aimed to contribute to the understanding and identification of socio-cultural and ceremonial practices in the spread of cholera in a majority animist society and to develop prevention programmes that can trigger a lasting change in behaviour, hygiene and conservation of infrastructure.
3. RANAS study (Risk, Attitudes, Norms, Abilities, and Self-Regulation) was conducted as a part of the National EVD prevention and preparedness plan to assess the status of the population's knowledge, attitude and practices with regards to EVD prevention measures and to take appropriate corrective actions. This study will contribute to identifying the main risk factors associated with epidemics outbreaks.

To increase the use of Guinea-Info database more than 500 students from Universities Lusophone and Jean Piaget benefited from a briefing session. In 2015, 10,160 people accessed Guinea-Info.