Executive Summary

This year was the first year of implementation of UNICEF Guinea Bissau Country Programme 2016-2020. Building on the prospect of a re-established political stability, UNICEF developed an ambitious Country Programme (CP) that focused on policy advocacy and legal reforms. At the same time, however, 2016 was characterised by political instability that made it difficult to conduct effective high-level advocacy and policy dialogue. The political situation threatened donor aid: little funding was mobilized despite generous pledges made in March 2015 in Brussels.

A child’s right to education was also threatened by prolonged teachers’ strikes. From September through the end of 2016, children lost 46 days of schooling or 26 per cent of the academic year. During the school year 2015-2016, children missed 65 per cent of the school year due to strikes. Mitigation measures could not be effectively implemented and major activities, such as the countrywide distribution of textbooks funded by the Global Partnership for Education and implemented by UNICEF, could not take place. There was also prolonged striking in the health sector that especially affected children and pregnant women.

In this fragile political and institutional environment, UNICEF continued its engagement with ministries and civil society organisations (CSOs) to ensure delivery of basic social services. In line with UNICEF regional priorities, UNICEF Guinea Bissau focused on reducing child and maternal mortality by enhancing and scaling up the health programme, implemented through NGOs, and by strengthening newborn health. The Health Programme deployed a network of 2,056 community health workers (CHWs) trained in integrated community case management (iCCM) who covered 55 per cent of the children under five years old in the country. Empowering rural communities was an effective strategy in the Guinea-Bissau context, especially through behaviour-change communication and the promotion of 16 key family practices (KFPs). At the policy level, the Ministry of Health (MoH) adoption of the national strategy for newborn health, with a costed action plan, was a significant achievement to address neonatal mortality, the greatest per cent of child mortality.

In the water, hygiene and sanitation sector (WASH), UNICEF facilitated the use of smartphones and online data systems to ensure accurate data collection and real-time monitoring. The mapping of more than 4,000 water points effectively assessed the population’s access to water. The inventory showed that 50 per cent of hand pumps were out of order. Using the same innovative technology, a survey of 5,000 households was conducted to check the open defecation free (ODF) status of communities that had benefited from community-led total sanitation (CLTS) interventions. This work shifted WASH programming toward building effective information systems and re-focusing on maintenance of facilities.

UNICEF’s engagement in advocacy and sector coordination resulted in key achievements: i) the establishment of birth registration services in health facilities and schools through an integrated approach involving the Ministries of Justice (MoJ), Ministry of Health (MoH) and Ministry of Education (MoE); ii) the validation of the education sector plan; iii) the launch of curriculum development (for grade 1 to 6 in primary schools) and the development of
National Quality Standards; iv) the adoption by the Council of Ministers of the Code of Conduct against Sexual Exploitation of Children and Adolescents in Tourism and Travel Industry; v) the establishment of a roadmap for the development of the child protection code.

Major progress was made to foster cross-sectoral programming, including: (i) integrating HIV services and early stimulation approach into nutrition services; (ii) using the child friendly school platform to integrate WASH, health and child protection interventions; (iii) enhancing the cooperation between child protection and health programmes for birth registration.

Several challenges marked the programming environment in 2016. Mobilizing funding for Guinea-Bissau was difficult and limited resources posed a risk for the delivery of programme priorities, particularly for child protection, nutrition and HIV-AIDS. Limited progress was made to address out-of-school children, despite that the Education Sector Plan identified the issue as a priority. The vaccination coverage of children remained low with only 46 per cent of children under one year being fully immunized; further efforts to revitalize the immunization programme by identification of key bottlenecks and adequate solutions, are essential.

**Humanitarian Assistance**

The CO did not respond to a humanitarian situation during 2016.

Guinea Bissau reported four Zika cases confirmed in June, however. UNICEF supported the Government to develop a national preparedness and response plan and a communication plan. Communication materials were also developed. The Zika virus was determined to be a local strain and not the Brazilian strain. In the context of possible Zika threat, the supply and promotion of long lasting insecticidal nets was intensified.

**Emerging Areas of Importance**

This year was the first year of the new Country Programme cycle for Guinea-Bissau. The new CP incorporated three emerging areas of importance.

**Coordinating and integrating interventions related to early childhood development (ECD)** was a CP focus to accelerate implementation: efforts were dedicated to introduce early stimulation (0-3) and parent education into nutrition interventions. A concept note for the operationalization of the Baby Friendly Hospital Initiative (BFHI) was developed with the MoH that provided a framework for the integration of health, nutrition and education in early years, and is the basis of training module development for health staff in hospitals where the initiative will be piloted. ECD kits were distributed in the 15 nutrition centres supported by UNICEF to support the early stimulation of children under treatment. Specific training for staff working in these centres by MoE staff was organized for early 2017.

**Migrant and refugee children.** Migrant children, especially children at risk of exploitation, was a key concern in Guinea-Bissau and high on the agenda of child protection. UNICEF was confronted with the phenomenon of Talibés: children who return to Guinea Bissau after being sent to Senegal for religious education with Islamic teachers. A surge of Talibés was the result of a measure by the Government of Senegal to repatriate all foreign Talibés who were begging in the streets of the main Senegalese cities. UNICEF Guinea Bissau supported the National Committee Against Human Trafficking, under the Ministry of Women and Family and CSOs, to respond to the situation and prepare for the return of these children. UNICEF supported the committee to establish regular contact with Senegalese authorities to obtain detailed information on repatriated children and support the process of reintegration with the families.
UNICEF also provided direct support to combat human trafficking: border police forces intercepted 540 children crossing the borders in irregular situations. This was the result of an ongoing awareness campaign in border communities and capacity-building with border forces. UNICEF directly assisted 124 children who came back to Guinea Bissau during the year and benefitted from psychosocial support and family reintegration.

**The second decade.** The multiple challenges adolescents face were integrated as an emerging area of the new country programme. Based on the situation analysis, outcomes related to infant and maternal mortality are improved by a comprehensive programme for and with adolescents, particularly girls.

The key interventions identified include: improve the nutritional status of adolescent girls prior to pregnancy; create favourable environment for retaining girls in school; include gender-sensitive WASH services that address menstrual hygiene; ensure a decrease in early marriage and teenage pregnancy prevalence rates; prevent HIV/AIDS transmission and alleviate the impact of HIV on girls and young mothers; eliminate gender-based violence (GBV); and promote parenting skills for young mothers.

A capacity mapping was conducted to identify partners to engage with technically and for advocacy. The HIV/AIDS programme engaged partners in an assessment of adolescents and AIDS, using the tools developed by the ‘All in’ platform and bringing together a spectrum of departments and agencies. The National Institute for Youth led the process. Although the new National AIDS Programme in 2015 identified adolescents as a key target group, little new or innovative programming has happened. UNICEF supported pilot interventions in three locations to serve as a basis for development of approaches to mitigate impact of HIV on adolescents. The results of these interventions will be used to develop HIV-related policies and plans for adolescents and HIV.

### Summary Notes and Acronyms

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<thead>
<tr>
<th>Acronym</th>
<th>Description</th>
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<tr>
<td>ART</td>
<td>Anti–Retroviral Treatment</td>
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<td>BCP</td>
<td>Business Continuity Plan</td>
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<td>BFHI</td>
<td>Baby Friendly Hospital Initiative</td>
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<td>CHW</td>
<td>Community Health Workers</td>
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<td>CLTS</td>
<td>Community Led Total Sanitation</td>
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<td>CMT</td>
<td>Country Management Team</td>
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<td>CO</td>
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<td>CP</td>
<td>Country Programme</td>
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<td>CRC</td>
<td>Convention on the Rights of the Child</td>
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<td>CRVS</td>
<td>Civil Registration and Vital Statistics</td>
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<td>CSO</td>
<td>Civil Society Organisation</td>
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<td>DCT</td>
<td>Direct Cash Transfer</td>
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<td>ECD</td>
<td>Early Childhood Development</td>
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<td>ERM</td>
<td>Enterprise Risk Management</td>
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<td>ESP</td>
<td>Education Sector Plan</td>
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<td>EU</td>
<td>European Union</td>
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<td>GAVI</td>
<td>Global Alliance for Vaccines and Immunisation</td>
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<td>GBV</td>
<td>Gender-based Violence</td>
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<td>GPE</td>
<td>Global Partnership for Education</td>
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<td>GSSC</td>
<td>Global Support Service Centre</td>
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<td>HACT</td>
<td>Harmonised Approach to Cash Transfer</td>
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<td>HRBA</td>
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Directly supporting rural communities is a core strategy of the UNICEF Country Programme in Guinea-Bissau, to improve maternal and child health through behaviour change interventions and early treatment of childhood common diseases. This was made possible by the deployment of 2,056 community health workers (CHWs), reaching over half of the children under five years old living in the country. The workers were a powerful channel to promote the 16 key family practices (KFPs) and establish links between communities and health service providers. Diarrhoea, pneumonia and malaria still account for about a third of child deaths and are, in most cases, preventable or treatable at community level.

In 2016, UNICEF continued to empower rural communities, raising awareness of families and households to gradually change attitudes and practices in the areas of health, nutrition and WASH. The emphasis on home visits by the community health workers on a regular basis allowed the rapid identification of danger signs for pregnant women and young children and a quick referral to the nearest health centre. The skills and competencies of the workers were strengthened with an in-depth training in integrated community case management (iCCM) that improved skills on community data collection and reporting through monthly reports.

UNICEF strengthened the capacity of the Ministry of Natural Resources for data collection of water-points using smartphones. The use of online data system and internet-based
applications was key in facilitating real-time data treatment and analysis. Mapping at the community level improved the quality of data to support an efficient planning and decision-making process and to ensure access to water to all, identifying and addressing existing disparities between the different regions.

**Evidence Generation, Policy Dialogue and Advocacy**

The burden of HIV/AIDS in Guinea Bissau is among the highest in West Africa and is increasingly affecting children. HIV is now par with Malaria (4 per cent) among the main contributors of Under 5 mortality. Though most women are tested during pregnancy, the uptake of diagnostic testing for children is very low.

In 2016, fewer than 1,055 children were tested for HIV, the majority tested in UNICEF-supported nutrition treatment centres after HIV/AIDS testing was integrated into nutrition services. While this was an effective strategy, there were no data on the prevalence of HIV among children who attend other health services. To assess the feasibility of a provider-initiated testing policy in health facilities, UNICEF supported an HIV-prevalence study among young children in the National Hospital in Bissau.

Based on a sample of 2,000 hospitalized children, the study revealed a 3.5 per cent prevalence of HIV; thus with a universal testing policy, an average of 280 new HIV positive children could be diagnosed per year in this hospital only, a substantial number considering that 500 new paediatric HIV cases are expected every year. The study’s data was presented to HIV/AIDs programme and health partners in October 2016 to demonstrate the importance of HIV testing for young children, and to influence decision-makers to develop a provider-initiated testing policy as recommended by World Health Organisation (WHO). A clear recommendation was made to the MoH to convene national consultations; assess and revise existing policy framework; and facilitate the approach. Generating data ultimately protects the rights of children living with HIV.

**Partnerships**

In 2016, UNICEF Guinea-Bissau strengthened the implementation of its country programme through reinforced partnerships in the areas of nutrition and child protection.

Active participation of the country in the Scaling Up Nutrition (SUN) multi-sectoral platform was facilitated with National Nutrition Services to coordinate partners, host bi-monthly meetings and the share information in the network. Five ministries appointed Nutrition Focal Points: the MoH, MoE, Ministry of Agriculture, Ministry of Finance, and Ministry of Women and Family. Representatives from CSOs; national and international NGOs; consumer associations; partners from the private sector and universities were also identified. The combined efforts resulted in the appointment, by the Prime Minister, of a SUN Focal Point, and the identification of the World Food Programme (WFP) as UN lead agency. A number of joint initiatives took place: validation of the Strategic Plan for the Integration of WASH in Nutrition Programmes; integration of ECD stimulation packages into severe acute malnutrition treatment; and the harmonization of nutrition key indicators.

Following repeated reports of sexual abuse and exploitation of children in the Bijagòs islands, UNICEF developed a partnership with the Ministry of Tourism, Ministry of Woman and Family, civil society organisation partners and the national association of hotels and restaurant owners to develop the Code of Conduct against Sexual Exploitation of Children and Adolescents in Tourism and Travel Industry. It was officially adopted by the Council of Ministers in August. This important partnership with the private sector in the tourism industry will be strengthened by the development of communication material/tools, ethical codes and self-regulatory measures.
The CO entered nine new programme cooperation agreements, six new small scale funding agreements, and ten programme documents to existing programme cooperation agreements, with 19 civil society organisations.

**External Communication and Public Advocacy**

In collaboration with UN Women, UNICEF involved the First Lady along with high-level Government officials to take part in the celebration of the World Day for the Elimination of Violence Against Women, which focused on the issue of female genital mutilation (female genital mutilation/cutting) and child marriage. Several UNICEF-supported communities agreed to declarations of abandonment of these harmful practices. This contributed to promote public awareness in a country where such practices are prevalent.

In collaboration with WHO and the Office of the Resident Coordinator, UNICEF advocated with the MoH, the First Lady and the Prime Minister, to obtain the country’s financial contribution for the purchase of vaccines. As a result, the Government met its commitment of co-funding of the Global Alliance for Vaccine (GAVI) grant. Advocacy with traditional and religious leaders was fostered to support a meningitis vaccination campaign carried out in 2016, taking in account hard-to-reach areas.

The Global Handwashing Day was an opportunity to reach out to youth through a song and writing contest among young singers and a road show in the capital city. The two winners were 19 years old and fans of rap music. A video clip was produced and uploaded on YouTube.

During continuous teacher strikes that marked the school year in 2016, UNICEF was involved in the dialogue between teachers’ unions and the Government to establish the right to education on top of the agenda.

In December, the CO organised celebrations for the 70th anniversary of UNICEF, which coincided with the 40th anniversary of UNICEF’s presence in Guinea-Bissau. At this occasion, UNICEF appointed a famous Bissau-Guinean singer as a new national Goodwill Ambassador.

**South-South Cooperation and Triangular Cooperation**

A cooperation was initiated with Cape Verde to set-up of the Baby Friendly Hospital Initiative (BFHI) in Guinea-Bissau. The National Hospital Simão Mendes was selected to serve as a pilot; the initiative will be expanded based on lessons learnt. BFHI, a key intervention of infant and young child feeding (IYCF), focuses especially on the early initiation of breastfeeding that can have a significant impact on neonatal deaths. Information, education and communication (IEC) materials and training documentation, translated into Portuguese, were shared by Cape Verde. A national consultant was engaged to support the institutionalization of the initiative in country. A team of experts from the most performing hospital in Cape Verde provided technical support to build capacity of health staff operating in the paediatric and maternity services in Bissau. This initiative was fully aligned with the country programme document and strategy note.

The CO also fostered South-South cooperation with São Tome and Principe to create an information exchange, best practices and lessons learnt in CLTS. The exchange focused on the successful experience of CLTS in Guinea-Bissau and materialised through exchange of documentation, Skype discussions and a visit. A delegation, composed by Government officials and UNICEF staff from São Tome & Principe, closely interacted with UNICEF Guinea-Bissau WASH team, Government officials and implementing partners during a field
visit to Guinea Bissau in November. The mission was an important opportunity for buy-in by Government officials. Their participation in community mobilization sessions in villages nourished the debate on the suitability of the approach and its implementation in São Tome & Principe.

**Identification and Promotion of Innovation**

Two main innovations were tested to provide solutions to the day-to-day challenges faced by children in the areas of ECD and WASH.

UNICEF supported the MoE to improve the quality of indoor learning spaces for 450 children in nine kindergartens by providing child-friendly furniture, produced locally. The innovative design included features such as age suitability, support for an interactive and inclusive learning environment and enhancement of children’s sense of belonging. The flexibility of the learning environment allowed children to engage in a range of activities according to their interest, facilitated their autonomy and promoted a model of active and child-centred pedagogy. This was one of the first times that UNICEF interventions in early childhood development were focused directly on the child-learning environment, with positive outcomes.

Access to safe water depends on the existence and functionality of water infrastructures. Data that provides information on reliable and functional water points in urban and rural areas is vital for planning and monitoring, and to ensure that services are sustainable and equitable. UNICEF introduced a data collection system for water point functionality using smartphone, used for the first time in the country. This technology allowed for real-time mapping and monitoring of 4,147 water points in six regions, and led to the establishment of an online platform managed by the Government. This was a shift from the more traditional and costly water-point monitoring. The low-cost technology supports and ensures real-time updates of the Government data base for the efficient response to breakdowns and lack of maintenance services.

**Support to Integration and cross-sectoral linkages**

Two major challenges in education were: enrolling children in school at the proper age and (ensuring that all children complete the primary school cycle. The child friendly school approach responded to these challenges by creating an inclusive, safe and enabling learning environment in schools through the promotion of a multi-sectoral approach that integrated education, protection, health/nutrition and WASH programmes.

In the Oio region, a combination this inter-sectoral approach was successful combined with community participation through the creation and mobilization of school management committees (SMCs). Training committee members fostered community participation and the use of services, including birth registration. The school management committees worked to prevent violence and to raise awareness on child rights, including the rights of children with disabilities.

Trained members of the school management committees participated in classroom construction that benefitted to 3,396 children (1,476 girls; 45.4 per cent) and are active thus encouraging access to schools and retention of children in the primary cycle. The collaboration between the MoE, the MoJ and the SMCs resulted in the birth registration of an estimated 4,232 children. A joint agreement established routine systems of registration through schools. With the MoH, joint interventions supported health promotion, early detection of disability or disease, and educating service providers and families to manage children with disabilities. Inclusive WASH facilities were promoted with hygiene education.
A collaboration between the Ministry of Justice (MoJ) and the MoH was developed to boost birth registration by establishing registration desks in the six main national hospitals of the country and one maternity in order to facilitate access to civil registration for families.

**Service Delivery**

In 67 of the 114 health areas (in 11 health regions), UNICEF implemented periodic monitoring system to identify bottlenecks and analyse progress according to the Tanahashi model. The results identified priorities and actions through the development of local action plans.

UNICEF continued to support the MoH to develop a national Community Health Programme that addressed inequities in the access to health. The Programme established strategic partnerships with six NGOs to implement community-based, high-impact health interventions and monitoring of CHWs’ work in all regions. The promotion of the 16 KFPs through CHWs was a best practice with growing demand in the country. Hence, the Government of Guinea-Bissau decided to integrate incident-based surveillance at community level within the scope of the 16 KFPs. The collaboration with community radios was reinforced to inform the population on the existence of preventive and curative services.

By the end of 2016, the health and nutrition community-based interventions reached 145,500 children under five, representing 55 per cent of the total population of children under five.

UNICEF efforts improved the routine immunization programme by ensuring availability of vaccines and supporting supervision and monitoring. The cold chain was improved as all refrigerators were equipped with a fridge tag that monitors temperature for vaccine quality, and with the provision of 29 new refrigerators in 16 health areas.

Services for integrated management of acute malnutrition (IMAM) were scaled up from 22 to 78 centres (49 per cent of all health facilities), including the provision of equipment, training and supervision of 107 health workers that resulted in increased accessibility for children. A total of 1,775 children were treated compared to 1,320 children previously.

**Human Rights-Based Approach to Cooperation**

The formulation of the Guinea-Bissau Country Programme 2016-2010 was based on an in-depth analysis of the Situation of Children and Women, including the identification of equity issues, using data of the MISC 2014 and the Multiple Overlapping Deprivation Analysis 2015. This first year of implementation benefitted from the fresh knowledge that guided work-plan development based on a human rights-based approach to programming. As the CO had a number of new staff this year, refresher sessions on human rights’ principles were conducted during the result-based management staff training.

The National Child Parliament organized open sessions that involved over 200 children from all the regions to discuss the implementation of the Convention on the Rights of the Child in Guinea-Bissau, reinforcing the capacity development of rights holders. Adolescents and children publicly requested that the national authorities, including the National Parliament and regional administrations, invest in the realization of child rights and improve law enforcement.

UNICEF continued to ensure that the Convention on the Rights of the Child was implemented particularly in the areas of education, health and protection. The programmes used recommendations from the Committee on the Rights of the Child to strengthen the work on legal reform and policy. Major policy changes this year included: the approval by the
Council of Ministers of the Code of Conduct against Sexual Exploitation of Children and Adolescents in Tourism and the drafting of the National Quality Standards for the Education sector, which took into account issues related to violence against children (including female genital mutilation/cutting and child marriage).

Advocacy on child rights during high-level meetings with ministers was important as political and institutional instability severely limited children’s rights, specifically in education and health, with service interruption. UNICEF played a key role in advocating for a quick resumption of basic social services and supported the MoE to identify ways to mitigate the impact, however with little effect as teachers’ strike resumed and prevented the Ministry to implement the agreed measures.

**Gender Equality**

Over this first year of the CP 2016-2020, the CO identified two gender priorities in line with UNICEF gender action plan (GAP) and regional priorities: to promote gender-responsive adolescent health, and end child marriage.

Main interventions in 2016 included: a) ensuring the on-going process of child protection legal and policy reforms included a component on child marriage; b) capacity development for 13 service providers that improved of case management on gender-based violence against children (including child marriage), as well as improved coordination and information systems; c) increased prevention and response interventions particularly in assistance to 63 referred cases related to child marriage and d) increased community awareness, mobilizing an estimated 18,392 people from five regions who publicly declared the commitment to end child marriage and female genital mutilation/cutting. The budget dedicated to this targeted priority was around US$200,000.

The community health programme was designed with respect to traditional gender roles and the delicate power balance between women and men to realistically increase the utilization of health services. Male involvement is critical for women’s attendance to health services. To ensure men are involved, local health supervisors were trained to negotiate with religious and community leaders who act as gate keepers for behaviour change and can build consensus on gender-related issues.

The leaders engaged in dialogue with men to promote utilization of health services. The programme supported establishment of women’s groups to promote use of antenatal care, skilled birth attendance, family planning and vaccination. Working with women to increase demand for services, while ensuring male consent by explaining the benefits of service accelerated service coverage. It is too soon to measure impact, but the efforts will no doubt accelerate maternal and child mortality reduction.

**Environmental Sustainability**

Guinea Bissau's environmental footprint from industrial output is low. The environmental loads identified are deforestation, overfishing, monoculture farming and human waste pollution. Rainwater monitoring shows continuously delayed rains requiring a redefinition of ‘normal’ rainfall levels. Delayed rains cause problems for food security (rice production); sinking groundwater levels are also of concern. To respond to the water scarcity, UNICEF worked with various low-cost alternatives such as manual drilling and rainwater harvesting to ensure water throughout the dry season, especially in locations where a traditional borehole is not feasible.

There was no hydrological measuring routinely performed by the ministry in charge of water resources, and therefore limited evidence on variations in groundwater levels available.
However, the ministry can now access information on groundwater levels in open wells through UNICEF-led water point mapping and monitoring system. The information will increase water level readings and will be further collected with the 2,000 water-points quality tests conducted in 2017.

Community-led total sanitation (CLTS) was introduced into 25 per cent of the villages in the country for health benefit and improved sanitary practices. However, it posed risk to the shallow aquifers as pit latrines are closer to the wells than the former defecation fields, and faeces closer to the shallow groundwater. The WASH programme mitigated these risks with intensified sensitization, utilizing faecal coliform tracers (H2S kits) to illustrate that the water of the borehole was safe in contrast to the open wells, which, in a majority of the cases, indicated for faecal coliforms.

UNICEF contributed to climate change mitigation through equipping new constructions with solar power solely. During 2016-2017, 45 health centres will be equipped with renewable solar energy, replacing polluting and non-functional generators. Regarding office greening, efforts encouraged joint missions and reduced air travel.

**Effective Leadership**

During the annual office retreat held in April, key priorities of the annual management plan (AMP) were defined in a participatory manner. Priorities identified had targets, indicators and milestones, which were monitored on a quarterly basis during country management team (CMT) meetings. Eleven CMT meetings were held during the year and provided an opportunity to follow up on key performance indicators for both programme and operations.

Two important standard operating procedures (SOPs), one on donor reports and one on field monitoring visits, were discussed during programme coordination meetings (PCM) and approved at CMT level. SOPs were the result of the implementation of the 2015 internal audit action plan. Audit updates were shared during CMTs. At the end of 2016, 12 out of 13 audit recommendations were closed; the remaining one to be closed by the first quarter of 2017.

It was the first year of the full implementation of the harmonised approach to cash transfers (HACT) in Guinea Bissau. The CO strived to enhance the knowledge of all concerned staff for its effective enforcement. With the support of the UNICEF Regional Office (RO), a specific training on spot-checks was undertaken. However, the quality assurance plan could not be fully implemented and only half of the planned assurance activities were completed.

In May, a training on enterprise risk management (ERM) and business continuity plan (BCP) was organized for all staff and resulted in the update of these documents. In October, the ERM action plan was reviewed by a working group to measure progress made. As part of the risk mitigation measures, the CO organised a Results-based Management (RBM) training for Lusophone countries: 29 staff from Guinea-Bissau and six from Sao Tome Principe and Cape Verde participated.

**Financial Resources Management**

The country management team gave special attention to indicators related to financial management, including budget implementation, funding status, donor reporting, grant expiration, fund commitments, monthly cash flow versus funds utilized and outstanding direct cash transfers (DCT). The CMT discussed how to better streamline the management of travel processes and avoid open travel authorization.
The CO ensured smooth transition to Global Support Services Centre. Bank and petty cash accounts were correctly maintained and signatory panel was regularly updated to reflect changes in staff movement. All monthly bank reconciliations were regularly performed.

HACT assurance activities were a high priority during this first year of HACT compliance. The assurance plan was prepared in February and quarterly updated and posted in Insight. The CO conducted 30 programme visits out of 52 planned (58 per cent), nine spot checks out 24 planned (37 per cent) and five implementing partner audit contracts were signed for early 2017. Two HACT orientation sessions were organised for internal staff and two staff were sent to RO HACT workshop.

To prevent DCTs over six months, alerts were issued when they fell in the fifth month. DCTs beyond six months remained at zero for most of the year, except for the last quarter with an amount equalling to 1.72 per cent of the total DCT amounts. Since 2014, the CO recorded zero DCT in the category beyond nine months.

At the end of the year RR funding was 100 per cent utilized with an expenditure level at 88 per cent. The OR annual allocation was utilized at 99 per cent with an expenditure level at 65 per cent. Other resources – emergency (ORE) were utilised at 99 per cent and expensed at 96 per cent.

**Fundraising and Donor Relations**

During the year, US$12,723,137 was available, constituting 88 per cent of the planned amount per the Country Programme Document.

In 2016, 99 per cent of resources were fully utilized. Sixty per cent of the funding was mobilised from the public sector, 33 per cent from multi-donor initiatives while seven per cent from National Committees. A total of US$4,408,368 was mobilised from three main donors: GAVI, the EU and the UN Peace Building Fund, constituting 7.5 per cent of the overall OR to be mobilised for the CP. Negotiations took place for UNICEF to become sub-recipient of the Global Fund for Tuberculosis, AIDS and Malaria. An agreement was signed in December 2016 for a total of US$664,098.

CO mobilized 26 per cent of the total OR planned for the programme cycle and is seeking more funding particularly for child protection, nutrition and HIV/AIDS programmes. Partnership with the EU was strengthened, which will possibly result in a new grant for health in 2017. UNICEF also engaged with the US Agency for International Development (USAID) and three National Committees for UNICEF: Holland, Italy and Spain through field visits and developing communication materials. To equip the CO with fundraising tools, a set of two-page factsheets was developed to present the new CP to potential donors. Education as well as child survival toolkits were developed to attract national committees’ interest.

A total of 23 reports were sent to donors, out of them five were sent with a slight delay of a few days.

**Evaluation and Research**

UNICEF Guinea Bissau’s integrated monitoring and evaluation plan, prepared in collaboration with programmes, included 16 studies and evaluations over the biennium 2016-2017. Areas covered included health and nutrition (five evaluations/studies), WASH (three), HIV (three), education (two), child protection (two) and communication (one).

In 2016, the CO completed three studies in the areas of WASH, HIV-AIDS and education. The first study assesses how the population in the country was prepared for an Ebola
outbreak. The second study was undertaken to collect evidence for the policy of initiating HIV testing by health providers for children. The third is a study on parents’ practices with young children in Guinea-Bissau. The CO also participated in a study conducted by the World Bank that aimed at supporting the Government in costing the national plan for nutrition. The evaluation of the adult literacy programme was completed and management responses were uploaded. The management response identified four main actions: three were completed and one will be completed in 2017.

In addition, one survey, two studies and one evaluation were initiated in the last semester of 2016 to be finalized in 2017. Through these studies, the CO undertakes the evaluation of the Education Strategic Plan 2016-2025; the evaluation of EU-funded Integrated Maternal and Child Health Programme and an assessment of Malnutrition Prevention and Management at Nutritional Rehabilitation Centers and ‘Mothers’ house” levels.

The MICS 5 survey was launched during a ceremony involving main partners and stakeholders in August; work was underway to launch a mobile phone application that will allow easy access to MICS basic indicators by phone users. This application will disseminate MICS data, make the search easy and move gradually from a paper-based MICS dissemination to an electronic one.

**Efficiency Gains and Cost Savings**

The CO prioritized during 2016 the work around the development of the business operations strategy in close collaboration with the other UN programmes and funds in the country. A roadmap and terms of reference for its implementation were developed, and a consultant was hired to support the operations management team (OMT) and the technical group focal points to better analyse the situation, collect necessary data and come up with a complete business operations strategy document that will lead to efficiency gains and costs savings in 2017.

The CO and the UN agencies explored the ways and means to implement the requirements of the UN Coherence Protocol, i.e. the implementation of a common approach in procurement services, human resources management, Information Communication and Technology (ICT) services and financial management towards better supporting the achievement of UNDAF results.

Despite the challenges, the CO continued to maximize the use of existing long-term agreements and generated gains and saving for the sourcing and procurement of goods and services.

The CO saved 50 per cent of the receptionist costs and courier dispatching services by outsourcing them from a private company. The CO reduced fuel costs used in field missions from US$38,800 in 2015 to US$23,863 in 2016, a 23 per cent reduction based on better fleet management.

The availability of city power reduced the use of “on-site combustible” from 37 to 16 per cent and also to minimize the environmental footprint of the CO.
Supply Management

<table>
<thead>
<tr>
<th>Procurement Type</th>
<th>US$</th>
</tr>
</thead>
<tbody>
<tr>
<td>Programme supplies</td>
<td>2,459,459.39</td>
</tr>
<tr>
<td>Operational Supplies</td>
<td>145,046.02</td>
</tr>
<tr>
<td>Services</td>
<td>390,053.09</td>
</tr>
<tr>
<td>Construction Services</td>
<td>1,774,025.03</td>
</tr>
<tr>
<td>Procurement Services</td>
<td>5,940,800.72</td>
</tr>
<tr>
<td><strong>Grand Total</strong></td>
<td><strong>10,709,384.25</strong></td>
</tr>
</tbody>
</table>

The supply unit managed the throughput of US$10.71 million by maximizing use of 10 long term agreements, active market searches, and sourcing from local suppliers.

The supply unit collaborated with South Africa to print textbooks valued at US$511,000. This approach ensured that the procurement was cost-effective, of good quality and delivered on-time. Supply section also widened its scope of sourcing for goods by engaging additional suppliers from Portugal.

Construction services amounted to 82 per cent of institutional contracts, and related to the construction of 71 classrooms and rehabilitation of 13 health centres. These contracts were managed with the support of internal engineers who provided the drawings, bill of quantity estimates, monitoring and supervision. A long term agreement with an assurance company was available to ensure contractors complied with the provisions of the contract.

Total value of supplies received in the warehouse amounted to US$1.5 million out of which US$0.53 million were dispatched and US$0.96 million are by end of year. Textbooks, worth US$511,000, were held in stock as a strategic decision for the resolution of teachers’ strikes and assurance of delivery and utilisation by the intended beneficiaries.

Security for Staff and Premises

UNICEF Guinea Bissau’s office is located on the UN House premises. Main security measures for staff and premises were jointly managed within common service arrangements with other agencies. UNICEF chaired the OMT and ensured a close collaboration and follow up on security related matters. The common services budget for 2016 included security measures to be implemented in response to the Minimum Operating Security Standards (MOSS) requirements.

The UN building benefited from a series of improvements: installation of a video control system (set of cameras), the reparation of the metal detector screening machine at the main gate and the hiring of a company to prepare the bidding to raise the perimeter wall of the compound. Other security improvements that were part of 2016 budget are now planned for 2017, for example: opening a second gate for the premises emergency exit and introducing electronic cards to allow access to the UN building.

In addition to the above activities, the UN Department for Safety and Security (UNDSS) hosted a two-week mission of the Fire Marshall from 14 to 25 November 2016 that included an assessment of the fire safety measures and the equipment available in the premises, a training of agencies fire focal points and fire wardens and a fire drill exercise. The mission revealed security issues specific to UNICEF (smoke detectors missing in some part of the
office and clean agent fire suppression system that should be installed in the server room), which have not yet been addressed due to budget limitation.

It should be also noted that the Security Management Team reviewed the security risk assessment and management process in September 2016, approved by the Designated Official in November 2016.

**Human Resources**

There were many recruitments during this first year of the CP. Five international positions, three national professional positions and one post for General Services were hired to strengthen the team, despite challenges to fill positions that resulted in lengthy processes in some cases. The CO contracted 22 consultants to provide additional technical assistance. Gender balance and geographic diversity were given due consideration. By end December, overall office gender parity was 43 per cent female and 57 per cent male.

The CO accorded priority to group training sessions and staff benefited from ERM, BCP and RBM training sessions. Fifteen staff registered for language training with Rosetta Stone: eight of them completed the course while the other seven could not start the course prior to the end of the contract (June) between Rosetta Stone and UNICEF. The overall learning plan was achieved at 80 per cent.

E-PAS completion was regularly monitored at CMT meetings with achievement of 100 per cent by end of March for 2015 appraisals. The new staff performance evaluation system (ACHIEVE) was used to plan performance outputs for all staff.

The joint consultative committee met three times and a staff retreat was organized in April. The CO placed the staff well-being among the management priorities and by ensuring the implementation of the action plan resulting from the 2014 Global Staff Survey.

A staff capacity gap analysis was conducted with a participatory approach, facilitated by senior staff, with support from the UNICEF Regional Office, to address an audit recommendation related to staff skills. The key priority areas on capacity building were identified to inform the CO 2017 learning plan.

RR funds were not used to fund or bridge gaps for any OR funded position.

**Effective Use of Information and Communication Technology**

The Country Office took advantage of cloud-based office automation tools to promote collaboration among users by sharing files, participate in webinars/trainings, direct work contact with colleagues around the world using Skype for business and access to e-mails from anywhere anytime on various devices including mobile ones. The CO completed its plan to equip each staff with a laptop that allowed them to exploit cloud-based features. A new telephone system was jointly acquired for use by users of the UN House.

There was no emergency in the country in 2016, however a BCP simulation was conducted in May using two recovery sites; cloud-based applications made the exercise easier and successful.

Magpi mobile data collection was utilized by the WASH programme. The section acquired 45 mobile smart phones that were utilized by partners for mapping more than 4,000 water points and for conducting ODF status re-verification through 5,000 household visits.

The CO utilized a global Long Term Agreement to develop a mobile application to ensure
that MICS 5 data was available and disseminated. The application should be ready by the first quarter of 2017.

The CO maintained a Facebook page with frequent updates. Social media played a key role to amplify the voice of children and share information on UNICEF work. There was a strong synergy between UNICEF Facebook page and pages of the National Children’s Parliament, the movement Republica di Mininus Hoje and other partners working in the domain of the children’s rights. UNICEF Guinea-Bissau page had about 7,499 followers, an increase of 59 per cent compared to 2015. Key audiences targeted were the political leaders, authorities and the population in general, especially youth, implementing partners, donors, research groups and institutes.

**Programme Components from RAM**

**ANALYSIS BY OUTCOME AND OUTPUT RESULTS**

**OUTCOME 1** Management Outcome

**Analytical Statement of Progress:**

**OUTPUT 1** Governance and Systems

**Analytical Statement of Progress:**

A participatory approach was used during the annual office retreat to define management priorities and indicators of the Annual Management Plan. Priorities identified had targets, indicators and quarterly milestones, which were monitored during CMT meetings on a regular basis. CMT meetings were held eleven times and dealt with both programme and operations issues to ensure the expected performance and achieve results. Two important Standard Operating Procedures, one on donor reports and one on field monitoring visits, were discussed during PCMs and approved at the CMT level. Standard Operating Procedures were the result of the implementation of the 2015 internal audit action plan. Audit updates were shared during CMTs.

In 2016, 12 out of 13 audit recommendations were closed (one will be closed by the first quarter of 2017). As 2016 was the first year of implementation of the HACT, the CO strived, during PCM, CMT and Monday morning meetings, to discuss its application and refresh the knowledge of all concerned staff. With the support of the Regional Office (RO), a specific training on spot-checks was undertaken. However, the implementation of the CO HACT assurance plan remained slow with a completion rate of half of planned activities at the end of the year.

During the month of May, a training on ERM and Business Continuity Plan (BCP) resulted in the update of the two documents. In October, the ERM was reviewed by a working group to assess progress with regard to mitigation actions.

Following the RBM training of trainers organised by the RO in May, the CO organised an RBM training for Lusophone countries in Bissau: 29 staff from Guinea-Bissau, five from Sao Tomé, and one from Cape Verde participated.

**OUTPUT 2** Financial Resources and Stewardship
Analytical Statement of Progress:
The CMT gave special attention to indicators related to financial management, including budget implementation, funding status, donor reporting, grant expiration, fund commitments, monthly cash flow versus funds utilized and outstanding DCTs. The CMT also discussed how to better streamline the management of travel processes and avoid open travel authorization.

The CO ensured smooth transition to the Global Shared Services Centre. All monthly bank reconciliations were regularly performed.

At the end of year, RR funding was 100 per cent utilized with an expenditure level at 88 per cent. The OR annual allocation was utilized at 99 per cent and expensed at 65 per cent. ORE were utilized at 99 per cent and expensed at 96 per cent.

Although the CO mobilized 26 per cent of the total OR planned for the full programme cycle, low funding level remains a concern, particularly for the programme components of child protection, nutrition and HIV/AIDS, which are heavily underfunded.

A total of 23 reports were sent to donors, out of them five were sent with a slight delay of a few days.

OUTPUT 3 Human Resources Management

Analytical Statement of Progress:
Recruitments characterized this first year of the CP. Five international positions, three national professional positions and one post for general service were hired to strengthen the team, despite the challenges faced by the CO to fill in some of these positions, which resulted in lengthy processes in some cases. The CO contracted 22 consultants to provide additional technical assistance. Gender balance and geographic diversity were given due consideration. By end December, overall office gender parity was 43 per cent female and 57 per cent male.

The CO accorded priority to group training sessions and staff benefitted from ERM, BCP and RBM training sessions. Fifteen staff registered for language training with Rosetta Stone eight of them completed the course while the other seven could not start the course prior to the end of the contract (June) between Rosetta Stone and UNICEF. The overall learning plan was achieved at 80 per cent.

E-PAS completion was regularly monitored at CMT meetings with achievement of 100 per cent by end of March for 2015 appraisals. The new Staff Performance Evaluation System (ACHIEVE) was timely used to plan performance outputs for all staff.

The Joint Consultative Committee met three times and a staff retreat was organized in April. The CO placed the staff well-being among the management priorities and by ensuring the implementation of the action plan resulting from the 2014 Global Staff Survey.

A staff capacity gap analysis was conducted with a participatory approach, facilitated by senior staff, with support from RO, with the purpose to address a specific audit recommendation related to staff skills. The key priority areas on capacity building were identified to inform the CO 2017 learning plan.

RR funds were not used to fund or bridge gaps for any OR funded position.
OUTCOME 2 Country Programmes are efficiently designed, coordinated, managed and supported to meet quality programming standard in achieving results for children

OUTPUT 1 Programme Coordination

Analytical Statement of Progress:
In this first year of CP implementation, bi-annual work plans for the period 2016-2017 were signed in February and the annual Integrated Monitoring and Evaluation Plan was prepared accordingly. The midyear review was organized in July and the annual review at the end of November with the participation of all implementing partners. The programme team met nine times at programme coordination meetings, the last Friday of the month as per AMO calendar. The main programme priorities were discussed during the staff retreat held in April and included in the Annual Management Plan. Programme and management priorities were monitored quarterly, through using a CO priorities monitoring tool, with clearly defined targets, milestones and indicators as per annual management plan.

Programme coordination meetings during the year were geared towards sharing experiences and lessons learnt. Thematic presentations were promoted to foster knowledge, cross-sectoral linkages and debates, particularly in the area of Monitoring Results for Equity Systems (MoRES) (presentation on Tanahashi model), ECD (presentation from nutrition and education), C4D (presentation on social mobilisation for 16 KFP).

Coordination and cross sectoral linkages were fostered during the year, and they materialised in two main areas of intervention: (i) promotion of a multi-sectoral approach, integrating Education, Protection, Health/Nutrition and WASH programmes in Child Friendly Schools and (ii) scaling up of birth registration in hospitals and schools through important MoUs, the first between MoJ and MoH, the second between the MoJ and MoE.

OUTPUT 2 External Relations.

Analytical Statement of Progress:
High profile events were organised this the year that put children’s rights on the public agenda: the Day of the African Child, the anniversary of the CRC, the World Day for the Elimination of Violence Against Women and UNICEF 70th anniversary.

Along with high-level Government officials, the First Lady took part in the celebration of the World Day for the Elimination of Violence Against Women, which focused on the issue of Female Genital Mutilation and child marriage through the declarations of abandonment of these harmful practices by several communities in which UNICEF supported interventions for social norms change.

In collaboration with WHO and the Office of the Resident Coordinator, UNICEF advocated with the Minister of Health, the First Lady and the Prime Minister to obtain the country’s financial contribution for the purchase of vaccines. As a result, the Government met its commitment for the co-funding of the GAVI grant. Strong advocacy with traditional and religious leaders fostered the meningitis vaccination campaign carried out in 2016, taking in account hard-to reach areas.

The Global Hand-washing Day reached out to youth through a song-writing contest among young singers and a road show in the capital city, the two winners were both 19 years old and fans of rap music. A video clip was produced and posted on YouTube.

In December, the CO organised celebrations for the 70th anniversary of UNICEF, which coincided with the 40th anniversary of UNICEF’s presence in Guinea-Bissau. UNICEF
appointed a new national Ambassador, a famous Bissau-Guinean singer who was involved in the fight against female genital mutilation.

The CO maintained a Facebook page with frequent updates. This social media played a key role to amplify the voice of children and share information on UNICEF work. There was a strong synergy between UNICEF Facebook page and pages of the National Children’s Parliament, the movement Republica di Mininus Hoje, and other partners working in the domain of the children’s rights. UNICEF Guinea-Bissau page has about 7,500 followers, which represent an increase of 59 per cent compared to 2015. Key audiences targeted were the political leaders, authorities, the population in general, especially youth, implementing partners, donors, research groups and institutes.

OUTPUT 3 Quality Assurance Programme and funding quality assurance activities in compliance with HACT procedures are implemented to ensure the effective use of resources for the planned results for children.

Analytical Statement of Progress:
During programme coordination meetings and country management meetings, the CO regularly monitored the performance in relation to key office indicators, both at programme and management level.

2016 was the first year of HACT implementation for Guinea-Bissau. Prior to January 2016, the CO collected original receipts from implementing partners. This important shift meant that capacity building and assurance activities were priority during this first year of HACT compliance. The assurance plan was prepared in February, quarterly updated and posted in Insight. Efforts were made to use the new trip report forms (as per Headquarters Field Results Group Guidelines) and a standard operating procedure was approved by the CMT. The CO conducted 30 programmatic visits out of the 52 planned (58 per cent), nine spot checks out the 24 planned (37 per cent) and five IP’s audit contracts were signed to be executed by early 2017. Two HACT orientation sessions were organised for internal staff and two staff were sent to a RO HACT workshop. In the programme coordination meetings, HACT implementation was a standing item on the agenda. During the year, the recruitment of an HACT officer was appointed to start in January 2017 to boost HACT compliance for the CO.

To prevent DCTs over six months, alerts were issued when they fell in the fifth month and were constantly monitored during Monday morning meetings with section heads. DCTs beyond six months remained at zero for most of the year, except for the last quarter with an amount equalling to 1.72 per cent of the total DCT amounts. Since 2014, the CO recorded zero DCT in the category beyond nine months.

OUTCOME 3 Child and Maternal Health and Nutrition

Analytical Statement of Progress:
A focus of the programme this year was to address neonatal mortality, the first cause of child mortality in Guinea Bissau and accounting for over 40 per cent of the U5 child deaths. While the child mortality was showing a positive trend in terms of reduction (with a rate of 89 per 1,000 life birth in 2014, compared to 116 per 1000 in 2010), the neonatal mortality decrease was slower due to persistently low rates of skilled birth attendance, low access to emergency neonatal care interventions, early pregnancy, high malnutrition rates among pregnant women and sociocultural factors. Furthermore, limited political attention was given to newborn health as policy makers are yet to realize that without a reduction in neonatal mortality, the reduction in under five mortality will stagnate. UNICEF supported the MoH to
develop, cost and validate an ‘Every Newborn Action Plan’. Interventions focussed on strengthening and investing in health care during labor, birth, the first day and first week of life, improving the quality of maternal and newborn care, counting every newborn through improved measurement mechanisms, programme-tracking and accountability, harnessing the power of parents, families and communities, and reducing inequities.

In collaboration with donors (EU, SIDA, USAID), UN agencies (WHO, UNFPA, UN Women, UNAIDS, UNDP) and civil society, UNICEF strengthened the health system, particularly the procurement system and the health information system, through better coordination and capacity building. Efforts continued to scale up community-based interventions to increase access to health care and to reach mothers and children in remote parts of the country, including on the islands where access to health is particularly limited. As of December 31, the total number of skilled CHWs who can provide prevention, treatment and health education interventions is now 2,056 in eight regions, covering 55 per cent of the total number of under five children in Guinea-Bissau.

Despite UNICEF and other partners’ efforts in improving immunization supply chain and the overall Expanded Programme on Immunization (EPI) programme, the vaccination coverage of children remains low: 46 per cent of children under one year were fully immunized with recommended vaccines. This low coverage is related to the failure of outreach and mobile strategies to reach children living in remote and hard-to-reach areas due to limited logistic support (non-functionality of motorcycles provided since 2010). UNICEF is supporting the MoH/EPI Department to analyze the situation of immunization and identify key bottlenecks to work out adequate solutions, such as the procurement of new motorcycles for outreach activities, the operationalization of the communication plan or capacity building sessions for health staff.

Under-nutrition contributes heavily (45 per cent) to child and maternal mortality and prevalence of stunting was high with 27.5 per cent of U5 children stunted. UNICEF was the only partner to support the country nutrition programme, in particular with a nation-wide Vitamin A campaign covering 256,765 children aged 6 to 59 months in June 2016 (a second round is being planned for January 2017), but also the treatment of severe and moderate acute malnutrition cases at health facility level with scaled up services for IMAM in 49 per cent of the health facilities. UNICEF supported the policy work with the finalization of the costed plan for the national nutrition strategy and the active participation of Guinea-Bissau in the SUN movement. Guinea Bissau hosted the mid-term review of ECOWAS 14th Forum on Nutrition in November.

In general, a major concern in the health system was the shortage of skilled health personnel including nurses, midwives, doctors and health specialists. In 2016, political instability, multiple strikes in the health sector, repeated changes of health managers at regional level and demotivation of staff disturbed the implementation of the programme. The coordination mechanism of health partners interventions remained weak. Resource allocations to the health sector were low. The Government expenditure on health as a percentage of the total expenditure was only 7.8 per cent (2014). Families financed a large share of the total healthcare expenditures. Together with WHO and the UN Resident Coordinator Office, high-level advocacy was conducted for the payment by the Government of co-financing of vaccines as counterpart funding of the GAVI grant, which was jeopardized by the lack of an operational state budget due to the political crisis and instability. The efforts were successful and resulted in the payment of the country’s contribution by the Government at the end of the year.

Through the key mechanisms of coordination such as the Country Coordinating Mechanism for the Global Fund and the Inter-Agency Coordination Committee for Vaccination, in which UNICEF took an active part, technical and financial partners are supporting the MoH to
strengthen its capacities in managing and following-up on priority programmes with the expected quality and regularity.

OUTPUT 1 A comprehensive integrated package of health services including communities scaled up in all health regions with priority for the most disadvantaged populations, including in emergencies

Analytical Statement of Progress:
Integrated community case management (iCCM) interventions were implemented in five regions and were extended to six new health regions with funding from the EU, covering now all the 11 health regions of Guinea-Bissau. Based on iCCM strategy, 201 master trainers were trained since March 2016, particularly in the new regions, to have an effective team to train new CHWs. A total of 2,056 out of 2,290 (89 per cent) CHWs were trained in iCCM, which included also communication skills on 16 KFPs.

Strategic partnerships were developed and sustained with six NGOs for the implementation of community-based high impact health interventions and monitoring of CHWs’ work in all regions. One of the key activities of CHWs was to perform family visits for the promotion of the 16 KFP. In 2016, 265,586 family visits were carried out by CHWs.

Data reported by implementing partners show that indicators improved in 2016 compared to 2015. The percentage of children U5 sleeping under Long Lasting Insecticidal Nets increased to 94 per cent compared to 89 per cent in 2015, for pregnant women, it increased to 92 per cent compared to 72 per cent in 2015. On the other hand, only 36 per cent of pregnant women in the supported regions carried out four ANC visits, compared to 40 per cent in 2015, probably due to multiple health personnel strikes in 2016, which can also explain why skilled birth attendance rate decreased to 37 per cent compared to 57 per cent in 2015.

UNICEF supported the national campaign of immunization against meningitis that in June and integrated MenAfriVac with Vitamin A supplementation and Mebendazole. A total of 1,148,586 people aged one year to 29 years, representing 90 per cent of the target, were vaccinated. The switch from tOPV to bOPV was carried out nationwide in April 2016. Efforts were also made to improve routine immunization, ensuring quality and availability of vaccines, reinforcing cold chain and supporting supervision and monitoring. To improve vaccine management, all refrigerators were equipped with fridge tag to monitor temperature and quality of vaccines. In addition, 29 new refrigerators were installed in 11 health regions and 16 health areas to improve storage capacity. In 2016, Guinea-Bissau did not report any stock out of vaccines. Despite these efforts, the routine immunization coverage clearly eroded compared to 2015. Only 46 per cent of children under one year were fully immunized from January to September 2016.

As Guinea Bissau reported four Zika cases confirmed in June, UNICEF supported the Government to develop a national preparedness and response plan as well as a communication plan. Communication materials were also developed. Eventually, the Zika virus strain was found to be a local one and not the Brazilian strain. In the context of possible Zika threat, the supply and promotion of Long Lasting Insecticidal Nets was intensified. A total of 46,740 Long Lasting Insecticide Nets were distributed in six health regions. 2016 was characterized by a long period of strikes from health professionals due to delayed payment of salaries, a lack of resources for activities implementation and high turnover of health managers especially at the regional level.
OUTPUT 2 Increased access and use of package of interventions to reduce acute and chronic malnutrition and micronutrients deficiencies in pregnant and lactating women and U5 boys and girls in most affected areas, including in emergencies.

Analytical Statement of Progress:
UNICEF provided technical support to the Nutrition National Service for the finalization of the costing of the Nutrition Strategic Plan and the validation of the paper SUN in Guinea Bissau “What will it cost” The SUN nutrition multisectoral platform is fully functional with four meetings and active participation in SUN conference calls and in the Public Financing on Nutrition exercise.

IYCF counselling and IMAM was successfully incorporated into the Training of Trainers for iCCM supported by UNICEF, targeting more than 2,000 CHWs. South-South cooperation was initiated with Cape Verde for the set-up of the BFHI and the National Hospital Simão Mendes was selected to serve as a pilot. IEC materials translated into Portuguese were shared. BFHI institutionalization will be carried out in 2017.

Services for IMAM were scaled up, increasing from 22 to 78 centres: this included the provision of equipment, training and supervision of 107 health workers and resulted in increased accessibility and improved quality of care for children. A total of 1,775 children were treated compared to 1,320 children previously.

A Vitamin A and deworming campaign was conducted nationwide in June 2016, together with the MenAfrivac campaign. This campaign reached 256,765 children aged 6-59 months (90 per cent of the target) with vitamin A and 228,961 children aged 12, 59 months (94 per cent of the target) with deworming tablets. A second round is planned in January 2017.

46 Child Friendly Schools served as a pilot for school deworming programme, with the training of 30 education inspectors and positioning of deworming tablets, IEC materials and training modules to ensure the deworming of 8,651 students in 2017.

Integration of ECD and nutrition interventions was fostered and 15 nutrition centres received ECD kits for early stimulation of malnourished children and improving parenting practices.

Integration with HIV/AIDS interventions was enhanced. In order to check if severely malnourished children were infected with HIV, UNICEF integrated the testing of HIV in all 78 nutrition treatment centres through joint distribution of therapeutic products and HIV tests. With this support, 799 children were tested for HIV and 106 were identified as HIV positive, who would not have been detected. Detecting malnutrition among mothers and children who are living with HIV was also supported. IYCF counselling cards were distributed to 50 sites providing services for the PMTCT of HIV, and routine screening of nutritional status was assured for HIV positive pregnant and lactating women and children under five.

UNICEF invested in salt iodization, assisting MoH and Ministry of Commerce by training 60 customs officers in quality control and providing support to three coordination meetings of the National Alliance for Food Fortification. One quality supervisory visit was conducted to the main salt entry and production points. A warehouse for iodized salt was constructed in the region of Farim and overall production increased from 233 tons in 2015 to 576 tons in 2016.
OUTCOME 4 Children and AIDS.

Analytical Statement of Progress:
As the HIV burden in Guinea Bissau continued to grow, interventions were either not sufficient or not implemented at sufficiently large scale to reverse the trend. According to UN Inter-Agency Group for Child Mortality Estimation, AIDS equals malaria among the causes of under-five mortality (4 per cent). World Development estimated that AIDS is the third highest cause of death in the overall population mortality (11 per cent), almost doubling West Africa average (6.2 per cent). The national programme is burdened with weak capacity to deliver services, insufficient funding and planning challenges that hampers utilization of available resources.

In this context, elimination of MTCT of HIV was prioritized and provision of HIV services was fully integrated in Antenatal Care (ANC). The percentage of women attending ANC who were tested reached 86 per cent, according to service statistics, a slight increase compared to 2015; the percentage of pregnant women testing positive remained 3.6 per cent. 2016 was the first year of scaling up Option B+, and the data indicate that 76 per cent of women who tested positive were enrolled in prophylactic regimen, while 20 per cent were enrolled into lifelong Antiretroviral Therapy (ART), a major increase compared to 2015. As Option B+ protocol was officially adopted in May 2016 it was a good result, although in need of further scaling up.

Service statistics reported high coverage with Anti-retrovirals (ARVs) for women attending ANC and testing positive, not more than 50 per cent of estimated number of pregnant women were enrolled into ART, equalling results achieved in 2015. UNICEF provided guidance and technical assistance for scaling up Option B+, and ensured that 54 per cent of service delivery points benefited from at least one formative supervision session, and that each of the five priority regions conduct at least one training/coordination meetings of PMTCT focal points. In addition, UNICEF and partners funded by GFATM supported development of outreach services that employed peer based approaches to encourage enrolment to and retention in treatment. Considering the shortage of human resources in the health system, outreach workers’ role in supporting treatment retention was crucial and the focus for next year programming will be shifted towards training and capacity building of these workers.

In 2016, 683 children were registered as born to HIV positive mothers, significantly below the expected number considering the number of HIV positive pregnancies. (This may be explained by high rate of home deliveries and potentially loss to follow up.) Out of registered infants, 48 per cent were tested and not more than 29 per cent were tested before the age of two months.

The rise in the number of children whose blood samples were drawn and sent for polymerase chain reaction (PCR) analysis exposed multiple weaknesses in the diagnostic chain including persistent delays in the sample shipment, laboratory analysis and result communication. Hence, only 25 out of 329 parents of children whose blood sample was drawn actually received the result in 2016 (data as of end of September). Out of 329 infants tested, only five tested positive. However, estimated data from modelling that account for transmission rates and that include children who are not enrolled in services will be available in March 2017. UNICEF engaged in development of policy and operational frameworks to improve laboratory diagnostic, as well as ensured continued supplies of testing commodities.

Paediatric ARV treatment was low although a slight increase (12 per cent) was registered in 2016. No reliable data on retention was available due to the delay of a clinical monitoring system that would enable cohort data analysis. Low coverage of enrolment in ART can be attributed to poor coordination and service referrals from ANC to paediatric care (where
mother and child pairing tend to get lost to follow up). It could be the low rate of testing children. Not more than 1,055 children under 15 were routinely tested for HIV in 2016 in health facilities. An additional 776 children were identified in malnutrition treatment sites. Malnutrition treatment was the best venue for case finding. Although testing in malnutrition services was not universal it contributed significantly to diagnosis of children and further ART enrolment. To promote case finding through HIV testing in health settings, UNICEF supported the HIV prevalence study that identified clinical conditions with greatest potential for case finding. The results of the study will develop provider-initiated testing policy in 2017.

A series of mapping exercises and evidence generation will improve policy framework in 2017 including development of HIV diagnostic policy, updating treatment protocols and guidance, and sharpening the focus on adolescents within the National AIDS Programme as a result of ongoing assessment conducted as part of “All in” platform.

While testing coverage and enrolment services showed signs of increase, the programme continued to be in need of quality improvement to impact health and survival outcomes for children, adolescents and women. The National AIDS Programme was burdened by major shortage of human resources, lack of available funding and technical assistance to improve both policy framework and the capacity for service delivery, all of which will be highly prioritized in further programming.

**OUTPUT 1** The national AIDS programme has the capacity to conduct programme planning, monitoring and evaluation to fast track HIV and AIDS results

**Analytical Statement of Progress:**
Guinea Bissau adopted the National AIDS Programme (2015-2020) but a number of supporting policies, clinical guidelines and operational plans need to be developed to achieve national programme targets. In 2016 UNICEF facilitated development of the following policy and/or operational documents:

The operational plan for the introduction and scaling-up of Option B+ approach for the elimination of HIV transmission from mother to child was adopted and promoted across the country. To accelerate the implementation and acquire lessons learned, UNICEF supported the implementation of Option B+ at Ceue Terra clinic in Bissau. The initial feedback by the partner indicated acceptance of life-long treatment by staff and pregnant women. To support retention in treatment, all outreach workers associated with the clinic were re-trained to engage in supporting retention.

The network of laboratory services required major improvement to adequately deliver on early infant diagnosis and ensure improved clinical monitoring of people on ART. The national working group for improvement of laboratory performance was established and conducted forecasting of laboratory supplies, developed testing algorithms as well as sample collection, transportation and results communication system. In addition, the working group conducted the analysis of available equipment and developed a plan for standardization that will further improve the planning and forecasting of laboratory supplies and consumables.

The progress to improve ARV coverage for children was slow for reasons arising from a frail health system, and due to the very low number of children who are tested per year. HIV testing in clinical settings was recommended for case finding to accelerate access to treatment. To test the feasibility of introduction of provider initiated testing in health facilities, UNICEF supported the HIV prevalence study in the National Hospital Simao Mendes. A sample of 2,000 hospitalized children was drawn, and blood samples along with diagnosis and socioeconomic data were recorded. Blood samples were tested using both rapid test
and PCR. The study revealed 3.5 per cent prevalence of HIV, indicating that if universal testing policy was applied, 280 new HIV positive children could be diagnosed every year in this facility only; substantial as, according to projections, 500 new pediatric HIV cases are expected every year. The factors independently associated with HIV positivity were: mother or father died, malnutrition, moderate or severe anemia, frequently sick children and severe dehydration. The data obtained will develop testing policy in 2017. The additional benefit from this study was that samples tested for PCR developed alternative algorithms that allows for significant price reduction of PCR analysis.

UNICEF supported regional coordination mechanisms for the acceleration of HIV response. Meeting’s agenda featured local capacity building, reflection on indicators data and analysis of locally experienced challenges and achievements. Eight three-day meetings were conducted and formative supervision sessions were delivered at 49 service delivery points with UNICEF support.

**OUTPUT 2** All health facilities have the capacity to deliver quality HIV and AIDS services for pregnant women, children and adolescents throughout the continuum of prevention, treatment and care.

**Analytical Statement of Progress:**
Considering the shortage of human resources across the health system, the national AIDS programme promoted involvement of trained outreach workers. The day-to-day tasks of encouraging enrolment and retention in treatment through peer-based interventions were increasingly shifted to outreach workers. In 2016 UNICEF continued its partnership with the national network of People Living with HIV organizations to improve treatment outcomes by improving access to and retention in ART in most affected regions.

The programme reached targets against all planned indicators including number of people benefiting from peer-based treatment promotion and adherence support activities including home visits (537), and number of people who were re-introduced into the service after being lost to follow up (604). Encouraging mothers to bring their newborns for early HIV testing was a new service offered by the network of organizations in 2016. A total of 442 children were referred to testing, contributing considerably to this year’s increase of the percentage of newborns tested before the age of six months (48 per cent) as compared to 24 per cent in 2015. The mobility of outreach workers improved through the provision of two motorcycles to ensure that people living in remote areas benefit from home visits. Although the early testing of HIV exposed newborns rose, challenges persisted in sample transportation and results turn out. There was a delay in reporting results, addressed in the newly developed diagnostic algorithms. To support improvement of early infant diagnosis, UNICEF supplied the national laboratory with reagents and supported data collection and results communication system.

To improve the quality of HIV counselling in pregnancy a visual flipchart tool was produced and distributed.

UNICEF supported the Government to involve community leaders in promoting the utilization of health services to increase access to and retention in HIV treatment. Influential opinion leaders were encouraged to promote testing, treatment and support services (including HIV testing in pregnancy, partner testing, treatment preparedness, adherence and retention) and stigma reduction. They were also encouraged to promote safe behaviour. Local youth groups took part in social mobilization activities with the traditional leaders. Four meetings were conducted in four regions.

Integration of HIV and nutrition services reached more children who were enrolled in
malnutrition treatment for routine HIV and to enrol into ART. A total of 1,055 children were tested for HIV in health facilities. In addition, 776 children were tested in malnutrition treatment sites: 106 tested positive for HIV (13.6 per cent per cent prevalence). The malnutrition treatment sites were key locations for HIV case finding. According to national statistics, HIV testing in nutrition treatment sites accounted for over three quarters of all children tested and for over one third of newly diagnosed cases. UNICEF provided all sites with HIV tests, both screening and confirmatory. However, some interruptions in supply were registered in the last quarter of 2016.

OUTPUT 3 Adolescent girls and boys have access to knowledge, skills and commodities to protect themselves from HIV, including easy access to HIV counselling and testing.

Analytical Statement of Progress:
The impact of HIV on adolescents remained challenging. Adolescents are at risk of HIV transmission and are not likely to be tested and treated early for ideal treatment outcomes. Although the National AIDS Programme (2015) identified adolescents as a key target group, limited new and innovative programming occurred during the reporting period.

National age-segregated service data revealed that 7,111 pregnant adolescent girls under the age of 19 were tested in ANC and 1.1 per cent tested HIV-positive.

UNICEF supported pilot interventions in Tombali and Bubaque Island as a basis for development of approaches to mitigate impact of HIV on adolescents. Both projects established a local basis for further programming for adolescents, particularly those of key populations and with increased risk of HIV. UNICEF supported the pilot intervention in the capital of Bissau to increase adolescent access to counselling and testing services and identify key bottlenecks. Employing a combination of community outreach and youth friendly counselling, the site provided testing for 968 adolescents, almost half of all adolescents reportedly tested in 2016.

The results of the interventions will develop HIV-related policies and plans for adolescents and HIV. Key National partners (UNFPA, WHO, UNAIDS, National Youth Council, National Forum for Youth and Population, MoE, Ministry of Youth, Culture and Sport, Institute of Youth) were informed and mobilized to take part in the forthcoming assessment of adolescent AIDS. UNICEF developed tools within the ‘All in’ platform to conduct the assessment. The platform will sharpen the adolescent component of the National AIDS Programme and increase access to services. The National Institute for Youth was identified to lead the process. The assessment tools received from RO were translated into Portuguese, and the roadmap for the assessment was developed. A terms of reference of the Multi-Sectorial Committee for the Evaluation of the National Strategy of Youth was developed. Following the assessment, a national-level meeting will be conducted to present and discuss interventions tested in 2016. Participants will engage in participatory planning for and with adolescents to accelerate programming.

OUTCOME 5 Water, Sanitation and Hygiene

Analytical Statement of Progress:
The development of the WASH sector was hindered by a weak data management system and poor insight into conditions and maintenance of facilities. This affects safe water availability and sanitation services that depend less on public infrastructure than on commitment and social change at community level. Overall, it contributes to inequities in access to safe water and sanitation.
In 2016, UNICEF carried out assessments that showcased the frailty of services and systems. An assessment of 138 health centres revealed that none of the 66 community health centres had running water in the facility and that 58 per cent did not have electricity. A verification of 2009 data from a borehole inventory revealed that since the inventory was completed, none of the 5,000 registered water points had been updated for functionality, nor was any new water point entered in the database. In 2016, the ministry and UNICEF undertook a large-scale water-point inventory utilizing cloud-based database and smartphones. The inventory showed that 50 per cent of the hand pumps were out of order. In the region of Biombo, up to 96 per cent of the installed pumps are not working.

A household survey conducted in 700 already certified ODF villages (2011-2015) showed that nearly 90 per cent of the community members continue to rely on an unprotected water source for their water, much higher than the percentage of 49 per cent expected based on MICS 2014.

A geospatial cross analysis performed by UNICEF in 2016 showed that 35 per cent of the Guinea-Bissau villages never had access to safe water. There are multiple reasons for this, such as the small size of the villages (under the minimum established threshold of 150 inhabitants), and/or difficult geographical access for traditional, heavy borehole rigs. This shows a significant equity gap that leaves people from small villages underserved by water but also health and education services. UNICEF encouraged the Government to develop strategies using low-cost technologies to reach the underserved communities, such as rainwater harvesting and/or manual drilling.

UNICEF conducted a study on the feasibility of manual drilling showing that over half of the country area could be suitable for low-cost boreholes and that several small companies established in the 1980s were operating and producing good quality boreholes. The study showed the lack of geo-referenced borehole logs as well as poorly filled out borehole logs. The ministry lost many logs during the 1998 civil war and is struggles with digitalization and storage of remaining borehole logs---an essential component to develop geological and hydrological maps that assess water level change and water extraction possibilities. The ministry remained concerned with water resource management and historically had programmes to monitor water levels in 30 piezometric wells. The restoration of programmes combined with 2,000 water quality tests and registering of water levels, utilizing UNICEF introduced monitoring application, will improve data availability for climate change assessment and adaptation.

The many malfunctioning pumps are a result of the lack of spare parts available. One supplier of the two official pump types is authorized in the country; the pumps and spare parts are only sold in the capital Bissau. This results in a dysfunctional system of pump repair and limited community confidence that pumps can be repaired. Thus, when a pump fails, it remains failed. UNICEF supported the Government to increase the number of sale points of spare parts, making them available beyond the capital.

The UNICEF-supported monitoring system, including marking water points with serial numbers, will allow regular updates of water point functionality and serve as a list of business opportunities for pump mechanics who can offer services to communities, utilizing the fixed price list agreed with the sole supplier of pumps and the ministry. In addition, to ensure regular reporting on water point functionality, this information was introduced into the reporting forms of the CHW.

The ODF re-verification conducted this year in 700 villages where CLTS was introduced indicated that about 20 per cent of over 5,000 visited households had reverted to open defecation. This percentage is lower than the national average in rural settings: 33 per cent. MICS 2014 reported that 24 per cent of the rural population had a dedicated location for
hand washing in the household, the 2016 re-verification found that 48 per cent did in the 700 villages.

Advocacy to steer communities toward utilization of safe water points will be prioritized in programming by using H2S kits (faecal coliform indicative test). This is especially important with the introduction of CLTS that brings faecal coliforms closer to shallow water tables and wells.

The introduction of new water and sanitation policies supported by UNICEF will formalize the strategic direction that the Ministry of Natural Resources is taking: promoting CLTS for rural sanitation, consumer payments for water, and strategic shifts by the ministry from being a direct service provider towards becoming more of a service delivery enabler, ensuring regulation, enforcement and oversight

OUTPUT 1 Improved facilities, services and capacities provided for children and families leading to sustained and equitable use of safe drinking water, adoption of adequate sanitation and good hygiene practices focusing on areas with lowest coverage.

Analytical Statement of Progress:
In 2016, UNICEF and Government engaged in a thorough assessment and reorganization of available data regarding access to water and sanitation. With gaps identified on accurate, geo-referenced data, it was decided to move into smartphone-based mapping of water points. Six NGOs nationwide were engaged in their respective area of expertise to assess the status of all water points including coding and marking. In 2016, 4,147 water-points were visited of which 703 were boreholes equipped with hand pumps. Of these 49 per cent were functional, 14 per cent functioning with difficulty and 36 per cent not working at all.

Access to water was not a question of availability of water points, but of the water point functionality. UNICEF and the Government procured spare parts for seed stock in engaging private retailers in three regions to sell pump spares. The sole importer of the two approved pumps was required by the Ministry of Natural Resources to provide a fixed price list for the most commonly used spares.

Manual drilling mapping was finalized to assess the viability of low cost manual drilling techniques as an alternate solution for small villages with less than 150 households (35 per cent of Guinea-Bissau villages) that are generally not considered for traditional boreholes. This mapping allowed for the reorganization and revitalization of borehole log collection and interpretation with active engagement from ministry staff.

A total of 700 communities in three regions declared ODF since the introduction of CLTS 2010, were revisited to check on ODF status, through 5,000 visits to households. The survey showed that 80 per cent of all households were still using a latrine.

New latrine designs were made for 11 child-friendly schools utilizing composting toilets and innovative water provision for the hand-washing stations.

A survey of the 138 health centres in the country was performed by UNICEF in 2016, revealing problems of access to energy and safe water. In 58 per cent of the health centres, water was not flowing into available taps. In the 66 health centres type C (lowest category) none have a functional water system, and 58 per cent do not have energy for night service. UNICEF engaged in rehabilitating 45 centres; a first contract for 13 health centres was awarded in 2016.
OUTPUT 2 Increased national capacity and strengthened political commitment and accountability to implement national WASH policies.

Analytical Statement of Progress:
Strategic coordination between the Government and partners was ensured through the coordinating body Grupo de Água Saneamento (Water and Sanitation Group) with UNICEF acting as Secretary. The group held 10 meetings hosted and led by the Government. The objective of the meeting was to reinforce knowledge and information-sharing and to ensure strategic coherence in service delivery.

To foster coordination at the sub-national level, UNICEF advocated for similar coordination meetings at the regional level. Meetings were held in four regions (Cacheu, Bafata, Quinara and Tombali) mirroring the national modality of Government leadership, while the secretary role was played by a strong, local, WASH NGO partner. The local sub-national coordination meetings extended the coordination to rural associations and will allow communities and local authorities to benefit from the experience and knowledge gained at the national level.

The high political turnover continued to challenge sector reform of water and sanitation, however important steps towards improvement of data collection, retention and analysis were undertaken through a series of assessments, mapping and studies as mentioned above.

Field-testing of the viability of rapid-tests for cholera was conducted through the Pasteur Institute in Dakar, with the support of UNICEF RO and the Instituto Nacional de Saude Publica of Guinea Bissau, showing that rapid tests could be effective tools to detect cholera vibrae.

No progress was made this year on policies developed by the Ministry of Natural Resources and Stockholm International Water Institute with UNICEF support. he ministry identified this as a key priority for 2017.

OUTCOME 6 Education Equity and Quality

Analytical Statement of Progress:
In 2016, despite the challenges such as teachers' strikes and political crisis, UNICEF carried out its role as the managing entity/grant-agent for GPE funds and Coordinating Agency for the Local Education Group (LEG) and contributed to the finalization of the Education Sector Plan and the curriculum reform, and the development of National Quality Standards. UNICEF supported the MoE to increase the number of children benefitting from Early Childhood Care and Education and to improve completion rate in primary schools.

UNICEF's achievement as the coordinating agency/grant agent was the finalization of the ten-year Education Sector Plan (2016-2025) and the three year Implementation Plan (2017-2019). The priority areas are: ensure universal basic education by expanding coverage and access and by bringing back out-of-school children; quality of learning, capacity building for inclusive economic development; strengthened sector governance and financial management. The Sector Plan was based on evidence from the situation analysis of education that revealed a decrease in the access to schools after grade 4 and low transition rates to fifth grade (64 per cent). A combination of demand (poverty, parental perception about readiness to school, early marriage) and supply factors (lack of schools, qualified teachers) resulted in children entering school late and dropping out without completing the primary cycle.
UNICEF’s second major achievement was curriculum reform for grades 1 to 4 led by the National Institute for Education Development in partnership with Fundação Calouste Gulbenkian and University of Minho with funding from GPE. The primary purpose of the reforms was to make the curriculum learner-centred, increase the proportion of time spent on language and mathematics, and citizenship education.

The third UNICEF achievement was the National Quality Standards for Primary School based on child-friend school Principles. The standards cover different dimensions including quality education and management and will improve retention, quality and learning in schools.

With the extension of current GPE grant until March 2017, as grant agent UNICEF will facilitate the preparation for the next round of GPE application.

Improving access to education remained a major challenge as approximately 44.2 per cent of children aged six to 11 are out of school. The net intake rate was also low, indicating that children tend to enter school late. The education sector was seriously impacted by teachers strikes mainly due to salary arrears of contracted and newly-recruited teachers, and related to the issue of teachers’ career status. Since September of school year 2016-2017, children lost 46 elective days of schooling or 26 per cent of the total current academic year (173 days). During the school year 2015-2016, children had missed 104 school days (65 per cent of the total school year) due to teacher strikes.

UNICEF advocated for the Government to add 21 days of schooling in July at the end of the academic year of 2015-2016, to serve as ‘catch up’ schooling period. The Government instead made an early start of the academic year 2016-17 to compensate for the lost days. However, the teachers went on strike a few days after the start of the school year, defeating the purpose. This undermined the confidence that schools operate normally. Under these circumstances, UNICEF was unable to proceed with the distribution of 1.17 million textbooks planned with the GPE in October as planned.

The constant disruptions were among the reasons why many children drop out of school. The last National School Learning Assessment (2014) showed very low learning achievements in Portuguese and Mathematics. Only one out of two children had basic competencies in literacy and numeracy.

UNICEF and partners contributed to improved access to education, particularly in rural and disadvantaged areas, through school construction. The World Bank is also planning to include education as a key area in their upcoming CP starting in 2017 with a grant amounting to US$10.7 million for the sector. The World Bank is also expected to take over the role of Grant Agent for GPE while UNICEF will continue to be the Coordinating Agency. For the next round of funding from GPE the country is eligible for a U$4.7 million grant.

While a formal state budget was not approved for 2016, the de facto budget based on the 2015 budget showed that the Government covered selected recurrent expenditures. Public investments that were planned to be covered at 90 per cent by external partners were limited. The trend reflected significant delays in investment for the sound implementation of the Education Sector Plan that requires increased investments by almost 50 per cent yearly in average from 2017 onwards. UNICEF will advocate for the Government and partner investment in the sector to tally with the Education Sector Plan financial plan and enable sustainable changes in fulfilling children’s right to quality education.
OUTPUT 1 A regulatory framework that increases access to quality early learning and establishes standards of quality interventions in primary schools, according to the child friendly school framework, in place and interventions implemented.

Analytical Statement of Progress:
In addition to contributing to the finalization of the Education Sector Plan 2016-2025 and implementation plan 2017-2019, UNICEF provided technical and financial support for the development of National Quality Standards drafted to be finalized in 2017. This is a major endeavour to equip the ministry with quality norms to help them to better perform its regulatory function and improve the overall quality of education.

UNICEF continued to support the overall coordination of the sector as Coordinating Agency: eight Local Education Group meetings were organized, providing a platform for discussion and information sharing. Key members of the Local Education Group, apart from the MoE, are WFP, UNESCO, the Portuguese Cooperation, Plan International, other international NGOs such as ADPP, FEC, Handicap International and ADPP. Through GPE funds, a total of 1,662,935 textbooks were procured and will be distributed to 369,570 children in 2017. The primary school curriculum revision continued through six missions from the main partners FCG and University of Minho. The curriculum is expected to be field tested in 2017. The construction of three regional Teacher Training Centers in Bafatá, Cacheu and Buba was initiated and is well advanced as well as the construction of 71 classrooms which will benefit an estimated 4200 children in some of the most remote and hard-to-reach areas, including the islands.

UNICEF initiated a Child Friendly School programme with the MoE and consolidated strategic partnerships with different CSOs to increase opportunities for children to access quality primary education. Through the partnerships, 24 classrooms were built/rehabilitated and community participation fostered by the creation of SMCs. This resulted in reaching out to 3,396 children (45 per cent girls) in 11 schools. The baseline assessment of all the 46 child friendly schools was finalized. As part of inter-sectoral efforts, UNICEF supported the collaboration of the MoE and the MoJ for birth registration at the school level that resulted in the registration of 4,232 children.

Learning materials for pre-school and early grades (1 and 2) were developed in collaboration with the National Institute of Education Development as part of the curriculum reform.

Major constraints during the year were the teachers’ strikes that led to loss of school days. UNICEF supported the ministry in establishing the dialogue with the trade unions and assisted the MoE with the organization of meetings and workshops in order to discuss the development of a Teacher Career Development Plan, which was one of the issues at stake for these strikes.

OUTPUT 2 A strategic framework for out-of-school children, based on equity and inclusion, developed, adopted and key interventions implemented.

Analytical Statement of Progress:
In 2016, efforts were initiated to address the bottlenecks responsible for the large number of out-of-school children. Important work at upstream level was undertaken through the development of the ten-year Education Sector Plan that focused on the issue. A key strategy identified was to increase the access of children to early learning centres. This should result in more children entering primary schools at the right age and completing a full primary school cycle.
In collaboration with MoE and partners, it was agreed to develop Early Learning Development Standards for the country. Eight new communities comprising 400 eligible children were identified in 2016 to benefit from a comprehensive plan for ECD and school readiness. This plan was not implemented as UNICEF could not continue with the partner NGO; efforts are ongoing to identify a new partner. Nine of the 18 ECD centres that receive support from UNICEF benefited from the supply of child friendly furniture, designed to fit the needs of young children. A total of 450 children, aged four to six years, enjoy the furniture. Training of 33 community mobilizers was supported to undertake an assessment of the situation of children in the 18 pre-school centres. A longitudinal follow up will inform evidence regarding improved access and learning among these children in primary schools. A study on parental competencies was validated with MoE. The study identified needs in the following areas for programming: limited interaction between parents/children, inadequate feeding and low understanding about child development.

Inclusive education and early detection of disabilities was promoted, resulting in the inclusion of 19 children living with disabilities who were enrolled in school and the construction of inclusive WASH facilities in 11 schools in collaboration with Handicap International. A training for teachers and awareness raising activities on children with disabilities were organized for communities and parents.

Capacity development in the area of out-of-school children was reinforced through the participation of two MoE officials in the regional workshop on out-of-school children. They made a recommendation for conducting a national study on out-of-school children which UNICEF is committed to conduct to identify the best strategies for out-of-school children.

To increase the number of children, particularly girls, entering school at the right age and completing the full primary education cycle (six years), UNICEF supported working sessions with all nine regional directors to brainstorm ideas for a national campaign. Unfortunately, the 'Campanha 6/6' (campaign 6x6, meaning entering at six years old and staying in school for six years) could not be launched at the beginning of the new school year due to teacher strikes. The campaign will be undertaken in 2017.

Recognizing the need to include the madrasas in the national education system, UNICEF started discussions with INDE on Koranic education, aiming at identifying a curriculum that is recognized by the Government and answers the needs of religious communities.

OUTCOME 7 Child Protection

Analytical Statement of Progress:
Guinea Bissau made progress in child protection with improvements in the country’s legal framework, female genital mutilation/cutting and in strengthening coordination on the prevention and response to cases of violence against children. However, poverty, tradition and culture are interlinked and reinforce harmful social norms and limit community and household capacities to access services. Justice for children remained a critical issue, with legislation out-dated and weakness in its enforcement. UNICEF was among the main organizations assisting Guinea Bissau to improve the child protection system despite the significant constraint on human and financial resources.

In 2016, UNICEF’s contribution to the outcome achievement was delivered at upstream level to promote stakeholder involvement in legal and policy reform, and the downstream level to guarantee that preventive and responsive child protection services were being decentralized, including at community level.

As per the national strategy to scale up access to birth registration and invert the low rate of
birth registration (24 per cent). UNICEF with the Peace Build Fund support provided leadership and technical assistance to the Government to integrate birth registration in health facilities, and to increase the civil registration system capacity. Capacity building in coordination, planning and policy making was provided to conduct the country assessment of the CRVS system and make a budgeted action plan. The process to develop the Child Protection Policy was initiated. Government with UNICEF support developed the roadmap for this important work and in early 2017 the piloting committee will be in place. Despite institutional instability, the Government with CSOs conducted participatory work to develop and approve the Code of Conduct against sexual exploitation of children in tourism. The tourism industry, child and youth networks and judicial and police forces were all involved. This was an important momentum to raise awareness among families and young people on an issue that persists in silence, and where cases were not appropriated followed by the justice.

Conditions and capacity development for child protection services and service providers were strengthened during 2016. The Child Protection Programme along with other programmes (health, education and C4D) provided support to improve routine birth registration services, particularly through the health sector, resulting in an average of 245 children being registered per month in seven health sites. Along with this important Peace Build Fund support, collaboration with the two years EU/CPLP project ‘Improve quality and proximity of public services, where main objectives are centred in the modernization of civil registration system, were established and joint interventions are planned for 2017.

Guinea Bissau’s social workforce capacity was strengthened, including at decentralized level, through the inter-ministerial social assistance working group that revised the implementation of the inter-ministerial agreements to assist child victims of violence. Capacity development was also strengthened for the National Committee for Human Trafficking, resulting in better coordination and monitoring of national interventions. To respond to the Senegalese measure to repatriate the foreigner talibé children from Senegal, national authorities and CSOs established regular contact with the Senegalese authorities to understand the situation, including detailed information on the children and the process of return. The national collaboration and coordination with Senegalese authorities improved, resulting in regular information exchange, previously non-existent. The CO provided support to implementing partners, including the development and implementation of the emergency plan to assist returned children. UNICEF also engaged with the American Embassy (including facilitating meetings with national stakeholders) and discussions for financial support to strengthen response interventions were ongoing.

Increased access of children and families to child protection services was a challenge in Guinea Bissau due to the fragile environment on service provision. In 2016, reporting and monitoring systems improved, although challenges persisted on gender-disaggregated data and on systematized information sources. As a result, 312 cases of children who were victims of abuse and violence were referred to and followed by child protection implementing partners and coordinated responses were strengthened, including appropriate assistance and care. Guinea Bissau does not have state-run shelters; limited assistance and care was provided by religious organizations and NGOs. There were five shelters, two managed by a national NGO. UNICEF provided regular support to one shelter for victims of violence, operational in the east of the country, to guarantee appropriate assistance and care of complex cases.

Although female genital mutilation/cutting of girls under 15 decreased to 30 per cent, there’s remained the need to reinforce positive social norms in rural and urban settings. Child marriage (37 per cent) and sexual abuse and exploitation were prevalent. UNICEF continued to contribute to social norms change on children rights. Under the UNICEF/UNFPA joint programme, partnership with CSOs to ensure that communities and
families prevent all forms of violence and abuse against children were promoted. Community engagement increased, with 35,719 people participating in human rights educational dialogue programmes, resulting in 45 public declaration for female genital mutilation/cutting and child marriage abandonment. Strong female genital mutilation/cutting communication and awareness campaigns were supported in collaboration with the Portuguese Cooperation, targeting border posts, including airports in Portugal and Guinea-Bissau.

OUTPUT 1 National child protection policy in place and legislative framework to protect children from violence, abuse and neglect strengthened through the adoption of a national child protection code.

Analytical Statement of Progress:
The year 2016 featured political and institutional instability with decision makers frequently changing and political tensions that slowed the process of policy development. UNICEF continued working with key state stakeholders and with CSOs to advance the child protection legislative and policy agenda. Additional efforts were undertaken to explain CRC country recommendations and provide technical guidance to new and rotating officers and decision makers in key institutions. With this advocacy, the MoJ in partnership with the National Assembly (Women and Child Commission) and child protection stakeholders discussed, developed and approved a roadmap and timeframe for the development of the Child Protection Code. Extensive mapping of national technical expertise was conducted, leading to the adoption of the national roster of experts on justice for children. To strengthen the role of the new piloting working group, responsible to monitor the process of development of the Child Protection Code, the Minister of Justice issued a ministerial order creating a committee (with its terms of reference) and the development of the code was initiated. Preliminary work was undertaken to provide capacity building to key child protection stakeholders along with identification of the working group that will be piloting the policy and the action plan work. Identification of technical expertise to assist the process was identified and the roadmap drafted.

Following discussions at the national level, consensus was built in 2016 to develop the Code of Conduct against Sexual Exploitation of Children and Adolescents in Tourism and Travel Industry. Guinea-Bissau is not a mainstream tourism route but evidence and CSO reports implicate tourist involvement in sexual exploitation and abuse (particularly in the Bijagos Archipelago), with total impunity. National consultations were organized with child protection partners, youth and child movements with representatives of tourism industry. The Code of Conduct was validated and approved by the Council of Ministers in August. Communication tools that promote the code and raise awareness were validated by the technical team, led by the Ministry of Tourism.

UNICEF advocated to strengthen political commitment and country ownership to reform CRVS systems. UNICEF supported the Government to submit a formal request to UNECA for technical and financial assistance to conduct the comprehensive assessment of the Bissau-Guinean CRVS and finance its Action Plan.

In 2016, UNICEF and development partners provided assistance to the Ministry of Women, Family and Social Cohesion to conduct the final validation of regulatory instruments for shelters and orphanages existing in the country (17 that were mapped and assessed in 2014/15) and profiling of host families, which will be submitted to Council of Ministers in early 2017.
OUTPUT 2 Capacity of child protection actors to prevent and respond to cases of violence against children strengthened at national and decentralised level and access of children and families to child protection services, increased.

Analytical Statement of Progress:
Capacity development of child protection services was a key element of the programme, especially for case management, coordination response and community intervention. As Ministry of Woman and Family had no decentralized services, NGOs were key partners in rural areas to provide assistance and care to children as well as to improve access of children and families to services. During 2016, knowledge and silks to address child protection of 13 implementing partners, including 210 elements from judiciary police, National Guard, prosecutors, social workers and NGOs were improved, as well as working conditions.

With UNICEF support, Government and CSOs assisted families and child victims of violence and abuse, particularly in cases of child marriage, female genital mutilation/cutting and sexual abuse. A total of 312 cases were referred and followed, featuring improved coordination between services at central and decentralized level. Also, 124 talibes children who were victims of exploitation in Senegal were assisted, benefiting from psychosocial support and family reintegration. Another important element was the preventive work of border forces, who intercepted 540 children crossing the borders in irregular situation. The National Committee for Child Trafficking Prevention and Response strengthened its coordination role by promoting five coordination working meetings and six monitoring missions, resulting in data and information collection (preventive measures and on children assisted) and its dissemination.

The access to routine birth registration was accelerated by mainstreaming it in health facilities and building the capacity of local birth registration sites. UNICEF supported the establishment of birth registration services in seven health sites, resulting on an average of over 245 under seven years old children registered per month. In parallel, a set of communication tools for birth registration services at health facilities is under development, followed by communication campaigns. To scale up birth registration in education facilities, all 46 child friendly schools delivered birth registration services for their students and other children at community level. So far 4,232 children were registered through the education system. The aim of this initiative was to develop and sustain a system that will ensure the identification and registration of all children during the school enrolment. Due to extended teachers´, strikes, during the second semester of 2016 important interventions were not implemented to strengthen the initiative and to scale it up.

Under the UNFPA-UNICEF female genital mutilation/cutting joint programme, 15 implementing partners enhanced project monitoring capacities, reflected in improved reporting and on data collection. In partnership with UN Women and the EU, capacity of 46 women and human rights organizations was enhanced, resulting in improved knowledge and common approaches to address GBV. National advocacy to stop female genital mutilation/cutting and child marriage was undertaken. National authorities were prominently and publicly engaged (government authorities, religious and community leaders) particularly during the celebration of the international day of zero tolerance to female genital mutilation/cutting. The number of individuals engaged on female genital mutilation/cutting and child marriage abandonment reached 35,719 in 140 communities, resulting in 45 public declarations for female genital mutilation/cutting and other forms of violence against girls and children.

OUTCOME 8 Improved advocacy and strengthened support for children, youth and communities to promote child rights, knowledge behaviour and social change, community
participation for adoption of essential family practices, and use of available services, including in emergencies.

Analytical Statement of Progress:
In 2016 UNICEF continued with advocacy, communication and partnership initiatives supporting the Guinea Bissau Government, non-governmental and community leadership to promote social and behaviour change communication at various levels of the Guinean society. These activities aimed at promoting informed decision-making in the proposed Children, Adolescents and Youth Agenda in Guinea-Bissau under “Movimento Republica di Mininus Hoje”. In accordance with the global communication and public advocacy strategy pillars (Reach, Voice and Engagement), UNICEF conveyed various messages to various audiences through a multi-pronged approach including various High Risk areas in various contexts such disadvantaged and vulnerable communities on the country’s islands.

During this period, key ACP interventions focused on promoting key essential KFPs related to social and behaviour change through participatory approaches (e.g. community dialogues), media (radio) broadcasting and training. The Ministry of Social Communication was closely involved in the implementation of the programme while the media, young people and women’s associations, NGOs, CBOs, traditional and religious leaders and CHWs were key implementing partners.

Although social and behaviour change communication challenges are still deep-rooted, hence affecting behaviour change especially as a result of cultural and social norms, a Knowledge Attitudes and Practices study conducted earlier in the year on Ebola and other infectious diseases brought out useful data that will be relevant to future strategic planning in emergencies. Conducted by Harvard T.H. Chan School of Public Health in collaboration with the CDC, National Coalition of Public Health Information and the National Institute for Public Health, the study made cardinal revelations. For example, that most of the Guinea-Bissau population are aware of cholera (98 per cent), Ebola (97 per cent), and HIV/AIDS (96 per cent) and consider it dangerous. These findings will enhance future KAP messaging as they will set a baseline for planning, especially in hygiene promotion activities in emergencies. Other ACP efforts continued being made in the prevention of Cholera, Ebola and Zika Virus disease. The national C4D Zika Virus prevention plan, elaborated and implemented at national level specifically in the Islands.

During the year, three learning sessions on 16 KFPs were conducted in four border regions, mostly focusing on high risk areas, namely, Tombali, Quinara, Gabu and Bolama Bijagos. CHWs, healers, village chiefs, traditional and religious leaders, NGO animators, community media professionals and others implementing partners were the main participants. As part of capacity building strategy of implementing partners, training was conducted on community-based dialogue approach to promote KFPs and positive behaviour and social norms change regarding programmatic contents. Focus was especially on exclusive breastfeeding, use of Long Lasting Insecticide Nets, hand-washing, safe water use and storage and child rights promotion (birth registration, child trafficking, female genital mutilation/cutting, violence, abuse and early and forced marriage). The training was mostly delivered through various C4D platforms with emphasis on community engagement, participation and collaboration of traditional and spiritual leaders.

Earlier in 2016, various partners joined in celebrating the World Day of Zero Tolerance to female genital mutilation in Bafatá. The focus was to publicly declare the abandonment of the practice. Although bad female genital mutilation practices continue on a low note, the law prohibits the practice at national level and condemns perpetrators. To this effect, through C4D awareness, actions were undertaken in 2016 guided by the CRC principles.

In the health sector, various health campaigns were conducted with ACP input. For example,
MenAfriVac immunization campaign, Vitamin-A vaccination campaign deworming. Awareness campaigns were also facilitated for the SWITCH programme for the national immunization programme to replace VPOt for VPOb in April 20, 2016. As of this date, VPOt will no longer be used anywhere in the country or by any private or public programme. The role of community radio stations was instrumental in the process, reinforced by community-level communication with community leaders and community volunteers at two-levels (central and decentralized) for all actors involved in the vaccination process, including traditional and religious leaders.

Communities of four borders regions of the country participated in a minimum of three dialogue sessions on social and behaviour change during the year. Participants at these sessions included community members while heads of villages and spiritual leaders were prominent participants. Additionally, radio programmes to support various community-based dialogue activities were produced and broadcasted through 30 communities, radios stations. Visual communication materials were produced and distributed to support social and behaviour change communication programme interventions at community level country wide.

In 2017, ACP focus will aim to address challenges faced in 2016 regarding social and behaviour change communication by conducting research into bottlenecks that impede adoption of KFPs. In furtherance of strengthening monitoring of KFP activities at community level, UNICEF will facilitate development of KFP indicators to guide field activity monitoring. These will feed into the development of a national communication and public advocacy strategy under the tutelage of the global communication and public advocacy strategy.

**OUTPUT 1** Capacity of government, partners and communities, as duty bearers, to protect and promote the rights of children and gender equality enhanced/increased

**Analytical Statement of Progress:**

Under the AU theme "Conflict and Crisis in Africa, We Protect All the Rights of Children” during the month of June UNICEF joined the celebrations of the 20th anniversary of the Children’s Parliament, through the celebration of the International Children’s Day and the Day of the African Child. The support took place in coordination with the Institute of Women and Children and the Republica di Mininus Hoje Movement. In particular, in order to celebrate the 20th anniversary of the Children’s Parliament, a special session of the National Assembly was summoned and a brief history of the 20 years of the Children's Parliament was presented, together with the acknowledgement of people and institutions who supported the Children’s Parliament over these years. During this session, political commitment to the agenda of the Republica di Mininus Hoje Movement, which brings together over 200 children and youth organizations across the country to advocate for the rights of the child, was renewed.

UNICEF Guinea-Bissau actively featured in national media, through 16 articles in national newspapers (No Pintcha, Ultima Hora), various radio spots in national and community
radios, radio debates and TV interviews. A total of 28 press releases were disseminated and UNICEF staff participated in three interviews with international media, focusing on evidence generated by UNICEF and partners on children’s wellbeing and development, as well as the anniversary of the Convention on the Rights of the Child.

The CO, during this last year, invested in social media, reaching a total of 7,499 followers (59 per cent increase compared to 2015) and introducing 161 posts on various subjects and marking various important events. In particular, the music videos created to celebrate the GHW Day got 2,700 views and several ‘likes’ and comments. These positive results, encouraged the CO to pursue further the development of its social media profile and the production of quality videos to promote children’s rights and the work of UNICEF in the country.

During the year the CO hosted the visits of three National Committee that were actively engaged with the CO, namely, Dutch, Italian and Spanish Natcoms. These visits, together with the development of key external communication tools (two pagers and folders) will further support the efforts of the CO to pursue mobilization of resources for the office.

**OUTPUT 2** Essential family practices, education, parental skills and social norms promoted at community and household levels in all regions

**Analytical Statement of Progress:**
Programme interventions in 2016 focused on establishing strategic partnerships with three CBOs to effectively work nationwide through a network of 30 radio stations and promote important themes such as 16 KFPs, promotion and protection of children’s rights and social norms. These partnerships also aimed to strengthen capacity of small community radio stations to broadcast and sustain their operations. To this effect, 15,000 educational spots and 132 weekly thirty minutes radio programmes were aired at various levels. At national level, radio programmes reached more than 70 per cent of the adult population with access to radio, and close to 90 per cent for the five higher risk of epidemic border regions namely, Tombali, Quinara, Gabu, Bafata and the Bijagos archipelago. Interpersonal communication sessions were conducted for different implementing partners, CHWs, NGOs, associations, community-based organisation animators and community radio animators. The sessions were cascaded to 559 CHWs, 45 heads of health areas, four Deputy Regional Directors, 33 village chiefs, four traditional leaders, 330 traditional healers, 18 radio professionals, 37 animators from NGOs, 39 teachers, 32 Imams and two pastors in four border regions, Tombali, Quinara, Gabu and Bolama Bijagos.

The MoH was supported in the effective implementation of integrated management of diseases and promotional health packages at community level (iCCM) through training of regional trainers in six health regions of the country, Biombo, Cacheu, Farim, Gabu, Oio and Quinara. A total of 140 members including regional teams, heads of health areas, supervisors of community health agents reinforced their knowledge and skills in Andragogy, Communication, Hygiene, Malaria, Diarrhoea, Nutrition, Newborn Care. During capacity development training sessions, assessments were conducted before and after. For example, during KFP session on the islands, participant knowledge by region increased in Gabu from 62 per cent to 75 per cent; Quinara from 55 per cent to 76 per cent; Oio from 70 per cent to 76 per cent; Farim 66 per cent from to 81 per cent; Bafatá, 58 per cent to 88 per cent; Cacheu from 67 per cent to 80 per cent.

The programme actively supported the MoH to undertake a national vaccination campaign that integrated vaccination against Meningitis (for individuals 1-29 years of age), vitamin A (for children 6-59 months) and deworming with Mebendazole (for children 12-59 months). Being the first time to conduct an integrated campaign targeting different age groups a few
mobilization challenges were faced. Despite campaign challenges, the meningitis campaign achieved sufficient coverage, 90 per cent overall with a peak for children 1-5, 97 per cent, while the age range of 15-29 years range group had coverage at 83 per cent only.

In the emergency field, a national C4D Zika Virus prevention plan was developed with messages about the Zika virus embedded in the KFP and disseminated through print and electronic media. Its operationalization plan engaged the media, community leaders, volunteers and animators. Zika communication materials (posters, spot radios, roll-up, stickers) for public transport were produced and disseminated.

OUTCOME 9 Planning, Monitoring, Evaluation and Social Policy.

Analytical Statement of Progress:
In 2016, UNICEF CO maintained a continued policy dialogue with the Government, especially on the need to allocate sufficient funds for the education and health sectors, including for the purchase of new and routine vaccines.

Overall, it is difficult to measure the actual achievement as no public budget was formally approved by the Parliament for 2016 and the 2017 budget is still in draft. However, according to the International Monetary Fund data, the Government implicit budget revealed that the allocation to social sectors result in US$27.50 (XOF16,817) per capita in 2016 against US$35 (XOF 21,285) in 2015. The actual expenditure of this budget remains unclear. Information gathered from the treasury committee weekly reports showed that during 2016, the Government was mainly concerned by allocating its limited domestic resources to recurrent functions (salaries), debt service, security and defence. With continued policy dialogue by UNICEF and other partners, the Council of Minister released a prioritization of Government spending, which considers Health and Education as the two top priorities for the payment of salaries to civil servants.

Donor contribution to the development of social sectors remained limited as many of them suspended their budget support while maintaining project support including through UNICEF or other implementing partners (European Union, USAID among others). There is hope that a progressive normalization of the political situation, coupled with the recent resumption of International Monetary Fund cooperation with the Government, will enable UNICEF CO to pursue its objective of moving towards a child sensitive budget.

One of UNICEF priorities for the current Country Programme Document is to contribute to the creation of a conducive policy environment, which will fully take in account child rights, through the adoption of various policy documents in social sector by 2020. Unfortunately, the two policies formulated for the WASH sector in 2015 (one related to water and the other one related to sanitation) were not formally approved by the Council of Ministers. In the education sector, the Education Sector Plan (2016-2025) was validated, giving a clear development framework to both Government and partners in this critical sector. In the child protection area, the Code of Conduct against Sexual Exploitation of Children and Adolescents in Tourism and Travel Industry was adopted while a roadmap for the development of the child protection code was developed and validated. In the health sector, a National Strategy for Newborn Health was adopted in 2016 with an costed implementation plan.

These policy documents and their corresponding action plans are essential for resource mobilization including internal resources with adequate public funds allocation to advance children rights. UNICEF will continue to advocate for the policy changes and contribute to the monitoring of costed action plans that should guarantee their implementation.
OUTPUT 1 National and decentralized planning, monitoring, evaluation and child-friendly budgeting, policies and legislative framework implemented and consolidated

Analytical Statement of Progress:
To assist the Government in its drive for decentralizing strategic planning, the programme provided support to the Ministry of Finance and Economy, in order to establish eight regional coordination teams in charge of participatory and decentralized planning, monitoring and evaluation. These teams are composed of representatives of social sectors and selected child rights-related NGOs.

In addition, fifty actors from regional administrations, CSOs and NGOs were also introduced to Result Based Management training modules, to enable them to respond to the need of advancing children’s rights. These regional teams will work on implementing, monitoring and evaluating the regional development plans that are being formulated or updated with UNDP support.

The work in 2016 was constrained by the high ministerial turnover that did not allow the decentralization agenda to move forward. In fact, current decentralized or rather de-concentrated institutions are the administrative regions, which are headed by appointed administrators, who have de facto very limited management and decision-making legitimacy and authority. With its limited resources, UNICEF in 2017 will work on the identification, prioritization and integration of community concerns, especially those related to child rights, into regional priority action plans and budgets.

OUTPUT 2 Capacity of Government to test and scale up more inclusive social protection and resilience systems enhanced nationwide

Analytical Statement of Progress:
In this first year of the implementation of the Country Programme Document, the CO identified a Social Policy Chief, to lead the delivery of social policy priorities. The position was filled by November which did not allow to fully implement the planned action plan.

The lack of an approved 2016 State Budget Act did not allow UNICEF to adequately measure the actual level of resources allocated to social sectors. Theoretically, the percentage of national budget allocated to social sectors (education, health/nutrition/HIV and WASH) was maintained at 21 per cent as in 2015. De facto, funding was limited with regard to counterpart funds during the implementation of the UNICEF annual work plan in 2016. It was also clear that the suspension of budget support by many donors (the World Bank, European Union, African Development Bank) created a significant gap in funding for social sectors as 50 per cent of the public budget is usually sourced from technical and financial partners. In this difficult context, UNICEF and other development partners played an instrumental role in including social sectors among the priority sectors receiving the weekly allocation of resources from state budget.

Discussions with the Government and the World Bank were initiated to formulate a coherent policy framework that can guide social protection measures in Guinea Bissau. It is hoped that in 2017, a roadmap can be formulated and implemented to enhance social protection in Guinea Bissau. Actions to be implemented will include capacity building and the progressive formulation of a social protection policy framework and strategy.

OUTPUT 3 Strengthened evidence-base on issues of children and women through researches, studies, surveys including the Multiple Indicator Cluster Survey.
Analytical Statement of Progress:
By the end of 2016, three studies were completed by the WASH, HIV/AIDS and Education sections. A study on Ebola Prevention in Guinea-Bissau reported on population preparedness for an Ebola outbreak and revealed a passive knowledge of EVD as people had heard about Ebola facts and highlighted the readiness of women and men surveyed to abide by the prevention measures. However, due to community members, pressure, some responders, willing to show other community members their desire to help the sick person, could transgress prevention measures by touching affected persons.

A second study collected evidence for policy of initiating HIV testing and counselling by health providers for hospitalized children. This study conducted by UNICEF and the paediatric service of the National Hospital Simão Mendes, revealed that there is a 3.5 per cent of HIV prevalence with hospitalized children verified in 68 cases of HIV-1, one case of HIV-2 and no case of dual infection. This means that if a universal testing policy was applied, an average of 280 new infected children could be diagnosed per year in Mendes hospital only.

The third study deals with parents, practices with children under six in Guinea-Bissau to gain an overall perception of the behaviours of parents, and more particularly mothers, with their young children.

The CO supported the launch and dissemination of MICS5, completed in 2014, at national and regional level. UNICEF is also developing a Mobile Application to disseminate MICS data. The application, to be available from January 2017, is designed to incorporate a database, a dashboard and infographics and allow comparison between the MICS5 and the two precedent (MICS3 and MICS4). It is thought as the most efficient way of disseminating the huge information collated and make it available to a wider audience, including stakeholders, policy makers, donors, journalists and beneficiaries. It takes stock of the technology evolution to make a diverse range of information accessible to citizens in Guinea Bissau and beyond. The use of infographics will also help to make access to information friendlier and easier, including for children. This will complement the survey hard copies, which are available in limited number.

The CO assisted the National Institute of Statistics in implementing the GIS technology for the next population census planned for 2019. The support consisted of providing an IT-based GIS in substitution of the manual identification system that was being used by the National Institute of Statistics for population censuses. UNFPA signed an agreement with the Institute to provide technical support and help mobilize resources needed for the operation.

UNICEF Guinea-Bissau supported the National Institute of Statistics to collect information and update the Guinea-Bissau Info website. The database now contains the latest statistics available, online.
## Evaluation and Research

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<td>Evidence generation for development of provider initiated HIV counselling and testing policy among hospitalized children</td>
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