Executive summary
Due to the political and institutional instability that Guinea-Bissau endured for decades, the country context remained fragile in 2017 with widespread poverty affecting children. The political impasse continued, despite efforts by the international community to reach an agreement between the parties in conflict.

There was no approved state budget for the second consecutive year. UNICEF maintained regular dialogue with Government officials and with Bretton Woods institutions to ensure minimum public spending in social sectors. Health and education were prioritized by the Ministry of Finance (MoF) for Government recurrent expenditures, which allowed for the payment of salaries and avoided major setbacks in health and education public services. High-level advocacy with the Minister of Economy and Finance resulted in the payment of all routine vaccines; counterpart funding for GAVI, the Vaccine Alliance; and the printing of 200,000 vaccination cards, for the first time in many years. The total disbursement amounted to US$226,000. The Government disbursed more than US$600,000 for school rehabilitation.

Most public expenditures were decided in weekly meetings of the Treasury Committee. UNICEF Guinea-Bissau provided technical support to ensure that the Government had necessary frameworks in the social sectors, such as costed sector plans, to guide public investment and avoid ad hoc decisions. The Country Office (CO) supported appraisal and validation of the Education Sector Plan; development of the National Health Sector Plan and the five-year Immunization Plan; drafting of the national Child Protection Policy and validation of the Accelerated Paediatric AIDS Plan.

In 2017, there was major progress in scaling-up community-led total sanitation (CLTS) with the finalization of the process to verify one full region (Quinara) as open defecation free (ODF). As significant advances were made with 542 additional villages certified as open defecation free, Guinea-Bissau is on track to meet the 2030 sanitation goals. By end 2017, almost a third of the rural population was living in ODF-verified communities.

UNICEF Guinea-Bissau supported the Ministry of Health (MoH) in scaling up community-based interventions, establishing a network of more than 4,000 community health workers (CHWs) throughout the country, including in the most remote areas. About 85 per cent of all children under five living in Guinea-Bissau were covered by these community interventions, focusing on the promotion of the 16 key family practices (KFPs) and treatment of the most deadly childhood diseases, malaria, pneumonia and diarrhoea. Community health workers benefited from capacity development, as 2,807 of them acquired new skills in interpersonal communication.

To uphold children’s rights, the process of elaborating the Child Protection Code started with the aim to harmonize national legislation with the Convention on the Rights of the Child (CRC) and other key legal instruments. UNICEF provided technical assistance and promoted engagement of key stakeholders.
Enhancement of the routine immunization programme was a priority for the Government and partners, with a planned external review of the expanded programme on immunization (EPI) and submission to the new round of the GAVI grant. However, despite UNICEF’s realization of an equity study in immunization, delays affected the review process that could not be completed and submission to GAVI was postponed to 2018. Efforts deployed by UNICEF to boost immunization coverage rates, especially through intensive advocacy and communication for development interventions, resulted in a slight increase in immunization rates.

The education sector was again affected by prolonged teachers’ strikes, severely affecting learning outcomes for children. Other shortfalls that constrained UNICEF-supported programmes this year included: insufficient funding for health and nutrition, water, sanitation and hygiene (WASH) and HIV-AIDS programmes, jeopardizing the sustainability of current progress; delayed start of a study on out-of-school children; challenges to compensate for a limited human and financial capacity of health and education public services, further aggravated by limited accountability.

The World Bank established a new country partnership framework with Guinea-Bissau in 2017, the first full country strategy since 1997. As a result, UNICEF Guinea-Bissau and the World Bank established a closer partnership in line with the two organizations’ global agreement on education, child and maternal health, nutrition, female genital mutilation/cutting and social protection. Social protection was positioned as one of three priorities of the United Nations/World Bank humanitarian-development nexus programme approved for the country in 2017. The International Organisation of Migration (IOM) partnership was strengthened to address the issue of children on the move, as IOM opened a CO with a Head of Mission to manage a programme for the protection and reintegration of migrants under the European Union (EU) Trust Fund.

**Strategic Plan 2018-2021**

After review of UNICEF 2018-2021 Strategic Plan by the CO, it was noted that the Plan is ambitious on the promotion of the rights of the child globally, in line with the Sustainable Development Goals (SDGs) agenda. The principle of “leaving no one behind”, which is core to the SDGs, is a key element, with equity considerations. UNICEF commitment to reach every child everywhere is translated by the intention to mobilize US$22.8 billion, out of which $16.5 billion will be Other Resources (OR) over the next four years. For UNICEF Guinea-Bissau, adequate resource mobilization will remain a challenge and significant efforts will have to be deployed to realize programme goals. A donor conference was organized in 2015 to fund the country development plan. However, since then donor pledges did not concretize due to the new political crisis, and the aid flow remains limited.

Several new programmatic areas received increased focus in the Strategic Plan, including adolescent programming, which is cross-cutting to all goal areas. The current Country Programme Document (CPD) 2016-2020 of Guinea-Bissau deals with adolescent-related issues mainly through the HIV/AIDS programme.

Early childhood development (ECD) in the CPD was placed in the education programme, while the Strategic Plan considers it under health. Reflections would be necessary to determine the need to position ECD differently. The Strategic Plan emphasizes learning outcomes and skills development for children as a key result area. The focus of the CPD is on promoting access to primary quality education, but life skills, especially for teenagers, could be given more attention, to promote personal empowerment, active citizenship and gender equality. In this regard,
UNICEF formulated a project to work with adolescents as young leaders for peace and conflict resolution under the peace-building programme for Guinea-Bissau.

Although Guinea-Bissau is not in a humanitarian situation, it is a fragile country where government capacity to ensure public services remains relatively weak. Concurrently, the country seems to attract relatively little attention from development partners, constraining UNICEF Guinea-Bissau to respond to significant shortfalls in the realization of children’s rights (as evidenced by Multiple Indicator Cluster Survey (MISC) 2014 data) with limited resources. Thus, the CO will have to produce evidence-based analysis of the situation of children, using high quality data and information, to amplify its advocacy for children.

The CPD mid-term review is planned for 2018 and will be an opportunity to reflect on how to better align the Country Programme with the Strategic Plan, based on lessons learned and taking into account the country context.

**Emerging areas of importance**

In 2017, for the second year of the country programme implementation, programmatic interventions continued to include three emerging areas of importance, using cross-sectoral approaches to realize the rights of children: (1) integrated ECD (2) attention to the second decade of life, and 3) migrant children and children on the move.

**Integrated early childhood development.** Despite a general lack of awareness and knowledge about child development among decision makers and the absence of an ECD policy, there were opportunities for UNICEF to move forward the ECD agenda in Guinea-Bissau, especially as there was a genuine commitment to ECD from various groups. The local education partners group included a sub-group on pre-school education led by UNICEF. A newly-created national network for pre-school education professionals became active in 2017, fostering sharing of experiences. Partners such as the Portuguese Cooperation and Plan International remained eager to support the ECD agenda.

Major progress to accelerate ECD in 2017 included: (1) the inclusion of the pre-primary subsector in the recently-endorsed Education Sector Strategic Plan (2017-2025); (2) the appointment of the first inspectors for pre-school (14 inspectors), a major development since the establishment of the Directorate of Pre-School Education in the MoE in 2015; (3) the development and adoption of Early Learning and Development Standards with UNICEF support.

The standards define the benchmarks for children’s behaviour and performance across multiple dimensions of learning and development from birth to six years of age, and a framework to help guarantee quality in ECD interventions. An inter-sectoral team was established to facilitate the process and ensure the suitability of the standards to national perceptions, cultures and expectations for children.

The CO supported integration of ECD interventions in both nutrition and HIV-AIDS programmes. Thirty health staff from the 15 nutrition treatment centres where ECD kits had been distributed in 2016 received training based on the Care for Child Development package, integrating positive parenting components. While it is too soon to demonstrate results from this integration of ECD interventions in nutrition centres, trained health workers pointed out promising changes in their centres, notably enhanced positive mother-child interactions and higher retention rates in nutrition treatment programmes.
Similar efforts were initiated in 2017 to integrate an ECD approach in the paediatric units of two hospitals that deliver treatment for HIV-positive children. UNICEF supported the establishment of a child friendly space equipped with toys to ensure children’s safety while providing a stimulating environment, which can improve retention rates in treatment.

Attention to the second decade of life. Key interventions implemented for the second decade of life focused mainly on the ‘All In’ initiative in relations to HIV-AIDS programming. Adolescents are a significant percentage of the demographic ‘youth bulge’ (45 per cent) in the country, and are particularly at risk of HIV with the country’s high HIV prevalence rates. The initiative formulates strategies to prevent HIV/AIDS transmission among adolescents and to mitigate the impact of HIV on adolescents. A rapid assessment was conducted under the leadership of the Ministry of Youth and Employment to identify priority interventions for adolescents. A bottleneck analysis raised issues such as parental consent; lack of trained, qualified personnel to support adolescents; and lack of clear transition of from paediatric care to adult services. The intervention results will develop an HIV-related strategy for adolescents.

A project was developed to formulate a model for adolescent leadership for peace-building and conflict resolution. With support from the UN Peace-building Fund, it will be implemented next year.

Migrant children and children on the move. With regards to children on the move, UNICEF assisted 150 ‘talibe’ children, victims of trafficking who returned from Senegal where they had followed their Islamic teachers. UNICEF supported their reintegration into their families and communities. UNICEF cooperated with IOM to train all national actors involved in the assistance of migrant population focusing on the protection of children. The participants gained knowledge on identification and screening of children in the best interest of the child. UNICEF actively participated in the consultation organized by IOM for the national Global Compact on Migration. During this one-day workshop, a session was dedicated to protection of children on the move in West and Central Africa, and particularly in Guinea-Bissau. This consultation marked the engagement of Guinea-Bissau in global efforts for governance mechanisms and international cooperation modalities to manage migration and displacement.

Summary Notes and Acronyms
AMP- annual management plan
ART - antiretroviral treatment
CPD- Country Programme Document
CHW -community health worker
CLTS – community-led total sanitation
CMT-country management team
CO -Country Office
CRC-Convention on the Rights of the Child
CSO -civil society organization
DCT- direct cash transfer
ECD -early childhood development
EPI – expanded programme on immunisation
EU- European Union
GAS - Grupo de Água e Saneamento
GFATM - Global Fund to fight AIDS, Tuberculosis and Malaria
GPE- Global Partnership for Education
HACT-harmonized approach to cash transfer
IMAM - integrated management of acute malnutrition
Evidence generation, policy dialogue and advocacy

The CO actively participated in policy dialogues based on evidence generated on social protection, child poverty and immunization. In collaboration with UNDP, the first national multidimensional child poverty measurement was conducted. The dimensions and indicators of deprivations were selected through consultations on citizens’ perceptions on the dimensions of poverty. The consultations highlighted a demand from the population for more equitable and efficient public services. To ensure future use of the child poverty analysis, government officers were sensitized on the characteristics of child deprivations through an introductory workshop that mobilized 20 representatives of various ministries. The child deprivation analysis will better target the most vulnerable children.

UNICEF initiated discussions with development partners and the Government on the question of social protection, an area of limited achievement. UNICEF and the World Bank together with the World Food Programme (WFP) supported the first policy dialogue on social protection through the organization of a national forum. The forum developed a roadmap to guide the formulation of a social protection strategy, which will include capacity enhancement of government officials.

The last MISC showed inequitable access to immunization for children, with significant regional and socio-economic disparities. UNICEF supported an ‘equity in immunization’ study in four low performing regions to analyse bottlenecks and identify the underserved groups. Such inequities can explain, in part, the overall erosion of vaccination coverage over the past years. The study’s recommendations were used to define corrective measures, included in the Multi-Year Plan for Immunization. The CO successfully advocated with the Government to pay for routine vaccines and the GAVI counterpart funding for the first time in many years.

Partnerships

An important development in the donor and development partners’ landscape of Guinea-Bissau was the endorsement by the World Bank Group of a new country partnership framework with Guinea-Bissau in 2017, which is the first full country strategy since 1997. As the World Bank programme comprises two major projects, one for child and maternal health with an allocation of US$25 million and one for primary education with an allocation of US$15 million, UNICEF Guinea-Bissau established a close partnership with the World Bank representation in the country, in line with the strategic partnership framework signed at the global level. Along with the health and education sectors, the partnership focuses on social protection.

UNICEF actively advocated for the inclusion of a social protection component in the recently approved project under the World Bank/United Nations Humanitarian Development Peace
nexus initiative. Despite a modest allocation of US$100,000, it is significant for a country that is yet to develop a coherent social protection programme.

Under the Scale-Up Nutrition (SUN) movement, UNICEF continued to push the nutrition agenda. A national SUN focal point was appointed to coordinate SUN initiatives. UNICEF supported the Government to organize the Economic Community of Western African States regional nutrition forum under the theme of improving nutrition surveillance. This was the first time ever that Guinea-Bissau organized this forum. The event was instrumental in giving increased visibility to nutrition-related issues.

UNICEF Guinea Bissau in its role as the coordinating agency of the local education group supported the Ministry of Education (MoE) to successfully apply for the next round of funding from Global Partnership for Education (GPE).

**External communication and public advocacy**

Immunization was the focus of advocacy efforts this year. In collaboration with WHO, the CO supported national authorities to celebrate the global immunization week in April under the patronage of the First Lady who continued to champion immunization. The campaign aimed at increasing demand for vaccination services from families, but underscored the need to reach every child. The First Lady recorded three radio and TV spots on the importance of vaccination, calling all parents to immunize their children. The spots were aired from April to June 2017.

At the occasion of Immunization Week, UNICEF National Ambassador, the singer Tchuma Bari, released her new song and video clip on vaccination. 2017 was the first year of Tchuma Bari as National Ambassador; she contributed actively to UNICEF advocacy activities, taking part in eight public events organized by UNICEF and the Government. She raised awareness on child rights through the songs she produced on issues related to children such as breastfeeding, immunization and education. They were disseminated through mass media, public concerts and social platforms.

In partnership with the Government, UNICEF organized the World Children's Day (20 November), on which a group of children interviewed the Minister of Women, Family and Social Affairs. This interview was aired by national television. UNICEF organized a photo exhibition on Bissau-Guinean children in the capital city, Bissau.

UNICEF supported 20 public events to give visibility on issues affecting children. Active participation of children was facilitated through engagement of the Children's Parliament. Focus was given to social media resulting in an increased number of followers.

During the Fortnight Celebration around the International Children's Day (June 1-16), UNICEF aired two videos on national television on ECD produced by UNICEF Mozambique, in line with UNICEF ECD global campaign.

**South-South cooperation and triangular cooperation**

The cooperation initiated last year with Cape Verde to support the baby friendly hospitals initiative came to fruition in 2017. A team of four nutrition experts from the MoH of Cape Verde visited Guinea-Bissau and delivered a training for 35 health technicians in the management of breastfeeding programme; 11 of the 35 health technicians were trained as trainers. The team provided recommendations to further develop and scale-up the initiative nationally. Future steps will feature exchange visits of programme planners from Guinea-Bissau to Cape Verde.
Another South-South exchange was organized with UNICEF support between the MoH of Guinea-Bissau and Ghana: a study visit of Guinea-Bissau officials to learn about the Ghanaian experience in the organization and functioning of paediatric AIDS services, ranging from diagnosing to comprehensive treatment care and support. Challenges and solutions were discussed and new approaches identified. The collaboration with Ghana Health Service is expected to continue in 2018 for continued technical assistance to improve paediatric AIDS services in Guinea-Bissau.

After the visit in 2016 of a delegation of Sao Tome and Principe to study the experience of community-led total sanitation (CLTS) in Guinea-Bissau, the Government of Sao Tome and Principe requested support to develop a national rural sanitation plan using the community-led total sanitation approach. UNICEF Guinea-Bissau provided technical assistance with a stretch assignment of the UNICEF WASH officer in Sao Tome and Principe.

**Identification and promotion of innovation**

UNICEF Guinea-Bissau explored innovative approaches using SMS technology for data collection and real time monitoring. With UNICEF Regional Office support, the “RapidPro” open source platform was developed and tested with government partners to collect routine birth registration data, monitoring the number of boys and girls from different age groups registered throughout the country. The initiative received full support from the Ministry of Justice (MoJ) that led experimenting the real time monitoring system. Training for key ministry staff was organized. This system is expected to be operational in early 2018.

The MoE is making efforts to improve the quality of teaching, especially for the teaching of mathematics and Portuguese. UNICEF and the MoE organized a visit of 111 teachers and school directors from child-friendly schools to schools that were supported by the education partner “Effective Intervention”. Teachers were invited to learn new pedagogical methods centred on the child through classroom observation. This was a positive learning experience for the participants, who preferred it to theoretical training sitting in a room. This innovative training methodology will be replicated by the MoE, especially for teachers’ capacity building on pedagogical practices.

To disseminate key information on children’s situation, UNICEF Guinea-Bissau developed a mobile application giving easy access to MICS data through smartphones. The MICS App was launched by the Secretary of State for Planning but the pioneering experience needs to be further promoted, especially as access to internet via mobile phones is on the rise in the country, with more than 1.3 million of mobile subscribers for a population of 1.7 million.

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

In addition to capacity-building for clinical malnutrition management, UNICEF Guinea Bissau promoted integrated programming to address underlying causes of malnutrition, such as poor water and sanitation and HIV-related issues. Improved sanitation at the community level addressed children’s diarrhoea episodes; diagnosing and treating HIV managed the virus impact on food intake and absorption.

Routine offer of HIV testing for children at all 78 nutritional rehabilitation centres was introduced: 760 children were tested at malnutrition treatment sites, of which 18 per cent were found positive. The high HIV prevalence rate raised senior health officials’ awareness on the potential of malnutrition treatment services, and other clinical settings, to accelerate access of to antiretroviral treatment (ART) for children living with HIV. It sensitized policymakers about developing a policy on provider-initiated HIV-testing for children in general paediatric facilities.
UNICEF provided technical assistance to the Government to mainstream birth registration in other social services. The integration of civil registration services into health facilities boosted the numbers of children registered at birth, and avoided expensive catch-up campaigns that can generate birth certificates of low quality. Investment in birth registration services in a total of 10 health facilities resulted in the registration of 13,585 children.

Cross-sectoral linkages were established in ECD. Integration of ECD interventions in 15 Nutritional Rehabilitation Centres and two HIV paediatric services in hospital was a positive experience for practitioners, demonstrating how services for young children can gain in efficiency through an additional ECD package, while children and parents are the first to benefit from positive stimulation and parenting counselling.

**Service delivery**

UNICEF Guinea Bissau partnered with the research branch of the National Public Health Institute to digitalize all clinical records since 2005, when ART first became available. Over 14,000 clinical records at eight treatment sites, accounting for over 80 per cent of all people on treatment, were digitalized and the data entered into the joint database. This monitoring database enables analysis of national data on treatment retention, issues of follow up and mortality. Further, data can be analysed by site, gender and age.

The practical applications include better analyses of progress and reliable targets for the national AIDS programme, including paediatric AIDS and prevention of mother-to-child transmissions. It helps health workers at service-delivery sites assess progress and identify solutions, and it may engender healthy competition among sites. UNICEF provided technical assistance and funded basic ICT equipment and data entry; further maintenance of the database will be funded through the Global Fund as a routine service delivery.

The waterpoints survey, started in 2016 with UNICEF support, showed that 48 per cent of the pumps were out of order. Water access problems are not only about the availability of water points, but more so about functionality. In a bottleneck analysis, the non-functioning pumps were attributed to four major causes: lack of spare pumps; poor retention of pump mechanics; community distrust of pump mechanics; and a limited understanding of the link between water quality and illness. To address these, UNICEF fostered a private sector driven solution, setting up a functional mechanics network and spare part stores to reduce the failure rate of pumps.

**Human rights-based approach to cooperation**

Despite the political and institutional instability, upstream work was undertaken jointly with the Government and civil society organizations to support the development of the child protection policy and a Child Protection Code, in line with the concluding observations of the Committee on the Rights of the Child. The elaboration of the Code was a step toward harmonizing the country’s legal framework with the Convention on the Rights of the Child and other child rights instruments. As a result of UNICEF advocacy, stakeholders and partners were engaged in this process led by the MoJ and the Parliament. A clear roadmap was established and a team of experts recruited. Also, as recommended by the Committee, UNICEF supported the development of alternative care measures to regulate foster families and residential care. They were formalized by a decree.

Significant progress was made to elaborate the national child protection policy. The policy is being developed to ensure the integral protection of children, including the most marginalized and excluded, and to strengthen the institutional child protection framework at central and
decentralized levels. UNICEF supported capacity development of members of a steering committee. A participatory approach was used to conduct and complete the situation analysis with both regional and national consultations, involving all child protection actors and children themselves. The second phase is starting with the determination of key axes of the policy.

Another important endeavour to promote human rights was UNICEF support to increase public engagement in planning and monitoring processes. UNICEF partnered with UNDP to establish a functioning mechanism at decentralized level to ensure participation of citizens in local planning and decision-making, giving a voice to those affected by public policies. This planning system, set up with the Ministry of Economy and Finance, includes a development observatory at regional level, planning advisory councils at sector level and community committees. In 2017, community committees and advisory councils were established in one region.

**Gender equality**

UNICEF global gender priority initiatives were undertaken to advance girls’ education and end child marriage. A nationwide communication campaign was launched at the start of the school year to sensitize parents to enrol their children in school at the correct age (six years) and retain them for six years to complete the primary school cycle. The campaign, entitled 6/6, was led by the MoE and mobilized religious leaders, community leaders, parent associations, teachers’ unions and education partners.

Only 31 per cent of children enter first grade when they are six years old. For most, the late start in school means that they are adolescent by grade four, which results in high dropout rates especially for girls due to high prevalence of child marriage and early pregnancies. The gender gap in net primary school enrolment rates increases with the age of students. In the 10-11 age group, 25.7 per cent of girls are out-of-school, against 17.5 per cent for boys. The situation is worse in rural areas.

In parallel, the child protection programme supported the Government in combating child marriage and other harmful practices affecting girls. Early marriage remains common with 37 per cent of women aged 20-49 being married before the age of 18. The UNFPA/UNICEF joint programme continued to focus on community dialogues to address female genital mutilation/cutting and child marriage: 1,782 sessions were organized in 122 communities, involving 32,782 people, with strong adolescent participation. As a result, 77 communities declared the abandonment of female genital mutilation/cutting and child marriage. In addition, life skills and literacy programmes targeted around 500 adolescents and women.

At upstream level, efforts focused on drafting the Child Protection Code for the harmonization of the Civil Code to the Convention on the Rights of the Child, increasing the legal age to marry from 16 to 18 years.

The synergy between education and child protection programmes working simultaneously on issues affecting young girls is expected to have an impact on gender inequality.

The annual expenditure to cover these two initiatives was around US$213,000.

**Environmental sustainability**

Guinea-Bissau is affected by climate change, as the sea level rise threatens its coastal region and archipelago. Climate change leads to risk of deforestation due to higher domestic fuel demands, and causes saltwater intrusion into agricultural areas, affecting the groundwater for human consumption.
Rainwater monitoring showed continuously delayed rains, a threat to food security and a risk of sinking groundwater levels. There is no formal monitoring of hydrogeological data. The most recent hydrogeological data was provided by the manual drilling mapping, supported by UNICEF in 2016 and published in 2017. The study showed the need to strengthen boreholes’ database management and hydrogeological monitoring.

Significant steps were taken this year to reduce the environmental footprint of the CO. In March, the UNICEF Regional Office provided ICT support to conduct a rapid assessment of the UN House where the UNICEF office is located, and proposed solutions to bring down the CO² emissions, in particular through the use of solar energy (26 per cent of the CO² emissions are related to on-site fuel consumption).

The UNICEF greening initiative was presented to the United Nations Country Team and the use of solar energy was included in the UN Business Operations Strategy finalized in 2017. A ‘greening the office’ task force was set up in the CO with volunteer staff members. They developed an action plan with a total of 21 actions, ranging from the promotion of simple behaviour changes to recycling techniques and use of climate friendly technologies. At the end of the year, the CO applied to UNICEF Headquarters’ Green and Accessibility Fund with a submission for 50kWp solar panel installation to proceed with the use of solar energy. In December, the CO invested about US$2,000 to replace light fixtures by energy efficient light bulbs. UNICEF took part in the UNDP-led “Greening the Blue” initiative.

**Effective leadership**

UNICEF Guinea-Bissau organized the review of the 2016 Annual Management Plan (AMP), which pointed at the need for new standard operating procedures and improved functioning of office committees. The 2017 AMP was validated by the country management team (CMT) during the first quarter and identified targets and indicators for seven office priorities: four related to programme results, one to the harmonized approach to cash transfer (HACT), one to timely recruitments, and one to effective supply plan implementation. The priorities were included as performance indicators in section head’s performance evaluations.

Eleven CMT meetings were held during which performance indicators were monitored. The CMT approved two new standard operating procedures: a cash transfer to implementing partners with a systematic monitoring procedure for outstanding cash advance; and staff leave and attendance. In line with the guidance for streamlining office management practices, higher thresholds were set for small scale funding agreements, project cooperation agreements and the contract review committee.

Ten programme coordination meetings were organized, allowing for discussions on inter-sectoral linkages and thematic presentations focusing on emerging programmatic areas. Operations section meetings were held on quarterly basis and as and when required. A participatory enterprise risk management review was conducted in February. Three high risks were identified related to funding; misuse of resources and fraud; and security. A plan with mitigation measures was developed and implemented. Among the actions realized, a programme staff training was organized to strengthen the CO fundraising capacity. Two sessions were organized with the United Nations security team to refresh staff knowledge on security related matters.

The business continuity plan was reviewed and critical staff lists updated.
Financial resources management
The country management team ensured financial management with monthly monitoring of budget implementation, funding status, grant expiration and outstanding direct cash transfers (DCTs). The CMT discussed the monthly cash flow and oversaw implementation of the HACT assurance plan. As a result, the CO performed well in the areas of quality assurance and financial management. As of end December, Regular Resources (RR) were fully utilized with a rate of 100 per cent. The Other Resources (OR) annual allocations were consumed at 94 per cent and Other Resources Emergency (ORE) were expensed at 99.9 per cent.

No outstanding DCT over six months was reported at the end of 2017. During the year, for any outstanding DCTs reaching four to five months, alerts were issued in advance in order to follow up with partners. This close monitoring contributed to avoid outstanding DCTs of more than six months during most of the year.

With the presence of a HACT officer since January 2017, the CO achieved remarkable results in HACT implementation: the number of programme visits and spot checks conducted exceeded the minimum number required with a rate of 109 per cent for visits and 113 per cent for spot checks. Accountability of programme sections was strengthened and a centralized filing system for reports was set up.

All audit recommendations were closed by end January.

Bank and petty cash accounts were correctly maintained. Monthly bank reconciliations were performed and no outstanding item noted for reconciliation.

The CO ensured smooth transition to the eZHACT, an improved module to manage HACT introduced in the financial software. The CO maintained good performance in transactions processed through Global Shared Services Centre: 96 per cent of cases transmitted were timely processed. One case was returned and 11 cases rejected due to additional information need.

Fundraising and donor relations
UNICEF Guinea-Bissau had a total available funding of US$15,529,308, which constituted 107 per cent of the yearly planned amount as per the CPD. Fifty-nine per cent of the funding was mobilized from the public sector, and about five per cent from national committees for UNICEF. US$4,272,751 was mobilized from: GAVI, the Vaccine Alliance; the European Union; and the French and Spanish National Committees, constituting 36 per cent of the overall OR planned for 2017.

Although after two years of country programme implementation, the CO mobilized close to 40 per cent of the total OR planned for the programme cycle, low funding levels remained a concern for WASH, nutrition and HIV/AIDS programme components. Efforts to strengthen partnership with the European Union resulted in the signature of a new agreement for funding a child and maternal health programme, complementing two grants previously received from the European Union.

The partnership with the Spanish National Committee for UNICEF on WASH in Schools was strengthened with a new contribution and the arrival of an intern from the Basque Government supporting the health programme. A multi-year proposal submitted to the Italian Agency for Cooperation by the UNICEF Regional Office was approved with funds to be released in 2018. Two joint project proposals (on justice and on out-of-school adolescents) with UNDP were approved by the Peacebuilding Fund. The ongoing Peacebuilding Fund support for birth
registration was extended until end of 2018.

A training on fundraising for programme staff was organized with the support from the partnership manager of UNICEF Chad. New fundraising tools were developed. The Education Toolkit was published in the Funding Marketplace, together with a short proposal on child marriage.

A total of 21 reports were sent to donors, and 100 per cent of them were on time.

Evaluation and research
UNICEF Guinea-Bissau conducted two summative evaluations for accountability to the donor and organizational learning. The key programmatic areas covered were women and girls’ rights and community health. Both evaluations were conducted by independent, external evaluators who relied on mixed-methods design to generate findings, lessons learned and recommendations.

The evaluation of the EU-funded project, “Toward a protecting environment of women and girl’s rights in Guinea-Bissau”, used qualitative information gathered from extensive key informant interviews, focus group discussions with stakeholders and field observations. The use of quantitative data was limited to desk review.

Evaluation of the community health project to reduce infant and maternal mortality relied on a mix of quantitative and qualitative data. Using project and national data, the evaluator concluded on the relevance, effectiveness, efficiency and positive impact of the project. The main drawback was the lack of project sustainability for which the evaluation recommended developing an exit strategy for the second phase of the project. Another issue raised was the large number of indicators selected to measure progress, which were not always harmonized among partners. UNICEF took steps to review the indicators and agree with the implementing partners on the monitoring framework.

The European Union funded and carried out an evaluation on improving access to drinking water, sanitation and hygiene in rural zones, implemented by UNICEF and two other partners. This evaluation raised operational and sustainability issues, to which management responses were provided and are being implemented.

Efficiency gains and cost savings
The United Nations was engaged in the development of the United Nations Business Operations Strategy in line with the UN Development Group recommendation to accelerate harmonization of business operations for cost savings and better operational support. UNICEF participated in the exercise, especially as the UNICEF operations manager led the process as chair of the UN Operations Management Team. In March, the team held a retreat to discuss the cost-benefit analysis, facilitated by a consultant after collecting all data from the agencies.

Based on potential gains in operating costs, the business operations strategy document was drafted around six pillars: procurement, finance, HACT, ICT, common services/facilities and human resources. The outcome of the retreat was shared with United Nations Country Team members and the final business operations strategy document circulated for signature to Heads of Agencies and Missions. It includes an Annual Work Plan.

The CO took advantage of three UN-common long term agreements for fuel, security and customs clearance services; financial savings were estimated at US$13,486.
The CO reduced fuel costs in field missions from US$ 23,863 in 2016 to US$17,867 in 2017, a 25 percent reduction as a result of improved management practices of the vehicle park and trips.

The CO purchased low energy light bulbs to replace office light bulbs to reduce costs and to reduce its environmental footprint. Light Emitting Diode (LED) bulbs last up to five times longer than compact fluorescents and far longer than incandescent lights.

The CO introduced e-document management solutions by promoting use of the cloud storage and local share drive. The ICT team provided training to familiarize users with this new system.

**Supply Management**

Good performance was achieved in overall supply management with the supply plans and institutional service plans executed at 100 per cent and 95 per cent respectively. The supply team was strengthened with the recruitment of an international supply and logistics specialist. The procurement throughput was US$7,040,000, comprising procurement services for US$3,260,000; programmatic supplies worth US$910,000, operational supplies worth US$200,000 and institutional services worth US$2,658,000. Procurement services to Government were mainly channelled through regular procurement service processes and managed by UNICEF’s Supply Division.

<table>
<thead>
<tr>
<th>Procurement Type</th>
<th>US$ Value</th>
</tr>
</thead>
<tbody>
<tr>
<td>Programme supplies</td>
<td>US$ 910,361.64</td>
</tr>
<tr>
<td>Operational Supplies</td>
<td>US$202,350.32</td>
</tr>
<tr>
<td>Services</td>
<td>US$780,941.3</td>
</tr>
<tr>
<td>Construction Services</td>
<td>US$1,877,645.00</td>
</tr>
<tr>
<td>Procurement Services</td>
<td>US$3,267,770.92</td>
</tr>
<tr>
<td><strong>Grand Total</strong></td>
<td><strong>US$7,039,069.22</strong></td>
</tr>
</tbody>
</table>

The total value of construction activities in 2017 was US$ 1.847 million. The largest component was the rehabilitation of photovoltaic electricity system and water supply in health centres. The CO finalized and inaugurated a construction project of three teachers training centres in three different regions that had started in previous years. Construction activities included the construction of 71 classrooms and 25 latrines.

The CO continued to face limitation of the local market's limitations, with few qualified vendors and limited capacity of local suppliers. Challenges were faced in construction due to the weak financial capacity of companies, which resulted in significant delays in the construction of the teachers training centres by six to nine months. The CO outsourced some critical programme supplies from Senegal and South Africa. The CO procured school furniture for 140 classrooms from South Africa amounting to US$115,000. The CO procured flipcharts from Dakar for the health programme; which was cost-effective and the delivery respected set timeline.

The CO handled the national distribution of 1,662,935 textbooks in 1,490 schools. Logistical challenges that slowed the distribution process were encountered. The CO contracted a third party to undertake quality assurance and verify that books reached the end beneficiaries.
The total value of supplies received in the warehouse amounted to US$1,510,000 out of which US$1,397,000 were dispatched and the total inventory in controlled warehouse was US$113,000 at the end of the year.

CO Supply and programme sections held discussions with Government partners to determine if warehousing operations on more reliable systems and monitoring would be possible to improve and more secure stock management (at the level of counterparts’ national warehouses).

Security for staff and premises
UNICEF Guinea-Bissau shares premises with other United Nations agencies, therefore most security measures for staff and premises are jointly funded and managed. The boundary wall of the UN building was elevated to the recommended level and, as per Security Risk Management Measures, a second gate was opened to allow smooth circulation of vehicles and management of visitors with a way-in and way-out.

The CO maintained the existing fire extinguishers and strengthened office safety by installing one smoke detector per office and an automated power extinguishing system for the ICT data centre, using security funding worth US$22,000 received from UNICEF Headquarters through the the UNICEF Regional Office.

As chair of the operations management team, UNICEF ensured that security issues of UN staff were communicated promptly to the UN Country Team and addressed. Two sessions with the UN Security Team were held in the office to inform and remind UNICEF staff about their personal responsibility in security-related matters, especially on the importance of radio checks and use of VHF radios in case of emergency.

The residence security management entitlements and recommendations were reviewed and approved, effective March 2017. UNICEF security focal point regularly attended security cell meetings. The Security Management Team reviewed the security risk assessment and management process, which was approved by the designated official.

Surveys on daily subsistence allowance, cost of living and hardship conditions related to the duty station were conducted and gaps were addressed. The Rest and Recuperation arrangement was exceptionally granted from July and through December 2017. The hardship classification of the duty station went down from D to E effective January 2018. Daily subsistence rates were reviewed and updated.

Human Resources
There were many recruitments and nine positions were filled (two internationals, five nationals, two general service). The gender balance was considered with seven women recruited. The overall office gender parity was 42 per cent female and 58 per cent male. In addition, 34 consultants were hired for technical assistance.

Following the staff capacity-gap analysis conducted in 2016, emphasis was placed on developing a learning plan. The learning committee was reinvigorated. As English language proficiency was among key priorities, an English teacher was recruited and by December, 15 staff members were enrolled in English language classes. Thirty-two staff benefited from training on the competency-based interview; and 37 staff members were trained on donor reporting and fundraising. One UN Cares interagency session was organized in February.

Concerning career development, the management supported stretch assignments for three
national staff members: one in Cape Verde (three months), one in Sao Tome (three weeks) and one in Chad (two months). The CO received a supply specialist from Nepal on stretch assignment.

The senior management team received team coaching as part of the UNICEF Headquarters initiative: an international coach came for a face-to-face session and four hours of coaching were delivered by Skype. Each participant received individual coaching.

An all-staff retreat was organized as an opportunity to discuss ethics and the new culture of staff performance evaluation. Results of the staff survey were discussed in an all-staff meeting and priorities identified for the office action plan, which was drafted by a committee comprising staff and management and shared with all. Two peer support volunteers were elected for staff support.

Performance appraisal was monitored at CMT meetings with achievement of 100 per cent by March for 2016 appraisals. Two sessions were conducted on performance management planning, emphasizing the importance of regular discussions between supervisors and supervisees.

**Effective use of information and communication technology**

The CO strengthened its ICT infrastructure by upgrading the hardware and software environment. Fifteen laptops, 48 VHF digital radios, seven HF radios for vehicles and three projectors were purchased. The migration was undertaken for client operating system from Windows 8.1 to Windows 10 as per global requirement. System compliance for windows 10 and migration from analogue to digital radios were possible with funding received from the UNICEF Regional Office.

A peer review was conducted by an ICT colleague from the UNICEF Regional Office on mission. The CO continued to face challenges in terms of internet connection due to overall weak internet services in the country. Innovative and cost effective ways out will need to be devised.

Together with the Greening the Office task force, steps were taken towards an effective reduction of the CO environmental footprint.

Adoption of mobile phone technology-based solutions by WASH and child protection teams was supported by the ICT unit. The child protection programme initiated the use of RapidPro technology for birth registration data collection. This involved significant ICT work as it was the first time for the CO to use RapidPro. Testing was conducted successfully and demonstrations were done for the Minister and senior officials of the Ministry of Justice.

The WASH programme continued to map water points using M-Water application for real-time data collection. The social protection and planning, monitoring, and evaluation section developed and launched the ‘MICS App’, which allowed smartphone users to access the data from MICS 2014 in a user-friendly manner.

The CO made use of Hootsuite, the new UNICEF corporate platform to manage and monitor social media accounts. The CO Facebook page was the main social media channel used, registering an increased number of followers (from 7,499 in 2016 to 9,004 in 2017). The CO used YouTube to share videos on Child Rights.
ANALYSIS BY OUTCOME AND OUTPUT RESULTS

OUTCOME 1 Management Outcome

Analytical statement of progress
Timely recruitment of qualified staff, capacity development of staff members, effective financial and supply management were among the key management priorities for 2017. The senior management gave due attention to the recommendations of the UNICEF Regional Director in the feedback letter on the CO Annual Report 2016.

Priorities defined in the AMP were closely monitored during Programme Coordination Meetings and CMT meetings. Various standardized operation procedures were prepared to facilitate implementation of activities. The CMT reviewed regularly key performance indicators and took appropriate course of action in case of gaps or issues to ensure smooth programme implementation.

OUTPUT 1 Governance and Systems

Analytical statement of progress
The AMP, programme priorities and a rolling bi-annual IMEP were prepared and approved by the CMT during the first quarter. The preparation of the AMP was participative and was the result of open discussions during the staff retreat organized in February 2017, followed by one-day workshop. A key improvement that came out from discussions was a fairer distribution of staff between office committees to enable effective participation.

The results of the staff survey were analysed during an all-staff meeting. An action plan was put together to address the gaps identified by staff.

A total of 11 country management team meetings were held and served to monitor both programme and operations’ key performance indicators. The CMT discussed bottlenecks that hampered smooth implementation of the programme to ensure the achievement of planned results. Three important standard operating procedures were proposed in a programme coordination meeting and approved by the CMT. Special attention was paid to the implementation of HACT and a staff member was recruited to serve as the focal person, enhancing the implementation of the Office HACT assurance plan.

OUTPUT 2 Financial Resources and Stewardship

Analytical statement of progress
Top priority was accorded by the CMT 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.

Regular Resources were fully utilized with an expenditure level at 100 per cent. The OR annual allocations were consumed at 94 per cent and ORE were expensed at 99.9 per cent.

All audit recommendations were closed by end January.
OUTPUT 3 Human Resources Management

Analytical statement of progress
Recruitment of staff and consultants constituted the main activity. Two international professional positions, five national professional positions and two posts of General Service were filled. Thirty consultants were hired for technical assistance. Gender balance and geographic diversity were given due consideration. The overall office gender parity was 42 percent female and 58 percent male.

The CO gave priority to staff learning and to group training sessions. Special emphasis was put on English language training for national staff.

The joint consultative committee met three times. The CO placed staff well-being among the management priorities by ensuring the development of an action plan based on the outcome of the Global Staff Survey.

OUTCOME 2 Country programmes are efficiently designed, coordinated, managed and supported to meet quality programming standards in achieving results for children

Analytical statement of progress
Major efforts were deployed to monitor programme implementation and to coordinate activities with other development partners to avoid duplication. Possibilities of synergies and cross-sectoral linkages were sought such as: improving birth registration through health, improving schools environment with WASH infrastructures and increasing the number of children tested for HIV with the nutrition programme.

Important work on child deprivations was used to sensitize stakeholders on the need to take action for children, given the fragile public services.

To advocate for the promotion of child rights, both UNICEF National Ambassador and the First Lady were mobilized. Mass media, including community radios, and social media were used intensively to disseminate various messages on children rights.

The CO successfully implemented its HACT assurance plan, with 100 per cent of spot checks and programmatic visits conducted as per the plan.

OUTPUT 1 Programme Coordination

Analytical statement of progress
In the second year of the country programme implementation, bi-annual work plans were revised in February 2017 to consider the country context evolution with no official public budget approved, emerging challenges such as migrant children and the defined regional priorities. Better alignment between programme work plans and supply plans was considered.

The mid-year review was organized in July and the annual review early in December with the participation of implementing partners. The programme team met ten times, every first Tuesday of the month as per AMP calendar. Programme priorities were monitored quarterly, through an
office priorities monitoring tool, using clearly defined targets, milestones and indicators. The IMEP was monitored and updated monthly.

Programme coordination meetings were mainly geared towards sharing of experiences and lessons learnt. Thematic presentations were promoted, to foster knowledge, cross sectoral linkages and debates, particularly on the Geographic Information System use for WASH programming, the child deprivation analysis through Multiple Overlapping Deprivation Analysis, new areas in the MICS modules.

Efforts were made to identify a gender consultant for strengthening the gender approach in programme activities but the CO could not identify a resource person for the same.

OUTPUT 2 External Relations

Analytical statement of progress
UNICEF worked closely with UNICEF National Ambassador, the musician Tchuma Bari and the First Lady to promote children’s rights.

At the occasion of the Global Immunization Week, Tchuma Bari produced a song and a video clip, widely aired both on TV and radio at national and local level. She gave a concert for children at the occasion of the International Children’s day.

The First Lady was mobilized to intensify sensitization of public on immunization to improve coverage. She delivered several UNICEF-produced advocacy messages. Some high-profile events organized during the year with the participation of high level authorities included Day of the African Child, the anniversary of the CRC, the World Day for the Elimination of Violence against Women and UNICEF 70th anniversary.

Newspapers, local radios and the national radio and television were engaged to disseminate various aspects of the CRC, especially on immunization, harmful practices against women and key family practices.

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
The CO achieved the full target of HACT assurance plan in both programmatic visits and spot checks. In terms of numbers, 44 programmatic visits were planned against the minimum required of 46 (based on the master plan resulting from the HACT policy). A total of 50 programmatic were undertaken making an achievement rate of 109 per cent.

On spot checks, the minimum required, based on the amount actually disbursed, was 16, while the CO was optimistic in planning 23 spot checks, taking into account the expected number of PCA agreements to be signed with partners. The CO succeeded in undertaking 18 spot checks, with an achievement rate of 113 per cent against the minimum required.

The CO conducted five audits for the MoH, the MoE as well as the NGOs VIDA, AIFO and AMI.
The significant progress made on the HACT implementation may be attributed to various factors. The CO recruited a HACT officer, who assumed duty in January 2017. The first step in preparing the HACT assurance plan was to review the existing partnerships, consider realistic disbursement projections and plan for new agreements to be signed. The HACT assurance plan was then monitored carefully to take appropriate decisions on time. The CO benefitted from technical assistance from the RO to refresh knowledge on HACT requirements along with on-the-job- training of the HACT officer.

**OUTPUT 4** Operational support is provided to ensure effective programme implementation in order to achieve planned results for children.

**Analytical Statement of Progress**
The supply team was strengthened with the recruitment of an international Supply and Logistics Specialist. The procurement throughput was US$7,040,000, comprising procurement services for US$3,260,000; programmatic supplies worth US$910,000, operational supplies worth US$200,000 and institutional services worth US$2,658,000.

Major construction activities were supported including the construction of three Teachers Training Centres in three different regions, the construction of 71 classrooms and 25 latrines and the rehabilitation of 20 health centres. Contracts for additional 29 health centres were signed following a competitive bidding.

The CO continued to face limitation of the local market with few qualified vendors and low capacities of local suppliers. The CO had to outsource some critical programme supplies in South Africa and Senegal, in particular school furniture for 140 classrooms.

The travel unit efficiently managed transports for staff field missions, which are critical to monitor programme implementation and conduct quality assurance activities. The CO reduced fuel cost used in field missions by 24 per cent as a result of improved management practices of the vehicles park and trips.

Together with the “Greening the Office” task force, the ICT unit took steps towards an effective reduction of the CO environmental footprint.

**OUTCOME 3** Child and Maternal Health and Nutrition

**Analytical statement of progress**
Efforts were made to reinvigorate the coordination within the health sector with the establishment of a health system strengthening working group under the Director General of the MoH. However, only a few meetings took place. Health partners coordination meetings, convened regularly by the World Bank bringing together UN agencies, bilateral and multilateral cooperation and NGOs, helped the sharing of information for an increased coherence of partners’ programmes.

The year was marked by the development of the National Health Sector Plan 2018-2022, which was validated although the final version has not yet been shared as the costing is still being carried out. UNICEF supported the process ensuring that child health and survival, food and nutrition and immunization were among priority programmes.
Although no formal state budget was approved, it can be estimated through the analysis of expenditures that the share of the budget allocated to the health and nutrition sector remained at around seven per cent of the total, which is much lower than the target of 15 per cent agreed by African Heads of States in Abuja in 2001. The budget covers recurrent expenditures, mainly salaries of personnel while almost no investment is made. However, UNICEF advocacy with the Minister of Finance resulted in the disbursement by the government of US$192,886 for the payment of all routine vaccines as well as counterpart funding for GAVI, the Vaccine Alliance and the procurement of more than 200,000 vaccination cards. This was the first time in many years that these costs were covered by public funds.

Human resources in the health and nutrition sector remained insufficient in terms of both quantity and quality. At present about 60 per cent of the health and nutrition personnel (doctors and nurses) is concentrated in Bissau and in regional capitals. The management of the Regional Health Directorates remains weak because of the lack of resources. Regional health teams are often absent from their office due to their participation in meetings and workshops organized outside of their assignment areas. The year was characterized once again by high staff turnover, including some regional directors, and regular reassignment of staff. This necessitates continuous training and orientation of newly appointed personnel.

This situation marks a clear limitation for the implementation of the programme. However, to improve the management of the local health system, UNICEF supported the development and annual review of micro-plans in 52 out of 114 health areas of the country. At the same time, in these Health Areas, bi-annual, decentralized monitoring was carried out to assess the quality of coverage for six ‘tracer’ interventions and analyse barriers and bottlenecks. This monitoring, which was done regularly in previous years, allows assess to progress in terms of coverage and overall performance of health services. Significant coverage increase was observed in most health areas between 2015 and 2017.

Enhancement of the routine immunization programme was a priority for both the Government and its partners. UNICEF and WHO supported the MoH in conducting an external evaluation of the EPI, which was a condition for the submission of Guinea-Bissau to the new round for GAVI grant. In particular, UNICEF supported a study on Equity in Immunization which identified of 266,187 people as the most vulnerable groups in four regions. UNICEF provided the technical and financial assistance for the cold chain assessment and inventory. However various delays hindered the process, which could not be completed during the year and the submission to GAVI was postponed to 2018. Significant efforts were deployed to boost immunization coverage rates, especially through intensive Communication for Development interventions targeting low performing regions and outreach activities. Despite all these efforts, EPI coverage remained low with Penta3 immunization rate at 80.3 per cent.

Neonatal mortality, which represents the main cause of child mortality, was addressed through the Every Newborn Action Plan elaborated in 2016. Using this framework, UNICEF pursued its advocacy with the MoH and health partners to accelerate the reduction of neonatal mortality. During the third quarter, the CO secured sufficient funds through the headquarters set-a-side funding mechanism to support the implementation of Every Newborn Action Plan for two years. A national workshop was organized and an operational plan was elaborated with targeted interventions at the level of health facilities and communities.

Community health was a key priority for the programme with the aim to scale up of Community health interventions throughout the eleven health regions. As of end 2017, a network of more than 4,011 community health workers is operational in nine regions to promote the 16 key family
practices to address preventable diseases and manage simple cases of malaria, pneumonia and diarrhoea. More than 129,000 households were visited by community health workers at least once a month and special attention was provided to children under five and pregnant women, during household visits.

With the organization in Guinea-Bissau of the 15th West African Nutrition Forum in October 2017, nutrition came to centre stage. To support the start-up phase of the Baby Friendly Hospital Initiative, a South/South cooperation exchange was organized with Cape Verde.

The major challenge encountered was the Health Information System, which remained very weak. Poor quality of data generated by the system makes it difficult to have a clear picture of health programme performance. In particular, population data used by different departments of the MoH come from several sources and often differ from each other.

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
UNICEF Guinea-Bissau continues the work started in 2013 for the scaling-up of community-based interventions. In 2017, almost all the national territory was covered with a network of 4,011 community health workers responsible for both promotional and curative activities targeting children under five and pregnant women. Community health workers made home visits to approximately 129,891 households out of 133,003 representing 97.6 per cent in their respective communities. In 104,894 households visited, community health workers found at least one child under five and in 62,212 households, one pregnant woman, who received special attention. The workers’ skills were strengthened in interpersonal communication, animation, home visits and dialogue, based on the promotion of the 16 key family practices.

A total of 7,400 cases of simple diarrhoea in children under five were treated with ORS and Zinc out of 8,205 cases seen by CHW (90.2 per cent). A total of 3,409 children under five were treated for pneumonia by CHWs with amoxicillin out of 3,741 equivalent to 91 per cent of cases seen in the community.

Only 882 children under five out of 1,079 with a positive malaria test, were provided treatment at the community level by community health workers (81.7 per cent). The untreated positive cases were because of stock out of malaria products. Overall malaria case management at community level was low, because, at the beginning of the year, the national malaria control programme did not authorize health areas managers to provide the community health workers with rapid tests and drugs (ACT).

Although the number of cases addressed by CHWs was low, it was a good start for the community health case management of three major child illness (malaria, diarrhoea and pneumonia).

UNICEF supported the Government in the planning of EPI external review, in particular providing assistance for the cold chain assessment and inventory and conducting a study on equity in immunization in four low performing regions. The equity assessment showed that approximately 50 per cent of children under one year old in these four regions were not vaccinated with the Penta1, three out of 10 children dropped out between Penta 1 and Penta 3
and two out 10 children between Penta1 and measles vaccine UNICEF recruited an international consultant to help with the development of the comprehensive Multi-Year Plan for immunization 2018-2022, which is a key requirement for the submission of the country to GAVI funding.

As of end October, 43,388 out of 54,043 children under one year had received Penta3 vaccine representing a coverage of 80.3 per cent, low compared to the country objective of 90 per cent and many disparities were noted among regions (only 53.8 per cent in Bolama versus 121.7 per cent in Farim).

Following the West and Central Africa Region Initiative of Polio Eradication, with the support of UNICEF and WHO, the Government conducted a Polio vaccination campaign for children 0-59 months that integrated vitamin A supplementation and deworming. During the campaign, a total of 292,322 children aged 0-59 months out of 266,189 were vaccinated against polio representing 110 per cent of the target.

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 supported the SUN movement through the UN network platform and the national coordination task force group. Under the chair of WFP, UNICEF participated in the network quarterly meetings for information exchange and increased coordination.

UNICEF continued to support the integration of ECD interventions in 15 nutrition treatment centres through distribution of ECD kits, formative supervision and training of health workers in the Care for Child Development Package.

UNICEF supported the Nutrition National Service for the implementation of IMAM activities in 78 intensive nutritional rehabilitation centres and outpatient nutritional rehabilitation centres with the training of health workers, supervision of activities and provision of therapeutic supplies. The services quality and full compliance with the IMAM protocol remain a challenge due to the frequent turn-over of health workers and lack of quality supervisory visits. A total of 1,403 children 6-59 months with severe acute malnutrition (SAM) out of 4,836 (estimate number of the SAM caseload) were admitted for treatment (based on reports from 77 per cent of nutrition treatment centres). Of these, 262 children were discharged as recovered. There was a shortfall of supplies especially at the Simao Mendes National referral hospital due mostly to non-compliance with the national IMAM protocol.

In the frame of integration of the HIV/AIDs and nutrition programmes, 78 intensive nutritional rehabilitation centres and outpatient nutritional rehabilitation centres received HIV tests to ensure systematic screening of children with severe acute malnutrition. The rapid assessment conducted in three regions revealed that less than 40 per cent of the centres were conducting systematic screening.

UNICEF supported the MoH in the organization of two rounds of vitamin A supplementation and de-worming campaigns. The first round included vitamin supplementation and covered a total of 277,496 children 6-59 months out of 291,809 children representing 95 per cent of the target. The second round was integrated with the polio vaccination campaign. A total of 248,947
children 6-59 months out of 291,809 representing 85 per cent received one dose of vitamin A, while 236,277 children 12-59 months out of 248,786 representing 95 per cent, received a tablet of Mebendazol for deworming.

One major progress achieved was the re-launch the Baby Friendly Hospital Initiative. A national consultant was hired to produce a training curriculum for the baby friendly hospital initiative and ensure its institutionalization. The curricula was produced, validated and used. The consultant supported the capacity development of MoH staff and the revitalisation and reestablishment of mother support groups as part of the baby friendly hospital initiative strategy.

In this context and with the support of UNICEF, a South-South cooperation agreement between Guinea-Bissau and Cape Verde was established with the objective of supporting the MoH to carry out activities that will lead to the full institutionalization of the baby friendly hospitals initiative in the country . A team compose by four Cape Verde experts came to Bissau in December and trained 35 health technicians in management of Breastfeeding programme; 11 of these 35 health technicians were trained to be trainer.

**OUTCOME 4** Children and AIDS

**Analytical statement of progress**
Both testing of pregnant women attending antenatal care and access to treatment for HIV positive pregnant women increased in 2017. Testing rose to 87 per cent of pregnant women coming for antenatal care (as of end November 2017), while 62 per cent (1,046) of positive pregnant women were enrolled into Anti-Retroviral Treatment (ART). However the national programme remains burdened with limited capacity to deliver services, weak management and governance that often hampers utilization of available resources.

Elimination of mother to child transmission of HIV is highly prioritized both by UNICEF and by the National AIDS Programme. Interventions are delivered through existing antenatal care network. Test results reveal a 4.3 per cent HIV prevalence rate among pregnant women (representing a total 1,950 HIV positive pregnant women as of end November 30), which shows an important increase compared to the rate of 3.6 per cent in 2016. This rise in prevalence may be difficult to interpret at this stage, but could be a result of improved diagnostic capacity, since routine data are increasingly getting closer to those revealed by sentinel surveillance methodology (5 per cent). However, data disaggregated by age, that were provided for the first time, show 2 per cent HIV prevalence for the age group of 15-19 years old, a lower rate than what was reported in sentinel surveillance in 2014 (2.6 per cent).

While notable progress was achieved in testing of pregnant women and their enrolment in ART, the overall retention in treatment remains challenging.

With UNICEF and WHO support, the national policy framework was revised with the adoption of a package of clinical guidelines and protocols aligned to 2015 WHO recommendations.

UNICEF and the Global Fund (GFTAM) supported the National AIDS Programme for the development of the Accelerated Paediatric AIDS Plan to increase in 90 per cent the proportion of children and adolescents enrolled in ART treatment by 2020. The plan was validated in December.
Progress was achieved in clinical data management and analytical work. UNICEF and the GFTAM supported digitalization of clinical records and follow up of clinical data entry at eight ARV sites that cater for over 80 per cent of all people on treatment. This process enabled the country to report on treatment retention, loss to follow up and mortality of people on ART. According to preliminary data, only 38 per cent of adults enrolled in treatment for one year, well below the national target (90 per cent) while 48 per cent are lost to follow-up. In addition, the data shows large variations in retention in care across participating sites (from 38 to 79 per cent), which will help focus efforts for capacity building on low performing sites.

Two strategies were employed to improve retention in treatment including: i) improving the quality of health services through formative supervision and staff training and ii) scaling up community outreach and peer-based support services. Formative supervision increased both in quantity and in quality and all 141 service delivery sites received at least one session with combined support from UNICEF and the GFATM. Considering overall shortage of human resources within the health system, community outreach to support treatment retention is crucial: 219 Community Outreach Workers were engaged and worked in collaboration with local treatment sites, reaching an estimated 3000 People Living with HIV.

In 2017, 1,241 children were registered as born to HIV-positive mothers, almost the double of 2016 (683), indicating improved registration and eventually improved retention in services for women living with HIV. With an increased registration of HIV exposed infants, the percentage of these infants tested for HIV before the age of two months increased significantly from 29 per cent (329) in 2016 to 37.6 per cent (554) in 2017 (as of end November). This increase can be attributed to intensified training of health workers in dry blood spot sample drawing, handling and transportation; improved performance of the national laboratory; and increased access of pregnant women to peer-based support services. The overall percentage of children born from positive mothers tested for HIV remained at 45 per cent.

Following advocacy to increase access to HIV paediatric testing in clinical settings, an increase was reported in the total number of children tested for HIV. In 2017, 1,357 children were tested in general paediatric services, of which 16 per cent were found HIV positive (as of end November). Further on, 760 children were tested at malnutrition treatment sites, of which 18 per cent were found positive. This increase in number of children tested for HIV indicates improvement of diagnostic capacity and is critical to ensure optimal access to ART to achieve better treatment outcomes for children.

The latest UNAIDS estimates suggest that access to ART for children increased to 15 per cent as it did in other countries in the region. Although enrolment of children in treatment slightly increased, children are still 2.5 times less likely to be enrolled into treatment compared to adults. However data on retention in ART, that were made available for the first time, reveal that children are somewhat more likely to be retained in treatment for one year: 42 per cent against 37.6 per cent for adults. Access to treatment for adolescents living with HIV remains a serious concern. Data analysis show that not more than 353 adolescents were enrolled into ART, and the lowest retention rates (32 per cent) are found in this age group, which is consistent with the reports from other countries.

**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

With support from UNICEF and WHO, the National AIDS Programme revised and updated policies and clinical guidelines to improve the quality of services for people living with HIV, harmonizing those with latest WHO recommendations. The package includes ‘Provider Initiated HIV Testing and Counselling’ guidelines for hospitalized children, providing for routine testing of children presenting AIDS indicative conditions. This particular guidance is a direct result of the recommendations outlined in the study supported by UNICEF in 2016, which was conducted among hospitalized children and revealed a 3.5 per cent HIV prevalence in 2016. The guidelines will be a valuable resource for health-care providers and will facilitate early diagnostic of HIV in children presenting with a range of HIV/AIDS related conditions.

The recent scale-up of HIV treatment coverage overwhelmed the public health laboratory services already burdened with human resource shortage, an aging and inadequate infrastructure, and a lack of quality control systems. UNICEF technically supported the National AIDS Programme to conduct an assessment of the National HIV Laboratory Network to identify gaps and bottlenecks in laboratory performance, including sample collection, transportation and analysis. A draft report with recommendations is available and once implemented these proposals will improve delivery on early infant diagnosis and ensure improved clinical monitoring of people on ART.

Poor retention of patients in ART care is a major concern leading to poor treatment outcome and increased HIV related morbidity and mortality. However, apart from the national reference hospital, no treatment sites were capable of reporting treatment retention data up till now. With the support of UNICEF, additional eight ART sites now finalized digitalization of clinical records using the Access database, that was previously developed at the national reference Hospital. The sites selected for this activity provide treatment for over 80 per cent of all caseload in the country. This improved data management will enable, for the first time, reliable reporting on retention in treatment. Following the finalization of the digitalization of clinical records, the follow up data collection will be sustained with funding from GFATM.

To generate evidence and inform the elaboration of appropriate strategies on partner HIV notification, UNICEF supported a study that will identify patterns and bottlenecks related to partners’ notification in order to promote timely HIV testing and enrolment in treatment for partners of people living with AIDS, especially women. Filed work is ongoing.

Formative supervision, as well as regional coordination meetings of HIV focal points at health facilities, improved, both in frequency and quality: health workers report significant improvement in the supervision approach: supervision visits became more collaborative, problems were resolved and practical training in the field was organized following the identification of knowledge/skills gaps. With a UNICEF and GFATM cost sharing, a total of 141 formative supervisions were conducted. These supervisions, initially supported by UNICEF, will be increasingly funded by GFATM through the newly approved allocation, commencing in 2018, allowing UNICEF to invest in other capacity development activities.

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

Capacity building approaches were utilized to improve the performance of HIV-AIDS services for children and women through addressing critical gaps in HIV diagnosing, treatment delivery, adherence and retention support. UNICEF supported the integration of HIV services into the mainstream health system to improve the efficiency and quality of services: Prevention of Mother-to-Child Transmission of HIV is now fully integrated into antenatal care services, reaching high level of testing coverage with 87 per cent of pregnant women coming for antenatal care being tested. UNICEF supported HIV testing for children enrolled into malnutrition treatment services, covering 760 children of total 1,496 children admitted (51 per cent), out of which 18 per cent (134) tested HIV positive (as of end November). Overall, HIV testing of children exhibiting AIDS indicative conditions only in health facilities is on the rise reaching 1357 versus 1055 in 2016.

With an estimated 15 per cent of HIV positive children accessing treatment, enrolment and retention of children in treatment remains constrained. Large scale training was delivered to health professionals to improve the capacity to deliver paediatric AIDS services. 93 staff were trained in ARV treatment and 196 in collecting, handling and transportation of blood samples for early diagnostics of HIV exposed infants.

UNICEF supported the establishment of a children unit at the clinic of the local NGO “Ceue Tera”, which previously provided only adult treatment. One room of the clinic was rehabilitated to establish a child-friendly space, equipped with toys using an early childhood development approach. Another such space was created in Catio regional hospital. These spaces offer a child-friendly environment during consultations or treatment visits, ensuring children’s safety and comfort and improving retention in treatment as they represent an incentive for parents. In addition, a south-south exchange of experience took place with a visit of health personnel to Ghana and subsequently, collaboration was established between the MoH and Ghana Health Service for continued technical assistance to improve paediatric AIDS services in Guinea-Bissau.

Retention of patients enrolled in ART treatment remains low. As part of the task shifting policy, UNICEF continued to support the National Network of People Living with HIV/AIDs to deliver peer-based support and boost enrolment and retention in care through community events, home visits and promoting early infant diagnosis. A total of 44 trained community outreach workers in seven regions were working in collaboration with local health clinics. All of them were equipped with bicycles, raincoats, boats, hand torches and bags to be able to conduct home visits, including in remote areas.

In 2017, almost 1,500 people benefited from peer-based support services. Although this is the first year that the network of people living with HIV/AIDS was involved in counselling women for early testing of HIV exposed infants, it has considerably contributed to increase the number of infants tested. Institutional support provided by UNICEF to RENAP resulted in improved management and governance capacity, which was recognized by GFTAM by increasing the grant allocation to National Network of People Living with HIV/AIDS in the new phase of GFTAM allocation to Guinea-Bissau 2018-2020.

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

“ALL iN” is a global platform for action and collaboration to drive better results with and for adolescents (10-19) through critical changes in programmes and policy and aims at uniting actors across sectors to accelerate reductions in AIDS-related deaths by 65 per cent and new HIV infections among adolescents by 75 per cent by 2020, and thus set the global AIDS movement on track to end the AIDS epidemic among adolescents by 2030.

UNICEF Guinea Bissau supported the Government in adapting this platform to the national context to sharpen the focus of HIV-AIDS interventions on adolescents. The National Institute for Youth conducted a rapid assessment of the situation related to adolescent AIDS. With the support of UNICEF Regional Office this assessment was carried out in a participatory manner with the involvement of key national partners (UNFPA, WHO, UNAIDS, National Youth Council, National Forum for Youth and Population, Ministry of Education, Ministry of Health, UN Women, Ministry of Youth and Employment, among others).

The Minister of Health, together with the Minister of Youth and Employment issued a joint decree establishing a National Committee to Strengthen the Adolescents and Young People programming to end adolescent AIDS. A technical working group was established and collected data from different institutions providing service delivery for adolescents. The result of the rapid assessment showed a lack of reliable epidemiological data, as the routine reporting forms at service delivery points do not allow to collect specific information on adolescents in the age group of 10-19 and on interventions targeting this specific group. The result of this rapid assessment identified priority populations, interventions and geographic settings to accelerate HIV-specific outcomes for adolescents and served for the realization of the 2nd phase of the “All in” process, the bottlenecks analysis.

This analysis identified barriers for the utilization of four priority interventions: HIV testing, condoms, access to ARV and prevention of mother-to-child transmission of HIV/AIDS. The barriers include the issue of parental consent, the fact that existing services are not adapted to adolescents, the lack of qualified human resources trained to support adolescents, distance from the place of residence to service delivery sites, lack of clear transition from paediatric care to adult care. These key elements will be addressed during the strategy development phase that will commence in the first quarter of 2018.

To prepare for the scaling up HIV testing for adolescents, two pilot projects continued to be supported: (1) facility-based adolescents counselling and testing at “Ceu e Terras” association clinic, through which 556 adolescents aged 10-19 years were tested for HIV, out of which 3.24 per cent tested HIV positive. (2) community-based counselling for adolescents, in particular young girls aged 15-19 years who are particularly at risk, in Tombali region, implemented by the NGO ‘ENDA’, through which a total of 867 adolescents were referred to HIV testing at service delivery points. These interventions will help inform the development of a national plan on HIV and adolescents in 2018.

OUTCOME 5 Water, Sanitation and Hygiene

Analytical statement of progress

Data generation and the development of monitoring systems for WASH remained high priorities. Visualization of the WASH situation through GPS mapping using mWATER provided several
opportunities for analysis and deciding on future actions.

Systematization of borehole logs done as part of the manual drilling mapping and the hydrogeological profiling of the country will, if continued, allow for the basis of a proper groundwater resource management system, which can monitor water levels and water stresses in relation to climate change. The mapping helped visualize the non-equitable geographic distribution of boreholes showing that 35 per cent of villages were without any safe water source. Based on this evidence, the Ministry of Natural Resources committed to experiment the realization of water points with a simpler pump and cost effective technique like manual drilling for small communities that would otherwise not be eligible for a traditional borehole and standard pump.

The waterpoints survey, started in 2016, showed that almost half (48 per cent) of the pumps were out of order. In a bottleneck analysis, the non-functioning pumps were attributed to four major causes, namely the lack of pump spares, the poor retention of pump mechanics, the distrust of pump mechanics by the communities and a generally low understanding of the link between water quality and illnesses. All the root causes are being addressed by the programme, though setting up a functional mechanics network, which shall reduce the failure rate of pumps.

A new approach to increase awareness of the links between water quality and illness was piloted by the Government through the introduction of Water Safety Planning. Guinea-Bissau was one of UNICEF WCAROs two pilot countries for this innovative approach attempting to utilize the community-led total sanitation modality to achieve similar behaviour change, but adapted to water.

With regard to sanitation, Quinara is in final stages to be declared the first ODF region. A new logo and local name, PACOMA (“No Para Coco na Mato”), for ODF was introduced. Field testing showed that these new logo and acronym resonate better with the rural population. With the significant advances during the year of 542 additional villages certified ODF, Guinea-Bissau is on track to meet the 2030 sanitation goals, one of only two countries in West African region according to RO secondary analysis of JMP trends and population growth data.

Major work was undertaken to improve access of Health facilities with both WASH and solar electricity, which will impact positively on the overall quality of care of 64 rural health centres. To date 35 health centres were completed and works are ongoing in the remaining 29. New gender segregated designs for patient latrines, ensuring inclusion of persons with disabilities, as well as energy efficient incinerators were introduced. The percentage of rural health centres that have access to water will rise markedly after the finalization of the programme from 32 per cent assessed in the baseline of 2016 to 74 per cent. The access to electricity in centres will rise from 49 per cent to 81 per cent.

Monitoring WASH in healthcare facilities remains a challenge with no functional monitoring system in place at the level of the MoH. Sustainability of the rehabilitated system was a major concern. UNICEF is piloting a system of cost recovery jointly between the health centre and the communities thereby making funds available for small repairs at centre level but changing the communities’ role to actual, paying, water customers with higher demands on service functionality.
UNICEF facilitated sector coordination as the secretariat of the Grupo de Água e Saneamento (GAS). The GAS assisted to prepare baseline data for the Sanitation and Water for All meeting in Washington, attended by the Minister. The sector financing was assessed. The lack of a national budget meant that the 0.5 per cent of national GDP to be spent on sanitation, Guinea-Bissau’s commitment of the Ngor commitment (2015), was not achieved.

Government funding share of the WASH sector spending was limited to about 1.5 per cent of total sector spending; 57.3 per cent was provided through UNICEF; 25 per cent by European Union and 16.5 per cent by the West African Economic and Monetary Union. UNICEF assisted the Government in applying an equity-focused approach to spending, utilizing the water point inventory of 2016-2017 to identify where new water points were needed. West African Economic and Monetary Union funding for sanitation was initially intended for toilet construction. Through UNICEF advocacy, this funding is now geared to community-led total sanitation as per Guinea-Bissau draft policy.

The presence of the Ministry of Natural Resources was limited at the decentralised level. Only two of nine regions have a functional delegation, leading to limited monitoring and to high cost of supervision activities. A decentralization project was commenced led by GAS partner organisation TESE, a Portuguese NGO, in order to improve this situation.

The MoH initiated a study of WASH conditions in 34 major markets in the country. The results will guide the ministry in planning functional mechanisms, ensuring cleanliness and cost recovery in public latrines. Marketplaces were identified as a primary source of infectious disease; the unhygienic conditions are a concern for the cholera season. The country fared well with no cholera cases reported during the last four years primarily due to the intensive efforts deployed for Ebola prevention. Hygiene promotion is however a continuous process and the threat of cholera always present.

**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**

UNICEF continued the functionality mapping of water points commenced in 2016, using mWATER application on smartphones, which allows for up-to-date visualization of water point functionality. Of the 5,244 waterpoints visited, 1,344 are boreholes equipped with pumps. Of these pumps only 52 per cent are fully functional. In view of the high breakdown rate of pumps, the strategy adopted to ensure continuity of water access to the population was to focus on rehabilitation of pumps and ensure some sustainable systems rather than new constructions. Four major bottlenecks were identified explaining the high number of pumps out of order: the lack of pump spares, the poor retention of pump mechanics, the distrust of pump mechanics by the communities and the lack of understanding of the link between water quality and illnesses.

UNICEF is responding to all these bottlenecks through the introduction of pilot stores in three regional capitals with an official pricelist of parts and services and the creation of a visual identity for the pump mechanics by developing logotype, ID cards, uniform and providing them with service vehicles in form of motorbikes with trailers. In addition, mechanics can visualize business opportunities through the water point mapping. By end 2017, the first batch of 18 mechanics was trained on pump repairs and business management skills and spare parts store
in Bafatá and Buba opened.

For community-led total sanitation, 542 communities were certified ODF through partnerships agreements with seven NGOs nationwide, benefitting 135,500 people. The process to finalize the ODF certification of a full region was completed - Quinara being the first region to reach this status and ready to be declared ODF, or rather, PACOMA.

The new design for WASHinSchools systems was further refined through assistance of two architect interns attached to the WASH section during 2017. The latrine designs will be implemented in 10 schools in Bafatá and includes visual cues as well as innovative technical solutions to motivate children to properly use hand-washing facilities, latrines and to practice hygiene. Construction is accompanied by the introduction of the three-star approach for school sanitation, with special attention to menstrual hygiene management. A temporary appointment for a WASHinSchools officer was recruited for WASHinSchools activities. The WASH section developed and implemented a SDG-based monitoring platform, utilizing smartphones, to assess hardware availability in schools but more importantly to assess the perception of students on menstrual hygiene and other hygiene issues. The platform is the mWATER that links with the waterpoint mapping tool.

A major rehabilitation of 64 primary health centres continued in 2017 with some challenges related to construction companies’ capacity and limited market as well as the remote areas in which many of the health facilities are located. Twenty centres were rehabilitated during the year in Bolama/Bijagos, Oio and Cacheu regions. Rehabilitation is now completed for 35 centres in total. Contracts are signed and work under way for additional 29 centres. A partnership agreement was signed with an NGO to perform hygiene training and establish water committees for the public standpipes attached to all solar systems constructed.

**OUTPUT 2** Increased national capacity and strengthened political commitment and accountability to implement national WASH policies.

**Analytical statement of progress**
UNICEF Guinea-Bissau continued to support an effective and inclusive coordination between the Government and partners. GAS, the country coordination mechanism, convened eight times to discuss critical sector issues such as monitoring systems, data generation, fundraising and discussions on overall sector directions, such as the implications of SDG with regard to the country status for the Sanitation and Water for All event in Washington, attended by the Minister for Natural Resources.

UNICEF provided assistance to the Government to increase its capacity to monitor and follow up interventions undertaken by various actors in the WASH sector. In particular, UNICEF supports the Directorate of Water Resources for the certification of ODF villages conducted only by a centralized structure within the ministry. This created significant constraint for the certification of villages, causing delays and increased field visit costs, due to the large number of communities to be verified this year (542) and the low number of government officials able to perform certifications. This was addressed by UNICEF supported trainings to local government officials and regional departments of health and education to prepare them to assist Directorate of Water Resources in the certification process. Twelve local authorities in four regions were trained and are now available for future verifications.
In 2015, UNICEF supported the ministry in the elaboration and establishment of national policies for water and sanitation. But due to political instability and change of ministers, it was not possible to finalize and validate the policy work. However, UNICEF had the opportunity to twice discuss with the Minister the validation of the policies. The Ministry was keen to work on a new water sector plan as well. UNICEF working with UNDP (UNDP had provided past support), encouraged the Ministry to finalize and adopt the policies as a first step, and thereafter develop the water sector plan separately. It wasn’t yet possible to progress on the policies validation.

UNICEF supported to the Government in the successful identification, assessment and validation of a potential supplier to participate in the establishment of a network of hand water pump spare parts shops to respond to the high breakdown rates, and to provide maintenance services through the government identified mechanics. The ministry, in discussion with private sector, was instrumental in setting up regulated prices for pump spares and maintenance services at the various levels as well as in the formulation of standard contracts with pump spare stores.

**OUTCOME 6  Education Equity and Quality**

**Analytical statement of progress**
As the Coordinating Agency, UNICEF facilitated the application process to the GPE funding, including an external appraisal of the Education Sector Plan and its revision and endorsement by the local education group. The successful application for the new round of grant from the GPE, which will be combined with the World Bank project funds, represent significant funding for the education sector, totalling up to US$15 million for 2018-2021. In a country where the state budget only supported salaries, the funds will be critical in contributing to improving the quality of education with equity in the country.

The education sector continued to face many challenges in terms of access to education for all children in the country and its quality. The estimate of out-of-school children aged 6-11 years is 44 per cent. Children enter school late and drop-out early, with only 30 per cent entering school at the right age of six years. Teacher strikes continued to exacerbate an already challenging situation in education. In the academic year 2016-2017, 92 teaching days (46 per cent) were lost to strike, although this is less than in 2015-2016 (65 per cent). Advocacy by the local education group resulted in the Government extending the academic year of 2016-2017 until end of July, 2017 (adding 20 teaching days) in order to mitigate the lost teaching days. However, the constant disruptions to the school year have a negative impact on children’s education and contribute to high proportion of children out-of-school and poor learning outcomes.

The year 2017 marked the end of UNICEF’s role as the managing entity for the GPE project 2013-2017. UNICEF continues to be the coordinating agency for the local education group in the country. Apart from the successful GPE application, the other major achievements in the sector were: a) endorsement of the new Education Sector Plan; b) the establishment of two technical sub-groups—Quality and Institutional Development to support implementation of Education Sector Plan; c) preparation of the draft of 2014-2015 annual statistics report and d) reviving the school inspection system.

Endorsement of the Education Sector Plan was preceded by an external evaluation assessing its soundness and relevance to address key issues such as gender, equity, inclusiveness. The recommendations from the evaluation were addressed by the MoE and local education group with technical support from UNESCO-IIEP and UNICEF. The revised Education Sector Plan
was endorsed by the local education group in July. The two-new technical sub-groups met twice, drafted their terms of reference and defined their role to support Education Sector Plan implementation. UNICEF, with GPE funding, supported the MoE in preparing the draft annual statistics report for education for 2014/2015. The data entry is ongoing for the academic year 2015-2016. This marks an important step forward in having reliable data on education in the country. Such annual statistic reports have not been published for more than five years in the country.

UNICEF in collaboration with PLAN international, Fundação Fé e Cooperação, and Handicap International supported the MoE to revive the monitoring of schools by supporting the induction training of 180 school inspectors, who were appointed against vacant posts. These inspectors will be responsible for monitoring over 1,500 schools in the country with focus on teacher attendance and teaching learning processes. They were equipped with practical supervision tools.

UNICEF continued support to the MoE in the validation of the National Quality Standards based on child-friendly school principles in May 2017. The MoE is progressively using these standards to form the basis of trainings of teachers and monitoring of schools. The implementation of the National Quality Standards is expected to result in improved retention, quality and learning in schools. With UNICEF assistance, the MoE adopted Early Learning Development Standards that will provide the necessary framework to achieve quality pre-school education.

The long-drawn negotiations between teacher unions and MoE to avert a teacher strike led to a delayed start of the new school academic year (2017-2018) in mid-October instead of September. Apart from salaries arrears, the other key issue was delays in finalization of the teacher career development policy document. UNICEF provided financial support to the MoE to accelerate the finalization of this document and its validation in consultation with Teachers Unions and education partners. An agreement was reached between Teachers Unions and the Ministries of Education, Finance and Public Service to suspend any strike for the current school year (2017-2018) and a ‘Stability Pact’ was signed on December 27.

Due to the political and institutional crisis, the formal state budget for 2016 and 2017 were not yet approved. The de facto budget shows that the Government mainly covered current expenditures (i.e. salaries).

Implementation of the Education Sector Plan requires the state to progressively allocate 20 per cent of the total budget to education currently estimated at only nine per cent per cent in 2017. UNICEF’s advocacy will continue towards greater Government and partners’ investment in the sector to enable significant and sustainable changes in fulfilling children’s rights 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**
UNICEF continued to ensure the overall coordination of the sector as coordinating agency. Eleven local education group meetings were organized, providing a platform for discussion and information sharing. UNICEF technical assistance, leadership and advocacy through the local education group resulted in the establishment of two technical sub-groups – Quality of
Education and Institutional Development to support Education Sector Plan implementation, adding to the already functioning group on pre-school education.

UNICEF provided technical and financial support for the validation of NQS that were developed in 2016. This is a major endeavour to equip the ministry with quality norms to better perform its regulatory function and improve the overall quality of education. UNICEF provided technical assistance for the development and validation of the Early Learning and Development Standards for children aged 0-6 years. These standards define the benchmarks for components such as language and literacy, physical development and health and will help guarantee quality in the early childhood interventions and for pre-schools in particular.

The work on data continued with GPE funding; the MoE finalized the draft annual statistics report for the school year 2014/2015. However the Education Information Management System remains particularly weak with a lack of reliable and up-to-date data.

Induction training of 180 newly appointed school inspectors was carried out, aiming at an improved supervision and monitoring of schools, focusing on teaching learning processes and quality standards. This is expected to revive the almost defunct monitoring system at the school level.

The construction of three regional teacher training centres was completed resulting in increased capacity from 200 to 500 teachers annually for pre and in-service trainings. Through GPE funds, a total of 1,662,935 textbooks were distributed to nearly 300,000 children in 1,490 schools (out of a total of 1,731 schools). UNICEF supported the MoE in organizing an in-country learning visit for 149 teachers and school directors to innovative programmes being implemented by the NGO ‘Effective Interventions’ focusing especially on early grade literacy and numeracy. This exchange of experience gave teachers from the schools implementing child-friendly school standards a practical understanding to improve classroom processes and approaches in numeracy and literacy.

Although most planned activities were completed, there were delays in implementation. Teacher strikes delayed the start of the distribution of textbooks by three months. Other challenges included delays in construction of TTCs by nearly 6-9 months, due to poor capacities of the construction companies. The TTC were finally handed over to the MoE in November instead of April. Work on curriculum development for grades five and 6 could not be initiated as planned due to delay in finalizing the plan of activities between National Institute for Education Development (INDE)/MoE and UNICEF and Foundation of Calouste Gulbenkian.

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
UNICEF efforts to address the large number of out-of-school children continued in 2017. The terms of reference for the national study on out-of-school children were developed based on the Operational Guidance Manual developed by UNICEF and UNESCO Institute for Statistics and agreed upon with the MoE. The institution for conducting the study was identified and the work will start in 2018. Once completed the study will provide information on the profiles of out-of-School children and identify recommendations for the way forward. Currently the only source of information about out-of-school children is the Poverty Assessment Study at Household Level.
carried out in 2010 and the MICS, 2014. A major constraint was the lack of response to the request for proposals for the out-of-school children study which had to be advertised twice for optimum response.

The construction of 71 classrooms and 25 latrines was completed with GPE funding. It is expected to benefit 7,000 children in some of the most remote and hard-to-reach areas, including the Bijagós islands. Schools were identified in consultation with MoE according to local needs.

A key strategy to address the issue of out-of-school children is pre-school interventions. UNICEF-led advocacy through the sub-group for pre-school education resulted in the addition of 14 inspectors for pre-school monitoring for the first time in MoE. This is a major boost since the establishment of the Directorate of Pre-School Education in 2014 with less than five staff. In addition, 18 community child-friendly pre-schools and 36 preschool community teachers were included into the MoE public system giving them similar status as that of public primary school and teachers. 62 pre-school teachers were trained to enhance their knowledge on early grade literacy and use of locally made learning materials.

As only 30 per cent children enter school at the right age of six years, a campaign ‘6/6’ was launched at the beginning of the school year with the aim to sensitize communities, parents and school personnel on the right age of enrolment, as per the Education Law, and on the importance of completing six years of primary education. The key message is: start at six and study for six years! This campaign aims at addressing the number of children dropping out of school after grade 4 because of this delayed start. As they reach adolescence, many are quitting school due to early marriages and child labour. This affects girls more particularly with 25.7 per cent of girls being out-of-school in the 10-11 year old age group, against 17.5 per cent for boys. This national campaign led by the MoE is being implemented in partnership with the Ministry of Social Communication, religious leaders, media, teacher unions, civil society organizations and NGOs.

The planned activities could not be initiated on the curriculum equivalency for the Koranic schools and Madrassas and alternative strategies for out-of-school children. However, preparatory work was initiated in the form of leveraging funds for developing accelerated learning programmes on basic literacy and numeracy for out-of-school adolescents through a peace-building lens.

OUTCOME 7 Child Protection

Analytical statement of progress
Despite continued political and institutional instability, major steps were taken this year to strengthen the country child protection system. At an upstream level, UNICEF provided the necessary assistance to the government for the elaboration Child Protection Policy and Child Protection Code, ensuring the contribution of key partners (IOM, UN Peace-building Fund, UNFPA, the EU and Plan International). Partnerships were strengthened with IOM to address the issue of child mobility and trafficking of children, and with the UNDP to develop joint interventions regarding child justice. At a downstream level, UNICEF worked to strengthen community mobilization for birth registration and prevention of violence against children.

The development of the child protection policy, with UNICEF assistance, was initiated in May and significant progress was made as of December: the situation analysis of the child protection
A participatory approach was used, allowing different child protection actors to assess the situation of children nationwide. Adolescents and children were fully involved. The process of elaborating the Child Protection Code started after several important steps to engage key stakeholders in this exercise, which aims at harmonizing national legislation with the Convention on the Rights of the Child and other key legal instruments. UNICEF and partners supported the development of alternative care measures. In 2017, the Council of Ministers approved administrative procedures and regulations for foster families and residential care, which was formalized by a Decree.

As the lead agency on birth registration services, UNICEF Guinea Bissau provided technical assistance to the Government to integrate birth registration services in health and education facilities and to increase the civil registration system capacity. This approach resulted in additional opportunities for birth registration of new-borns as well as children who were not registered at an early age since birth registration is free of charge for children under seven years old. The current investment in a system of birth registration in health facilities aims at avoiding the need to run expensive birth registration campaigns that often generates low quality birth certificates (data not correctly recorded). Additional birth registration centres were opened in four regional hospitals, raising the number of centres fully operational in health facilities to 10. The involvement of CSOs, NGOs, community radios and traditional leaders was enhanced and resulted in intensified social mobilization, an essential element to increase the demand for birth registration in complement to supply side interventions. Overall, more than 20,000 children were registered through strengthening of the civil registration system.

Despite the absence of a clearly defined high-level child protection supervisory body, the child protection sector coordination was reinforced. The National Committee for child trafficking prevention was involved in the organization of regular joint monitoring missions for data & information collection in most affected regions. In addition to this, the Inter-Ministerial Civil Registration Committee met on a regular basis, including for the approval of key documents to strengthen the Civil Registration system.

The number of cases involving children handled by the justice system has increased. However, critical challenges persist regarding adolescents in conflict with the law. A clear juvenile justice policy, with administrative and legal measures, is still far from being a reality.

The few specialized child protection services were faced, as in the past, with very limited human and funding resources. Efforts were made to build up the fragile child protection system through capacity development of child protection services. UNICEF contributed to the improvement of coordination, monitoring and management of cases, especially at decentralized level. 46 social assistants, particularly from health and justice sectors, benefited from capacity building sessions. Due to sharper knowledge on national legislation, techniques of case management and administrative procedures, coordinated interventions were improved to address cases of violence against children, resulting in increased number of cases followed-up (342 cases) as compared with previous year (312 cases). Also, the new Social Assistants Deontological Ethics Code was developed by the Ministry of Women, Family and Social Affairs, with full participation of the social workforce.

Capacity development of 42 people from main CSOs working for the abandonment of female genital mutilation/cutting and child marriage was undertaken to sustain community-based interventions addressing gender and child rights violations. This resulted in more effective community approaches, using harmonized tools for social mobilization and human rights dialogue facilitation. Steps were taken to mainstream these into holistic community
development: literacy and income generating initiatives targeting women and girls were supported as well as efforts to address community basic social needs, with the participation of local administrative authorities.

2017 is the last year of the second phase of the joint programme of UNFPA and UNICEF on female genital mutilation/cutting, which started in 2008. Community dialogues to end female genital mutilation/cutting and other harmful practices were strongly promoted as in past years, as well as life skills and literacy programmes for adolescent girls and women. Sessions to address female genital mutilation/cutting and other violations of women and girls’ rights benefitted from strong participation of community members, especially adolescents, and resulted in 75 communities declaring the abandonment of female genital mutilation/cutting and child marriage, with a total population of 32,924. Urban settings saw increased peoples’ participation to address female genital mutilation/cutting, particularly in the capital city, Bissau. Since the start of the Joint Programme, 283 communities have declared publicly the end to these harmful practices.

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
Important steps were made to continue to move forward the Child Protection Code. Results from strong advocacy conducted in 2016 with Government authorities led to the identification of the technical support needed to review civil and penal legislation, in line with the Convention on the Rights of the Child and other child rights instruments. UNICEF assisted the MoJ in the recruitment of a national team of experts, which is currently conducting a desk review. The MoJ and Parliament developed key documents such as the road map and terms of reference for that process.

In November, the decree approving the regulation of Alternative Care of Children was discussed and approved by the Council of Ministers. These regulatory instruments for shelters and orphanages as well as the profiling of host families, are being widely disseminated among key child protection stakeholders and will reinforce the role of the Ministry of Women, Family and Social Affairs in monitoring the work of those institutions and increase awareness to reduce the institutionalization of children.

The process to develop the child protection policy started in May. A steering committee was formed in February, with members belonging to key social sector ministries, justice sector, religious organizations and CSOs, including child rights dedicated organizations. They were capacitated with increased knowledge on child protection systems and on the importance of developing a guiding document for child protection. The committee met every month and was involved in national consultations, including field missions and interviews with key informants, to conduct the situation analysis, which was shared among the steering committee members for review and validation.

UNICEF carried out advocacy with the Ministers of Tourism and of Women, Family and Social Affairs to implement the 2016 approved Code of Conduct against sexual exploitation of children in tourism and travel industry. Technical staff from both institutions were working on a joint action plan for its implementation, with UNICEF support. This Action Plan was finalized and budgeted and is awaiting endorsement of both Ministers. In the meantime, the knowledge of 37
tourism inspectors from nine country regions was strengthened on the Code of Conduct, as well as recent tourism legislation and child rights instruments. The Government reinforced regulation to ban access of children and adolescents to entertainment places that are not adequate for children (discos, bars, adult movies).

During the reporting period, the planned comprehensive assessment of the Bissau-Guinean Civil registration and Vitals Statistics, including the development of the Action Plan, moved forward. Desk review of existing data was finalized and preliminary results of the evaluation presented at the inter-ministerial committee in December.

**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**

A total of 13,585 children were registered in 10 centres created in health facilities, with UNICEF support, with an average of 1,013 children per month. Together with the Ministries of Justice and Health, capacities of 56 health and civil registration professionals were developed. Social mobilization for birth registration at community level was high. UNICEF supported knowledge enhancement of 138 traditional and religious leaders, as well as 30 community radios, which aired spots and programmes related to birth registration. Traditional leaders started mobilizing communities to use services and developed mechanisms to identify non-registered children.

Thirty parliamentarians were sensitized through a special session held under the umbrella of the National Assembly Committee for Children and Women and became involved in mobilizing their constituents. To increase access of vulnerable population, the MoJ started new partnerships with environmental organizations working in the Bijagos islands, where the rate of birth registration is extremely low. They mobilized communities on the importance of birth registration. A total of 20,000 children were registered, thanks to UNICEF supported interventions, targeting vulnerable groups and facilitating registration in hospitals.

UNICEF assisted the MoJ in initiating a programme to collect routine civil registration data in real time, through SMS, using the RapidPro system already used in other countries to monitor the number of children registered by age group.

With UNICEF support, 342 cases of child victims of violence were referred and followed upon by child protection actors facilitated by stronger coordinated responses (mainly in Bissau), although only 35 cases went to court. Also, 150 ‘talibe’ children victims of exploitation benefited from psychosocial support and were reintegrated into their families with support provided to accessing education and obtaining birth certificates. UNICEF supported one of the few shelters in the country. 18 cases were followed upon by the shelter and awareness/education campaigns were conducted.

The Ministry of Women, Family and Social Affairs was supported to monitor the conditions of main shelters and residential care services for children. Conditions of children were assessed in 20 shelters and orphanages. According to the social services 718 vulnerable children (389 girls and 329 boys) are in residential care. This issue was raised at high level, including at the Council of Ministers, to advocate for the development of an alternative care policy.

Under the UNFPA/UNICEF female genital mutilation/cutting joint programme, the main results
occurred at the community level, in addition to important advocacy activities to end female genital mutilation/cutting. 75 communities publicly declared abandonment of female genital mutilation/cutting and child marriage. In total, 1,782 sessions to promote the end of practices and social norms that affect the rights of children and women, took place in 122 communities, including 118 religious leaders. The programme supported literacy and income generation programmes, targeting around 500 adolescents and women.

The First Lady was engaged in several female genital mutilation/cutting campaign activities, including the celebration of the international day of Zero Tolerance for female genital mutilation/cutting and the commemoration of the sixth anniversary of the female genital mutilation/cutting law, jointly with the Government, parliamentarians and justice actors.

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
One of the key areas of focus for the advocacy, communication and partnerships programme this year was immunization that was an office priority, as immunization coverage rates were decreasing over the past years in Guinea-Bissau. In this regard, the Government and UNICEF partnered to celebrate the global immunization week from 24-30 April under the patronage of the First-Lady, who continued to actively champion immunization, as she did in 2016 with UNICEF and WHO’s support. For the global week, she accepted to feature in three TV sensitization spots, calling parents, especially mothers, to vaccinate their children and insisting on the importance of respecting the vaccination calendar. These spots were aired from April to June 2017.

In order to increase the demand for vaccination services from communities, significant efforts were deployed by the C4D programme in five regions with low coverage: Cacheu, Tombali, Gabu, Bolama and the Autonomous Sector of Bissau. As a result, 946 community influencers (such as district administrators, traditional and religious leaders, presidents of women’s associations) were mobilized at the district level to support routine immunization programme. The national immunization Communication plan was reviewed and disseminated to both media professionals and traditional and religious leaders during two workshops held at the central level with a total of 87 participants.

UNICEF National Ambassador, the singer Tchuma Bari, was involved in the immunization campaign by producing a song and a video clip that aired on TV and radio, at national and local level. Overall the National Ambassador demonstrated a strong commitment to children’s advocacy efforts and participated in eight public events organized by the Government and supported by UNICEF. She made a concert for children at the occasion of the International Children’s Day, which gathered hundreds of children in Bissau main square. Her songs related to breastfeeding, immunization and education were widely disseminated through mass media and social media platforms and contributed to create awareness among the public on these important issues.

C4D activities to support programme interventions focused on maintaining established strategic partnerships with local radio stations to promote important themes such as the 16 key family practices used for community-based health interventions, the protection of children and the
importance of education. Knowledge and skills of 106 media professionals were reinforced through three different trainings on (1) birth registration (2) routine immunization (3) radio broadcasting and journalism in relation to children’s issues.

To support the dissemination of messages on key family practices by community health workers, in close collaboration with the Ministry of Health, the Health Institute, the Ministry of Social Communication and NGOs, a flipchart on the 16 key family practices was developed through a participatory workshop and 7,500 copies were printed. The flipchart will greatly enhance the capacity of CHWs in conducting educational sessions and communicating around the healthy behaviours that family should be adopting. In addition, more than 2,800 CHWs were trained in interpersonal communication, including simple and practical techniques on animation, counselling for home visits and community base dialogue.

Through both the community health workers’ efforts and media programmes, key messages on the key family practices reached the vast majority of the Bissau-Guinean population, including the most remote communities as well as mobile population such as nomadic groups or fishing communities, who hardly enter in contact with the health system. This contributed to improve communities’ knowledge and to induce behaviour and social norms changes, including for increased use of public services.

A workshop was held with 47 implementing partners on indicators related to the 16 key family practices, the main objective being to familiarize these partners with baseline indicators measured by MICS surveys and to sensitize participants on the importance of monitoring results of C4D activities. To this end, a study was conducted by INASA to better measure the level of KAP of households in relation to the key family practices in five health regions, where community-based health interventions were implemented. The findings show that communities have well assimilated practices that are related to the prevention of child diseases and to young child feeding, while practices related to curative aspects are lower. This KAP study is an important milestone to better assess progress regarding the adoption of safe behaviours by families.

The Women and Children’s Institute and the National Children’s Parliament were driving advocacy activities for children, with the support of UNICEF and other partners, especially for the celebration of key international days related to children’s rights. New members of the Children’s Parliament were elected during the year and both regional and national sessions were organized to acquaint the young parliamentarians with their roles and responsibilities. A new executive committee was appointed in December 2017.

Celebrations of international days were used as strategic moments for advocacy, awareness-raising and children’s rights promotion. For example, on the Day of the African Child, the Government, African Union, Plan International, UNICEF and other partners collaborated to support the realization at the National Assembly of a special session of the National Children’s Parliament on the CRC. Debates and discussions received national attention and recommendations were further amplified through the television, radio and newspapers and social media. Other events raised public awareness on issues such as female genital mutilation, safe water, hand-washing, immunization and child participation. UNICEF used its local Facebook page to give visibility to children’s issues and inform the public on major advocacy campaigns.
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
In close collaboration with the Government, UNICEF supported the organization of 20 national events, which contributed to put children’s rights on the public agenda, either for marking international days or more specifically focusing on UNICEF-supported programme in the country. UNICEF flagship date was the World Children’s Day (20 November), during which a group of children interviewed the Minister of Women, Family and Social Affairs – an interview which was aired by the national television the same day. Additionally, UNICEF organised a photo exhibition on children and key programmatic interventions at the French-Bissau Guinean Cultural Centre.

UNICEF supported the elections of new members of the Children’s Parliament elections sessions in all 9 regions of the country, which were followed by regional sessions with new members. The national session was held in December with the designation of a new executive committee.

Special events included: World Day of ZERO tolerance to female genital mutilation (February 6), celebration of the International Children’s Day on 1st of June, as well as the celebration of the Day of the African Child (16 June); the World Breastfeeding Week (1-8 August), Hand-washing Day (16 October), and UN Day (24 October). These initiatives were organised in collaboration with the Children’s Parliament and the Institute of Women and Children.

The First Lady continued to be a key advocate for children in the country. Demonstrating her commitment to the cause of child rights, she led the celebration of the International Children’s day and actively contributed to the communication campaign for the global immunization week from 24-30 April. Her participation in these key events contributed to enhance awareness among the population on issues affecting children.

UNICEF actively engaged with the national media, in particular through a visit if the national television by the Representative to establish a closer partnership. Although a draft agreement with a detailed workplan was developed, this could not materialize due the change of the TV director and his associates. However key messages on child rights were developed and regularly broadcast across the country through the national television and radio, newspapers and social media.

A total of 24 press releases were published by UNICEF. In terms of press coverage, UNICEF registered 129 articles on child rights printed on the major national newspapers and online media. Several interviews were granted to national and international media. One story was published on UNICEF intranet website.

Continuous focus was given to social media, with a total of 128 posts on UNICEF local Facebook page, which resulted in an increased number of followers (from 7,494 in 2016 to 9,004).

In order to ensure visibility for donors, UNICEF organized field visits with the media and facilitated the production of stories, visibility materials and photos. To this end, UNICEF hired a professional photographer. As a result, an extensive catalogue of photographs on community health and on the situation of children and women in Guinea-Bissau was made available to UNICEF and partners.
OUTPUT 2 Essential family practices, education, parental skills and social norms promoted at community and household levels in all regions

Analytical statement of progress
Routine immunization was one of the focus areas of C4D programme. The national communication plan on immunization was reviewed and disseminated through two national workshops: one with 42 traditional and religious leaders and one with 11 regional health deputy directors and 30 journalists. Data analysis helped identify six high-risk regions that required C4D interventions. Workshops were organized in all the 22 districts of these six regions, with the aim to establish social mobilization committees in favour of immunization.

The workshops mobilized 946 districts administrators, traditional and religious leaders, traditional healers, Women leaders, CBOs, CHWs and radio professionals. Theatre for development was used in 20 localities to pass on messages on the importance of vaccination, using an interactive approach. UNICEF supported social mobilization during the national polio vaccination campaign in November.

The effectiveness of the CHWs’ work was assessed through the Knowledge/Attitudes/Practices survey carried out by the National Health Institute, which revealed that communities have well assimilated safe practices related to child health.

In order to understand attitudes related to cholera, a survey was conducted on the border of Guinea-Bissau and Guinea, 510 individuals were interviewed. The findings will be used to design appropriate strategies to prevent cholera. The survey showed that radio remains the preferred communication channel for 81 per cent of respondents and that creole is the preferred language for 77 per cent.

This shows the importance of the renewed partnerships between UNICEF and 29 local radio stations to disseminate messages on the 16 key family practices defined for community health, but also combat harmful practices (female genital mutilation, child marriage) or promote education. The radios aired two spots daily and produced and broadcasted monthly 30-minute programmes, representing a total of 21,170 spots aired and 348 programmes broadcast during the year. The media use local languages.

Fifty-eight professionals from the radios were provided with technical knowledge on radio broadcasting and journalism. They were trained on how to treat child-related content, on children’s rights and on the 16 key family practices.

Messages disseminated by radios were reinforced through interpersonal communication between community health workers and community members. Cascade training sessions on interpersonal communication were conducted for community health workers to improve their communication skills: a total of 243 health areas managers and NGO field supervisors were trained as trainers. In turn, they trained 2,807 community health workers who were familiarized on simple and practical techniques of interpersonal communication. Additionally, work was accomplished with the development of a flipchart on the key family practices to be used by the workers for educational sessions; 7,500 copies were printed.
Also, 139 traditional leaders and 18 radio producers were made aware of the importance of birth registration; their technical skills were strengthened to better inform communities and help increase birth registration rates.

UNICEF supported the national “6/6” education campaign on enrolment of children at the right age six years and retention for six years.

OUTCOME 9 Planning, Monitoring, Evaluation and Social Policy.

Analytical statement of progress
For the second consecutive year, no official public budget was adopted. UNICEF maintained a regular dialogue with high-level government officials and other development partners such as the IMF and the World Bank to ensure minimum government spending on health, education and child protection. The Government indicated through a budget document adopted by the Council of Ministers in January 2017 its intention to spend in social sectors up to about US$ 50 million representing 19 per cent of total public expenditures against 17 per cent in 2016. There are no official figures to assess the achievement of this planned objective. Available data showed that by end June 2017, the budget execution rate was 40 per cent for the MoE and 24 per cent for the MoH. The Ministry of Natural Resources, in charge of WASH-related interventions and the Ministry of Women, Family and Social Affairs recorded very low execution rates of 3.9 per cent and 3.4 per cent, respectively.

UNICEF held several advocacy meetings with the Minister of Economy and Finance that resulted in the payment of counterpart funding for GAVI Alliance grants for vaccines for an amount of US$ 115,000, the allocation of US$ 70,000 for routine vaccines and the disbursement of US$ 30,000 to procure vaccination cards. The Government disbursed more than US$ 600,000 for school rehabilitation and more than US$ one million (US$ 91,000 per month) were allocated to maintain the functioning of the national and some regional hospitals.

Development partners maintained efforts to encourage the Government to improve public finance management, in particular through their participation in the weekly Treasury Committee meetings set up by the Government. The Government made progress in improving tax administration and securing certain niches of income. The Government demonstrated its commitment to improving expenditure management with the elimination of non-regularized expenditure. These improvements in public finance were widely acknowledged, especially by IMF. The completion of the IMF’s third and fourth reviews respectively in July and December 2017, under the Extended Credit Facility agreement, resulted in the new disbursements of a total of US $ 8.4 million attests to Government’s efforts. The Government responded to some emergencies particularly in assuring debt service and various social claims, in particular repeated strikes in the health and education sectors, which led to an agreement with education sector trade unions at the end of December 2017.

Another positive development was that the World Bank Group endorsed on June 13, 2017 a new Country Partnership Framework with Guinea-Bissau for 2018-2021, the first full country strategy since 1997. The World Bank set education and health among its new partnership priorities in the country. A total of US$ 25 million is allocated to strengthen the health system for improved child and maternal health while US$ 15 million is provisioned to improve access to and quality of primary education.
Closer partnership was established between UNICEF Guinea-Bissau and the World Bank Representation in the country, in line with the framework agreement signed between the two organizations at the global level. This partnership focused on education, child and maternal health, nutrition and social protection, and could comprise poverty analysis based on the current national household survey undertaken with World Bank funding and public finance analysis. The CO held discussions with the African Development Bank to include child-sensitive targeted support in its new Country Strategy Paper covering the period 2018-2019.

UNICEF Guinea-Bissau pursued its policy advocacy work and technical support to ensure that the Government has in place the necessary frameworks in the social sectors to guide public investments and avoid ad hoc decision, such as robust sector plans with costing, operational plans and budget frameworks. This improved efficiency in public expenditures and enhanced management of donor aid and partners’ support in general.

The CO supported the appraisal and validation of the Education Sector Plan, the development of the National Health Sector Plan and the five-year Immunization Plan, as well as the drafting of a Child Policy and continuous advocacy for the validation of Water and Sanitation policies, which were drafted with UNICEF support in 2015. Efforts are ongoing for the finalization of birth registration national plan with costing, while UNICEF helped the Government disseminate the national Every Newborn Plan, which was costed at the end of 2016. The World Bank is currently preparing for a public expenditure review covering education, health and security sectors, which will complement the policy work led by UNICEF and will generate insights for better public spending on these sectors.

**OUTPUT 1** National and decentralized planning, monitoring, evaluation and child-friendly budgeting, policies and legislative framework implemented and consolidated.

**Analytical statement of progress**

UNICEF continued its support for capacity development of regional coordination teams established in 2016 to enable them to engage in bottom-up dialogues with central authorities. Consequently, 38 additional government and non-government officers were trained on Result Based Management in five of the country’s nine regions. These regional coordination teams were originally constituted in the eight regions of the country (except the capital city) to coordinate the formulation, implementation and monitoring of regional development plans, especially in social sectors. With limited delegation of powers from the central to regional government entities, this mechanism was thought to be an alternative by involving regional and local communities in the national planning process, especially by harnessing the existing de-concentrated public and community organisations.

Further steps to formalize the regional coordination teams and use them to strengthen social accountability was constrained by the engagement of the Ministry of Economy and Finance in concurrent activities with UNDP support. As efforts were redundant, UNICEF chose to join efforts with UNDP to establish the proposed national planning system, which will include a Development Observatory at regional level, Planning Advisory Councils at sector level (for a set of communities) and Community Committees (at community level). By end 2017, community committees and advisory councils were established in one region (Cacheu) by the sector administrator, and local development planning activity launched. The composition of the committees overlapped with the regional coordination teams established in 2016.

Therefore, to ensure harmonized approaches, UNICEF suspended its activities with the regional
coordination teams and participated in two workshops jointly organized in two regions by the Government and UNDP for the introduction of potential committees’ members to the local development planning methodology and the adoption of terms of reference of the committees. The workshops gathered 80 representatives of public administration, civil society, community and religious leaders, women’s associations and NGOs/UNICEF advocated for an increased decentralization of public services management and the importance of promoting social accountability for equitable public services. The CO strategy, discussed with the Government and UNDP, is that the Planning Advisory Councils established in all regions should be used as functioning mechanisms for public engagement by men and women in planning, budgeting and monitoring processes.

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

Analytical statement of progress
In collaboration with UNDP, UNICEF used a participatory approach for multidimensional poverty analysis in Guinea-Bissau. A first measurement provided information on the multidimensional poverty at household level using the Multidimensional Poverty Index methodology. A second measurement, the Multiple Overlapping Deprivation Analysis approach, took into account specific characteristics of child-related indicators. The analysis was based on the last two MICS (four and five from 2010 and 2014) to highlight trends. The key dimensions and indicators selected to generate multidimensional deprivations data in Guinea-Bissau were the result of extensive consultations undertaken in all regions of the country to gather insights on citizens’ perceptions on the dimensions of poverty. Four regional consultations and one national consultation gathering more than 150 participants from public sector and civil society organizations were conducted. The consultations provided the basis for further research at regional levels, as they highlighted some peculiarities regarding the perception of poverty in each region.

Beyond poverty measurement, the consultations were an open, public dialogue around SDG1 between the public administration representatives, citizens and two United Nations agencies. They highlighted the significant demand from the population living in remote areas for more equitable and efficient public services and the necessity to reinforce citizen’s control.

UNICEF initiated discussion with development partners on social protection, an area that hadn’t receive attention from both government and partners. Several consultations between UNICEF, World Bank, WFP, the European Union and the Portuguese Cooperation shared information on initiatives and agreed on joint actions. Ongoing initiatives on social protection encompass two cash transfer programmes (WFP and the World Bank), assessments of social safety nets and public pension funds (World Bank) and the design of a unified national social registry. The ministry in charge of social protection drafted and shared with development partners a concept note on a social protection policy.

Social protection was positioned as one of three priorities of the UN-World Bank humanitariandevelopment nexus programme that was approved for Guinea-Bissau with an allocation of US$100,000 for the sector (of US$ 500,000 for the whole programme). UNICEF together with WFP and the World Bank organized a national forum on social protection to initiate policy dialogue and obtain a consensus on a roadmap towards developing a national policy/strategy. The forum organised in October 2017 gathered more than 60 participants and served as a platform to review existing programmes and studies and to draw up recommendations for the national
social protection policy formulation. This includes the creation of an inter-ministerial technical committee to lead the work within the Government, with which WFP, UNICEF and the World Bank can implement the roadmap on social protection in 2018.

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

The 2017-2018 IMEP planned for 14 items ranging from surveys to studies, research, evaluations and reviews, out of which six were completed and three were initiated and will be completed in 2018.

As at end December 2017, three final evaluation reports were submitted. One evaluation was led by the European Union on a WASH project implemented by UNICEF along with two other partners, entitled ‘Improving Drinking Water Access, Sanitation and Hygiene Adequate Practices in Rural Guinea- Bissau’. A second evaluation of a UNICEF-EU Project on “protecting environment of women and girls’ rights in the regions of Bafata, Gabu Oio and Bolama/Bijagos”was conducted by UNICEF through an external consultant. The third evaluation was carried out on the community health component of the EU-funded project to reduce infant and maternal mortality.

The Education Sector Plan was successfully reviewed and the assessment report was submitted. One KAP study and one study on vaccination equity were completed. The specific study and mapping of areas sustainable for manual drilling in Guinea-Bissau was completed. One WASH action research on menstrual hygiene was initiated with terms of reference but was delayed and could not be completed in 2017. The mid-year review and the annual review of the AWP were successfully conducted.

The external review of the expanded programme on immunization is ongoing. The terms of reference for the programme gender review were developed and the consultancy published, but the difficulty in identifying a qualified consultant delayed it to 2018. The SMART survey could not be engaged due to delays in mobilization of resources.

The monitoring and evaluation unit followed up regularly on the IMEP progress to address delays in completing studies or other items. Quality assurance was duly considered. UNICEF Bissau study on Ebola Prevention in Guinea-Bissau was selected as one of UNICEF best research in 2017. This study on “Contextual and Psychosocial Factors Predicting Ebola Prevention Behaviours in Guinea-Bissau” features in the compendium “Best of UNICEF Research 2017”, published by UNICEF Office of Research - Innocenti along with other 11 studies.

Support was provided to the National Statistical Office to draft the MICS-6 survey plan and associated budget required to conduct and complete the survey. The plan and the importance of the MICS survey were presented to development partners and donors by the Secretary of State of Planning to mobilize additional resources and fill the current financial gap. The sampling phase was completed with the support of an expert provided by the Regional Office. The questionnaires are being reviewed and translated into Portuguese and mapping and enumeration were completed. The preparatory work was completed and the survey carried out in March-April 2018 as planned when funding is secured.
Evaluation and research

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Lessons learned

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