

## Guinea Bissau

### Part 1: Situation update in the country

Guinea-Bissau remained one of the poorest countries in the world, ranking 177 out of 189 countries on the United Nations Human Development Index in 2017. Children continued to face enormous challenges. According to the 2018 UN Inter-agency Group for Child Mortality estimates, Guinea-Bissau is among the 15 countries with the highest under-five mortality in the world, and among the 10 countries reporting the highest neonatal mortality globally. The net school attendance ratio is only 62 per cent (same for boys and girls), leaving many children behind. Food insecurity is a recurrent threat for a part of the population and close to a third of children are stunted (27.6 per cent). According to World Food Programme (WFP) Food Security Monitoring Survey (October 2017), less than 17 per cent of children aged 6-23 months were provided minimum food diversity. Women and girls in Guinea-Bissau are even more vulnerable, with fewer adolescent girls accessing education compared to boys and literacy rates that are as low as 50.5 per cent for women aged 15-24 compared to 70.4 per cent for men of the same age. Female genital mutilation and child marriage remain a widespread practice, with high social acceptance. A quarter of women aged 20-24 years are married before the age of 18.

According to the 2018 Fragile State Index, Guinea-Bissau is ranked as the third most fragile state in West Africa, after Guinea and Nigeria. The main factors of fragility emphasized were fractionalized elites, lack of state legitimacy and deficient public services. The country also faces high economic inequalities and demographic pressures.

The precarious living conditions of children is reflected by the results of the multidimensional poverty analysis based on Multidimensional Poverty Index and Multiple Overlapping Deprivation Analysis (MODA), jointly conducted by UNICEF and the United Nations Development Programme (UNDP) in 2017 and released in 2018. The study provided a useful baseline for the Sustainable Development Goal (SDG) 1 related to poverty and showed that 58 per cent of the population could be considered multi-dimensionally poor. Deprivation in housing and sanitation were the main contributors to multidimensional poverty of households. Education was the next main contributor. Poverty incidence rate was 72 per cent when the head of household did not attain primary school level, compared to 26 per cent when the head reached secondary school.

Child poverty is even more severe. The MODA revealed that 97 per cent of children (0-17 years) suffered at least from one deprivation and 75 per cent cumulated three deprivations or more. Children suffered the most deprivations in sanitation and housing. The most deprived age group was the group of children aged 0-4. Some 83 per cent of these children suffered from three deprivations or more, mostly in the dimensions of housing, sanitation, protection and education. More than 77 per cent of children aged 0-14 years were deprived of protection by being victims of domestic violence and engaged in labour. Adolescents lack appropriate skills to cope with early marriage and early pregnancy. The MODA helped identify the most vulnerable children, both in terms of geographic location and social groups to better target those disadvantaged groups and reduce inequalities, in alignment with SDG 10.

For 2018, economic growth was estimated at 4.5 per cent by the International Monetary Fund (IMF), down from 5.9 per cent in 2017. This slowdown stemmed mainly from lower cashew crop revenue due to adverse rainfall and declining international prices. Cashew cultivation benefits 85 per cent of the population and its export represents 98 per cent of country's export earnings. Therefore, losses in its production affect food consumption, incomes and rural employment and negatively impact children.

In addition to this mixed economic performance, progress towards the SDGs and the vision of a politically stable and developed country set by the 2015–2020 National Strategic Plan "Terra Ranka" continued to be challenged by the political crisis unleashed in the aftermath of the 2014 legislative and presidential elections.

The resignation of the Prime Minister at the end of January 2018 stalled the public administration for three months. The sixth Prime Minister appointed by the President failed to constitute a Government. Thereafter, political protagonists reached an agreement on a consensual Prime Minister, who was appointed in April. The main priority of the new Cabinet was the organization of legislative elections, planned for November 2018. These elections were expected to help transition out of the crisis. In April, the National Assembly extended its mandate to allow time for the electoral process. Parliamentary activities resumed, after having been suspended for two years because of the political deadlock. A national budget was adopted for the first time since 2016.

However, technical factors and mistrust between protagonists impeded sound implementation of the electoral calendar, even though the cost of the elections (US\$7.7 million) was fully funded by various partners' contributions. In December, the voting was officially postponed to 2019, a year which should also see Presidential elections.

The uncertain political context during the first quarter hampered the initial implementation of UNICEF annual work plan and made it difficult to maintain a high-level dialogue with the Government on priorities for children and women. The appointment of the new Government in April eased the situation but led to several changes in the Administration with the replacement of several high-level officials within key partner ministries, including those responsible for health, child protection and statistics.

In general, in 2018, much attention was devoted to the preparation of the national elections, both by Government and partners, often to the detriment of the development agenda. Despite this context of institutional unpredictability, the United Nations system supported the process of aligning the national development plan 'Terra Ranka' with the SDGs and review related targets. This was also an opportunity to align the 2015 national plan with the targets set in the Education Sector Plan and the National Health Sector Plan, developed in 2017. This mainstreaming exercise was completed, but the outcome of the process is yet to be endorsed at political level.

The social situation was marked by frequent demonstrations and repeated strikes in the public administration, including hospitals and schools.

In the education sector, there was hope for a more peaceful social climate following the pact signed with Teacher Unions in 2017 and an academic year 2017/2018 which closed in July without major strikes. However, in October, the school year began with a new teachers' strike, which lasted until end December. Even though the teachers' career policy document was

approved by the National Assembly on November 22, which was one of the trade unions demand and a significant step, the strike was not suspended.

In November and December, students from public schools held protests, asking the Government to ensure that they do not lose out on their education. One of the students' demonstration was violently repressed by the police. As a result, one student was injured, and the Minister of Interior was dismissed.

The recurrent disruptions in education services, with schools remaining closed during prolonged periods, continue to undermine efforts deployed by UNICEF and partners such as the World Bank and the Global Partnership for Education in support to the Government to reach SDG 4 targets on education. The assistance provided focuses on strengthening teachers' competencies, increasing access to basic education, especially for girls, and improving learning outcomes. In 2018, supplies planned for the 16,168 students (48 per cent girls) of the 66 UNICEF-supported child-friendly schools could not be distributed due to teachers' strike. Major challenges remain for children to enjoy their right to go to school and learn as shown by the Out-of-School Study conducted by UNICEF. While there are more children in schools, the study showed that a substantial portion is over-aged: 73 per cent of the children aged 12-14 are still in the primary level (grade 1-6). In addition, less than 40 per cent children entering grade 1 complete six years of primary schooling.

The weaker economic performance also impeded the implementation of the State Budget adopted by the Parliament in June 2018. The Government initially planned to mobilize a total of US\$367 million against US\$300 million in 2017. However, tax revenue mobilization was weaker than last year. Allocations to social sectors were significantly reduced with only 8 per cent of the budget for education and 6 per cent to health, less than in previous years. According to the Public Expenditure Review (PER) released by the World Bank (WB) in October 2018, public spending in education and health averaged respectively 12.3 per cent and 9.9 per cent of total public expenditures over the period 2010-2017. This was noticeably below international standards on public expenditures of 20 per cent for education and 15 per cent for health. This is a concerning situation given the critical needs of these sectors, and will require intensified advocacy by development partners. The WB report also indicated that, recurrent expenditures (mainly salaries) absorb the bulk of domestic revenues. The Government thus has very limited space for investment, which depends on external resources. In the 2018 State Budget, 92 per cent of public investment was planned to be funded by external resources.

Donors' limited interest in the country due the persistent political instability poses significant risks to the future of children. Grants declined between 2010 and 2017 from 9.9 per cent of gross domestic product (GDP) to 4.1 per cent, according to the World Bank. If the country does not get back to a more stable status, resource mobilization is likely to remain inadequate to address social inequalities, with specific attention for those left behind or make substantial progress towards the SDGs.

Notwithstanding this situation, in the health sector new partnerships were initiated in 2018. A World Bank project (US\$25 million) for maternal and child health was approved and two projects by the Arab Bank for Economic Development in Africa (BADEA) and the Islamic Development Bank (IDB) are being prepared, aiming at improving health infrastructures and acquiring equipment. This will complement the substantial funding (over US\$40 million) granted by the European Union under the Integrated Maternal and Child Programme since 2013. Unfortunately, the H4+ programme, a UN initiative for health, could not be extended after mid-

2017.

Although the new data from the Multiple Indicator Cluster Survey (MICs) will not be available before 2019, the latest Inter-agency Group for Child Mortality Estimates, released in September 2018, indicated a child mortality rate at 84 per 1,000 births, an annual rate of reduction of 3.6 per cent. This would mean that the positive trend in the reduction of child mortality observed during the last decade, was maintained. This may be the result of various initiatives funded by partners during the last five years, despite the low performance of the health system, which continue to suffer from insufficient public funding, shortage of human resources and inadequate infrastructures.

One of the major contributors to the level of under-five deaths is neonatal mortality. Apart from neonatal deaths, the main causes of under 5 mortality were: pneumonia (15 per cent), diarrhoea (9 per cent), injuries (5 per cent), malaria (4 per cent) and AIDS-related causes (2 per cent). In addition, malnutrition remained a major underlying cause of under-five mortality. The HIV prevalence was 3.4 per cent in the reproductive age population (15-49 years), one of the highest in West Africa. According to UNAIDS, an estimated 4,200 children aged 0-14 were living with HIV, with only 16 per cent of them accessing antiretroviral treatment.

With regards to SDG 6 on safe drinking water, the 2017 World Health Organization/UNICEF Joint Monitoring Report (JMP) estimated that 69 per cent of the population had access to safe water (only 54 per cent in rural areas) and 21 per cent access basic sanitation. Open defecation was estimated at 16 per cent of the households nationwide, including 30 per cent in rural areas. With the introduction of the community-led total sanitation approach and the rapid progress made in the number of communities that abandon open defecation, it is expected that the percentage of people practicing open defecation will be further reduced.

The fragility of the country's institutions is also reflected in the weakness of the national statistical system. The difficulty of having accurate and up-to-date data affects the level of precision in the planning, programming and budgeting of results and actions for children. However, two major national households' surveys are being conducted: the UNICEF-supported MICS and the WB/ West African Economic and Monetary Union living conditions survey. They will provide up-to-date data which will allow measurement of progress against the 17 SDGs and their 169 targets.

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

### **Goal area 1: Every child survives and thrives**

Considerable progress was made in 2018 to improve child survival through increased routine immunization coverage, with targeted strategies to reach vulnerable groups. These strategies included the strengthening of community-based health interventions in all 11 health regions and the implementation of Every Newborn Action Plan (ENAP) to accelerate the reduction of neonatal mortality.

In line with the UNICEF West and Central Africa Regional Key Result for Children (KRC) on immunization and the UN Development Assistance Framework (UNDAF), the reinforcement of

the routine immunization was a top priority for UNICEF. Efforts were made to reach the country programme target of 80 per cent of infants fully immunized and to have 80 per cent of health districts reporting at least 80 per cent coverage for DTP/Penta 3 containing vaccine as per the KRC. According to the administrative data from November, 79 per cent of infants were fully immunized against 63 per cent in 2017 during the same period. The DTP/Penta3 vaccine coverage rate reached 84 per cent compared to 79 per cent in 2017. However, only six health regions out of 11 reported a Penta3 coverage above 80 per cent.

UNICEF supported the Ministry of Health (MoH) to conduct an analysis of administrative routine immunization data in the 114 health areas to identify those with low coverage and take remedial actions. Fifty low-performing areas were selected, in which intensified immunization activities were carried out. In May, the Government, with the support of UNICEF and WHO, conducted a polio vaccination campaign for children aged 0-59 months, reaching 308,173 children under 5 years of age, representing 96.7 per cent of the target.

To increase the demand for vaccination, partnerships with religious and traditional leaders were strengthened, involving two national forums organized with UNICEF support. The outcome was the formal commitment signed by 78 traditional and religious leaders to ensure that all children under one will be immunized and registered at birth. As a direct operationalization of this commitment, social mobilization committees were established in the six administrative sectors of two regions, Oio and Gabu (out of 10 planned). Led by the local senior traditional leader (régulos), they foster a more effective liaison between health services and communities. UNICEF also supported 16 "djumbais" – the local word for a social reunion - bringing together 561 women leaders from different organizations in three regions (Cacheu, Tombali and Bijagós) to raise awareness on the importance of the immunization calendar for children under one. The interpersonal communication skills of health staff in relation to vaccination were enhanced. A training manual on interpersonal communication was developed by UNICEF and a team of 77 health managers were trained. In turn, they trained 865 community health workers.

Important geographic disparities remain to be addressed. To better identify the children missing out on vaccination, an equity in immunization study was conducted in seven regions. This complemented the analysis done in 2017, thus covering all 11 health regions. In these seven regions, 37,157 people (4.5 per cent of the total population) were identified as living in hard-to-reach areas with limited access to vaccination. In addition, a knowledge, attitudes and practices (KAP) survey conducted in seven regions helped identify individual and social behaviours which increase or impede the demand for routine immunization.

Efforts to leverage funds for the immunization programme focused on the country's application to the Global Vaccine Alliance (GAVI) for the Health System and Immunization Strengthening (HSIS). In June, UNICEF provided technical assistance for the organization of the National Dialogue, building consensus on routine immunization, and the preparation of key documents for the GAVI Country Engagement Framework 2018-2022, including the Cold Chain Equipment Optimization Platform. The Independent Review Committee approved the country request in November 2018. GAVI will support the MoH with US\$3.7 million during the next five years, in addition to other GAVI funding for procurement, introduction of new vaccines and organization of campaigns. For the second consecutive year, UNICEF succeeded in convincing the Government to pay for traditional vaccines, as well as the counterpart funding for the new and under-used vaccines supported by GAVI.

Community health workers (CHWs) are critical agents to improve the health status of children in Guinea-Bissau, where 66 per cent of the population live more than 5 kilometres from the nearest health structure. The workers follow up with families on the vaccination calendar, among other 16 key family practices that they are promoting. They also have the capacity to detect malnourished children and diagnose and treat children for three killer diseases: malaria, pneumonia and diarrhoea. In 2018, UNICEF supported a nationwide network of 4,043 CHWs, out of the 4,287 foreseen in the national Integrated Community Case Management Strategic Plan (2016-2020). The community health workers cover 72.6 per cent of all children aged under 5 years.

One of the workers key tasks is to perform home visits. Out of 197,141 households that they register, 136,992 (69.4 per cent) were visited at least once a month, below the proposed target of 90 per cent. This was due to temporary interruption of the programme in some regions given the delays in finalizing partnerships with implementing partner non-governmental organizations (NGOs). The community health workers undertook the screening of malnutrition of 64,752 children aged under 5 years. In addition, 96.4 per cent simple cases of diarrhoea, 89.8 per cent cases of pneumonia, and 82.2 per cent simple cases of malaria seen by the workers were adequately treated.

Neonatal mortality remained high in Guinea-Bissau. During the past decade, it has not decreased at the same pace as under-five mortality. In 2018, UNICEF supported the MoH to implement the national ENAP) which was adopted in 2017, to achieve a reduction of 1,000 newborn deaths per year.

In June, UNICEF conducted a rapid assessment of 37 health facilities (8 hospitals and 29 health centres) against quality standards for maternal and newborn care. The key findings were the lack of training of health workers in essential newborn care and the very poor hygiene conditions in maternity wards. To reduce the risk of infection, UNICEF initiated work with the MoH to improve water, hygiene and sanitation services in 21 maternity facilities. Rehabilitation for these facilities was appraised and the bidding was launched in December. In addition, UNICEF ordered the equipment for essential care and resuscitation for 35 targeted maternity facilities. Other interventions aim at building the capacity of staff with the relevant knowledge and skills. Implementation of the care method for pre-term and low-birth-weight children, known as kangaroo-mother care, started in seven reference hospitals. UNICEF hired an academic institution to conduct training of 36 trainers on essential newborn care and resuscitation and to ensure regular supervision and coaching in selected maternity facilities.

According to last MICS data, only 44 per cent of births occurred in institutions. In response, the ENAP provides for community-based interventions and communication for development activities to sensitize families. This work started in 2018 with awareness sessions on newborn health conducted in 13 health centres in the regions of Oio, Tombali and Gabu, reaching 170 local stakeholders including traditional and religious leaders, members of women's organizations, and traditional healers. Sixty-four community radio professionals were trained to produce programmes on neonatal care using local languages.

As the country programme plans to increase from 53 per cent to 70 per cent the percentage of children exclusively breastfed until six months, UNICEF supported the implementation of the Baby Friendly Hospital Initiative (BFHI). A learning exchange visit was organized for a team of 12 technicians to Cape Verde to learn about the management of BFHI and breastmilk banks. At the community level, 23 mothers' groups in three regions were activated: 56 women were

trained to promote infant and young child feeding practices.

In April 2018, the first round of the vitamin A supplementation and deworming campaign was organized together with the polio vaccination campaign. A total of 282,534 children aged 6-59 months, representing 97 per cent of the 292,609 children in this age group, received Vitamin A. This was close to the 98 per cent target of the country programme. Additionally, 253,690 children aged 12-59 months of 249,468 (102 per cent), received a deworming tablet (above the country programme target of 98 per cent). Only one round was undertaken in 2018 given funding constraints. To ensure sustainability of vitamin A supplementation twice a year, UNICEF and the MoH agreed to integrate the supplementation into the routine activities of community health workers starting in January 2019.

UNICEF continued to support nutritional rehabilitation centres for the case management of severe acute malnutrition throughout the country. A total of 69 centres were supplied with therapeutic food, medicines and anthropometric equipment. Eleven nutrition managers received refreshment training. All these centres routinely offer HIV testing for children. From January to September 2018, 1,013 children under 5 years old were admitted for treatment of severe acute malnutrition. Among these children, 58.3 per cent were cured; 8.3 per cent died during the treatment; 29.1 per cent abandoned the treatment and 4.2 per cent did not respond to treatment.

The performance of these centres is not satisfactory, with a high number of defaulters due to the distance between the centres and the villages and the lack of sufficient follow-up of malnutrition by community health workers at the community level. To address this, UNICEF is discussing with civil society organizations (CSOs) the potential of their involvement in the nutrition programme.

The elimination of mother-to-child transmission of HIV and increased paediatric AIDS coverage remained the key priorities for UNICEF in support to the National AIDS Programme, in line with national priorities and UNDAF results. UNICEF interventions are designed in synergy with the Global Fund against AIDS, Tuberculosis and Malaria (Global Fund). In particular, UNICEF worked with the Global Fund to support the development and validation of important strategic documents to guide the national programme: The Operational Catch-up Plan for HIV, and the National Guidelines for Task Shifting and Decentralization of Antiretroviral Treatment care.

In 2018, a slight increase was reported in the number of children tested for HIV in general paediatric services of five major hospitals: 1,614 compared to 1,357 in 2017. This was the result of the training of 75 health workers in the implementation of the provider-initiated HIV testing and counselling approach. In addition, by the end of October, 686 malnourished children under five had been tested at 69 nutritional rehabilitation centres. Of these children, 23.6 per cent were found HIV-positive (compared to 18 per cent in 2017).

This did not translate in an increased number of children enrolled in antiretroviral treatment (ART) programmes. By the end of June, 568 HIV positive children aged 0-14, out of an estimated 4,200 HIV-positive children, were enrolled in ART (13.5 per cent). With the support of UNICEF, new clinical guidelines and protocols adopted in 2017 were printed and widely distributed to ART clinics and laboratories. Combined with the capacity building of 86 health workers and supervision visits in all major sites, this led to an increased quality of services.

A partner notification study was conducted among 697 patients at the National Hospital, in

order to design appropriate strategies for timely HIV testing and enrolment in treatment of partners of women living with HIV. Nearly one-third (29 per cent) of the HIV-positive women declined partner notification. Out of the partners tested, 37.3 per cent were found HIV-positive, of whom 95.5 per cent were newly diagnosed. This is compelling evidence that partners of HIV-infected individuals are a high-risk group, who could be enrolled into care at an earlier stage through partner notification.

Data management continued to be supported by UNICEF with the digitalization of clinical records in nine sites that provide treatment for over 80 per cent of all persons living with HIV enrolled in ART treatment. This improved information system provides accurate and up-to-date data on treatment regimens, retention, as well as disaggregated data by sex and age. In addition, with the use of revised data collection tools and the training of 86 staff in prevention of mother-to-child transmission sites, it was possible to obtain more data on adolescents. By the end of October, 8,139 adolescents aged 10-19 years were tested and received their results (92 per cent girls). Out of these, 207 (2.54 per cent) were found HIV-positive. UNICEF contributed to this result through the partnership established with the NGO Ceu e Terra, which runs a clinic in Bissau. Some 435 adolescents aged 10-19 years were tested for HIV at this site by the end of November.

All these results were possible through the strong collaboration with other UN agencies, the United Nations Development Programme (UNDP), the United Nations Population Fund (UNFPA), WFP and WHO. A robust partnership continued with the European Union and the World Bank to enhance interventions toward the reduction of maternal and child mortality through the community health programme.

## **Goal area 2: Every child learns**

The education sector faces many challenges related to out-of-school children, high drop-out rates and poor learning outcomes. The lack of a systematic collection of annual school statistics and of a robust Education Management Information System (EMIS) makes it difficult to assess progress towards indicators laid out in the country programme. The 2014 MICS continued to be the source of data for education indicators. UNICEF support remained in line with the Education Sector Plan 2017-2025), the national development plan 'Terra Ranka' and KRC on promoting equitable and sustainable access to quality education.

As the coordinating agency for the sector, UNICEF facilitated quarterly local education group meetings. Technical leadership was provided to the newly established sub-groups on Quality Education and Institutional Development. Sub-group meetings offered a platform to steer partners into providing a coordinated and harmonized support to the Ministry of Education (MoE) for Education Sector Plan implementation.

UNICEF, in support to MoE, led the work on evidence generation about out-of-school children with the completion of a comprehensive study and the presentation of key findings and recommendations to the local education group. This study shows that the percentage of out-of-school children declined significantly between 2000 and 2014, from around 50 percent to 33 percent. However, much more remains to be done to achieve the country programme target of 22 per cent by 2020. The study pointed to a number of significant issues, including:

- Late entry of children in primary school - the large portion of over-age students in primary school (73 per cent of children of the 12-14 age group are still in the primary level);

- The disproportionate number of children enrolled in grade 1, accounting for 25 per cent of the total school enrolments from grades 1-12;
- Low completion rates with less than 40 per cent children entering grade 1 completing six years of primary schooling;
- Inequitable access for rural children, with the number of children out-of-school in rural areas nearly twice the number of urban areas, and;
- Gender disparities in schooling become more pronounced from the age 11 years onwards, with more girls out of school than boys.

Key recommendations from the study include promoting enrolment at the right age of six years, accelerated learning programmes for over-age children to be integrated into age-appropriate grades, specific interventions for adolescent girls, improvement of data collection on children with disabilities and strengthening the EMIS.

UNICEF continued its support to the National Institute for Education Development to take forward the primary school curriculum reforms. Curricular materials for Grade 5 were developed. The curriculum materials for Grades 1-4 were already developed in 2017 and the process of illustrations and design commenced. These curricular reforms were undertaken after nearly two decades. The new curriculum integrates themes such as climate change, citizenship education, life skills and adolescent health in the different school subjects. Close monitoring took place to ensure that the materials developed do not promote gender stereotypes.

In partnership with the NGO Plan International, the MoE was supported to expand the modelling of the Child-Friendly School approach. Nineteen more primary schools (taking the total to 66 schools out of 1,695 in the country) and 30 new pre-schools adding to 39 existing) adopted the approach, reaching 16,168 (48 per cent girls) primary school children and 1,948 children aged 3-5 years. This partnership also resulted in provision of technical support to the MoE to revitalize the school cluster system, which enables teachers to learn from their peers and have continuous professional development. Teachers from a designated school cluster meet monthly for lesson planning and trainings, which in turn is expected to improve children's learning. This cluster approach is important in the absence of regular in-service teacher trainings.

Pre-school education is critical to ensure that children are ready to enter primary school at the correct age of six, as recognized in the Education Strategic Plan. As the lead of the pre-school education sub-group, UNICEF collaborated with PLAN International, Fundação Fé e Cooperação, Portuguese Cooperation and the MoE to refine the formulation of early learning and development standards and develop minimum criteria for operating pre-schools. In collaboration with the World Bank, technical support is being provided to the development of national pre-school education guidelines. The development of a national communication strategy on early childhood development and positive parenting was initiated. This strategy will be based on the findings from the 2014 study on parental behaviour towards young children.

A major bottleneck over the years has been the inordinate delay in teacher recruitment. UNICEF commenced support to the MoE for revising the contracting process, together with other partners.

As part of UNICEF's focus on the second decade, new interventions were implemented in two regions for adolescents aged 12-16 years, in order to empower them with the tools and skills to become active citizens and be part of decision-making processes at all levels. With funding

from UN Peacebuilding Fund, UNICEF developed training modules and trained 180 young people as trainers on peacebuilding, communication and leadership skills. Fifty-two of these trainers replicated the training to other adolescents in their regions. In addition, an accelerated learning programme, which has a curriculum equivalency with primary school, is under development and will be offered to out-of-school adolescents.

Major challenges in 2018 were related to political instability and teachers' strikes. The new academic year of 2018/2019 began with teachers strikes. Forty-six school days (out of a potential of 60 days) have been already lost. UNICEF along with local education group is working with MoE to put in place measures to offset the lost school days.

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

As part of the adoption of a system approach to child protection, considerable progress was made to conclude the technical work started in 2017 to establish a stronger legal and policy framework in the country and to ensure an enabling environment.

With UNICEF support, the Child Protection Policy 2018-2030 was validated by all key stakeholders at the technical level in February. The development of a five-year Action Plan, which is attached to the policy, was concluded in May. Unfortunately, due to the political instability, the national presentation and formal adoption of the Policy and its Action Plan did not take place and is now scheduled for early 2019.

Another major piece of work was the completion of the first draft of the Child Protection Code, a legal instrument that compiles all the national legislation addressing child protection issues. The Government and the National Assembly, together with UNICEF, the United Nations Integrated Peacebuilding Office in Guinea-Bissau (UNIOGBIS), Plan International and other NGOs, started the review and analysis of the code for its finalization in 2019.

Some progress was made on the implementation of the Code of Conduct against sexual exploitation of children in tourism. Thirty-nine hotels, leisure spaces and travel agencies' owners have committed to sign the Code. UNICEF has supported this initiative and has provided technical advice in the development of key sensitization materials, which will be distributed to travellers at the airport, travel agencies and hotels.

In line with the regional KRC on birth registration, UNICEF continued to lead the work to strengthen civil registration and vital statistics (CRVS) systems, working closely with Portuguese Cooperation. In line with the African Union recommendations, the country completed the elaboration of a budgeted national CRVS Strategic Plan. This Plan, validated by the Government in late 2018, addresses the reform of the civil registry sector, including the increase of human resources to guarantee the extension of services to remote areas.

With support of the Peacebuilding Fund, civil registration services were improved through the construction and equipment of four new centres, bringing services closer to the population living in remote areas. A total of 17,177 children aged under seven years were registered through direct UNICEF support, including 7,514 children aged under one year. This represented 12 per cent of the total number of children aged under one year, still far from the KRC target of 20 per cent by 2021. This percentage would probably be higher if all registration centres were considered, but this data is not available. Interoperability between the health and

justice sectors continued to be strengthened, with three new services operational in Bissau, increasing the number of birth registration services in health facilities to a total of 14 (78 per cent of the 18 targeted by the country programme). Health providers working in these new centres received training on birth registration and are routinely referring families to the new registration services.

With UNICEF assistance, almost 6,000 children were registered in remote areas, where access to civil registration remain challenging. As highlighted under Goal Area 1, 78 influential traditional and religious leaders publicly declared their commitment to promote birth registration. In addition, 3,000 community health workers were trained to identify non-registered children and are conducting awareness activities. Other social mobilization efforts on the importance of civil registration included the capacity building of 65 radio broadcasters, the production of a video and of radio spots and the development of educational materials.

Dissemination of the approved regulation for shelters and orphanages was carried out in 2018. To support its implementation, the Ministry in charge of Social Affairs provided assistance to five orphanages and shelters (out of eight) located in Bissau. Their internal procedures were improved to ensure that all children are in school and that alternative care is considered instead of the institutionalization of children.

Violence against children, particularly sexual abuse, physical violence as well as child marriage continued to be prevalent in the country. UNICEF, along with other UN agencies and CSOs, contributed to improve referrals and case management, so that children can benefit from appropriate legal, social and health services. In 2018, 302 cases (out of 360 planned) were handled by these services, but only 72 were referred to the justice and administrative institutions. There is an urgent need for a more effective case management system, involving multi-disciplinary services. Data tracking also remained a major concern. To overcome this, UNICEF strengthened the capacities of health and protection social services in four regions (out of nine), in particular to better report cases of children victims of violence. This initiative will include the justice sector in 2019.

Even though in 2018 UNICEF did not receive funding under the female genital mutilation/cutting joint programme, important achievements were made in improving social and legal services for girls and women in relation to this harmful practice, along with child marriage. Active community engagement continued with around 25,727 people (including 2,471 adolescents and 267 religious and traditional leaders) participating in educational dialogues in 96 communities of six regions. UNICEF continued to empower adolescent girls through life skills and literacy programmes, reaching 362 girls and women, who became agents of social change. The World Bank and Portuguese Cooperation joined efforts, as part of the national coordination mechanism, to support the implementation of the national plan of action against female genital mutilation/cutting.

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

Few actors are involved in the water, sanitation and hygiene (WASH) sector in Guinea-Bissau. During 2018, there was no major drilling programme operational. Community-led total sanitation was only funded through UNICEF, as well as water and sanitation in schools. The political situation was not conducive for upstream policy work, causing a lack of momentum in driving policies forward and allocating financial resources to the sector. The UNICEF

programme was geared towards providing technical assistance to the Ministry of Natural Resources, creating tools for proper monitoring of the water and sanitation situation. A major focus remained on ending open defecation in line with the UNDAF and the KRC. By the end of 2018, 1,152 communities had been declared open defecation free (ODF) against the planned Country Programme target of 1,500 by 2020.

UNICEF continued data collection on the functionality of existing water points, reaching 5,568 out of the country's estimated 9,000. Information collected was expanded to water quality parameters, with a new module added in the monitoring online platform mWater to record the results of water quality tests. A total of 730 tests were done, indicating that 67 per cent of protected hand dug wells and 77 per cent of those unprotected had e-coli contamination. The minimal difference between both types of sources attest to the very poor sanitary status of wells. UNICEF piloted a water safety programme that triggers communities to improve water sources, following the visual result of the e-coli test. Community members were encouraged to repair pumps, clean the well environment or use household water treatment. Initial results are positive: in 28 of the 30 villages, the water quality improved at the household level.

In partnership with an Italian university, through the attachment of a PhD student to UNICEF, a challenging daunting endeavour was undertaken to collect, organize and digitalize borehole logs. The results were presented in the 45th Congress of the International Association of Hydrologists in Korea and during the Stockholm Water Week. Borehole logs and water level measurements are essential tools to prepare an accurate hydrogeological map, as well as calculate water recharge and extraction balances to assess climate change effects and ensure a sustainable water supply.

The community-led total sanitation approach remains a major priority to fight open defecation in rural areas and prevent diarrheal diseases. In line with the KRC, a major achievement was the declaration of one entire region, Quinara, as open defecation free. A public celebration, covered by national media, took place in that region in the presence of the Minister of Natural Resources. In 2018, 126 communities initiated the process to abandon open defecation. Progress was slower than in 2016-2017 due to the lack of funding during the first semester and only 15 communities, with 4,158 inhabitants, were certified ODF during the year. However, if the rate of progress of villages registered during the last five years can be maintained, rural areas of Guinea-Bissau will be ODF by 2030.

For WASH in schools, a girl-focused programme was designed together with MoE. A menstrual hygiene study was carried out in two regions, showing that girls use degrading and damaging practices for menstrual hygiene and have many misconceptions of intimate hygiene. Menstrual hygiene education is being piloted in 30 schools. For the first time, the Day of Menstrual Hygiene was celebrated in Guinea-Bissau through a lively rally of adolescent girls in the capital city.

A three-star grading system for WASH in schools was developed, in alignment with the National Quality Standards for Primary Schools adopted in 2017. During 2018, 10 schools benefitted from the new girl-friendly, inclusive latrine designs, with mirrors above the handwashing device to encourage students to wash their hands.

In 2018, the rehabilitation work in 29 health centres was completed, primarily focusing on water and electricity. Since 2016, 64 health centres have been rehabilitated through UNICEF direct support. This has resulted in 74 per cent of rural primary healthcare centres having access to

water compared to 32 per cent in 2016; and 81 per cent have access to electricity against 49 per cent in 2016. Using information from a large group of partners, UNICEF helped establish the first joint monitoring programme baseline data on WASH in health care facilities. Sanitation, hygiene and waste management showed very low rankings. Staff practices and maintenance of structures remained a serious constraint for continuous quality services.

As part of the Mid-Term Review (MTR) of the Country Programme, an analysis of climate change impact on children was carried out. Guinea-Bissau is one of the lowest contributors to global CO2 emissions, but will be one of the most affected nations by the global warming with low-lying lands, islands and multiple rivers present on its territory. Major risks include sea level rise, erosion, desertification, droughts and floods. Actionable recommendations were made to support partners in preventing potential impact of climate change, such as food insecurity, water scarcity and water quality degradation leading to malnutrition and diseases.

During the year, an emergency preparedness training was organized for UN agencies and an updated Emergency Plan was drafted. Very soon after, the plan was tested as a storm affected many households around the capital city. A joint rapid assessment was performed together with Government partners. The country has not experienced a major natural disaster for a long time and cholera outbreaks have not occurred since 2014.

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

The State Budget was approved by the Parliament in June, after two consecutive years without a formal finance law. This Budget, however, indicated a low prioritization of children's needs. The allocations for education and health sectors represented 8.2 per cent and 6.1 per cent of the total budget respectively, lower than 2017 levels of 12.5 per cent and 14.2 per cent respectively. Progress towards the country programme target of 35 per cent of public spending on key social sectors (mainly education and health) was therefore jeopardized, as the combined allocation to these sectors was only 14 per cent in 2018. The implementation of the 2018 State Budget was hampered by insufficient mobilization of domestic resources. However, the Prime Minister made a public statement that the 2018 Budget should be a transitory proposal only and that the Government is committed to prioritize social sectors.

Findings from the multidimensional child poverty study conducted jointly by UNICEF and UNDP with the National Institute of Statistics in 2017 were disseminated at national and regional levels. The study revealed that 53 per cent of children experienced at least four deprivations. The evidence generated from this first-ever national measurement of child poverty was used to foster a dialogue around the question of inequities and poverty, in line with the SDGs 1 and 10. This analysis provided insights on policy options to eradicate poverty and achieve gender equality and the empowerment of women and girls, as committed by UNICEF, UNDP, UNFPA and UN Women in the common chapter of their Strategic Plans. A policy brief was developed and used to publicize the report. UNICEF was able to position multidimensional poverty as a key element to understand the vulnerability of children, which can be used for the ongoing reflection on social protection.

UNICEF took an active part in the process of nationalization of the SDGs framework and its alignment with national priorities. Attention was paid to ensure coherence between the national development agenda, the SDGs and sectoral plans.

As part of the UN and World Bank humanitarian-development nexus initiative, UNICEF led the work on social protection. In coordination with the World Bank and WFP, national capacity building on social protection was initiated, aiming to ensure a country-led process for the formulation of a national policy. The first cohort of 23 government and NGO staff were trained on basic concepts of social protection. In addition, three national staff from Government and UN agencies were trained as trainers in Mozambique through the Transform initiative, constituting a small national task force which can support further capacity building in the coming year. Using a South-South cooperation strategy, UNICEF also supported a learning visit for three government officials in Cape Verde. Through this visit, the participants better understood the various aspects to be considered in the establishment of an effective social protection system.

UNICEF took the lead to strengthen the national evaluation capacity through the organization of the first ever evaluation week. This consisted of a one-day national forum followed by a three-day training workshop. Sixty participants from governmental and non-governmental institutions took part in the forum to discuss the state of evaluation in the country and formulate ways to strengthen the culture of its use. At the end of the week, a statement was issued urging all stakeholders to work towards institutionalizing the practice of evaluation in the country.

In 2018, evidence was generated by UNICEF to catalyse results for children through the completion of seven studies out of 10 planned:

- A rapid assessment of neonatal and emergency obstetric care in health facilities which provided insights to achieve the country programme goal of reducing child mortality;
- A study on knowledge, attitudes and practices in relation to immunization that provided a better understanding of barriers to sustained demand for vaccination;
- A review of the severe acute malnutrition management project implemented at nutritional rehabilitation centres and Casa das Mães in three regions. This indicated the gains resulting from an integrated approach of nutrition, WASH and HIV programmes;
- A study on menstrual hygiene management practices in two regions highlighted insufficient knowledge and unappropriated menstrual hygiene practices of school girls;
- A comprehensive assessment of out-of-school children, based on the methodology developed by UNICEF and UNESCO, provided recommendations for improved access to education;
- Research into borehole distribution and depth of groundwater, and;
- Research on the acceptance and feasibility of partner notification for HIV-infected people informed on key obstacles in scaling-up access to HIV services.

Significant efforts were devoted also to the coordination and implementation of the national MICS-6, which will generate new data about children and mothers and inform on progress towards the country programme targets. Resources for the MICS-6 were mobilized from the Global Fund, the European Union, UNDP, WFP and UNFPA. The two pre-tests for data collection were completed with UNICEF technical and financial support. The data collection phase was initiated in October. By the end of November 2018, 84 enumeration areas out of 375 planned were completed, representing 1423 households out of 7500 planned.

## **Gender**

In the framework of the organization's Gender Action Plan (GAP), UNICEF Guinea-Bissau continued to support interventions at community level to end female genital mutilation/cutting, gender-based violence and child marriage resulting in 96 communities progressing towards

their commitment to abandoning these harmful practices. The first ever menstrual hygiene management assessment was undertaken in Guinea-Bissau. This qualitative study conducted in four communities revealed damaging local practices and beliefs about personal menstrual hygiene as well as lack of knowledge on the matter. The study found that 80 per cent of the girls interviewed had no information about menstruation when they had their first period. These findings are being used in the pilot implementation of ever menstrual hygiene management interventions for adolescent girls in 30 schools.

A significant achievement was the completion of the Gender Programmatic Review conducted as part of the MTR of the Country Programme. This offered an opportunity to take stock of gender-related results achieved and refine strategies in relation to the GAP and UNICEF Strategic Plan. The review showed that the gender dimension was not uniformly explicit in the different programme components. An analysis against the GAP framework showed targeted interventions, mainly in the HIV, WASH and child protection programmes. In the case of the education programme, the review justified the focus put on primary education and non-engagement with secondary education. Primary education is the priority sector due to immense needs and lack of quality education services. Some key recommendations from the review for programme interventions included: 1) reinforcing gender analysis and data in the monitoring of programmes; 2) improving gender equality through advocacy and affirmative action such as the recruitment of more female teachers or female community health workers; 3) reinforcing gender responsiveness, for example training teachers on gender-sensitive teaching approaches; and, 4) integrating gender-transformative actions, such as promoting fathers' role as caregivers and positive messaging about boys and men performing tasks traditionally perceived as girls' work, such as fetching water. Engaging with women groups was also recommended as a transversal strategy.

The Gender Review resulted in the adoption of an integrated programming approach, focusing on adolescent girls, with girls' education being the pivot. These integrated interventions include learning opportunities for out-of-school girls, creating a safe and enabling environment in community and school, life skills education, including HIV prevention and promotion of ever menstrual hygiene management, adolescents' empowerment through communication and the prevention of child marriage.

### **Humanitarian situations**

In 2018, UNICEF Guinea-Bissau did not provide response to any humanitarian situation.

## **Part 3: Lessons learned and constraints**

In 2018, UNICEF Guinea-Bissau conducted the Mid-Term Review of its Country Programme 2016-2020, which entailed extensive consultations with Government counterparts, CSOs, NGOs and children. It was an opportunity to conduct an in-depth analysis of the current situation given the continuous political and institutional instability in the country, assess progress against results, identify and discuss lessons learnt and make appropriate adjustments.

One of the main constraints analysed during the MTR was the lack of an effective data management system in Guinea-Bissau. In line with the country's overall fragility, the national

statistical system is unable to generate quality and up-to-date data to support public policymaking. The institutional framework for statistical production lacks clear normative and procedural instruments. The National Institute of Statistics is under-staffed and lacks technical, material, financial and human resources. In addition, its authority is not clearly established, and its legal status needs to be enforced. As a result, data collection and dissemination are not properly coordinated. A decree on the National Statistical Council was drafted and adopted by the Council of Ministers in 2017, but it is yet to be promulgated. In 2018, a new National Statistics Strategy was developed for 2018-2020 and is pending adoption. Ownership by national stakeholders and support of development partners will be required to ensure its operationalization.

At sector level, information systems lack capacity to produce and disseminate routine data.

In health and nutrition, a health yearbook has not been published for many years. There is multiple data collection by the various programmes. Each one tends to use different tools. The National Health Institute, INASA, which manages the health information system is separate from the Ministry, which creates additional challenges in the communication flow. The INASA does not have the sufficient capacity to assume this role. The accuracy of data available has been often questioned by users. The population denominator used by INASA is problematic as it seems to under-estimate the real population figure.

In education, statistics have been recently completed for the academic year 2014-2015 after eight years of interruption. Despite support provided by UNICEF and UNESCO, education statistics for the period 2016 to 2018 are not available. The Ministry has a department which is responsible for producing statistics but it lacks adequate skills as well as financial and material resources. The capacity for data collection is also weak at the sub-national levels. This lack of data results in lack of knowledge on the status of key indicators such as pupil to teacher ratios, net enrolment, repetition and drop-out rates.

In both the health and education sectors, planning and budgeting are not based on actual data but on estimates, which potentially results in under or overestimating the requirements.

In water, sanitation and hygiene there is a wide range of raw data available, but there is insufficient capacity to maintain, update and analyse this data. In addition, the fact that the Ministry of Natural Resources does not have decentralized services in most regions creates a major bottleneck for data collection.

In child protection, the Women and Child Institute, together with partner NGOs, collects national data on cases of violence, exploitation and abuse of children twice a year with UNICEF support, but there is no systematic data analysis and dissemination. UNICEF needs to continue to invest in data collection and capacity building of partners to ensure a functional information system.

With regards to indicators related to SDGs and children, the country relies mainly on the MICS, supported by UNICEF, which produces social statistics every four years. There are no other national household surveys conducted in the country in a regular manner.

This overall barrier of efficient data collection and analysis challenges the country to effectively monitor progress towards the SDGs. The final document of the Agenda 2030 stresses the importance of statistics and the need for "high quality data, timely and viable, and

disaggregated by income, age, race, ethnicity, migratory status, physical disability and geographical location", which, for Guinea-Bissau, has been a major challenge.

Within this context, a data ecosystem analysis was initiated under the leadership of UNDP with the participation of other UN agencies. This aimed to provide a comprehensive SDG indicators' mapping and evaluate the capacity of INE to identify, collect, analyse and measure the SDG indicators in Guinea-Bissau.

UNICEF, as custodian or co-custodian for 10 SDG indicators but also a key player in statistics in the country, is well positioned to strengthen coordination and collaboration with other stakeholders for enhancing national capacity in this area. In this regard, two innovative initiatives have been supported by UNICEF to ensure real-time monitoring; using the RapidPro platform for birth registration and the mWater software in the WASH sector.

Over the past years, the Ministry of Justice has not been able to produce vital statistics, in particular the number of registered births. The option of computerizing the whole civil registration system is very costly and not necessarily adapted to the context of a country with frequent power outages. To address this, UNICEF supported an innovative approach, using SMS with ordinary mobile phones to collect data that is entered immediately in a database, where information can be easily monitored. Managed by the Ministry of Justice, this RapidPro platform aims at monitoring in real-time the number of boys and girls from different age groups whose birth are registered throughout the country. The programme has been tested since early October 2018 involving 22 civil registration centres, out of 55 in the country. It is expected that the system will be fully operational in 2019, when the remaining centres will be integrated. Results so far are very promising, and there is a keen interest in the Ministry to scale up the experience.

In the WASH sector, UNICEF has developed another real time monitoring system utilizing the mWater online platform. Data is gathered through smartphones and entered in the cloud-based database, ensuring that information is available to all users, provided there is an internet connection available. The platform is managed by the Ministry of Natural Resources and contains data on WASH in schools, in health facilities, waterpoint existence and status, villages' sanitation status and WASH product markets. During 2018 the platform was further enhanced through the introduction of all borehole logs available in the Ministry of Natural Resources. This will be very helpful for future drilling operations and for the creation of more precise hydrogeological maps. The centralized data allows for equity analysis, as it makes it possible to visualize all information on geographic maps.

Based on lessons learned, UNICEF is considering extending these two innovative solutions to other sectors such as health and education.

As highlighted, the country suffered from persistent political and institutional instability in 2018, as in the previous years. There was discontinuity in Government and Ministries, resulting in a high turn-over of the public administration civil servants, including at General Director and technical levels. This hampered progress in policy formulation and programme implementation as new appointed civil servants need to be acquainted with the ongoing technical work. In addition, regional and local administrations have limited capacities and resources and decentralized services are limited.

In this challenging context, one key lesson learned was the relevance of the strategy adopted

by UNICEF together with partners, to place greater focus on essential service delivery to the most excluded children and families, through partnering with NGOs, prioritizing community mobilization and building on capacities at local level. Up to 70 per cent of the health programme budget in 2018 was dedicated to service delivery activities. Working with NGOs as implementing partners, the network of community health workers functioning at local level was strengthened and essential treatment for diarrhoea, pneumonia and malaria was successfully delivered to more than 70 per cent of children under five. Similarly, the WASH programme achieved considerable progress in rural sanitation, working closely with NGOs to introduce the community-led total sanitation approach on a large scale. A total of 1,152 communities were declared open defecation free, out of the 4,017 communities in the country. One entire region was also certified open defecation free.

UNICEF continued to support 'community solutions' by empowering them to have a bigger responsibility in managing and monitoring social services, for example, through school management and water point committees.

Although there is a certain reliance on NGOs/CSOs for service delivery at local level, the Government is in charge of the coordination and monitoring of activities in the field, especially when NGOs are involved as implementing partners. For example, within the community health programme, national health authorities led monthly meetings with UNICEF and implementing NGOs to analyse programme progress, identify bottlenecks or constraints and propose solutions for improvement. The supervision of community health workers, a key factor in the success of the programme, is also ensured by health area managers. Similarly, all villages that reach the open defecation free status were controlled and certified by the government officials who regularly conduct supervision visits in the field. The community-led total sanitation approach is therefore fully owned and supported by the Ministry of Natural Resources.

To address the lack of adequate human resource quantity and quality in social services as well as frequent changes in technical leadership and weak accountability systems, actions were initiated within the comprehensive public administration reform being implemented with the support of UNDP and the European Union. The reform aims at establishing a databank that centralizes all information on human resources in public administration as an integral management information system under the Ministry of Public Service. It will also define for each civil servant's position the job description, required minimum diploma and education level, with the aim to guarantee that those who are nominated have the required capacity corresponding to their grade and department.

One of the important steps reached in 2018 was the optimization of education and health staff information with the elimination of "ghost" civil servants (722 in the education sector). The reform also concerns the establishment of an appropriate career plan for civil servants including in education and health. To complement this exercise, UNICEF supported the Ministry of Education in improving the recruitment process of teachers. Sustained advocacy by UNICEF and education partners resulted in upgrading the human resources unit into a full-fledged directorate. In addition, a committee was created by the Ministry to revise the contracting process of teachers based on recommendations made as part of the reform process of the Public Service Ministry.

Within this context, a key strategy for UNICEF was the systematic inclusion of capacity building of government partners in all projects or interventions. In some cases, especially in immunization, UNICEF explored the possibility to assign direct technical assistance in

ministries, in the form of a consultant that can provide on-the-job capacity building.

Partnerships with national and international NGOs, universities and major intergovernmental organizations were key in achieving results for children during 2018. Some of the international NGOs that UNICEF partnered with included: Plan International, Humanity and Inclusion, Institute Marques de Vale Flor and VIDA supporting programmes in education and health. With academic institutions, partnerships took place with University of Bicocca (Italy), which facilitated a PhD student attached to the WASH section as intern to systematize and visualize all drilling data, and with the University Catolica of Bissau in the framework of an international symposium on early childhood development. In addition, UNICEF partnered with Calouste Gulbenkian Foundation and the University of Minho in Portugal to revise primary school curriculum.

Partnerships with other UN agencies (particularly UNDP, UNFPA, WFP, WHO ) and the World Bank are also well established. The overall value of these partnerships lies in the opportunity to contribute to:

- Joint advocacy with Government and various ministerial departments for children's rights, especially for adopting national legislation, strategies and guidelines in line with international human rights instruments and standards. It also includes advocacy with Ministry of Finance and Economy regarding investing in social sectors.
- Evidence generation which can inform advocacy, policy development and programming;
- Policy reforms benefiting from the expertise and knowledge of large intergovernmental organizations that offer technical expertise and knowledge from experiences in other countries.

Mobilizing resources for development programmes in Guinea-Bissau has not been easy with the continuous political instability. UNICEF helped leverage resources for immunization in facilitating the country submission for GAVI funding. In HIV, a major constraint this year was the stock out of some ARV drugs for a period of three months. The Brazilian Government donated drugs, which helped address this gap. However, a key concern is that the need for ARVs for people living with HIV are beyond the planning figure of the Global Fund grant. In 2018, funding was provided to cover 12,000 people under treatment while there were about 14,000 people in need of ARVs. To fill the gap, in December, the Global Fund approved additional US\$1.67 million in the framework of the prioritized above-allocation request.

For the UNICEF country programme, despite some successful resource mobilization in health, nutrition and education, funding gaps remain. Only 64 per cent of resources planned were mobilized for the year. In community health, funding from the European Union ends in October 2019. Funding from the World Bank is expected to partially fill the gap. In 2018, UNICEF did not receive any funding for its programme on female genital mutilation/cutting from the global joint programme with UNFPA and funding for birth registration through the Peacebuilding Fund ended in December with no additional resources secured for 2019.

To ensure partner's efficiency in the use of funds and alignment with identified needs and work plans, UNICEF Guinea-Bissau regularly conducted programme monitoring visits, financial spot checks and audits, as per the UN guidelines on harmonized approach to cash transfers. During the year, 71 documented programme monitoring visits, 15 spot checks and three audits were conducted, representing 126 per cent of the planned assurance activities.

Overall, 2018 was a strategic year for UNICEF Guinea-Bissau with the MTR conducted. This allowed UNICEF to take stock of results to date since the beginning of the country programme

and set the strategies and priorities for the next two years. This participatory process resulted in adjustments in the country programme targets, but also in the programme structure with the integration of HIV/AIDS component into the health and nutrition programme. It also led to a strengthened focus on gender programming during 2019-2020. Reflection on the context of fragility was also an opportunity to confirm the strategic choices of the country programme with a strong emphasis on service delivery, capacity building and community empowerment.

END/