Executive Summary

The work of UNICEF in Guinea-Bissau in 2014 was conducted in a context of challenging political changes which culminated with the re-establishment of Constitutional order in June, following the 2012 military coup d’Etat. Presidential and legislative elections led to the installation of a new Parliament and a new Government, ending a post-coup transition government (2012/2014). This political shift implied institutional changes which affected the pace of programme implementation, and occurred under the threat of the Ebola Virus Disease (EVD) epidemic in the neighbouring Guinea-Conakry and other countries of the West Africa region and beyond.

Child rights advocacy was conducted through Republica di Mininus Hoje (RdMH), a child led movement involving 350 child/youth groups whose goal was to place child rights at the centre of the political transition process and the development agenda. An RdMH Manifesto was signed by all political candidates prior to elections, and transformed into a National Child Rights Agenda endorsed by the President of the Republic, the Speaker of Parliament and Prime-Minister during CRC@25 celebrations. It is hoped that the Agenda will influence the process of Constitutional Review planned for 2015 and subsequently all legislative reform, strategic planning and social budgeting exercises for the next years.

In 2014 there was a sustained reduction in under five mortality rate (from 116/1,000 in 2010 to 89/1,000 in 2014, per Multiple Indicator Cluster Survey 5 (MICS) and National Institute for Public Health Research data), resulting from better integration of high impact interventions through community based approaches, including young child feeding practices, sleeping under long-lasting insecticide treated bed nets (LLITN), effective immunization, use of improved Water, Sanitation and Hygiene (WASH) facilities, and scale-up of Prevention of Mother to Child Transmission (PMTCT).

UNICEF supported development and implementation of the National EVD Contingency Plan and supported Government leadership, coordination and partner engagement, in line with regional guidelines. UNICEF also supported prevention and preparedness through public awareness and community engagement, epidemiological surveillance, overall infection prevention and control and capacity at entry points. No EVD cases were reported in Guinea Bissau in 2014.

While progress has been registered in abandonment of FGM/C, such practices continue to impact negatively on child survival, protection and education, as well as in the prevention of infectious diseases.

In 2014, recurrent teachers’ strikes and changes of leadership in the Ministry of Education affected the implementation of the Global Partnership for Education (GPE) project, and funding constraints affected HIV/AIDS testing and prevention activities.
Key collaborative partnerships in 2014 included the RdMH Movement with the Child Parliament, Youth Council and 350 child/youth organizations; and the MICS5 survey, in collaboration with Ministry of Plan, UN agencies, International Partnership for Human Development (IPHD) and Plan. Additional partnerships included UNICEF’s role as Coordinator of the Local Education Group for both the Global Partnership for Education, the Ministry of Education, UN agencies, and the Governments of Portugal and Spain, the EU and NGOs; and the Nutrition G-SAN and adhesion to Scale Up Nutrition (SUN) movement in partnership with the Food and Agricultural Organization, the World Food Programme (WFP) and UNFPA, and the European Union (EU). A comprehensive partnership was developed with the EU and Swedish International Development Agency (SIDA) in newborn and maternal health using community and UN joint programme approaches.

### Humanitarian Assistance

By the end of 2014, no confirmed case of Ebola virus diseases (EVD) has been officially reported in Guinea Bissau. Given its close geographic location with neighbouring Guinea and with other high intensity countries (Liberia and Sierra Leone), the country remains a high risk country. The prevailing number of EVD cases in the affected countries, especially during the second part of 2014, underlined the urgency with which UNICEF scaled-up its EVD prevention, preparedness and readiness for response in Guinea-Bissau.

Following the outbreak of the epidemic in Guinea, UNICEF joined hands with WHO, MSF and other partners to support the Government in the development of a National Ebola Prevention and Response Plan; in partnership with the UN Resident Coordinator and the Deputy UN Mission SRSG strong advocacy was conducted for Government leadership and coordination. In parallel, UNICEF partnered with WHO, Doctors without Borders (MSF), Center for Disease Control (CDC), World Bank (WB), African Development Bank (AfDB) and the EU to provide technical support for rapid establishment of the necessary national EVD preparedness and response components per the WHO “Check-list for High Risk Countries”. Weekly high-level meetings were chaired by the Prime Minister or the Minister of Health, and five technical sub-groups were established. A “National High Commissioner for Ebola Response” was appointed by the Prime Minister to coordinate the efforts of the Government and its key national and international partners.

UNICEF took the lead for public awareness and community engagement, producing and disseminating EVD communication materials though national TV and Radio, private and community radio stations, and by conducting awareness training of hundreds of key stakeholders since April 2014. Under a specially designed inter-personal communication strategy, 1,300 community health workers were trained by UNICEF on basic EVD prevention, preparedness and personal hygiene, at community level. Community theatre groups, religious leaders, youth associations, traditional healers and networks of UNICEF non-governmental organisation (NGO)/community based organisation (CBO) partners across all country programme areas were engaged in community awareness and prevention efforts, also supported by approximately 2,000 Caritas volunteers. In partnership with the Ministry of Education and the Local Education Group (GPE/LEG), UNICEF supported mainstreaming EVD prevention into school activities, with 3,262 teachers trained on EVD prevention and preparedness and communication material distributed to 1,631 schools. Through a strategic partnership with the Public Transporters and Taxi Association, approximately 600 public transport drivers (taxi, buses, and motorbikes) were mobilized and trained for EVD prevention. With financial support partly provided by UNICEF for an initial phase, a national EVD Rapid Response Team (RRT) was established and a 20-bed isolation centre was opened at the
National Hospital, both managed and supported by MSF. Thanks to contributions from UNICEF and various donors and partners, stocks of medication, laboratory consumables, personal protective equipment (PPE), laboratory sample kits, disinfection material, tents, WASH supplies, and fuel were pre-positioned. With support from CDC, a protocol was put in place for collecting and sending samples (overland and air) to the reference laboratory at Institute Pasteur in Dakar. UNICEF partnered with Red Cross to strengthen epidemiological surveillance in critical regions, while capacities at Points of Entry were strengthened through training and positioning of healthcare workers to screen passengers at airports, and the recently re-opened Bissau/Conakry border posts of Buruntuma, Fulamore and Contabane, where UNICEF contributed with hand-washing stations, installation of UNFPA donated tents, WASH and provision of disinfection materials.

More still needs to be done in the country to be adequately prepared in the case of a possible EVD outbreak.

In 2014, 13 cholera cases were registered, with 2 deaths. Most of the cases occurred in the month of June, and all of them occurred in the Region of Tombali. This relatively unusually low cholera prevalence could be partly explained by the positive impact the Ebola prevention efforts would also have had on cholera case prevention. In 2014, UNICEF Guinea Bissau mobilized approximately US$3 million for its EVD prevention and preparedness interventions.

**Equity Case Study**

There is a knowledge gap in information regarding people in Guinea-Bissau living with HIV/AIDS and with disabilities. The need to focus on students with disabilities emerged in Guinea-Bissau from activists involved in school-based HIV prevention programmes, where they encountered a problem of passing HIV prevention messages to adolescents with visual or hearing impediments attending regular schools within the inclusive education programme. Adolescents with impairment could not fully benefit from the programme due to a number of constraints including: lack of qualified teachers and/or peer educators who could deliver a message in a sign language or explain in more details visual materials, absence of educational materials in braille, lack of skills and experience of educators to deliver and facilitate HIV and sexuality topics in an appropriate manner to equip adolescents with knowledge and skills to reduce the risk of HIV. To gain better insight into the problems, UNICEF and its partner NGO ALTERNAG conducted an assessment in schools that provide inclusive education for blind students and at the national school for deaf-mute children.

The national school for deaf-mute children caters to approximately 600 students annually, about 200 of them are adolescents. Rapid assessment indicated that issues of sexuality are hardly addressed in the school and both students and teachers refrain from addressing these sensitive subjects. Interviews with teachers and students revealed that students with disabilities tend to have their sexual debut somewhat earlier than their peers and enter their sexual life poorly prepared. Most of the students are sexually active, often engaging with multiple partners. Condoms are available in the school but there is little instruction on how to correctly use them. Students sometimes turn to teachers for advice on proper condom use but teachers are themselves oftentimes not confident to provide information. Teachers reported drop outs of girls due to early pregnancy, at the rate of 6-8 girls per school year. They understood the risks associated with early sexual initiation and engaging in multiple unprotected sexual encounters, but did not know how to help their students. Sexual violence and rape are almost a taboo subject, which rarely get addressed and/or talked about publicly, although there are number of indications of their prevalence.
The programme of HIV prevention was designed to equip teachers and students with knowledge and skills to protect them from HIV and other sexually transmitted infections, to facilitate their access to HIV testing and counselling and to ensure rapid enrolment in care for those in need.

The programme started with comprehensive training of 32 teachers to help them integrate topics of adolescent sexuality in their curriculum. At first they encountered the lack of specific sign language required to explain concepts such as STI. Sign language develops through the community consensus. The community meets and discusses the new concept by using different information in sign language and available pictures, and then discusses the concept and shares feelings about it. After an extensive discussion, they agreed on the use of an appropriate sign to reflect the concept. During the training, the existing manual for HIV and sexuality education was revised and adapted for use in sign language.

In Guinea-Bissau there is extensive experience in engaging students and delivering peer based education, including nationally tested and approved manuals and teaching materials. Those were further adapted during training of peer educators. Twenty peer educators were trained during the four week training programme and each of them agreed to pass the information further by engaging with 10 colleagues throughout the school year. Starting with structured five day sessions, information was delivered to 200 students, followed by further personal communication. Sign language is descriptive and conducting training in it takes more time than conventional teaching, so the session time planning had to be adjusted accordingly.

Throughout the programme, students and school staff were encouraged to visit HIV counselling and testing centres and have their HIV status checked. HIV test counselling materials were adapted for use for pre and post-test counselling in sign language, and a number of sign language interpreters enthusiastically joined to help. During the six months of the programme, 192 individuals were tested for HIV. Three people tested positive and were promptly enrolled in care.

Throughout the programme, students were encouraged to use their own talents to develop alternative communication models to deliver their messages to their peers and community. They are particularly proud of two unique theatre performances in sign language. One specifically tackled early pregnancy and the other focused on high risk behaviours.

Contributing to the well-being of their community was very empowering for peer educators, and they have said they are looking forward to continue the programme in their schools and communities. Students took pride in all they learned and skills they acquired, and frequently reported on the change in their attitudes. 'Being HIV positive is like being deaf-mute: one can do everything but needs a little different way to do it ', said Umar, who led his group of peers with a lot of compassion and enthusiasm. Fatumata was particularly proud of her own learning and acquiring new understanding of concepts of sex and sexuality. She described sexuality as ‘a feeling when you feel good in your body… and when you meet someone and feel good with each other… and that feeling stays with you long after you return home… and all your body emanates that good energy’.

Teachers and peer educators were empowered to continue developing their communication capacity and deliver the message to their community beyond the school.
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<tr>
<th>Summary Notes and Acronyms</th>
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<tr>
<td>AFDB – African Development Bank</td>
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<td>AMP – Annual Management Plan</td>
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<td>APR – A Promise Renewed</td>
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<td>AWP – Annual Work Plan</td>
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<td>BCP – Business Continuity Plan</td>
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<td>BMG – Bill &amp; Melinda Gates Foundation</td>
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<td>CATS – Community Approach to Total Sanitation</td>
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<td>CDC – Center for Disease Control</td>
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<td>CHWs – Community Health Workers</td>
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<td>CLTS – Community Led Total Sanitation</td>
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<td>CMT – Country Management Team</td>
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<td>CRC – Convention on the Rights of the Child</td>
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<td>CRPD – Convention on the Rights of People with Disabilities</td>
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<td>CSOs – Civil Society Organization</td>
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<td>DCT – Direct Cash Transfer</td>
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<td>DevInfo – Database system for monitoring human development</td>
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<td>EMIS – Education Management Information System</td>
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<td>EPI – Expanded Programme of Immunization</td>
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<td>ERM – Enterprise Risk Management</td>
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<td>EU – European Union</td>
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<td>EVD – Ebola Virus Disease</td>
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<td>EWEA – Early Warning Early Action</td>
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<td>GAVI – Global Alliance for Vaccine Initiative</td>
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<td>GBV – Gender Based Violence</td>
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<td>GPE – Global Partnership for Education</td>
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<td>GPS – Global Positioning System</td>
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<td>GSSC – Global Shared Service Centre</td>
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<td>HACT – Harmonized Approach to Cash Transfer</td>
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<td>HF – High Frequency</td>
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<td>HRBA – Human Right Based Approach</td>
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<td>ICCM – Integrated Community Case Management</td>
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<td>IMAM – Integrated Management of Acute Malnutrition</td>
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<td>INE – National Institute of Statistics</td>
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<td>IPHD – International Partnership for Human Development</td>
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<td>IPSAS – International Public Sector Accounting Standards</td>
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<td>IRF – Immediate Response Fund</td>
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<td>LLITN- Long-Lasting Insecticide Treated Bed Nets</td>
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<td>LTAs – Long-Term Arrangement</td>
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<td>MDG – Millennium Development Goals</td>
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<td>MICS – Multiple Indicator Cluster Survey</td>
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<td>MoE – Ministry of Education</td>
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<td>MoH – Ministry of Health</td>
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<td>MORSS – Minimum Operating Residential Security Standard</td>
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<td>MoU – Memorandum of Understanding</td>
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<td>MSF – Doctors without Borders</td>
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<td>NGOs – Non Government Organizations</td>
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<td>OMG – Operations Management Group</td>
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<td>PARMO – Public-Sector Alliances and Resource Mobilization Office</td>
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<td>PASEC – Analysis Program of Educational Systems of CONFEMEN</td>
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Capacity Development

To address Government's capacity to deliver health services at community level, UNICEF engaged in partnerships with MoH and NGOs, guiding them to advance community-based initiatives to strengthen the capacity of regional health teams, and to engage community health workers to extend coverage of community-based high impact intervention (16 key family practices) to reduce child and maternal mortality in some of the most critical regions. A total of 1,800 Community Health Workers (CHWs) were trained and significant improvements in planning, monitoring and evaluation of mother and child interventions were achieved. The initiative will be nationally scaled-up in 2015, with additional training of 4,000 CHWs for the delivery of Integrated Community Case Management (ICCM).

The UNICEF-supported National Model Training Centre for Integrated Management of Acute Malnutrition trained 124 health workers and 748 community health workers in 2014, fully equipping them to conduct screening in communities and health facilities, and to refer cases of Under-five (U5) malnourished children to treatment facilities. A total of 2,000 children were successfully treated and 23 Government and Caritas health facilities are now fully implementing the Integrated Management of Acute Malnutrition (IMAM) Protocol, achieving a 74 per cent recovery rate. In 2015, implementation of the Protocol will be scaled-up to reach an additional 29 health facilities in all 9 regions.

Through the Global Partnership for Education, UNICEF supported five officers from the Ministry of Education to enrol in a Master's programme on Sectoral Policies and Management of Education Systems, both online and in-class (at Pole de Dakar/IEEP and Cheikh Anta Djop University). Eleven regional statistics officers received specific training, through the partnership with UNESCO Institute of Statistics.
As part of the National Sanitation Strategy, the capacity of partners was further strengthened in 2014. In November, more than 50 NGO and Government partners from all regions were trained on the Community Approach to Total Sanitation/ Community Led Total Sanitation (CATS/CLTS) methodology. The objective of these trainings was to further increase the capacity of the partners across the country to accelerate the elimination of open defecation, through regional-level micro-planning CATS/CLTS action plans.

Seventeen community radio stations nationwide where trained and provided with equipment to better support participatory communication for development strategies across all UNICEF programmes, including EVD and cholera prevention.

**Evidence Generation, Policy Dialogue and Advocacy**

Conducting MICS5 in 2014 under the challenging context of political transition was a major strategic objective of UNICEF, the Government and partners, considering that no nationwide social survey had been conducted in the country since the previous MICS in 2010. MICS5 was implemented by the National Institute of Statistics (INE) under the overall guidance of the Ministry of Plan. Data will be used to update the country's Situation Analysis of Women and Children (SITAN), and to support preparation of Government plans and donor roundtables, United Nations Development Assistance Framework (UNDAF) and country programme document 2016-2020. The MICS5 report will be the major source of information to assess the progress toward Millennium Development Goal (MDG) targets and set the post-2015 development agenda.

This round of MICS5 promoted increased ownership and technical leadership of the Government. During the process, substantive capacity building, in particular on data management, open software applications and statistical analysis, was provided to a variety of partners from different national institutions and ministries.

The MICS5 capacity development process also left INE much better equipped to develop national information systems. As a corollary of UNICEF support to INE, during the CRC@25 celebration, which coincided with the Day of African Statistics, the Government successfully launched Guinea-BissauInfo, an adaptation of the DevInfo platform in the national context. Enriched with the new MICS5 data, Guinea-BissauInfo has already established a much needed innovative open source of data and a platform for debate with academic and research institutions, particularly linked to MDG assessment and reporting. During the CRC@25 celebration, UNICEF launched the challenge to national institutions to start implementation of the Guinea-Bissau Innovation Lab in 2015, with focus on innovative concepts, start-ups or technologies using crowd-sourcing that can enhance the full realisation of child rights.

**Partnerships**

In 2014, nine Annual Work Plans (AWPs) were signed and implemented with Government at national and local levels. To mitigate risks associated with lack of accountability of state institutions during the transition period, 56 Programme Cooperation Agreements/ Small Scale Funding Agreements (PCAs/SSFAs) were signed with NGOs/CSOs and religious organizations, representing more than 60 per cent of the total cash/supplies disbursed, with major focus on capacity building.

UNICEF continued to act as managing and coordinating entity for the Global Partnership for Education. This role gave UNICEF the unique opportunity to coordinate education partners and
represent them in advocacy and policy dialogue with Government and donors. UNICEF played a key mediation role between Government and teachers’ unions during the teachers’ strikes, which occurred in the first and second quarter of the year. High level advocacy with MoE and teachers’ unions resulted in agreements to lift the strikes and identify mitigation measures that saved the school year, despite difficulties in paying salaries. This role also gave UNICEF the opportunity to engage in new areas of work such as curriculum revision, learning achievement assessment, research and Education Management Information System (EMIS), notably in partnership with UNESCO. UNICEF also established a bridge between the Ministry of Education and the Portuguese academic institution, “Fundação Gulbenkian”, for technical support for the revision of the basic education cycle curriculum.

In line with A Promise Renewed, UNICEF developed and sustained a partnership with the EU and actively partnered with WHO, UNFPA, UNWOMEN and UNAIDS around the H4+ initiative (SIDA) in the health sector, focusing on reduction of maternal and newborn mortality using community health approaches. The country successfully adhered to the Scale Up Nutrition (SUN) movement. Collaboration was also effectively established with the Global Fund and Global Alliance for Vaccine Initiative (GAVI) in the areas of HIV/AIDS, Malaria and Expanded Programme of Immunization (EPI), as well as with UNFPA for accelerated abandonment of Female Genital Mutilation/Cutting (FGM/C).

**External Communication and Public Advocacy**

The CRC@25 celebration and State of the World’s Children Report (SOWCR) launch provided opportunities to promote and raise awareness on child rights issues in Guinea-Bissau and to showcase UNICEF’s contribution to improve equity based programming, consolidate partnerships and foster innovative approaches. The child and youth-led advocacy Movement *Republica di Mininus Hoje* (RdMH), delivered the proposal of a National Child Rights Agenda to the President of the Republic, the Speaker of Parliament and the Prime-Minister. The ceremony was attended by the country’s highest authorities, including religious and civil society organisations. This document is a strategic and programmatic roadmap to guide the new Government toward the transformation of the country, where the rights of children are protected and promoted. The movement played an important role during the 2014 legislative and presidential elections, with the RdMH manifesto signed by all political leaders. The Movement RdMH was inspired in the movie *Republica de Mininus* by Guinea-Bissau Director Flora Gomes, and is led by the National Child Parliament and National Youth Council, bringing together more than 350 child and youth organizations from all over the country. The President of the Republic pledged to use his influence to accelerate the adoption and implementation of the proposed National Agenda and to monitor its implementation. The ultimate goal of RdMH is to also influence the process of Constitutional Review planned for 2015 and subsequently all the legislative, strategic planning and social budgeting exercises for the next several years in Guinea Bissau, putting children in the centre of the development agenda.

All CRC@25 events were posted on social media (UNICEF Guinea Bissau Facebook page), including a version in Creole of the song ‘Imagine’ by local artists and the UNICEF National Ambassador, herself a singer. Throughout the year, UNICEF used communication in support of public advocacy and community engagement, such as the official launch of textbooks distribution campaign to all primary school children in the country; Hand-Washing and World Toilet Day celebrations linked to EVD prevention; public declarations of abandonment (FGM/C and Open Defecation Free); the launch of Guinea-BissauInfo, and the official inauguration and hand-over of classrooms built by UNICEF in the context of the GPE programme.
South-South Cooperation and Triangular Cooperation

UNICEF supported the South-South Cooperation initiative led by the Government of Brazil initiated in 2004 and aimed at promoting cooperation among participating countries in joint response to HIV/AIDS, including facilitating access to prevention, treatment and care focusing on pregnant women, children and adolescents. The seventh annual meeting of South-South Loop took place 23 to 25 April 2014, in Cochabamba, Bolivia, with more than 50 participants from member states (excluding East Timor) and additional countries who wanted to be part of the network, including Colombia, Argentina, Mexico, Panama and Australia. The event was chaired by the Minister of Health of Cochabamba’s State, Bolivia. UNICEF, WHO and UNFPA representatives, high level officials from the Global Fund to fight AIDS, Tuberculosis and Malaria, the Ambassador of Brazil, and the Governor of Cochabamba’s State also took part in the event. The Guinea-Bissau delegation included the representative of the National Youth Forum, supported by UNICEF Brazil and UNICEF Guinea-Bissau, and the Executive Secretary of the National Secretariat to fight against AIDS (SNLS). During the meeting, young leaders and adolescents reflected on the progress achieved within the Managua Action Plan 2012-2013. They also developed the new Action Plan for 2014-2015, including a monitoring and evaluation framework to track the progress and measure impact of activities at country level.

In the concluding statement, participating countries pledged to ensure that national HIV/AIDS strategic plans prioritize interests of adolescents and young people and secure their full participation in the national planning process. They pledged that all strategic communication should take into account and foster local cultural identities, and effective strategies, such as peer based education, to strengthen HIV prevention, access to diagnosis, treatment and care will be further prioritized and supported. They also pledged to reinforce the relationship between the institutions and community organizations working with young people and strengthen linkages and collaboration in order to optimize scarce resources and maximize results.

A new website was launched (www.aids.gov.br/lss/) that will help share experiences and monitor activities. Bolivia pledged to continue providing a Permanent Secretariat for the South-South Cooperation and Guinea-Bissau pledged to host the VIIIth meeting, to be held in 2016.

Identification Promotion of Innovation

In the framework of the GPE, and in partnership with UNESCO, a Learning Achievement Assessment was undertaken involving approximately 4,000 children and 300 teachers in second and fifth grade of primary school. The tests, developed according to the Analysis Program of Educational Systems of CONFEMEN (PASEC) initiative, were administered in July, and the final results should be available during the first quarter of 2015. The tests were adapted and translated into Portuguese and the main topics tested were Portuguese language and Mathematics. Confronted with the decision of choosing who would administer the tests to children and travel to the schools, MoE and UNICEF decided to give the responsibility, and opportunity, to 85 students graduating from one of the national teacher training colleges in Bissau “Tchico Tè”.

This experience was the first of its kind in the country and gave the opportunity to the newly graduated teachers to have a clear sense of life in a primary school, to understand the state of schools in rural areas, and the conditions of life across the various regions, and to contribute to the first national learning assessment of students in the country. Among the benefits of this initiative were the fact that Costs for deployment of data collectors were lower and capacity was built for young people who will work full time in the education sector.
Human Rights-Based Approach to Cooperation

UNICEF Guinea Bissau’s programme interventions are in line with Human Right Based Approach (HRBA) programming and feature child/human rights principles, including universality, non-discrimination, right to survival and development, accountability and respect for the voice of the child. Guinea Bissau has made continued efforts to harmonize the national legislation with the Convention on the Rights of the Child (CRC), Convention on the Elimination of All forms of Discrimination (CEDAW) and the Convention on the Rights of People with Disabilities (CRPD). Law enforcement of recently approved legislation on FGM/C, child trafficking, and domestic violence was implemented, resulting in prosecution and sentencing of FGM/C cases during 2014.

UNICEF Guinea Bissau also focused on improving the implementing capacity of partners using HRBA, through capacity building of duty bearers (prosecutors, teachers, health professionals, CSO members, media) and right holders (children and youth associations, child parliament members, women’s and girl’s network, children with disabilities and communities) who received skills and knowledge to ensure and/or claim human rights (particularly child and women’s rights) as well as on preventive and response mechanisms to address human rights violations.

In line with the UNDAF 2016-2020 preparation, UNICEF Guinea Bissau staff received training on HRBA, together with UN and government partners. A total of nine programme staff improved their ability to implement HRBA programming, including senior and junior staff. Efforts were made to ensure that HRBA principles were applied in all programme stages, and staff was made aware of existing tools and guidelines to operationalize HRBA programming in focus areas of programme delivery. Preparation of the new SITAN used the Child Rights Tool kit: Integrating Child Rights in Development Cooperation, designed in partnership with EU. The development of the new SITAN will focus on equity based and life cycle approaches, and will serves as the basis for the preparation of the new CPD. The new CPD will take in to account the priorities outlined in A Promise Renewed (APR), the new UNICEF Strategic Plan and the Gender Action Plan 2014-2017, and will focus on addressing bottlenecks and causes of deprivation that impede realization of child rights as proposed in the National Child Rights Agenda.

Gender Mainstreaming and Equality

UNICEF Guinea Bissau’s programmatic initiatives are in line with Gender Action Plan 2014-2017 priorities, particularly on addressing violence against girls and advancing girls education. The Child Protection programme undertook several initiatives to address adverse gender norms, namely FGM/C, child and forced marriage and sexual abuse of children and adolescents. The programme recognizes that gender-based violence also affects boys (children forced to beg and corporal punishment in schools), although evidence shows that girls are disproportionally affected due to gender norms.

UNICEF Guinea Bissau’s programme aimed to guarantee that girls and boys were protected from Gender Based Violence (GBV) and that victims received appropriate assistance and care. Interventions included legal and policy reform provided to review and update the national plans of action to end abuse and sexual exploitation and child trafficking; and strengthening law enforcement on GBV legislation through capacity building of 25 law enforcers and dissemination of GBV legislation. UNICEF Guinea Bissau also ensured correct assistance and care were provided to children and women, including shelter and judiciary services; and raised community awareness in more than 140 communities to change social norms to FGM/C, child marriage and physical violence against children and women, including strengthening girls, boys and women’s
skills and knowledge to cope with gender violence. Capacity building was provided for key stakeholders, including 400 hundred school teachers, 50 health providers, 280 community workers, 98 religious leaders, 24 media channels and 18 CSOs.

UNICEF, in partnership with UN Women and FAO in the context of a Peace Building Fund (PBF)/ Immediate Response Fund (IRF) joint programme, implemented a project that aimed to improve women’s economic security and rights, including social and legal empowerment. Through the Ministry of Health and Commerce technical support, 5,195 women of six legalized associations were supported to produce 198.5 tonnes of salt, increasing local availability of iodized salt and contributing to the elimination of iodine deficiencies disorders in Guinea-Bissau.

The new UNICEF Gender Action Plan (2014-17) was disseminated to all programme staff for mainstreaming. UNICEF Guinea Bissau has a gender focal point, who is member of the UN Gender group, but no specific gender specialist.

**Environmental Sustainability**

The main environmental considerations of UNICEF’s 2014 programme were around the safe disposal of human excreta as well as solid and liquid waste management, both of which also raise public health concerns in terms of epidemiological transmission, in addition to environmental sustainability. Those concerns were further reinforced due to the Ebola threat in Guinea Bissau, for which efforts were made to reduce epidemiological transmission through environmental factors (typically medical waste, drinking water, human excreta, and overall hygiene).

On environmental and epidemiological grounds (also in light with the Ebola risk), standard procedures were followed. For instance, standard precautions were followed to prevent contamination of the environment, especially of groundwater aquifers, by human faeces and urine, in UNICEF programming typically linked with such matters (WASH and Health and Education). These precautions included ensuring that, at least 1.5 metres existed between the bottom of the pit and the groundwater table (more in coarse sands, gravels and fissured formations), and that the latrine(s) were located at least 30 metres horizontally from any groundwater source (including both shallow wells and boreholes).

In terms of groundwater quality, in addition to its microbiological contamination, Guinea Bissau also faces high iron content of groundwater in some areas. A new design for iron removal composed by steps and filtration tanks was developed by UNICEF jointly with the Government. In 2014, tests were run in several locations with these devices, and showed positive results. As part of the national water quality protocols, systematic water quality analysis was undertaken for each newly constructed or rehabilitated water point.

Direct, unprotected human contact during handling of health-care waste could result in transmission of pathogens (including the Ebola virus). Therefore, responsibility was assigned and human and material resources were allocated to dispose of such waste safely. These efforts will continue in 2015 with the aim of strengthening waste management (especially in Health facilities) for all health-care waste produced, to be collected safely in designated containers and bags, treated and then safely disposed of and/or destroyed, preferably on-site.

**Effective Leadership**

UNICEF Guinea Bissau finalized its Annual Management Plan (AMP) for 2014, which was approved by the Country Management Team (CMT) in March. The plan included the key annual management priorities and results, the programme management coordination mechanisms, the
annual calendar of events and the management indicators. Key annexes were also included, such as the AWPs signed with Government Ministries, the consolidated supply plan, the mandatory committees and tasks forces, the Annual Learning Plan and the Early Warning Early Action Plan (EWEA). A HACT task force committee was added. The AMP was developed with contributions from all programme sections, the operations team and the Staff Association.

The CMT met 11 times in 2014 and decisions taken during the meetings were shared with staff at all levels. Of the 11 CMT meetings, four were held jointly with Programme Coordination Meetings (PCM) to maximize opportunities and create stronger synergies between the Programme and Operations teams on key management issues at all levels. The office programme and operations performance indicators were systematically reviewed and corrective actions instructed to keep the office on track and ensure effective and efficient deliveries. Among others, decisions taken included the revision of the HACT/ Direct Cash Transfer (DCT) risk mitigation measures to adjust the office’s operational and programmatic assistance strategies in the view of the empowerment of the newly elected government (progressive and case by case cash transfer to central governmental structures combined with close staff monitoring activities). To reduce the risks and continue normal implementation during this last phase of the transition period, collaborations and partnerships with NGOs and CSOs were stepped up, representing more than 60 per cent of cash transfers to partners.

The table of authority was reviewed and updated during the year. The newly recruited staff were given appropriate roles in VISION. Delegations of authority memos were signed by staff. The bank signatory panel was updated three times to adapt to staff movements.

In 2014, the office undertook a self-audit process. This was an opportunity for the entire office to be involved in the exercise and auto-assess the areas of governance, programme management, HACT, contracts for services, supply assistance and operations support. The key recommendations of the previous audit (2010) were also considered. The outputs of the exercise were presented and discussed during a CMT meeting. Weaknesses and strengths were consolidated into an action plan and will help in the audit planned for 2015.

UNICEF Guinea Bissau conducted a Global Shared Service Centre (GSSC) process and submitted its package to the Programme Budget Review (PBR), which approved the submission. Three PBR revisions were prepared and submitted in 2014.

Financial Resources Management

In 2014, all monthly CMT meetings dedicated time for reviewing funding status, donor reports, grant expirations, fund commitments and outstanding DCTs, and taking corrective actions as necessary. With regards to the prevailing country risk working environment, special attention was paid to DCTs with more than 6 months. CMT meetings also discussed the monthly cash requirements and utilization. Quality assurance activities were undertaken to strengthen the control over risks associated with HACT implementation and partners’ capacity for better financial management and accountability. UNICEF Guinea Bissau’s existing partners were reviewed and based on agreed criteria, six NGOs partners were selected for micro-assessment activities (PCA assessment and spot-checks). After the process, three of them were confirmed as fully apt for HACT DCT modality.

In 2014, UNICEF Guinea Bissau solved complex DCT liquidations and all the system error-related cases were settled through close and regular interactions with Headquarters (HQ) to find solutions to posted service calls. Mitigation measures were taken for cash transfer to
governmental structures (reduced DCT advances) and combined efforts were made to improve liquidations (reported and refunds) of outstanding DCTs of more than 3 to 6 months. Progress was made on DCTs of more than 6 months (2 per cent of total DCT). An outstanding DCT of more than 9 months with MoH (US$56,425) has not been resolved, which represents 2.4 per cent in that category. The situation is being closely monitored and there is high expectation of settlement during the first quarter of 2015. After the end of year adjustments, the expenditures levels for Regular Resources (RR) and Other Resources (OR) allocations were estimated at 96 per cent and 99 per cent, respectively. Some grants provided with additional funding were extended with donor agreement. All emergency grants were fully utilized.

**Fund-raising and Donor Relations**

UNICEF Guinea Bissau continued to strive to improve the donor reporting system, and in 2014 all donor reports were submitted per agreed timeframes and quality requirements. There is still room for improvement and alignment with the Vision tracking/reporting system, particularly for reports that have to be submitted to Public-Sector Alliances and Resource Mobilization Office (PARMO) for quality control and clearance. In accordance with key donors (EU in particular) and Vision/IPSAS requirements, in 2015 UNICEF Guinea Bissau will establish a Standard Operating Procedure (SOP) to improve the programmatic and financial reporting process.

In 2014 the level of fundraising surpassed the annual threshold of US$20 million of Other Resources-Regular (ORR), with the effective total allocation standing at around US$13 million and the remaining US$7 million re-phased to 2015. The total amount of ORR planned in the 2014 CPD extension was US$12.6 million. The main reasons for this increase in funding were UNICEF’s new role as managing entity for the GPE funds (US$12 million for 2014-2016); and two new health partnerships with EU and SIDA of close to US$5 million. Two additional partnerships with EU (Health and WASH/EVD prevention) of more than US$6 million are planned to start in 2015. UNICEF Guinea Bissau also benefitted from funding (more than US$1 million) for EVD and cholera prevention and preparedness through West and Central Africa Regional office humanitarian fundraising mechanisms (Germany, France, Denmark, The Netherlands, Sweden, USA). A sustained collaboration with Italian, Spanish and The Netherlands National Committees and other traditional partners such as the Bill and Melinda Gates Foundation, Global Fund and GAVI was developed for areas such as polio vaccination campaign, routine EPI, HIV/AIDS, combatting under-nutrition, primary education and WASH. Despite all the political and governance related risk concerns during this transition phase, 85 per cent of the CPD OR ceiling planned for 2014 was absorbed.

**Evaluation**


Surveys, studies and evaluations included implementation of MICS5, including training of 85 surveyors and 30 data processors, data collection in 341 clusters corresponding to 6,800 households, data analysis and production of statistical tables and preparation of preliminary report. An evaluation of the Vaccine Management Effectiveness (VME) initiative was prepared, which highlighted the strengths and weaknesses in the country’s EPI system and the need to
systematically train the management and operational staff at national and regional level and establish a regular monitoring and maintenance system.

The Mid-Year and Annual Reviews were organised with Government, NGO and United Nations system partners, which emphasized the importance of focusing strategically in strengthening capacity and integration, particularly at the decentralized levels (using EVD regional epidemic risks as lessons learned), focusing more on equity and innovative approaches to reinforce sustainability. Programme/project management risks were assessed in a context of transition and the need to progress in the implementation of HACT was identified. Technical support was provided to INE in the implementation and launch of Guinea-BissaulInfo, which included training national focal points, digitalization and validation of indicators in the national data base. The CRC@25 celebration and SOWCR launch provided opportunities to disseminate the Guinea-BissaulInfo platform among Government institutions, academicians, NGO/CSO partners and the UN system.

**Efficiency Gains and Cost Savings**

Despite the coordination challenge, common inter-agency service activities have progressed and been consolidated in key priority areas (travel agency, cleaning, maintenance, security, fuel, consultant roster, stationery) and generated gains and saving for the sourcing and the procurement of goods and service for individual agencies. Management of existing agreements was assessed and monitored to respect the conditions granted for travel agents, gardening companies, fuel companies, cleaning and security guards.

The common market survey undertaken in 2012/13 resulted in the identification of competitive suppliers for goods and services. The results were used as the basis for the bidding process for the school construction under GPE second phase project. UNICEF endorsed UNDP long term agreements for the services listed above and continued to take advantage of their conditions. This was also the case for the roster for drivers and consultants.

**Supply Management**

In 2014, UNICEF Guinea Bissau’s final Supply Plan value was estimated at US$1,324,285.75. By year-end, the actual sales orders amount was US$1,547,431.73 (116.85 per cent of the Supply Plan was executed), of which US$1,436,471.98 (82 per cent) was obligated into Purchase Orders and US$110,959.75 was for freight costs. US$614,759.56 was for local procurement and US$323,946.93 was for direct orders. Eleven institutional Contracts for Services and 19 support services contracts were processed. The Contract Review Committee met 15 times and reviewed 23 proposals, all of which were approved. The main items and services procured were school desks, polio vaccines for first and second round campaigns, information and communication technology (ICT) equipment, construction services and rehabilitation of water points and latrines. As part of emergency preparedness response, WCARO supported UNICEF Guinea Bissau with emergency supplies. Ebola protection equipment and other preventive supplies were procured. Two Long-Term Arrangements (LTAs) were renewed for the provision of in-land transport services for programme supplies from Bissau to all regions and customs clearance, transport and freight forwarding, and new LTAs were established for provision of various office supplies and printing materials. Other LTAs are jointly shared with UNDP for fuel and lubricants and office supplies. The Bissau warehouse stock is well managed and regularly monitored, with stock value of US$497,100 as of 31 December, 2014.
Purchase orders for programme supplies were monitored for timely delivery in line with distribution plans under the direct delivery strategy. Customs entries for offshores supplies and government quality assurance permits facilitated prompt process and timely clearance of routine (including GAVI) and campaigns vaccines, through ports of entry, saving on unnecessary delays and demurrage charges.

The Supply Division also supported the VISION processing of sales orders, warehouse receipts migration, and with Division of Financial & Administrative Management during the physical inventory count through Webex learning sessions and other communication. Individual in-house training was also organized for new programme staff on the supply process in VISION.

Security for Staff and Premises

As the general elections approached in 2014, security was given special focus. UNICEF Guinea Bissau planned and implemented all the required preparedness actions, together with the OMG team, United Nations Department of Safety and Security (UNDSS) and the Regional Office. A contingency plan was jointly established, funded and executed.

Specific actions were undertaken for UNICEF staff, with the support of the regional security advisor who visited the office in April, prior to the elections, to provide guidance and advice to the staff and to address the prevailing stress.

The office updated its Business Continuity Plan (BCP) and subsequent actions were taken to establish and sign a MOU with WFP for an alternate site.

Radio checks were effective and the call tree was updated and test exercises done. Emergency and security lists were regularly updated and sent to OPSCEN. Efforts were made to provide HF and VHF equipment for staff and consultants. Drivers were trained on the utilization of HF (car to car), GPS and Satellite phone equipment. Training on landmine prevention was conducted for all staff and specifically for drivers, who were also provided with a refresher session on the 20 driving principles. Efforts were maintained to increase the safety of vehicles and equip them with tools (radio, GPS, sat phone, Winch Bar Electric and Bull Bar) to respond to difficult situations during the rainy season and in mined areas. To improve Minimum Operating Residential Security Standards (MORSS), a common process was conducted to assess security guard companies and a LTA was signed with a new security company.

The Early Warning Early Action (EWEA) plan was improved and an emergency stockpile was established. The office’s emergency focal point and other internal resource persons provided sensitization sessions to all staff on Ebola, HIV and other diseases (preventions and hygiene precautions).

An Enterprise Risk Management (ERM) session was undertaken in late 2014. The session was an opportunity for UNICEF Guinea Bissau to review and update its risk profile with regard to the current country context. The ERM module was updated in the intranet.

Human Resources

In 2014, the UNICEF Guinea Bissau team focused on improving staff capacity, office environment and tools to enhance effectiveness and efficiency in programme delivery. The required technical/functional knowledge areas were clearly defined and respective staff were provided with appropriate systems and tools (including performance management, talent and leadership development and knowledge management) to improve their performance and
consequently drive organizational results. During the first trimester, 100 per cent of Performance Appraisal System and e-PAS discussions were completed and a range of learning and career development opportunities and tools were made available to ensure staff morale and job satisfaction. The performance management cycle was incorporated and following the initiative by the Head of Office, coaching sessions were offered to individual staff members to identify gaps in skills and knowledge, followed by development of individualized Performance Improvement Plans (PIPs), to assist staff members to reach satisfactory performance. In 2014, 14 per cent of staff were granted language training (Rosetta stone) and 100 per cent completed UNICEF mandatory training (Gender, Harassment and Integrity).

Staff members were strongly encouraged to participate in the Global Staff Survey. The purpose of the survey was discussed internally and during the staff retreat to seek inputs and ideas for achieving an optimal work environment. As a result, all staff members took part in the global survey.

In June 2014, UNICEF Guinea Bissau established a “health advisory team” (five members, including the UN Cares focal point) with an objective to promote best practices in HIV prevention and access to treatment by providing staff and their families’ with information, access to preventive commodities, post-exposure prophylaxis and a supportive and respectful work environment as specified in UN Cares 10 Minimum Standards. A learning session was provided to all staff and 92 per cent of staff obtained UN Cares certificates after completing an e-course.

To enhance security, the Emergency contacts lists, UN Dispensary dependents list and OPSEN list for all staff, including Consultants, were continuously monitored and updated. A security briefing was conducted for all new staff to ensure the full observance of security standard requirements. All new staff also received an entry medical briefing from the UN Clinique. Two Joint Consultative Committee meetings, Local Staff Association recreation activities and the staff retreat were conducted.

Every effort was made to ensure that all funded positions were filled through a competitive recruitment process. In 2014, UNICEF Guinea Bissau initiated and issued 21 Service Agreements (SSA), including five International consultants and 16 Individual Contractors (national). The process of recruitment for nine staff members was completed including: two National officers, three international professional under Fixed Term agreement, and four Assistants hired under temporary appointment modality. In November 2014, the office underwent a PBR process where one temporary position was approved for conversion to Fixed-Term (Nutrition Officer). A great effort was made to achieve a gender balance among staff.

**Effective Use of Information and Communication Technology**

UNICEF Guinea Bissau migrated to Microsoft Cloud Business Suite in May 2014, as planned. Training of staff on Office 365 was organized to ensure more effective use of the new tools and OneDrive for Business was also organized. Programme and Operations staff participated in several Lync sessions/trainings in different subjects related to their respective work. Use of the Cloud allowed people in programmes to be operational anywhere in the country where there was access to the internet, using any mobile device. In preparation for possible emergencies, in addition to the existing BCP sites, Internet USB keys were acquired for key staff for VISION and Outlook access. In line with the BCP, UNICEF Guinea Bissau signed an MoU with WFP for an alternate site located in Bafata.

In order to move toward the use of open-source and mobile tools with partners, data on
available GSM/Mobile operators was collected and uploaded in the Regional SharePoint link for further use. The ICT officer participated in a webinar series organized by the Global Innovation Centre to provide UNICEF Country Offices with relevant information on RapidPro.

A total of US$81,142.59 was spent on ICT equipment and accessories. The office migrated to the FH Technology for Internet, increasing the bandwidth from 2MB/s to 4 MB/s, to minimize the power outages for ICT equipment, another central UPS was installed to serve as a backup. For security reasons, a satellite phone was installed in all mission vehicles to further enhance communication in the field.

Programme Components from RAM

ANALYSIS BY OUTCOME AND OUTPUT RESULTS

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

Analytical Statement of Progress:
Law enforcement continued to be strengthened with capacity building of law enforcers. In 2014, 25 public prosecutors (20 from regional level and 5 from Bissau) increased their knowledge and competences to address and correctly implement FGM/C and other relevant GBV legislation. They reported and worked with civil society organizations on judicial cases. As result of the strong work conducted at community level, 410 religious and traditional leaders as well as opinion leaders from 140 communities received correct information and shared their views on the law enforcement.

Efforts continued to strengthen prevention and response to violence against children, as well as to address social norms affecting children and women's rights at community level. Major achievements were centred on strengthening coordinated responses at community level to address FGM/C and other adverse gender norms affecting girls and women. A total of 140 communities were engaged in educational dialogues promoting abandonment of FGM/C and related adverse gender norms, involving 12,503 participants, including adolescent boys and girls.

Case management to address child violence and exploitation was reinforced and coordination among key stakeholders was strengthened. A total of 195 cases of crimes against children as well as adolescents in conflict with the law (75 related to sexual violence) were reported and followed by child protection structures. Despite challenges faced during 2014, the National Committee for Child Trafficking Prevention continued to be operational and the National Plan of Action was implemented, which led to a broader synergy among child protection actors and a more coordinated response to emergency cases involving child trafficking. As a result, 157 talibes children victims of exploitation were assisted, benefited from psychosocial support and were reintegrated into their communities and families, and 140 children in risk of exploitation and trafficking were intercepted at the border units. Referral processes to NGOs and shelter centres were conducted properly. Police forces’ (particularly border police) knowledge and skills on child trafficking prevention, GBV and Ebola prevention were increased with the training of 250 officials from all nine regions of the country. The process for the update of the Child Protection sectoral national action plans (against child trafficking and against abuse and sexual exploitation) was initiated in partnership with the Institute of Women and Children, with technical assistance provided by UNICEF.
A partnership between the Ministry of Justice (MoJ) and civil society was reinforced for social mobilization, increasing awareness on the importance of birth registration, identification and pre-birth registration of children, strengthening the routine system using community approaches and reaching the most vulnerable children and geographic areas. Steps initiated in 2013 to reinforce joint initiatives to tackle the low birth registration rates were consolidated during 2014 with the establishment, for the first time, of a formal partnership between the MoJ and the Ministries of Health and Education, to implement joint interventions to increase birth registration rates among children. A pilot programme was initiated in the north of the country (Cacheu region), covering 4 health areas.

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

**Analytical Statement of Progress:**

For the first time in the capital city, the trials of an FGM) case involving three girls between five and seven years old were held in Bissau, in the presence of civil society organizations. Assistance to and care of the victims was a major concern during this case. For more than three weeks they were placed in a shelter centre and received medical assistance. No psychosocial assistance was provided and follow-up from social services was weak.

FGM/C law enforcement continued to be strengthened with capacity building of law enforcers. In 2014, 25 public prosecutors (20 from regional level and 5 from Bissau) increased their knowledge and competences to address and correctly implement FGM/C and other relevant GBV legislation. They reported and worked with civil society organizations on judicial cases. As a result of the strong work conducted at community level, 410 religious and traditional leaders as well as opinion leaders from 140 communities received information and shared their views on the law enforcement.

UNICEF Guinea Bissau contributed to the elaboration of the new Justice Reform Programme (2015-2019) and provided inputs for the situation analysis as well as the new programme document. The validated document will be presented during the Guinea-Bissau donors’ round-table in Brussels in March 2015. Due to the transitional period (post-coup d’état and year of elections) major interventions planned for 2014 were not developed with justice partners. This included the work on the elaboration of the Child Protection Code and the elaboration of the legislative kit on child protection to law enforcers. Continuous support was provided to the judicial actors working on child protection issues (Judicial Police, Guardian ad Litem) with equipment, IT materials, motorcycles, fuel, and stationary to strengthen their activities. Apart from staff salaries, these institutions do not receive any funding from the state budget.

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

**Analytical Statement of Progress:**

Case management to address child violence and exploitation was reinforced and coordination among key child protection stakeholders was strengthened in 2014. A total of 120 cases of crimes against children as well as adolescents in conflict with the law were reported and followed by child protection structures.
The institutional framework for child protection was strengthened and coordinated responses to address prevention and support to children victims of violence, abuse and exploitation was provided to child protection institutions and partners. Capacity development was provided to boost the establishment of a legal, institutional and social community environment that protects women’s and girls’ rights and provides sustainable responses to domestic violence issues, female genital mutilation and child marriage.

The National Committee for Child Trafficking Prevention was operational and the National Plan of Action was implemented, which led to a broader synergy among child protection actors and a more coordinated response to emergency cases involving child trafficking. As a result, 157 talibes children victims of exploitation were assisted, benefited from psychosocial support and were reintegrated into their communities and families, and 140 children in risk of exploitation and trafficking were intercepted at the border units, and the referral processes to NGOs and shelter centres were conducted properly. Police forces’ (particularly border police) knowledge and skills on child trafficking prevention, GBV and Ebola prevention were increased with the training of 250 officials from all nine regions of the country.

The process for updating the Child Protection sectoral national action plans (against child trafficking and against abuse and sexual exploitation) was initiated in partnership with the Institute of Women and Children, with technical assistance provided by UNICEF.

With partner NGOs the process to support the establishment of regional intervention units (URI) for psychosocial support to victims and referral of cases to the relevant departments in the regions of Gabu, Bafata, Oio and Bolama/Bijagos was finalized. The technicians at the intervention units received specific training on community approaches to issues related to violations of women’s and girls’ rights and on methodologies for transforming harmful social norms. The Protocols for psychosocial support of the URI were also elaborated and the technicians received a four-day training in order to acquire key skills to help victims overcome the trauma and difficulties of inclusion and integration in their communities, through an effective personal and integral development of victims as defined in human rights principles, the Convention on the Elimination of All forms of Discrimination (CEDAW) and the Convention on the Rights of the Child (CRC).

An Integrated Communication Plan for Women’s and Girls’ rights in the regions of Gabu, Bafata, Oio and Bolama/Bijagos was developed, with a global lens covering the entire country through mass media (radio, television) and a regional component that focused on those regions, in collaboration with the local media.

As part of the integrated communication plan, communications professionals (especially community radio) in those four regions were trained so that they could develop essential skills for the promotion of human rights in their daily work, through advocacy, education for human rights, and outreach in the official and local languages regarding legal provisions against harmful practices.

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

Analytical Statement of Progress:

More than 33,000 children (0-17) received their birth certificates in 2014. A partnership between the MoJ and civil society was reinforced for social mobilization, increasing awareness on the
importance of birth registration (BR), identification and pre-birth registration of children, and strengthening the routine system using community approaches to reach the most vulnerable children and geographic areas. Steps initiated in 2013 to reinforce joint initiatives to tackle the low BR rates were consolidated during 2014 with the establishment, for the first time, of a formal partnership between the Ministry of Justice and the Ministries of Health and Education, to implement joint interventions to increase birth registration rates among children. A pilot programme was initiated in the north of the country (Cacheu region), covering four health areas.

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

Analytical Statement of Progress:

Community-lead activities, implemented jointly by national NGOs and communities, to increase knowledge of benefits of abandoning FGM/C and related adverse gender norms in the population were strongly promoted and supported. A total of 140 communities were assisted to organize their discussions on FGM/C abandonment as well as child and forced marriage and other social norms affecting children and women negatively. As result, during 2014, 12,503 people participated in educational community dialogues, involving a large number of adolescent boys and girls.

To implement community programmes addressing social norms in line with the national strategy, knowledge of community workers and NGOs officers was increased not only through training workshops (35 beneficiaries) but also during their community work (120 local animators). This resulted in the improvement of partners’ implementing reports and information/data gathering. A training manual for facilitators, a guide to community facilitators/animators and a facilitator module for religious leaders were produced. To reach young people and adolescents, a booklet on the FGM/C law and on the harmful consequences of FGM/C to children and women’s rights was developed and disseminated (especially at school level).

UNICEF supported the youth led advocacy movement Republica di Mininus Hoje (RdMH) in the preparation and delivery of a proposal of a National Child Rights Agenda to the President of the Republic, the Vice President of the National Assembly and the Prime-Minister. This document is a strategic and programmatically sound roadmap to guide the new Government toward the transformation of the country where the rights of all children are protected and promoted. The Child Rights agenda gave particular attention to FGM/C and child marriage as well as to abuse and sexual exploitation of girls.

The movement played an important role during the 2014 legislative and presidential elections with the RdMH manifesto signed by all political leaders/candidates. RdMH is led by the National Child Parliament and National Youth Council, bringing together more than 350 child and youth organizations representing all regions of the country. The President of the Republic gave assurances that he would use his high magistracy to influence the adoption and implementation of the proposed National Agenda for Bissau Guinean Child and to monitor its implementation. All public leaders publicly condemned FGM/C and child marriage and gave their promise to support programmes promoting its abandonment.
Religious and influential community leaders continued declaring publicly their support of the abandonment of FGM/C, despite some opposition encountered in some specific and identified areas of the country. In a strong partnership with the higher Islamic leadership in the country (Central Imam), concrete actions were developed to encourage and promote open dialogue with those sectors showing resistance to engage in a constructive dialogue with the National Committee to Fight Harmful Practices (CNAPN). Traditional communicators, particularly musicians, have adhered to the FGM/C abandonment movement. They play an important communication role in traditional ceremonies (including marriages and baptisms) and are respected at community level. In partnership with the CNAPN, they have produced and disseminated songs in local languages, promoting the abandonment of FGM/C. During 2015, those songs will be recorded and disseminated on community radio stations.

Training for communicators to strengthen their capacity to address FGM/C, child marriage and domestic violence against girls and women remained a priority during 2014. Twenty community radio communicators had their knowledge and skills improved to report correctly and harmonize language and approaches. All the reported cases in the media, including those legally reported and sanctioned, used appropriate journalistic and communication language. Radio (24 radio stations, mainly at community level) and newspaper continued to be the most used media channels to raise and address FGM/C. Apart from generic radio programmes addressing human rights issues (including FGM/C), 72 radio programmes covered specific concerns on FGM/C and child marriage. Local and international media (RFI, Portuguese radio, newspapers and TV, and relevant African news agencies) covered important events and interventions supported by the JP. Special attention was given to FGM/C law enforcement and also to community dialogue to discuss adverse gender norms.

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

Analytical Statement of Progress:
Guinea Bissau has made substantial progress in this area, as reported by INASA cohort studies, UN estimates and MICS. According to the MICS, in 2006 the U5 mortality rate (U5 MR) was 223/1,000, in 2010 it dropped to 116/1,000, and in 2014 it was 89/1,000. Exclusive breastfeeding, which contributed to a 13 per cent of reduction of U5 mortality. Children sleeping under mosquito nets, which contributes to the reduction of U5MR by 7 per cent, increased from 53.3 per cent in 2010 to 95.5 per cent in 2014. Vaccination coverage has been increasing regularly (Penta, polio, DTP, measles,). Measles vaccination contributes to 1 per cent U5MR.

UNICEF and partners undertook high impact interventions to accelerate Child Survival and Development in Guinea Bissau. In 2014, two rounds of polio campaigns integrated with Vitamin A supplementation and deworming were organized, with more than 290,000 children reached. A new nutrition policy was approved, a national nutrition strategic plan was developed and Guinea Bissau is member of the Scale up Nutrition (SUN) initiative. A National Training Model Centre in Integrated Management of Acute Malnutrition was established and activities are being implemented in 22 health care centres, reaching more than 2,000 under five children.

An estimated 170,000 families were mobilized for the adoption of the three key hygiene behaviours (the adoption of hand-washing with soap, the elimination of open defecation and use of improved sanitation), as well as the treatment and safe storage of drinking water. The adoption of key hygiene behaviours was further reinforced through the Ebola and cholera prevention campaigns, via mass and inter-personal communication. To accelerate the
elimination of Open Defecation and increase the access to Improved Sanitation, Community-Led Total Sanitation (CLTS) was conducted in more than 300 villages in 2014, of which more than 250 have already been declared Open Defecation Free. A nation-wide capacity building and micro-planning for the acceleration of Open Defecation in 2015 was conducted with key Government and NGO partners. To improve access to safe drinking water for an additional 20,000 people, 73 safe drinking water points were constructed and rehabilitated in schools and communities in 2014. A solar-driven piped water supply system was also constructed for the town of Catio, benefitting approximately 5,000 people. Another estimated 150,000 people were provided safe drinking water, through water disinfection and distribution in Bissau. With the aim of improving access of Water, Sanitation and Hygiene (WASH) services, facilities and behaviours in schools, Child Sanitation Clubs and School WASH committees were formed and trained in 142 schools. New school latrines and water points were constructed in 22 schools, benefitting more than 8,000 school children. The review of the National Water Policy and the National Sanitation and Hygiene Policy was initiated and will be finalized in 2015.

In 2015, UNICEF will ensure that Guinea Bissau will abide by the APR initiative that aims at reducing the under-five mortality to less than 20 per 1,000 live births by 2030. UNICEF will assist the Government of Guinea Bissau to develop a 2015-2021 comprehensive national MDGs 4 and 5 investment case and come up with recommendations aimed at accelerating the reduction of maternal and U5 mortalities.

UNICEF will help the Government to introduce new vaccines against two major killing diseases in Guinea Bissau: pneumococcal conjugate vaccine for acute respiratory infections and Rota vaccines for diarrheal diseases. With WHO, UNICEF will ensure that interventions toward iCCM and the every new born action plan are scaled up in all the health facilities and communities.

OUTPUT 1 By the end of 2014, the proportion of households consuming adequately iodized salt and who practice early and exclusive breastfeeding shall be increased by 15 and 10 points respectively and the rate of boys and girls with severe malnutrition is reduced from 4 to 2.

Analytical Statement of Progress:
According to the MICS 2014 preliminary results, significant progress was made in the nutrition key indicators, especially the reduction of the rate of severe acute malnutrition (SAM) among children under five, from 5 per cent in 2010 to 3.5 per cent in 2014. The number of children suffering from SAM successfully treated increased from 841 in 2013 to 1,156 in 2014, thanks to the creation of a National Model Training Centre in Integrated Management of Acute Malnutrition, the training of 128 health professionals and the full implementation of the IMAM protocol (updated in 2013), in eight inpatient treatment centres and 14 outpatient treatment centres. The recovery rate was 74 per cent, the default rate was 16 per cent, mortality rate was 3.5 per cent and the non-response rate was 6.5 per cent. The default rate remains an issue, especially in outpatient treatment centres, and requires education for parents to keep making weekly visits to the treatment centres in order to receive ready-to-use therapeutic food and proper follow up.
Strategies in 2015 to reduce the default rate will include increasing the number of available outpatient treatment centres and strengthening community case management through 1,305 community health workers already trained in 2014 in IMAM, active screening and referral at the community level.

Two rounds of vitamin A supplementation and deworming campaigns were conducted nationwide by the Ministry of Health, in partnership with WHO, Plan Guinea Bissau and Rotary, using a door-to-door strategy. The first round was held in August and the second in December
2014, with a coverage rate of 98 per cent and 100 per cent, respectively, reaching 268,288 out of 270,635 children under five years old, and overachieving the target of at least 95 per cent of children U5 receiving vitamin A supplementation every 6 months.

With regard to the adequate consumption of iodized salt at household levels, despite many efforts in 2014, with the building of partnerships with six iodized salt producers organizations that produced 198.5 tons of iodized salt, consumption rates remained low. According to the MICS 2014 preliminary data, consumption rates decreased from 11.7 per cent in 2010 to 8.4 per cent in 2014, well below the 2014 annual target of at least 30 per cent of households consuming adequately iodized salt.

Local and adapted solutions for massive salt iodization through manual pulverization at community level, the reinforcement of the National Alliance for Food Fortification (ANFA) capacity to implement the universal salt iodization law, rendered mandatory by the Government of Guinea Bissau since 2004, as well as the conduct of a survey to assess the iodine urinary concentration among school age children, will support elaboration of a communication package focused on behaviour change at community level, which will help improve the iodized salt consumption at household level in 2015.

Exclusive breastfeeding rates increased from 38.3 per cent in 2010 to 52.5 per cent in 2014, according to the MICS 2014, but still lower than the target of at least 70 per cent of infants under 6 months being exclusively breastfed. This significant increase can be explained by the support provided over the past three years to the 112 mother support groups created at community level, as well as the partnership established with CARITAS around the three Nutrition Rehabilitation Centres and the three Casa das Mães centres dedicated to at-risk pregnancies at risk in a joint nutrition, WASH and HIV intervention around the promotion of optimal infant and young child feeding practices, which in 2014 reached approximately 200 pregnant women and 350 mothers in the three regions with lowest rates of exclusive breastfeeding (Bafata, Gabu and Cacheu).

The 16 Key Family Practices Package were delivered by CHWs to the community and supported children’s growth monitoring and promotion of infant and young child feeding at community level.

A CAP study on the main causes of malnutrition in children under five years old will be conducted in 2015 through a partnership with the National Institute for Public Health Research (INASA). Baby Friendly Hospital Initiatives will be promoted through effective partnerships with key NGOs operating in the health sector in order to improve early initiation breastfeeding indicators, which have decreased form 54.6 per cent in 2010 to 33.7 per cent in 2014.

In terms of capacity development toward an increase in coordination, a new nutrition policy was approved, and a national nutrition strategic plan 2015-19, defining clear targets and goals to be achieved, including each sector’s concrete interventions in order to address the main gaps in nutrition in the country. Both documents contributed to Guinea Bissau’s adhesion in March 2014 to the global movement Scaling Up Nutrition (SUN).

OUTPUT 2 The proportion of people (men and women) that properly use water and sanitation infra-structures and adopt safe hygiene practices; i.e. hand washing, drinking water treatment and conservation and safe excreta disposal is increased by 20% in the target regions of Oio, Quinara, Tombali, Biombo, Gabu, Bissau and Cacheu by the end of 2015.
Analytical Statement of Progress:

Guinea Bissau met its specific water MDG target, with a 34 per cent increase in the population that gained access to improved drinking water since 2000, and 74 per cent of the country’s total population having access to an improved drinking water source (JMP 2014 & MICS 2015). Despite this significant progress in increasing the access to drinking water, the aggregated MDG figure does not reflect the country’s existing disparities, with 44 per cent of the population in rural areas still drinking from unimproved water sources. Guinea Bissau showed fast progress of increased water coverage in urban areas, but that also led to an increase in the urban–rural disparity in access. The country still faces challenges in terms of guaranteeing adequate quality of the water provided. High iron contents, salinity and microbiological contamination remain challenges.

The country registered only a 10 per cent increase in population gaining access to improved sanitation since 2000 (JMP, 2014), short of the MDG sanitation target. Notable progress was made to accelerate the elimination of Open Defecation, down from 21.1 per cent to 17.7 per cent of the national population between the MICS-4 (2010) and MICS-5 (2014). Approximately 600 communities have been declared Open Defecation Free (ODF), through Community Approaches to Total Sanitation, notably CLTS interventions. Guinea Bissau has the objective to declare its first 1,000 ODF communities in 2015.

In 2014, 13 cholera cases and two cholera-related deaths were registered, most of which occurred in the month of June and all of which occurred in the Region of Tombali. This relatively unusually low cholera prevalence could be partly explained by the positive impact the Ebola prevention campaign also had on cholera case prevention. At the end of 2014, no confirmed case of Ebola virus diseases (EVD) had been officially reported in Guinea Bissau. Given its geographic location to neighbouring Guinea, where the EVD originated, the country remains at high risk. The WASH Cluster actively implemented the WASH components of the National Ebola Contingency Plan in terms of prevention, preparedness and readiness for response.

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

Analytical Statement of Progress:

Guinea Bissau has been making regular and substantial progress in the reduction of the U5MR. The 2006 MICS reported 223 deaths per 1,000 live births. In 2010 the rate was 116/1,000 and in 2014, the preliminary data reported 89/1,000. Many high impact interventions were undertaken to contribute to that reduction of U5MR.

In 2014, UNICEF Guinea Bissau assisted the MoH in improved coordination, management and supervisions at Regional and national levels. UNICEF, in partnership with INGOs, enabled the improvement of health coordination at the regional level in five health regions. All the regions developed their annual plans and regularly held monthly coordination meetings with all the health areas Coordination meetings for the H4+ partner agencies were organized on the last Thursday of each month and were attended by key technical staff of the Ministry of Health, aimed at discussing progress on the implementation of the program and current issues relating to maternal and child health. Follow up was ensured through minutes and action points produced at each meeting, and progress was monitored throughout the month.
To enhance coordination between partners dealing with maternal and child health beyond the UN system, the partner agencies organized bi-monthly meetings with other partners, including the EU, PIMI (the EU-funded program for maternal and child health), the global funded programmes for HIV/AIDS, tuberculosis and malaria, Government departments responsible for commodity management (ECOME) and SNLS, the HIV/AIDS coordinating institution. UNICEF Guinea Bissau provided technical assistance to the MoH to run two rounds of child health days in 2014, reaching 295,092 children under 5 years with a package of high impact interventions, including immunization against polio, supplementation of vitamin A and deworming with Mebendazole. The campaigns were organized nationwide and reached children living in hard to reach zones, including in 22 islands in the Bijagós regions as well as in the region of Quinara.

UNICEF supplied vaccines to MoH and provided technical assistance to evaluate the Effective Vaccine Management and to come up with an improvement plan in preparation of the upcoming introduction of new vaccines in the country in 2015. The preliminary MICS 2015 data noted increased vaccine coverage, as follows: BCG: 93 per cent; PENTA3: 83 per cent; POLIO3: 82.3 per cent; Measles: 81 per cent; Yellow Fever: 75 per cent; and TT2+: 38 per cent.

Guinea Bissau is free from poliomyelitis and measles. Good coverage of poliomyelitis through routine EPI (92.3 per cent) and the mass campaign (100 per cent) kept Guinea Bissau free from polio. Nine cases of acute flaccid paralysis and four cases of measles were tested in the reference laboratory in 2014 and results came up negative.

Through a partnership with International NGOs in five regions, 1,300 CHWs were identified and trained in key family practices. The training involved the participation of regional health teams in the regions of Cacheu, Biombo, Farim, Oio and Gabú. Among other activities, the CHWs promoted and implemented 14 of the 16KFPs. Some 1,240 CHWs also were trained in the management Malaria, ARI and diarrhea. A total of 693 new CHWs were selected in regions of Quinara, Gabú, Bolama and Bijagós. In 2015, UNICEF expects to work with almost 4,000 CHWs to consolidate the 16 KFPs and to pilot the iCCM in Guinea Bissau.

The Malaria Monitoring and Evaluation plan was updated and a Malaria concept note was drafted. UNICEF took the opportunity of the availability of the funds to provide technical and financial assistance to the MoH to update the Malaria Monitoring and Evaluation (M&E) Plan and also to draft a concept note to be submitted to the Global Fund to Fight AIDS, Tuberculosis and Malaria (GFATM) by 15 January 2015. A total of 61,092 LLINs were distributed through routine EPI (29,958) and ANC (31,134) to ensure availability and use of LLINs by children under five and women at household level.

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

Analytical Statement of Progress:
Despite the comprehensive provisions of the Education Law (2011), the system has been slow to adapt to the demands of a growing population and the target of universal primary education, set by EFA for 2020. Nearly half of primary schools are able to provide from grade 1 to 6, with the majority of them offering only four grades of education, leaving children with a very limited level of literacy. Girls, in particular, are most discriminated against because of this situation because they are less likely to be allowed to walk long distances to go to the nearest school that offers basic education up to the 6th grade.
The latest MICS data show a concerning decrease in the net attendance rate (NAR), at 62.4 per cent in 2014 compared to 67.4 per cent in 2010, and the retention rate has decreased from 79.2 per cent in 2010 to 73.4 per cent in 2014 (MICS 5).

The Global Partnership for Education (GPE), managed by UNICEF since 2013, has been a vital source of resources for the development of the sector. Aside from UNICEF and some NGOs, very few partners are involved in the development of the education sector, which suffers from limited Government resources. Government funding is mainly directed to paying salaries (without considering the arrears that generate continuous teachers’ strikes).

Recent data from a learning achievement assessment show a very low level of quality of learning from the children’s side. In 2014, UNICEF continued to support the system both at upstream and downstream level. GPE provided the opportunity to position the organisation to be able to influence key education system processes.

**OUTPUT 1** Net enrolment rates for girls and boys are increased respectively from 65.4% and 69.3% to 75%

**Analytical Statement of Progress:**
In order to increase access to education in the country, and under the GPE project, a total of 3,960 children benefitted from the construction of new classrooms (against the targeted 4,000) at the beginning of the year. (The slight difference was due to the new pupil/classroom ratio of 35). The newly-built classrooms are fully functional and started operating with the new 2014/15 school year in October 2014.

Of the targeted 301,782 children (grade 1 to 6) nationwide to receive textbooks, approximately 307,000 children received a full set of textbooks between October and November 2014, covering all children enrolled in the first two cycles of basic education. A follow up distribution is planned for the first quarter of 2015.

Due to the difficult political situation and recurrent teachers’ strikes, UNICEF and partners engaged in social mobilisation activities to ensure that children would “go back to school” and complete the school year 2013/2014. These activities were undertaken in 141 communities (of which 75 were child friendly schools).

A total of 324 children benefitted from early learning services in nine communities in three regions where CFS+ was implemented. Tools and methodology for a study on parental competencies on ECD were developed, constituting one of the first studies of this kind in the country. The finalisation of the study was put on hold due to financial constraints.

The main constraints for implementation of activities during 2014 were the lack of reliable and gender disaggregated data, a weak monitoring system and delays from the MoE side to launch the bidding for new classrooms’ construction. Early childhood development also was limited to downstream work, while important knowledge creation and management activities, as well as policy work, remained on stand-by.

In the future, the Ministry will be engaged more on realistic planning and timeframe of activities. The importance of upstream work will be recognized, particularly in this new phase of political stability.
OUTPUT 2 The Quality of Primary Education is improved nation wide

Analytical Statement of Progress:

In order to strengthen the management capacity of school managers, and under the GPE project, training on school management and school management committees was delivered to 980 school directors (of which 75 were from CFS+).

In order to expand and improve CFS+ concepts, 25 new schools and two model schools were improved. A total of 2,484 children benefitted from an improved learning environment in 11 schools (out of the 75 CFS+).

With the support of GPE, the MoE started the process of revising the curriculum from grade 1 to 9 (full cycle of basic education). Preliminary work was undertaken for a competency-based review of the current curriculum. In order to proceed further with validation, UNICEF and MoE contacted Fundação Gulbenkian (which has a partnership with the University of Minho, Portugal). Terms of reference for the support were developed and a first mission is expected to be undertaken in early 2015.

Design and bill of quantities for three teachers’ training centres, in three regions, were finalised and the documentation is with MoE for further approval.

In the area of female literacy, 25 new centres were identified and started functioning, with a total of 85 centres benefitting approximately 1,800 women (the majority of them in the CFS+ communities).

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

Analytical Statement of Progress:

During 2014, UNICEF played a key role as managing and coordinating entity of GPE, in order to advocate for the resumption of classes and non-invalidation of the school year 2013/2014. The share of the Government budget for education was increased to 13 per cent for 2015, and the engagement of the MoE in the wide sector discussions increased, particularly after the elections and the creation of a new Government.

The MoE demonstrated ownership and commitment. MoE co-chairs with UNICEF the Local Education Group (LEG). The LEG met five times during 2014, discussing various topics, with a particular focus on GPE implementation.

Through the GPE efforts and the partnership with UNESCO, up-to-date statistical data was collected from 2011 to 2014, is currently being analysed and will be available to constitute the base for a second edition of the Education System Status Report (RESEN), to be made available during the first quarter of 2015.

An important learning achievement assessment was undertaken in July, testing the knowledge of second and fifth grade students in Portuguese and Mathematics, in all nine regions of the country. Preliminary results will be made available in the first quarter of 2015 and will constitute a valuable baseline for quality of education in the country.
UNICEF, in partnership with MoE and NGOs, started prevention of Ebola activities in all primary schools in the country. Communication material was distributed and training of teachers was undertaken. The bulk of prevention activities will take place in 2015, together with the finalisation of a response protocol for the education sector.

The major constraints during 2014 were linked to the difficult collection of statistical data since 2011 and the teachers’ strikes that diverted the attention of the sector to the re-establishment of normalcy instead of high level planning. 2015 will be a very important year for knowledge management with the release of RESEN II and the learning achievement assessment.

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

Analytical Statement of Progress:

In 2014, Guinea-Bissau was in line with the Transitional Funding Mechanism /Global fund prioritized essential services, including access to ARV treatment and PMTCT and excluded interventions of HIV prevention among adolescent and young people. Despite having been confronted with bottlenecks such as stock-out of HIV tests and the ARV lopinavir/ritonavir, important targets were achieved or are on progress. HIV prevalence among pregnant women slightly decreased between 2010 and 2014, from 5.8 per cent to 5.0 per cent (ANC sentinel surveillance conducted by INASA).

With UNICEF support, 90 per cent of pregnant women on ANC were tested for HIV and received their results. Among them, 3.6 per cent were HIV positive; and 85 per cent (1,315 out of 1,539) started ARV prophylaxis. Improvements were seen among partners tested for HIV, rising from 1.6 per cent in 2013 to 6.5 per cent in 2014. Twenty five per cent of HIV exposed infants started ARV prophylaxis, but less than 17.8 per cent completed it. A total of 18.6 per cent of children exposed to HIV had access to PCR analysis; and less than 10 per cent of eligible HIV+ children under 15 were on ARV treatment.

The delivery of paediatric care remained a major challenge. To address that situation, UNICEF supported the comprehensive situation analysis of paediatric AIDS care and the development of an action plan to accelerate access of children and adolescents to HIV diagnosis, treatment and care. UNICEF also supported HIV mainstreaming into nutrition services.

In 2014, with UNICEF support, the NGO ALTERNAG delivered a pilot project of HIV/STI education and prevention services for adolescents with disabilities.

Guinea Bissau undertook a process of development of a Concept Note to the GFATM under the new funding model. The process involves revising and updating the National Strategic Plan and the plan for elimination of MTCT, and fosters the national dialogue on HIV/AIDS.

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

Analytical Statement of Progress:

In PMTCT, the following progress was achieved in 2014:
- HIV prevalence among pregnant women slightly decreased between 2010 and 2014, from 5.8 per cent to 5.0 per cent (ANC sentinel surveillance conducted by INASA – National Public Health Institute);
- The percentage of pregnant women who received counselling and testing at their first ANC visit and received their results increased from 64.3 per cent to 90 per cent;
- Some improvement was seen in partners’ HIV testing as part of ANC, rising from 1.6 per cent in 2013 to 6.5 per cent in 2014;
- 56 per cent of HIV positive women received ARV to reduce MTC; and
- 25 per cent of HIV exposed infants were started on ARV prophylaxis (but not more than 17.8 per cent completed it).

UNICEF provided 4,725 HIV confirmatory tests to help bridge the commodities stock outs in ANC, providing a buffer stock for the national procurement and supply management system. A more systematic approach will be employed in 2015 to support the Government in procurement and supply management.

To improve the quality of PMTCT service, UNICEF supported RENAP (a network of associations of people living with HIV), to provide additional peer based counselling in health facilities as well as home based services for women who were temporarily lost to follow up by health facility staff. Although elimination of MTCT is a national priority, the programme is considerably under-funded despite generous allocation from GFATM.

Guinea Bissau started the process of developing a concept note to the GFATM under the new funding model. The process involved revising and updating the National Strategic Plan and the Plan for Elimination of MTCT, as well as fostering the national dialogue on HIV/AIDS. The new funding model will enter into implementation in 2016, so in 2015 the country will remain under a transitional funding model.

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

**Analytical Statement of Progress:**

Despite high HIV prevalence in pregnant women, and an estimated 6,000 children living with HIV, the delivery of pediatric care remained a major challenge. The national program scores very low on each of the indicators measuring coverage and quality of HIV services for children and adolescents. Children and adolescents are least likely to have access to HIV testing across age segregated data. The national coverage with antiretroviral treatment for children under 15 was estimated 8.7 per cent in 2014. Not more than 10 per cent of health facilities that provide ART for adults also provide pediatric treatment and care. The 12 month survival of children on ART is as low as 4.8 per cent, as a result of late treatment initiation and poor treatment quality and lack of psycho-social and adherence support. Some progress has been seen in Early Infant Diagnosis using Dry Blood Spots. With UNICEF support, the number of children screened using dry blood spot samples for early infant diagnosis improved. Between January and September of 2014, 668 samples were collected, 65 per cent of which (435/668) were from infants less than 2 months of age. UNICEF supported the comprehensive situation analysis of pediatric AIDS care and development of an action plan to accelerate access of children and adolescents to HIV diagnostic, treatment and care. The final report is expected in February 2015.
In 2014 UNICEF helped policy makers and implementing partners reach consensus on a number of key elements of a Paediatric AIDS program that need to be put in place so that children with HIV can survive and thrive. Those included development and implementation of the policy of provider-initiated testing for children and adolescents, and development of guidance for health workers clearly specifying health conditions indicating the need for HIV testing; and integration of Paediatric AIDS services into the mainstream health care system, starting from nutrition services. UNICEF supported the pilot program of HIV and malnutrition co-management to ensure that all children with malnutrition have access to HIV testing and ART and that all children with HIV are also assessed for malnutrition, and treated if required. The results of the program will be closely monitored and proposed to scale up nationally, including through the new GFATM funding cycle.

Additional elements of the program agreed to by the stakeholders were scaling up Paediatric AIDS services across the country, through capacity building and empowering service providers and advocacy and empowerment of parents and caregivers for ART adherence and retention in treatment.

OUTPUT 3 At the end of 2015, 30% of girls and boys aged 10-24 years in and out of school, in particular the most vulnerable, acquire the life skills required to reduce their risk of HIV, STI and other SRH problems.

Analytical Statement of Progress: The HIV situation among adolescents remained serious. According to the latest sentinel surveillance 3.6 per cent of pregnant women ages 15-19 who attended ANC tested positive for HIV (National Public health Institute INASA 2014). The comprehensive knowledge of HIV is low and the incidence of risk behaviours is high. HIV prevalence in young women exceeds the prevalence among young men by three fold. Despite the fact that young people comprise more than 60 per cent of total population, adolescents and young people are not considered a priority for financing within GFATM program due to its transitional funding mode. Primary prevention programs on HIV have been halted for the last two years. Following the evaluation of a pilot program, Guinea Bissau is planning to scale up nationally the new curriculum on life skills based education, supported by UNFPA. In 2014, the Ministry of Education started the update of the curriculum and HIV was integrated in some of the modules.

In 2014, UNICEF supported the NGO ALTERNA to develop HIV/STI education and prevention services for adolescents with disabilities. The programme was implemented in the national school for children with hearing impairments and Bengala Branca School that provides inclusive education for visually impaired students. Thirty two teachers and 20 peer educators were trained through the program on HIV/STI prevention, care and treatment. The program also promoted HIV testing and counselling. During eight months of programme implementation, 192 students and teachers consented to take an HIV test, out of which three tested positive and were enrolled into ART. The programme combined curriculum-based work by trained teachers with peer-based discussion groups led by trained peer educators, and offered HIV counselling and testing as well as referral/enrolment in care for those in need. The program was rich in lessons learned and revealed a number of obstacles that people with disabilities encounter in accessing HIV-related information and services, including lack of sign language signs for a number of concepts such as STI names and descriptions, lack of visual materials that would help community develop a sign in a consensual manner, lack of qualified sign language interpreters, and lack of any health related information materials in Braille. Although it is too early for a comprehensive evaluation, positive programme results have been observed, such as
decrease of school drop outs due to the early pregnancies and increased number of students who have only one sexual partner.

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

**Analytical Statement of Progress:**

The proposal of a National Agenda for the Bissau Guinean Children was delivered during the celebration of CRC@25 in Bissau on 20 November 2014 by the President of the Republic, the Vice President of the National Assembly and to the Government, by the advocacy Movement *Republica di Mininus Today*, with UNICEF support. More than 350 child and youth organizations representing all regions of the country, led by the National Child Parliament, saw the Presidential and legislative elections 2014 as a key opportunity to end the status quo and demand change in their lives.

Guinea Bissau had no confirmed cases of Ebola due in part to strategic partnerships developed in the communication plan of prevention and preparedness.

There was a significant reduction in the number of cholera cases (13) and they were confined in only one sector. This resulted from the prevention and adoption of good hygienic practices through several communication efforts and partnerships.

Communications efforts also contributed to reducing FGM/C and child and forced marriage.

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

**Analytical Statement of Progress:**

Strong and consistent advocacy was developed and guided by the child and youth network organizations initiative *Republica di Mininus Today* (RdMH), which brought together more than 350 child and youth organizations representing all regions of the country, led by the National Child Parliament. RdMH saw the Presidential and legislative elections 2014 as a key opportunity to end the status quo and demand change in their lives. Support for RdMH grew and went beyond Guinea Bissau’s borders, including public support from a Goodwill Ambassador.

The candidates of the presidential and parliamentary elections 2014 signed a commitment that aimed to promote the child as a factor of national unity, and adopting a new paradigm of governance based on the centrality of the child in the country’s development agenda.

During 2014, UNICEF partnered with the media at the national level with three radio stations in Bissau (Radio Jovem, Radio Bombolom, Radio Pindjiguiti) and at a community level with 21 radio stations around the country. UNICEF’s partnership with the 24 radio stations sensitized decision makers on questions related to the wellbeing of the children. Eminent personalities and opinion leaders were involved and fully engaged to take public positions in special events to support the interests of children and women.
The national launch of the global report SOWC 2014 in Guinea-Bissau mobilized national attention through a special ceremony which included a theatre play, child chorus singing, on-site painting by children and dancing, followed by a town-hall debate led by a famous local journalist and involving key opinion leaders expressing their views whether Guinea-Bissau is now a better place for children, based on the implementation of the Convention on the Rights of Child. A trio of famous musicians played an adapted version of Imagine, sung in local creole language, to close the event.

**OUTPUT 2** Essential family practices adopted by women and men, families and communities through the involvement of the media, NGOs, CBOs, CHW in promoting community-based dialogue and at large scale and the full participation of traditional and community structures, fathers and mothers of girls and boys

**Analytical Statement of Progress:**

Communication for Development (C4D) interventions focused on emergency, cholera and Ebola prevention, preparedness and response as well as promoting the 16 key essential family practices related to behaviour changes. Strategic groups such as religious leaders, traditional leaders, driver’s association, youth organizations, market associations, teachers, journalists, NGOs and CBOs were the key implementing partners. Communication materials for EVD prevention (posters, flyers, spot radios, and cultural songs) were produced. Approximately 15,000 health workers, community health agents, teachers, traditional leaders, religious leaders, journalists, youth associations, markets associations, Embassy, and drivers’ association were trained on prevention measures. Cultural activities were organized to sensitize the population about the EVD prevention at a community level, with traditional theatre play and traditional songs. Training was provided to give updated information to the UNICEF staff and family.

Media coverage gave to the population needed information about their collaboration on the MICS, and the importance of the MICS for general information, academic research or high level planning. Messages about domestic violence, child and forced marriage, sexual exploration and FGM/C were disseminated and an integrated communication plan for the Promotion of the Woman and Girls rights was implemented. A Strategic Plan for New Vaccines (Rotavirus, Pneumococcus) was developed.

**OUTCOME 6** The established systems for the production and updating of facts about the situation of women and children and the monitoring of action plans via the supervision of activities and attainment levels of the MDGs and of the Country Program and their results of impact, and formulated and implemented the supervision of the cost of the packages of interventions.

**Analytical Statement of Progress:**

During 2014, UNICEF Guinea Bissau provided technical and financial support to the M&E service of the Ministry of the Economy (General Directorate of Planning and the National Institute of Statistics), with the capacity building of 13 technicians. Three were trained on survey techniques and socio-demographic studies, five were trained on Devinfo and five were trained as trainers in Roll Back Malaria/Global AIDS Roundtable.

Regarding the MICS-5 survey implementation, the following results were achieved: training of the technical coordination team from the government; establishment of the national MICS5
coordination team; preparation of the project document MICS5, including budget and timeline; official launch of the MICS5 process; and composition of the Steering Committee for monitoring the entire process. Additional achievements included preparation and sampling collection and completion of cartography; adjustment of the survey tools and pilot tests; training of 85 interviewers and 30 agents for data entry; collection of data in 341 DR, corresponding to 6,820 households; introduction and treatment of data; production of statistical tables; and preparation of the survey preliminary report.

The GUINEA-BISSAUINFO website is already operational, with indicators of the MICS survey conducted in 2010. During the finalization process for the "GUINE-BISSAUINFO", the database was defined and customized, indicators from MICS 2010, RGPH/2009 and RESEND were introduced, and the GuineBissaulInfo webpage was disseminated.

Periodic and regular follow ups of the program activities included in the IMEP (surveys, evaluations, KAP studies) were carried out, including the organization of mid and annual reviews.

**OUTPUT 1** The established systems for the production and updating of facts about the situation of women and children and the monitoring of action plans via the supervision of activities and attainment levels of the MDGs and of the Country Program and their results of impact, and formulated and implemented the supervision of the cost of the packages of interventions;

**Analytical Statement of Progress:**
For the MICS5, UNICEF Guinea Bissau supported the following activities: training of the technical coordination team from the government; establishment of the national MICS5 coordination team; preparation of the project document MICS5, including budget and timeline; official launch of the MICS5 process; and composition of Steering Committee for monitoring the entire process. UNICEF also supported preparation and sampling collection and completion of cartography; adjustment of the survey tools and pilot tests; training of 85 interviewers and 30 agents for data entry; collection of data in 341 DR, corresponding to 6,820 households; introduction and treatment of data; production of statistical tables; and preparation of the survey preliminary report..

Twenty five Government officials (20 focal points of key ministries and 5 INE administrators) were trained in the use of GUINEA-BISSAUINFO. The database was defined and customized; MICS 2010, RGPH/2009 and RESEND indicators were introduced; and the GuineBissaulInfo webpage was widely disseminated.

Periodic and regular follow up of the program activities included in the IMEP (surveys, evaluations, KAP studies) were carried out, including the organization of mid and annual reviews.

**OUTCOME 7** Effective and efficient programme management and operations support to programme delivery

**Analytical Statement of Progress:**
After the end of year adjustments, the expenditures levels for RR and OR allocations were estimated at 99 per cent and 97 per cent, respectively. With donor agreement, some grants provided with additional funding were extended. All emergency grants were fully committed.
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