1. EXECUTIVE SUMMARY

Achievements
Policy development supported by UNICEF and partners included a master plan for water and sanitation, a nutrition policy and a strategic plan for cholera prevention. Cholera prevention activities resulted in no cholera cases in 2010.

A costed Operational Plan for the reduction of child and maternal mortality was finalised with the MoH, WHO and UNFPA, with a minimum package of high impact life saving interventions. Child health days reached 290,000 children nationally, including the hardest to reach, with vitamin A supplementation and de-worming, and two rounds of polio campaigns, which ensured no polio cases.

UNICEF, as Coordinating Agency in Education, supported the MoE along with partners to finalise a three-year education sector plan, and the country was accepted for FTI membership. More than 2,000 teachers and school directors were also trained.

UNICEF worked intensively with partners to leverage resources for key social sectors, leading, for example, to the success with securing funding from GFATM for malaria.

An in-depth study on child trafficking was validated and used to develop an action plan. A national strategy for the abandonment of FGM/C was adopted and endorsed. However, legislation on a number of child protection issues could not be passed as planned in 2010.

Constraints
Internal insecurity in some instances slowed down implementation. The capacity of Government, NGOs and UNICEF needs to be strengthened, especially in the area of monitoring and supervision. Delays in recruitment of key staff and supply management were other challenges.

Partnerships
UNICEF expanded collaboration with key partners such as the Government of Japan in education and health; the EU on the CRC, reform of justice and WASH. A new joint programme was also agreed with Portugal on education and with Spain on the FTI work.

The Joint MTR with UNDP and UNFPA was a good collaborative exercise that involved the Government, other UN agencies NGOs and donors.

The joint programme with UNFPA and TOSTAN on FGM/C resulted in villages ready to declare the abandonment of FGM/C.

UNICEF and CDC implemented a joint MICS4/Reproductive Health Survey. Preliminary results show progress in reducing mortality. Some key indicators that were used to assess progress showed that Guinea Bissau had reached (HIPC) completion.

2. COUNTRY SITUATION AS AFFECTING CHILDREN AND WOMEN

The country’s internal situation at the beginning of 2010 was insecure due to some political uncertainty, leading to a freezing of some donor assistance programmes, especially in Security Sector Reform.

Guinea Bissau ranks 173 out of 177 countries on the UN Human Development Index 2009. Its population is 1.52 million. External debt servicing represents 43.9% of exports and 65% of the population lives under the poverty line (21% survive with <$1 per day).

The social indicators are weak and per capita GDP is only US$ 200. The economy grew (3%) less than expected (4%). The Government reduced its spending, partially because donors released fewer funds, but also to meet criteria set for HIPC completion. As a result, social sectors were hard hit, affecting the most vulnerable population. The Government had difficulties procuring vaccines and meeting other budgeting obligations including paying salaries leading to strikes and disruption of some services. At year end,
Guinea Bissau was forgiven around US$700 m of debt to the Paris Club and to other debtors based on its completion of the HIPC.

2010 marked a newly created integrated UN mission, UNIOGBIS. This will strengthen the delivery of ‘UN as One’ assistance and facilitate a coordinated approach.

A joint MICS4/Reproductive Health survey conducted in 2010 with CDC Atlanta revealed a U5 mortality rate of 158 per 1,000 live births (179/1000 in rural areas) and an IMR of 103 per 1,000 live births (113/1000 in rural areas). This compares favourably with MICS 3 that had rates of USM of 223/1,000 and IMR of 138/1,000 (for 2010).

Malnutrition remains a serious concern. The 2008 SMART survey found 5.6% of children acutely malnourished and 28% suffering from chronic malnutrition. Exclusive breastfeeding up to 6 months progressed from 28% in 2008 to 38% in 2010. Vaccination coverage rates are 76% and 61% respectively for DPT3 and measles. Efforts deployed in the control of cholera epidemics proved successful as no cases were recorded this year.

The MICS confirmed rural children being worse off than urban or peri-urban ones. Only 53% of households in rural areas have access to improved water sources and barely 5% of these households use improved sanitary installations against respectively 84% and 35% in the urban areas. NER for primary education is 67% and women’s literacy 40%, declining to 12% in the poorest quintile and 73% in the richest. Gender parity stands at 0.94. Access to, and quality of, education are still limited as infrastructure remains insufficient, of poor quality, with incomplete (partially built) schools, a double to triple shift system, and untrained teachers.

Knowledge on HIV/AIDS has improved. The country had 70 PMTCT sites functioning in 2010 against 55 in 2009. Knowledge on HIV/AIDS, however, is still limited, with only 15% of the population having a comprehensive knowledge, and 58% with knowledge on HIV transmission from mother to child.

Some areas of child protection continued to pose a challenge. The rate of birth registration for children <5 years, for instance, declined from 39% in 2006 to 24% in 2010. The lack of access to functional birth registration centres in regions and the absence of a national birth registration policy are of concern. Child labour increased from 39.2% in 2006 to 57% in 2010, and was higher in rural areas (65%). High levels of poverty, lack of access to education and the need of labour in the agriculture sector are some of the identified causes. Early marriage and FGM too, increased respectively from 27.3% to 29% and 44.5% to 50% between 2006 and 2010. As much as 29% of women aged 20-49 were married before their 18th birthday, rising to 37% amongst the poorest quintile of the population. Child trafficking continues to be a major issue.

Laws and policies are not fully aligned with the CRC and CEDAW. The judicial system and social protection structures are weak. Socio-cultural and religious beliefs continue to influence the behavior of the population, affecting their daily lives and practices related to hygiene, sanitation and harmful practices.

3. CP ANALYSIS & RESULT

3.1 CP Analysis

3.1.1 CP Overview:

UNICEF with WHO and NGOs, supported capacity development for preparedness and prevention of cholera in support of the Ministries of Health and of Energy and Natural Resources. Coordinated activities were carried out in all cholera prone areas which contributed to having no cholera cases in 2010. UNICEF also capacitated five regions to produce and distribute bleach.

UNICEF built on existing capacities to strengthen national NGOs in areas such as communications for development and changing behaviours and practices, on breastfeeding, hand washing, use of ITNs and knowledge of HIV/AIDS. 15 NGO organisations and Government Ministries were trained to launch the CLTS strategy in Guinea Bissau.10 NGOs were supported and mentored in the field for the implementation of the approach in 120 targeted communities, reaching about 50,000 people
Capacity building was the first priority of the education sector plan. UNICEF also provided training and procured transport and office equipment to strengthen planning, management, monitoring and supervision at regional and central levels. This will strengthen the Ministry of Education to systematically gather data.

Teams in 15 health centres were trained on PMTCT and Paediatric Care. Practical training on PMTCT and Paediatric Care done in Cumura Hospital for staff working in the Nutrition Centres has resulted in better follow up of HIV positive children at peripheral level and early referral for complications.

The participatory elaboration of two new laws on child trafficking and FGM through regional consultations with civil society, religious leaders, NGOs and local governments was innovative and a capacity development initiative. Both pieces of legislation were submitted for adoption to Parliament.

UNICEF is also strongly engaged to reinforce partnerships and capacities at national level: seven important institutions were trained, equipped and supported to re-launch their activities including: the Guardian and Litem (Curadoria de Menores) section of the family court, the child section of the judicial police in Bissau, and the Birth registration unit in the Ministry of Justice.

### 3.1.2 Programme Strategy

#### 3.1.2.1 Capacity Development:

Along with WHO and NGOs, UNICEF supported capacity development in the Ministries of Health and of Energy and Natural Resources for preparedness and prevention of cholera. Coordinated activities were carried out in all cholera prone areas which contributed to having no cholera cases in 2010. UNICEF also capacitated five regions to produce and distribute bleach.

The Country Office (CO) of UNICEF built on existing capacities to strengthen national NGOs in areas such as communication for development and changing behaviours and practices on breastfeeding, hand washing, use of ITNs and knowledge of HIV/AIDS. A total of 15 NGO organisations and Government Ministries were trained to launch the CLTS strategy in Guinea Bissau; 10 NGOs were supported and mentored in the field for the implementation of the approach in 120 targeted communities, reaching about 50,000 people.

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To strengthen child protection, UNICEF continued to reinforce partnerships and capacities at the national level. Seven important institutions were trained, equipped and supported to re-launch their activities including the Guardian and Litem (Curadoria de Menores) section of the family court, the child section of the judicial police in Bissau, and the Birth registration unit in the Ministry of Justice.

#### 3.1.2.2 Effective Advocacy:

As part of the joint MTR with UNDP and UNFPA, the equity issue now figures strongly in our programmes for 2011/12.

Jointly with WHO and UNFPA, the CO engaged in high level advocacy with the Minister of Health to get agreement on a strategy for an operational plan to reduce child and
maternal mortality. The CARMMA was an advocacy tool launched by the three agencies directed at the highest levels of Government and the state.

UNICEF in partnership with EU and UNDP is promoting the adoption of water, sanitation and hygiene policies, including looking at demand, provision for vulnerable populations, addressing equity and supporting community approaches to scale up rural sanitation. Joint advocacy with UNFPA, WHO and Global Fund for better decentralization of PMTCT management, better integration of HIV within reproductive health and better performance of procurement services is gaining momentum. Each region has been assigned targets for 2011 and 2012, and decentralized planning processes have started under the leadership of Regional Directors.

UNICEF in partnership with the EU, UNIOGBIS and UNDP, successfully advocated for inclusion of juvenile justice in the security sector reform and in the national justice policy. High level advocacy meetings were held with the First Lady, Ministries of Justice and Social Affairs, the President of Parliament, and Governors on a wide range of child protection issues, especially related to FGM/C and trafficking. Advocacy meetings were held also with stakeholders (magistrates, parliamentarians, academics and high level personalities) to create awareness and demonstrate the importance of adopting laws against FGM and human trafficking.

The National Children’s Parliament has been actively involved in advocacy as seen in its approval of the new version of the “manifesto politico” during the celebration of the ‘21 years of the CRC’, calling on political leaders to take action against trafficking of children and to stop teacher strikes. The applicability of the CRC was discussed by children parliamentarians who demanded more engagement from the Government to stop child trafficking and ensure the regular functioning of the school system.

3.1.2.3 Strategic Partnerships:

As the Coordinating Agency, UNICEF successfully worked with partners in the Local Education Group for Guinea Bissau to gain membership of the Fast Track Initiative.

A multi-sector joint Nutrition Programme is being implemented jointly by UNICEF, WHO, FAO and WFP with financial support from the MDG-Fund.

Leveraging of resources was possible with OXFAM USA enabling UNICEF and OXFAM to support the NGO NADEL in the implementation of CLTS activities in Bubaque Island and in Biombo Region. This is part of a larger partnership strategy to bring more partners to the country.

Partnership with the National network of People living with HIV was further developed this year. While the Network exists only in the capital city, UNICEF supported the creation of antennas in 8 regions enabling newly identified HIV positive people to participate in the fight against AIDS through the antennas. They will also receive support from each other by putting in place support groups. Their first activity will be an advocacy and communication campaign to boost PMTCT around World AIDS Day.

The joint programme with UNFPA, which began in 2008 to focus on the abandonment of FGM, covers 9 key outputs and is being implemented by the NGO TOSTAN in 39 communities in Gabu, Bafata and Oio regions.

An inter-ministerial committee for birth registration was created to coordinate the implementation of the National plan. It is scheduled, for the first time in Guinea Bissau, to start registering all children in the national data base in January 2011, starting in the capital Bissau.

The National Committee for Human Trafficking, created in 2008 and the National Committee for the abandonment of harmful practices, reactivated in 2009 are other examples for collaborative relationships and partnerships that UNICEF supported.

3.1.2.4 Knowledge Management:

An assessment of access to safe water and sanitation in schools and health centres is providing baseline data country-wide. For 2010, this exercise was carried out in the regions of Gabu and Oio.
In the context of cholera prevention, UNICEF supported the dissemination of a study carried out at the end of 2009 by the London School of Hygiene and Tropical Medicine. The anthropological study was conducted to identify motivations for hand washing, water treatment and safe excreta disposal. The study’s findings recommended working with women’s association and in schools as a priority. Based on knowledge generated from these studies, all cholera prevention messages were revised and adapted to better focus on various target groups. The participative approach used for this exercise allowed all partners to develop a sense of ownership and use these messages widely.

UNICEF is spearheading with the West African Health Organization (WAHO) a survey in the country on health care delivery to identify bottlenecks hindering access, especially of the most vulnerable groups, to health care delivery and provide orientation on strategies to effectively reach vulnerable groups.

The findings of the child trafficking study, completed in 2010, are supporting the elaboration of the national action plan against child trafficking. The study on abuse and sexual exploitation was realized and validated by 25 national institutions related to the issue and was fundamental to the elaboration of the action plan. DevInfo was also rolled out in line Ministries, through training and capacity development actions at the beginning of the year. More is needed to make it operational, especially getting regular administrative data from the field to input.

UNICEF is working with the World Bank to assemble administrative education data from the field to update the education sector plan and strengthen the MoE’s capacity to manage data.

The MICS4/IDSR was completed successfully, and preliminary results were published.

### 3.1.2.5 C4D Communication for Development:

The C4D strategy for ACSD was implemented through the "Plan stratégique de communication pour le changement de comportement 2008 - 2012". The strategic plan developed indicates the key socio-cultural aspects affecting each practice along with the behavioural components to be promoted.

A Technical Working Group on C4D/ACSD has been created and includes the Ministries of Health, Education, Communication, and Natural Resources and Energy as well as the network of community radios. Regular meetings are carried out, and operational plans developed for project agreements and shared with the central level authorities and governors. These plans are signed with NGOs and the network of community radios to promote high impact interventions to reduce child mortality. The agreements with NGOs for C4D activities include dialogue on key essential family practices: exclusive breastfeeding, sleeping under impregnated nets, hand washing and hygiene, and treatment of diarrhoea and HIV prevention.

The implementation of these C4D activities empowers communities and closely involves community leaders.

A KAP study is ongoing to evaluate progress made and the impact of these activities as well as to document best practices on C4D implementation.

People living with HIV are also involved in communication activities in the health centers and in the communities. An agreement with "Sabo Nhima" (the Association of women living and not living with HIV) enabled the airing of a radio programme on the most famous youth-led community radio "Radio Jovem", to enhance knowledge on HIV and PMTC. These actions are to help change attitudes and behaviours towards people living with HIV/AIDS.

### 3.1.3 Normative Principles

#### 3.1.3.1 Human Rights Based Approach to Cooperation:

Human Rights Based Approach (HRBA) to programming has been at the centre of all planning and implementation of the country programme. The introduction of Community Led Total Sanitation (CLTS) for improvement of rural sanitation allowed communities to analyse their situation, discuss the options and take action to improve the situation for
the fulfillment of their rights. In some communities CLTS empowered communities to address aspects of hygiene, hand washing and overall community waste management towards full realisation of their rights. In addition to this, the approach helped build capacity of duty-bearers to play their role and ensure that the rights of the children are fulfilled.

The National Strategy for the Prevention of HIV among the most vulnerable adolescents elaborated in April 2010 has stressed the rights of adolescents to information and access to services as well as their right to participate in HIV prevention activities. Peer education is the main approach used to promote behaviour change in the 5 regions where UNICEF is intervening with UNFPA.

The second round of training of police, magistrates, lawyers and NGOs in child protection took place in collaboration with the Ministry of Justice. The training emphasized child friendly treatment of victims of abuse, neglect, trafficking and children in conflict with the law based on international norms and treaties.

TOSTAN’s work with the communities for the abandonment of FGM/C is entirely rights-based, as women are taught their rights and through empowerment start identifying practices in the community which are in violation of their rights, including FGM/C.

UNICEF has effectively promoted the participation of the Child Parliament representatives in important meetings with stakeholders and Government officials. These provide children with the opportunity to claim their rights as they did this year when asking Government to put an end to Child trafficking and to assure their right to Education by finding a solution to teacher strikes.

3.1.3.2 Gender Equality and Mainstreaming:

UNICEF Bissau has been striving to mainstream gender in the implementation of the CPAP through it annual work plans. In 2010 the CO was involved in the regional initiative to mainstream Gender in UNICEF Country Programmes. Taking advantage of the Mid-Term Review of the Country Programme, the CO contracted technical assistance to help mainstream gender in the UNICEF programming. A training session was conducted for programme staff to develop their capacities in gender analysis and identification of inequalities and disparities. The consultant further worked with all programme sections on their logframes to ensure gender issues are properly addressed. This work is to be continued by all programme sections to ensure that Rolling Work Plans also properly address gender consideration.

UNICEF is also participating in the ongoing development of the National Gender Policy expected to influence the development of a national action plan on gender. In collaboration with UNDP, UNFPA and UNIOGBIS, the CO supports a study on “Domestic Violence Against Women”. In addition to gender violence, the study will address the socio-cultural norms and legal and other provisions that are obstacles to women’s and girls’ empowerment.

UNICEF participated in various information and training sessions on Resolution 1325 conducted for the military and police.

Next steps for the CO will be to support gender-sensitivity training for its partners and continuing legal education for the justice system and legal professionals as well as for partners. The training will include such topics as sex-based discrimination, discrimination based on gender identity, sexual harassment and domestic violence. The CO will also push for the promotion and use of gender-responsive budgeting exercises to address gaps in government policies, plans and budgets. Efforts will be made as well to ensure the inclusion of female leaders and activists at the community level in UNICEF supported programme activities and promote their greater participation in various management committees (schools, water, PTA, Health etc.).

3.1.3.3 Environmental Sustainability:

3.2 Programme Components:

Title: Child protection and rights promotion
Purpose:
The main outcome expected of the Child Protection & Rights Promotion programme is Judicial and Institutional Child Protection Systems are functional and at least 25% of Most Vulnerable Children are covered with free basic support. The expected outputs are: (a) 8 national bills of laws related to civil code, family code, labour code and penal code developed in line with CRC/CEDAW and other human rights instruments, adopted and disseminated; (b) 5,000 children victim of violence and abuse, and children in conflict with the law receive judicial and psychological support; (c) At least 70% of children U5 registered; (d) 10,000 trafficked or at risk children protected from exploitation and receiving essential assistance; (e) At least 30 communities make Public Declaration on the abandonment of FGM/C and early/forced marriage; (f) Violence and sexual abuse prevented within communities and 20% of child victims assisted with medical, legal and psychological support; (g) At least 25% of orphans and vulnerable children receive free basic support through an integrated mechanism established; (h) Government Child Protection institutions and major NGOs equipped to respond to effective child protection strategy.

The programme’s objectives were inspired by the Millennium Declaration and Millennium Development Goals, and are fully integrated in the Strategic Result 3 of the UNDAF. They are in line with the PRSP strategies and the WFFC.

The programme has two AWPs: (i) Rights Protection and (ii) Promotion and Social Protection and Support to Vulnerable Children. Main implementing partners are: the Ministry of Social Solidarity, Family and Poverty Reduction, the Woman and Child Institute, the Ministry of Justice, the Court of Minors, the Ministry of Internal Affairs, the Anti-mine Action Centre, the National Assembly, national and international NGOs (including TOSTAN, Community Based Organizations, religious leaders and institutions, Children’s Parliament and youth associations).

Resources Used:
Total approved for 2010 as per CPD: RR: US$180,000 OR: US$700,000 Total: US$880,000
Total available for 2010 from all sources: RR: US$127,600; OR: US$1,206,111.96; Total: US$1,333,711.96

Result Achieved:
UNICEF, UNFPA, UNIFEM, UNIOGBIS with partners pursued efforts to harmonize 8 laws with the CRC and CEDAW. The first phase of the harmonization process was finalized. The participatory elaboration of new legislation to fight child trafficking and FGM/C through regional consultations involving all stakeholders was innovative. Both were submitted for adoption to Parliament. Regional consultations made recommendations which were integrated into the proposed law.

The Human Rights League, the Guardian ad Litem section of the family court, the Child section of the Judicial Police and the National Committee of the Abandonment of Harmful Practices were equipped and supported to re-launch child protection activities.

The Human Rights League restarted judicial and psychosocial support to women and children victims of violence and abuse. The cabinet was equipped and three specialists were contracted. Partnerships with the local "Lawyers Board" and the Government are being reactivating to create wider support for women in need. The Guardian ad Litem started with meetings in the regions to inform civil society on its role in child justice matters.
The national action plan for abandonment of harmful practices was elaborated under the coordination of the National Committee. The communication plan and its budgeting remain to be finalized.

The Ministry of Social Affairs and IMC strengthened their coordination role, following standards and tools for ensuring care, accommodation and assistance to child victims of trafficking or other forms of violence. Regular visits to all transit centres and other child care institutions revealed a total of 286 children assisted.

The child trafficking study was finalized and disseminated in five regions by IMC. Its findings are being used in the national action plan against child trafficking.

The study on abuse and sexual exploitation was presented and validated by key stakeholders and the first draft of the action plan was presented in November 2010. Rehabilitation of the transit centre in Gabu is completed and the centre in Bafata is under rehabilitation, to guarantee minimum standards for child care. Agreements with NGOs running these centres will allow the safe return and integration of children into their families and sensitization of communities to reduce child trafficking.

In Bissau, one NGO is integrating child beggars in host families while identifying biological families. Income generating activities are improving the financial situation of the biological families and facilitating the reintegration of these children. So far, 142 street children were identified and the process of integration in host families has started.

Technical assistance and equipment was provided to the Birth Registration Unit in the Ministry of Justice. Members of the Inter-Ministerial committee visited Brazil for an exchange of experience and information. The committee holds regular technical meetings with the MoH and the MoE focusing on the implementation of birth registration.

Five border police posts were rehabilitated and equipped to strengthen surveillance at the borders to stop child trafficking. Sub-regional collaboration was reinforced during visits of Bissau Guinean police to border countries and strengthened following the signing of bilateral agreements between Guinea Bissau and neighbouring countries.

Juvenile justice indicators have been incorporated in the base line assessment of the Justice Reform Programme. The assessment is being conducted with the participation of the Child Parliament.

Training for police, magistrates, lawyers and NGOs on child protection took place, based on international norms and standards. Two trainings on child protection for victims of trafficking were conducted in collaboration with IOM.

Training on international child protection mechanism was given to ECOWAS staff in collaboration with UNHCR. Training on child protection standards in the fight against child labour was provided for members of the two major Labour Unions in collaboration with ILO.

**Constraints:**
Insufficient capacity both in the Ministry of Women and in UNICEF, along with the lack of qualified social workers and NGOs to attend to and work with children in need of assistance are the key constraints to progress. As a result, the programme’s coverage is still limited to a small number of children.

**Future Workplan:**
The focus will be on completing the process of harmonization of the 8 laws that has been ongoing for many years. Assistance to child victims of violence and abuse along with intensified efforts to extend coverage will be promoted in partnership with NGOs and other stakeholders. The community empowerment programme with TOSTAN to combat FGM/C will be pursued with a view to extend coverage and obtain public declarations on the abandonment of the practice.

**Title:** Child survival
**Purpose:**
The Child Survival programme component aimed to contribute to reducing IMR from 138 to 100 per 1,000 and the U5 mortality rate from 223 to 180 per 1,000 live births. The following results were planned for 2010:
- Child and maternal morbidity and mortality due to vaccine preventable diseases and attributable to other main diseases (malaria, diarrhoea, ARI, measles, tetanus) are reduced;
- Consumption of iodized salt at community level is promoted;
- Sound care practices by parents are supported in health and nutrition, especially early and exclusive breastfeeding;
- The proportion of the population nationwide who adopts good essential hygiene practices, i.e. hand washing, drinking safe water and safe disposal of sanitary excreta to prevent hygiene-related diseases is increased by 20%;
- Functional country WASH working group;
- Cholera prevention programme carried out with participation of key partners including Government.

More specifically:
- At least 90% of children under 1 year of age immunized with DPT-Hep-Hib3, Polio 3 and Measles, and at least 80% of health areas reach 80% of coverage.
- At least 90% of children under 5 years receive insecticide-impregnated bed nets, and vaccinated against polio during two rounds of campaigns.
- At least 80% of pregnant women participating in ANC receive Intermittent Preventive Treatment (IPT) against malaria and at least 80% of children <1 receive ITN and 80% of women attending post-partum consultation receive Vitamin A.
- 11 regional teams able to detect the early warning signs of epidemics.
- Community Led Total Sanitation (CLTS) introduced and 1.500 latrines constructed by community without subsidies;
- 650 schools reached with hygiene education programmes;
- 75 water points constructed in schools;
- 75 separated sanitation facilities for girls and boy constructed in schools;
- Assessment of the situation of water and sanitation in schools and health centres done and results available.

**Resources Used:**
Total approved for 2010 as per CPD: US$US 1,610,000
Total available for 2010 from all sources: RR: US$ 411,702.00; OR: US$ 3,700,329.49; Total: US$ 4,112,031.49
List of donors: The main donors included Japan (US$ 601,686.36); The programme also received an allocation of US$ 263,190 from the MDG-F; the Italian National Committee (US$ 1,160,654.27); the Spanish National Committee (US$375,157.42); Norway (US$356,913.90); Australia AusAID (US$240,117); Iceland National Committee (US$137,735.65), CIDA (US$109,354.26 ); The United Kingdom of Great Britain and Northern Ireland (US$ 102,071.02; United Kingdom Committee for UNICEF (US$117,050); European Commission/ECHO (US$116,170); Slovak Committee for UNICEF (US$41,358.54); USA CDC Centers for Disease Control (US$20,000); Micronutrient Initiative Formerly IDRC (US$18,280.60); United Nations Foundation Inc. c/o Joatte Levine (US$2,790.47).

**Result Achieved:**
• Three polio campaigns and two CHDs were held jointly with the WHO and achieved the following results:
  - 264,352 children (99%) given vitamin A
  - 239,359 (99%) children de-wormed
  - 290,448 children given oral polio vaccine.
• Routine EPI programme supported coverage: 86% Penta 3; 75% measles. National training of trainers for mid level immunization managers course held – one-third Regions trained all their EPI staff. Vaccine storage improved with installation of 113 solar refrigerators in all functional health facilities of the country.
• ITNs provided to 6 most vulnerable of 11 Regions, 79% children <5 years and 54% of pregnant women slept under ITNs.
• Operational plan developed with WHO and UNFPA to scale-up implementation.
• Plan of action to focus on high-impact child and maternal mortality reduction strategies life-saving interventions (2011-2015) finalized; five health regions being supported to implement the package in the first year, developed micro-plans. A community approach to implement these interventions has been defined and training modules/monitoring tools developed.
• Birth delivery kits and C-Section kits delivered to meet needs of country for one year. Logistics supplies/equipment including zinc and ORS provided to 114 health facilities.
• RUTF provided to meet the country’s needs for one year. Updated nutrition policy developed, which will be validated in early 2011.
• The cholera epidemic was averted (not a single case in 2010) through a cholera prevention strategy focusing on cholera-prone areas inhabited by disadvantaged children notably, peri-urban slums of Bissau and the Bolama islands. Focus was on hygiene education, water treatment jointly implemented by the local authorities and NGOs FACOLSIDA and MdM Portugal.
• 20 communities reported ODF following the launch of CLTS (February 2010) and accelerating scale-up of rural sanitation. Government/NGOs capacities reinforced to implement the approach. Some 1,500 household latrines constructed.
• 130,000 pupils (58,500 girls, 71,500 boys) in 720 schools (50% total schools) benefited from hygiene education programmes and soap distribution.
• 35,000 people reached with hygiene education campaigns to prevent cholera by NGOs Facolsida, MdM Portugal, Cruz Vermelha. Capacity to locally produce bleach for cholera prevention strengthened with 5 bleach production units installed and technicians trained in cholera prone areas.

**Challenges:**
Limited human resource capacity at all levels and their inequitable distribution is a major constraint to programme implementation. The equity approach is also hampered by the health information system which currently does not provide for data disaggregation by sex and vulnerable groups/areas.
Funding difficulties tend to limit the country’s capacity to honour its commitment to co-finance procurement of routine vaccines. In addition, weak vaccine management capacity led to stock-out of vaccines.

**Studies:**
An important study supported in 2010 was the assessment of the status of the water and sanitation facilities in the country and preparation of the sector Master Plan.

**Partnerships:**
The CO strengthened its collaboration with Japan and EU, and with WHO and UNFPA to support the elaboration of the Operational Plan for Mortality Reduction and CARMMA. The joint programme on child nutrition by WHO, WFP, FAO and UNICEF had a positive start. The CO continued the programme partnered with 8 NGOs on communication for behaviour change interventions focusing on the promotion of essential family and community practices for treatment of ARI, the use of zinc with ORS for diarrhoea cases, malaria treatment and home-based care of severe acute malnutrition.

**Future Workplan:**
The following will be prioritized in 2011:

- Support the LLITN distribution campaign targeting universal coverage in 2011.
- Accelerate implementation of the operational plan for Mortality Reduction.
- Strengthen routine activities, build the capacity of regional health management teams for outreach in selected low coverage areas, continue CHDs.
- Support identification and selection of new community health workers (CHW) as a task-shifting alternative.
- Promote the validation and adoption of the nutrition policy and the nutrition strategic plan and SMART survey on causal analysis of malnutrition.
- Support the finalisation of the water and sanitation policy. Ensure the coordination of the country WASH group including preparedness and humanitarian actions for cholera prevention. Promote the expansion of WASH interventions, integrated into ACSD, and continue to focus on rural hygiene and sanitation.

**Title:**

**Basic education and gender equality**

**Purpose:**
The expected result in 2012 is that 80 percent of girls and boys are enrolled in school, and at least 60 percent of those enrolled complete primary school, which is a natural product of UNDAF outcome No. 25 and is fully in accordance with the stated national priority namely, increasing access to social services and basic infrastructure to improve the living conditions of vulnerable groups. The programme objectives reflect and support MDG 2 on Universal primary education for all children and MDG 3 on the promotion of gender equality and women’s empowerment. The above objectives are in harmony also with the PRSP and the "Education for All" Plan of Action and priorities.

The programme intends to: a) improve the quality of primary education through the implementation of the training programme for at least 90% of teachers of public schools without qualifications; (b) improve access to quality education for girls and boys; (c) increase the number of children completing primary school and reduce repetition rate; d) assist the Ministry of Education in developing and implementing policies and plans; e) support the revision of Curricula of basic education for Teacher’s Training Colleges; f) Support the revision of teachers’ career development; and g) support the evaluation of the quality of the primary education system.

**Resources Used:**
Total approved for 2010 as per CPD: RR: USD260,000 OR: USD 1,090,000 Total: USD1,350,000
Total available for 2010 from all sources: RR: USD312,020; OR: USD2,332,101.39; Total USD2,644,121.39:
Any special allocations (list)
List of donors: Netherlands (40,149.73 USD), Government of Japan (1,045,130 USD), Portugal (21,000 USD), Global thematic Funding (1,225,821.66 USD)

Result Achieved:
UNICEF (as Coordinating Agency) and UNESCO supported the MoE to elaborate a three year sector plan, addressing urgent issues and preparing the sector for a longer-term sector plan. The Three Year Plan was endorsed by the Local Education Group. Guinea Bissau was admitted as a member of the Fast Track Initiative (FTI) with support from UNICEF, UNESCO and other partners. A Programme Appraisal Document (PAD) is being finalised by the World Bank, as Supervising Entity, with support from UNICEF, for the country’s application for Catalytic Funding in 2011.

UNICEF supported the MoE in the elaboration of the basic law on education which passed Parliament, as did the law that structures the teacher’s career and the law on higher education. The reform of the teacher training schools was also passed.

School improvement: School building upgrades, textbooks, desks and other pedagogical materials were provided to help create quality schools. Along with Plan International, UNICEF supported the reproduction of more than a million schools textbooks/manuals to cover the entire needs of students from grades 1-6. This will help reduce the rate of repetition. The programme also supported the construction/rehabilitation of 100 classrooms, 32 water points and 50 latrines for boys and girls in the islands of Bolama and Bijagós (the most disadvantaged area of the country), and in the regions of Cacheu, Tombali, Quinara and Gabu. The above efforts resulted in increased access to school both for boys and girls. A guide for productive interactions and discussions with School Committees and PTAs was developed. Two training modules on the Child Friendly School concepts have been developed. A total of 22,000 students benefited from recreational activities, ECD materials etcetera.

Capacity Building: 1,453 primary school teachers and 500 school directors were trained, and they were coached and mentored by class supervisors and school inspectors. School committee members (nearly 700) were trained and are now promoting hand-washing, hygiene and sanitation, cholera and HIV/AIDS prevention campaigns.

Adult literacy centres: Some 50 literacy centres for girls and women aged 18-49 were constructed and equipped in the regions of Oio and Gabu. More than 3,000 women are being trained in life skills for HIV/AIDS prevention, safe sex and healthy relationships.

Strengthening supervision: Transportation assistance (5 vehicles and 72 motorcycles) was given to central and regional MoE staff to strengthen supervision and data collection.

Constraints:
Teachers’ absenteeism, strikes due to non-payment of salaries, poor working conditions, and insufficient national budget allocations are major constraints. The high rate of illiteracy in the communities (according to MICS, among the poorest quintile, 88% are illiterate, compared to 27% in the highest quintile) along with cultural taboos and traditions constrain girls’ education. An example is early marriage.

In addition, schools not offering all six grades paved the way to high dropout rates, as children in many cases have no school to go to after the 4th grade. National NGOs are very few and lack capacity to fill the institutional gap, while international NGOs are scarce.

The dearth of updated data is another limiting factor. The Statistical year book, for instance, is not yet updated.

Partnerships:
UNICEF has built strong partnerships with the Government of Japan, Portugal, EU and Cuba to pursue the scale up of basic education and women’s literacy, and is working closely together with the World Bank, UNESCO, WFP, NGOs EDEC, ADPP, SWISSAID,
GAECA- Palmeirinha and PTA to advance quality education for all children, especially the most disadvantaged.

**Future Workplan:**
- Finalization of the request to the Catalytic Fund of the WB.
- Attention to Bolama and Bijagos due to difficulties in reaching the boys and girls enrolled in primary schools, in the most remote islands of the country.
- Review existing primary schools curricula and textbooks to improve their quality.
- In-service training to attain 60 % of primary school teachers will continue in partnership with UNESCO, SNV and IPAD.
- Implementation of the Child Friendly School initiative: Assessment of school facilities, rehabilitation and construction of 100 classrooms. Support to the implementation of national exams. Pedagogical assistance to teachers.
- Support Regional Education Departments in the collection, analysis and updating of data.
- Continuing support to the adult literacy programme and to Alpha TV in support of Girls’ Education.

**Title: HIV/AIDS**

**Purpose:**
The main purpose of the HIV/AIDS Programme is "90% of children are born free from HIV/AIDS and 70% young people are free from HIV/AIDS". To this end, the programme component is to achieve the following results:
- 50% of HIV positive pregnant women, attending antenatal services, have access to the integrated package of PMTCT services.
- 100% of newborns from HIV positive mothers, have access to qualitative pediatric care.
- 70% of adolescents have correct information, relevant skills and services to reduce HIV/AIDS risk and vulnerability.

The HIV/AIDS programme component is linked to the thematic area 3 of UNDAF: "Social Protection and Human Development", which is linked to the National Priority 3.1 "Increase the access to social services and basic infrastructures to improve the living conditions of vulnerable groups".

Two projects are part of this programme component: (1) Prevention of Mother-to-Child Transmission, Paediatric Care and Care of Orphans and Other Vulnerable Children; and (2) Primary Prevention among Adolescents and Young People.

**Partnerships:**
*Partners for Project 1* are the National Secretariat for the Fight against HIV/AIDS, the "Cellule Sectorielle de Lutte contre le SIDA (CSLS) of the Ministry of Health, the NGO Ceu e Terras, The Catholic Mission Of Cumura, The Association Nova Vida, The National Network of people living with HIV/AIDS, the Association of Women Living and not living with HIV Sabo Nhima, UNFPA, WHO and the Global Fund.

*Partners for Project 2* are the National Secretariat for the Fight against HIV/AIDS (SNLS), The NGO Forum Nacional De Juventude e População, ENDA-Santé Guinea Bissau and UNFPA.
Resources Used:
Total approved for 2010 as per CPD: RR: US$110,000 OR: US$680,000; Total: US$790,000
Total available for 2010 from all sources: RR: US$359,680; OR: US$269,841.36; Total: US$629,521.36
Any special allocations (list)
List of donors:
GC UNICEF: US$359,680
Thematic Funds: US$26,314.36
Spanish Committee for UNICEF: US$202,926
United States Fund for UNICEF: US$22,794.27
UNDP-USA Administrative Services Section: US$14,731.77
Japan: US$3,074.96

Result Achieved:
A priority for 2010 was continued support for the expansion of PMTCT services across the country. Training was provided for staff in 70 health centres offering PMTCT services, out of 114 in total. The number of PMTCT sites rose from 55 to 70 throughout the country. Support was also provided to reinforce capacities of laboratories and health centres to diagnose and follow up PMTCT treatment of HIV patients.
Home care support was provided to HIV positive mothers and their children. Pregnant women attending health centres in Bissau are the beneficiaries of this effective initiative which has resulted in less than 5% of pregnant women and babies not being followed up.
A manual for care-givers and parents of children living with HIV and AIDS was developed, printed and disseminated in collaboration with the Catholic Mission of Cumura.
UNICEF assisted the expansion of the network made up of PLWHA to 8 regions from their base in Bissau through support to RENAP. This enabled them to jumpstart actions on HIV/AIDS day, and start work in the community.
Support was provided along with UNAIDS members and donors/NGOs to prepare the proposal for the second Phase of Round 7 grant (2011 – 2013) for US$ 33 m, and for Round 10.
Decentralization of managerial tasks from national level to regional level is now accepted and all regions have been asked to elaborate a PMTCT reinforcement and scale up plan for 2011- 2013.
Two Young adolescents attended the Laços Sul Sul Jovem workshop in Brazil. Their Project was accepted and seed money was allocated by UNICEF Brazil to start HIV/AIDS Prevention activities in and around schools.
A gender review of the National Strategic Plan 2007-2011 was also conducted.

Constraints:
Activities planned by the Coordination Unit for PMTCT and Paediatric Care (CSLS) and the National Public Health Laboratory (LNSP) occurred very late in the year. The training done therefore could have only limited impact on the performance of the PMTCT and Paediatric Care programme in 2010.
The heavy workload related to the preparation of the proposals for the second phase of Round 7 and for Round 10 had a negative effect on the implementation of other planned activities such as the mid-term review of the National Strategic Plan to fight AIDS 2007-2011. This activity was already postponed from 2009.
Some initial weakness in the PMTCT Coordination Unit was observed to undermine the programme’s progress. A solution to this issue was found through the creation of a
PMTCT task-force including staff from the Reproductive Health Programme and experts from UN agencies (UNICEF and UNFPA).

**Studies:**
A national prevalence of HIV/AIDS study was launched in October 2010 with support from UNICEF.

**Partnerships:**
Within the UNAIDS membership, there is a strong UN team, and a joint programme. Civil society partnership is a vital link, especially with national NGOs such as ENDA, RENAP, Nova Vida, Sabo Nima, CIDA Alternag, Ceu e Terras, Action Aid, Forum Nacional de Juventude e População (FNJP), Fórum de Associações Comunitária de Luta contra SIDA, Facolsida, Catholic Mission of Cumura- Hansen Hospital and Medicos Do Mundo Portugal (MdM-P). The partnership with the GFATM is also vital.

**Future Workplan:**
- Strengthen the follow-up of Home-based Care for HIV-positive pregnant women and children by means of community relays mainly run by the organizations of PLWHA.
- Strengthen the UN Joint programme. Support effective functioning of PMTCT Task-force.
- Ensure that the recovery plan of the PMTCT takes into account the improvement of the inventory control at the regional and local level (Health centers).
- Organize workshops for regional operational planning for intensification and scale up of PMTCT and pediatric Care to foster efficient and timely utilization of funds received from Global Fund 2nd phase of the Round 7 HIV.

**Title: Advocacy, information and communication**

**Purpose:**
The main objective of the programme component "Advocacy, Information and Communication" is to promote the Rights of Children and the achievement of the Millennium Development Goals through the development and implementation of an integrated advocacy, information and communication strategy. Meeting the rights of the child requires building up a wide societal partnership – across the media, the political leadership, the traditional and religious leadership and civil society; and changing the harmful attitudes, social norms and practices that are an obstacle to the realization of children’s rights at community, family and individual level.

The programme component has two projects: (1) Advocacy and Information and (2) Communication for Behaviour Change. As this programme component is cross-sectoral, it contributes to the performance of all other sectoral programme components and works with their partners: sectoral Ministries, media (particularly the network of community radios), NGO CBO, and traditional leaders and CHW.

**Resources Used:**
According to CPAP, planned budget for this programme component for 2010 was US$ 207,500, of which US$ 145,000 was from RR and US$ 62,500 from OR. The effective allocation for 2010 was US$423,306.74 of which US$ 152,850 was from RR and US$ 270,456.74 from OR.

Key donors were:
Italian NatCom: US$80,143
Result Achieved:
The Advocacy, Information and Communication programme supported the implementation of essential family practices in 8 of the 9 administrative regions in the country focusing on use of ITN, early breast feeding, water, hygiene and sanitation including hand washing and HIV prevention. More than 1325 communities were involved in this dialogue for behaviour change, with support of 8 NGOs, 16 radio stations and other key implementing partners.

The capacities of 8 NGOs were developed on the community-based dialogue approach and agreements were signed with them to promote positive behaviour change regarding the earlier mentioned 4 key essential family practices.

Each community benefited from at least 16 sessions of dialogue for each key practice and participants were targeted by sex and age. A total of 120,000 families participated in these sessions; 1,325 facilitators benefited from 3 days of training on how to conduct a community dialogue (one per community), 2,460 leaders, composed of heads of villages and religious leaders were also trained and involved in the promotion of the four key practices.

Additionally, 420 programmes to support C4D activities were produced and broadcast over the 16 community radio stations in the intervention zone; 123 schools’ theatre groups of children between 7 and 12 years old were trained and animated their own communities with sketches on the four key practices being promoted including hand washing, use of latrines and hygiene.

Through cholera prevention communication campaigns, no cholera case has occurred in the country for 2 years. During a period of 3 months, radio programmes related to safe water consumption, hand washing and correct use of the latrines were broadcast in communities nationally. Ten NGOs were involved in sharing information, motivating communities and individuals to adopt hygienic practices. Communication materials to support the campaign have also been re-printed and distributed.

Constraints:
Some of the constraints identified in 2010 are: irregularity of C4D coordination meetings at all levels (local, regional and national) and limited capacity of the NGOs to extend C4D interventions at national level.
A gender sensitive KAP study and a study to develop a national communication strategy on female genital mutilation are ongoing, both of which will help re-orient and update a C4D strategy which has been guiding the CO’s efforts since 2008.

Partnerships:
Key strategic partnerships were developed with NGOs, media, child parliament and youth journalist network, associations and community based organizations, traditional and religious leaders, community health workers, research institutes (INASA and INEP) and mobile phone companies.
In line with the cholera prevention campaign, UNICEF supported and developed with the communication committee of the CNMGE a national communications plan for pandemic
influenza prevention, with participation from MINSAP, the National Institute of Health, Ministries of Agriculture, Social Communication, Network of Community Radios, the NGO Palmerinhas and WHO. The committee is implementing a series of communication activities agreed for pandemic influenza prevention and preparedness, including elaboration of training and awareness raising kits; production of communication materials, such as posters, leaflets and comic strips; training and capacity building, including for health workers, community health workers, educational supervisors, immigration and border guards, journalists, traditional authorities and NGOs; and community meetings held in high risk areas. The objective is to raise awareness within communities and nationwide on how to identify, protect and take basic measures in case the disease breaks out.

**Future Workplan:**
The programme priority actions in 2011 and 2012 will be to focus on:

- Creating a culture of rights at all levels of the society in Guinea-Bissau, and promote sustained involvement of the media, of political leaders (parliamentarians and government), religious and traditional leaders, civil society and public opinion towards realizing the MDGs and fulfilling the rights of children and women.
- Promoting the key essential family practices related to behaviour change at the community level.
- Advocacy with politicians (parliamentarians and Government) to enact laws on abandonment of FGM/C and child trafficking.
- Adoption of Essential family practices by families and communities, through active involvement of media, NGO, CHW and CBOs.
- Increasing coverage of services used particularly by mothers of U5 infants and pregnant women.
- Producing communication tools taking into account cultures and languages.
- Training sessions for media, animators, community facilitators, health workers NGOs, and religious and traditional leaders, will be conducted.

**Title: Monitoring and evaluation**

**Purpose:**
This programme component aims at strengthening national capacities in planning, monitoring and evaluation. The Strategic Result is "A system of follow-up Plans of Action for monitoring activities and measuring both MDGs achievement and Country Programme impact results, and for monitoring cost-efficiency of the package of interventions is formulated, put in place and implemented". Its expected output is to "Contribute to build a sustainable monitoring of the Country Programme progress by making available a data base on children and women situation through studies, surveys and evaluations, and through reinforcement of national capacities in monitoring and evaluation".

This cross-sectoral programme component focuses as well on strengthening national and local emergency response systems, and helping communities, decision makers and partners in effective monitoring and evaluation of development programmes through an integrated monitoring and evaluation plan (IMEP). This programme component also supports other programmes in monitoring and evaluation of their different activities and in the monitoring of different studies and surveys carried out.

This programme component has one AWP, "Monitoring and Evaluation", which is signed by the main partner, the Secretariat of State for Planning and Regional Integration (SEPIR). The programme component works in cooperation with several strategic partners including other UN agencies, the National Institute of Statistics (INEC) and all statistical services of line Ministries.
Resources Used:
Total approved for 2010 as per CPD: RR: US$65,000
Total available for 2010 from all sources: RR: US$201,739.17; OR: US$182,526.88;
Total: US$384,266.05
Any special allocations (list): US$179,756.88 of GP and GS PBA for the MICS survey

Result Achieved:
In 2010 as in the previous year, the implementation of this programme component was
hampered by weak M&E technical capacities and the departure of the M&E Specialist in
May 2010 from UNICEF. The limited M&E capacities in other UN Agencies and
insufficient engagement of Government partners were other constraints. A new M&E
Specialist recruited in September also left after 2 months. On the positive side, UN and
Government trainers’ capacities were developed enabling them to help in setting up the
DevInfo data base before its installation in all social sector Ministries, and ensuring all
the focal points are trained. MICS 4 survey has been completed and the preliminary
results published by the Government.
The programme was also deeply involved with the drafting of the DENARP II and the
monitoring of UNDAF with other UN agencies. One of the most labour intensive and time
consuming exercises with which the programme was involved was the Country
Programme Mid-term Review done jointly with two other UN Agencies (UNDP and
UNFPA). UNICEF took the lead on the preparation and conduct of this activity and led the
MTR task force. A strategic moment of reflection was held with the Regional Office
Support and the final review meeting held with Government partners, donors, other UN
Agencies and the civil society organizations.
The logistical capacities of the Ministry of Planning have also been reinforced for
improved monitoring of the programme.
More specifically the following results were achieved:
a) The MICS 4 survey coupled with Reproductive Health conducted and preliminary
results produced and published.
b) DevInfo trainers trained on data base installation.
c) CRING data base updated for 2010.
d) A national study on the Prevalence of HIV and Syphilis among Pregnant Women
launched in October 2010 to provide the country with more accurate data.
e) KAP study undertaken on Family key practices on child survival.
f) The Mid-Term Review conducted.
g) UNICEF component of UNDAF and DENARP Annual Review Reports prepared.

Constraints:
The main constraints were related to the weakness of existing Monitoring and Evaluation
(M&E) systems in the country, within the UN system and in UNICEF’s own M&E technical
capacity. Training of M&E focal points in the Ministries therefore could not be carried out
due to lack of locally available experts to conduct the training. The departure of the M&E
Specialist and serious difficulty in recruiting for the post is causing the CO to explore
additional options such as recruiting a UNV.

Future Workplan:
The IMEP will be reviewed and implemented taking into account the new vision and
relationship within the UNDAF and DENARP Processes.
In collaboration with UNFPA, UNDP and WHO, this programme component will focus on
the following results:
• MDGs, UNDAF, WFFC, PRSP and other international commitments of the country are well monitored and evaluated with reliable and recent indicators from the MICS 4, the Light Poverty survey and the population census;
• MICS 4 will be finalized and the final report published, and the situation analysis of the country will be updated;
• DevInfo6 Database will be installed in key Ministries and supported by all UN agencies;
• Mid-year and Annual Reviews of the programme will be organized;
• The development of the National Strategy for Statistics will be supported;
• The UNICEF component of the UNDAF Annual Report will be produced.

4. OPERATIONS & MANAGEMENT

4.1 Governance & Systems

4.1.1 Governance Structure:

a) The office had developed annual management plans (AMP) for 2009 and 2010 and defined office priorities for each year. The AMP was developed with inputs from all sectors enabling a good understanding of objectives and priorities. Roles and responsibilities in emergencies are well defined, and as lead of the UNCT Theme Group on EPRP, UNICEF has led the updating of inter-agency preparedness plans, especially for Guinea + 6. b) Responsibilities are clearly defined in the BCP and EPRP and both documents were revised in 2010. c) The Office conducted a self-assessment in March 2010 to prepare for the internal audit that was conducted in April-May 2010. The self-assessment and audit identified some risks in supply and contracts management, and NEP management. Corrective actions were immediately taken to address the high risk areas and the country response is finalised and shared with OIA for feedback. The office response is mostly to strengthen the internal control procedures that are in place and ensure each unit is systematically maintained. d) Following the audit, CMT reporting of management indicators along with Programme and Operations management performance were strengthened. e) The CO received satisfactory audit rating for governance.

4.1.2 Strategic Risk Management:

a) An office wide Risk Assessment exercise was undertaken in March/April and the Deputy Representative and one other staff member participated in a risk management assessment of the CO that was undertaken regionally in the Gambia in November. b) Based on these risk assessments, the CMT reviews existing controls on a monthly basis. Additionally, specific meetings/reviews have been held to ensure staff are up to date on key controls such as FC 34. c) The CO has an updated BCP with an established emergency stockpile, emergency focal points and funding for emergency situations, and calls regular meetings of the inter agency emergency preparedness group to get updates on minimum levels of readiness including stocks, funds and resources. Through this procedure, the CP is being continually risk informed. d) The BCP was updated during the year, and AWPs are constantly reviewed in light of the evolving situation. e) Given the changing external and internal environment the CO continues to undertake internal reviews jointly with partners to determine how plans should evolve and change.

4.1.3 Evaluation:

The office has an IMEP which is not fully updated partially due to the difficulties in recruiting an M&E Officer over the last few years. (The post has been vacant for all but two months during 2010). However, the IMEP is being used to ensure that an M&E plan is carried out. Actions taken during 2010 included significant work on the MICS4/IDSR, whose preliminary results were released in December 2010. DevInfo training was provided to the Government line Ministries during the year. No objective evaluations
were carried out during the year, but a gender audit was undertaken with outside technical assistance facilitated by WCARO, ensuring objectivity. The results of the gender audit and training that was also held are currently being implemented by the programme sections.

4.1.4 Information Technology and Communication:

a) To ensure the proper conduct of UNICEF business, a session has been organized for all staff on ITSS policies and guidelines, especially Software and Security Policies and policy on the Electronic Code of Conduct. As per ITD regulation on standards and office staffing requirements, a succession plan has been developed and a budget to attain high availability of resources to support programme implementation.

The Office started to introduce Laptops with docking stations as primary computer for head of section and POs to allow them to easily switch from office to remote access and vice versa.

For better resources management, a telephone billing system has been implemented with PIN Codes for official and private calls; all non-standard LAN printers were replaced by ones equipped with a Duplex Unit.

b) Three meetings were held for the creation of an UN ICT Working Group, but the group is not yet formally established. UN ICT staff has started cooperation and have created draft ToRs. The shared PABX was upgraded in coordination between UNICEF and UNDP and the telephone connection for free calls between the UN Building and the New UNIOGBIS is the result of Coordination and contribution of ICT Staff of UNICEF, UNDP and UNIOGBIS. The next step will be to prepare a work plan, and send it to the UN Country Team (UNCT) for approval.

c) Applications are accessible via citrix and business everywhere. ProMS transactions have been done using citrix access.

d) The LTAs used are exclusively those listed in the Direct order price lists.

e) With the lack of a local authorized computer recycler, obsolete ICT equipments have been destroyed in such manner to prevent its re-use.

f) A new data backup procedure has been implemented and data recovery regularly tested. A test environment is set and configured for such data recovery tests. The server room’s safety has been strengthened by installing a second A/C and an automatic switch to control the two. A daily log sheet has been implemented to record the status of ICT services and equipment in the server room to monitor recurring problems.

4.2 Fin Res & Stewardship

4.2.1 Fund-raising & Donor Relations:

a) The CO sent 88% donor reports on time, and received an exemplary and good rating for its donor reporting quality assurance exercise undertaken in WCARO. b) The CO mobilised 198% of OR ceiling of the CPD, and subsequently had to request and was authorised to significantly raise its CPD ceiling from US$ 25 million to US$ 43 million for the 2008-2012 period. c) There was a very limited emergency situation mid-year, and the CO used existing funding to address this. Additionally, regional funding from ECHO was used to keep on top of the cholera situation; no cases of cholera were reported in 2010 for the second year running. d) At year’s end, all PBAs that have expired during the year were 97% utilised overall; funding in 2010 was 98% utilised as at year’s end. e) CMT monitors all PBAs on a monthly basis to ensure funds are utilised within the required timeframe. f) The CO is actively participating in a South-South cooperation with Brazil in the areas of HIV/AIDS and Birth registration.

4.2.2 Management of Financial and Other Assets:

a) The overall rating for Operations was unsatisfactory and steps will be taken to address the deficiencies. However, some good management practices were identified: Periodic financial reports including monthly bank reconciliation statements and year-end accounts closure reports were prepared and submitted to DFAM in a timely manner; No payments
were made to implementing partners with outstanding cash transfers of over six months; Petty cash account was properly managed in accordance with policy and procedures; Unposted transactions in FLS and returned by DFAM to the CO were reviewed and cleared on timely basis; The signatory panel for the bank account maintained by the office was up to date; Financial documents including cheques and payment vouchers were kept in a restricted location.

b) The 9 results planned in the AMP in the Operation functions (including financial management/admin-supply control, advocacy/fundraising, staff learning and PROMs) are assessed as fully achieved at 100%.

c) The HACT norms have facilitated the budgeting of activities as well as the review and approval processes of DCT and have increased efficiency.

d) RR were spent at 97% and OR at 98%; 1% of outstanding DCT are over 9 months.

e) UNICEF leads the UN Task Force on cost savings, which has so far reduced costs (in some cases up to 40% reduction) in a wide range of areas such as building services (cleaning, maintenance, garden upkeep) and is also pushing to achieve savings in security services.

4.2.3 Supply:

a) The Supply and Logistics Officer post remained vacant for 6 months and the new Officer entered on duty at the end of April 2010. Supply remains an important component of the Country Programme and represents 33% of the total country budget against 25% in 2009. The total value of the 258 authorized PGMs and 240 POs is approximately USD 3.7 million. b) 55% (or USD 2,071,177) was for offshore procurement, 34% (or USD 1,278,039) was for direct order, and 11% (or USD 417,183) for local procurement. The main item categories procured in terms of dollar amount were Education Supplies (26%), Transportation equipment (23%), ICT and office equipment (11%), mosquito nets and malaria test kits (11%), (WASH supplies (8%), and printing (5%). c) 21% of the PGMs were issued in Q1, 20% in Q2, 29% in Q3 and 30% in Q4. d) The office successfully conducted a joint local market survey with UNDP, and UNICEF conducted a specific market survey for UNICEF supplies. g) In-country logistics remains a challenge as the country capacity is very weak. UNICEF is clearing the supplies, paying for the storage, for the transport and the distribution. l) The supply staff was offered the opportunity to attend the UNITRACK super users workshop, the construction workshop, and emergency response simulation, supply orientation and common services management workshops. m) In 2011, a particular focus will be on programme staff and partners capacity building in supplies and in-country logistics. The Supply and Logistics Officer is a member of the UN Procurement sub-working group and participated in identifying possibilities for facilitating best procurement practices, and setting up LTAs for common services.

4.3 Human Resource Capacity:

With a view to improve Office performance, the Management has encouraged staff to take language courses. During the need identification process, Portuguese and English were found to be the immediate language courses to be supported. The Office learning plan was implemented and provided training for two staff members for Portuguese course and fifteen staff members to learn English. With support from the office and as recommended by the Staff Retreat, all Staff members were supported to have access to WebHris, as were national staff to access e-recruitment.

b) Regarding EPAS, all IP staff has used the tools during the course on 2010 for key assignment and midyear review. For national staff, key assignment was completed on time.

c) In response to objectives of CCC and based on EPR, recruitment and placement has been completed. Despite the high turnover in the Office on 2009 & 2010, after PBR results, 3 IPs posts have been approved; and 4 NO, 6 IP and 1 GS were advertised. Guinea Bissau sent two staff members to Haiti to provide surge capacity support. For
consultancy, 50 Individual Consultants contracts and 32 Institutional consultancies have been signed during 2010.

e) During the year, the Office had two sessions on stress management facilitated by a consultant who supported the whole UN. Also, in the context of improving staff wellbeing, three JCC meetings were held and a Global staff survey results were reviewed during the retreat defining key actions to be undertaken during the year.
f) As part of Caring for us activities, posters that were posted in the office to make Staff more aware of HIV/AIDS prevention. Messages received in this context were shared regularly with all staff. Male and female condoms are available to all staff.

4.4 Other Issues
4.4.1 Management Areas Requiring Improvement:

UNICEF is an active member of the Operations Management Team and has led the group to look at cost savings for the UN common premises. Savings of 40% have been made for building maintenance. Currently, the cleaning services contract is being renegotiated by UNDP – starting from a lower cost than 2010. Cost saving will also be made from ongoing bidding for local security services. UNICEF specifically has reviewed its PCAs to ensure that we are not paying unacceptable administrative costs from partners. The PCA task force is reviewing areas such as transport in PCAs for particular attention.

4.4.2 Changes in AMP:

The joint MTR undertaken in December 2010 will require a new CPMP, which will be drawn up before the PBR. Priorities in this include strengthening the Operations Section. The audit undertaken also recognised this as a priority. Another area where improvements are needed is in personnel recruitment. It is taking the CO too long to make recommendations to NYHQ and in some cases causing the loss of qualified candidates. Language training will also continue to be a priority. Programme areas in the AWP that will be strengthened include more focus on rural sanitation and hygiene.

5. STUDIES, SURVEYS, EVALUATIONS & PUBLICATIONS

5.1 List of Studies, Surveys & Evaluations:

1. Inquerito sobre a prevalencia do VIH na Comunidade, INASA, Dezembro 2010

6. INNOVATION & LESSONS LEARNED:

Title: Improving programme planning & implementation
Contact Person: Geoff Wiffin gwiffin@unicef.org
Abstract:
Preparation for the MTR brought an opportunity to conduct a mini-strategic moment of reflection on the CP. This was conducted with support from senior WCARO staff. This exercise was undertaken with other UN Agencies participating in the MTR, which enabled this lesson learnt to influence partners.

Innovation or Lessons Learned:
It is important for a CO, along with the Regional Office staff, to step back for a moment of reflection and review if the programme is really reaching its goals.

Potential Application:
Programme, planning & implementation

Issue/Background:
The MTR occurred in the context of the main donors undertaking reviews of their collaboration with the Government, to assess the extent to which a balanced approach is
being applied to country programming. Much of the review process as well as donor support had focused on Security Sector reform (SSR) and political aspects such as elections, to some extent at the expense of basic social services.

**Strategy and Implementation:**
A review was undertaken after inter agency sector reviews had been completed in preparation for the MTR. The need for striking a balance between SSR and support for social services was highlighted in the sector reviews. It was felt that more balance was needed from the UN between the two. Additionally, it was felt equity had not really been addressed (partially because of lack of data).

The mini strategic moment of reflection allowed UNICEF to work with UNDP and UNFPA to review equity, and also to assess to what extent capacity building had been addressed during the first part of the CP.

**Progress and Results:**
The MTR showed that capacity building and equity were two key issues that needed far greater investment from the UN agencies, and especially by the three agencies undertaking the MTR: UNDP, UNFPA and UNICEF. In particular the need for disaggregated data by economic stratum was discussed. UNDP carried out a light poverty survey at the same time as the MICS that will allow this issue to be addressed.

The MICS data has some valuable information on equity, which will be analysed and used to assess how far the existing programmes are reaching the most vulnerable population.

Another important conclusion was that the existing programmes had not done enough on capacity building either at the central or at the community level, and this will be a focus of the next two years of the CP.

Each of the CP elements was carefully reviewed and consensus reached on what would be eliminated and what would form the area of focus.

**Next Steps:**
Ensure country programme planning and implementation has been carefully reviewed and revised to better include equity, and to help develop appropriate capacities.

7. **SOUTH-SOUTH COOPERATION:**

Laços Sul Sul Cooperation is very important for Guinea Bissau. With this partnership, the country received ARVs for first line treatment for patients under tri-therapy and ARVs for PMTCT. In addition, a Youth exchange event was organized in Brasilia on HIV prevention in and around schools. Two Young people (one boy and one girl) and a senior staff from the National Institute for the Development of Education (INDE) of the Ministry of Education participated in the exchange with financial support of UNICEF Brazil. The project they presented at the event was awarded US$6,300 as seed money in 2010 and its implementation has started.

INDE is in charge of mainstreaming of HIV in the Education Sector. The above exchange event and workshop has reinforced their capacity to integrate HIV in the curricula and also organize innovative activities around the schools to complement what is done in classrooms.

The initial preparations for the National Birth Registration (BR) Policy and National Plan of Action were concluded and they continue being developed with strong technical support from the Brazilian Government. UNICEF facilitated the cooperation process and is following all the phases of the programme. During 2010 UNICEF strengthened the capacity of Government Ministries by supporting trainings and learning visits to Brazil to learn from Brazil’s innovations and successful experience with BR. UNICEF has mobilized Plan International and UNFPA in this initiative so that a major number of Ministries had the chance to participate in the training.
Brazil and Guinea Bissau will continue to be engaged in this South-South cooperation. The next phase will entail Brazil’s funding of the National Plan (helping to fill its main funding gaps) and its continuing support particularly on the Communication Plan (with which Brazil is already associated).