

Executive Summary

Guinea Bissau's political and socio-economic spectrum is still affected by the 2012 coup d'état and the country remained unstable despite the formation of an inclusive transition Government in mid-2013 and the announcement of general elections for March 2014.

Operating in such a context required strengthened partnerships and adoption of pragmatic integrated approaches, building on communities' resilience, to achieve results for children. The human rights framework was strengthened by ratification of the Convention on the Rights of People with Disabilities and adoption of legislation against domestic violence. UNICEF and partners seized the opportunities provided by dissemination of the Concluding Observations of the Child Rights Convention (CRC), the launch of the State of the World Children Report (SOWCR) 2013 and the celebration of UNICEF's 67th anniversary to strategically advocate for the rights of children and equity. An advocacy initiative called *Republica di Mininus Hoje!* was launched in line with the CRC, A Promise Renewed (APR) and the Post 2015 Agenda. This equity advocacy framework will be the backbone to influence political stakeholders emerging from the upcoming elections. A Multiple Indicator Cluster Survey (MICS) 5 process was launched, to be concluded in early 2014.

In line with APR, partnerships were established with UN agencies and NGOs to implement Global Health Initiative (H4+) and Child and Maternal Health Programme (PIMI), two child survival projects to reduce child and maternal mortality funded by SIDA and the European Union (EU), respectively. Two child health days integrating polio and measles vaccination with Vitamin A supplementation and Mebendazole reached more than 287,000 under-five children. The National Nutrition Policy and Integrated Management of Acute Malnutrition (IMAM) Protocol were reviewed and adopted, and the first national nutrition model training centre was established, placing the country on track to engage with Scaling Up Nutrition (SUN) in 2014. The Community Led Total Sanitation (CLTS) approach was scaled-up and 208 communities were declared Open Defecation Free. In combination with water and hygiene promotion in communities and schools, this has been instrumental in reducing the effects of the 2013 cholera outbreak (470 cases in 2013, confined to one region). Despite the resumption of the Global Fund support, the HIV/AIDS sector was affected by lack of antiretroviral treatment drugs, which added to a stock-out of test kits for almost six months. This had a major negative impact, and only 17.4 per cent of affected women and 11.7 per cent of children benefited from treatment.

The Global Partnership for Education project was launched, and UNICEF played the role of managing agent and coordinator of the Local Education Group (LEG). Critical gaps in the education system were addressed through a national census of teachers and school mapping, and establishment of a teachers' data bank. A consensus list of teachers was validated by the Government and teachers' unions, ending long standing disputes around numbers and categories of teachers entitled to payment of salary arrears (the main cause of strikes plaguing the sector since Independence). Thanks to UNICEF advocacy and mediation, a Social Pact for the Education sector was signed under the auspices of the President of Republic, involving all stakeholders.

Country Situation as Affecting Children & Women

The protracted political instability in Guinea-Bissau continued in 2013 despite the establishment of an inclusive transition Government. General elections have been set for 16 March 2014, under the auspices of the international community (ECOWAS, AU, EU, CPLP and the UN). During this transition period, the country's socio-economic, governance and human rights situation has deteriorated.

The United Nations Development Programme's (UNDP's) latest Human Development Report ranked Guinea-Bissau 176 out of 186 in terms of the socio-economic development index in 2012, and number 15 out of 177 countries in the Failed States Index for 2012. The significant reduction in overseas development assistance (ODA) from traditional partners (EU, World Bank, African Development Bank, International Monetary Fund) in the form of budget support that accounted for close to 50 per cent of the national budget in 2011 (UNDP, 2011) and limited fiscal capacity have put enormous stress on the country's financial system. The recurrent strikes in the public social services have undermined past achievements and put their sustainability at risk.

The 2013 UN inter-agency report estimates that under-five mortality was reduced to 129/1000 (from 161/1000 in 2011), but that is still the sixth highest in the world. The main causes of child mortality remain neonatal complications, malaria, acute respiratory infections and diarrhoea. Malnutrition continues to be one of the main underlying mortality and morbidity contributors and remains a major public health problem.

According to World Food Programme (WFP)/Food and Agriculture Organisation (FAO) Assessment (2013), the food security situation has deteriorated, with only 7 per cent of households considered “food-secure”, and an increasing number spending 75 per cent of their income on food. This information correlates with the latest Standardised Monitoring and Assessment of Relief and Transitions (SMART) report (MoH/UNICEF, 2012), which revealed that 27.4 per cent and 6.5 per cent of under-five children suffered from chronic and acute malnutrition, respectively, despite a significant improvement in breastfeeding practices (38 per cent to 67 per cent between 2010 and 2012, MICS/SMART). The review and implementation of the IMAM protocol, establishment of a Training Model Centre and review of the Nutrition Policy will be instrumental to address those bottlenecks. The country remains polio free, with national integrated campaigns reaching an estimated 287,000 under-five children, and has not registered any cases of measles since 2009. In 2013 tetanus neonatal (TNN) was declared eradicated in the country. The malaria programme funded through the Global Fund (GF), with support from UNICEF and others, increased the number of children and pregnant women sleeping under impregnated nets to levels close to 90 per cent.

The sanitation coverage is still very low (18 per cent), with significant disparities between urban and rural areas, which makes the country extremely vulnerable to cholera outbreaks. In 2013, around 470 cases of cholera were confined to the region of Tombali, with 30 deaths reported (6.4 per cent case fatality rate, or CFR). The epidemic was contained due to a combination of WASH interventions streamlined through the UNICEF regular programme that facilitated an increase of 5 per cent in the number of Open Defecation Free communities, reaching more than 96,000 people in 2013. An estimated 20,000 people and school children in rural communities have benefitted from access to safe drinking water and more than 175,000 people were reached with key hygiene messages (hand washing with soap, safe storage and household water treatment, correct use of sanitation facilities) through a network of partners.

The lack of antiretroviral treatment drugs resulting from the suspension of the Global Fund support affected national efforts against HIV/AIDS. This added to a stock-out of test kits for almost six months and an alarming reduction of treatment, particularly for the prevention of mother-to-child transmission. Only 17.4 per cent of affected women and 11.7 per cent of children benefited from treatment. The latest prevalence data from young pregnant adolescents/women (15-24 years old) is estimated at 3.3 per cent from sentinel sites (SNLS 2013). UNICEF worked effectively with partners to advocate for the successful renewal of the GF programme in Guinea Bissau.

Education had serious setbacks, with recurrent strikes affecting the school year 2012/2013 (more than 30 per cent learning time lost) and for 2013/2014, by the end of December. UNICEF advocacy at the highest Government level and with the teachers unions was critical to reopening schools. A national teacher census, development of a data base and the signature of a Social Pact promoted stabilization of the education sector, paving the way for regularization of payment of salary arrears and adequate planning/budgeting for the sector.

Efforts to abandon harmful practices, supported by a Joint UNICEF/UNFPA Programme, resulted in important gains in abandonment of female genital mutilation/cutting (FGM/C) and child marriage. A recent evaluation of a community-led programme (Tostan Evaluation 2013) shows progress on willingness to abandon FGM/C, with 95 per cent of community members declaring acceptance that their sons marry an un-cut girl and 94 per cent committing to not practice FGM/C on their daughters. Birth registration efforts resulted in more than 21,000 children registered, compared to 19,000 in 2012. Trafficking of children continued to affect the most vulnerable children, in the poorest communities. Some 317 “talibe” children victims of exploitation (including 4 girls) were rescued and assisted, and 139 children (including 8 girls) in risk of exploitation and trafficking were intercepted at border units. To address the root causes of trafficking, UNICEF is catalysing efforts to tackle child vulnerability in the most disadvantaged communities, through social safety nets, education and other social protection.

The human rights framework was strengthened with approval by the National Assembly of the Convention on the Rights of People with Disabilities and adoption of new legislation against domestic violence. The presentation of the concluding observations of the CRC to key stakeholders, the launch of the 2013 State of the World Children's Report and UNICEF's 67th Anniversary were used as the main opportunities to strengthen advocacy on child rights with the unveiling of *Republica di Mininus Hoje!* equity agenda. The initiative uses social media (website, Facebook, Twitter) as a platform for information and knowledge sharing, and a forum for youth-led discussions for a social transformation for child rights and more equity in Guinea Bissau. This approach is also harmonized with the APR strategy and the Post 2015 Development Agenda to establish a common vision and framework for a more sustainable and equitable environment for children in Guinea Bissau.

Country Programme Analytical Overview

Country Programme:

2013 was dedicated to the implementation of the Country Programme (CP) extension resulting from the political instability in 2012, which interrupted the approval process of the Country Programme Document (CPD) 2013-2017 cycle. As a result of continued political instability and postponement of the general elections to the first quarter of 2014, a new CP extension for 2014 was approved in 2013 and plans are ongoing to request a third extension for 2015. These extensions hamper the crafting of a mid- to long-term strategic vision and hinder reliable resource planning and mobilization to address the key barriers and bottlenecks the country faces in terms of child rights.

Humanitarian Assistance:

The humanitarian situation in Guinea-Bissau deteriorated despite the population's resilience. In March 2013, a cholera outbreak started in the Tombali region, with over 470 cases and 30 deaths (6.4 per cent CFR) registered. The coordinated response implemented by UNICEF, the Ministry of Health (MoH), World Health Organisation (WHO) and various NGO partners enabled the outbreak to be contained to isolated areas of Tombali region. An effective communication plan was developed and implemented involving all stakeholders (government, religious and traditional leaders, marketers, taxi drivers and youth groups) and using television, community radios and visual tools. UNICEF also provided support and supplies to install Cholera Treatment Centers, disseminate communication materials for demonstration of hand washing with soap and household water treatment.

The most recent Joint Assessment Report by WFP and FAO indicated that, in most regions, the levels of food insecurity are as high as 40 per cent, affecting approximately 50,000 households. This assessment correlates with the SMART Nutrition report of 2012, which showed that the regions of Oio, Bafata and Gabu are the most vulnerable, with levels of acute malnutrition above 10 per cent. Mainstreaming its regular programming with humanitarian assistance, UNICEF provided nutritional support through training and supplies (F100, F75, plumpy nuts) reaching more than 841 children in reference centres.

Effective Advocacy

Fully met benchmarks

Capacity Development

Mostly met benchmarks

Communication for Development

Partially met benchmarks

Service Delivery

Mostly met benchmarks

Strategic Partnerships

Mostly met benchmarks

Knowledge Management

Initiating action to meet benchmarks

Human Rights Based Approach to Cooperation

Mostly met benchmarks

Gender Equality

Partially met benchmarks

Environmental Sustainability

Partially met benchmarks

South-South and Triangular Cooperation

With support from UNICEF Brazil, as part of the South-South cooperation ties, the National Forum on Youth and Population conducted awareness sessions in schools through educators' pairs in the five regions of Quinara, Tombali, Bafatá, Gabu and SAB. Some 2,520 students between the ages of 14 and 27 benefitted from five sensitization sessions to raise awareness about the transmission and prevention of HIV and SR. The second phase of the project is ongoing, with particular emphasis on communities and young mothers for awareness generation around HIV/AIDS, Prevention of Mother to Child Transmission (PMTCT) and SR.

Collaboration was also established with Guinea Conakry in the sharing of lessons learned to support the implementation of the Global Partnership for Education (GPE) programme as well as for cholera prevention and response, particularly around the border areas.

An exchange programme was organized with the Ethiopia Country Office (CO) to share lessons and best practices in the area of nutrition linked to the implementation of the MDGF joint programme.

In the area of Operations, the CO benefitted from the support of Burundi and Togo COs (in the area of Finance) and Senegal CO (in the area of Human Resources).

Narrative Analysis by Programme Component Results and Intermediate Results

Guinea Bissau - 6850

PC 1 - Child protection and rights promotion

 On-track

PCR 6850/A0/03/001 Judicial and Institutional Child Protection systems are functional and at least 25 per cent of OVCs receive free basic support

Progress:

During 2013, inclusion of child protection in the justice reform agenda continued to be a priority, despite the country's political and institutional instability. Working sessions were held and a roadmap for the elaboration of the Child Protection Code was defined and agreed upon by key justice actors and civil society organizations. Capacity of judicial actors working on child protection issues was strengthened with working materials and skills. Dissemination of provisions and enforcement measures of FGM/C and Human Trafficking continued in 2013. During 2013, nine cases of FGM/C (for 2 to 12 year olds) and four cases of child trafficking were reported by NGOs and referred to the judiciary police and Guardian *ad Litem*. New legislation on Domestic Violence was approved at the National Assembly (ANP) and a national action plan to prevent and eradicate gender based violence in Guinea-Bissau was developed. The ANP approved the Convention on the Rights of people with Disabilities and new important partnerships in this area are being fostered by UNICEF.

Guinea-Bissau presented its implementation report of the CRC to the CRC Committee and concluding observations with important recommendations to the country were disseminated among key stakeholders by the Government and civil society organizations, including children and youth organizations.

Increasing birth registration rates remains a challenge in the country. In 2013, UNICEF strengthened the eight regional Civil Registrations offices, providing skills, working materials and equipment to improve service delivery and respond to the demand of families to access birth registration services. It is estimated that 23,400 children (0-17) were registered during the year, compared to 19,000 in 2012. Disaggregated data will be released in early February 2014. Social mobilization for increasing awareness on the importance of birth registration was strengthened, through NGOs and CBOs, who, in partnership with the Minister of Justice, implemented mobile BR in rural and urban areas. The update of the BR National Plan of Action was initiated to guarantee that strategies become more holistic, involving more community initiatives and implementing BR with education and health services.

Efforts continued to strengthen the institutional framework for child protection and coordinated responses to address prevention and support to children victims of violence, abuse and exploitation. The capacities of child protection institutions and partners were developed and synergies established among them. Information was disseminated on their mandates. The National Committee for Child Trafficking Prevention is fully operational and the National Plan of Action is being implemented, which lead to a broader synergy among child protection actors and a more coordinated response to emergency cases involving child trafficking. In 2013, the ongoing coordinated responses established between Child Protection actors strengthened the fragile CP system, in particular Guardian *ad Litem*, police, IMC, and NGOs.

UNICEF continued to support social norms changes affecting children and women, within the efforts to strengthen the child protection systems framework. Early in 2013, 51 communities of the Oio and Tombali regions region publicly declared the abandonment of harmful social practices, in particular FGM, child marriage and forced marriage. Partnerships with religious and traditional groups, including women opinion leaders, were consolidated during 2013. Some 228 religious and traditional leaders have publicly declared delinking of FGM/C from religion and a national Fatwa was produced and disseminated supporting the abandonment of FGM/C, and 180 women leaders of opinion, including *fanatecas* (Women who perform FGM/C) made public declarations for abandoning FGM/C. The final external evaluation of the Tostan 4 year programme was conducted and finalized in December 2013, and major findings will be shared in late January 2014.

IR 6850/A0/03/001/010 Effective and efficient management and support to the Child Protection programme

 On-track

IR 6850/A0/03/001/012 Child protection code created and adopted and Child Justice policies and services integrated into National Justice Policy.

Progress: To keep child protection on the justice reform agenda, a seminar was held in partnership with the Ministry of Justice and UNIOGBIS regarding the inclusion of child protection issues in the Justice Sector Reform. A roadmap for the elaboration of Child Protection Code was defined and agreed upon by key justice actors and civil society organizations and the TOR for the elaboration of the Child Protection Code was drafted.

Continuous support was provided to the judicial actors working on child protection issues (Judicial Police, Guardian *ad Litem*) including equipment' information technology (IT) materials, motorcycles, fuel, and stationary to strengthen their activities. A process was initiated to reinforce the competencies and functions of Guardian *ad Litem* and Prosecutors for a better response and coordination with other judicial institutions and civil society on the treatment and follow-up of cases of violence, abuse and exploitation of children and on the cases of adolescents in conflict with the law. An informative kit with relevant national and international legislation on child justice, to law enforcers was produced for their use.

UNICEF Annual Report 2013 – Guinea Bissau

Provisions and enforcement measures of FGM/C and Human Trafficking laws were disseminated in the one remaining region that was not covered in 2012. Thirty Law Enforcement Officers (Magistrates and Police Officers), 45 members of Civil Society Organizations (CSOs), Traditional and Religious leaders from Oio participated. The National committee for the Abandonment of harmful practices continued to play a crucial role in ensuring a close follow-up of FGM/C law enforcement by the judiciary actors. During 2013, five cases (7 to 12 years olds) were reported by NGOs and referred to the judiciary police and Guardian *ad Litem*.

The draft bill on domestic violence was disseminated nationwide by parliamentarians to members of local administration, traditional and religious leaders, women and youth groups, in a joint effort by UN agencies (UNICEF, UN WOMAN, UNFPA, and UNIOGBIS), Government and NGOs and that culminated with the approval of the law at the National Assembly on July 18. With strong UNICEF advocacy, the Convention on the rights of people with disabilities was discussed and approved in the National Assembly on July 23. With the new law on domestic violence approved, the Institute of Women and Child finalized the national action plan to prevent and eradicate gender based violence in Guinea-Bissau. This participatory work involved all actors intervening on girls' and women's rights and included a budgeting exercise with major partners.

In 2013 UNICEF also supported the participation of the Guinea Bissau delegation in the dialogue session with the Committee on the Rights of the Child in Geneva regarding the second report on the implementation of the Convention on the Rights of Children in Guinea-Bissau. Throughout the dialogue, which took place on June 7th 2013, Committee members and delegation members discussed and identified progress made in the area of legislation, institutional and policy measures, and bottlenecks hindering the implementation of the convention. Following recommendations of the CRC committee, the Government organized a dissemination session on the concluding observations of the Committee. UNICEF provided technical assistance to this important event, held by the Prime Minister with strong participation of Government and civil society organizations. Guinea-Bissau's delegation, which included experts from the Ministry of Foreign Affairs and the Institute of Women and Child, shared with participants major recommendations that came out from the discussions with the Committee. UNICEF recommended that the Government put children on the political agenda by increasing state budgets for the education, health and protection areas, and by developing a coherent child policy and strengthening coordination.

 On-track

IR 6850/A0/03/001/013 Girls and boys without care and victims of abuse, violence and exploitation benefit from basic social services and child protection

Progress: UNICEF continued its efforts to strengthen the institutional framework for child protection and coordinated responses to address prevention and support to children victims of violence, abuse and exploitation. Capacity development was provided to child protection institutions and partners and synergies were established among them. Information was disseminated on their mandates and C4D campaigns were conducted. Agreements were signed with six NGOs (AMIC, SOS talibe, CNJI, ODHDC, RA and REJE) to support adequate child protection services, shelter support, sensitization campaigns against harmful practices, defence of woman and girls rights, birth registration campaigns and the legal framework, in collaboration with the Government. The agreements covered six regions (Gabu, Bafata, Quinara, Tombali, Bissau and Bubaque (Bijagos Islands)).

UNICEF, with partner NGOs AMIC and ODHDC, supported the establishment of four Regional Intervention Units (URI) in Bafata, Gabu, Oio and Bijagos/bubaque, responsible for the management of cases of domestic violence, forced and early marriage and FGM. The shelter for Women and Girls Victims of violence in Gabu also received support. The Coordinators and the Social Assistants for the Regional Intervention Units were recruited. The partner NGOs initiated the identification process of the 40 communities that will be accountable for: conducting community consultations for the transformation of harmful social norms; initiating income-generating activities; engaging religious leaders to adopt fatwas prohibiting forms of violation against woman and girls; and identifying and referring women and girls victims of violence to the shelters and URI.

UNICEF assisted the Governorate of the Gabu Region to organize a Conference on Talibé Children's issues on May 15 -16, 2013 in the city of Gabu. Some 200 participants, including Administrators, Regional Directors, Traditional and Religious leaders, representative agents of justice, NGOs and youth associations, discussed factors of vulnerability of children in the Region. A Regional Agenda earmarking commitments and priorities for promotion the Rights of the Child in the Region was officially signed and adopted by the participants.

The National Committee for Child Trafficking Prevention is fully operational and the National Plan of Action is being implemented, which led to a broader synergy among CP actors and a more coordinated response to emergency cases involving child trafficking. As a result, 317 talibes children victims of exploitation benefited from psychosocial support and were reintegrated into their communities and families, and 139 children in risk of exploitation and trafficking were intercepted at the border units and referred to social services. The ongoing coordinated responses established between Child Protection actors also resulted in 605 cases of children victims of abuse and violence being registered and followed by CP actors (Guardian *ad Litem*, police, IMC, and NGOs).

Child rights organizations celebrated the "Quinzena da Crianca," the first two weeks of June. The celebration of International Children's Day on 1 June was held in the National Assembly of Guinea-Bissau under the theme "Eliminate social and cultural harmful practices affecting children: Our Collective Responsibility." This ceremony was attended by hundreds of children coming from the regions and included presentations by the President of the National Assembly, the President of the Institute of Women and Children, the Chairman of the Women and Child Commission of the National Assembly, the President of the Child Parliament and UNICEF that highlighted the issue of children with disabilities, referencing annual report on the State of the World's Children 2013, released worldwide on 30 May.

 On-track

IR 6850/A0/03/001/016 Gender sensitive national birth registration policy implemented and BR system used by the population

Progress: Nationwide data collected on birth registration show that 29,666 (19,097 children) were registered in 2012 compared to 70,000 in the first half of 2013. As a result of UNICEF's advocacy, the Minister of Justice waived fees on Birth Registration for all

ages during a five-month period from 28 February to 30 July. That resulted in a big demand and adherence at national level. Data on the number of children with birth certificates in 2013 will be released in early 2014. All eight regional Civil Registrations offices were supported with skills, working materials and equipment to strengthen the routine system and respond to the increasing demand of families to access birth registration services.

Social mobilization to increase awareness on the importance of BR was strengthened. During the year, UNICEF facilitated and supported the partnership between the Ministry of Justice (MoJ) and civil society organizations, resulting in five agreements signed between the MoJ and NGOs. The MoJ and the NGO Rede de Jovens Educadores (REJE) implemented a social mobilization campaign aimed at increasing the level of awareness of the Bissau population on the importance of birth registration. Training was conducted in the MoJ for REJE animators and responsible staff implementing the project in four neighbourhoods of Bissau. The four-month project (pilot phase) sensitized and informed more than 5,000 households, covering 13,000 people. As a direct result, 3,000 children (0–7 years old) have received their birth certificates. In the north and south regions (Cacheu and Quinara), NGOs collaborated with civil registration services in strengthening the routine system using community approaches and mobile BR units to reach the population. In the Quinara region, 5,179 children were registered through mobile community BR initiatives.

UNICEF's education and protection sections worked with the Ministries of Justice and Education to develop institutional collaboration between the two ministries on joint initiatives to tackle low BR rates. Partnership opportunities between the two sectors to operationalize the strategies defined in the Birth Registration Action Plan were analyzed and concrete actions were defined to be implemented starting in 2014.

To strengthen the National Plan of Action's holistic approach, the process for the update of the Birth Registration Strategy and Plan of Action is well advanced, with the finalization and validation of its Terms of Reference and the working team is already in place.



On-track

IR 6850/A0/03/001/017 Communities adopt protective behaviours related to child mobility, gender relations and violence and solve or refer child protection accidents to national child protection system

Progress:

UNICEF continued to support social norms changes affecting children and women, within the efforts to strengthen the child protection system framework. Early in 2013, 42 communities of the Oio region publicly declared the abandonment of harmful social practices, in particular FGM, child marriage and forced marriage. At this public ceremony, organized under the Tostan community-led programme, rose to 157 communities and 13 circumcisers, from Oio, Gabu and Bafata regions, which have adhered and engaged to human rights values and abandonment of harmful practices. Important follow up activities to the Tostan program took place in 2013, although the programme came to an end in 2013. 104 meetings were held, with 157 communities using the "organized diffusion model" approach, and a follow-up of Income Generating Activities (IGAs) continued. To date, 3,755 participants from communities covered by the four-year programme have benefited from IGAs, the majority of which were agricultural and small business initiatives. Community Management Committees (CMCs) reported US\$64,000 from the US\$31,000 initially available. The final external evaluation of the Tostan programme was conducted and finalized in December 2013. Major findings showed that the human rights education programme's multi-sectoral approach clearly mobilized communities for the respect of human rights, including the abandonment of harmful practices affecting children and women. The evaluation also showed that changes on social norms related to FGM/C, child and forced marriage are more visible in mandinga's communities than in fulas's, where the religious linkage with the practice is higher. It recommended that training and sensitization modules should be developed based on cultural factors. The evaluation also found that communities covered by the programme were too closely linked to the NGO and there was not a clear phase-out strategy to allow them continue working by themselves (apart from the micro-credit programme).

Under the UNICEF/UNFPA joint programme to promote the abandonment of FGM/C, special attention was given to national NGOs and to regions that have fewer community development programmes and projects working on social norms changes. The national NGOs RA and SMN implemented a community-led empowerment programme to promote abandonment of child marriage, domestic violence and FGM/C in 30 communities in the Quinara Region. As a result of the community engagement, 19 community Management Committees and 4 networks of religious leaders promoting abandonment of FGM/C are functional. A total of 810 women, including ex-circumcisers, organized into 30 groups, were trained on management of small scale business, and received agricultural implements and seed money to initiate petty trade. In those communities, approximately 7,500 people are fully aware of the harmful effects of FGM/C and are the criminal liabilities linked with such practices. Communities are increasingly engaged in publicly declaring FGM/C abandonment. In October 2013, nine communities from the Tombali region (Cacine sector) publicly declared FGM/C abandonment, in the presence of central and regional authorities and religious leaders.

Radio continues to play a key role in promoting abandonment of FGM/C and other social norms negatively affecting children. With UNICEF technical and financial assistance, 76 radio programmes to promote abandonment of FGM/C were broadcast and 398 people participated in radio debates and interviews covering human rights and community development issues. Fifteen radio stations broadcast 340 interactive radio programmes covering child rights issue, including harmful practices, and 4,320 radio spots were disseminated, covering the entire country.

Advocacy to end FGM/C was carried out at all levels. The International Day of Zero Tolerance against FGM/C was celebrated on 6 February at the National Assembly with the adoption of a *fatwa* condemning FGM. The *fatwa* was agreed to by more than 170 religious leaders from all regions and was symbolically signed by the main imams, the Parliament's Speaker and the president of the Committee for the Abandonment of Harmful Practices (CNAPN). A national network of religious leaders supporting FGM/C abandonment developed a dissemination plan to ensure that the *Fatwa* is well known and accepted by major religious from all over the country. Since February, five sessions took place in the Oio, Bafata, Gabu, Cacheu and Bolama/Bijagos regions, where 216 religious and traditional leaders participated and 58 made public declarations delinking FGM/C from religion. Alongside the work of religious leaders, support was

provided for the creation of regional networks of women leaders of opinion that support the abandonment of FGM/C, including excisors (*fanatecas*) and former excisors that have decided to stop the practice. CNAPN facilitated the establishment of three regional networks of women leaders of opinion supporting FGM/C abandonment (including *fanatecas* and former *fanatecas*) in SAB/Biombo, Quinara and Tombali, in which 180 women have participated and are developing their own plan of activities in their regions.

Capacity-building of partners continued during the year. The five days intensive training organized by CNAPN and TOSTAN for 18 NGOs and six Government partners strengthened their knowledge and planning skills to address social norms at the community level by implementing HR community-led programming. In July, 15 NGOs benefited from training on community holistic approaches and monitoring tools. In order to harmonize approaches and work methodology, support was provided to the CNAPN in editing a training manual on FGM/C, which will be printed in early January 2014. The National Strategy for the Abandonment of Harmful Practices and its plan of action document was edited, printed and distributed to major actors and partners working on FGM/C abandonment.

PC 2 - Child survival

 On-track

PCR 6850/A0/03/002 Reduction of Infant Mortality from 138 to 100, and U5 Mortality from 223 to 180 per 1000 live births respectively

Progress: The last UN report (Levels and Trends in Child Mortality, 2013) reported that under-five mortality in Guinea Bissau has been reduced to 129/1,000 (from 161/1,000 in 2011) but still remains the sixth highest in the world. The main causes of child mortality remain neonatal complications, malaria, acute respiratory infections and diarrhoea diseases. Malnutrition continues to be one of the main underlying causes and has always been a major public health problem in Guinea Bissau, contributing to infant mortality and morbidity. In 2013, the situation deteriorated in a context of food insecurity, affecting mostly children ages 6-59 months. The last SMART nutrition report (MoH/UNICEF, 2012) reported that 27.4 per cent and 6.5 per cent of under five children suffered from chronic and acute malnutrition, respectively. Despite a significant improvement in breast feeding practices (from 38 per cent to 67 per cent between 2010 and 2012, MICS) poor infant feeding practices are one of underlying causes of malnutrition, especially for young children. The country is still polio free (regular national integrated campaigns are reaching all the estimated 290,000 under five children yearly), has not registered any cases of measles since 2009, and in 2013 TNN was declared eradicated in the country. The malaria programme funded through the GF and with support from other partners, including UNICEF, has increased the number of children and pregnant women sleeping under an impregnated treated net (ITN) to levels close to 90 percent. The water and sanitation coverage is still low with significant disparities between urban and rural areas, which makes the country extremely vulnerable to cholera outbreaks. In 2013, more than 470 cases of cholera were registered in the remote region of Tombali, with 31 deaths (6.5 CFR). UNICEF/WHO/MoH plan to address the matter in a long lasting manner in 2014.

 On-track

IR 6850/A0/03/002/003 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.

Progress:

The report of the National Nutrition SMART Survey conducted in November-December 2012 was finalized and validated in January 2013. Results showed a critical nutrition situation among children below 5 years of age, with 6.5 per cent acutely malnourished, 17.5 per cent underweight and 27.4 per cent stunted. It further revealed increases in the rates of exclusive breastfeeding from 38 per cent (2010) to 67 per cent (2012); and iodized salt consumption at household from 26 per cent (2010) 27.4 per cent (2012). The availability of iodized salt in the country remains very low compared to the acceptable norm of 95 per cent for Universal Salt Iodization. The National Protocol for Integrated Management of Acute Malnutrition (IMAM) was revised to conform to the latest WHO guidelines and validated. It is being implemented at facility and community levels, and 51 National trainers, 94 health technicians and 600 CHWs were trained on its implementation. From January to June 2013, 841 cases of under-5 children with acute malnutrition were admitted and treated, including 504 recovered (60 per cent), 29 abandoned (3.4 per cent) and 9 cases dead (1 per cent). At the community level, 2,795 Children ages 6-59 months were weighed and screened (1,440 girls and 1,355 boys). Some 240 members of mother support groups were trained and provide nutrition education for promotion of infant and young child feeding practices (promotion of exclusive breastfeeding, appropriate complementary feeding) to parents in 161 communities of 21 health areas of 5 health Regions (Bafata, Gabu, Casheu, Oio and Farim).

A National Model Training Center was set up and is operational in Cumura Hospital to provide theoretical and practical training on IMAM implementation. Fifteen health areas were selected (with 6 CRENIs and 13 CRENAGs) with 62 health technicians and 67 CHWs trained in National Model Training Center for modelling implementation of IMAM in 5 Health Regions (Biombo, Bafata, Gabu, Oio and Farim). In the context of prevention and control of IDD, a National Guide for quality control and surveillance of iodized salt was elaborated and validated to guide the implementation at all levels. The Legislation regulating the production, importation and marketing of iodized salt was revised and validated. Four local women's associations producing salt were supported with necessary equipment, products and materials for salt production and iodization. A quality control system of iodized salt was put in place and is functional at all levels (importation, production and commercialization). Four main entry posts (Djegue, Pirada, Cambadju, Port de Bissau) are performing regular quality control of all imported salt. From January to October 2013 a total of 585,137 MT of iodized salt was imported from Senegal, 4.5 MT non-iodized (1 per cent). For Vitamin A deficiencies and anaemia prevention, 264,162 (100 per cent) 6-59 months children received vitamin A supplement and 231,841 12-59 months children were dewormed during two rounds in integration with polio campaigns.

Nutrition coordination mechanisms were strengthened through integration of the Nutrition in Food Security Thematic Group (GSAN) and through a National Nutrition Alliance for Food Fortification. A national Nutrition Policy is being revised in order to make it multi-sectoral. After its validation, the country will request to join the Scaling Up Nutrition (SUN) movement as an opportunity for funds mobilization to support nutrition intervention at large scale. Limited human resource capacity and implementing partners in nutrition at all levels continue to be challenges for Nutrition interventions.

 On-track

IR 6850/A0/03/002/004 The proportion of people (men and women) that properly use water and sanitation infrastructures and adopt safe hygiene practices; ie. hand washing, drinking water treatment and conservation and safe excreta disposal, is increased by 20 per cent in the target regions of Oio, Quinara, Tombali, Biombo, Gabu, Bissau and Cacheu by the end of 2014

Progress:

Sector wide approach: UNICEF continued to be the leading partner of the Government's General Directorate for Hydric Resources (DGRH) for the coordination of the Water and Sanitation Sector in the country. The monthly coordination meetings and field missions were used to discuss specific challenges of the sector and to widely disseminate partner interventions and approaches. Synergies between the different actors of the sector were reinforced during the year and new partners started to implement the Community Led Total Sanitation (CLTS) approach, as a result of UNICEF's advocacy and positive outcomes.

Cholera preparedness and response: Cholera cases were registered since March in the country, affecting mainly the Tombali region in the south of the country. A total of 470 cases and 30 deaths were registered as of 12 December 2013. UNICEF implemented an action plan that included a communication strategy, specific WASH interventions and better case management by make essential supplies available. The epidemic was confined to the Tombali region, but despite continued efforts of UNICEF and its partners, a few cases were being registered every week. With support from the Regional office, new approaches were identified to eradicate remaining the hotspots in the area.

Rural sanitation: Community Led Total Sanitation (CLTS) was scaled up with the triggering of 337 communities; 208 of them were declared Open Defecation Free (ODF). Some 5,548 traditional latrines were constructed, benefitting a total of 96,000 people. The 245 communities declared ODF in 2012 maintained their status throughout 2013. ODF communities in the country increased by 5 per cent in 2013, and now total 15.5 per cent at the national level. The UNICEF-led CLTS programme resulted in a one-third improvement in the elimination of Open Defecation in the country. As a result of the social marketing activities undertaken by NGO partners and the installation of demonstration centres in five sector districts, 2,349 traditional latrines were upgraded to improved latrines.

Hygiene promotion: Cholera awareness raising activities were undertaken by NGO partners in 558 communities of the Quinara and Tombali regions and in the Autonomous sector of Bissau, reaching 175,000 inhabitants, to promote correct hygiene practices such as hand washing with soap or ash at critical times; the elimination of Open Defecation through the construction and use of latrines; and household water treatment and storage. Communications such as posters and films about cholera were disseminated by youth organizations, transport associations and NGOs to raise awareness and trigger behaviour change. UNICEF supported the removal of 683 tons of solid waste in the capital city of Bissau as part of the cholera prevention campaign.

Water: The UNICEF-supported rural water supply component provided water to 16,800 people through the construction of 41 new water points and the rehabilitation of 37 existing ones. Five hand pump systems were upgraded in schools, through the installation of photovoltaic systems benefitting more than 3,200 pupils. Systematic water quality analysis was undertaken for each newly constructed or rehabilitated water point. The capacity of the National Laboratory was further improved through on-the-job trainings and the realization of joint missions. To improve the sustainability of constructed infrastructure, water management committees were established for all water points and trained with the support of NGO partners.

WASH-in-Schools: A total of 23,909 school pupils (12,424 boys and 11,325 girls) in 108 schools were trained through child-to-child hygiene education programs with support from implementing NGO partners. Child-to-child sanitation clubs were established, trained and are now operational in the Quinara and Tombali regions. Those clubs are composed, on average, of eight school pupils (half of them girls), with the assistance of one teacher.

Guinea Bissau has been affected by recurrent teachers' strikes, which have significant negative impact on UNICEF's WASH-in-School programme component, since most government schools have been inactive during the past year. UNICEF's strategy during those strikes has been to work directly with children living close to the selected schools and establish links with their communities.

Major shortfalls: Important WASH-related global and national priorities such as the approval of the national Water Policy and the national Sanitation/Hygiene Policy and the country's participation in the Global partnership on Sanitation and Water for ALL (SWA) could not be pushed forward April 2012.

 On-track

IR 6850/A0/03/002/015 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.

Progress: Two campaigns of "Child Health Days" were organized, reaching approximately 300,000 under-five children, with polio vaccines, Vitamin A supplementation and Mebendazole for deworming.

UNICEF supported essential service delivery to children and pregnant women through both fixed and outreach strategies employing health technicians and community health workers.

Routine vaccination activities recorded the following results for the period January to October 2013 : 97 per cent for BCG; 99 per cent for DTP- HepB-Hib3-; 99 per cent for Polio3; 90 per cent for Measles; 87 per cent for Yellow Fever and 37 per cent for TT2+ (pregnant women).

Guinea Bissau has been “polio-free” and the reported incidence of measles has dropped drastically. In 2013, four suspected measles cases, one yellow fever case and 33 acute flaccid paralysis (AFP) cases were tested and confirmed negative in the national reference laboratory.

The November 2011 LLIN distribution campaign in Guinea Bissau showed that the proportion of households possessing and using LLIN increased significantly. More than 99 per cent of households possess at least one LLIN. The proportions of under-five children and pregnant women who slept under a LLIN the night before the survey increased significantly, from 36 per cent and 32 per cent in 2010 to 94 per cent and 91 per cent in 2012.

In 2013, 45,386 long-lasting insecticide-treated nets (LLITN) were distributed to children under five and pregnant women during routine vaccination and antenatal care.

Fifty-eight new health workers (doctors and nurses) in six health regions (Biombo, Bolama, Bijagós, The Autonomous Sector of Bissau (SAB), Quinara and Tombali) are being trained on new malaria treatment guidelines.

UNICEF technically and financially supported the National Malaria Control Program in the elaboration of the monitoring and evaluation plan for 2013–2017.

In order to accelerate the promotion of the 16 key families practices (KFPs), partnership agreements were signed with NGOs VIDA and ADPP to support the Cacheu, Biombo, Oio and Farim regions through CHWs for the effective utilization of high impact interventions to save lives of children under five, in line with the Ministry of Health’s strategy to scale up interventions with high-impact on child and maternal mortality reduction.

The European Union supported UNICEF with €1,792,000 for three-years of POPEN/PIMI implementation for four health regions (Biombo, Cacheu, Farim and Oio). Through the H4+/SIDA initiative, UNICEF received US\$1,859,012 for three years implementation in four health regions (Quinara, Tombali, Bolama and Bijagos).

For POPEN/PIMI and H4+ initiative implementation, UNICEF will work in partnership with sister UN agencies (UNFPA, WHO, UNAIDS, UNWOMEN) and with the NGOs VIDA, ADPP, IMVF, EMI, Red Cross and AMI. Other donors are also supporting the roll-out of the strategy, including the Global Fund to Fight HIV, TB and Malaria (GFATM).

To reinforce those health system-strengthening efforts, UNICEF worked with WHO and other UN agencies to launch a health sector coordination mechanism with the Government and key donors.

In 2013 UNICEF established partnership agreements with the NGOs VIDA and ADPP to support PIMI implementation in Biombo, Oio and Farim health regions.

PC 3 - Basic education and gender equality

 On-track

PCR 6850/A0/03/003 Access and Quality Education to girls and Boys, and National Policies for Early Child Development and Literacy in support of Education for the MDG.

Progress:

UNICEF Bissau contributed to ensuring satisfactory completion of the school year 2013-2014 by working in coordination with the Ministry of Education, Ministry of Finance and Ministry of Public Administration and the two main Teachers Unions (The National Union of Teachers [SINAPROF] and the Democratic Union of Teachers [SINDEPROF]) to lift the teachers' strike. Those entities also committed to a Social Pact in which the Government and its social partners agreed to create a climate of social peace around education, for the school to serve as a safe place for effective learning for Guinean children, and to ensure smooth and uninterrupted functioning of the classes.

UNICEF Bissau, in its role as lead partner of Local Education Partners Group (LEG), successfully coordinated six donors/NGOs meetings and visits to stakeholders to advocate for the gradual increase in the State budget for education, and fully establish the mechanism for the planning and monitoring of the GPE cabinet.

The GPE Fund was launched in July 2013. During the launch, experiences from other countries in the region in planning, monitoring and evaluation of GPE funds were shared. UNICEF is managing the project.

In collaboration with the Ministry of Education (MoE) and relevant partners, UNICEF supported the launching and validation of the disaggregated data assessment of the MOE Human Resources, particularly teachers, schools and students, in the presence of the Unions, the Ministry of Finance and Ministry of Public Administration.

UNICEF provided support for the creation of the first ever Women Educators Network (WEN) in Guinea Bissau. The WEN was launched in September 2013 and is a means for dissemination of information on girl child rights, particularly the rights to education and protection among communities, to parliamentarians and among themselves, and most importantly to those teachers in remote isolated areas, and also in increasing awareness for women's literacy.

 On-track

IR 6850/A0/03/003/016 Net enrolment rates for girls and boys are increased respectively from 65.4 per cent and 69.3 per cent to 75 per cent until the end of 2012

Progress: To help increase access to education, UNICEF supported construction of three classrooms, a director's office and a warehouse, and rehabilitation of 31 classrooms and 7 director's offices, classrooms in the most disadvantaged regions of Gabu, Bafata, Oio, benefitting approximately 1,360 children. Under the GPE project, the construction work on 55 classrooms and 17 latrines will resume in January 2014. School materials were purchased and are available to be distributed to 6,170 children in January 2014. Some 1,356,271 textbooks were ordered for 301,782 children from public, private and community schools.

To support more children starting school at the right age, UNICEF conducted a survey on the situation of out-of-school children and their psycho-social state in 40 CFS+ school areas, resulting in face-to-face sensitization of approximately 12,000 families.

Nine selected CFS+ schools benefitted from construction of pre-school facilities, benefitting approximately 324 children. Advocacy toward an Early Childhood Development (ECD) national policy was initiated with development of an ECD concept note and by conducting a national parental education survey.

Activities conducted within the framework of a National School Mobilization initiative included: a back to school sensitization in March 2013, training of journalists and NGO activists, and development of a movie and radio spot.

The evaluation report on the catch-up summer camp project conducted in 203 schools in 2012 was completed and favours conducting a similar event in the future.

 On-track

IR 6850/A0/03/003/017 The Quality of Primary Education is improved nation wide

Progress:

Fifty nine Non-formal Education (NFE) facilitators, including 15 Regional Education Directors and School Inspectors, were trained in 2013 and now have the required skills to teach and monitor a life skills-based education curriculum for 4,000 Literacy Course participants and pursue Alfa TV methodology. It is estimated that every year since 2010, at least 30 per cent of Post Literacy Course learners between the ages of 15–45 have acquired the required life skills, to face the challenges of their day-to-day life more comfortably. The incorporation of life skills into the NFE curriculum is intended to attract learners, particularly young people, to NFE learning.

The capacity of 1,069 school principals and 139 school inspectors was enhanced to further provide a supportive and participative school environment.

Recognizing the role that teachers play in producing an educated and productive population, UNICEF supported the MoE through the NGO FEC to train 1,480 teachers in basic education subject areas, including Portuguese Language, Integrated Science, Mathematics, Citizenship Education and Health Education.

Forty CFS+ schools were integrated in the Pedagogical Zone of Interventions (ZIP). Teachers from this program are performing at a higher level than those who did not participate. A framework for assessing primary student learning in Guinea Bissau is being developed.

The Basic School Curriculum for grades 1–9 was assessed (including consultation with parents, teachers, communities leaders, civil society in general) and the results are being analyzed to define curricular areas learning needs of students.

The CFS+ School management internal regulations and School Development Plan were developed and children's awareness was raised about how students are expected to behave.

UNICEF, UNOGBIS and UN Women provided operational and technical support to approximately 100 participants of the Women Educators Network and students, helping them to promote open discussion with parliamentarians on important issues, and share their views with decision-makers on promoting girls' education..

 On-track

IR 6850/A0/03/003/018 Government Budget Share for Education increased and Sector Management Capacities Reinforced by 2013.

Progress: UNICEF continued to advocate at the highest level (President, SRSG) for an increased allocation of the national budget to the education sector (the lack of funding has been a fundamental cause of the recurring teacher strikes). UNICEF also supported execution of a national school census covering more than 380,000 pupils, 11,767 teachers in 1,888 schools. Capacity development in statistical management was provided in August 2013 to improve capacity of the statistical officers both at central and regional levels. Technical support was provided to prepare the Social Pact and National Conference and to confirm the commitment of all education stakeholders. Sector efforts and GPE management were coordinated via regular Local Education Group meetings and GPE management meetings.

PC 4 - HIV/AIDS

 On-track

PCR 6850/A0/03/004 Universal Access to ARV treatment for PMTCT, quality paediatric care and prevention among adolescent and young people

Progress: The Government's crisis in 2012 had serious consequences, and the funds for the second phase of Round 7 only became available in July 2013. Consequently activities were suspended during the first two quarters of 2013. This had a negative impact on e-TMF, access to paediatric care and prevention of HIV among adolescents and young people.

- The shortcomings of quantifying the level, distribution and rational utilization of tests, led to a national failure of screening HIV test (Determine[®]) for six months and only 63.5 per cent (20,094 out of 31,603) of pregnant women received ANC, benefited from HIV testing, and received their results.
- As of September 2013, no newborns benefited from HIV virological diagnosis (PCR) at 2 months. The Global Fund released two handsets for the PCR and reagents for the National Health Public Laboratory. Training for 18 Lab Technicians in PCR will be held in late January 2014.
- Of HIV children under the age of 15, 88 per cent of those eligible for treatment do not have access to HAART because there is insufficient screening of newborns exposed to HIV and children of HIV-positive parents, and no trace campaigns for children under 15. Both of those are planned for 2014, with integration of paediatric HAART in the 40 adult HAART centres. In November 2013, 43 caregivers were provided with training on comprehensive management of HIV positive children.

UNICEF supported the development and validation of the National Plan for the Elimination of HIV transmission from mother to child (2012-2016), four of the six regional priority PMTCT micro plans, and a manual on integrated management of HIV positive children. UNICEF also supported updating of the PMTCT training modules integrating option B, the integrated activists training /refreshment manual (HIV, reproductive health, WASH, nutrition, immunization and tuberculosis) and the couples CDV training manual (for trainers and participants).

With the support of UNICEF-Brazil, the National Forum on Youth and Population sensitized 2,520 students between the ages of 13 and 27 (50.8 per cent girls) on HIV prevention.

Option B was extended to all PMTCT centres and 144 health workers received training for its implementation.

The national protocol for integrated management of acute malnutrition was developed with UNICEF support in 2013. It integrates HIV testing and prophylaxis to Co-trimoxazole for malnourished HIV positive children.

Screening of pregnant women, and their partners and children exposed to HIV will be a priority for 2014-2015. Due to the specificity of the GFATM Transitional Funding Mechanism, financial needs are not covered, and resource mobilization will need to be a priority for 2014.

 On-track

IR 6850/A0/03/004/012 By the end of 2012, 90 per cent of girls and boys from HIV positive mothers are born free from HIV and remain negative

Progress: The regularization of SNLS's situation by Global Fund has allowed the resumption of activities, but with considerable delay. The low quality of counselling service, an inadequate number of health workers, weak community involvement, especially among partners, and the lower rate of assisted delivery all had a negative impact on ARV prophylaxis: of the expected 2,200 pregnant HIV positive women, only 31.6 per cent were started on prophylaxis treatment, and only 18.9 per cent completed it.

In order to improve access for pregnant women to services for prevention, care and treatment of HIV, a national plan for the elimination of mother to child transmission of HIV was developed and validated, along with four regional micro-plans for the six priority areas in the field of PMTCT, an updated national PMTCT protocol & B option was adopted, and training of health workers on the newly established protocol was conducted.

Currently 100 centres offer PMTCT services with trained technicians. An additional 20 centres are scheduled to open in 2014.

Only 32.1 per cent of the expected HIV positive mothers (707/2,200) started ARV prophylaxis and only 17.4 per cent (382/2200) completed it. Some 68 per cent of infants exposed to HIV do not have access to prevention and care of HIV/AIDS services.

At the end of September 2013, 45.2 per cent of eligible adults were on ART (6,333/14,000), of which 33 per cent were women (4,636/14,000).

 On-track

IR 6850/A0/03/004/013 By the end of 2012, 90 per cent of girls and boys < age 15 who test HIV+ through PMTCT programs receive paediatric care, conforming to national norms.

Progress: PCR devices were purchased by the Global Fund and delivered to the National Laboratory of Public Health (LNSP) for early diagnosis of infants born to HIV positive mothers. The training of 16 agents in PCR is scheduled for the first quarter of 2014.

As of September 2013, 9 per cent (199/2,200) of samples in DBS (children under 18 months) were collected and 177 were sent to Portugal for analysis. Information about early diagnosis in the first 12 months of life isn't reported by the SNLS.

Access to ART for HIV positive children remains very poor: only 52 young children have access to HAART in 2013. As of September 2013, only 11.7 per cent (387/3,300) of paediatric ART needs were covered. Some 88 per cent of HIV positive children under the age of 15 do not have access to ART. To help reverse that situation, the country updated and validated the ART paediatric protocol according to WHO recommendations, undertook training and integration of paediatric ART in adult ART centres and provided guides for simplified paediatric ART dosing to the prescribers.

 On-track

IR 6850/A0/03/004/014 At the end of 2012, 30 per cent of girls and boys ages 10-24 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.

Progress: With the support of UNICEF Brazil as part of South-South cooperation, the National Forum on Youth and Population conducted awareness sessions in schools in the five regions of Quinara, Tombali, Bafatá, Gabu and SAB.

Within schools, 2,520 students between the ages of 14 -27 benefitted from five sensitizations to raise awareness about the transmission and prevention of HIV and SR.

Currently this ongoing The second phase of this project is ongoing, with particular awareness in communities of young mothers on HIV/AIDS, PMTCT and SR.

PC 5 - Advocacy, information and communication

 On-track

PCR 6850/A0/03/005 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.

Progress: The child and youth network organizations initiative "Republika di Mininus Hoje," was launched in 2012, and aimed to influence future candidates to set priorities on child rights. The public authorities were mobilized to be part of this initiative to advocate for the child, in line with the principle of equity, A Promise Renewed strategy and the Post 2015 Development Agenda. Communications tools to support this initiative included a website, the Newsletter "Republika di Mininus Hoje," a Facebook page and a Twitter account.

Newspapers and agencies became more sensitive to human rights issues and published 50 articles focusing on the promotion and protection of the rights of children and adolescents. The publications highlighted the abandonment of the practice of FGMC, as well as child survival, education, nutrition, vaccination, water, hygiene and sanitation issues.

Radio programmes to support the community-based dialogue activities were produced and broadcast in 23 radio stations nationwide, 5 with national coverage and 18 community based. Through a partnership with the NGO PALMEIRINHA, to promote essential family practices and positive behaviour and social norms change, programmatic content was disseminated, which included the following issues: (i) exclusive breast-feeding, (ii) use of LLITNs, (iii) hand-washing, safe water use and storage, (iv) child rights promotion (birth registration, child trafficking, FGMC, violence, abuse and early and forced marriage). There was a strong participation and collaboration of traditional and spiritual leaders who were also trained and involved.

 On-track

IR 6850/A0/03/005/003 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.

Progress: In 2013, UNICEF supported the following activities:

- An innovative national launch of the global report State of the World Children (SOWC) 2013, mobilized national attention on the situation of persons with disabilities in the country, particularly children, involving key actors of this subject.
- Broad partnerships with 23 radio stations and national television were established to sensitize 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 at the special events to support the interests of children and women.
- More than 21 articles were published in national and international media highlighting the promotion of children's rights, and on child protection and issues related to infant survival, education, nutrition, vaccination, water, hygiene and sanitation.
- More than 300 personalities from Gabú regional authorities (governor and administrators), religious and community leaders and the media, mobilized and actively participated in the First Regional Conference to discuss child trafficking and the

phenomenon "Talibe" in this region.

- On the occasion of the 67th anniversary of UNICEF and its 37 years in Guinea Bissau, a website, Newsletter "Republika di Mininus Hoje" and Facebook page were launched. UNICEF Guinea-Bissau also publicly nominated its first National Ambassador, the singer Eneida Marta, to reinforce advocacy on the rights of the Bissau Guinean Child.
- Official pronouncements (speeches) were made at special events highlighting the protection and promotion of human rights as well as child survival and development.
- Interviews and news items were published in the international media (RTP and RDP Africa, and Portuguese sessions of Voice of America, RFI, Voice of Germany, Lusa and Vatican Radio).
- Articles were published online: angonoticias, PNN (Bissau digital, digital Maputo, São Tome digital, digital Luanda, Cape Verde digital) and ANGOP.
- An article was published in ICON on the national launch of the SOWC in Guinea-Bissau.

 On-track

IR 6850/A0/03/005/013 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 <5 years, increased coverage rate of the use of services particularly by mothers of girls and boys <1 year and pregnant women.

Progress:

In 2013, 165 communities were publically declared ODF.

In February 2013, the main religious leaders adopted a "Fatwa" (the legal opinion of Islamic Law) that condemns the practice of Female Genital Mutilation Cutting.

Thirteen Key Essential Family Practices were promoted by CHW and 23 public, private, religious and community radio stations, through 2,250 messages (spots) and 16 radio programs. Four videos were developed to promote essential family practices and positive behaviour and social norms change, especially with regard to exclusive breastfeeding, iodized salt consumption, use of LLITNs, hand-washing, safe water use and storage, child rights promotion (birth registration, child trafficking, MGF/C, violence, abuse and early and forced marriage), and education.

Some 103 NGOs, youth associations, Journalists, OBC, leaders were trained on C4D to support program implementation.

PC 6 - Monitoring and evaluation

 On-track

PCR 6850/A0/03/006 Building capacities of partners in the development of monitoring and evaluation mechanisms, and in evidence-based information on the situation of children and women.

Progress: The programme developed the capacity of key ministerial staff (Ministry of Plan and Economy and the National Institute of Statistics), training eight technicians in the conduct of the MICS surveys.

A Government technical team was trained and the national team was established for the implementation of MICS5 survey. The MICS5 project document was prepared, including budget and chronogram; and the MICS5 national coordination committee and resources mobilization task force were officially launched. Sampling and cartography were prepared and the survey tools and testing were adapted. The implementation of Devinfo progressed, with capacity development of 20 Government staff (10 focal points at key Ministries), and preparation of the national template with all relevant indicators, and the data management process.

Regular monitoring of programme activities in the Integrated Monitoring and Evaluation Plan (IMEP) was undertaken, including surveys, evaluations, knowledge, aptitude and practice studies, and organizing the Mid and Annual Reviews.

 On-track

IR 6850/A0/03/006/004 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

Progress: The following activities were carried out to implement the MICS survey: establishment of the technical team; preparation of the Project document, MOU, budget, and schedule; appointment of the Steering Committee; acquisition of materials and equipment; official launch; and mobilisation of funds. The four module surveys for data collection were translated and adapted, the sample design of the first level of inquiry was done, the cluster of the census district cartography was updated, data entry and processing of cartography began, along with the training of technicians for the pilot test.

The following activities were undertaken for DEVINFO: a national DEVINFO coordinator was established; the national technical staff was operationalised; the project document, budget and plan schedule were prepared and presented; the piloting Committee was established; materials and equipment were acquired; a template for introduction of indicators selected was approved by the Steering Committee; focal points in sectoral Ministries were trained; and the indicators included in the template were introduced.

Capacity building of 30 Government officials in Results Based Management and basic knowledge of the MORES approach. A National Committee was formed to coordinate the follow-up and evaluation techniques using the results based management (RBM) methodology at UN level. Members of the National Committee were qualified, the focal points in Sectoral Ministries were trained, and a team of trainers was established in sectoral ministries.

Regular monitoring of programme activities included in the IMEP (Surveys, Evaluations, KAP Studies) were undertaken, including the organisation of Mid and Annual Reviews.

PC 7 - Cross-sectoral costs

 On-track

PCR 6850/A0/03/800 Effective and efficient programme management and operations support to programme delivery

Progress: After the end of year adjustments, expenditure levels for RR and OR allocations were estimated at 99 per cent and 97 per cent, respectively. With donor agreement, some grants were extended in 2013. All emergency grants were fully committed. The Enterprise Risk Management (ERM) session was undertaken in October 2013, providing an opportunity for the Office to review its risk profile and the action plan. All available staff within different functional areas participated and conclusions were reported according to the 12 new risk categories designed by HQ. The Office performance enterprise risk (ERM) module in the intranet has been updated. The high risk categories (36 per cent) identified for the Office were fraud and misuse of resources, funding and external stakeholder relations, safety and security. Staff are constantly encouraged to integrate risk aspects in all processes and key document preparation.

 On-track

IR 6850/A0/03/800/001 Effective and Efficient Management of Governance Systems

Progress: The Office finalized its Annual Management Plan (AMP) for 2013, which was approved by the Country Management Team (CMT) in February 2013. Key annexes were also included, such as the AWP 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 Direct Cash Transfer (DCT) monitoring committee was added. A decision was made to update the statutory committees to ensure effective governance and control bodies in the Office.

 On-track

IR 6850/A0/03/800/002 Effective and Efficient and management stewardship of financial resources

Progress: The Office took risk mitigation measures to adjust the operational and programmatic assistance strategies in the view of the country's weak transitional government. Adjustments included limitations around cash transfers to central government structures, strengthening partnerships with NGOs, improved collaboration with other UN agencies on humanitarian issues, and strengthening the focus on staff monitoring activities.

The Office made progress on DCT more than 6 months (1 per cent of total DCT) but has not succeeded in solving an outstanding DCT of more than 9 months with MoH (US\$56,425), which represents 8 per cent of that category of DCTs. The situation is being closely monitored and there is high expectation of settlement during the first quarter of 2014.

Quality assurance activities were undertaken by the Office to strengthen the control over risks associated with HACT implementation and partners' capacity for better financial management and accountability. The Office's existing partners were reviewed and based on the agreed upon criteria, 12 NGO partners were selected for a micro-assessment and spot-checks. Eleven were assessed, of which five have been found as fully apt for HACT Direct Cash Transfer modalities.

The planned inter-agency (UNDP, UNFPA, WFP, UNICEF) training for implementing partners did not go beyond the preparation stage (list of partners, budget, review of timetable and sharing of training package for review). The training was postponed to 2014. Ad hoc HACT/FACE presentations were conducted for new partners and for the Protection and Information & communication sections.

Progress:

Effective Governance Structure

The Office finalized its Annual Management Plan (AMP) for 2013, which was approved by the Country Management Team (CMT) in February 2013. 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 AWP 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 DCT monitoring committee was added. The AMP was developed with contributions from all programme sections, the operations team and the Staff Association. A management review was conducted at the last CMT of 2013.

The CMT met 12 times in 2013 and decisions taken during the meetings were shared with staff at all levels. Of the 12 meetings, 4 were held jointly with Programme Coordination Meeting (PCM) staff to maximize opportunities and create stronger synergies between the Programme and Operations teams on key management issues at all levels. This approach will be improved and continued in 2014, per previous audit recommendations.

Decisions taken included risk mitigation measures to adjust the Office's operational and programmatic assistance strategies in the view of addressing the country's weak transitional Government (among them, limitations around cash transfer to central government structures, strengthened partnerships with NGOs, improved collaboration with other UN agencies on humanitarian issues, and strengthened focus on staff monitoring activities). The total amount of DCT funds managed by NGO/CSO partners through Programme Cooperation Agreements (PCAs) and Small Scale Funding Agreements (SSFAs) increased from 27 per cent in 2012 to 54 per cent in 2013.

CMT meetings allowed for reviews and monitoring of the Office's management indicators, with a focus on quality assurance, Office objectives and implementing partners' managerial and operational capacities. In 2013, Management also issued updated statutory committees to ensure effective governance and control bodies in the Office. There is still a need to improve the systematization and compilation of management indicators, particularly linked to fund raising, evaluation function and HR (training).

The Office table of authority (TOA) has been reviewed and updated twice during the year (March and October 2013). The newly recruited staff have been given appropriate roles in VISION. Delegations of authority memos were signed by all staff members. The TOA has been subject to a segregation of duty exercise and conflicting roles have been addressed with remediation and/or mitigation actions through APPROVA. The bank signatory panel was updated three times to adapt to staff changes.

The Office undertook a review process of the 2010 audit recommendations. This was an opportunity to harmonize the organizational structure with the previous PBR decisions. A reclassification package was submitted to HQ in order to reflect adjustments to job titles, reporting lines and funding ID.

Strategic Risk Management

An Enterprise Risk Management (ERM) session was held in October 2013. The session was an opportunity for the Office to review its risk profile and action plan. All available staff within different functional areas participated and conclusions were reported according to the 12 new risk categories designed by HQ. The Office performance ERM module in the intranet was updated. High risk categories identified for the Office were fraud and misuse of resources, funding and external stakeholder relations, safety and security. Staff are constantly encouraged to integrate risk aspects into all processes and key document preparation.

The Office updated its Business Continuity Plan (BCP) and a session was held for all staff to present and explain the content and the role of key actors. Subsequent actions were taken to establish three remote access sites for Office ICT resources, and a Memorandum of Understanding (MOU) is being prepared with WFP for an alternate site. The Early Warning Early Action (EWEA) plan was improved and an emergency

stockpile was established. The Office's emergency focal point participated in regular meetings of the National Cholera Coordination mechanism, which reviewed and implemented the National Cholera Response Plan, including updates on minimum levels of readiness including stocks, funds and resource mobilization. The AWP's were reviewed during the mid-year review exercise in light of the evolving context.

To address the country's security issues, preparedness activities were conducted, including the update of UNICEF staff and dependents' list, phone call tree system, availability of VHF equipment for staff and consultants, sensitization for effective participation in a weekly radio check. To strengthen the security of staff during field missions, efforts were made to increase the safety of vehicles and equip them with tools to respond to difficult situations during rainy season (radio, GPS, satphone, Winch Bar Electric & Bull Bar). Three new MOSS compliant vehicles were purchased and two others will be received in the first quarter of 2014.

Evaluation

The Country Office updated the IMEP, which included:

- i) Strategic planning events (Extension of CPD for the year 2014 including programme budget review, preparation of the Annual Management Plan and the Annual Work Plans of 2013);
- ii) KAP study on the rights of women and girls in Bafata, Gabu, Bolama and Bijagos Regions;
- iii) Child Labour Survey in partnership with the International Labour Organization (ILO);
- iv) Out of school children survey (report to be finalized);
- v) Evaluation of the Joint FGM/C community empowerment programme partnership with UNFPA and TOSTAN;
- vi) Evaluation of the Education summer camp;
- vii) Evaluation of the MDGF Nutrition Joint Programme;
- viii) Reviews and reports (Mid-Year and Annual Reviews of the 2013 Annual Work Plans);
- ix) Capacity building of 30 Government staff in results based management (RBM) and planning, including elements of MoRES and HACT;
- x) Implementation of Devinfo, including the capacity development of 20 Government staff (10 focal points in key Ministries) and the preparation of the national template and data management.

The Office also supported the Government, in June 2013, in the periodic review of the state party report on the Child Rights Convention by the Geneva CRC Committee.

In 2013 efforts were dedicated to the preparation of the MICS5 process, which included:

- i) the training of Government technical team in WCARO;
- ii) the establishment of the national MICS5 team;
- iii) the preparation of the MICS5 project document including budget and chronogram;
- iv) the official launch of the MICS5 and establishment of the national coordination committee and resources mobilization task force;
- v) the preparation of sampling and cartography; and
- vi) the adaptation of the survey tools and testing.

The findings from the surveys, evaluation, and MICS5 data will be used to update the equity focused SITAN in 2014 and to prepare the new Country Programme 2016-2020, as well as the Government strategic plans in line with A Promise Renewed and the Post-2015 Development Agenda.

The Office has limited capacity in monitoring and evaluation (one national staff). The strategy used is to integrate and implement the IMEP in alignment with each sectoral programme. Out of a total of 28 activities and tasks included in the IMEP, only 61 per cent were fully implemented, as there is limited in-country capacity to conduct studies, surveys and evaluations, both in the public and private sectors, and due to limited financial resources, particularly to engage or outsource international institutes. With the view to strengthening in-country capacity, the Office management recommended establishing partnerships with key national research entities (such as the National Statistics Institute, the National Institute for Studies & Research, the National Public Health Institute and local universities) and strengthening collaborations with international organizations with mandates to build research capacity (such as *Eau et Assainissement pour l'Afrique*). The Office strives to have evaluations conducted with the highest standard of quality and ethics, also taking gender, cultural practices and other sensitive matters into consideration. The national ethics committee was consulted for every survey and evaluation undertaken in 2013.

Effective Use of Information and Communication Technology

All Global systems rollouts and upgrades were completed within the planned timeframe. The new standard for global archiving, disaster recovery services for virtual environment and BCP solution, known as VEEAM Backup and Replication version 6.5, were implemented and are operational. The Dynamic Host Configuration Protocol (DHCP) was implemented, allowing all computers on the network to automatically receive an IP address. Due to increase in size, the Office was running out of IP addresses. The class A private IP address allocated to the Office was implemented to allow new users and devices to be connected. The new antivirus, Symantec Endpoint Protection, was implemented and the service pack 1 for Windows 2008 Hyper-V hosts installed.

For the BCP and considering the current security situation in the country, the UNICEF Representative, Deputy Representative and Operations Manager were provided with remote LAN access. Those sites can be used as alternatives in case of an emergency affecting the UN Building. In case the city of Bissau is affected, the WFP sub-office in Batafa was identified as a recovery site and a MoU will be signed by both Representatives in 2014. The BCP document was reviewed, updated and signed, and a session was organized to share the document with all staff.

A project is in underway to install satellite phones in all Mission vehicles to further enhance communication in the field. All vehicles were provided with GPS and all users are currently being trained. A new VSAT independent link from UNDP was installed and upgraded to 2 MB. While it was being installed, between 16 and 25 August 2013, the Office tested the alternate Backup link with the local Service provider (ISP-Orange). All core applications (VISION, Receiving/Sending Lotus Notes e-mails, Internet/Intranet) were optimally functioning.

Due to the unavailability of landlines from Guinetel, a line via VSAT has been configured for calls coming from abroad; the number is +442033579335. The Regional telecommunications Manager visited the Office between 08 and 14 October 2013, and the recommendations from the visit are being currently implemented. One of the recommendations for process implementation is to upgrade the ISP Orange link from 1Mb to 2Mb via a leased line using newly introduced technology and promote it as primary link, with the VSAT as backup link.

Knowledge sharing with the Office ICT team was an important outcome from the Regional telecommunications Manager support mission.

The ICT Assistant participated in a week-long intensive theoretical and practical training on Emergency Telecommunications Training between 28 October and 2 November 2013 in WCARO. As an outcome of the training, HF and VHF radios were installed in all UNICEF vehicles, resulting in significant cost savings.

Overall, all critical installations and all systems were well managed and monitored. No significant breakdowns disrupting office operations were noted during the year.

Fund-raising and Donor Relations

During 2013, 100 per cent of donor reports were sent on time and with the required quality and visibility standards. The CO mobilized more than the planned ORR (more than US\$13 million) but imbalances remained across programmes. Nutrition, WASH and Education programmes were able to mobilize good levels of funding, with gaps mainly in health, child protection and HIV/AIDS. Despite the progress made in the second half of 2013 to increase funding for child survival and development (CSD), WASH will need to mobilize resources to keep the programme at the same implementation level in 2014. Challenges still remain for HIV/AIDS (Global Fund) and Child Protection sectors, which need to focus on more innovative approaches (social protection schemes, integrated programming/delivery) to attract likeminded donors.

All grants expiring in 2013 had implementation rates over 95 per cent. Two grants were not fully spent: one Peace Building Fund (PBF) grant was frozen due to the political stalemate and another from Global Fund had the remaining balance (savings from 2011 ITN campaign) transferred for 2014 reprogramming. Grant extensions were only requested in exceptional circumstances and as a result of additional funding (Italian and Spanish National Committees) or due to political constraints and restrictions imposed by donors (EU, USAID).

The main funding partners in 2013 were the Global Partnership for Education (GPE), the National Committees of Italy and Spain (Health, Nutrition, WASH), the EU (Health, WASH and Child Protection), Government of Sweden (Health), Government of Spain (MDG-F joint nutrition programme), Republic of Korea and USAID (Nutrition), UNFPA/USA (FGM/C Joint programme), United Nations Foundation (Health), Bill and Melinda Gates Foundation (EPI). Limited HIV/AIDS prevention funding was raised through South-South Cooperation from UNICEF Brazil CO for 2013, and funds for nutrition and cholera emergency interventions were raised through CERF and WCARO (Sweden and OFDA).

UNICEF advocated successfully with senior members of Government (including the President, Prime Minister and Ministers of Planning, Health, Education and Finance) and parliamentarians for the payment of teachers salaries and co-financing for procurement of new vaccines as per Global Alliance for Vaccine Initiative (GAVI) agreements.

In 2013, the CO mobilized key resources from various partnerships, namely from GPE (US\$12 million for education for next three years), more than US\$4 million from EU and H4+/SIDA for the health sector. For HIV/AIDS, UNICEF consolidated its support to the CCM to have the Global Fund programme restarted (more than €6 million) and approval of GFATM Transitional Funding Mechanism (2014-2015) with more than €10 million.

A resource mobilization analysis of the past six years show the need to diversify partnerships, particularly with the trend in reduced funding coming from the main traditional donors such as bilateral (30 per cent) and multilateral (29 per cent) organizations and national committees (25 per cent). The national committees' funds are mainly from Italy and Spain (89 per cent) and thematic funding represents less than 14 per cent of overall funding.

Management of Financial and Other Assets

The Office was not audited in 2013. Periodic financial reports were prepared and submitted to DFAM in a timely manner, including monthly bank reconciliation, monthly cash forecasting and status, dashboard performance indicators, and year-end accounts closure. Petty cash accounts were properly managed in accordance with policy and procedures; and the signatory panel for the bank account was maintained and regularly updated to reflect the changes in staff. Taking advantage of the last Operations Management Group (OMG) bank survey, the Office prepared and signed a bank agreement with a local bank, saving significant bank charges.

CMT meetings reviewed funding status and took corrective actions on donor reports, grant expirations, fund commitments and outstanding DCTs to implementing partners. Special attention was paid to cases of cash transfers to Government structures, given the prevailing country risk working environment. Quality assurance activities were undertaken by the Office to strengthen the control over risks associated with HACT implementation and partners' capacity for better financial management and accountability. The Office's existing partners were reviewed and based on agreed criteria, 12 NGO partners were selected for a micro-assessment and spot-checks. Five of them were found to be fully apt for HACT Direct Cash Transfer modalities. The Ministry of Health was identified as a risk partner and, with the intent of having a common UN approach for resource transfer to this Ministry and to improve financial risk management, the UNICEF Office met with UN agencies concerned (UNDP, UNFPA, WHO, UNICEF) to develop concrete actions to be undertaken in 2014.

The Office allocated time to solve complex DCT liquidations. All the system error-related cases have been settled through close and regular interactions with HQ to find solutions to posted service calls. Mitigation measures were taken for cash transfer to Government structures (reduced DCT advances) and efforts were made to improve liquidations (reported and refunds) of outstanding DCT of more than 3 to 6 months. The Office made progress on DCT more than 6 months (1 per cent of total DCT) but has not succeeded in solving an outstanding DCT of more than 9 months with MoH (US\$56,425), which represents 8 per cent in that category. The situation is being closely monitored and there is high expectation of settlement during the first quarter of 2014.

The planned inter-agency (UNDP, UNFPA, WFP, UNICEF) training for implementing partners did not go beyond the preparation stage (list of partners, budget, review of timetable and sharing of training package for review). The training was postponed to 2014.

After the end of year adjustments, the expenditure levels for RR and OR allocations were estimated at 99 per cent and 97 per cent, respectively. Some grants were extended with donor agreement and all emergency grants were fully committed.

Supply Management

In 2013, the CO final Supply Plan value was estimated to be US\$2,719,516. By year-end, actual sales orders amounted to US\$,585,669 (95 per cent of the Supply Plan was executed) of which US\$2,256,444 (82 per cent) was obligated in purchase orders, including US\$200,825 for freight costs, US\$343,056 for local procurement and US\$191,337 for direct orders. Seventeen institutional consultancy and 6 support services contracts were processed. The Contract Review Committee (CRC) met 10 times and reviewed 21 proposals, of which 20 were approved.

As part of emergency preparedness response, the Regional Office supported the CO with emergency supplies with a total value of US\$192,555. Supplies procured included therapeutic spread sachet, soaps, antimalarial drugs and other cholera prevention supplies. The CO also procured polio vaccines for first and second round campaigns, with values of US\$89,874 and US\$415,800, respectively.

A total of US\$669,675 was obligated for the printing of 1,165,679 textbooks through UNICEF South Africa Office. A total of US\$1,462,179 was committed for service contracts, from which US\$710,000 was for the construction of 27 primary schools and 17 latrines in the Gabu and Oio regions and US\$150,102 was for student desks and teacher furniture.

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. New LTAs were established for provision of office supplies and printing materials. LTAs are jointly shared with UNDP for fuel and lubricants and office supplies.

Purchase orders for programme supplies were monitored for timely delivery in line with distribution plans under the direct delivery strategy. Customs entries for offshore supplies and Government quality assurance permits facilitated prompt process and timely clearance of vaccines through ports of entry, saving on unnecessary delays and demurrage charges.

Collaborations were fostered with WFP and International Partnership for Human Development (IPHD) for joint warehousing and distribution of textbooks funded under GPE for all primary schools in five regions of Guinea Bissau. Some 20,000 treated bed nets, 15,000 polio vaccines (vials of 20 doses) and cholera prevention supplies were successfully distributed to partners.

There were increased supply end-user monitoring activities compared to the previous year, with seven field trips to Gabu, Oio, Buba, Tombali, Quinara and Cacheu. Potential suppliers and logistics service providers were identified, and lessons learned to improve the distribution chain, warehouse management and distribution of supplies to partners following the distribution motorcycles and bicycles for community health

workers and office materials for various health centres in the regions.

To ensure supplies are available quickly, UNICEF Supply and other UN agencies conducted a market survey in 2013 to identify potential sources for goods, and establish Long-Term Arrangement (LTAs) with manufacturers of the most critical items. The Expression Of Interest (EOI) process launched in 2013 resulted in proposals from potential companies, which were reviewed by both UNICEF Supply Section and UNDP Procurement Unit. The next step is to organize a meeting in order to discuss the technical questions and then organize visit to different company installations.

In 2013, the Regional Office and some countries in WCARO exchanged information on developing user-friendly tracking tools for supply and logistics at WCARO, to elaborate a common, easy to update Dashboard. The tool could provide a detailed snapshot of inventory and ongoing procurement and allow CO staff to better manage their supply chain. The dashboard also is a source of information upon which better interaction could be built between the Operations and Programme Sections, as well as Management. Improvements have been made to the original dashboard and the next step will be to approach a small sample of interested Country Offices that have not participated in the creation of the tool to ascertain interest and usefulness.

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

Human Resources

The CO has worked to improve staff competencies through the promotion of online trainings, regional workshops, and self-trainings. Six staff were enrolled in the Rosetta Stone modules to improve their language skills (Portuguese, French, English); 16 staff participated in regional workshops, and others were involved in e-learning and on the job training (Gender, Harassment, Integrity and UN Cares e-courses).

In 2013, HR also strengthened the overall staff capacity. Of the 11 original vacant national positions (Administrative & Finance Officer NOB, Health Specialist NOC, Communication Specialist NOC, Programme Assistant GS5, HIV/AIDS Officer NOB, Driver GS3, HR Assistant GS5, Supply Assistant GS5, Nutrition Officer NOB, Sr. Finance Assistant GS7, Receptionist GS3), 10 have been filled. Of the six international vacant positions (Supply & Logistics Officer L2, Chief WASH L4, HIV/AIDS Specialist L4, Chief CSD L4, Programme Specialist L3, Chief Child Protection L4, Nutrition Specialist L3), four have been filled. Three positions were unfunded (WASH Officer NOB, Operations Assistant GS4 and Programme Assistant GS4) and two IP positions (Chief of HIV/AIDS and Child Protection) remain vacant due to funding constraints. An effort has been made to raise the Gender parity, resulting in an increase from 44 per cent female/56 per cent male at the beginning of the year to 46 per cent female/54 per cent of male by December 2013.

The CO engaged with NYHQ/WCARO in the long process that led to a mutually agreed termination for the Senior Finance Assistant position, which remained vacant the entire year. The vacancy provided an opportunity for the Office to have staff exchange experiences with support missions from Burundi and Togo Offices to support the Finance unit during the last quarter of 2013. The HR unit also benefited from a support mission from Senegal CO and the ICT unit benefitted from a support from WCARO (Telecom specialist).

The Office undertook a review process of its organizational structure, in line with the previous PBR sessions, and submitted a reclassification package to reflect adjustments to job titles, reporting lines and funding ID.

To reinforce the Office staffing, consultancy services were contracted, and 34 SSA have been committed. A large number (11) of LTAs concluded by UNDP were approved by the Office CRC and efficiently used for translation (Portuguese, French and English) needs.

All staff have completed PAS/e-PAS and 100 per cent of 2013 PERs were signed by both parties. To improve the staff wellbeing, a session on stress management was facilitated by an international staff Counsellor

provided by UNIOGBIS in December for the entire UN system. Two JCC meetings , LSA recreation activities and an annual staff retreat were also organized.

For UN Cares activities, an e-course was installed on all computers. The HR Officer attended the UN Cares regional workshop, and an information session on HIV was organized for focal points. An Integrity training session was organized for all staff during the retreat in March 2013.

Information on the process for the effectiveness and efficiency initiative was shared with all staff and a special session was held on the upcoming changes.

Efficiency Gains and Cost Savings

Inter-agency common service activities generating savings were maintained and consolidated (saving in electricity/fuel costs, installation of more economic light bulbs). Existing agreements were monitored to respect the conditions granted for travel agencies, fuel companies, cleaning and security guards.

A competitive process resulted in the paving of the main compound ground at low cost with reasonable quality work.

The last bank survey results were the basis for the bank agreement signed by the Office in 2013, which applies very low bank charges and fees for bank transactions.

The common market survey identified competitive suppliers for goods and services. Taking advantage of the outcome of the process, the Office endorsed the UNDP long term agreement for office stationeries, fuel and translation services.

The sharing of the roster for drivers and consultants and their utilization generate significant time savings in recruitment processes.

The Operations Management Group (OMG) organized English and MS Office Excel training for all UN staff, including UNICEF staff.

Changes in AMP & CPMP

Programme Area:

- Consolidate the *Republica di Mininus Hoje* child rights and equity agenda, harmonized with the APR strategy and the Post 2015 Development Agenda;
- Implement the MoRES approach across all programme sectors, including stronger convergence of programmatic strategies;
- Prepare and finalize the process for the extension of the current CPD to 2015 and the process of reflection and preparation of a new CPD for the cycle 2016-2020;
- Prioritise the integration of key community based approaches (POPEN, CLTS, CFS, eMTCT), including birth registration and prevention of harmful practices (FGM/C, child and Forced Marriage and Child Trafficking) across programmes, through the implementation of social inclusion initiatives in target regions; Support finalization of the MICS5 process and the corresponding MDG reporting and the update of the equity focused SITAN;
- Continue to support the Government and partners in the harmonization of the national legislation with the CRC (Child Protection Code, Nutrition Policy) and incubate the discussion/testing of a social protection strategy;
- Accelerate the implementation of major programme partnerships (GPE, H4+, Child and Maternal Health and EUWF) and mobilize resources to scale-up the CLTS approach;
- Continue the testing and knowledge management of innovative approaches in the areas of nutrition (IMAM protocol and Model Training Centre), ECD and water quality;
- Continue to provide leadership in key coordination mechanisms (LEG and GAS/WASH) consolidate

participation in others (Health and Nutrition) and initiate a new forum for child protection and provide effective leadership and participation in UN/UNDAF working/thematic groups.

Operations Area:

- Establish HACT consolidation as a major CO priority in 2014; Undertake assurance and capacity building activities to reinforce the approach in harmony with the UN team, including macro/micro assessments and regularly planned spot checks, training sessions and audits;
- Prepare and review the CPMP/PBR 2014 together with the Office RR and OR planning and submit the ICBS package and narrative document after consultation with WCARO;
- Promote strategic corporate changes and continue consolidation of the achievements in VISION implementation and take steps to streamline the effectiveness and efficiency strategy as per UNICEF plans, including continued on the job training, rationalization of business processes and ensuring a risk-controlled working environment;
- Continue the process of implementation of the 2010 audit review findings and recommendations to help the Office focus on lessons learned and adopt measures to address weaknesses;
- Review and strengthen the role of the CMT/PCM and key office statutory committees (CRC, PCA, HACT, LC, PSB);
- Finalize the partnership with WFP for hosting UNICEF alternate BCP site and continue the process of ensuring telecommunications infrastructure in vehicles to respect minimum operations and security arrangements;
- BCP test of the remote access to the Office's LAN facilities for senior managers' residences and for the alternate site for BCP;
- Improve the supply function with the introduction of the Regional Dashboard;
- Continue the process of renewing the vehicle pool to be MOSS compliant;
- Implement Training on CBI and VISION key functionalities;
- Reorganize and redesign the office space to effectively accommodate all staff; and
- Review the work processes in the form of standard operation procedures.

Summary Notes and Acronyms

- AFDB** – African Development Bank
- APR** - A Promise Renewed
- ARV** – Antiretroviral
- BCP** - Business Continuity Plan
- C4D** - Communication for Development
- CCC** - Core Corporate Commitments for children
- CCM** – Country Coordination Mechanism
- CEDAW** - Convention on Elimination of all forms of Discrimination Against Women
- CFR** – Case Fertility Rate
- CFS+** – Child Friendly Schools-plus
- CHWs** - Community Health Workers
- CLTS** – Community Led Total Sanitation
- CMCs** - Community Management Committees
- CO** – Country Office
- CPD** – Country Programme Document
- CRC** - Child Rights Convention
- CRC** - Contract Review Committee
- CSD** - Child Survival and Development
- CTC** - Cholera Treatment Centre
- DaO** – Delivering as One
- DCTs** – Direct Cash Transfers

DHCP – Dynamic Host Configuration Protocol
EE - Effectiveness and Efficiency
ERM - Enterprise Risk Management
EU – European Union
EWEA - Early Warning Early Action
EOI -Expression Of Interest
FGM/C – Female Genital Mutilation/ Cutting
GAS – Water Sanitation Group
GAVI - Global Alliance for Vaccine Initiative
GF – Global Fund
GPE - Global Partnership for Education
GPS – Global Position System
GSAN – Local Nutrition and security Coordination Group
H4+ - Global Health Initiative
HACT – Harmonized Approach to Cash Transfer
ICT – Information Communication & Technology
ILO – International Labour Organisation
IMAM- Integrated Management of Acute Malnutrition
IMEP - Integrated Monitoring and Evaluation Plan
IPHD - International Partnership for Human Development
ITN - Impregnated treated Net
KAP – Knowledge, Attitudes and Practices
KFP - Key Family Practices
LAN – Local Area Network
LC – Local Community
LEG – Local Education Group
LSA -Local Staff Association
LTAs - Long-Term Arrangement
MDG – Millennium Development Goals
MDTF – Multi Donor Trust Fund
MICS – Multiple Indicator Cluster Survey
MoH – Ministry of Health
MORES – Monitoring Results for Equity System
MOSS - Minimum Operating Security Standards
MOU- Memorandum of Understanding
ODA – Overseas Development Assistance
ODF – Open Defection Free
OMG - Operations Management Group
ORR - Other Resources
PBF – Peace Building Fund
PBR - Programme Budget Review
PCAs - Programme Cooperation & Agreement
PCM - Programme Coordination Meeting
PCR - Programme Component Result
IR – Intermediate Result
PIMI – Child & Maternal Health Programme
PLHIV - People Living with HIV/AIDS
PMTCT - Prevention of Mother-To-Child Transmission
POPEN – Operational Plan for the Reduction of Child and Maternal Mortality
PRSP - Poverty Reduction Strategy Paper
PSB – Property Survey Body
RBM - Results Based Management
RHS – Reproductive Health Survey
RUTF – Ready to Use Therapeutic Food
SAB – Autonomous Sector of Bissau
SITAN – Situation Analysis of Women and Children

- SMART** – Standardized Monitoring and Assessment of Relief and Transitions
- SOWCR** – State of the World Children Report
- SSFAs** – Small Scale Funding Agreements
- SUN** - Scaling Up Nutrition
- TG** – Transition Government
- TNN** – Tetanus Neo Natal
- TOA** - Table of Authority
- UNDAF** – United Nations Development Assistance Framework
- VHF** – Very High Frequency
- WB** – World Bank

Document Centre

Evaluation

	Title	Sequence Number	Type of Report
1	Evaluation of FGMC Joint programme in Guinea Bissau	2013/001	Evaluation
2	Final Evaluation of the MDGF Nutrition Joint Programme in Guinea Bissau	2013/002	Evaluation
3	KAP study on child and girls rights in Guinea Bissau	2013/003	Study
4	Evaluation of Education Summer Camp in Guinea Bissau	2013/004	Evaluation

Other Publications

	Title
1	Final Recommendations from the Child Rights Committee related to the second, third and fourth reports of Guinea-Bissau on implementation of the CRC (27 May to 14 June 2013)
2	National Nutrition Status of Children and Women in Guinea Bissau – Second SMART Survey

Lessons Learned

	Title	Document Type/Category
1	National Model Training Centre in Integrated Management of Acute Malnutrition (IMAM)	Lesson Learned
2	High-level advocacy and strategic partnership to save school days	Innovation
3	Republica de Mininus Hoje Advocacy Child Right Agenda In Guinea Bissau	Innovation

