Political stability held in Guinea Bissau in 2021, in spite of continuing tensions between political factions emanating from the contested results of the December 2019 presidential elections. A contentious constitutional reform process for the executive and legislative branches, required mediation by UNOWAS and ECOWAS to bridge differences between stakeholders. The first full year since closure of the United Nations Integrated Peacebuilding Office in Guinea Bissau (UNIOGBIS) in December 2020 demonstrated a fragile peace, with moments of heightened tension from several parts of society, including civil servants, armed forces, parliamentarians, political parties and unions. Narco-trafficking assertions exposed prevalence of destabilizing and entrenched interests, limiting inclusive development, governance and the rule of law. With the departure of UNIOGBIS, peacebuilding is yet to be consolidated, as deep-rooted socio-political and economic grievances remain, fueled by significant disparities between regions.

COVID-19 continued to exacerbate pre-existing vulnerabilities experienced by children, compromising the realisation of child rights and the achievement of the Sustainable Development Goals (SDGs). Guinea Bissau’s socio-economic situation was already precarious prior to the identification of the first COVID-19 case in March 2020. Whilst progress had been made on some child-related indicators, namely the reduction of child mortality from 89 deaths per 1,000 live births to 51 per 1,000 live births between 2014 and 2019, reduced investments in basic social services and reduced household incomes brought on by the COVID-19 pandemic and other long-standing structural issues have resulted in increased fragility and harder living conditions for families.

Dependence on cashew nuts as the main export commodity, reduced tax revenues, a Gross National Income (GNI) per capita of US$760 in 2020, high public debt (79% of Gross Domestic Product), limited fiscal space and 3% economic growth rate limit public sector investments (IMF, 2021). High unemployment rates, rising prices basic commodity prices, limited social safety nets and weakened informal solidarity mechanisms have led to more hardship for families, including children. Widespread child poverty, already at 52% of children below 18 experiencing at least three deprivations simultaneously, is likely to have increased over this period.

Notwithstanding the difficult socio-economic conditions aggravated by the pandemic, macro-economic reforms were initiated within the national 2020-2023 National Development Plan. So far, progress is noted in efforts to clean up public finances which should create more fiscal space and attract donor support, whilst protecting social spending. National budget allocation to the Education sector increased slightly between the 2021 and 2022 fiscal years, from 9% to 14%. Allocations were reduced health from 13% to 10%. A significant portion of the budget is directed at supporting the wage bill, whereas actual disbursements are low. As a small island developing State, vulnerability to climate variability, rising sea levels and flooding confirm Guinea Bissau’s position as fifth amongst countries with the highest exposure to environmental and climate shocks.[1]

Strikes by health workers affected the provision of health services, including the COVID-19 vaccination effort. By the end of December 2021, the total number of infected cases of covid-19 stood at 6,209 and 146 deaths. Guinea-Bissau vaccinated with AstraZeneca, Sinopharm, Johnson and Johnson vaccines. Fifty-Seven (57%) of the population above 18 years received at least one dose of a COVID-19 vaccine, whilst 38% have completed 2 doses. Periodic COVID-19 vaccination campaigns pushed coverage, but integration into routine primary health care provision has been minimal.

Routine vaccination against childhood diseases was severely impacted by the non-payment of
government contributions for the procurement of vaccines leading to stock-outs of BCG, polio and measles vaccines. An estimated 68,968 infants were not immunised over the past three years. As such, diphtheria/tetanus/pertussis (DTP) coverage for children aged 0-11 months with three doses dropped from 74% in 2020 to 71% in 2021, exposing an increased number of children to vaccine-preventable diseases, particularly in urban areas. A polio outbreak during the year highlights the fragility of the EPI and the urgent need for its reinvigoration. Where community health workers had previously stepped in to support the provision of primary health care, for the most part of 2021 they boycotted activities due to non-payment of incentives. Subsequently, prevention and treatment of childhood illnesses, including diarrhea, pneumonia, malaria, and malnutrition were inadequate.

Although, Guinea Bissau is making good progress in reducing the prevalence of open defecation, access to safe water has decreased from 75% in 2014 to 67% in 2019. Increased contamination of household water sources, lack of investment in water infrastructure, especially in rural areas, are affecting the availability of safe water and leading to unsafe hygiene practices in households.

An estimated 500,000 children Students in public schools suffered a particularly rocky 2020/2021 academic year, marred by teacher strikes and absenteeism as well as COVID-19 induced school closures. Over 300,000 preschool children were also affected. The time to teach study released in 2021, confirms that both teachers’ absenteeism and reduced time on task are primarily linked to lack of incentives and weak school leadership practices. Students may have lost up to 5 months of schooling in 2021, in a context where net enrolment in primary education was already low at 69 per cent (70 per cent for girls) with important variations between regions (MICS 2019). Approximately 28% of children are out of primary school and 23 % of adolescents are out of lower secondary school age. The risks of children dropping out of education completely has been heightened over the past two years, with an increased likelihood of girls being forced into marriage and early pregnancies, particularly in rural areas.

Although gaps remain in policies and legislation on child rights, substantial efforts in the past two years are reinforcing the child protection system. Promulgation into law of the child protection policy and child code and subsequent budgetisation will support child protection stakeholders in the prevention and response to violence, abuse, and exploitation of children. For now, high levels of sexual and gender-based violence and feeble response by the judicial, traditional justice, and protection sectors diminish confidence in the protection system.


**Major contributions and drivers of results**

The 2021 Annual Management Plan (AMP) retained five priority results: 1) Accelerating Key Results for Children (KRCs) as per the regional KRCs that contribute to the UNICEF Strategic Plan 2018-2021: (KRC#1–Immunization; KRC#3–Access to Education; KRC#7–Birth Registration and KRC#8–Ending Open Defecation); 2) Response to COVID and other humanitarian situations; 3) Development of quality Country Programme Documents; 4) Effective reinforcement of duty of care and staff wellbeing, and 5) Advocacy, Strategic partnerships and resource mobilisation for children. With the exception of immunisation, important results were obtained by the country office’s deliberate and collective focus on these priority areas, in addition to interventions delivered through programme-specific plans.

**AMP Priority #1: Accelerating Key Results for Children**

**KRC1: Immunisation**
The immunisation target of 90% coverage for DPT3 in Gabu and Bafata and 85% in SAB were not
attained. Rather, the coverage for DPT3 dropped from 74% to 71% between 2020 and 2021, and remained below annual targets at 85% in Gabu, 64% in Bafata, and 60% in Bissau. Only 25% of eligible children (12,297) were fully vaccinated. A polio outbreak with 3 cases of Polio Type 2 linked to an outbreak in neighbouring Senegal, demonstrated the fragility of gains and risk of additional epidemics given declining immunisation performance. Working with WHO, UNICEF is leading efforts to address the Polio outbreak, and accelerating the introduction of nOPV2.

Lack of national financing for traditional vaccines in 2020 and 2021, leading to persistent stock-outs of BCG, bOPV and measles; strikes by health workers, capacity limitations, inadequate processes and frequent changes in the Ministry of Health had negative impacts on EPI. In addition, UNICEF was unable to make direct cash transfers to the Ministry of Health due to misappropriation of funds and an ongoing judicial process. Adaptations were made to ensure that children were not penalised by entering into partnership with the National Health Institute that was able to oversee the conduct of some activities, notably vaccination campaigns, alongside the Ministry of Health. Persistent advocacy, to the highest national authorities resulted in the restitution of the equivalent amount (US$130,000) at year end, making possible a resumption of direct support to the MoH in 2022. Direct support will revamp support to maternal and child health activities, particularly with community health workers, through funding made available from the World Bank.

The response to COVID-19 has had a disproportionately negative effect on regular health care provision, including EPI services. Nonetheless, technical assistance for the development and implementation of the National Vaccines Deployment Plan (NVDP) provided the space to strengthen planning, budgeting, procurement, and implementation of both the expanded programme on immunization (EPI) and COVID vaccinations efforts. Effective vaccine management (EVM) improved with the strengthening of the national cold chain storage capacity through COVAX donations which enabled the delivery of 61,360 doses of AstraZeneca, 424,800 doses of Johnson & Johnson vaccines and 787,200 ADs 0.5 ml syringes. The procurement and installation of refrigerated containers reduced pressure from concurrent donations of COVID vaccines through multiple channels. Establishment of the first national supply chain management systems strengthening working group holds prospects for improved coordination. UNICEF contributed to the UN Local Vaccines Deployment and RCCE Teams.

UNICEF supported a nationwide week-long catch-up campaign for missed children that reached 3,412 with DPT3 out of 16,790 eligible children and 6,997 with measles out of 18,133 eligible children. Between January and September 2021, 34,924 out of 49,188 children eligible for DTP3 were vaccinated and only 3 out of 11 health regions reached the DTP-3 coverage above 80% (Farim, Gabu and Bafata). With GAVI support, UNICEF reinforced transportation (delivery of a truck and boat) for the Ministry of Health to reach remote areas and the islands in the vaccination drive. Following the development of a policy brief, UNICEF stepped up its advocacy with national authorities and development partners for sustained investments in EPI. Commitments were subsequently made for increased, with the World Bank immediately stepped in to finance the procurement of vaccines for 2022.

KRC3: Access to Education
The annual priority of developing and implementing an alternative learning strategy, including distance learning, for early learning and basic education in response to school disruption advanced considerably. Adoption of COVID-19 protocols enabled schools to stay open even after positive cases were detected. Continuity of learning outside of school resulted in 324,576 children reached, surpassing the target of 300,000, through alternative strategies, using radio and television. Children were able to participate in early learning programmes with 12,094 children (6,218 girls and 5,876 boys) reached through a partnership with the National Kindergarten Network – RENAJI, again going beyond the annual target of 9000.
UNICEF’s advocacy and technical support through the Local Education Group (LEG) ensured an effective to start to the 2021/2022 school year. UNICEF also ensured that all primary schools in the country received hygiene and health materials for a safe school year. The National Contingency Plan for the education sector was implemented and provided over 2000 schools with a Guidance Note & Protocols for preparedness and response to COVID-19. UNICEF’s support enabled continuity in the provision of education, with schools becoming more resilient as COVID-19 prevention and response capacities were strengthened. In partnership with Plan International, 1,187 community volunteers acted as community facilitators, preparing communities to better control the spread of COVID-19 and ensure a protective and supportive environment for children to continue learning in the event of school closures.

Partnership with Instituto Camões/Portuguese Cooperation and the Global Partnership for Education (GPE) enabled the implementation of a cash transfer program for the 1400 most vulnerable families, with a focus on enrolled school-age children who were most at risk of dropping out of school enabling them to access nutrition and education services and other basic needs in the context of the COVID-19 pandemic. This multi-sectoral effort was catalytic in opening up new possibilities for the development of a Social Protection System in Guinea Bissau under the Social Inclusion Programme from 2022.

Curriculum reform and the adoption of new pedagogical standards for pre-school promises important improvements in the quality of learning. UNICEF support enabled finalization of illustrations for the teacher guide and textbooks for grades 1 and 3, within the scope of the reform of the curriculum for primary education which had started in 2016, in partnership with the Calouste Gulbenkian Foundation and Minho University (FCG/MU). The materials are being tested on a pilot basis during the current 2021-2022 school year, supported by the World Bank and the GPE. The pilot is being conducted in 5 regions reaching approximately 2000 children. UNICEF strengthened its collaboration with partners to produce activity booklets linked to the new basic education textbooks to support learning in schools beyond those in the pilot programme. A preschool based early learning development standards anchored on the ongoing basic education curriculum reform was also developed. Pre-school inspection services were strengthened. This contribution is driving UNICEF’s advocacy on accelerating access to quality pre-school education for an estimated 50,623 five-year-old children.

In the context of the development of the teachers’ deployment plan, UNICEF supported the MoE in strengthening the capacity of 849 contractual teachers to acquire pedagogical skills to expand access to quality basic education. This will need to be supported throughout the 2021/2022 school year to consolidate their competencies, linking this to the operationalization of the national quality education standards. Quality standards for early learning and basic education were developed and a national inclusive education strategy was concluded in collaboration with Humanity and Inclusion. UNICEF contributed to the establishment and operationalization of the Technical and Vocational Education and Training Interest Group to expand access to education.

With UNICEF’s continuous technical assistance, governance of the Education sector was strengthened. Regular virtual LEG meetings guided the work of thematic sub-groups on Early Learning, Quality Education, and Institutional Development. A Joint Sector Review is underway supported by UNICEF and UNESCO which will guide Education sector reforms. Given weaknesses in education data systems, alternative data collection platforms, such as mWATER and JMP through collaboration with the WASH programme have been providing much needed information on the sector to guide action.

**KRC7: Birth Registration**

Most of the annual targets to strengthen the interoperability of Health, Education and Justice systems to increase access of children to free birth registration services at national level were obtained. Five additional health facilities now have functioning birth registration services bringing this to a total of 32 in 2021 with an additional 20,061 children registered at health facilities, going over the 15,000-annual
target. Enhanced partnerships with civil registration actors resulted in a total of 61,613 births registered during the year. However, although Guidance and Standard Operation Procedures on the interoperability with the Education sector were drafted, these were neither approved nor disseminated.

UNICEF advanced birth registration (BR) through advocacy for civil registration and vital statistics (CRVS) reforms and national and subnational coordination and mobilization of parliamentarians, law enforcers, academics, and CP actors. The National Assembly (through the Woman and Child Commission) and other key Child rights partners are leading an advocacy group for increasing domestic financing for CRVS. Parliamentarians assessed CR services nationwide. A special report will be debated in the February 2022 National Assembly Session. UNICEF assisted the Ministry of Justice in mapping other actors’ contribution and advocated for a joint position within the UN. Collaboration with UNDP, UNHCR, WHO and UNECA. UNICEF, UNDP, UNECA, WHO and the EU/Portuguese cooperation project, enabled the identification of priorities in line with the CRVS national plan.

Technical assistance allowed integration of BR services in health and education systems. Interoperability guidance documents and SOPs were developed. Though they are yet to be endorsed by the Ministry of Justice (MoJ) in 2022; 16,554 school children in target regions benefited from partnership between the two sectors. UNICEF supported the health sector increase to 32 the number of health facilities which provide BR services through the establishment of five additional health centres offering BR (in rural areas). These services registered 20,060 children 0-7 years in 2021. The support of health workers to guide families and refer children to BR services is a positive strategy that was reinforced by training 75 additional health workers.

Social and community mobilization intensified in 2021 enabling traditional and community leaders from 3 regions to reinforce their commitment to promote BR and immunization of children and continue to assist MoJ and CSOs in identifying the most vulnerable communities and families to access BR. This initiative has contributed to the community mobilization of vulnerable families from remote areas, where 4,435 children from five country regions were reached.

Assistance was provided to all national BR services to improve regular reporting. UNICEF supported the use of RapidPro for BR data collection, which provides an innovative solution for improving national data for Key Result for Children #7 until a reliable routine system which the MoJ is established. In 2021, challenges were faced in ensuring that some CR routine services registered 20,564 children, although disaggregated data was not reported by all. Progress in birth registration is illustrative of other advances made towards strengthening prevention and response strategies on violence, abuse, and exploitation of Bissau-Guinean children. National CP legal and policy frameworks, including case management and referral systems, drawing in engagement of education and health sectors. MHPSS was provided to girls and women survivors of GBV and child marriage.

KRC8: Open Defecation Free

Even though the target to develop a national roadmap for Guinea Bissau on Open Defecation Free was not achieved, UNICEF continued its efforts to expand rural sanitation activities through partnerships agreement that resulted in 48,696 additional people abandoning OD with 228 new communities declared Open Defecation Free. The integration WASH service delivery in Education and Health facilities has supported this drive, creating synergies between community WASH systems strengthening and social and behaviour change efforts. The development and implementation of a costed plan to reach the last mile on Open Defecation Free is needed in order to protect and accelerate results. Stronger partnership building and resources mobilization are needed.

Priority Result #2: Response to COVID-19 pandemic and other humanitarian situations

Focus on achieving priority result 2 directed holistic support to the COVID-19 response effort, making for important results obtained through the Health and Nutrition, Education, Child Protection, WASH, Social Protection and Communication programmes, and outlined in other sections of this report.
Priority Result #3: Effective process for quality Country Programme Documents

Quality development of the UNICEF-Guinea Bissau Country Programme Document (CPD) 2022-2026 was assured with the involvement of a wide-array of stakeholders and the existence of an important body of evidence, including data from the recently conducted MICS in 2019. The CPD fully aligns with the new UN Sustainable Development Cooperation Framework (UNSDCF) 2022-2026, which UNICEF supported extensively, and which both draw from the 2020-2023 National Development Plan. The UNSDCF will contribute to the achievement of the SDGs targets with its focus on the provision of social services rendered fragile by decades of limited investments in social development and continuing political tensions as well as a focus on strengthening the resilience of vulnerable families and human rights.

The development of the new UNICEF CPD provided a platform to reinforce synergies between different UN agencies, particularly, in the areas of education and youth development, health care provision, governance and gender, social protection and the strengthening of a human rights system. On the management side, UNICEF through its leadership of the OMT has been instrumental in pushing for improved and cost-effective processes in the context of the Business Operations Strategy. As lead of the HACT working group, UNICEF worked with other UN agencies to ensure harmonised approaches and tools, leading capacity development activities for to improve stewardship over and use of resources and the Prevention of Sexual Exploitation and Abuse.

Priority Result #4: Effective reinforcement of Duty of Care and Staff Well being

Country office management and the country office staff association (COSA) made significant efforts to maintain a productive, engaged, and motivated team with initiatives adopted to support coping with the COVID-19 pandemic. Duty of care measures to maintain and enhance staff wellbeing were prioritized, including flexible and hybrid work modalities that allowed staff to strive towards work-life harmony. The conduct of a staff retreat, and several team-building and support activities celebrating individuals and groups and an 80% implementation of the global staff survey recommendations workplan, using active feedback mechanisms supported a conducive work environment.

Priority Result #5: Advocacy, Strategic Partnerships and Resource Mobilisation for Children in Guinea Bissau

The current development of a partnership and resource mobilisation will allow the office to explore new possibilities in raising funds in a resource constrained environment. Already, working closely with other UN agencies, US$ 640,587.60 was mobilised to strengthen government and civil society organizations capacities to support the design and implementation of a functional referral and case management system. Another joint UN approach programme to accelerate strengthening of the national social protection system enabled UNICEF, WFP and UNFPA raise US$ 306 687.68 from the SDG Fund. The new Sustainable Development Cooperation Framework therefore provides strong opportunities for financing of joint programmes and the possibility of accelerating results achievement.

UN Collaboration and Other Partnerships

Instability and governance challenges do not favour donor engagement in Guinea Bissau, just as the high cost of doing business and capacity limitations, keeps collaboration with the private sector limited. In this regard, building strong and lasting public, bilateral and multilateral partnerships is critical to the long-term investments and commitment needed for the realisation of child rights and progress towards the SDGs. UNICEF engaged extensively with UN agencies, bilateral and
multilateral organisations; national and international CSOs to safeguard and expand child outcomes during the second year of the COVID-19 pandemic.

In the area of health and nutrition, partnership with the European Union enabled the provision of essential and high impact interventions for maternal, neonatal and childcare by community health workers. UNICEF was able to leverage resources and engagement from the World Bank to support the work of community health workers as the European Union concluded its assistance. The Global Fund and UNDP will integrate the community health programme. Partnerships with WHO and GAVI supported COVID-19 response efforts and health systems strengthening. Response to the COVID-19 pandemic has renewed relationships with USAID and the possibility to deploy innovative strategies to reach underserved communities. UNICEF with the Global Fund Against HIV, TB and Malaria contributed to the consolidation of the National AIDS Program, with the introduction of early infant detection of HIV, and the strengthening of the policy framework. With UNFPA, a more integrated approach to maternal, neonatal and child health is being adopted.

Partnerships for child protection with UNDP, UNECA, WHO and UNHCR advanced the Civil Registration and Vital Statistics agenda through advocacy, coordination, community mobilization and business process improvements. The prevention and response to violence against children and women has seen strong collaboration with UNHCR, IOM, OHCHR/PAPEV, UNDP and UNFPA, UNICEF. UNICEF and UNFPA completed the third phase of the joint programme to eliminate Female Genital Mutilation. A new joint programme was established with UNDP, OHCHR and the Peace Building fund (PBF) to enhance the human rights protection system in Guinea-Bissau.

In Education, UNICEF joined efforts with UNESCO to mobilize education partners towards support for Education reform. This effort will complement action already ongoing with the World Bank on curriculum reform. Partnership with the Calouste Gulbenkian Foundation and Minho University of Portugal enabled the design of alternative learning programmes. Partnerships with Civil Society Organisations, such as Plan International, Humanity and Inclusion, Organização Guineense de Desenvolvimento and RENAJI facilitated community engagement.

Participation of UNICEF National Committees (Spain, Italy) in programme delivery enabled improvements in Water and Sanitation and birth registration. The Portuguese Embassy contributed to a cash transfer programme that provides the foundation for a comprehensive shock-responsive social protection system, now supported by the SDG Fund, involving also WFP and UNFPA. Given that Guinea Bissau is currently undergoing an IMF Staff Monitored Programme, close links have been maintained to ensure that reforms are favourable to the preservation and expansion of social sector budgets.

Relationships are being consolidated with WHO, CDC, the African Development Bank and African Union on COVID-19 response strategies.

**Lessons Learned and Innovations**

Key lessons learned during the course of programme implementation point to the need to enhance coherence in programme delivery, improve results-based and partnership management, and stewardship over resources. Greater accompaniment of implementing partners, including for judicious financial management in addition to technical capacity strengthening are necessary conditions to emphasise for the new country programme to kick-off in 2022 with the best chances of improving outcomes for children.

**CHILD AND MATERNAL HEALTH, NUTRITION AND HIV/AIDS**

Reprogramming of government and partner resources to the COVID response, and the focus on
COVID-19 vaccination campaigns has been detrimental to the provision of other health services, disrupting the continuity of mother and child health care provision. Towards the end of the year, UNICEF greatly advocated for a rationalization of support to primary healthcare provision which became central to the agenda of the COVID-19 coordination meetings. It will be important going forward to reinforce the key message of integration of COVID-19 response actions into opportunities for strengthening primary health care in the country and for full commitment by stakeholders. Coordination between the MoH and the High Commission in addressing will need to be reinforced to avoid the existence of parallel intervention tracks and build on opportunities for strengthening supply chains and service delivery.

Vertical implementation of components of the community health programme (CHP) financed by different partners undermines systematic provision of maternal, new-born and childcare. The UNICEF supported evaluation of the national community health programme highlights the need for improved efficiencies in the delivery of interventions. This will require strengthened leadership for tighter coordination between interdependent components and health partners and more technical support to planning, budgeting, and execution of the CHP in tandem with PHC systems strengthening. In this regard, UNICEF will push for more concerted action in the implementation of the recently concluded 2021 -2025 CHP Strategic Plan.

WATER, SANITATION AND HYGIENE

Physical presence is key to the adaptations necessary on the ground. Real-time monitoring in the distribution of critical WASH supplies to schools and hygiene promotion provided important avenue to apprehend the adequacy of supplies and their utilisation, facilitating transportation and stock management. This equally helped understand the dynamics and manage the effects of teacher's strikes where schools and communities adopted alternative solutions to enable the delivery of assistance. The UNICEF developed mWater platform is an innovation can be expanded for use by other sectors to support real-time monitoring and information management for better programme delivery.

UNICEF Guinea Bissau needs to more forcefully leverage partnerships and resources for the elaboration and implementation of a costed plan to reach the last mile to be Open Defecation Free. Whilst a solid strategy exists towards the elimination of open defecation which has enabled arrival at 10.3%, the lack of contributions from the national budget and development aid for WASH will not facilitate sustainability of the current momentum needed to reach the target.

EDUCATION EQUITY AND QUALITY

Development of alternative pathways for children’s learning under the COVID-19 emergency response offered the possibility of addressing long-standing challenges with access to education for out-of-school children. It accelerated the development of distance learning programmes and improved chances for learning continuity, even with other types of disruptions to fragile education system, notably teacher strikes. The multifaceted response needed to address the impact of the COVID pandemic provided opportunities to focus efforts on multidimensional barriers.

Communication with donors on flexibility to fund cross-sectoral interventions is primordial in a resource-strapped context. GPE funding facilitated social protection, child protection and WASH interventions, allowing the continuity of learning during the height of the COVID-19 crisis. Cross-sectoral engagement allowed improvements to the school environment, through the provision of resources and training to address inclusion, corporal punishment, school-related gender-based violence (SRGBV), menstrual hygiene management (MHM). Cross-sectoral engagement for a shock-responsive social protection scheme for families and children, relieved families from financial constraints, allowing children to continue schooling, especially at-risk girls.

The crisis and the ensuing response provided UNICEF the opportunity to accelerate reforms through
mentoring and technical assistance to the Ministry of Education, particularly in relation to the development of a national strategy for distance learning to benefit out-of-school children and the implementation of catch-up programs to minimize the loss of learning due to the impact of COVID on children's education over the past two years.

CHILD PROTECTION

Although efforts were made to strengthen information and data gathering on child protection, the interoperable management system to support incident monitoring and track case management is still a major constraint and will be a key priority for the new CP programme, starting in 2022. In view of this, the harmonization of data gathering efforts will be supported to avoid parallel systems. A well-developed information management system is a key starting point for an effective child protection case management system.

The quality of community dialogue and outreach to families and influencers needs to be improved with better design of the Social and Behaviour Change communication (SBCC) strategy for child protection, in order to make progress in ending FGM, child marriage and other harmful practices in a more impactful manner. This needs to be based on improved understanding of communities and the deployment of innovative approaches to sustainably shift behaviours.

SOCIAL POLICY, PLANNING, MONITORING AND EVALUATION

The high number of national policies and strategies which need updating provides a unique opportunity for influencing the development of child-centred costed plans at the national and sub-national level. Improved capacities in public finance management for children will be needed. Partnerships with financial institutions as a result including, the African Development Bank, IMF, UEMOA and the World Bank should be strengthened in this regard.

Weaknesses in national and sub-national data collection and management systems of priority social sectors that UNICEF supports have proven to be a major handicap for evidence generation for planning, management, and reporting, particularly during COVID emergency response. Data gaps further impede implementation monitoring of key interventions. More investments will need to be made to data management systems to support the tracking of progress on results and the establishment of accountability systems.