

**Economic and Social Council**

Distr.: Limited
2 April 2007

Original: English

For action

United Nations Children's Fund

Executive Board

Annual session 2007

4-8 June 2007

Item 9 (a) of the provisional agenda*

Draft country programme document****Guinea-Bissau***Summary*

The draft country programme document (CPD) for Guinea-Bissau is presented to the Executive Board for discussion and comments. The Board is requested to approve the aggregate indicative budget of \$8,225,000 from regular resources, subject to the availability of funds, and \$18,000,000 in other resources, subject to the availability of specific-purpose contributions, for the period 2008 to 2012.

* E/ICEF/2007/8.

** In accordance with Executive Board decision 2006/19 (E/ICEF/2006/5/Rev.1), the present document will be revised and posted on the UNICEF website no later than six weeks after discussion of the CPD at the Board session. It will then be approved by the Executive Board at its second regular session of 2007.



<i>Basic data[†]</i> <i>(2005 unless otherwise stated)</i>	
Child population (millions, under 18 years)	0.9
U5MR (per 1,000 live births)	200*
Underweight (% moderate/severe, 2006)	19/4
Maternal mortality ratio (per 100,000 live births, 2000 ^a)	1 100
Primary school attendance (% net, male/female, 2006)	54/52
Primary schoolchildren reaching grade 5 (% , 2006)	80
Use of improved drinking water sources (% , 2004)	59**
Adult HIV prevalence rate (%)	3.8
Child labour (% , 5-14 year olds, 2006)	39
GNI per capita (US\$)	180
One year olds immunized with DPT3 (%)	80***
One year olds immunized with measles vaccines (%)	80 ***

[†] More comprehensive country data on children and women are available at www.unicef.org.

* MICS 2006: U5MR is 223 per 1,000 live births.

** MICS 2006: improved drinking water sources are 60%.

***MICS2006: DPT3 is 59% and measles is 72%.

^a WHO/UNICEF/UNFPA adjusted estimate. Adjusted for misclassification and underreporting.

The situation of children and women

1. Guinea-Bissau is a fragile country, with a weak social and economic infrastructure. It is still recovering from armed conflict in 1998-1999, which resulted in political instability, insecurity, weak law enforcement and economic stagnation. The country - both Government and civil society - is committed to national reconciliation and peace. Any recovery is dependent on reform of the security sector (army, police and justice), which was presented to the Donors' Round Table in November 2006 together with the poverty reduction strategy paper (PRSP).

2. The Government continues to face serious financial problems and receives very little international aid. Economic growth has increased slightly (to 0.5 per cent in 2006 against -0.4 per cent in 2001), but external debt remains a burden, amounting to 44 per cent of the exports of a country where 65 per cent of the people live below the poverty line and 21 per cent on less than \$1 per day. The country suffers a chronic lack of energy, with patchy service in Bissau, the capital city. The Government has struggled to pay wages and the public sector is beset by strikes. This situation has extremely negative effects on the rights and well-being of children and women, as witnessed by the country's declining social indicators. Children's and women's rights are included in political declarations but protection systems for these rights are virtually non-existent. Progress towards attainment of the Millennium Development Goals is very slow.

3. Child mortality rates are worsening. Since 2000, the infant mortality rate (IMR) has increased from 124 to 138 and the under-five mortality rate (U5MR) from 203 to 223 per 1,000 live births, according to the preliminary results of the

2006 multiple indicator cluster survey (MICS). The maternal mortality ratio is one of the highest in Africa, at 1,100 per 100,000 live births. Malaria, acute respiratory infections, diarrhoea and malnutrition remain the major killers of children. Only 39 per cent of children less than five years of age sleep under insecticide-treated mosquito nets, 4 per cent are severely malnourished and 19 per cent suffer from moderate malnutrition. Fewer than 1 per cent of households consume adequately iodized salt. Access to potable water has not improved since 2000. The rate of sanitation coverage increased by 5 per cent, to 68 per cent in 2006. Information on hygiene indicators is not yet available, but the history of cholera outbreaks indicates a lack of knowledge and good hygiene practices.

4. Low rates of access to education and health care, a disintegrated health system and low levels of knowledge are all factors which contribute to the spread of HIV. Prevalence among pregnant women is estimated at 7 per cent. Knowledge of HIV/AIDS is still limited, with only 19 per cent of the population capable of identifying methods of prevention. According to the MICS 2006, 22 per cent of girls aged 15-19 years have had sexual experiences before the age of 15 years. Although there are no confirmed quantifiable data, more than 1,500 children are estimated to be living with HIV/AIDS.

5. Achieving universal education for all remains a massive challenge for Guinea-Bissau. More than 45 per cent of school-age children do not have access to school owing to the lack of infrastructure and of qualified and motivated teachers. Some 60 per cent of teachers have no teaching skills. Only 14 per cent of schools offer a complete primary cycle of six years. The inadequate curriculum, school manuals and infrastructure contribute to high drop-out and repetition rates, especially for girls. Despite the positive evolution in the reduction of the gap between girls and boys, gender discrimination is a reality in schools, families and communities. More than 32 per cent of girls drop out against 21 per cent of boys. Only 12 per cent of girls complete the primary cycle against 18 per cent of boys. Girls work in household chores, agriculture and small business. Over 27 per cent of girls marry before the age of 18 years.

6. There are few social policies or strategic and legal frameworks. Laws and policies are not fully in line with the Convention on the Rights of the Child and the Convention on the Elimination of all Forms of Discrimination against Women. The judicial system and social protection structures are very weak or non-operational due to weak law enforcement, lack of funds and absence of qualified human resources. Other barriers to the fulfilment of children's rights are the lack of knowledge, as well as negative cultural practices and behaviours. *Talibé* children (who attend Koranic schools and frequently are beggars) are becoming more visible in the capital city and other major urban centres. This issue is also a transnational issue, as they are more vulnerable to trafficking. According to a study completed in 2006, there are over 22,000 *talibé* children in Guinea-Bissau, and the majority of *talibé* children in Dakar, Senegal are from Guinea-Bissau. Only 39 per cent of children under five years old have been registered. Violence against children and women is a critical issue. Female genital mutilation and cutting continue to be common practices, affecting 45 per cent of women aged 15-49 years. Drug trafficking is becoming an increasingly serious issue and the potential increase of drug consumption among young people a major threat.

Key results and lessons learned from previous cooperation, 2003-2007

Key results achieved

7. In response to the concluding observations of the Committee on the Rights of the Child in 2002, a legal framework for child protection has been prepared in order to harmonize national legislation with conventions and other international instruments. In 2006, the National Parliament ratified International Labour Organization Convention 182 concerning the prohibition and the elimination of the worst forms of child labour and Convention 138 concerning the minimum age for employment. The Ministries of the Interior and of Justice created special departments to assist children and women. The Ministry of Justice has made birth registration free for all children up to the age of five years. Coverage of birth registration increased to 48 per cent in 2006 in the regions of programme intervention, mainly through birth registration campaigns.

8. Other key results include the reinforcement of the Children's Parliament, where children can share their views with the National Parliament. Studies on sexual abuse and exploitation and on *talibé* children were conducted in order to provide a basis for adequate interventions.

9. Although the IMR and U5MR have increased, there are signs of progress in child survival. Guinea-Bissau remains polio-free. In three regions (out of 11) implementing the Accelerated Child Survival and Development (ACSD) strategy from 2003 (a package of services including immunization, use of insecticide-treated bednets, vitamin A supplementation, deworming and monitoring), an estimated 14-per-cent reduction in U5MR was achieved. The ACSD strategy was expanded and in total, five regions out of 11 are now implementing it in 65 health areas (out of the total 114 health areas in the country).

10. In 2005, the overall routine immunization coverage was 74 per cent for three doses of combined diphtheria/pertussis/tetanus vaccine and 57 per cent for measles. A "catch-up" measles campaign conducted in 2006 reached more than 590,000 children aged 9 months to 15 years (91 per cent), and also provided vitamin A supplementation to 204,000 children aged 6-59 months (97 per cent); some 178,000 children aged 12-59 months (93 per cent) received one dose of deworming medicine. The utilization rate of impregnated mosquito nets by children under age five years ranged from 60 to 92 per cent in the ACSD regions in 2005.

11. In the area of water, sanitation and hygiene, hygiene education was carried out in communities and schools, especially during the cholera outbreak in 2005 which recorded 25,000 cases and 400 deaths. No case of cholera was registered in 2006. Hand-washing campaigns were conducted in 26 primary schools and in 35 communities. More than 100 potable water points were built for 20,000 inhabitants in the three intervention regions, and safe sanitation facilities were constructed for 13,000 inhabitants.

12. A new National Strategic Plan for HIV/AIDS has been developed for 2007-2011, strengthening the "Three Ones" approach. The first antiretroviral treatments began in 2005 for adults and in 2006 for children. Youth associations are progressively involved in HIV prevention activities among adolescents.

13. In spite of problems in primary education, the net primary-school enrolment rate increased by 13 per cent from 2004 to 2006 as a result of the Essential Learning Package (ELP). The approach included social mobilization on girls' and boys' rights to education and support to community initiatives for school rehabilitation (105 classrooms in 55 rural schools were rehabilitated, benefiting more than 12,000 students). The programme supported 140 of a total of some 1,400 schools with equipment, water and sanitation facilities, education material and teachers' training, exceeding its objective of 130 schools. More than 33,000 children, 46 per cent of them girls, benefited from this approach.

14. In the context of emergency response, a special programme with country emergency response funds was developed to reintegrate 2,320 children and 170 teachers in 13 schools affected by the military conflict in the North in 2006. Rehabilitation of these 13 schools is almost complete. Training, information and mine-risk awareness have been conducted in affected areas. Sixty-seven technical staff were trained in management of malnutrition and 22 nutritional centres were equipped. More than 85 modern wells were repaired and 22 bore-holes constructed in 11 villages and in 10 schools providing 17,000 inhabitants access to water and 2,000 people with sanitation facilities, out of a total of 20,000 displaced people.

Lessons learned

15. The mid-term review in 2005 noted a lack of convergence between the intervention zones for the different programme components and recommended working at national level to achieve nationwide results, based on community development as a basis for sustainability. Regional and local community development structures should be more involved in programme planning, implementation, monitoring and evaluation. Community capacity-building in participatory and community-based planning processes is required to identify priorities and action plans and to carry out developmental activities.

16. In a very difficult socio-economic environment, key selected interventions played a role in the improved primary-school net enrolment rate observed in the national statistics. The success of the ELP strategy demonstrated the need to extend the approach at national level in order to improve both access to and quality of education. The ELP partnership will be expanded from 2007 with support from the United Nations Educational, Scientific and Cultural Organization (UNESCO) and the African Development Bank.

17. The success of the ACSD approach in three regions, as demonstrated by a UNICEF regional evaluation in 2005, has led the Ministry of Health to commit to a national ACSD strategy. The minimum package will be increased in the regions where it is currently under way, and the basic package will be implemented in all other regions. Partnership with the World Health Organization (WHO), the World Bank, the Global Fund to Fight AIDS, Tuberculosis and Malaria and international non-government organizations (NGOs) will be reinforced and sustained.

The country programme, 2008-2012

Summary budget table

(In thousands of United States dollars)

<i>Programme</i>	<i>Regular resources</i>	<i>Other resources</i>	<i>Total</i>
Child protection and rights promotion	900	3 250	4 400
Child survival	1 800	6 000	8 000
Basic education and gender equality	1 300	5 000	6 500
HIV/AIDS	1 150	3 000	4 150
Advocacy, information and communication	725	250	975
Monitoring and evaluation	350	500	800
Cross-sectoral costs	2 000		1 400
Total	8 225	18 000	26 225

Preparation process

18. The Common Country Assessment (CCA) and United Nations Development Assistance Framework (UNDAF) were prepared during 2006 using a participatory approach, under the leadership of a steering committee comprised of representatives of the Presidency and the Ministries of Social Communication, of Foreign Affairs and Cooperation, and of the Economy. Civil society participated through NGOs and youth associations. The disaggregated data from the MICS were used to complete the situation analysis of the CCA. Thematic groups were created in line with strategies proposed in the CCA to respond to the country's essential human development problems. UNICEF led the thematic group on human resources. The working group members received training on the human-rights approach to programming, causal analysis and results-based programming. The UNDAF and its results matrix were discussed during a Joint Strategy Meeting in January 2007 chaired by the Minister of Foreign Affairs and Cooperation, with the participation of all concerned ministries and representatives of bilateral and multilateral agencies.

Goals, key results and strategies 2008-2012

19. The overall goal of the programme is to support Guinea-Bissau in its efforts to achieve the Millennium Development Goals by ensuring the survival and development of children and education for all, creating a favourable environment for the protection of children's and women's rights, and implementing the "four Ps" of the *Unite for Children, Unite against AIDS* campaign (Prevent mother-to-child HIV transmission, Provide paediatric treatment, Prevent infection among adolescents and young people, Protect and support children affected by HIV/AIDS).

20. To this end, the country programme will achieve specific results in four key sectoral programmes and two cross-cutting programmes. Emergency preparedness and response will be an underlying theme of the country programme. The key results to be achieved are: (a) national system of child protection in place and operational; (b) strategic information on vulnerable children available and data collection mechanisms for child protection indicators developed on a routine basis;

(c) U5MR is reduced from 223 to 180 and IMR from 138 to 100 per 1,000 live births; (d) 30 per cent of households consume iodized salt (baseline: 1 per cent); (e) 80 per cent of boys and girls are enrolled in primary school (baseline: 54 and 52 per cent) and 60 per cent of them complete primary education; (f) 50 per cent of HIV-positive pregnant women have access to integrated package of prevention of mother-to-child transmission (PMTCT) services (baseline: 8 per cent) and 100 per cent of their infected newborns receive quality paediatric care (baseline: 19 per cent); (g) 60 per cent of at-risk adolescents and young people receive adequate information and relevant life skills to reduce their risk of and vulnerability to HIV/AIDS (baseline: 19 per cent); and (h) children, young people and families change behaviours and attitudes with regard to birth registration, HIV/AIDS prevention, hand-washing, early and exclusive breastfeeding, girls' education and protection against negative and harmful practices.

21. In order to meet these objectives, regional and community capacity-building on planning and monitoring processes will be reinforced. The minimum package of ACSD interventions will be increased in regions where it is underway and will be scaled up to cover all regions, using outreach and national campaigns combined with community-based approaches. The ELP strategy will be pursued to improve quality education. Under the *Unite for Children, Unite against AIDS* campaign, young people in schools will be targeted to receive information and life skills, and other communication channels will be used to reach young people who are out of school. National and regional capacities will be reinforced in order to provide a PMTCT package. The country programme will also support the development of policies for early childhood development, children excluded from the formal education system and child protection. Families, communities, politicians and traditional and religious leaders will be mobilized to promote positive changes in behaviour and attitudes. Data collection for continuous assessment of the situation of children and women through monitoring and evaluation will provide evidence to mobilize partnerships and to leverage resources.

22. To enable UNICEF to respond effectively to epidemics (cholera, avian flu) and other natural or man-made emergencies, the emergency preparedness and response plan will be integrated into the programme components in line with the Core Commitments for Children in emergencies (CCCs). UNICEF will work with the Office for the coordination of Humanitarian Affairs and other partners in anticipating emergency situations and in planning and carrying out preparedness activities, including training in the areas of nutrition, water and sanitation, education and child protection. The existing emergency preparedness and response plan and the United Nations contingency plan will be updated regularly. Contingency stocks for 10,000 people will be pre-positioned.

23. Regular resources will be used for policy development, advocacy and information, capacity-building at national and regional levels, some provision of supplies, especially for child survival, and for data collection mechanism and technical assistance. Other resources will be used for equipment and service-delivery interventions for child survival, PMTCT, vulnerable children, education and communication for behavioural change.

Relationship to national priorities and the UNDAF

24. The PRSP, which was developed in 2006 through a participatory process with the Government, civil society organizations and United Nations agencies, identifies four major themes: (a) strengthening governance, modernizing public administration and ensuring macroeconomic stability; (b) promoting economic growth and job creation; (c) increasing access to social services and basic infrastructures; and (d) improving the livelihoods of the most vulnerable population groups. The UNDAF focuses on growth and poverty reduction; governance and economic development; and social protection and human development. The programme of cooperation is in line with these priorities, especially in the area of child protection, which is strongly reflected in the themes on good governance and the modernization of public administration. Support for health and nutrition, HIV/AIDS and education will contribute directly to the third priority of the PRSP.

Relationship to international priorities

25. Based on this national framework, the programme of cooperation will contribute to the attainment of the Millennium Development Goals, with a focus on the targets of the UNICEF medium-term strategic plan, and also of the wider targets of *A World Fit for Children*. The education programme will contribute to Goals 1 and 2. The child survival and HIV/AIDS programmes will support Goals 4, 5 and 6, and the advocacy, information and communication programme will support partnerships for children.

Programme components

26. The **child protection and rights promotion** programme comprises two projects. The project on rights protection and promotion will contribute to the adoption and implementation of a child protection code in order to combat and prevent harmful traditional practices and the worst forms of child labour and trafficking; eliminate sexual and economic exploitation of children; provide judicial support services for victims and strengthen the judicial system; and implement recommendations from the United Nations Study on Violence against Children and the report of the Committee on the Rights of the Child expected in 2007. The legal framework and legislation will be brought into line with the Convention on the Rights of the Child and the Convention on the Elimination of All Forms of Discrimination against Women. Birth registration rates will be increased to 70 per cent by supporting the Government to build a national strategic system of routine birth registration and through reinforcement of regional birth registration units.

27. The social protection and support to vulnerable children project will support building a national child protection system and implementing a national plan of action for vulnerable children. The project will support studies on early marriage and child labour to provide evidence for policy development. It will also support community-based child protection networks to identify and ensure access to protection, basic care and services for the most vulnerable, including orphans and other vulnerable children, children harmed by sexual abuse and exploitation and children affected by HIV/AIDS. Service providers will be trained in effective child protection strategies.

28. The Ministry of Social Solidarity, Family and Poverty Reduction, the Ministry of Justice, the National Council for the Fight against HIV/AIDS, the Secretariat of

State for Youth and Sport, NGOs, community-based organizations (CBOs) and traditional and religious leaders will be the main partners for the planning, implementation and monitoring of the programme.

29. The **child survival** programme will support scaling-up of the minimum package of ACSD interventions, including immunization, with the introduction of new vaccines; distribution of insecticide-treated nets for malaria prevention; malaria treatment; vitamin A supplementation; deworming; promotion of early and exclusive breastfeeding; complementary feeding; management of diarrhoeal diseases and acute respiratory infections; and promotion of positive behavioural practices of parents, caretakers and families, including hand-washing and management of acute malnutrition. Because of the health sector's systemic weakness, priority will be given to outreach and community-based strategies for the delivery of ACSD interventions while supporting, with development partners, government efforts to gradually strengthen the health system.

30. The programme will comprise three projects and will have national coverage: (a) the child and mother quality health services project will contribute to the reduction of child and maternal morbidity and mortality and to enabling the national health system to provide quality health and nutrition services to children and women; (b) the nutrition project will promote salt iodization at community level, social mobilization and legal enforcement. It will support care practices by parents in promoting good health and nutrition, especially early and exclusive breastfeeding; (c) the water, sanitation and hygiene project will contribute to the promotion of improved hygiene practices among children in schools, health centres and communities to prevent hygiene-related diseases, including avian flu and cholera, through building the capacities of NGO partners and community members on communication skills, construction of low-cost latrines and rainwater harvesting systems. Education and mobilization components will prioritize the involvement of children, teachers, health workers and other key community representatives in preparing plans on installation of water and latrine facilities and processes for practicing proper water, sanitation and hygiene behaviours. Community committees will manage systems, with equal participation of women and men.

31. The Ministries of Health, of Natural Resources and of Education, national NGOs and community organizations will be closely involved in planning, implementing and monitoring the programme.

32. The **basic education and gender equality** programme will support the country in improving access to and quality of education for both girls and boys, and in developing national policies and strategies for early childhood development, and for girls and boys who do not have access to formal education.

33. The programme, implemented by the Ministry of Education, will have two projects with national coverage. The girls' education project will scale up the ELP to improve net enrolment and primary school completion rates, especially for girls. A social mobilization campaign will focus on the importance of girls' education, stressing the need to start school at age six years. Technical assistance will be provided to develop competency- and outcome-based curricula. Teachers, including women, will be trained on child-centred teaching and learning processes, gender equity and life-skills education for HIV prevention and hygiene practices. In support of the child-friendly schools model, safe water, sanitation facilities and hygiene education will be provided in schools. Emphasis will be placed on the importance of

community participation in schools. Support will be provided to improve management and information systems, including developing a sustainable system for monitoring learning achievement.

34. The education policy support project will provide technical assistance for developing policies, standards, strategies and guidelines for implementing the Education Sector Development Plan, informed by research and studies where necessary, specifically in relation to barriers to girls' education and educational access for girls and boys under age 18 years who do not have access to formal education. Technical assistance will be provided for a national policy on ECD.

35. The **HIV/AIDS** programme will provide technical support to the National Strategic Plan 2007-2011 in achieving the national objectives of ensuring universal access to antiretroviral treatment for PMTCT by 2012 and ensuring access to quality paediatric care for infected children. The programme will promote, in partnership with other agencies, the Government and partners, the "three ones" approach and coordinate its assistance within the framework of the thematic group of the Joint United Nations Programme on HIV/AIDS (UNAIDS).

36. The programme will have two projects. The prevention of parent-to-child transmission and paediatric care project will ensure access to an integrated package of PMTCT for HIV-positive pregnant women, reduce the number of infected children, provide quality care for infected newborns and increase the proportion of infected children receiving treatment. The prevention of HIV infection among adolescents and young people project will ensure that adolescents and young people (both in and out of school) have adequate information and relevant skills and services to reduce their risk and vulnerability.

37. The programme will be implemented by the National Council to Combat HIV/AIDS in collaboration with the Ministry of Health, the Ministry of Education, the Ministry of Social Solidarity, Family and Poverty Reduction, the Secretariat of Youth and Sport, communities and religious and traditional leaders.

38. The **advocacy, information and communication** programme aims at creating a culture of rights at all levels of Guinea-Bissau's society, and developing a communication and advocacy strategy to promote sustained involvement of the media, political, religious and traditional leaders, civil society and public opinion in reaching the Millennium Development Goals and fulfilling the rights of children and women.

39. The programme will have two projects. In close coordination with the other programme components, the advocacy and information project will disseminate information to decision makers in order to mobilize their commitment and help them meet their obligations. It will involve mass media in mobilizing public opinion in favour of children. Adequate information on children's rights will be provided to targeted donors with the aim of mobilizing support and funds. Children and young people will be empowered through information and education on their rights and through networking and the Children's Parliament.

40. In the framework of the National Communication Policy for Development and the Integrated Communication Plan, the communication for behavioural change project will promote positive behavioural and attitudinal changes of children, young people, families and communities in relation to protection, child survival, education and HIV/AIDS. Adequate and timely information will be provided to families and

communities, enabling them to make the best choices for their children. It will also strive to involve community and religious and traditional leaders in planning key activities to secure community ownership and sustainability. The Secretariat for Social Communication will be the governing body of the programme and media, young people's associations and traditional and religious leaders will be key to implementing the programme.

41. The **monitoring and evaluation** programme will ensure that the country programme stays on target towards the agreed results. Timely and updated information will be developed through MICS in 2009 and 2012 and related specific studies as required, and will be disseminated through the advocacy, information and communication programme. The programme will contribute to building the capacities of partners through training and expertise in the development of monitoring and evaluation mechanisms (DevInfo, MICS) and in evidenced-based information on the situation of children and women. It will support community involvement in routine monitoring and serve as focal point for reviews, studies and evaluations. The Ministry of Economy and its Secretariat of State for Planning will coordinate this programme component and the country programme.

42. **Cross-sectoral costs** will be used for improving operational, logistical and management capacities across the country programme and to support United Nations common services. Supply and procurement are a major component of the programme because of the weakness of local suppliers and public management in general. National capacities will be reinforced for better management of cash advances in applying the harmonized approach for cash transfer.

Major partnerships

43. UNICEF will strengthen its collaboration within the United Nations Country Team (UNCT) with United Nations agencies and major NGOs and CBOs including the Food and Agricultural Organization of the United Nations, the World Food Programme and Plan Guinea-Bissau, with which a Memorandum of Understanding has been signed in education. The United Nations Population Fund (UNFPA) will be the major partner for youth development. UNICEF will continue to work closely with UNAIDS, UNFPA, WHO, the World Bank, The Global Fund and the Brazilian Government (*Laços Sul-Sul*). UNESCO has been working with UNICEF in supporting the Government to develop a national strategic plan in education, which will be used to mobilize more partnerships in education. UNICEF will continue to develop and strengthen alliances with CBOs, religious and traditional leaders, youth and women's organizations and other local associations to tackle sensitive issues affecting protection of children's and women's rights. In terms of emergency preparedness and response, UNICEF will ensure that children's and women's rights are respected under the CCCs through participation in the UNCT, together with the Office for the Coordination of Humanitarian Affairs, the Government and other humanitarian actors including the International Committee of the Red Cross, the National Red Cross, Caritas and the Adventist Development and Relief Agency.

Monitoring, evaluation and programme management

44. National indicators which have been identified and introduced in DevInfo will be used to monitor the progress of programme implementation and progress towards the Millennium Development Goals. The major indicators are reflected in the

summary results matrix. The MICS in 2009 and in 2012, as well as specific evaluations throughout the programme cycle, will help to measure progress. Field visits, community feedback through joint monitoring field missions, activity reports, annual reviews, surveys and studies will be used to frequently monitor the implementation of the programme. Emergency response performance monitoring systems and tools will be developed. The mid-term review in 2010, which will be based on the UNDAF, will help to identify gaps and new strategies required to attain expected results. The integrated monitoring and evaluation plan will be updated yearly.

Summary results matrix: Government of Guinea-Bissau – UNICEF country programme 2008-2012					
UNICEF MTSP Focus Area	Key results expected in this Focus Area/ Baseline Estimates for these Results	Key Progress Indicators	Means of verification of Results	Major Partners, Partnership Frameworks and Cooperation Programme	Expected key results in this Focus Area will contribute to:
1. Basic education and gender equality	1.1. 80 % of girls and boys enrolled in school and at least 60 per cent of those complete primary schooling (baseline: boys enrolment: 54%; girls enrolment: 52%)	1.1.1. Net enrolment, retention and completion of girls, at national level 1.1.2. % of girls who complete primary school	1.1.1. Database from Ministry of Education, Statistic and Evaluation Services, MICS 1.1.1. Report from the Ministry of Education	- Ministry of Education, United Nations agencies, bilateral and NGO agencies - PRSP, UNDAF, EFA Education National Plan	<u>UNDAF Expected outcome:</u> Improve primary school enrolment, retention and completion rates, specifically for girls <u>WFFC goal:</u> Provide quality education <u>MDGs:</u> Promote gender equality and empower women; combat HIV/AIDS
	1.2. 75 % of teachers are skilled with teaching methodologies and practices (baseline: 60 per cent)	1.2.1. Number of certified teachers	Database from Statistic and Evaluation Services of the Ministry of Education, MICS		
2. Young child survival and development	2.1. Reduction of IMR from 138 to 100 per 1,000 and U5MR from 223 to 180 per 1,000 live births 2.2. Achieve and sustain at least 90% immunization coverage nationally and 80% in all health areas (baseline: 59.1%)	2.1.1. % of children who received measles and DPT3 vaccines before their first birthday 2.1.2. % of pregnant women vaccinated with at least 2 doses of TT vaccine 2.1.3. % of health areas achieving at least 80% DPT3 coverage	- Routine data (Ministry of Health) - WHO/UNICEF joint reporting - Periodic evaluation - MICS 2009 & 2012	- Ministry of Health, WHO and NGOs	<u>UNDAF Expected outcome:</u> better access of vulnerable population to quality health services - Increasing access of vulnerable population to safe water and quality sanitation <u>WFFC goal:</u> Promote healthy lives <u>MDGs:</u> Reduce child mortality; Improve maternal health
	2.3. At least 80% of children under five and pregnant women sleep under insecticide treated nets (2006 baseline: 39%)	2.2.1. Proportion of children under five and pregnant women who sleep under insecticide treated mosquito nets	- Periodic evaluation; - MICS 2009 & 2012	- Ministry of Health, WHO and NGOs	
	2.4. Increase to at least 30% of household consumption of adequately iodized salt (baseline: 1%)	2.4. % of households consuming adequately iodized salt	- MICS 2009 & 2012	- Ministry of Health, WHO and NGOs	
	2.5. Increase by 20% the proportion of the population who adopt good essential hygiene practices, i.e., hand-washing, drinking safe water and safe disposal of sanitary excreta (estimated 2006 baseline: 30%)	2.11.1. % of population who adopt good essential hygiene practices, i.e., hand-washing, drinking safe water and safe disposal of sanitary excreta	- KAP study - MICS 2009 & 2012	- Ministries of Natural Resources, Health & Education - NGOs - Communities	

Summary results matrix: Government of Guinea-Bissau – UNICEF country programme 2008-2012					
UNICEF MTSP Focus Area	Key results expected in this Focus Area/ Baseline Estimates for these Results	Key Progress Indicators	Means of verification of Results	Major Partners, Partnership Frameworks and Cooperation Programme	Expected key results in this Focus Area will contribute to:
3. Child protection	3.1. National system of child protection in place and operational	3.1.1. Child protection structures identified 3.1.2. National laws revised and harmonized in line with international laws and conventions (baseline: 8 national laws) 3.1.3. National steering committee created for follow-up to the recommendations by the Committee on the Rights of the child	MICS, annual and bi-annual reviews, MTR, partners reports	Ministry of Social Solidarity, Family and Poverty Reduction, Ministry of Justice, Ministry of Interior, NGOs, CBOs, youth associations, traditional leaders and religious organizations	<u>UNDAF expected outcome:</u> Vulnerable groups have access to quality base social services and national institutions ensure human resources development <u>WFEC goal:</u> Protect against abuse, exploitation and violence
	3.2. Strategic information on vulnerable children available and data collecting mechanism on a routine basis effective	3.2.1. Disaggregated baseline data on child protection indicators available 3.2.2. Number of child protection indicators included in national development plans 3.2.3. Existence of key information to produce the report to the Committee on the Rights of the Child	MICS, annual and bi-annual reviews, MTR, partners reports	Ministry of Social Solidarity, Family and Poverty Reduction, Plan Secretary of State, NGOs, CBOs	
	3.3. At least 25% of most vulnerable children covered with free basic support	3.3.1. Existence of mechanism to identified vulnerable children 3.3.2. National strategy on OVCs 3.3.3. % of needy OVCs covered with free basic support	MICS, annual and bi-annual reviews, MTR, trip reports, HIV/AIDS National Plan progress report, partners reports	Ministry of Social Solidarity, Family and Poverty Reduction, STNLS, NGOs and CBOs	
	3.4. 70% of children 0-5 registered. (Baseline: 38.9%)	3.4.1. % of children ages 0-5 registered (38,9% MICS 2006). 3.4.2. National strategy on birth registration	MICS, annual and bi-annual reviews, surveys, MTR, trip reports, partners reports	Ministry of Justice, NGOs, CBOs, traditional and religious leaders	

Summary results matrix: Government of Guinea-Bissau – UNICEF country programme 2008-2012					
UNICEF MTSP Focus Area	Key results expected in this Focus Area/ Baseline Estimates for these Results	Key Progress Indicators	Means of verification of Results	Major Partners, Partnership Frameworks and Cooperation Programme	Expected key results in this Focus Area will contribute to:
4. HIV/AIDS	4.1. Ensure access to integrated package of PMTCT care to at least 50% of HIV-positive pregnant women attending antenatal services (2006 baseline: 8.6%)	<ul style="list-style-type: none"> - % of (HIV-positive) pregnant women who benefited from a comprehensive ARV treatment for reducing the risk of vertical transmission of HIV - (baseline: - % of children HIV positive who have access to paediatric ARV treatment - (baseline: 	<ul style="list-style-type: none"> - Routine data - Studies 	<ul style="list-style-type: none"> - Ministry of Health - UNFPA - UNDP - Global Fund - World Bank (MAP) 	<p><u>UNDAF expected outcome:</u> the national institutions and civil society capacity are strengthened to prevent and fight against HIV/AIDS</p> <p><u>WFFC goal:</u> Combat HIV/AIDS</p> <p><u>MDGs:</u> Combat HIV/AIDS, malaria and other diseases</p>
	4.2. Ensure access to quality paediatric care for 100% of newborn from HIV-positive mothers.	<ul style="list-style-type: none"> - % of newborn from HIV-positive women who receive quality appropriate paediatric care 	<ul style="list-style-type: none"> - Surveys - MICS 2009 & 2012 	<ul style="list-style-type: none"> - Ministry of Health - NGOs/Caritas - WFP 	
	4.3. 70% adolescents have correct information and relevant skills and services to reduce HIV/AIDS risk and vulnerability (baseline: 34%).	<ul style="list-style-type: none"> - % young people (15-24) with comprehensive adequate knowledge of HIV/AIDS 	<ul style="list-style-type: none"> - Surveys - MICS 2009 & 2012 	<ul style="list-style-type: none"> - Ministry of Solidarity - Ministry of Health - UNFPA 	
5. Policy advocacy and partnerships for children's rights	<p>5.1.1. International laws and instruments signed/ratified (child protection)</p> <p>5.1.2. Policy of IECD adopted (education).</p> <p>5.1.3. Policy and strategies on educational of children excluded form the formal system are developed (education)</p> <p>5.1.4. Change of behaviour and attitude on birth registration, child survival, hand-washing, early and exclusive breastfeeding, girls' education and protection against negative and harmful practices (Advocacy, Information and Communication)</p>	<p>5.1.1. Number of international instruments signed and ratified</p> <p>5.1.2. Policy published</p> <p>5.1.3. Strategies developed and implemented</p> <p>5.1.3. Strategies developed with participation of young people</p> <p>See indicators form related programmes</p>	<p>MICS, annual and bi-annual reviews, MTR, trip reports, partners reports</p> <p>Project reports</p> <p>- KAP study</p> <p>MICS 2009 & 2012</p>	<p>Youth networks, child parliament, Institute for Women and Children, Youth Institute, National Assembly</p> <p>Government, United Nations agencies, NGOs, CBOs, Community leaders, Schools, children, youth organizations</p>	<p><u>UNDAF expected outcome:</u></p> <p><u>WFFC goal:</u></p> <p><u>MDGs:</u> Promote gender equality and empower women</p>

Summary results matrix: Government of Guinea-Bissau – UNICEF country programme 2008-2012					
UNICEF MTSP Focus Area	Key results expected in this Focus Area/ Baseline Estimates for these Results	Key Progress Indicators	Means of verification of Results	Major Partners, Partnership Frameworks and Cooperation Programme	Expected key results in this Focus Area will contribute to:
6. Programme support	1. Plans of expansion of ACSD	Number of health regions implementing the minimum package ACSD Number of health regions introducing the expanded ACSD package	Programme Evaluations, UNDAF Review, MTR in 2009, MICS 2009	See Programme Partners	See UNDAF expected results
	2. Plans to introduce the Education Essential Learning Package in schools	Number of Schools using the essential learning package	Programme Evaluations, UNDAF Review, MTR in 2009, MICS 2009	See Programme Partners	See UNDAF expected results