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Country programme document

Guinea-Bissau

Summary

The country programme document (CPD) for Guinea-Bissau is presented to the Executive Board for discussion and approval at the present session, on a no-objection basis. The CPD includes a proposed aggregate indicative budget of \$10,570,000 from regular resources, subject to the availability of funds, and \$45,000,000 in other resources, subject to the availability of specific-purpose contributions, for the period March 2022 to December 2026.

* [E/ICEF/2022/1](#).



Programme rationale

1. Guinea-Bissau has a young and predominantly rural population, with 49 per cent of its inhabitants under 18 years of age and 64 per cent living in rural areas.¹ Following years of instability, Guinea-Bissau embarked on an ambitious economic recovery programme in 2020.² This programme is expected to drive development in an economy characterized by a gross national income per capita of \$760 in 2020,³ limited economic diversification, with a high level of dependence on cashew production, and the repercussions of the coronavirus disease 2019 (COVID-19) pandemic. National development ambitions are constrained by limited public sector investment and inadequate capacity to efficiently utilize domestic and external resources.

2. Child poverty is widespread in Guinea-Bissau. The Multidimensional Poverty Index and Multiple Overlapping Deprivations Analysis conducted in 2015 revealed that 52 per cent of children under the age of 18 experienced at least three deprivations simultaneously. Children aged 0–4 years, children living in rural areas and children whose mothers have limited formal education were the most affected by multiple deprivations. Reductions in tax revenue and household incomes brought about by the COVID-19 pandemic are expected to push more vulnerable families and their children into multidimensional poverty. As a small island developing State, Guinea-Bissau faces: (a) limited capacity to raise domestic resources; (b) high energy and transportation costs; and (c) vulnerability to climate variability, rising sea levels and flooding.⁴

3. Under-five mortality declined from 89 deaths per 1,000 live births to 51 per 1,000 live births between 2014 and 2019, yet further progress is needed. Neonatal mortality decreased from 36 deaths per 1,000 live births to 22 per 1,000 live births during the same period but still accounts for 43 per cent of under-five deaths. Access to health services is low. Indeed, only 54 per cent of deliveries are assisted by a qualified health professional and 66 per cent of the population has to walk more than one hour to reach the nearest health centre, particularly in low-density regions such as Bafata and Gabu.⁵

4. The percentage of children aged 0–11 months who received three doses of diphtheria/tetanus/pertussis (DTP) vaccine declined from 86 per cent in 2014 to 74 per cent in 2020,⁶ exposing an increased number of children to vaccine-preventable diseases, particularly in urban areas, where 65 per cent of unvaccinated children live. Bottlenecks include inadequate planning and financing of the Expanded Programme on Immunization (EPI), frequent strikes of health workers and vaccine stock-outs.

5. The prevalence of wasting among children under age 5 is 5 per cent, and 28 per cent of children of the same age group are stunted. Challenges explaining this situation include limited knowledge of appropriate young child feeding practices; limited access to nutritious foods for young children; inadequate prevention and treatment of frequently occurring childhood illnesses, such as diarrhoea, pneumonia and malaria; and inadequate nutrition care within communities and health-care facilities.

¹ Unless stated otherwise, the source of data is the Multiple Indicator Cluster Survey 2018–2019, published by the National Statistics Institute of Guinea-Bissau

² Ministry of Economy, Planning and Regional Integration, National Development Plan 2020–2023.

³ World Bank, World Development Indicators (2021).

⁴ UNICEF, Situation Analysis of Children's Rights and Well-Being in Guinea-Bissau, 2019.

⁵ Ministry of Public Health, 3rd National Programme for Health Development (2018–2022).

⁶ World Health Organization (WHO)/UNICEF estimates of national immunization coverage.

6. Guinea-Bissau has the highest HIV prevalence rate in West Africa, with 3 per cent of people aged 15–49 years living with HIV (3.8 per cent of women) and adolescent girls particularly vulnerable. The coverage of antiretroviral treatment among pregnant women living with HIV decreased from 66 per cent in 2016 to 57 per cent in 2020.⁷ This low coverage, combined with inadequate follow-up, insufficient funding for outreach and limited data collection and use, are bottlenecks to the prevention of mother-to-child transmission of HIV. The introduction of a new national HIV testing strategy in 2019, including point-of-care technology for early infant diagnosis, improved access to testing in all regions of the country. This led to an increase in the proportion of children aged 0–14 years living with HIV on antiretroviral treatment from 19 per cent in 2018 to 34 per cent in 2020.⁸

7. The prevalence of open defecation has decreased significantly, dropping from 36 per cent in 2000 to 10.3 per cent in 2020.⁹ However, access to safe water decreased from 75 per cent in 2014 to 67 per cent in 2019, and 55 per cent of water points and 82 per cent of household water sources are contaminated with faecal coliforms. Lack of investment in water infrastructure, especially in rural areas, is affecting the availability of safe water and leading to unsafe hygiene practices among households.

8. The percentage of children aged 36–59 months attending an early childhood education programme rose from 13 per cent in 2014 to 14.3 per cent in 2018, although there are significant disparities between regions. Only 3 per cent of children have access to pre-primary education in Bafata region, compared with 53.5 per cent in the capital region, Bissau. Pre-primary education facilities fall short of national standards due to the limited availability of pedagogical materials for children and teachers, and limited access to water points and functional latrines. The majority of pre-primary education services are offered by private entities, which charge fees that are beyond the reach of most families.

9. Between 2014 and 2019, the net attendance rate rose from 62 per cent to 69 per cent for primary education (70 per cent for girls) but dropped from 20 per cent to 9 per cent for lower secondary education (8.7 per cent for girls). Among children and adolescents of primary and lower secondary school age, 27.7 per cent and 23.3 per cent are out of school, respectively. The Gender Parity Index has improved for primary education, reaching 1.00 (parity), but remains a challenge for secondary education, standing at 0.89 for lower secondary (with more boys than girls in school). Place of residence and level of income are key determinants of school attendance, leading to disparities. For example, the net attendance rate is 59 per cent among children in the poorest quintile versus 89 per cent among children in the wealthiest quintile.

10. Coverage of birth registration services among children under age 5 increased from 24 per cent in 2014 to 46 per cent in 2019. Although violent discipline in households and communities decreased from 82 per cent in 2014 to 76 per cent in 2019, these practices persist, with 20 per cent of children under age 14 experiencing severe forms of physical punishment by caregivers. The child protection system is characterized by limited institutional capacity, particularly at the subnational level and among social welfare workers; an inadequate national information system; and a weak continuum of services for the prevention, identification, referral and case management of children affected by violence. The Government developed a child protection policy and a child protection code in 2019 and 2020, respectively, which

⁷ Joint United Nations Programme on HIV/AIDS, AIDSinfo: Global data on HIV epidemiology and response (2020).

⁸ National Institute for Public Health.

⁹ WHO/UNICEF Joint Monitoring Programme.

are important achievements towards improving the coherence of the child protection system.

11. Among girls aged 0–14 years, 30 per cent have experienced female genital mutilation (FGM) and 26 per cent of women aged 20–24 years report having been married or in union before age 18. Social norms underpinning these practices persist, particularly in rural areas.

12. Key lessons learned from the midterm review of the previous country programme that have informed programme design include: (a) the need to reinforce support to government efforts to improve governance and capacity at both national and subnational levels; (b) the importance of expanding social protection to attenuate the socioeconomic impact of multiple deprivations on the most vulnerable children and families; and (c) the necessity of multisectoral approaches and partnerships to respond to public health emergencies, such as the COVID-19 pandemic and the threat of Ebola virus disease as well as the effects of climate change, including the increased risk of waterborne diseases.

Programme priorities and partnerships

13. The overarching vision of the country programme is that girls and boys, including adolescents, have increased access to quality social services and to supportive and safe environments that enable them to survive, thrive, learn and develop to their full potential, for their own well-being and to contribute to positive social change.

14. The theory of change underpinning the country programme holds that (a) if the Government and civil society organizations have the skills, knowledge and capacity to guarantee the uninterrupted provision of sustainable and resilient essential social services, informed by evidence-based models tested at the community-level; and (b) if children, including adolescents, parents and caregivers demand quality and equitable social services, adopt safe and positive behaviours and practices and demand a safe environment, then children, including adolescents, will survive and thrive, learn and develop in a safe and healthy environment free from violence, exploitation and abuse. The underlying assumptions are that political and institutional stability are sustained, the national economy recovers from the effects of the COVID-19 pandemic and the resilience of systems and populations to withstand further socioeconomic shocks is strengthened.

15. The programme is derived from the United Nations Sustainable Development Cooperation Framework (UNSDCF), 2022–2026, particularly the outcomes related to human capital development and governance. The UNSDCF in turn is aligned with the National Development Plan 2020–2023.

16. The programme responds to the concluding observations of the Committee on the Rights of the Child and the recommendations of the Universal Periodic Review. It is aligned with the UNICEF Strategic Plan, 2022–2025, and therefore the Sustainable Development Goals as well as the Agenda 2063 of the African Union. It will promote the participation and leadership of adolescent girls and boys in matters that affect them and advance the empowerment of girls and women through programmes that reinforce equitable and non-discriminatory norms, in line with the UNICEF Gender Action Plan, 2022–2025. The programme will emphasize multisectoral, risk-informed approaches and partnerships and place its strategic focus on four catalytic key results for children: (a) improving immunization coverage; (b) strengthening access to education; (c) expanding birth registration; and (d) ending open defecation.

17. The country programme adopts a strategic approach of strengthening the efficiency and effectiveness of local and national institutions to improve outcomes for children. To this end, UNICEF will work in close partnership with government institutions, civil society organizations, United Nations agencies, other development partners, the private sector, decentralized services and community organizations. The programme will promote community-level integrated services for child survival, development and protection to inform national policy dialogue and social sector financing, thereby taking successful proof of concept initiatives to scale. The approach will help to mitigate the effects of longstanding political instability on the provision of social services, exacerbated by the COVID-19 pandemic. Support to disadvantaged and vulnerable communities will be reinforced, as will individual and institutional capacities for improved engagement in the provision and demand for quality services.

18. Based on lessons learned during the previous country programme cycle, the programme will employ a mix of strategies to accelerate progress, with a focus on equity, including: (a) generating, analysing and using data and evidence for policy making; (b) fostering the engagement of communities and governmental institutions to improve the delivery of quality services for girls and boys, including adolescents; (c) mitigating risks and building resilience for children and their communities by linking humanitarian and development programming; (d) developing the capacity of service providers to strengthen the delivery of quality services and accountability systems; (e) improving governance and multisectoral action, in close collaboration with partners, for well-performing decentralized services; (f) engaging and empowering communities to demand essential, child-centred services; (g) advocating with adolescents and families and encouraging their participation and engagement in favour of the promotion of behaviours and practices that advance and protect child rights; and (h) promoting gender-responsive programming to address disparities and gender-based discrimination.

19. UNICEF will contribute to the national and subnational emergency preparedness and response, promoting integrated local planning with the Government and civil society partners, including participatory needs assessment, prepositioning of essential supplies, and capacity development for emergency response and accountability to affected populations. The UNICEF Core Commitments for Children in Humanitarian Action will provide the framework for preparedness and response actions. Risk-informed and climate change-resilient service delivery approaches will be adopted.

Child survival and development

20. In line with outputs 3.1, 3.4 and 3.5 of the UNSDCF, the third National Health Sector Development Plan 2018–2022 and the National Plan for Monitoring and Evaluation of the Response to HIV/AIDS and Sexually Transmitted Infections in Guinea-Bissau 2019–2023, the programme will support the strengthening of central and local health systems. In support of the Ministry of Public Health and in partnership with the World Health Organization (WHO); the World Bank; the World Food Programme (WFP); the United Nations Population Fund; the Joint United Nations Programme on HIV/AIDS; Gavi, the Vaccine Alliance; and other partners, UNICEF will focus on the delivery of an integrated package of health, nutrition, HIV and water, sanitation and hygiene (WASH) interventions. The programme will use the key entry points of immunization, community health and Community-Led Total Sanitation to increase access to equitable and high-impact interventions for the survival and development of mothers and girls and boys, particularly newborns and adolescents.

21. Support towards strengthening the EPI will serve as an entry point to revitalize primary health care through the provision of essential maternal and child health and nutrition services. The programme will contribute to the achievement of 85 per cent coverage of DTP3 vaccination among children under age 1 nationally. UNICEF will reinforce its partnership with Gavi, the Vaccine Alliance and WHO to support the introduction of new vaccines that respond to public health needs. UNICEF will play a strategic role in seeking sustained investments in EPI alongside partners, including for cold chain management and the procurement of vaccines, such as COVID-19 vaccines through the COVAX Facility. In collaboration with WHO, the United Nations Population Fund (UNFPA) and the United Nations Development Programme (UNDP), the programme will support national efforts to integrate the prevention of mother-to-child transmission of HIV and early infant diagnosis into routine maternal and child health services, to reduce vertical HIV transmission and improve paediatric HIV care.

22. The programme will enhance its partnership with the World Bank to scale up access to community health services. Community health workers will be supported, through the primary health care system, to implement high-impact maternal, newborn, child health and nutrition interventions, including infant and young child feeding practices and treatment of malnourished children. The interoperability of routine immunization and civil registry services to expand birth registration will be pursued.

23. The programme will contribute to reducing the proportion of the population practising open defecation to 5 per cent by increasing access to basic water and sanitation services for children and households at the community level. UNICEF will support the upgrading of WASH facilities to provide health centres and schools with safely managed water and sanitation facilities and promote menstrual hygiene management to contribute to retaining girls in school. UNICEF will support the development of proof of concept on scalable WASH service delivery models, to increase the affordability and sustainability of water and sanitation facilities and foster community demand for, and participation in, the management of safe WASH services. Together with UNDP and the United Nations Human Settlements Programme, UNICEF will continue to support the development of the WASH sector regulatory framework and promote climate-resilient infrastructure.

Access to learning

24. In line with output 3.2 of the UNSDCF and the Education Sector Programme 2017–2025, the programme will contribute to improving access to quality early childhood development services, pre-primary, primary and lower secondary education for children in a safe and protective environment. Alternative learning opportunities will be promoted to offer alternative learning pathways for out-of-school children.

25. With a focus on equity and gender-responsive approaches, the programme will leverage the resources, voice and influence of UNICEF and partners, to increase and sustain access, enrolment and retention of boys and girls, including adolescents, in school. This will involve strengthening the capacity of teachers to deliver child-centred and gender-responsive pedagogy that supports learning and development. Families, communities and children will be equipped with the skills and capabilities to improve school management and governance systems and to foster environments conducive to learning and retention of children in school.

26. Together with the National Network of Kindergartens in Guinea-Bissau, the programme will contribute to increasing access to early childhood education programmes for children aged 36–59 months from 14 per cent to 20 per cent. UNICEF will improve the capacity of the Government and private and community-based pre-schools to deliver quality early childhood education services. The programme will

promote changes in individual behaviours and family practices in favour of positive childcare and non-violent parenting practices that afford children the best possible start in life.

27. As lead agency of the group of education partners and in partnership with the Ministry of Education, the Global Partnership for Education and the World Bank, UNICEF will continue to support the expansion of school attendance, with the goal of increasing the net attendance rate in primary education to 78 per cent for both girls and boys. Emphasis will be placed on strengthening the education management information system, to support planning for the expansion of access and the monitoring of education outcomes. Capacity building for national partners will facilitate the use of information for corrective action and to promote equitable access.

28. The programme will address barriers to the participation and retention of adolescent girls in education. This will include: (a) parental education to support school participation, particularly of girls; (b) social and behaviour change; (c) the promotion of inclusive water and sanitation facilities that are separate for girls and boys; (d) menstrual hygiene management; (e) the promotion of life skills and peacebuilding education; and (f) the prevention of gender-based violence.

29. Alternative education models will be scaled up through distance learning programmes for primary school-aged children who are out of school or at-risk of dropping out. Entrepreneurial and skills-based opportunities will be promoted as a pathway for out-of-school adolescents to continue learning, build resilience and facilitate the transition from learning to becoming a productive member of society.

30. UNICEF will also support approaches to render education services resilient to shocks, building on the experience acquired in the response to the COVID-19 pandemic, to ensure continuity in the provision of education services during emergencies.

Child protection

31. Within the framework of the National Integral Child Protection Policy 2021-2032 and the Integral Child Protection Action Plan 2021-2032, the Justice Sector Priority Plan 2020-2023, the National Plan of Action for Ending Female Genital Mutilation (FGM) 2018-2022 and the National Strategic Plan for Civil Registration and the Production of Vital Statistics 2019-2028, and in line with outputs 1.1, 1.2, 1.3, 1.4 and 3.6 of the UNSDCF, the programme aims for girls and boys, especially the most disadvantaged, to increasingly benefit from a child protection system that effectively prevents and responds to violence, abuse and exploitation. The programme will support government efforts to expand the coverage of birth registration among children under age 5 to 55 per cent and reduce the prevalence of FGM among girls aged 0–14 years to 25 per cent.

32. The programme will intensify collaboration with the Ministry of Justice, together with UNDP, WHO and the United Nations Economic Commission for Africa to strengthen the civil registration and vital statistics system to realize the universalization of birth registration. To achieve this, UNICEF will continue to promote the interoperability of civil registry services with the health sector as a key approach. A multisectoral approach will also be applied to reach children and adolescents not registered within the legal delay for birth registration through routine education services, so that no child is left behind.

33. Building on the previous country programme, including the response to the COVID-19 pandemic, UNICEF will continue to support the Ministry of Women, Family and Social Solidarity to strengthen the continuum of prevention, early intervention and response services for child protection and enhance the capacity of

child protection service providers to deliver quality services at the national and community levels. This will entail: (a) supporting the development of an integrated multisectoral referral and case management and reporting system; (b) enhancing the capacity of social workers for the provision of specialized care; and (c) strengthening child-friendly reporting and complaint mechanisms, through both in-person and online channels.

34. UNICEF, in partnership with UNFPA, will engage with families, communities, teachers, community health workers, traditional leaders and children, including adolescents, to reduce child marriage and curtail harmful practices and negative stereotypes that contribute to the persistence of violence against children, especially girls, including FGM. Through a multisectoral approach, UNICEF will promote the participation of adolescents in matters that concern them, particularly in schools and in their communities, and support their empowerment through the acquisition of life skills, with a focus on out-of-school adolescent girls.

Social inclusion

35. In line with outputs 3.3 and 3.6 of the UNSDCF and the National Development Plan 2020–2023, UNICEF will support the development of a shock-responsive social protection system to improve social inclusion and contribute to poverty reduction among the most vulnerable children and their families. UNICEF, in partnership with UNDP and other partners, will support the Ministry of Economy, Planning and Regional Integration and the Ministry of Women, Family and Social Solidarity to develop a social protection policy and financing framework.

36. In partnership with WFP, the World Bank and the International Labour Organization, UNICEF will provide technical advice for the development and implementation of a unified social registry to facilitate the coherent provision of social protection to all vulnerable families.

37. Multisectoral coordination mechanisms that include the private sector will facilitate the establishment of social protection cash transfer delivery platforms, including humanitarian cash transfers, and the monitoring and evaluation of these interventions. The integration of a complaint and feedback mechanism will allow for the grievances of beneficiaries to be addressed, including allegations related to sexual exploitation and abuse.

38. In a context of budgetary constraints that have been compounded by the COVID-19 pandemic, the programme will contribute to preserving and increasing social sector financing and timely disbursements of social sector budgets, through advocacy to improve the quality of planning, budgeting and accountability for social services at the national and subnational levels. UNICEF will support the collection and analysis of disaggregated data to inform social sector planning and resource allocation.

Programme effectiveness

39. This programme component will emphasize efficiency in the design, coordination and management of the programme and adherence to programming quality standards.

40. Programme effectiveness will be achieved through external communication, public advocacy and community engagement. Dialogue on child rights with decision makers, partners, communities and children will be pursued. This will include supporting organizations and networks of children, such as the National Children's Parliament and the Youth Media Network.

41. Accountability to affected populations will be a key facet of programme delivery, with the operationalization of effective feedback and complaint mechanisms. The programme will promote cross-sectoral action for emergency preparedness and response, as well as efficient and effective operations support, including supply and logistics operations for the timely delivery and use of services.

42. Business principles and practices that enhance programme delivery with quality standards and promote value for money will be adhered to.

Summary budget table

<i>Programme component</i>	<i>(In thousands of United States dollars)</i>		
	<i>Regular resources</i>	<i>Other resources</i>	<i>Total</i>
Child survival and development	3 500	24 700	28 200
Access to learning	850	12 800	13 650
Child protection	1 000	3 000	4 000
Social inclusion	750	2 500	3 250
Programme effectiveness	4 470	2 000	6 470
Total	10 570	45 000	55 570

Programme and risk management

43. This country programme document outlines UNICEF contributions to national results and serves as the primary unit of accountability to the Executive Board for results alignment and resources assigned to the programme at the country level. Accountabilities of managers at the country, regional and headquarters levels with respect to country programmes are prescribed in the organization's programme and operations policies and procedures.

44. Oversight and coordination of the UNSDCF and of agency-specific country programmes will be ensured by the UNSDCF Steering Committee, co-chaired by the Ministry of Foreign Affairs, International Cooperation and Communities. Within the United Nations country team, UNICEF will lead outcome 3 of the UNSDCF, which focuses on human capital development.

45. Risks with the potential to undermine the country programme relate to prospective epidemics, social unrest, political instability, strikes in the social sectors, further reduction of public financing, low levels of official development assistance and environmental hazards. UNICEF will monitor these risks and pursue mitigation measures, including: the adoption of innovative approaches to resource mobilization; outreach to donors through field and exchange visits; and capacity strengthening of government partners and private sector actors, including on emergency preparedness, response and resilience.

46. UNICEF will strengthen results-based management approaches in collaboration with United Nations agencies, including through joint programming, and champion the prevention of sexual exploitation and abuse, and accountability to affected populations. A business operations strategy will be implemented to harmonize operating costs and secure efficiency gains, through the continued sharing of common premises and services among United Nations agencies. UNICEF will

apply the harmonized approach to cash transfers framework with other United Nations agencies to enhance programme efficiency and reduce transaction costs.

Monitoring, learning and evaluation

47. Within the framework of the UNSDCF, UNICEF will support the Government and civil society to monitor progress towards the realization of child rights. UNICEF will continue to assist Guinea-Bissau in the preparation of reports to human rights treaty bodies, particularly the next State party report on the implementation of the Convention on the Rights of the Child and its optional protocols. The concluding observations of the Committee on the Rights of the Child, the African Committee of Experts on the Rights and Welfare of the Child, the Committee on the Elimination of Discrimination against Women and the recommendations of the Universal Periodic Review will be followed up closely.

48. UNICEF, jointly with UNFPA, will continue to support the National Institute of Statistics and sector-specific information systems to improve the timeliness, completeness and quality of routine data, to bolster effective monitoring of the equitable coverage of essential social services and timely analysis of bottlenecks.

49. UNICEF will promote the integration of community-based data into sector-specific routine information systems. National and subnational accountability mechanisms will be strengthened by supporting the engagement of communities, adolescents, youth and decision makers to use data to track equitable access of children, including adolescents, to quality services.

50. In collaboration with United Nations agencies, UNICEF will build on the experience of the response to the COVID-19 pandemic by harnessing interoperable digital tools for harmonized data collection and monitoring, continuous monitoring of country programme indicators, and third-party monitoring of programme implementation in hard-to-reach and insecure environments.

51. Evaluations and surveys will assess the achievement of country programme outcomes and fill critical data and evidence gaps. Annual programme reviews with the Government and partners will examine progress towards country programme results and inform strategic programme decisions.

Annex

Results and resources framework

Guinea-Bissau – UNICEF country programme of cooperation, 2022–2026

Convention on the Rights of the Child: Articles 1–54
National priorities: National Development Plan 2020–2023, Strategic Objectives 1 and 4
United Nations Sustainable Development Cooperation Framework (UNSDCF) outcomes involving UNICEF: 1 and 3
Related UNICEF Strategic Plan, 2022–2025 Goal Areas: 1–5

UNSDCF outcomes	UNICEF outcomes	Key progress indicators, baselines (B) and targets (T)	Means of verification	Indicative country programme outputs	Major partners, partnership frameworks	Indicative resources by country programme outcome: regular resources (RR), other resources (OR) (In thousands of United States dollars)		
						RR	OR	Total
Outcome 3: By 2026, the population of Guinea-Bissau, especially the most vulnerable, will have increased and equitable access and use of essential quality social services, including in emergencies.	1. By 2026, mothers, girls and boys, including newborns and adolescents, have equitable and increased access to quality high impact interventions for their survival and development.	Percentage of live births attended by skilled birth attendants* B: 54% (2018/19) T: 60%	Multiple Indicator Cluster Survey (MICS)	The health system, especially at the community and local levels, has the capacity to provide essential high impact maternal, newborn and child interventions and to prevent chronic malnutrition and micronutrient deficiencies in a multisectoral way.	Ministry of Public Health Ministry of Natural Resources and Energy National Institute for Public Health WHO Gavi, the Vaccine Alliance United Nations Population Fund (UNFPA) World Food Programme (WFP) United Nations Development	3 500	24 700	28 200
		Percentage of pregnant women living with HIV who received antiretroviral treatment to reduce the risk of mother-to-child transmission of HIV* B: 57% (2020) T: 80%	National Institute for Public Health					
		Percentage of children aged 0–11 months vaccinated with 3 doses of DTP-containing vaccine nationally B: 74% (2020) T: 85%	World Health Organization (WHO)/UNICEF estimates of national immunization coverage MICS					

UNSDCF outcomes	UNICEF outcomes	Key progress indicators, baselines (B) and targets (T)	Means of verification	Indicative country programme outputs	Major partners, partnership frameworks	Indicative resources by country programme outcome: regular resources (RR), other resources (OR) (In thousands of United States dollars)		
						RR	OR	Total
		<p>Percentage of children under age 5 who are stunted*</p> <p>B: 28% (2018/19) T: 23%</p>	MICS	<p>universal health coverage.</p> <p>Health structures and communities are able provide quality and equitable paediatric and adolescent HIV services, towards the prevention of vertical HIV transmission.</p> <p>Communities, especially those close to targeted health centres and schools, achieve open defecation free status, have access to sustainable water services, adequate sanitation services and improved hygiene practices and benefit from scalable service delivery models with an emphasis on the needs of women and girls.</p>	<p>Programme (UNDP)</p> <p>Joint United Nations Programme on HIV/AIDS</p> <p>United Nations Human Settlements Programme</p> <p>World Bank</p> <p>European Union</p>			
		<p>Proportion of the population practising open defecation*</p> <p>B: 10.3% (2020) T: 5%</p>	<p>WHO/UNICEF</p> <p>Joint Monitoring Programme (JMP)</p> <p>MICS</p>					
Outcome 3	2. By 2026, children, including adolescents, especially the most vulnerable, have increased	<p>Percentage of children aged 36–59 months attending an early childhood education programme (attendance rate)*</p> <p>B: 14.3% (girls: 16.8%, boys: 12%) (2018/19)</p>	MICS	The Ministry of Education has increased capacity to ensure effective coordination, governance, partnerships and	Ministries of Education; Public Health; Youth and Employment; Women, Family and Social Solidarity	850	12 800	13 650

UNSDCF outcomes	UNICEF outcomes	Key progress indicators, baselines (B) and targets (T)	Means of verification	Indicative country programme outputs	Major partners, partnership frameworks	Indicative resources by country programme outcome: regular resources (RR), other resources (OR) (In thousands of United States dollars)		
						RR	OR	Total
	access to and benefit from quality early childhood development services, pre-primary, primary and lower secondary education, as well as alternative learning opportunities, in a safe and protective environment.	T: 20% (girls and boys)		accountability in the implementation of the education sector plan. Teachers, parents and caregivers have improved capacities and resources to deliver quality early learning and primary education. The Ministry of Education, communities and parents have improved capacities to offer alternative learning opportunities, including life skills, to out-of-school children, particularly girls.	WFP UNESCO World Bank Faith and Cooperation Foundation Global Partnership for Education European Union Civil society organizations (CSOs)			
Primary education net attendance rate B: 68.7% (girls: 69.6%, boys: 67.7%) (2018/19) T: 78% (girls and boys)		MICS						
Out-of-school rate for girls and boys, by age* Primary school age B: 27.7% (girls: 26.4%, boys: 28.9%) (2018/19) T: 22% (girls and boys) Lower secondary school age B: 23.3% (girls: 26.1%, boys: 20.4%) (2018/19) T: 18% (girls and boys)		MICS						
Outcome 1: By 2026, people in Guinea-Bissau enjoy improved democratic governance, peace and rule of law and their needs are met.	3. By 2026, girls and boys, especially the most disadvantaged, increasingly benefit from a child protection system that effectively prevents and responds to violence, abuse	Percentage of girls aged 0–14 years who have undergone female genital mutilation B: 30% (2018/19) T: 25%	MICS	The national child protection case management system and the child protection and birth registration data systems function effectively. Child protection decision makers and service providers have	Ministry of Women, Family and Social Solidarity Ministry of Justice Ministry of Interior UNFPA UNDP	1 000	3 000	4 000
		Proportion of children under age 5 whose births have been registered with a civil authority, by age* Under age 5 B: 46% (2018/19)	MICS					

UNSDCF outcomes	UNICEF outcomes	Key progress indicators, baselines (B) and targets (T)	Means of verification	Indicative country programme outputs	Major partners, partnership frameworks	Indicative resources by country programme outcome: regular resources (RR), other resources (OR) (In thousands of United States dollars)		
						RR	OR	Total
Outcome 3	and exploitation, and enjoy increased, equitable access to birth registration services.	T: 55% Under age 1 B: 36% (2018/19) T: 42%	MICS	increased capacity to offer girls and boys improved access to child protection prevention and response services and birth registration services.	Office of the United Nations High Commissioner for Refugees WHO International Organization for Migration (IOM) United Nations Economic Commission for Africa European Union Camões – Portuguese Institute for Cooperation and Language CSOs			
	Percentage of children aged 1–14 years who experienced any violent discipline (psychological aggression and/or physical punishment, and/or sexual abuse) by caregivers in the last month B: 75.8% (2018/19) T: 68%	Communities, families and children in targeted regions have increased awareness and skills to promote positive social norms and prevent violence against children, to eliminate female genital mutilation and reduce child marriage, and are enabled to demand quality services.						
Outcome 3	4. By 2026, boys and girls, especially the most vulnerable, increasingly benefit from a resilient, equity-based social protection	Number of children living in poverty according to the national multidimensional poverty line* B: 441,060 (2017) T: 314,710	Multiple overlapping deprivation analysis	National institutions have enhanced capacities to implement resilient, equity-focused, child-sensitive and gender-responsive social protection programmes and	Ministry of Economy, Planning and Regional Integration Ministry of Women, Family and Social Solidarity WFP	750	2 500	3 250
		National social protection system is ready to respond to a crisis* B: Not ready	Report on the process of elaboration of the social					

UNSDCF outcomes	UNICEF outcomes	Key progress indicators, baselines (B) and targets (T)	Means of verification	Indicative country programme outputs	Major partners, partnership frameworks	Indicative resources by country programme outcome: regular resources (RR), other resources (OR) (In thousands of United States dollars)		
						RR	OR	Total
	system as well as greater public finance for social sectors in favour of social inclusion.	T: Ready	protection policy	strengthened cash assistance mechanisms.	International Labour Organization (ILO) UNDP World Bank			
		Percentage of government budget allocated to health, education and social protection* B: 22% (2021) T: 35%	State budget analysis	Social sector ministries and the statistical system have enhanced capacity to produce, analyse and use data to inform policy and to develop and implement child-sensitive budgets.				
		Number of children covered by social protection systems* B: 7,935 (2020) T: 100,000	Report on the implementation of social protection activities					
Outcome 1	5. By 2026, the country programme is efficiently designed, coordinated, managed and supported to meet quality programming standards in achieving results for children.	Number of performance areas of the Performance Scorecard against which the country office earns a high-performance rating B: 3 out of 5 (2020) T: 5 out of 5	InSight	UNICEF staff and partners are provided tools, guidance and resources for effective communication, advocacy and partnerships on child rights issues with stakeholders.	Ministry of Foreign Affairs, International Cooperation and Communities Ministry of Social Communication United Nations agencies CSOs	4 470	2 000	6 470
Outcome 3		Annual budget utilization rate of regular resources B: 97% (2020) T: 100%	InSight	UNICEF staff and partners are provided guidance, tools and resources to effectively design, plan, monitor and manage programmes. Strategies to address cross-cutting issues related to child rights are				

<i>UNSDCF outcomes</i>	<i>UNICEF outcomes</i>	<i>Key progress indicators, baselines (B) and targets (T)</i>	<i>Means of verification</i>	<i>Indicative country programme outputs</i>	<i>Major partners, partnership frameworks</i>	<i>Indicative resources by country programme outcome: regular resources (RR), other resources (OR) (In thousands of United States dollars)</i>		
						<i>RR</i>	<i>OR</i>	<i>Total</i>
				developed and applied.				
	Total resources					10 570	45 000	55 570

*Outcome indicator aligned with the United Nations Sustainable Development Cooperation Framework indicator.