

# UNICEF Guinea-Bissau Country Programme Evaluation (2022-2026)



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## ACRONYMS

AMI	International Medical Assistance Foundation
AWP	Annual Work Plan
C4D	Communication for Development
CBO	Community-Based Organization
CLAC	Climate Landscape Analysis for Children
CLTS	Community-Led Total Sanitation
CP	Country Programme
CPD	Country Programme Document
CPE	Country Programme Evaluation
CRC	Convention on the Rights of the Child
CSI	Country-Specific Indicators
CSO	Civil Society Organization
CSD	Child Survival and Development
CwD	Children with Disabilities
DHIS2	District Health Information System (Health data management platform)
DTP / PENTA	Diphtheria–Tetanus–Pertussis (Pentavalent vaccine)
ECD	Early Childhood Development
EMIS	Education Management Information System
EQ	Evaluation Question
EU	European Union
FGM	Female Genital Mutilation
GPE	Global Partnership for Education
HACT	Harmonized Approach to Cash Transfers

KRC	Key Results for Children
M&E	Monitoring and Evaluation
MoU	Memorandum of Understanding
MTR	Midterm Review
NGO	Non-Governmental Organization
ODF	Open Defecation Free
PND	National Development Plan
PSEA	Prevention of Sexual Exploitation and Abuse
RAM	Results Assessment Module
RBM	Results-Based Management
SBC	Social and Behaviour Change
SBCC	Social and Behaviour Change Communication
SDG	Sustainable Development Goal
ToC	Theory of Change
ToR	Terms of Reference
UN	United Nations
UNCT	United Nations Country Team
UNDP	United Nations Development Programme
UNFPA	United Nations Population Fund
UNHCR	United Nations High Commissioner for Refugees
UNICEF CO	UNICEF Country Office
UNSDCF	United Nations Sustainable Development Cooperation Framework
WCARO	West and Central Africa Regional Office
WHO	World Health Organization
WASH	Water, Sanitation and Hygiene

## EXECUTIVE SUMMARY

The UNICEF Guinea-Bissau Country Programme (2022–2026) was designed to advance the rights and well-being of children and women, with strong emphasis on equity, inclusion, gender equality, and system strengthening. The programme aligns with national development priorities, the Sustainable Development Goals (SDGs), UNICEF’s Strategic Plan, and key international conventions such as the CRC and CEDAW. It operates across five core sectors—health, nutrition, WASH, education/ECD, child protection, and social inclusion—using integrated, community-based, and system-oriented approaches to reach the most vulnerable populations, particularly girls, children with disabilities, adolescents, and rural and peri-urban communities.

The Country Programme aims to strengthen national systems, improve access to essential services, foster community participation, and build resilience in a context characterized by political instability, limited fiscal capacity, weak service delivery systems, and recurrent humanitarian challenges.

The evaluation assessed the performance and strategic direction of the 2022–2026 Country Programme. Its purposes were to:

1. Determine the relevance, effectiveness, coherence, efficiency, sustainability, and equity/human rights integration of the programme’s design and implementation.
2. Provide evidence-based insights to inform adjustments during the remaining programme period.
3. Derive lessons and recommendations to guide planning for the next country programme cycle.

The primary audience includes the UNICEF Country Office, Regional Office, and Headquarters; Government ministries and decentralized authorities; implementing partners; donors; and UN agencies supporting national development and humanitarian goals.

The evaluation followed a theory-based and utilization-focused approach, guided by the Country Programme Theory of Change, the OECD-DAC evaluation criteria and UNICEF evaluation standards. Using Contribution Analysis and a mixed-methods design, it drew on document review, key informant interviews, focus group discussions and a partner survey, with systematic triangulation across sources and stakeholder groups. While the evaluation provides credible and actionable findings, limitations included data gaps, variable functionality of national information systems, and limited access to some remote areas. These constraints were mitigated through methodological triangulation and cautious interpretation.

Triangulation ensured validity and reliability. Limitations included data gaps (particularly disability-disaggregated data), accessibility challenges, political instability, and varying partner capacity, which may affect representativeness of some findings. Nonetheless, evidence was sufficient to support robust conclusions.

### Key Conclusions

#### Relevance and Coherence

The Country Programme is highly relevant and well aligned with national and UN frameworks, positioning UNICEF as a trusted technical partner. However, weak governance, limited capacity, fragmented coordination, and heavy donor dependence constrain sustained impact. Stronger decentralized planning, accountability, and coordination are needed to achieve lasting systemic change.

## Effectiveness

The programme has shown strong effectiveness, delivering policy gains and improved services through UNICEF's technical support and results-based management. These performance trends are reflected in expanded service reach, including thousands of additional children accessing early learning opportunities and a steady increase in birth registration coverage through integrated community-based delivery platforms. Improvements in service quality and community uptake are illustrated by the growing number of communities sustaining open defecation free status and the expansion of school-based hygiene promotion and child-friendly service standards.

However, results remain vulnerable due to reliance on external funding, political instability, and weak local ownership and coordination. Strengthening sustainability and adopting a more integrated, long-term systems approach will be critical going forward.

## Efficiency

The programme has operated efficiently, using adaptive management, digital tools, and strong supply systems to deliver good value for money in a challenging context. Further gains will require simpler processes, more predictable funding, and stronger government capacity to take on implementation roles.

## Sustainability

Although institutional capacity and alignment with national systems have improved, sustainability remains fragile. Heavy donor dependence limited domestic financing, and uneven ownership across sectors weaken long-term prospects. Sustained fiscal reforms, stronger national investment, and deeper institutional integration will be essential to protect results over time.

At systems level, progress is visible in the gradual integration of child-focused interventions into routine government structures and monitoring systems, particularly in areas such as civil registration, immunization outreach, and decentralized service coordination.

## Equity, Gender, and Human Rights

Equity, gender, and human rights are well reflected in programme design, with targeted efforts reaching marginalized groups and improved use of disaggregated data. However, gaps persist in disability data and consistent gender analysis across sectors. Stronger institutionalization of gender and inclusion diagnostics within government systems is needed to sustain progress.

## Lessons Learned

1. **Sustainability requires deeper institutional integration and domestic co-financing**, especially in systems with low fiscal capacity.
2. **Decentralization and community-driven approaches significantly enhance effectiveness and equity**, but require stronger capacity, logistics, and supervision at local level.
3. **Integrated, multisectoral models are more impactful and cost-efficient**, particularly when SBC and community engagement are fully aligned.

4. **Robust data systems are critical**, but significant gaps remain in disability and gender-disaggregated data, limiting targeted action and accountability.
5. **Community participation is essential for ownership and continuity**, although volunteer models require structured support and predictable supervision.
6. **Gender and human rights mainstreaming improve quality and inclusion**, but full operationalization requires consistent application of accessibility standards and assistive services.
7. **Operational delays (funding, procurement, staffing) significantly affect implementation**, underscoring the need for predictable financing and strengthened supply chains.
8. **Coordination—internal and external—is a major determinant of performance**, particularly in a context of political instability and high institutional turnover.

## Key Recommendations

### **(Strategic) Strengthen systemic integration to enhance relevance and long-term national ownership**

Integrate proven programme models into sector plans and budgets, focusing on low-cost, high-impact actions within existing resources. Piloting in stronger regions and using joint sector reviews can support gradual scale-up and accountability.

**Priority:** High

**Lead responsibility:** Government (Ministries of Finance, Planning, Social Sectors)

**Key supporting role:** UNICEF

### **(Strategic) Enhance coherence and multi-level coordination mechanisms across sectors and partners**

Strengthen existing coordination platforms by helping government partners clarify roles and better align planning across sectors, using flexible and low-cost modalities. The office should also promote simple joint monitoring of cross-sector initiatives and, where feasible, pursue multi-year agreements with strong partners to improve continuity and reduce fragmentation.

**Priority:** Medium

**Lead responsibility:** UNICEF + UNCT

**Key supporting role:** Government coordination bodies

### **(Strategic) Consolidate systems strengthening gains through deeper institutional capacity development and RBM integration**

UNICEF should help ministries embed results-based management into routine decentralized planning and reporting, using existing systems rather than parallel tools. Capacity support should focus on practical, on-the-job approaches, while simple procedures and low-cost digital tools can help preserve institutional memory amid high staff turnovers.

**Priority:** Medium

**Lead responsibility:** Government

**Key supporting role:** UNICEF

**(Operational) Improve efficiency through strengthened supply-chain management, operational planning, and value-for-money analysis**

Improve forecasting and inventory systems, prioritizing high-volume health and WASH supplies to reduce stock-outs and waste. Exploring local and regional procurement can shorten delivery times and cut costs, while simple cost-efficiency tracking should be integrated into routine monitoring to strengthen value for money.

**Priority:** Medium–Low (Enabling)

**Lead responsibility:** UNICEF

**Key supporting role:** Government (procurement, logistics units)

**(Strategic and Operational) Prioritize sustainability through phased transition planning, co-financing, and long-term systems resilience**

Develop realistic transition and sustainability plans that gradually shift selected functions—starting with low-cost areas like supervision and data—to national responsibility. This should include defining minimum service packages, piloting co-financing in selected regions, and aligning advocacy for domestic funding with national budget processes.

**Priority:** High

**Lead responsibility:** UNICEF + Government (shared)

**(Strategic) Deepen integration of equity, gender, disability inclusion, and human rights into programme design and monitoring**

UNICEF should systematically embed equity, gender, disability, and human rights in all programme frameworks, including mandatory disaggregated indicators. Stronger partnerships with representative civil society groups can ensure marginalized voices inform design and monitoring, while initial efforts should focus on low-cost actions like better data and community engagement before scaling up more resource-intensive inclusion measures.

**Priority:** High

**Lead responsibility:** UNICEF (technical leadership)

**Key supporting role:** Government (policy adoption and enforcement)

Overall, the evaluation finds a Country Programme that is **highly relevant, impactful, and well-aligned with national and global priorities**, but constrained by systemic challenges that limit sustainability and coherence. The next programme cycle presents an opportunity to deepen national ownership, expand multisectoral and decentralized approaches, strengthen evidence systems, and ensure long-term equitable and rights-based outcomes for all children in Guinea-Bissau.

# 1. CONTEXT

## 1.1. EVALUATION CONTEXT

The UNICEF Country Programme (CP) 2022–2026 for Guinea-Bissau was developed to support the Government’s 2020–2023 Plan, align with UNICEF’s Strategic Plan 2022–2025, and contribute to the Sustainable Development Goals (SDGs). It focuses on key child-centred results in West and Central Africa, including immunization, access to education and learning outcomes, elimination of open defecation through community-led sanitation, and birth registration via multisectoral services. The CP is also aligned with the United Nations Sustainable Development Cooperation Framework (UNSDCF) 2022–2026, particularly in human capital development and governance. To inform strategies, the Country Office conducted several assessments, including the Climate Landscape Analysis for Children (CLAC), evaluations of community radio partnerships, assessments of education responses to COVID-19, and studies on female genital mutilation (FGM) in high-prevalence regions. SDG benchmarking across 48 child-related indicators shows uneven progress across five outcome areas, with several indicators “off-track” and requiring high or very high effort to meet 2030 targets.

Guinea-Bissau has established key legal and policy frameworks for child rights and social development and is a signatory to multiple international conventions. It demonstrated long-standing commitment to child protection through early ratification of the UN Convention on the Rights of the Child, adoption of the African Charter on the Rights and Welfare of the Child, and ratification of ILO conventions on child labour. Despite this strong normative framework, SDG benchmarking places the country below low-income and Sub-Saharan African averages on several protection indicators, highlighting persistent barriers related to child labour, violent discipline, and harmful gender practices.

At national level, several legal instruments aim to protect children’s rights, including the Child Protection Code (2021), the General Labour Law, Law 04/2007 on social protection, and constitutional provisions on child welfare. However, implementation remains constrained by political instability and limited capacity. SDG benchmarking identifies social protection—especially coverage of children—as requiring “game-changer” acceleration, as current progress is insufficient to meet 2030 targets without major strategic and investment shifts.

The institutional framework for child protection centres on the National Institute for Women and Children, which works with partners such as UNICEF to develop legal frameworks and implement policies. Its work is supported by the National Child Protection System, which coordinates efforts across sectors and levels but faces significant implementation challenges. National policies on child protection and birth registration exist, yet inconsistent implementation due to resource and capacity constraints creates a gap between policy and practice. SDG data show low performance on indicators such as child marriage, FGM, and violent discipline, indicating the need for accelerated multisectoral prevention and community-based protection efforts.

The CP addresses Guinea-Bissau’s development challenges through integrated, results-based programming across health, education, child protection, and social inclusion. Priorities include strengthening health systems, improving nutrition and survival, advancing early childhood development, enhancing education quality, reinforcing protection mechanisms, and ensuring emergency preparedness. Through partnerships with national and UN actors, the CP promotes sustainable, resilient development while addressing gender equality, data-driven decision-making, and climate resilience. Benchmarking shows that while some indicators (e.g., immunization and sanitation) are closer to targets, others—particularly learning outcomes, secondary completion, and social protection coverage—require accelerated progress, reinforcing the relevance of

UNICEF’s systems-strengthening and equity-focused approach. The following paragraphs provide an overview of the country’s current situation.

**Demography:** Guinea-Bissau had an estimated population of 2.153 million people in 2023<sup>1</sup>, females making up about 50.6% of the total population in 2024, translating to roughly 1.11 million females versus 1.09 million males, characterized by a young and predominantly rural population, with 49% under 18 years old and 64% living in rural areas. The latest Human Development Report (2023–2024) ranks Guinea-Bissau 179th out of 193 countries<sup>2</sup>. Benchmarking of child-related SDG indicators shows that demographic pressure — particularly the high share of children — increases the scale of effort needed to reach the 2030 agenda, since 48 child-related indicators must improve at a speed exceeding historical trends to keep pace with population growth. The SDG dataset also highlights that Guinea-Bissau has data for only 38 out of 48 child-SDG indicators, making periodic demographic and SDG-relevant data collection essential to support evidence-based planning for children.

**Economy:** After years of instability, Guinea-Bissau launched an ambitious economic recovery programme in 2020. The economy remains characterized by low diversification, strong dependence on cashew production, lingering COVID-19 impacts, and a gross national income per capita of USD 951 in 2023. Growth reached an estimated 4.6% in 2024—higher than in 2023 but below earlier projections (5%)—mainly due to weaker-than-expected cashew performance. National development ambitions continue to be constrained by limited public investment and weak capacity to absorb domestic and external resources. Despite economic recovery efforts, SDG benchmarking shows the country is off-track on child poverty, equality of opportunity, and children covered by social protection, requiring one of the highest acceleration levels among SDG clusters to meet 2030 targets. Even if growth continues at the current pace, it will not automatically reduce child poverty without deliberate redistribution and greater social investment.

**Politics:** Guinea-Bissau is formally a semi-presidential democratic republic with a multi-party system, where the President is head of state and the Prime Minister head of government. Executive power lies with the government, while legislative authority is shared with the National People’s Assembly. The political environment remains fragile and unstable, marked by recurring coups and coup attempts. Since independence in 1974, the country has struggled to sustain a functional democratic system, hindered by corruption and weak state institutions. SDG benchmarks reflect this fragility, identifying weak institutional capacity as a cross-cutting bottleneck affecting progress in education, protection, and social protection. Without greater governance stability and institutional strengthening, the pace of improvement needed to reach the 2030 targets is likely to fall further behind.

**Culture:** Guinea-Bissau has a rich cultural mosaic with more than 20 ethnic groups living in relative harmony. The Fula, Balanta, Mandinga, and Manjaco are the largest groups, contributing diverse traditions. Religious life blends Islam, Christianity, and indigenous beliefs, often in syncretic forms. Portuguese is the official language, Creole the lingua franca, and many ethnic languages preserve oral traditions. SDG learning and protection indicators reveal strong regional and sociocultural disparities, showing that national averages mask inequalities across ethnic groups, languages, and rural–urban divides. Benchmarking highlights the importance of culturally informed and community-led approaches to accelerate SDG progress.

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<sup>1</sup> <https://data.worldbank.org/country/guinea-bissau>

<sup>2</sup> [https://hdr.undp.org/system/files/documents/global-report-document/hdr2023-24snapshoten.pdf?utm\\_source=chatgpt.com](https://hdr.undp.org/system/files/documents/global-report-document/hdr2023-24snapshoten.pdf?utm_source=chatgpt.com)

**Poverty:** According to Harmonized Household Living Conditions Surveys (EHCVM) for 2018/19 and 2021/22, based on MICS data (2014 and 2018)<sup>3</sup>, the poverty rate increased from 47.7% in 2018 to 50.5% in 2021, meaning that over half the population (about 886,000 people) lived below the national poverty line in 2021. Multidimensional Poverty Index and MODA findings show widespread child deprivation: 79% of children aged 0–4 face four to six deprivations; 95% of those aged 5–14 face four to seven; and 82% of adolescents aged 15–17 face four to six. Rural children and those whose mothers have limited education are most affected. COVID-19-related income and revenue losses are expected to deepen multidimensional poverty. As a small developing state, Guinea-Bissau has limited domestic resource capacity, high energy and transport costs, and vulnerability to climate shocks, sea-level rise, and flooding. SDG benchmarking confirms that poverty and deprivation indicators require among the highest acceleration levels, with the “Fair Chance in Life” cluster showing the largest gap to 2030 targets — indicating that child poverty will not decline without transformative social policy expansion.

**Gender** inequalities remain widespread and constrain inclusive development. While poverty rates are similar between men and women, UN Women data (2024) show lower female labour force participation (56.5% vs. 69.3% for men) and persistently high levels of vulnerable employment among women (86.9% in 2023, compared to 69.9% for men). Women are overrepresented in informal, low-paid sectors, face wage gaps even in jobs of similar value, and have extremely limited land ownership (fewer than 2.5% own land). These structural disadvantages deepen women’s exposure to poverty and economic insecurity.

For rural girls and adolescents, intersecting gender norms, educational barriers, economic exclusion, and weak institutional protection reinforce intergenerational cycles of poverty. Consequences include lower schooling attainment, heightened health and protection risks (including early marriage and gender-based violence), and limited civic participation. These inequalities are compounded by factors such as ethnicity, disability, and climate vulnerability. SDG benchmarking confirms that gender-related indicators—including child marriage, FGM prevalence, girls’ lower secondary completion, and social protection coverage—require “game-changer acceleration,” highlighting gender inequality as a major structural barrier to SDG progress in Guinea-Bissau.

**Health:** Under-five mortality dropped from 89 to 51 deaths per 1,000 live births between 2014 and 2018/19, though other sources suggest a reversal to 69 in 2023<sup>4</sup>. Neonatal mortality declined from 36 to 22 per 1,000 live births but still accounts for 43% of under-five deaths. Maternal mortality remains extremely high at 603 per 100,000 live births (WHO, 2020). Access to health services is limited: only 54% of births are attended by skilled personnel, and 66% of the population lives more than an hour from a health facility, particularly in regions such as Bafatá and Gabu.

DTP3 vaccination coverage among children aged 0–11 months fell from 86% to 74% between 2014 and 2020, with 65% of unvaccinated children living in urban areas. Key bottlenecks include weak EPI planning and financing, health worker strikes, and vaccine stockouts.

HIV prevalence among people aged 15–49 was 2.4% in 2022, with adolescent girls especially vulnerable. Antiretroviral coverage for pregnant women with HIV dropped from 66% to 57% between 2016 and 2020. Limited follow-up, funding gaps, and weak data systems hinder prevention of vertical transmission. However, a new national testing strategy introduced in 2019, including point-of-care early infant diagnosis, increased ART coverage among children aged 0–14 living with HIV from 19% to 34% between 2018 and 2020.

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<sup>3</sup> <https://www.worldbank.org/en/country/guineabissau/publication/poverty-in-guinea-bissau-a-look-at-pre-and-post-covid-19-trends>

<sup>4</sup> <https://data.unicef.org/country/gnb>

SDG benchmarking under the “Survive and Thrive” cluster shows that faster progress is needed to reduce maternal, neonatal, and under-five mortality. While some indicators (such as pre-2018 immunization levels) are closer to targets, the pace required for mortality reduction exceeds historical trends, indicating the need for “game-changer” measures to avoid stagnation or reversal.

**Nutrition:** Acute malnutrition affects 5% of children under five, while 28% are stunted, according to MICS 2019. Stunting rates have remained stable since 2012, but population growth has increased the number of affected children. Key drivers include poor infant feeding practices, limited access to nutritious food, inadequate treatment of common illnesses, and weak nutrition services.

SDG benchmarking shows that reducing stunting requires major acceleration to meet 2030 targets, as current progress is insufficient. In contrast, the gap for wasting is smaller, suggesting that scaled-up targeted interventions could achieve mid-term progress.

**Water, Sanitation, and Hygiene (WASH):** Open defecation dropped significantly—from 36% in 2000 to 10.3% of households in 2020. However, according to UNICEF and WHO data, in 2022, while 77% of the population uses an improved drinking water source, only 24% uses safely managed drinking water services. Lack of investment in water infrastructure, particularly in rural areas, limits access to safe water and leads to unsafe hygiene practices.

In the SDG benchmarking, “Safe and Clean Environment” indicators present a mixed picture: while reductions in open defecation position Guinea-Bissau closer to the sanitation target than many peer countries, safely managed drinking water is identified as far off-track and requiring the highest degree of acceleration

**Education:** Early childhood education attendance rose slightly from 13% in 2014 to 14% in 2018, with major regional disparities: only 3% in Bafatá versus 53.5% in Bissau. Most pre-primary services are private and costly, and facilities often lack adequate materials, water, and sanitation.

From 2014 to 2019, primary net attendance increased from 62% to 69%, while lower secondary attendance fell from 20% to 9%. Guinea-Bissau has the world’s lowest primary completion rate (27%), with 27.7% of primary-age and 23.3% of lower secondary-age children out of school. Gender parity was achieved at primary level (1.00) but not at lower secondary (0.89). Attendance varies sharply by income (59% poorest vs. 89% richest).

SDG benchmarking shows that primary completion, lower secondary attendance, and learning outcomes—especially reading and math—require the fastest acceleration, indicating the need for structural reforms and system-level investment beyond incremental expansion.

**Child Protection:** Birth registration among children under five rose from 24% in 2014 to 46% in 2019. Violent discipline declined from 82% to 76%, yet 20% of children under 14 still face severe physical punishment. The child protection system is constrained by weak institutional capacity, especially at local levels, limited data systems, and gaps in prevention and case management. FGM affects 30% of girls aged 0–14, and 26% of women aged 20–24 were married before 18, with harmful norms persisting in rural areas.

The government adopted a Child Protection Policy (2019) and Code (2020) and, in 2024, worked with CSOs to strengthen community-level prevention.

SDG benchmarking identifies violent discipline, child marriage, FGM, and birth registration as “game-changer” areas, requiring progress far beyond historical trends and reinforcing the need for expanded services, stronger case management, and social norms change.

**Social Protection** is another concern, as only 2.5% of the population benefits from such systems, largely due to the predominance of informal employment, which accounts for 92% of the non-agricultural workforce. The social protection system is fragmented, underfunded, institutionally weak, and heavily reliant on external aid.

SDG benchmarking confirms that the “children covered by social protection” indicator requires one of the highest accelerations of all SDG indicators in Guinea-Bissau to reach the 2030 target. The gap between current performance and the SDG benchmark is larger than in peer low-income and Sub-Saharan African countries on average, signalling that without major scale-up and institutional investment, children’s vulnerability to poverty and shocks will persist.

The enabling environment for UNICEF programming in Guinea-Bissau is shaped by governance weaknesses, fiscal constraints, and social norms, creating a complex context that requires adaptive approaches. Despite these challenges, UNICEF’s focus on systems strengthening, evidence-based advocacy, and community engagement supports more sustainable gains for children.

Key lessons from the previous programme mid-term review include the need to strengthen governance and institutional capacity, expand social protection for vulnerable families, and adopt multisectoral approaches to address health emergencies and climate-related risks.

Under UNICEF’s 2023 Evaluation Policy, country programmes must be evaluated at least once every two cycles. This evaluation will assess performance and contribution to national and SDG results, informing the next programme cycle.

SDG benchmarking confirms that achieving 2030 targets requires stronger institutions, increased social sector financing, and multisectoral strategies addressing structural drivers of deprivation. Sustained progress will depend on “game-changer” approaches for the 18 indicators needing the highest acceleration.

## 2. EVALUATION OBJECT

The Guinea-Bissau Country Programme aims to ensure that all children and adolescents — especially the most vulnerable — have greater access to quality social services and to safe and supportive environments that enable them to survive, thrive, learn, and reach their full potential, contributing to positive social change. The theory of change is based on two key conditions: (a) if government and civil society actors have the skills, knowledge, and capacity to provide resilient, evidence-based social services; and (b) if children, adolescents, parents, and caregivers demand equitable services, adopt positive practices, and advocate for safe environments, then children will grow up healthy, educated, and protected from violence, exploitation, and abuse.

**Table 1 - Evaluation Object**

<b>Programme title</b>	UNICEF Country Programme Guinea-Bissau 2022–2026
<b>Implementation period</b>	March 2022 – December 2026 (aligned with UNSDCF 2022–2026)
<b>Total programme budget</b>	USD 55.57 million (USD 10.57m RR + USD 45m OR to be mobilized)
<b>Strategic outcome areas</b>	Child survival & development; Education & early learning; Child protection; Social inclusion & social protection; Programme effectiveness & cross-sector support

<b>Geographic coverage</b>	Nationwide reach with programmatic concentration in high-deprivation rural regions: Bafata, Gabu, Oio, and disadvantaged areas of Bissau
<b>Delivery modalities</b>	Systems strengthening & policy support; Community-based service delivery; Social and behaviour change communication; Shock-responsive child-sensitive social protection and PF4C
<b>Scale of activities (illustrative)</b>	201 communities certified ODF; 575 ECE centres serving 18,119 children; 4.3M SMS + 9,000 home visits for school enrolment; 38,881 children registered at birth (2023); 18,842 pupils reached with hygiene promotion; 941 talibé children rescued
<b>Rights-holders profile</b>	Population ~2.15M; children ~1.05M; 64% rural; 52% multidimensionally deprived; stunting 28%; birth registration 46%; 30% of girls 0–14 with FGM; 26% of women 20–24 married before 18
<b>Rights-holders prioritised</b>	Children 0–18; adolescents (especially girls); newborns and mothers; rural & poorest quintiles; children with disabilities; out-of-school children; survivors of violence/abuse; talibé children; unregistered children
<b>Duty-bearers</b>	Central ministries; sub-national authorities; teachers and directors (~12,500); health workers & CHWs; child protection service providers; community-based organisations
<b>Implementation partners</b>	<p><b>Government:</b> Ministry of Economy, Planning and Regional Integration, Ministry of Women, Family and Social Solidarity, Ministry of Public Health Regional Health Directorates (RHDs), Ministry of Education (MoE/MEN), Ministry of Justice, General Directorate of Water Resources (DGRH), National Institute of Statistics (INE), General Directorate of Civil Registry, Notaries and Identification (DGICRN) Social sector ministries. National Assembly. Institute for Women and Children., National Committee for the Abandonment of Harmful Practices.</p> <p><b>UN System:</b> world Health Organization (WHO). United Nations Population Fund (UNFPA). United Nations Development Programme (UNDP). World Food Programme (WFP). World Bank. International Labour Organization (ILO). GAVI (the Global Alliance for Vaccines and Immunization). Global Fund. UNESCO. UNHCR/UN-Habitat. UN Women. COVAX. European Union (EU). African Development Bank (AfDB). French Development Agency (AFD).</p> <p><b>International/National NGOs</b> Plan International (PLAN) VIDA (Volunteers for Inter-American Development Assistance) AMI (Assistência Médica Internacional) AIFO (Associazione Italiana Amici di Raoul Follereau) MdC (Médicos da Comunidade / Doctors of the Community) Red Cross (Croix Rouge Bissau Guinéen) ADPP, ASPAAB (Associação de Saneamento Básico, Proteção da Água e Ambiente) NADEL, ASIC, Battodem Gollem, ORDEMAR, DIVUTEC, Konhenguena SOGUIBANGO GAECA – PALMEIRINHA, Rádio DJAN-DJAN – Voz das Ilhas / CMC TEBENKAN (implementing partner, covering several radio stations in the Bijagós), Network of People Living with HIV (PLHIV), CNAPN (National Committee for the Abandonment of Harmful Traditional Practices), RENLUV (National Network to Combat Gender-Based Violence and Child Violence), ECAS-</p>

	<p>D (Community Structure for Animation and Awareness for Development), AGAS (National Association of Social Workers)</p> <p><b>Academia and Foundations:</b> Calouste Gulbenkian Foundation, University of Minho,</p> <p><b>Private Sector and Others</b> MTN, Orange, Casa Emanuel, Renato Grandi, (private paediatric clinic supporting immunization)</p>
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Source: Elaborated by Evaluation team with UNICEF data

On annex 13 it is presented a short table, distinguishing financial contributors, technical partners, service providers, and accountability actors.

The programme is aligned with the United Nations Sustainable Development Cooperation Framework (UNSDCF) 2022–2026, particularly in its focus on human capital and governance, and supports the national priorities outlined in the National Development Plan 2020–2023. Based on the available documentation, UNICEF’s Country Programme demonstrates substantial alignment with Guinea-Bissau’s Terra Ranka strategic vision. The alignment is particularly strong in the areas of human development, social protection, and governance strengthening. The integration of UNICEF programming within the UN Cooperation Framework, which was explicitly designed to align with Terra Ranka, further reinforces this strategic coherence. Monitoring frameworks, including data collection efforts supported by UNICEF, have been designed to track progress against both UNICEF’s objectives and the national development plan. This alignment reflects UNICEF’s commitment to country-led development and aid effectiveness principles, ensuring that its interventions support national priorities while focusing on its core mandate of promoting children’s rights and well-being.

The Programme also reflects international commitments, including the recommendations of the Committee on the Rights of the Child, the Universal Periodic Review, UNICEF’s Strategic Plan (2022–2025), the Sustainable Development Goals, and the African Union’s Agenda 2063. Strong emphasis is placed on adolescent participation, gender equality, and non-discriminatory norms, consistent with UNICEF’s Gender Action Plan.

Strategic focus is placed on four key results: (a) improving immunization coverage; (b) strengthening access to education; (c) expanding birth registration; and (d) ending open defecation. To achieve these, UNICEF has enhanced the efficiency and effectiveness of local and national institutions through partnerships with government, civil society, UN agencies, the private sector, and community organizations. Integrated community-level services inform national policies and help scale up successful models, particularly to counter the effects of political instability and the COVID-19 pandemic. A summary of the CPD Structure is presented in Annex 12.

The theory of change assumes a conducive enabling environment in which UNICEF financial resources remain stable, the government continues co-financing vaccines and social services, and civil society organizations commit to a shared results framework. Programme success further relies on political stability, sustained donor engagement, strong institutional capacities to navigate crises, and genuine political will to close legislative and policy gaps. At community level, it presumes active participation to shift sociocultural norms and promote child-friendly practices. These assumptions are central to achieving the expected results of expanded access to quality services and strengthened systems for children and adolescents.

In practice, several contextual constraints have limited programme implementation and moderated the pace of expected results. Persistent political instability, weak government attention to policy reforms, and the lack

of decentralization of child protection services impede system-level change. Human resource shortages and high turnover erode institutional memory and continuity, while coordination among ministries and partners remains fragmented. At the same time, recurrent data gaps (e.g., outdated census, a non-functional EMIS, and DHIS2 failures) weaken evidence-based decision-making. UNICEF's own staffing and funding pressures, compounded by entrenched sociocultural norms, risk undermining both national ownership and community-level uptake of child rights practices.

Programme strategies are aligned to mitigate these risks and leverage opportunities to advance results. The current programme cycle builds on lessons learned by prioritizing equity-focused, multisectoral interventions that directly address systemic bottlenecks: use of data for policy-making; community and institutional engagement for service quality; linking humanitarian and development actions; strengthening provider capacity and accountability; reinforcing governance and multisectoral coordination; promoting adolescent and family participation; and mainstreaming gender-responsive and climate-adaptation approaches. UNICEF's support for emergency preparedness—integrated local planning, pre-positioning of supplies, participatory assessments, and climate-resilient solutions—operationalizes this approach across all eight regions to sustain service delivery during periods of instability.

Evidence from the latest annual report shows that the interaction between contextual barriers and strategic choices has shaped programme performance. Political volatility and fragile data systems have limited coverage expansion, demonstrating that resilience requires both technical reforms and stable governance. Climate-adapted pilots and international advocacy have positioned UNICEF as a leader in child resilience but scaling them will require long-term financing and locally owned innovations. Chronic underinvestment in the social sectors (21% of the national budget) reinforces the importance of continued advocacy to safeguard funding and mobilize external resources.

Looking forward, the programme's ability to sustain results—particularly through adolescent and youth engagement mechanisms such as U-Report—will depend on demonstrating measurable links between participation, service access, and policy outcomes. Continued alignment of strategies to contextual constraints will be essential to advance expected results while managing risk.

## 2.1. THEORY OF CHANGE

The Theory of Change (ToC) for the UNICEF Guinea-Bissau Country Programme (2022–2026) articulates the causal logic through which UNICEF aims to ensure that all children, including adolescents, survive, grow, learn, and thrive, thereby contributing to equitable and sustainable human development in the country. On annex 5, a complete version of the TOC of the Country Programme is presented. On annex 6 is presented a summarized version of the TOC and below it is presented a narrative version of it.

### ***Overall, Logic and Rationale***

The ToC rests on two interdependent conditions:

1. **If the government and civil society possess the technical, institutional, and managerial capacity to deliver quality, evidence-based, and resilient social services, and**
2. **If children, adolescents, parents, and caregivers are empowered to demand equitable services, adopt positive practices, and foster safe and inclusive environments, then** children in Guinea-Bissau will survive, develop, be protected from violence and exclusion, and realize their full potential.

This logic connects **supply-side strengthening** (systems, institutions, and service delivery) with **demand-side empowerment** (social behaviour change, participation, and accountability), creating a virtuous cycle of rights fulfilment and community ownership.

### **Deprivations**

- Low access to essential health, nutrition, WASH, education, ECD and protection services
- High preventable mortality and chronic malnutrition
- Poor learning outcomes and low school readiness
- Violence, harmful practices, social exclusion
- Poverty, climate vulnerability, geographic isolation

### **Bottlenecks**

**Systemic:** low public financing; weak institutional capacity; fragmented governance; weak decentralisation; limited data and infrastructure

**Sociocultural:** restrictive gender norms; disability stigma; harmful practices  
**Community/Individual:** low demand; limited knowledge; distance and cost barriers

### **Key Results and Strategies**

The Country Programme is structured around four **Key Results for Children**, representing the core pillars of impact:

1. **Increased immunization coverage** through system strengthening and sustainable vaccine financing;
2. **Expanded access to quality and inclusive education**, particularly for girls and children with disabilities;
3. **Universal birth registration** to guarantee every child's right to identity and access to services;
4. **Elimination of open defecation** through community-led sanitation and hygiene practices.

To achieve these results, the ToC employs **integrated, multi-sectoral strategies**, including:

- Evidence-based policy development and planning;
- Capacity strengthening of national and subnational institutions;
- Community engagement and social and behavioural change;
- Integration of humanitarian and development programming for resilience;
- Promotion of participatory governance and social accountability;
- Mainstreaming of gender equality and human rights principles;
- Empowerment of adolescents and caregivers as agents of change.

The programme applies a **systems-strengthening approach**, operational across health, education, child protection, WASH, and social inclusion, tailored to the distinct socio-geographic realities of each region.

### **Key Assumptions**

The ToC is based on several critical assumptions:

1. Predictable financial resources for UNICEF and co-financing from government for essential services;
2. Continued engagement of civil society organizations and development partners;
3. Political stability and sustained donor interest;
4. Adequate institutional capacity within government to manage policy implementation;

5. Political will to translate national commitments into concrete policy and budget action;
6. Active community participation and behavioural change supporting equity and protection norms.

### Risks and Mitigation Factors

The ToC acknowledges the following systemic risks:

- Political instability and changes in government leadership.
- Limited institutional and technical capacity within public administration.
- Weak decentralization and coordination across ministries.
- Staff turnover and institutional discontinuity.
- Persisting sociocultural barriers (e.g., gender norms, stigma).
- Potential resource or staffing constraints within UNICEF.

Risk mitigation includes institutional partnerships, capacity-building, flexible work planning, and adaptive management to maintain continuity of results.

### ***Theory of Change Summary (Logic Flow)***

The programme's vision is that all children in Guinea-Bissau survive, learn, are protected, and realize their full potential in an inclusive and sustainable environment. Achieving this long-term impact requires a progressive transformation of the systems responsible for delivering essential services for children, while simultaneously strengthening the ability of families and communities to claim and sustain those services.

To move toward this ultimate change, the programme invests first in the foundations of the national system. Financial resources, technical expertise, and strong partnerships with government institutions, NGOs, donors and communities are mobilized to reinforce the operating environment for child-focused services. Through capacity building, provision of tools and supplies, policy dialogue, data systems, and coordination platforms, ministries and decentralized authorities become better equipped to plan, finance, and manage integrated services. In parallel, social mobilization and C4D strategies reinforce the knowledge and agency of adolescents, caregivers, and communities to adopt positive practices and demand quality services.

As institutional and community capacities improve, service delivery begins to evolve from fragmented actions to integrated, equitable, and results-focused models. Local governments and front-line workers apply new standards and guidelines; monitoring and accountability structures expand their reach; and data becomes more available and actionable for planning. Community platforms—schools, health posts, social protection committees, and village WASH structures—become active participants in ensuring service quality and inclusion, especially for the most vulnerable children.

These combined shifts at institutional and community levels enable systemic improvements in outcomes across sectors. Equitable access to quality maternal, newborn, and child health services increases, resulting in improved immunization and nutrition. More children—especially girls and children with disabilities—access inclusive early learning and education and experience better learning outcomes. Protection systems detect, prevent, and respond to violence and harmful practices more effectively, backed by strengthened social protection mechanisms. Communities progressively abandon open defecation and sustain safe water and

sanitation practices. National capacities for evidence-based policymaking and monitoring of child rights are reinforced across all sectors.

Ultimately, as services become more inclusive, better resourced, and more responsive to community needs—and as families gain the knowledge and confidence to use and sustain them—disparities between regions and groups diminish, systems become more resilient, and the rights of every child are progressively realized. The pathway is therefore one where strengthened institutions and empowered communities act together to sustain improvements in child health, learning, protection, and wellbeing, leading collectively to the transformative impact the programme seeks.

### 3. EVALUATION PURPOSE AND OBJECTIVES

The purpose of this evaluation is to generate timely, evidence-based insights to inform strategic decision-making at a critical point in the programme cycle, as the current Country Programme enters its final year and UNICEF prepares to engage in the formulation of the upcoming UNSDCF. The evaluation was commissioned to assess the extent to which the programme remains relevant and coherent within a rapidly evolving national context, and to examine its effectiveness, efficiency, and sustainability—particularly in relation to UNICEF’s strategic positioning, cross-sectoral delivery, and the integration of gender, equity, and human rights principles.

The evaluation serves two primary purposes: accountability and learning. It assesses the Country Programme’s performance in achieving intended results for children while generating lessons to inform future programming. Conducted at this juncture, the evaluation responds to the need to reflect on implementation experience, consolidate system-level gains, and address persistent bottlenecks in advance of the design of the next Country Programme..

The primary intended use of the evaluation is to guide strategic planning, resource allocation, and programme redesign for the next Country Programme, including the identification of innovative and scalable approaches that can accelerate progress toward child-sensitive SDGs. Findings will also inform partnership strategies within the UN System and national coordination mechanisms, including UNICEF’s contribution to the UNSDCF process. The evaluation is expected to generate actionable recommendations and lessons—particularly around community engagement, shifts in social norms and behaviours, and effective models of service delivery—to reinforce child well-being and strengthen resilience.

Key intended users include the UNICEF Guinea-Bissau Country Office, government ministries and decentralized entities, civil society organizations, UN agencies, donors, and development partners. Importantly, the evaluation also aims to serve rights holders—especially children, adolescents, women, and populations living in remote island or otherwise underserved areas—by promoting inclusive, data-driven decision-making to enhance the programme’s long-term impact and sustainability.

**Table 2 - Evaluation Users and intended use**

Users	Intended Use
Guinea Bissau Government	The evaluation will help the Government of Guinea-Bissau identify the main bottlenecks and success factors in service delivery, inform adjustments to public policies, and support the institutionalization of multisectoral approaches, in line with evolving national strategies and the new UNSDCF framework.

Users	Intended Use
UNICEF Guinea-Bissau Country Office	The Country Office will use the evaluation’s findings to critically assess programme effectiveness and optimize operational strategies. This includes identifying what works well, uncovering areas for improvement, and learning from both successes and missed opportunities. These insights will guide the refinement of intervention design, resource allocation, and operational adjustments to better meet the needs of vulnerable children and communities in Guinea-Bissau.
UNICEF Regional Office for West and Central Africa (WCARO)	The Regional Office will analyse the evaluation results to gain broader insights into the effectiveness of UNICEF’s strategies implemented in Guinea-Bissau. These findings will support regional technical assistance, inform resource mobilization decisions, and guide capacity-building efforts. In turn, this ensures that regional support is well targeted and consistent with both country-specific challenges and overarching regional priorities.
UNCT (United Nations Country Team)	The United Nations Country Team (UNCT) will use the evaluation findings to strengthen coordination and coherence among all UN agencies operating in Guinea-Bissau. By examining collective achievements, limitations, and lessons learned, the UNCT will enhance joint strategic planning, identify gaps in the current response, and align complementary interventions. This coordinated approach ensures that the UN’s collective efforts are harmonized with national priorities and the UNSDCF, thereby maximizing overall impact.
Civil Society Organizations (CSOs)	Civil Society Organizations (CSOs) will draw on the evaluation’s findings to reinforce their operational contributions and advocacy efforts. The detailed insights will help them identify best practices and service delivery gaps, ensuring that their programming remains responsive and contextually appropriate. Furthermore, these findings will empower CSOs to engage more effectively with the government and other stakeholders to promote inclusive policies and improved community-level interventions.
United Nations Agencies and Donors	UN agencies and donors will use the evaluation results to gain a clear understanding of the achievements and challenges of joint programme efforts. This information is crucial for refining investment strategies, ensuring accountability, and facilitating evidence-based resource allocation. The insights will also foster stronger partnerships, encourage alignment of strategic priorities, and support the planning process for the next UNSDCF cycle, aiming for sustainable, long-term impact.
Rights Holders (e.g. children, families)	The evaluation provides rights holders with a platform to share their experiences and feedback on the programme’s relevance and effectiveness. Their input, collected through the evaluation, will be used to ensure that service delivery is responsive and accountable to their needs. This process also encourages greater community participation, reinforces service provider accountability, and helps shape future interventions to be more inclusive and impactful.

Source: Plan-Eval

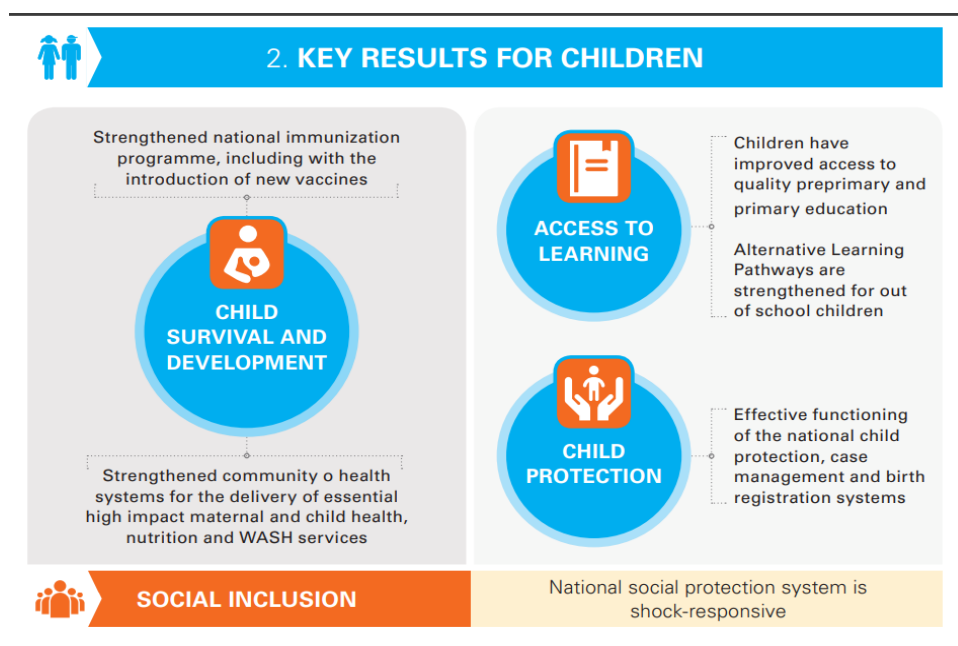
### 3.1. EVALUATION SCOPE

The evaluation critically and objectively analysed the main results achieved and the strategies employed under UNICEF’s 2022–2026 Country Programme in Guinea-Bissau, focusing on its all-programmatic components (Child survival and development, Access to learning, Child protection, Social inclusion, and programme effectiveness), as well as on strategic shifts and innovative initiatives. It also assessed the results framework,

progress toward the achievement of outputs and outcomes, the effectiveness of sectoral and cross-sectoral strategies, operational approaches to service delivery, and initiatives that addressed emergencies, development challenges, and resilience strengthening. Collaborative efforts with other agencies were also examined, particularly those that enhanced community and institutional resilience.

A summary of the Key Results for Children is presented below.

Figure 1 - Key Results for Children



Source: UNICEF Guinea Bissau Programme of Cooperation 2022-2026

The evaluation also covered the alignment of the national programme with the UNSDCF and its contributions to national priorities, the development of sectoral strategies, and partnerships aligned with national objectives and the Sustainable Development Goals (SDGs). In addition, it assessed the role of the national programme in strengthening the capacity of service delivery platforms at various levels and provided insights into UNICEF’s engagement with other actors, including the quality of collaboration and coordination with key stakeholders, as well as operational processes, including mechanisms implemented to ensure the effectiveness and efficiency of interventions.

The evaluation also assessed the extent to which gender equality, equity, disability inclusion and human-rights-based approaches were integrated into programme design, implementation and results. The evaluation did not cover internal HR or fiduciary management processes, nor did it attempt to attribute impact-level outcomes beyond the scope of the CPD

From a geographical perspective, the evaluation examined programme achievements across all regions where sectoral and multisectoral interventions were implemented. It focused on regions with programmatic convergence to assess synergies in improving outcomes for children. A sample of interventions and locations was selected for primary data collection, in consultation with the evaluation reference group.

In terms of chronological scope, the evaluation covered programme interventions implemented between March 2022 and the present.

## 4. EVALUATION CRITERIA AND QUESTIONS

The evaluation was guided by the OECD-DAC criteria: relevance, coherence, effectiveness, efficiency, and sustainability. In addition, gender, equity, and human rights were considered as a cross-cutting criterion. The Evaluation Team developed a comprehensive evaluation matrix (available in annex 4), taking into account the specific criteria and their explanations, the data collection methods, and the sources.

The main evaluation questions for this assessment were as follows:

### Relevance

- To what extent are the design and objectives of the national programme aligned with and supportive of Guinea-Bissau's national development priorities and policy frameworks?
- To what extent has UNICEF integrated the needs and priorities of rights holders—including marginalized and vulnerable groups—into the design and implementation strategies of the national programme?

### Coherence

- To what extent is UNICEF's Country Programme complementary to the work of the government, other UN agencies, and development partners in addressing child-related issues, and how well is it harmonized with broader coordination frameworks?
- To what extent is the Country Programme coherently coordinated with the strategies and initiatives of other UN agencies and development partners, in a way that promotes complementarity, reduces duplication, and enhances collective results?

### Effectiveness

- To what extent has UNICEF achieved, and is it on track to achieve, the intended results of the Country Programme (CP) by the end of its cycle?
- How has UNICEF ensured results-based management of the programme?
- What are the unexpected positive and negative results arising from the Country Programme's efforts?

### Efficiency

- To what extent has the programme's operational capacity—including human resources, supplies, and systems—effectively supported the achievement of intended results within the established timeframe?
- How adequate and efficient has the allocation and use of financial and material resources been in supporting the programme's objectives?

### Sustainability

- To what extent are the programme results financially and operationally sustainable?
- To what extent does the current service delivery model promote ownership by local government and effectively address the needs of the most vulnerable populations?

### Equity, Gender, and Human Rights

- To what extent have equity, gender, and human rights dimensions been integrated into the

programme's planning, implementation, monitoring, and reporting?

- To what extent have the programme's strategies improved access to services and resources for marginalized groups, including children with disabilities?

Although the evaluation was aligned with the OECD-DAC criteria, the impact criterion was not addressed because it was not included in the TORs and the methodological design did not allow for an attribution-focused impact assessment. The evaluation followed a theory-based and utilization-focused approach and applied Contribution Analysis to test the plausibility and credibility of UNICEF's contribution to observed outcomes within a complex, multi-actor environment. This approach was chosen to understand contribution rather than to measure causal attribution. Given the lack of counterfactuals, the impossibility of applying experimental or quasi-experimental designs, and the limitations in data availability and timing, it was not feasible to isolate UNICEF's specific attributable effect on long-term changes. For these reasons, the evaluation focused on contribution to results rather than on the impact criterion.

## 5. METHODOLOGY

The evaluation was guided by a theory-based and utilization-focused approach, underpinned by the Country Programme's Theory of Change (ToC) — developed by the evaluation team for this purpose — and complemented by sectoral ToCs and UNICEF's Strategic Plan. The evaluation matrix (annex 4) played a central role throughout the process: it informed the development of all data-collection tools, ensured systematic coverage of the evaluation questions, and served as the organizing framework for coding, data analysis, triangulation, and the formulation of findings, conclusions, and recommendations.

A Contribution Analysis (CA) approach was used to examine how and to what extent the Country Programme (CP) contributed to observed changes in child outcomes within Guinea-Bissau's complex context. The CA process included defining contribution problems, mapping cause-and-effect assumptions, testing rival explanations, and iteratively refining causal links based on new evidence. The objective was not to attribute change solely to UNICEF, but rather to test the plausibility, credibility, and proportionality of UNICEF's contribution in relation to other actors and contextual factors.

The evaluation followed the utilization-focused evaluation principle, incorporating participatory methods to ensure the meaningful engagement of key stakeholders throughout its main phases, while taking into account the available time and resources. It included both formative and summative components, thereby fulfilling the dual purpose of promoting organizational learning and ensuring accountability.

In line with the principles of **utilization-focused evaluation**, its effectiveness was assessed based on its usefulness to the intended users. Consequently, the evaluation was designed and implemented in a way that maximized the applicability of both its findings and the evaluation process itself, to inform decision-making and improve organizational performance.

Contribution Analysis (CA) was selected over other methodological options due to the evaluation team previous experience with this methodology and because it was considered as the most appropriate approach for evaluating a complex, multi-actor Country Programme in a context where causal pathways are non-linear and outcomes cannot be isolated or attributed to a single actor. Alternative approaches such as experimental or quasi-experimental designs, statistical attribution models, or counterfactual-based impact methods were not feasible due to data limitations, the absence of a control or comparison group, and the programmatic scope

of multiple simultaneous interventions implemented with and through government and partners. CA enabled the evaluation to systematically test the plausibility and credibility of UNICEF’s contribution to observed results, taking into account rival explanations and contextual factors, while remaining aligned with the theory-based and utilization-focused design of the evaluation. By combining evidence from document review, interviews, and sectoral ToCs within the Country Programme ToC, CA offered a rigorous and realistic analytical framework capable of producing actionable findings that respond to the needs of the intended users.

To enhance analytical efficiency and ensure methodological rigor, the evaluation team strategically integrated selected artificial intelligence (AI) tools into the analytical workflow, while maintaining full human oversight at all stages. ChatGPT was used to support iterative text revision and clarity of narrative reporting, without substituting substantive judgment or interpretation. NotebookLM was employed as an analytical aid to organize and synthesize qualitative data from Focus Group Discussions (FGDs) and Key Informant Interviews (KIIs), supporting pattern identification and thematic clustering. Transkriptor was used exclusively for audio transcription, with all transcripts subsequently reviewed and validated by the evaluation team to ensure accuracy and contextual fidelity. Importantly, all analytical decisions, interpretation of findings, and validation of conclusions remained fully led by the evaluators, ensuring that AI tools functioned strictly as support mechanisms rather than substitutes for professional judgment.

## 5.1. EVALUATION APPROACH

Using an adaptation of the procedure proposed by **Mayne (2001)**, and drawing on Plan Eval’s experience with **Contribution Analysis (CA)**, the evaluation team implemented a contribution analysis of the performance of Guinea-Bissau’s Country Programme over the past four years, following the guidelines below:

*Define the contribution problem to be addressed:* The evaluation team began by outlining the specific cause-and-effect statements implicit in all evaluation questions (EQs) included in the Terms of Reference. General statements such as “*To what extent have government policies and programmes supported the Country Programme (CP) activities, and vice versa?*” were transformed into directly answerable questions, such as “*What has the government done to support the CP?*” — enabling contribution statements such as “*The government contributed to CP activities by establishing a task force on malnutrition.*”

*Contextualize cause-and-effect relationships:* The team developed a results chain that illustrated the logic of the Guinea-Bissau Country Programme’s operations, assessing whether the implemented strategies had fully or partially achieved the intended results. The evaluation team also examined other potential factors that may have influenced the results, such as unrelated development interventions or broader political, socioeconomic, and cultural conditions.

*Present evidence supporting the cause-and-effect relationships:* The evaluation team systematized the evidence gathered through key informant interviews (KIIs), focus group discussions (FGDs), and document reviews, which explained *why* and *how* the observed cause-and-effect relationships occurred and *who* the key actors involved were — going beyond simple observations of achieved results.

*Compile and discuss the contribution story:* Following the analysis, the evaluation team assembled a set of contribution stories and presented them for discussion with the UNICEF team and selected stakeholders. This consultation involved examining the links in the results chain to assess which were strong or weak, analysing the overall credibility of these links, and verifying whether stakeholders agreed with the contribution story or proposed alternative, potentially more credible explanations.

*Seek additional evidence:* Based on the assessment of the contribution story's robustness, the team identified new data needed to address challenges to its credibility. At this stage, the Theory of Change could be updated, or specific elements of the theory analysed in greater depth. The Contribution Analysis worked best as an iterative process and was viewed as an ongoing discussion that incorporated new evidence as it emerged during the evaluation.

The evaluation's recommendations were developed through a comparative exercise between the contribution stories on past programme performance and possible future scenarios. Considering the strengths and limitations identified over the past four years, the evaluation asked: What realistic strategies could be adopted to improve the performance of the Country Programme in the next cycle?

## 5.2. DATA COLLECTION METHODS AND TOOLS

Data collection followed a mixed-methods design, combining document review, key informant interviews, focus group discussions and an online survey. This enabled the evaluation to capture both the technical and experiential dimensions of programme implementation across multiple sectors and stakeholder groups. Documentary evidence was used to reconstruct the chronology and logic of interventions, identify expected outputs and outcomes, and compare planned versus actual delivery. Interviews with UNICEF staff, government authorities, UN agencies and implementing partners provided insights into strategic positioning, programmatic relevance, operational bottlenecks and inter-sectoral coordination. Focus group discussions with parents, caregivers, adolescents and community leaders generated first-hand evidence on the perceived benefits of the programme, challenges in service access and the evolution of social norms related to child rights. The online survey served as an additional mechanism to incorporate the perceptions and experiences of implementing partners at scale and at low cost.

The analysis of the evidence followed a structured and iterative process. Interview and FGD transcripts were coded using a framework derived from the evaluation matrix, complemented by inductive codes where new themes emerged. Survey results were used to validate or contest qualitative insights, while documentary review provided stability and historical verification. Triangulation occurred at three levels: across different data collection methods, across stakeholder groups and across geographic contexts. High-confidence findings were identified only where convergent patterns emerged consistently from multiple sources. Where evidence pointed in mixed or divergent directions, the evaluation team adopted a conservative interpretive stance and explicitly qualified the confidence level of conclusions and recommendations.

### 5.2.1. KEY INFORMANT INTERVIEWS

The emotions and proposals of participants related to the National Programme's activities were explored through individual interviews. Potential interviewees were identified through a mapping of relevant stakeholders, detailing their full names, institutional positions, affiliation with target groups, connection to the project, and preferred contact method.

Key informant interviews (KIIs) were conducted virtually with representatives from UNICEF, the government, and implementing partners. A set of interview guidelines was developed, including both open and closed questions, to ensure that the key areas of evaluation were covered. These guidelines were refined in subsequent interviews based on preliminary findings. Prior to each interview, the selected participant was contacted to build trust, generate interest, and encourage willingness to participate, as well as to clarify

logistical and ethical aspects. This included informing them about the purpose of the evaluation, explaining confidentiality and anonymity measures in line with the *United Nations Evaluation Group's Ethical Guidelines for Evaluation*, and obtaining consent to record the interview.

These Interviews were primarily used to collect data from duty bearers such as government partners, service providers, and UN agencies, including key UNICEF staff. The selection of these key informants was carried out with the support of the UNICEF Country Office to ensure a balanced representation across CPD components and the various roles and responsibilities, both in terms of programme implementation and policy mandates on the topics covered.

Interview dates and times were agreed upon in advance to ensure that participants were comfortable with the chosen platform and had stable connectivity. With explicit consent, interviews were recorded and transcribed. For the analysis, a specific framework was developed to organize, categorize, reduce, and compare the data.

This analytical process helped identify patterns, stages, operational models, and types of opinions and experiences, aligning them with pre-existing theories or identifying new ones. The goal was to identify relevant categories and subcategories that contributed to answering the overall evaluation matrix.

## 5.2.2. FOCUS GROUP DISCUSSIONS

**Focus Group Discussions (FGDs)** were used as a methodological tool to enable participants to exchange views, reach consensus, or express disagreement regarding the activities of the Country Programme. This approach allowed researchers to assess participants' level of interest in the topics discussed and analyse the degree of consensus, solidarity, possible tensions, and conflicts within the group. To ensure that the results were representative and not influenced solely by dominant voices, qualified facilitation was essential. Attention was also given to group composition — considering factors such as age, gender, and hierarchical position within organizations — to promote inclusive and effective dialogue.

The group dynamics focused on identifying areas of consensus and disagreement regarding the Country Programme's activities and exploring the reasons behind these perspectives among participants who, a priori, shared similar roles or connections with the initiative. Participants were selected through a stakeholder mapping exercise that included their full names, institutional positions, affiliation with the target group, link to the project, and preferred contact method.

Each participant was contacted in advance to build trust, ensure their interest and collaboration, and clarify key logistical and ethical aspects. This included informing them about the evaluation's objectives, explaining that their opinions would be anonymized in the final report in line with the *United Nations Evaluation Group's Ethical Guidelines for Evaluation*, and obtaining consent for audio recording. The date and time of the sessions were also agreed upon.

Each FGD comprised between 8 and 12 participants — a size considered ideal to foster dialogue while ensuring that each participant had sufficient space to contribute. Participants were recruited through development partners and/or UNICEF focal points. During the inception phase, concerns were raised about gender dynamics in mixed groups. As a result, single-gender FGDs were considered to create a safe and open environment for all participants. Moreover, the importance of cultural dynamics and local norms in participant selection was emphasized, and these factors were carefully considered throughout the process.

For FGDs involving children, the evaluation team strictly followed UNICEF's protocols for child participation,

ensuring that the highest ethical standards were maintained. This included obtaining informed consent, protecting participant privacy, and strictly adhering to the “do no harm” principle.

With regard to FGDs, the evaluation sought to be as comprehensive as possible, covering different regions to capture the perspectives of diverse actors involved. The following sampling strategy was applied:

**FGDs with rights holders – Parents and caregivers** participating in different UNICEF-supported programmes (4 in total):

- 2 in Bissau: male and female groups
- 2 in Buba: male and female groups

**FGDs with rights holders – Adolescents** participating in different UNICEF-supported programmes (2 in total):

- 2 in Buba: male and female groups

**FGDs with rights holders – Community leaders (1 in total):**

- 1 in Buba

The choice of these two locations was linked to the need for the evaluation to gather data and insights representing both an **urban perspective (Bissau)** — closer to decision-makers — and a **rural perspective (Buba)**, allowing the evaluation to understand whether results equally benefited populations in the more challenging regions of Tombali and Quinara.

Given the schedule, UNICEF’s approved proposal, and transport limitations, the plan was to implement **gender-specific FGDs** in two central locations (Bissau and Buba) to capture different perspectives and assess how effective UNICEF had been in integrating gender equity into the design and implementation of the CPD.

### 5.2.3. ONLINE SURVEY

The **self-administered questionnaire** intended to enable the collection of a large volume of responses at very low cost. Although the non-response rate for this type of instrument is typically high (reaching up to 50%), by distributing a large number of questionnaires, it was expected that a sufficient volume of responses would be obtained to draw meaningful conclusions.

The self-administered nature of the survey has its particularities, as the absence of an interviewer to provide guidance requires the questionnaire to be as simple as possible. It also assumes a basic level of digital literacy among respondents, as well as stable and widely available internet connectivity.

The online survey targeted a broad base of implementing partners in order to maximize reach and representativeness. Although average response rates for this type of survey typically hover around 35%, and recognizing potential barriers such as limited internet connectivity, the evaluation team received **eight responses** (25%).

### 5.2.4. DESK REVIEW

The **document review** primarily included diagnostic analysis reports, as well as other documents produced by the stakeholders involved, related to the design, implementation, reporting, and monitoring of the

interventions. Ongoing and past evaluations or studies related to the interventions were also considered. In addition, both academic literature and grey literature (produced by agencies and international organizations or through non-traditional publication channels) were explored. Secondary information about the project, provided by UNICEF and local partners, was also analysed.

During the document review, summary sheets were developed to systematize the bibliography. Administrative documents accessible to the evaluation team were also considered, including meeting minutes, circulars, protocols, databases, and others.

This information was useful for triangulating data with other sources used in the evaluation. The stable nature of documents over time (unlike opinions or memories of events expressed by actors) was helpful in reconstructing what occurred during the implementation of the Country Programme.

A breakdown of the sample reached by data collection technique and type of participant is presented in the following table.

### 5.3. SAMPLING STRATEGY

Table 3 – Sampling

Method	Sample
Semi-structured Interviews with Service Providers (Duty Bearers)	11 Key informants representing UNICEF and other UN agencies
	7 Key informants representing Government Partners
	7 Key informants representing Implementing Partners
	<b>Total: 25 respondents, 12 Female (48%), 13 Male (52%)</b>
Focus Group Discussions (FGDs) with Rights Holders	4 FGDs with parents and caregivers participating in different UNICEF-sponsored programs: 2 male (urban/rural) and 2 female (urban/rural) Total: 29 caregivers: Bissau: 6 Male and 7 Female Buba: 8 male and 8 female
	2 FGDs with adolescents participating in UNICEF – supported programmes: 1 male (rural) and 1 female (rural) Total 15 adolescents: Buba: 7 male and 8 female
	1 FGD with community leaders (8)
Online Survey	8 Implementing Partners
Desk Review	Over 50 Programme design, implementation, and evidence reports reviewed

Source: Plan-Eval

The sampling strategy combined purposive selection for institutional respondents and convenience sampling for rights-holders. This approach enabled rapid access to key stakeholders and communities within the constraints of time, logistics and security. However, it also introduced inherent biases, particularly a greater likelihood of participation by individuals with prior engagement in UNICEF-supported interventions. The evaluation team actively mitigated these risks by prioritising the inclusion of critical perspectives, requesting

participation from actors beyond UNICEF’s direct influence, and examining whether evidence from engaged participants was consistent with documentary analysis and survey findings. Even with these mitigation strategies, the evaluation acknowledges that voices from groups not reached by UNICEF initiatives, or from partners less connected to the Country Programme, remained under-represented. This limitation may have influenced the balance of perceptions regarding strategic relevance and programme effectiveness, potentially resulting in more detailed evidence about areas of strong collaboration and more limited evidence about areas where coordination or delivery was weak.

Geographic coverage also shaped the analysis. Fieldwork was conducted in Bissau and Buba to contrast urban and rural perspectives, allowing the evaluation to assess whether access and results varied between areas located near decision-makers and areas with weaker service infrastructure. Although this decision strengthened the evaluation’s ability to compare service access between rural and urban contexts, it did not fully capture the experiences of families and communities in highly remote locations such as the Bijagós archipelago or certain inland territories. As a consequence, findings related to territorial equity reflect robust patterns in the areas visited but should be interpreted with caution when generalising to the most isolated regions of the country, where chronic structural challenges may be more pronounced.

**Figure 2 - Map of Guinea Bissau**



Source: <https://www.cia.gov/resources/map/guinea-bissau>

The low online survey response rate further limited the representativeness of perceptions among implementing partners. Rather than treating percentages as statistically generalisable results, the evaluation reframed survey findings as complementary qualitative evidence. This approach prevented disproportionate weighting of a small number of respondents and allowed the survey to function as one of several triangulation layers rather than a standalone source of truth.

## 5.4. DATA ANALYSIS AND QUALITY ASSURANCE

Following the completion of data collection, the evaluation team convened to review and synthesise all evidence compiled in the Evidence Matrix, which consolidated tagged notes from interviews and focus groups, and excerpts from the document review. Using Plan Eval’s data triangulation matrix, each evaluation question was systematically aligned with evidence from all qualitative and quantitative sources. Artificial intelligence tools—particularly Notebook LLM—supported the organisation and retrieval of information; however, interpretation, judgement, and reporting were fully led by the evaluation team.

A deductive coding strategy guided the analysis, grounded in a predefined codebook derived from the evaluation questions and the theory of change. Structural and selective coding techniques were applied to organise evidence around expected results and central concepts reflected in the CPD’s pathways of change. To ensure analytical robustness, the team applied methodological, contextual, and source triangulation. Evidence was therefore compared across data collection methods, geographic settings, and stakeholders—cross-checking qualitative and quantitative information and primary and secondary sources to ensure consistency.

Team-based analytical meetings were held for each evaluation question until full consensus was reached regarding emerging patterns and contribution stories. The lead evaluator facilitated these discussions, drawing on professional experience and the external perspective of the quality assurance reviewer. When gaps or conflicting interpretations were identified, the team conducted short follow-up interviews with key informants and requested clarifications from UNICEF to validate or refine findings.

Thematic analysis was also conducted according to the CPD’s outputs to ensure coherence across sectors and programme components. Iterative internal reviews strengthened reliability and consistency throughout the analysis process.

Drafting of the preliminary report was shared among team members, with the lead evaluator ensuring coherence and final alignment of conclusions. The quality assurance officer reviewed the draft according to Plan Eval’s standards, and the project manager verified compliance with the Terms of Reference prior to submission.

## 5.5. ETHICAL CONSIDERATIONS

The evaluation was conducted in strict adherence to Plan Eval’s core values of pluralism, intellectual integrity, scientific curiosity, and equality of opportunity. High ethical standards guided all stages of the process, in line with the applicable internal regulations and guidance documents—including the Quality Management System Publications Operational Procedure (PQ009), Project Development Guidelines (PQ008), the Ethics Manual, and the Consultant’s Guide. The operationalisation of these principles reflected the ethical foundations inspired by the United Nations Evaluation Group (UNEG) Ethical Guidelines for Evaluation and shaped by Plan Eval’s own professional experience.

Throughout implementation, the evaluation complied with national laws and institutional norms and ensuring that no individual was exposed to physical, psychological, or reputational harm. The independence and impartiality of the analysis were safeguarded at all times: evidence was reported as collected, and feedback from stakeholders—including UNICEF—was welcomed but did not influence the accuracy or neutrality of findings or conclusions. All stakeholders were treated fairly; their perspectives were considered regardless of organisational affiliation and differing or dissenting views were deliberately documented in line with Plan Eval’s commitment to pluralism.

Transparency characterised the relationship with UNICEF and project stakeholders, including the timely communication of challenges that could affect data collection or reporting. Measures to prevent conflicts of interest were also applied, including the exclusion of team members with recent employment history in institutions directly involved in the programme under review. No situation requiring whistleblowing procedures arose during the evaluation.

The team operationalised the principle of “do no harm” and ensured respect for human rights, gender equality, and the social and cultural environment. In line with ethical protocols, informed consent was secured for all interviews and surveys—verbally for interviewees and in writing for survey participants—with clear information about voluntary participation, confidentiality, and the right to withdraw at any time without justification. Personal data and sensitive statements were handled securely and presented anonymously in the report to prevent traceability to specific individuals or institutions.

Where the evaluation involved children and adolescents, ethical safeguards were strengthened in compliance with the UNEG Ethical Guidelines for Evaluation (2020), UNICEF’s Procedure on Ethical Standards in Research, Evaluation, Data Collection, and Analysis (2021), and the ERIC (Ethical Research Involving Children) framework. Participation of minors in three focus groups was authorised following review by an external ethics committee. The required ethical protocols and data collection instruments were submitted and approved by an independent Institutional Review Board (HML IRB Research & Ethics) prior to fieldwork, ensuring a safe environment for children and adolescents to share their views. The ethical approval document received by HML is presented in the Annex 14.

The use of AI tools throughout the evaluation adhered to strict ethical and data protection protocols. All data processed through AI-enabled applications were anonymized prior to upload, ensuring that no personally identifiable information (PII) was shared or stored externally. The evaluation team applied informed consent procedures, explicitly informing participants that digital tools would be used to support transcription and analysis. Access to raw data and AI platforms was restricted to authorized team members only, and all outputs generated through AI tools were critically reviewed to prevent misinterpretation, bias amplification, or factual inaccuracies. In line with UNICEF’s data protection standards and evaluation ethics guidelines, AI tools were used solely for supportive functions, with no automated decision-making, thereby safeguarding confidentiality, integrity, and accountability throughout the evaluation process.

## 5.6. LIMITATIONS AND MITIGATION MEASURES OF THE EVALUATION

Table 4 - Limitations of the evaluation

Limitation	How the limitation may have influenced the findings	Potential bias introduced	Mitigation measures
Limited availability of institutional respondents (Government and UN agencies)	Reduced depth of analysis on high-level coordination, policy alignment, and inter-agency collaboration; limited ability to capture divergent institutional perspectives and validate	Over-representation of perspectives from actors who were available (mainly UNICEF and implementing partners); possible positive or negative skew in interpretation of	Proactively engaging a broader range of stakeholders beyond readily available actors, using flexible data collection modalities to increase participation, and systematically triangulating

Limitation	How the limitation may have influenced the findings	Potential bias introduced	Mitigation measures
	certain findings directly with duty bearers.	institutional roles and results due to incomplete cross-validation.	findings across sources and methods.
<b>Low response rate to the online survey</b>	Limited representativeness of perceptions across institutions and sectors; survey findings could not be used statistically and therefore contributed less to comparative analysis of results across stakeholder categories.	Risk of disproportionate influence of views from the small set of respondents; potential confirmation bias if respondents were mainly individuals already engaged or satisfied with the programme.	The survey was treated as supplementary qualitative input rather than quantitative evidence; findings were triangulated with KIIs, FGDs, and document review to validate patterns and avoid over-reliance on survey responses.
<b>Difficulty conducting FGDs in Bissau (limited participation of adolescents and community leaders</b>	Underrepresentation of youth and community leadership perspectives in qualitative evidence from urban areas; reduced capacity to explore community dynamics and behavioural change factors in depth.	Bias toward perspectives from caregivers and parents; potential omission of contrasting viewpoints on programme relevance, participation, and local accountability mechanisms.	Prioritized successful FGDs and expanded key informant interviews where possible; triangulated with community-level data from reports and secondary sources; clearly identified this limitation in analysis of results to avoid overstating conclusions about youth and leadership perceptions.
Weaknesses in national data systems (EMIS, DHIS2, census gaps, limited disability-disaggregated data)	Restricted the depth of trend analysis and limited the ability to assess equity and inclusion, particularly for children with disabilities and other marginalized groups	Possible underestimation of disparities and overreliance on qualitative or proxy data	Triangulation with multiple data sources, stakeholder interviews, and programme monitoring data; cautious interpretation of quantitative trends
Uneven geographic coverage, including limited access to remote and archipelago areas	Reduced direct evidence from some of the most isolated and vulnerable populations	Potential urban or more accessible-area bias in findings	Use of secondary data, remote interviews where feasible, and consultation with partners working in hard-to-reach areas
Limited availability of recent and reliable population-level statistics	Constrained ability to assess changes over time and validate administrative data	Risk of drawing conclusions from outdated baselines or incomplete denominators	Cross-checking with international datasets and sector studies; emphasis on direction of change rather than precise magnitude
Translation and cultural interpretation	Nuances in stakeholder perspectives may have	Potential misinterpretation or	Engagement of experienced national facilitators and

Limitation	How the limitation may have influenced the findings	Potential bias introduced	Mitigation measures
during data collection	been partially lost or reinterpreted	simplification of community-level views	translators; validation of key messages during debriefings
Stakeholder response bias (many respondents directly involved in programme implementation)	May have influenced the framing of achievements and challenges	Positive reporting bias or reluctance to highlight weaknesses	Inclusion of diverse stakeholder groups, anonymous survey tools, and triangulation across respondent categories
Time and resource constraints typical of country programme evaluations	Limited the scope for extended fieldwork and in-depth sectoral case studies	Possible prioritization of more visible or accessible interventions	Focus on representative sampling of sectors and regions; validation workshops to test emerging findings

## 6. FINDINGS AND CONCLUSIONS

### 6.1. RELEVANCE

#### EQ 1.1. To what extent are the design and objectives of the national programme aligned with and supportive of Guinea-Bissau’s national development priorities and policy frameworks?

The design and objectives of UNICEF’s Country Programme of Cooperation in Guinea-Bissau (2022–2026) are **strongly aligned** with the country’s national development priorities and key political and strategic frameworks. The institutional partnership between the Government and UNICEF is assessed as positive and continuously improving, with a clear focus on promoting and protecting children’s rights in strategic sectors.

This alignment is reflected in the correspondence between the programme’s expected results and documents such as the National Development Plan (PND) 2020–2023, the United Nations Sustainable Development Cooperation Framework (UNSDCF), and several strategic sectoral plans. It is also grounded in international and organizational commitments, including the Convention on the Rights of the Child (Articles 1–40 and 45), UNICEF’s global priorities as outlined in its Strategic Plan (2022–2025), and the regional Key Results for Children (KRC) defined by the UNICEF Regional Office for West and Central Africa. The programme further contributes to the achievement of the Sustainable Development Goals (SDGs) — particularly SDG 6 (Water and Sanitation), SDG 13 (Climate Action), and SDG 16 (Peace, Justice and Strong Institutions).

The development of the Country Programme Document (CPD) involved the active participation of the Government and the Ministry of Education, demonstrating close cooperation in addressing national challenges related to child rights. This collaboration is reflected in joint planning sessions aligned with the PND and sectoral activities implemented by ministries with UNICEF’s technical and financial support.

The programme responds to **multiple national strategies**, including the National Health Development Plan (PNDS III) 2018–2022, the Education Sector Plan 2017–2025, the National Strategy for Civil Registration and Vital Statistics (Horizon 2028), and the National Climate Change Adaptation Plan. It is also consistent with other frameworks such as the National Environmental Policy, the Biodiversity Strategy, and the Comprehensive Child Protection Policy.

UNICEF-supported interventions are highly relevant to Guinea-Bissau's development challenges, particularly in a context marked by high child poverty, weak service delivery systems, and strong regional disparities. By prioritizing basic social services, systems strengthening, and community-based approaches, the programme addresses structural gaps that national policies themselves recognize but often struggle to operationalize due to limited capacity and resources. The emphasis on localization — including support to decentralized planning, community service platforms, and local governance mechanisms — responds directly to the reality that many vulnerable children live in remote and underserved regions where national-level policies have historically had limited reach. Geographic targeting of interventions in high-deprivation regions further enhances relevance, ensuring that resources are directed toward areas with the lowest service coverage and highest vulnerability.

At the same time, the analysis underscores that the sustainability and scale of impact depend on stronger public investment in social sectors. While UNICEF's support helps bridge immediate gaps and strengthen systems, the persistence of low social spending and limited fiscal transfers to decentralized levels constrains the Government's ability to institutionalize and expand these gains. This suggests a continued need for increased and better-targeted social budget allocations at both national and subnational levels, particularly in health, education, child protection and social protection. In this respect, UNICEF's focus on public finance for children, policy dialogue, and capacity-building at decentralized levels is also relevant, as it aligns programme support with the longer-term objective of strengthening domestic ownership and financing of child-related services.

An analysis of recent public expenditure patterns shows that budget allocations to social sectors in Guinea-Bissau have been consistently constrained, reflecting limited domestic revenue and heavy external financing dependence. For instance, education spending accounted for approximately **2.7% of GDP in 2020**, a level well below regional averages and insufficient to address low completion and learning outcomes and was reported to represent **about 14% of the national budget** in the 2022 General State Budget, with health at roughly **10%** of the same budget frame. Public spending on social protection has historically been very low, representing **less than 1% of GDP and around 4% of total government expenditure in 2023**, with most expenditures financed by external partners rather than domestic resources. These trends suggest that, despite alignment of priorities, Government allocations to health, education and social protection remain limited relative to needs, underscoring the case for stronger and more predictable national investment — including through improved planning and decentralized transfers — to support sustainable progress in child well-being.

Across sectors, the CP strategically supports high-priority national areas. Child Survival and Development (CSD) is aligned with national goals to reduce neonatal and child mortality and chronic malnutrition, while the Community Health Programme (CHP) reinforces equitable access to health services. In Education, the CP contributes to PND's human capital objectives through support for preschool curricular reform, improved learning environments and continuity of schooling. In Social Protection, UNICEF's contributions—such as the development of the National Social Protection Policy and support to the CRVS strategy—help compensate for limited national budget allocations. In Child Protection, the programme strengthens governance and legal frameworks for protection systems, a national priority recognised in the PND and AU Agenda 2063.

Documentary and quantitative evidence further supports this alignment. The programme corresponds to priorities set out in the National Development Plan (PND) 2020–2023 and sector reforms such as the adoption of the Child Protection Code (2021). National indicators underline the relevance of these priorities: maternal mortality remains high at 603 per 100,000 live births, neonatal mortality at 22 per 1,000 live births, and primary school completion at just 27%. Poverty data indicate that more than half of the population lives below the national poverty line, with children experiencing high levels of multidimensional deprivation. These

documented policy commitments and development gaps reinforce the programme’s focus on basic services, protection systems, and equity-oriented interventions.

Despite this strong strategic alignment, **structural constraints** – political instability, fragmented coordination mechanisms, and underfunded ministries – limit policy continuity and threaten sustainability. For example, frequent government changes have interrupted progress on child protection legislation, and key ministries such as Justice and Nutrition rely heavily on UNICEF funding for essential functions. These constraints reduce the degree to which alignment at policy level translates into consistent implementation.

*“Another obstacle—or challenge, rather—is the political and institutional instability of the country itself, which sometimes doesn’t help, right? Because we start working on one area and suddenly the government changes. That also makes it very difficult to implement concrete activities.”*  
(Interviewee, UNICEF)

*“I can say that, indeed, UNICEF’s programmes are fully aligned with the country’s main concerns at this time regarding children’s rights. The only problem, sometimes, is continuity due to lack of funding. We just implemented an extremely important project—recognized by everyone—on protection of victims and survivors of gender-based violence, where we reached an impressive number of beneficiaries. The project ended, but the demand continues.”*  
(Interviewee, Implementing Partner)

*“Here in the regions, we feel that UNICEF’s priorities match what communities need. But when the government changes, activities stop or slow down, and people start losing trust again.”*  
(Community leader, Buba)

From a ToC perspective, the strong alignment between the CP and national frameworks reinforces the ToC’s core assumption that system-level strengthening and coherent policy frameworks are prerequisites for sustainable child outcomes. The CP’s contribution to national policy development, sectoral planning, and institutional mechanisms directly supports the ToC’s first pathway: strengthening institutional capacities and enabling systems to deliver equitable and resilient services. However, the political instability and uneven implementation capacity observed represent risks to key ToC assumptions about institutional continuity and national ownership.

In relation to the evaluation matrix, the findings above respond primarily to EQ1.1 (alignment between CP objectives and national priorities.. Indicators concerning consistency with national strategies, evidence of government engagement in CP design, and the existence of enabling policy and legislative environments are fully met. Conversely, indicators related to institutional capacity, continuity and domestic financing show mixed progress, revealing significant constraints to sustained alignment.

**EQ 1.2. To what extent has UNICEF integrated the needs and priorities of rights holders—including marginalized and vulnerable groups—into the design and implementation strategies of the national programme?**

UNICEF’s Country Programme of Cooperation reflects a strong integration of the needs and priorities of rights-holders, particularly the most marginalized groups. The programme is broadly recognised—by government, partners and communities—as grounded in the CRC and the SDG principle of “Leaving No One Behind.” Equity, gender and human rights have guided the CP’s design, informed by evidence such as the SITAN (2019), MODA (2015), and education sector analyses, which identified the regions and population groups experiencing the highest levels of deprivation.

Gender equality, equity and human rights (GEHR) were integrated into programme design through evidence from the Situation Analysis (SitAn), which drew on MICS data, sector studies, and administrative systems such as EMIS and DHIS2 to identify disparities by gender, geography, and vulnerability. This informed the prioritization of underserved regions, targeted support for girls and marginalized groups, and the inclusion of disaggregated indicators and rights-based approaches in programme strategies. However, the absence of comprehensive baseline assessments in some sectors, gaps in disability-disaggregated data, and uneven quality of national data systems limited the depth of equity analysis. As a result, some decisions relied on proxy data and qualitative insights, which may not fully capture the scale of exclusion among the most vulnerable populations.

Monitoring systems such as RAM/CSI and RapidPro include disaggregation by sex, disability and vulnerability, improving visibility of disparities and supporting more tailored programming. Data from these systems were used to inform annual work planning, mid-year and annual reviews, and adaptive management decisions at both sectoral and cross-sectoral levels. They also contributed to tracking progress against CPD results frameworks, identifying implementation bottlenecks, and adjusting outreach strategies for hard-to-reach and vulnerable populations, particularly in areas such as immunization, education access, and community engagement.

Several programme components illustrate strong responsiveness:

- Through the Joint Programme with UNFPA, UNICEF has strengthened community dialogue and adolescent engagement in high-FGM-prevalence regions.
- The CP has advanced menstrual hygiene management, youth networks and girl-centred interventions to reduce school dropout and early pregnancy.
- In inclusive education, UNICEF has supported the Directorate-General for Inclusive Education and the National Strategy for Inclusive Education (2022–2028).
- Mobile birth registration campaigns have successfully reached children with disabilities and children at risk of statelessness.
- The Community Health Programme (CHP) removes financial barriers to essential maternal and child services, particularly in rural areas.
- WASH interventions using CLTS and subsidised latrine slabs have improved sanitation in low-income communities.

The relevance of the programme was further strengthened by the presence of dedicated focal points within the Country Office for inclusiveness, gender equality, and climate change, among other cross-cutting priorities. These roles contributed to ensuring that corporate standards and normative commitments were systematically reflected in programme design and implementation across sectors. Focal points provided technical guidance, supported quality assurance of programme documents and results frameworks, and facilitated coordination among sections to promote consistent integration of equity, gender, disability inclusion, and climate resilience considerations. This internal structure helped translate global and regional priorities into context-specific strategies, reinforcing coherence and cross-sectoral alignment throughout the programme cycle.

Available data underline the relevance of UNICEF’s focus on marginalized and vulnerable groups. National surveys show wide disparities in service access between rural and urban areas, with significantly lower school attendance and health service coverage in poorer and remote regions. Child protection data indicate that 30% of girls aged 0–14 have undergone FGM and that 26% of young women aged 20–24 were married before age 18, highlighting the continued vulnerability of girls. Multidimensional poverty analysis further shows that a large proportion of children experience multiple deprivations, particularly those in rural households and those whose mothers have limited education. These documented disparities provide a clear evidence base for the programme’s emphasis on geographic targeting, gender-responsive programming, and outreach to underserved populations.

Despite these advances, stakeholders identified several gaps, including the absence of formal mechanisms for child and adolescent participation in decision-making, inconsistencies in vulnerability assessment methodologies across sectors, and limited attention to accessibility for people with disabilities in WASH facilities. Judicial delays in gender-based violence cases and persistent sociocultural norms continue to hinder the effectiveness of protection interventions.

*“There’s no way, for example, for children and adolescents to be at the centre of decision-making about what they want. If there were a forum where they could express their opinion, that would be important. At present, within our government, there’s no space where children and adolescents are consulted to express their own wishes regarding what they want from government programmes.”*  
*(Interviewee, Implementing Partner)*

*“From the perspective of early childhood, I think there’s still work to be done — bringing more evidence and convincing others. It’s about changing the way we look at children. Socially, in Guinea-Bissau, we tend to see the child only from the moment they serve a purpose — for instance, when we say, ‘bring me a glass of water.’ It’s at that point that the child begins to be seen as useful to the family or community.”*  
*(Interviewee, UNICEF)*

*“For many children in remote areas, the mobile registration teams were the first time they could claim an identity. But children and adolescents still don’t have a real space where their voices shape what programmes should prioritise.”*  
*(Youth representative, Bissau)*

The integration of rights-holder needs directly supports the ToC’s second pathway, which assumes that empowered communities, parents and adolescents will demand and sustain equitable services. By reducing barriers for vulnerable groups and promoting social norm change, the CP strengthens the demand-side conditions required for improved child outcomes. However, the limited institutionalisation of child participation mechanisms weakens one of the ToC’s critical assumptions: that rights-holders actively influence programme design and accountability mechanisms.

The analysis corresponds to EQ 1.2 of the evaluation matrix, which examine whether the CP has systematically identified and prioritised vulnerable groups and whether programmes effectively respond to their needs.

Indicators on vulnerability analysis, geographic prioritisation and use of disaggregated data show strong performance. Yet indicators relating to participation and inclusive design reveal areas requiring further development. For example, in the WASH sector, not all newly constructed or rehabilitated facilities consistently met accessibility standards for children with disabilities, particularly in schools and community water points. Similarly, while consultation mechanisms with adolescents were established in selected programme areas, their involvement in structured programme governance and decision-making processes remained limited and uneven across sectors.

## 6.2. COHERENCE

### EQ 2.1. To what extent is UNICEF's Country Programme complementary to the work of the government, other UN agencies, and development partners in addressing child-related issues, and how well is it harmonized with broader coordination frameworks?

UNICEF's Country Programme (CPD 2022–2026) in Guinea-Bissau demonstrates a **high degree of complementarity and strategic alignment** with the work of the Government, other United Nations agencies, and development partners, although challenges remain in decentralized coordination and operational harmonization. The programme is firmly anchored in major national and international planning frameworks. It is aligned with the United Nations Sustainable Development Cooperation Framework (UNSDCF), particularly Results 1 and 3, focusing on human capital development and governance. Monitoring and evaluation take place within this framework, ensuring coherence with the National Development Plan (PND 2020–2023) and national priorities, with particular emphasis on Strategic Objectives 1 (Consolidate the democratic rule of law, reform and modernize public institutions) and 4 (Valuing Human Capital and Improving the Living Conditions of Populations). The programme also contributes to the National Climate Change Adaptation Plan, the National Biodiversity Strategy, and the implementation of the Sustainable Development Goals (SDGs) — notably SDG 6 (Water and Sanitation).

UNICEF is widely recognized for its role in reinforcing and building government systems — rather than substituting them — in areas such as civil registration, results-based planning (RBP), and public finance for children, thereby strengthening institutional capacities and the allocation of social resources. Its work is characterized by technical and financial partnerships that foster synergies across sectors. In the health and nutrition sectors, the programme supports the Third National Health Sector Development Plan (2018–2022), in close collaboration with the Ministry of Public Health, the World Health Organization (WHO), the World Bank, and the Global Fund/UNDP. The Community Health Programme (CHP), co-financed by the European Union, is widely recognized for its relevance and alignment with national strategies.

In education, UNICEF leads the Local Education Group (LEG) and served as the coordinating agency for the Global Partnership for Education (GPE) till February 2025. In collaboration with UNESCO, it implements the joint UN roadmap and supports the development of the National Teacher Policy and the implementation of the National Strategy for Inclusive Education (2022–2028). In child protection and civil registration, the interoperability strategy between the civil registration system and health services (maternity and vaccination units) reflects strong coherence with the National Strategy for Civil Registration and Vital Statistics (horizon 2028). Coordination is ensured through Intersectoral Coordination for the Reform and Modernization of Civil Registration (CIRMEC<sup>5</sup> in French), which brings together ministries and partners such as UNHCR, UNDP, UNFPA, WHO, and the Portuguese Cooperation/EU. In protection and gender, UNICEF jointly implements programmes with UNFPA to eliminate Female Genital Mutilation (FGM) and prevent gender-based violence and child marriage.

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<sup>5</sup> CIMERC : Coordination Intersectorielle de Réforme et de modernisation de l'état civil

In the area of social protection and inclusion, UNICEF collaborates with UNDP, WFP, the World Bank, and ILO in developing the National Social Protection Policy and the Unified Social Registry, strengthening inter-institutional coordination and supporting the Ministry of Women, Family and Social Solidarity in policy formulation. In the Water, Sanitation and Hygiene (WASH) sector, UNICEF is the lead partner and serves as the secretariat of the Water and Sanitation Group (GAS). The programme combines the Community-Led Total Sanitation (CLTS) approach with complementary methodologies, including sanitation marketing and school WASH, aligned with the regional framework for Ending Open Defecation (EOD/KRC#8).

UNICEF plays an **active role in UN inter-agency and sectoral coordination mechanisms under the UNSCDF 2022-26**, often assuming a leadership or co-leadership roles, particularly in **Education, WASH, Nutrition, Social and Behaviour Change (SBC), and Child Protection**, where it holds recognized technical mandates.. During emergencies such as COVID-19 and cholera outbreaks, it co-led communication and awareness-raising activities alongside other agencies. Despite this strong presence, challenges persist regarding harmonization and coordination. Structures such as CIRMEC operate mainly at the central level, with limited regional and local strengthening. The sustainability of actions continues to depend heavily on UNICEF's and other external partners' financial and technical support, due to limited domestic funding. Reports also indicate duplication of efforts among UN agencies — for example, parallel educational information systems developed with UNESCO — and thematic fragmentation, where broad programmes sometimes dilute the visibility of sectors such as WASH and climate change.

*“It’s possible that there’s duplication of interventions — even contradictions between agencies. For instance, we might coincide on hiring consultants. UNDP and UNICEF both agreed to support, so we proposed a basket fund, where each agency would contribute. But as you know, Agency A wants visibility, and so does Agency B. Each wants to be the one implementing, not the other. That’s where small duplications can arise.”*  
*(Interviewee, Government)*

UNICEF's collaboration with community radio stations for Social and Behaviour Change Communication (SBCC) is at times perceived by other partners as exclusive, limiting the diversification of partnerships for these radios. In some programmes, such as the CHP in health, full harmonization with government planning cycles is not always achieved. The continued prevalence of vertical (sector- or disease-specific) approaches is perceived as outdated and less effective. Intersectoral coordination also faces tensions between state institutions and civil society organizations, requiring constant efforts to maintain balance. While UNICEF strengthens transparency through rigorous administrative procedures and regular audits (*Spot Checks*), bureaucratic delays and slow disbursements can affect implementation and partner motivation.

*“There’s often a mismatch in cooperation dynamics — that’s how the government perceives it. Between state institutions and civil society organizations, there’s a certain competition for roles. Many times, state institutions think NGOs receive more funds and are doing things that should be done by the government. Yet, when citizens demand results, they blame the state institutions for not delivering. So, we, as partners, must ensure that when we work with one, we also engage the other.”*  
*(Interviewee, UNICEF)*

## EQ 2.2. To what extent is the Country Programme coherently coordinated with the strategies and initiatives of other UN agencies and development partners, in a way that promotes complementarity, reduces duplication, and enhances collective results?

UNICEF's Country Programme (CPD 2022–2026) in Guinea-Bissau demonstrates a **high degree of coherence and coordination** with the strategies and initiatives of the Government and other development partners. This alignment has been achieved primarily through the programme's integration into broader strategic frameworks and its active participation in intersectoral mechanisms that promote complementarity and aim to enhance collective results. Despite this formal integration, challenges persist in decentralized coordination and perceptions of exclusivity in certain partnership areas, which may limit full complementarity and hinder efforts to reduce duplication.

The Country Programme Document (CPD 2022–2026) is aligned with Results 1 and 3 of the United Nations Sustainable Development Cooperation Framework (UNSDCF), as well as Strategic Objectives 1 and 4 of the National Development Plan (PND 2020–2023). This ensures that UNICEF's interventions complement both national and UN priorities. Oversight and coordination of the UNSDCF and of agency-specific programmes are provided by the UNSDCF Steering Committee. In addition, UNICEF chairs the Operations Management Team (OMT) — co-chaired by WFP — which allows it to influence system-wide coherence in administrative and operational areas. To enhance efficiency and reduce transaction costs, the Harmonized Approach to Cash Transfers (HACT) is applied jointly with other agencies, and operational cost harmonization is promoted through shared facilities and common services across the UN system.

Coordination arrangements under the UNSDCF and sectoral platforms contributed not only to improved dialogue and planning processes, but also to more coherent service delivery and collective results in several areas. Joint planning and complementary roles among UN agencies and development partners helped expand geographic coverage and avoid service gaps, particularly in education, WASH, and child protection, where partners combined technical support, community outreach, and system-strengthening efforts. In emergency contexts such as COVID-19 and cholera outbreaks, coordinated communication and response strategies supported faster dissemination of public health information and more harmonized community engagement, contributing to improved uptake of preventive behaviours and continuity of essential services. These linkages between coordination and service outcomes are supported by programme documentation, joint plans, and reported coverage gains in targeted regions.

At the same time, part of the evidence base on coordination effectiveness is perception-based, drawing on stakeholder interviews and partner consultations that highlighted improved complementarity and reduced overlap in certain sectors. While these perspectives were broadly consistent across respondent groups, documentary evidence on the direct attribution of collective results to specific coordination mechanisms remains limited. In some areas, reports of duplication — such as parallel information systems in education — suggest that coordination gains have not been uniform. Overall, confidence is stronger regarding the contribution of coordination to improved processes and alignment, while evidence linking coordination directly to measurable outcome-level results is more moderate and often inferred rather than fully documented.

In education, UNICEF is actively seeking to work jointly with partners to address cross-cutting issues and optimize resources, although effective implementation of these alliances still faces challenges. Collaboration with UNFPA focuses on sexuality, early marriage, bias, and violence, with efforts to address adolescent issues in an integrated manner. The World Bank is identified as a key partner in financing education activities, alongside UNICEF. Technical coordination is also maintained with UNESCO and other agencies, particularly when they fund activities, to ensure implementation through the Ministry. UNICEF uses data and analytical

frameworks from the Global Partnership for Education to assess the country context, highlighting Guinea-Bissau's extremely poor global access indicators. Portuguese Cooperation (Instituto Camões) currently leads education sector coordination, and UNICEF works with them—especially on Portuguese language programming—to avoid duplication and ensure both initial and in-service teacher training.

In the civil registration and child protection sectors, UNICEF employs a strategy based on interoperability and multisectoral coordination. Under the leadership of the Ministry of Justice, the CIRMEC mechanism brings together different government actors and international partners such as UNHCR, UNDP, UNFPA, PBF, Portuguese Cooperation, and Plan International. This coordination framework enables the development of a shared roadmap for the modernization of civil registration and strengthens the national statistics system. Protocols of interoperability have been established with the health and justice sectors and are gradually being expanded to include statistics, education, gender equality, and communication. This approach constitutes a promising practice for consolidating interinstitutional coherence.

In social inclusion and protection, UNICEF works closely with UNDP, WFP, ILO, and the World Bank. In 2023, this collaboration was instrumental in creating a national social protection system funded through an SDG catalytic fund. These interventions aim to lay the foundations for a public financing and inclusion strategy that promotes inclusive growth and sustainable fiscal management.

In health and nutrition, collaboration with the Ministry of Public Health, the World Bank, UNDP, the Global Fund, and the World Health Organization (WHO) has helped mobilize resources and promote programme coherence. The Community Health Programme (CHP) aligns with priority national vertical programmes — including malaria, reproductive health, and HIV/AIDS — and serves as a complementary mechanism to expand coverage and improve the efficiency of the primary health and nutrition response.

The Water, Sanitation, and Hygiene (WASH) sector is another pillar of coordination and complementarity. UNICEF serves as the secretariat of the Water and Sanitation Group (GAS) — the main coordination body for the sector — which brings together government, civil society, and donors. Interventions aimed at achieving the End of Open Defecation (EOD/KRC#8) combine complementary approaches such as Community-Led Total Sanitation (CLTS), sanitation marketing, and school and health facility WASH, involving the Ministries of Natural Resources, Health, and Education.

UNICEF also stands out as the “children’s advocate” in Guinea-Bissau, focusing on the implementation of the Convention on the Rights of the Child (CRC). The CPD directly supports the PND and other national strategies, including the National Climate Change Adaptation Plan and the National Biodiversity Strategy, while contributing to the Sustainable Development Goals (SDGs) — particularly SDG 6 (Water and Sanitation). Strengthening systems and developing upstream policies — such as the National Social Protection Policy and its implementation strategy — are central elements of UNICEF’s value added, reinforcing government ownership and sustainability.

**Synergies with other UN agencies are robust.** With UNFPA, UNICEF has maintained a joint programme for over 15 years to eliminate Female Genital Mutilation (FGM) and prevent gender-based violence and child marriage. In legal identity, UNICEF’s actions complement those of UNDP: while UNDP supports digitalization and mobile justice caravans (“Candongá da Justiça”), UNICEF funds birth registration within these initiatives and promotes interoperability among the relevant ministries. In WASH, coordination with UN-Habitat, WHO, WFP, the European Union, and the World Bank includes a Memorandum of Understanding (MoU) with WFP to integrate nutrition and WASH components in schools. In health and nutrition, complementarity with WFP is clear: UNICEF focuses on treating acute malnutrition and providing micronutrient supplementation (Vitamin A), while

WFP supports the prevention of moderate malnutrition and stunting. In emergencies, UNICEF has played a central interagency coordination role — particularly during COVID-19 and polio outbreaks — by supplying hygiene kits and supporting vaccination campaigns.

However, harmonization and coordination continue to face **operational challenges**. Competition for visibility and resource control among UN agencies often prevents the establishment of basket funds and results in duplication — for example, in education, where parallel information systems coexist (UNESCO’s school mapping and UNICEF’s M-Water system). The integration of broader programmes such as Child Survival and Development (CSD) has improved internal collaboration among WASH, health, and nutrition components but reduced the visibility of specific areas such as WASH and climate change, making fundraising more difficult.

Internally, intersectoral coordination also faces limitations. The Social and Behaviour Change (SBC) unit is not always involved at the planning stage, often acting reactively, which can diminish programme effectiveness. Furthermore, while UNICEF’s rigorous administrative procedures ensure transparency through audits and reviews (SpotChecks), they are often perceived as excessively bureaucratic, leading to delays in fund disbursement and affecting partner motivation.

Within these coordination and complementarity arrangements, UNICEF’s added value lies primarily in its sectoral technical leadership, operational presence at subnational level, and ability to bridge systems strengthening with community-level delivery. In sectors such as education, WASH, child protection and SBC, UNICEF combined normative guidance, capacity development and direct implementation support in underserved areas, enabling other partners to align around common standards and extend coverage rather than duplicate efforts. Its role in data, monitoring tools and policy dialogue also helped anchor joint initiatives in child-focused evidence and rights-based frameworks. While much of this added value is reflected in documented leadership roles, joint plans and sector outputs, part of the assessment is based on stakeholder perceptions that consistently identified UNICEF as a trusted convener and technical reference point, suggesting moderate-to-strong confidence in its distinct contribution to collective results.

## 6.3. EFFECTIVENESS

### EQ 3.1. To what extent has UNICEF achieved, and is it on track to achieve, the intended results of the Country Programme (CP) by the end of its cycle?

UNICEF’s Country Programme (CPD 2022–2026) in Guinea-Bissau is broadly on track to achieving its intended results, demonstrating substantial progress across most outcome areas while strengthening institutional and policy capacities. As assessed under EQ4 and sub-questions 4.1–4.4 of the evaluation matrix, the strongest gains occur where the Theory of Change (ToC) pathways—particularly systems strengthening, community engagement, and integrated service delivery—have been consistently applied. This assessment draws primarily on RAM outcome and output indicators, which are fed by sectoral monitoring systems (EMIS for education, DHIS2 for health and nutrition, WASH administrative monitoring, and child protection case management systems), complemented by programme reviews and stakeholder consultations. Confidence in findings is higher where RAM indicators are supported by administrative or survey data, and more moderate where reliance is placed on qualitative or perception-based evidence, particularly for learning outcomes, disability inclusion, and social protection coverage. Progress is notable in child protection, education, health, nutrition, and WASH. Nonetheless, the full achievement of results remains contingent on mitigating persistent risks, including political instability, limited technical capacity, and insufficient government financing.

Between 2022 and 2024, the programme consolidated structural gains from the previous cycle while advancing new results aligned with the UNSDCF. At the **output level**, UNICEF contributed to key systems strengthening measures across sectors: development of policies and standards, training of frontline workers, rehabilitation of WASH and education facilities, supply delivery, and establishment of community structures. These outputs contributed to **outcome-level improvements**, such as expanded access to basic services, increased case detection in child protection, improved maternal health coverage, and expanded participation in pre-primary education. Evidence of system-level change is emerging in the adoption of national standards, improved information systems (EMIS, DHIS2), and institutionalization of multisectoral mechanisms, illustrating the ToC pathway linking UNICEF inputs → strengthened institutional capacities → expanded and more equitable service delivery.

In WASH, the CLTS approach has certified more than 1,150 communities as open-defecation-free—lifting over 230,000 people out of this practice. These are strong outcomes, and the national target of eliminating open defecation by 2030 remains feasible. However, RAM data on access to improved water show marked annual fluctuations, suggesting that performance variations may reflect seasonal functionality issues, infrastructure delays, and reporting inconsistencies rather than linear progress. This indicates the need for stronger functionality monitoring and sustainability planning. Similarly, in primary health care, UNICEF’s revitalization of PHC—supported by immunization integration and SBCC through community radio—has strengthened both service uptake and system resilience. These results reflect the ToC pathways linking evidence generation, capacity strengthening, and behavioural change to improved service coverage. Nevertheless, continuity of results remains vulnerable to workforce turnover and supply chain disruptions.

**Table 5 - Analysis of the level of achievement of the results – Education**

Expected results at the beginning of the program	Results achieved (Based on data collected by the evaluation team and RAM trends)	Assessment of the Level of Achievement of Results
<b>R1 – Increased access to pre-primary and primary education in underserved areas</b>	RAM data show steady increases in pre-primary enrolment and primary attendance in targeted regions, supported by expansion of ECD spaces and community mobilisation. Gains are strongest in rural zones with UNICEF-supported facilities, though access gaps persist for children with disabilities and in the poorest quintiles.	<b>Good</b>
<b>R2 – Improved learning conditions and foundational learning</b>	Outputs such as teacher training, learning materials and recovery programmes progressed on track in RAM. However, outcome-level evidence on literacy and numeracy remains limited due to absence of recent national learning assessments; improvements are inferred rather than measured.	<b>Average</b>
<b>R3 – Strengthened inclusive education systems</b>	RAM confirms adoption of Inclusive Education Strategy and training on inclusive pedagogy, but limited data on accessibility adaptations and disability-disaggregated enrolment mean system-level inclusion cannot yet be verified.	<b>Average</b>

In education, UNICEF has made significant progress in both policy development and addressing the learning crisis. Outputs include support to 2,560 children through learning recovery programmes; development of the National Inclusive Education Strategy (2022–2028); and finalization of the preschool curriculum. These inputs underpin projected outcomes shown in the RAM: increases in pre-primary enrolment (24% in 2021 to a projected 35% in 2026), improved net attendance in primary (68.7% to 78%), and reduced out-of-school rates (25.5% to 20%). Annex 7 presents the evolution of RAM indicators for Education. While access-related

indicators are reasonably well documented through EMIS, evidence on learning outcomes remains weaker, with limited recent nationally representative assessment data. Confidence in projected improvements in foundational learning (23% to 43%) is therefore moderate. This underscores the need for stronger national learning assessment systems and clearer linkage between system reforms and measurable learning gains.

**Table 6 - Analysis of the level of achievement of the results – Child Protection**

Expected results at the beginning of the program	Results achieved (Based on data collected by the evaluation team and RAM trends)	Level of achievement
<b>R1 – Increased identification and referral of child protection cases</b>	RAM shows consistent year-on-year increases in reported and managed cases, surpassing annual targets due to improved community detection and digital case management.	<b>Good</b>
<b>R2 – Strengthened child protection systems and coordination</b>	Evidence of new policies, SOPs and data tools in RAM and documentation, but uneven subnational staffing and funding limit full operationalization.	<b>Average</b>
<b>R3 – Reduction in harmful practices and violence against children</b>	Population-level indicators (e.g., child marriage, FGM, violent discipline) show slow change; prevention outputs delivered but no clear outcome decline yet measurable.	<b>Poor</b>

Child protection indicators show strong and consistent gains: cases of child victims of violence receiving services rose from 479 (2021) to 776 (2024), consistently surpassing targets. This reflects improved case management and referral pathways—clear outcomes deriving from strengthened community networks and the Cobo Collect digital system. Yet, the rising caseload also highlights persistent underlying risks and reveals that prevention interventions remain weaker than response mechanisms. Normative progress—such as development of the Child Protection Code and National Social Protection Policy—signals important system-level shifts, though parliamentary approval delays linked to political instability have slowed their full operationalization. Annex 8 presents the evolution of RAM indicators for Child Protection. Confidence in service access results is high, but confidence in prevention and social norms change remains moderate due to limited longitudinal data.

**Table 7 - Analysis of the level of achievement of the results – Health & Nutrition**

Expected results at the beginning of the program	Results achieved (Based on data collected by the evaluation team and RAM trends)	Level of achievement
<b>R1 – Increased immunization and primary health service coverage</b>	RAM and campaign reports show high vaccination reach (including near-universal polio campaign coverage) and expanded outreach services. Routine immunization fluctuated but remained near or above baseline in most districts.	<b>Good</b>
<b>R2 – Improved maternal and newborn health service utilization</b>	RAM indicates increases in skilled birth attendance between 2021–2023 followed by a decline in 2024, linked to workforce and logistics disruptions. Trend suggests partial but unstable progress.	<b>Average</b>
<b>R3 – Improved nutrition outcomes for children under five</b>	RAM shows expansion of screening and treatment for acute malnutrition, but no corresponding decline yet visible in stunting prevalence; outcome indicators lag behind service delivery outputs.	<b>Poor</b>

In health and nutrition, immunization campaigns—especially the polio campaign reaching 99% of eligible children—demonstrate strong output-to-outcome conversion. The proportion of births attended by skilled personnel increased from 42% (2021) to 61% (2022), then to 71% (2023), before stabilizing at 58% (2024). The 2024 dip likely reflects systemic bottlenecks such as workforce turnover, logistics disruptions, and resource

variability rather than a reversal of programme strategy. These achievements reflect ToC pathways on workforce strengthening and integrated outreach. Nutrition outcomes, particularly stunting reduction, remain off-track and are influenced by structural determinants beyond service delivery alone. Annex 9 presents the evolution of RAM indicators for CSD.

**Table 8 - Analysis of the level of achievement of the results – Social Inclusion**

Expected results at the beginning of the program	Results achieved (Based on data collected by the evaluation team and RAM trends)	Level of achievement
<b>R1 – Expanded coverage of child-sensitive social protection</b>	RAM and programme reports show policy development and pilot schemes, but beneficiary coverage expanded only marginally and remains far below targets.	<b>Poor</b>
<b>R2 – Strengthened systems for birth registration and civil documentation</b>	RAM data indicate increases in mobile birth registration in targeted regions, though national registration completeness remains low and uneven.	<b>Average</b>
<b>R3 – Improved use of data for equity-focused planning</b>	Some improvements in sector data use and dashboards, but fragmentation across EMIS, DHIS2 and social protection data limits integrated equity analysis.	<b>Average</b>

Social inclusion progress is more mixed. While policy frameworks advanced, outcomes in coverage remain off-track: the targeted expansion of child-sensitive social protection was only partially achieved, with limited updated data for 2024 and stagnating beneficiary numbers. Structural constraints—fragmented assistance mechanisms, limited budget execution, and incomplete registry systems—continue to impede scale-up. Annex 10 presents the evolution of RAM indicators for Social Inclusion. Confidence in measurable outcome progress in this area is low to moderate due to data gaps.

**Table 9 - Analysis of the level of achievement of the results – WASH**

Expected results at the beginning of the program	Results achieved (Based on data collected by the evaluation team and RAM trends)	Level of achievement
<b>R1 – Increased access to basic water services</b>	RAM data show sharp annual variations in number of people gaining access to water (strong 2023 performance, lower in 2024), reflecting infrastructure delays and funding cycles. Progress evident but inconsistent.	<b>Average</b>
<b>R2 – Reduction in open defecation through CLTS</b>	RAM confirms sustained increase in ODF-certified communities and large population shifts away from open defecation. Behaviour change appears stable in most verified communities.	<b>Good</b>
<b>R3 – Sustainable WASH service management systems</b>	Monitoring shows many functional communities WASH committees, but RAM and KIIs confirm reliance on UNICEF/partners for major repairs and spare parts, indicating partial sustainability.	<b>Average</b>

WASH results reveal fluctuating performance: 20,936 people gained access to improved water in 2022 (partially achieved), rising sharply to 77,554 in 2023 (fully achieved), before declining to 15,549 in 2024 (not achieved). These fluctuations underscore operational bottlenecks such as infrastructure delays, seasonal constraints, and irregular funding flows, which affect delivery of sustained outcomes. These trends suggest that output delivery has been achieved intermittently, but sustainability and reliability of services remain areas requiring corrective action. Annex 11 presents the evolution of RAM indicators for WASH.

Despite progress, financial sustainability remains a core constraint. Nutrition, civil registration, and community health activities rely almost entirely on UNICEF and donor funding. Delays in fund disbursement—sometimes over five months—have caused operational setbacks and reduced motivation among community workers.

Implementing NGOs (AMI, AIFO) reported pre-financing activities, and the World Bank temporarily suspended financing for community health activities routed through UNICEF. These issues directly influence outcome-level consistency across ToC pathways.

Institutional constraints also limit sustainability, particularly inadequate staffing and infrastructure. For example, the education planning directorate lacks autonomous access to the school mapping system (M-WATER), restricting evidence use—an essential ToC assumption. Some projects also lack explicit sustainability plans, raising risks of regression.

*“People eventually leave for positions with greater motivation... There is still a huge obstacle — they argue there are no financial resources to pay the staff we so urgently need. That’s why UNICEF, UNFPA, and WHO step in to ensure implementation.”*  
*(Interviewee, Government)*

Internal coordination challenges persist. SBC is not consistently integrated at planning stage, reducing coherence. While merging WASH and Climate Change under CSD improved internal alignment, it sometimes reduced sector visibility and constrained mobilization of dedicated resources—an issue linked to EQ4.3 regarding cross-sector synergies.

Looking ahead to 2026, fulfilling the CPD’s intended outcomes will require strong results-based management, ongoing monitoring, and adaptive learning. The Mid-Term Review and upcoming thematic evaluations (FGM, child survival, accelerated learning, SBC) will be critical for validating ToC assumptions, adjusting pathways, and informing the next CPD. Securing predictable financing and maintaining partner engagement will be essential for consolidating and sustaining progress for children.

In summary, to strengthen effectiveness in the remainder of the CP cycle, the Country Office should:

- **Prioritize outcome-level measurement**, especially in learning outcomes, disability inclusion, and social protection coverage.
- **Strengthen sustainability and functionality monitoring**, particularly in WASH and community health platforms.
- **Address system bottlenecks affecting service continuity**, including workforce gaps and supply chain fragility.
- **Focus on fewer, scalable system reforms**, rather than broad output expansion without clear pathways to institutionalization.
- **Improve causal tracking**, linking UNICEF inputs to intermediate system changes and measurable results.

## KEY RESULTS FOR CHILDREN SUMMARY (2022-2026):

Guinea-Bissau occupies a **medium-low positioning** within the West and Central Africa Region in terms of progress toward the **Key Results for Children (KRCs) 2022–2025**. While the country demonstrates a clear programmatic focus on **child survival and protection**, its overall engagement remains constrained by **limited institutional capacity, chronic under-resourcing, and the small scale of operations** compared to larger offices such as Nigeria, Ghana, or Côte d’Ivoire.

In the **Survive and Thrive** domain (KRC 1 – Immunization and KRC 2 – Stunting Prevention), Guinea-Bissau aligns with the regional priorities but faces persistent coverage gaps. Immunization coverage has improved modestly since 2021 yet remains below the regional average. Similarly, stunting reduction efforts show progress at a slower pace, constrained by recurrent supply bottlenecks and weak multisectoral coordination. By contrast, neighbouring countries like Senegal and Ghana have achieved stronger integration of nutrition within primary health care platforms.

Under the **Learn and Acquire Skills for the Future** results (KRC 3 – Access and KRC 4 – Learning Outcomes), engagement in Guinea-Bissau can be characterized as moderate, primarily because progress is more evident in expanding access than in demonstrating measurable improvements in learning outcomes. Programme efforts have successfully supported enrolment and participation, particularly in underserved and remote areas; however, evidence on actual learning achievement remains limited. From an effectiveness perspective, this makes it difficult to assess the extent to which interventions have translated into improved foundational skills for children. The absence of recent, nationally representative learning assessment data constrains the ability to track results under KRC 4 and to make evidence-based adjustments. While not a UNICEF-led initiative, Guinea-Bissau is participating in the regional Programme d’Analyse des Systèmes Éducatifs de la CONFEMEN (PASEC), which aims to generate comparable data on student learning, although implementation delays have so far limited its contribution to programme monitoring and decision-making.

In the **Protection and Safe Environment** cluster (KRC 5 – Violence, KRC 6 – Child Marriage, KRC 7 – Birth Registration, KRC 8 – WASH), Guinea-Bissau stands out positively in **birth registration**, having leveraged community and local governance structures to expand registration points and interoperability with the health system. This places it among the few WCAR countries showing tangible institutionalization of civil registration reforms. However, in child marriage and protection from violence, progress remains uneven, mainly due to the absence of strong enforcement mechanisms and social norms change interventions. Access to safe water and sanitation (WASH) remains below the regional average, reflecting fragile infrastructure and recurrent climate-related challenges.

Overall, Guinea-Bissau’s KRC performance suggests a **strategic concentration on foundational child protection and survival outcomes**, with more limited advancement in education and WASH compared to its peers. The country’s progress is commendable given its fragile institutional context, but sustained improvements will depend on **increased investment in systems strengthening, data quality, and cross-sectoral linkages**. Relative to the WCAR region, Guinea-Bissau demonstrates **commitment and alignment with UNICEF’s Strategic Plan**, though its outcomes remain **below regional medians** across most indicators except civil registration.

### EQ 3.2. How has UNICEF ensured results-based management of the programme?

UNICEF has made notable progress in strengthening results-based management (RBM) within the Country Programme, particularly in planning, monitoring, and adaptive management systems. Evidence under EQ6 and sub-questions 6.1–6.3 of the evaluation matrix confirms that the programme has increasingly used results

frameworks, performance monitoring tools, and learning processes aligned with its Theory of Change (ToC). This progress is most visible in UNICEF's internal RBM practices, including corporate planning and monitoring requirements, while the institutionalization of RBM within government systems remains more gradual and uneven. At the **output level**, UNICEF has strengthened internal capacities through regular planning exercises, staff training, and the use of digital tools such as RAM, eTools, and VISION to track activity progress and expenditures. These mechanisms have improved the consistency and timeliness of reporting, allowing sections to monitor operational milestones and identify underperforming indicators throughout the year. Confidence in the robustness of internal RBM processes is moderate to high, as they are supported by standardized corporate systems and regular reporting cycles.

At the **outcome level**, RBM practices have supported a more coherent and data-driven approach to programmatic decision-making. Annual reviews and mid-year reflections are systematically conducted, enabling teams to reflect on whether the expected ToC pathways—capacity-building, service integration, system strengthening, and community engagement—are producing their intended effects. These exercises have informed adjustments such as reallocating resources, refining geographic targeting, and modifying implementation modalities. For example, RAM data showing slower-than-expected progress in WASH service delivery in certain regions informed shifts in geographic prioritization and implementation pacing. However, where outcome data were weak—such as in learning achievement—course correction was constrained by the absence of reliable national assessment data. Furthermore, UNICEF's leadership in sectoral coordination platforms has helped embed RBM principles within government and partner structures, contributing to more harmonized data collection and planning in education, health, WASH, and child protection. However, UNICEF's influence on government RBM practice is often indirect and depends on partner uptake, with stronger progress observed in sectors with established information systems (e.g., health through DHIS2) than in areas such as social protection or disability inclusion.

At the **system level**, UNICEF's sustained support to national information systems has been a major driver of RBM institutionalization. Strengthening EMIS, DHIS2, and civil registration databases has enhanced national capacities for evidence generation and performance tracking. The rollout of standard monitoring checklists and supervision tools across sectors has also contributed to more consistent use of evidence in decision-making. While these efforts support RBM institutionalization, the routine use of data for planning and budget allocation within government systems remains partial, particularly at decentralized levels where analytical capacity and resources are limited. These system-level shifts demonstrate progress toward the ToC assumption that national systems will increasingly use quality data to plan, allocate resources, and monitor service delivery. Confidence in full RBM institutionalization at government level is therefore moderate to low, given persistent capacity and data quality constraints.

Despite this overall positive trajectory, significant gaps remain, many of which affect the achievement of results discussed under EQ4. Several performance indicators show uneven or off-track progress, pointing to limitations in RBM application. For example, the absence of reliable and disaggregated data for HIV, social protection, disability, and some WASH indicators has restricted the ability to identify disparities, monitor equity, and take corrective action. This has limited the consistent application of GEHR-focused monitoring, as disaggregation by disability, gender, and vulnerability status remains incomplete across several sectors. Limitations in learning outcome data also reduce the capacity to assess whether education reforms are translating into tangible improvements for the most disadvantaged children. These gaps correspond to constraints highlighted in ToC bottlenecks—namely weak national data systems, limited analytical capacity, and inconsistent quality assurance processes. Confidence in RBM effectiveness at outcome level is therefore moderate in sectors with

stronger data (e.g., immunization) and low in areas where outcome data are scarce (e.g., learning, social protection coverage).

Furthermore, RBM processes have been affected by structural and operational challenges. Delays in fund disbursement, short project cycles, and limited government capacity have undermined the continuity and predictability of monitoring efforts. High staff turnover in government institutions and at decentralized levels also reduces institutional memory and weakens follow-up. Internally, interviewees noted that coordination between programme sections and the SBC unit is not always systematic, resulting in inconsistencies between planned behaviour change objectives and the indicators used to track them. These issues affect the coherence of the RBM chain linking outputs to outcomes, particularly in multisectoral initiatives. In such cases, monitoring remains stronger at activity and output level than at behavioural or systemic outcome level.

The evaluation also found that monitoring practices tend to prioritize activity delivery and output-level reporting, which sometimes overshadows deeper learning on quality, inclusion, and sustainability. For example, while the number of communities certified ODF is closely monitored, less attention is given to long-term functionality of water systems or the inclusion of persons with disabilities in WASH services. Similarly, case management indicators in child protection track the volume of cases receiving services but do not always assess the quality, follow-up or longer-term wellbeing outcomes for children. These examples illustrate that RBM has more consistently captured coverage and service delivery outputs than equity and quality dimensions, indicating partial integration of GEHR monitoring. These patterns indicate the need for stronger outcome-level and systemic-level monitoring—areas noted as partially achieved in EQ6.3.

Looking ahead, UNICEF is well positioned to reinforce RBM by institutionalizing more systematic learning loops, strengthening ToC-based monitoring across all programme components, and addressing persistent data and capacity gaps. The upcoming thematic evaluations and the Mid-Term Review will be critical opportunities to validate assumptions, refine pathways of change, and guide the redesign of the next CPD. To ensure that RBM continues to drive results, UNICEF will need to deepen its support for national analytical capacities, expand disaggregation (particularly for disability and gender), and ensure that monitoring frameworks fully capture quality, equity, and sustainability dimensions. Strengthening the balance between UNICEF's internal RBM systems and the gradual institutionalization of RBM within government systems will be essential for sustaining results beyond the programme cycle.

### **EQ 3.3. What are the unexpected positive and negative results arising from the Country Programme's efforts?**

Several unexpected positive and negative results emerged from the implementation of the Country Programme, reflecting both the dynamic nature of the context of Guinea Bissau and the ways in which programme interventions interacted with systemic constraints. Overall, while many unanticipated effects contributed positively to strengthening systems and community engagement, others revealed structural vulnerabilities that may influence the achievement of long-term outcomes. These findings correspond directly to EQ7 in the evaluation matrix and shed light on causal pathways in the Theory of Change that were activated beyond the programme's original assumptions. Evidence for unintended effects is drawn from a combination of monitoring data (e.g., service utilization trends, case management figures) and stakeholder interviews; confidence is therefore higher where corroborated by administrative data and moderate where based primarily on perception.

On the positive side, the programme catalysed stronger-than-expected community participation, institutional engagement, and intersectoral collaboration. The programme's activities fostered deeper community mobilization and strengthened local structures, including school management committees, water user groups, and protection networks. These entities played crucial roles in mobilizing resources, monitoring outcomes, and sustaining services. In several regions, community-driven initiatives expanded beyond planned outputs—such as local construction of ECD spaces, spontaneous replication of hygiene and sanitation practices, and increased demand for birth registration. These effects are mainly evidenced through stakeholder reports and field observations rather than quantitative monitoring, suggesting moderate confidence in their scale but high confidence in their direction of influence. These outcomes go beyond expected outputs and suggest emerging **system-level changes** linked to empowerment and social accountability pathways in the ToC. Strengthened partnerships with civil society organizations, religious leaders, and other local influencers also helped to raise awareness about child rights and social issues, complementing programme outcomes in participation and behaviour change. These unintended positive effects appear to have particularly benefited rural communities and women's groups, strengthening local voice and participation in decision-making, with indirect positive implications for girls and other marginalized children. Such effects were not fully anticipated but contributed to enhancing the reach and ownership of programme interventions.

At the institutional level, UNICEF's advocacy and capacity-building efforts generated changes that exceeded planned expectations. The programme's support for policy formulation, capacity development, and coordination mechanisms enhanced the government's understanding of and commitment to child-related issues. This included greater interministerial engagement—particularly between Health, Education, Social Inclusion, and Justice—which was not foreseen in the original ToC. Some ministries began integrating UNICEF-supported tools (e.g., data platforms, case management instruments) into their routines independently. This finding is supported by documentary evidence of tool adoption and interview data from government counterparts, indicating moderate-to-high confidence. These results indicate early signs of systems strengthening beyond immediate outputs, aligning with ToC assumptions on national ownership. Partnerships involving youth groups and platforms reviewed and updated their strategic priorities and highlighted areas requiring increased advocacy, review mechanisms, and community-based monitoring. Several UNICEF partners noted significant community support across various programme components, with the highest perceived support in health, education and WASH. While largely perception-based, these spillovers suggest enhanced civic engagement, with potential long-term GEHR benefits through increased participation of youth and women in local governance. These spillover effects suggest that programme interventions activated broader systemic change dynamics.

However, several **unexpected negative results** also surfaced, revealing vulnerabilities in programme implementation and system capacity. Some challenges stemmed from contextual constraints, while others emerged as unintended consequences of programme strategies. A key unexpected issue was the operational pressure created by increased reporting and demand for services. As detection and referral mechanisms improved—especially in child protection—service providers faced caseloads that exceeded their capacity, exposing gaps in staffing, follow-up, and case management quality. This trend is evidenced by rising case management figures in monitoring systems, indicating high confidence in the increased demand, though less evidence exists on service quality outcomes. This overload on fragile government systems was not anticipated in the ToC and demonstrates limits in the programme's outcome pathways related to systems strengthening. This is considered a material risk to programme outcomes, as overstretched services may reduce quality of care, particularly for the most vulnerable children, including girls and children with disabilities. Similarly, the rapid scale-up of sanitation interventions, notably ODF certification, increased expectations for infrastructure

maintenance that local governments were not yet equipped to fulfil, revealing sustainability risks. Functionality monitoring gaps mean confidence is moderate, but the risk is considered material for long-term WASH outcomes.

Operational challenges also generated unplanned negative effects. Recurrent delays in fund disbursement, supply chain bottlenecks, and procurement constraints disrupted planned activities across sectors. Implementing partners were compelled to pre-finance activities, affecting morale among community workers and contributing to a loss of trust in some communities. These findings are strongly supported by financial and partner reporting, indicating high confidence. These disruptions slowed progress in outcomes that were already uneven—such as HIV services, social protection enrolment, WASH infrastructure expansion, and learning outcomes—reinforcing findings under EQ4 and EQ5 about the fragility of operational delivery models. These issues also affected equity and gender results, as interruptions in outreach disproportionately affected rural areas, girls, and children with disabilities. These equity impacts are inferred from the geographic and demographic focus of affected services; confidence is moderate due to limited disaggregated monitoring data. The inability to maintain consistent engagement in some zones weakened behavioural change processes, illustrating how gaps in SBC integration contributed to off-track results. Some mitigation actions—such as revised planning cycles and strengthened SBC integration—have been initiated but remain partial.

Another unexpected negative result was the partial displacement of government responsibility. In some instances, the reliance on UNICEF-funded personnel and logistics led local authorities to reduce their involvement in programme delivery, assuming that external partners would continue covering operational functions indefinitely. This phenomenon was particularly noted in community health, birth registration and WASH infrastructure support, and was further exacerbated by political instability and frequent staff turnover. This finding is primarily perception-based on interviews with government and partners, indicating moderate confidence but consistent reporting. These effects challenge assumptions in the ToC regarding progressive government ownership and underline the need for more explicit sustainability and transition planning. This represents a material strategic risk for long-term results if not addressed.

Internal coordination gaps also resulted in unintended consequences. While multisectoral approaches generated positive spillovers, they also exposed inconsistencies—particularly where planning processes did not systematically integrate SBC or did not fully align sector priorities. This generated uneven outcomes along certain ToC causal pathways, such as the behaviour change pathway (less effective when SBC was integrated late), or the service delivery pathway (less effective where intersectoral coordination was weaker). Evidence for this is largely qualitative (staff interviews and review processes), suggesting moderate confidence. These gaps reflect structural challenges in internal alignment that were not fully anticipated during programme design. These are considered operational risks that can be mitigated through improved planning and coordination mechanisms.

Despite these negative results, many of the programme's unexpected outcomes provide valuable insights for strengthening implementation in the next programme cycle. The positive spillovers demonstrate opportunities to deepen systemic change—especially around community ownership and cross-government coordination—while the negative effects highlight the importance of strengthening programme management systems, ensuring timely funding flows, expanding government capacity, and improving SBC integration. Several mitigation actions have already begun (e.g., strengthened coordination forums, review of funding flow procedures, and greater focus on sustainability planning), though their full effect remains to be seen. Together, these findings underscore the dynamic interplay between context, programme strategies, and system-level

constraints, illustrating how outcomes can deviate from planned pathways in ways that both enhance and challenge the achievement of long-term results.

## 6.4. EFFICIENCY

**EQ 4.1. How adequately has the operational capacity of the programme, including its human resources and supplies, supported the achievement of intended results within the designated timeframe and in a cost-efficient manner?**

Evidence (from KIIs, FGDs and programme documents) indicates that the operational capacity of the UNICEF Guinea-Bissau Country Programme (2022–2026) has generally been adequate to support achievement of intended results, although affected by contextual constraints such as procurement delays, staffing gaps in specialized areas, and logistical bottlenecks. These constraints are closely linked to the country context, including limited national supplier markets, heavy reliance on international procurement channels, and complex importation procedures that often extend delivery timelines for essential supplies. Recurrent political instability and administrative turnover also affected government counterpart capacity, slowing approvals, coordination and implementation at both central and decentralized levels. In remote and island regions, weak transport infrastructure, seasonal inaccessibility during the rainy season, and high fuel and transport costs further complicated last-mile delivery of supplies and supervision activities. Staffing gaps were particularly evident in technical areas such as monitoring and evaluation, supply chain management, and specialized social services, increasing pressure on existing personnel and occasionally delaying programme roll-out. Despite these challenges, the programme maintained functional delivery systems and ensured continuity of key interventions across sectors, often through adaptive planning, pre-positioning of supplies, and flexible use of partnerships to mitigate disruptions

The programme’s staffing structure, supply systems, and planning arrangements have enabled regular implementation across education, health, WASH, child protection and social inclusion. Annual Management Plans (AMPs) and Rolling Work Plans (RWPs) ensured alignment between financial resources, human resources and sectoral priorities. UNICEF’s use of VISION and eTools supported real-time tracking of financial and operational performance, allowing timely adjustments and reducing duplication.

Resource diversification — through thematic funds, bilateral grants and humanitarian windows — helped mitigate delays in government financing and ensured continuity during emergencies. Joint procurement with UN agencies improved cost-efficiency and reduced transaction costs.

Supply and logistics systems also functioned reliably, supported by global procurement mechanisms, long-term agreements, and quality assurance procedures. Integrated supply planning across WASH, education and protection contributed to efficiencies in storage and transport costs.

Despite overall adequacy, several bottlenecks affected implementation speed and, in some cases, the timely achievement of planned outputs:

- **Procurement delays**, particularly for WASH materials and education supplies, slowed infrastructure rehabilitation and contributed to late delivery of learning materials in rural regions due to limited availability of qualified local suppliers, reliance on international procurement channels, lengthy importation and customs clearance procedures, and global supply disruptions affecting construction materials and educational equipment.

- **Staffing gaps**, notably in monitoring & evaluation, supply management and specialized technical roles, led to heavier workloads and slower turnaround times for programmatic quality assurance reflecting both difficulties in recruiting and retaining specialized personnel in a small labour market, competition from international organizations offering higher remuneration, and short-term or project-based funding that limited longer-term staffing stability.
- **Supply chain constraints**, including high inland transport costs, deteriorated road conditions and limited warehousing options outside Bissau, occasionally resulted in stock-outs or delayed distribution of nutrition and hygiene supplies.
- **High turnover among government counterparts** affected continuity in planning and supervision, requiring repeated training and slowing institutional absorption of tools.

These constraints did not halt progress but meant that some activities — especially WASH infrastructure roll-out, decentralized M&E activities, and community health supply replenishment — required schedule adjustments.

Taken together, these findings indicate that UNICEF’s operational structure is efficient but stretched, achieving significant outputs with limited human and logistical resources. Efficiency measures observed include:

- Joint procurement and pooled transport reducing unit costs of materials;
- Bundled distribution lowering supervision and fuel expenditures;
- Adaptive budget realignment ensuring funds were absorbed within established ceilings;
- Cost-savings reinvested into field operations.

However, assessing efficiency more precisely was limited by data gaps, including incomplete unit-cost data, inconsistent time-stamped delivery information, and limited government reporting on cost structures — a common constraint in fragile contexts.

This analysis corresponds directly to evaluation matrix indicators under EQ4 (Efficiency), especially:

- adequacy of human and financial resources;
- timeliness of key operational processes;
- evidence of value-for-money approaches;
- presence of supply chain and human resource constraints.

Findings also intersect with Effectiveness (EQ3): where delays or capacity gaps occurred, they often moderated the pace, but not the direction, of progress toward intended results. For example, procurement delays did not prevent ODF community certification but contributed to slower roll-out schedules.

Within the programme’s Theory of Change, operational capacity is part of the core assumptions underpinning the supply-side pathway: that systems, staff and logistics must function reliably for intended outcomes to be achieved. Identified bottlenecks demonstrate where these assumptions were only partially met, highlighting the need for strengthened staffing depth, improved supply chain resilience, and better procurement forecasting.

From an RBM perspective, UNICEF’s monitoring tools (RAM, AMP reviews, eTools) enabled detection of delays, adjustments of work plans, and reallocation of resources. However, the absence of systematic efficiency indicators limited the extent to which RBM could fully inform efficiency analysis.

Overall, UNICEF’s operational capacity has been broadly adequate and cost-efficient, enabling sustained delivery even under challenging conditions. While bottlenecks — including procurement delays, staffing gaps and supply chain constraints — occasionally slowed implementation, strong resource management, diversified funding, and efficient supply mechanisms mitigated major risks. Efficiency analysis was constrained by limited unit-cost and timeliness data, but available evidence shows that adaptive management and integrated planning contributed to value for money and supported the achievement of intended results.

In parallel with efforts to address operational bottlenecks, the Country Programme deployed several innovative approaches that contributed to improving both efficiency and effectiveness. In the WASH sector, the introduction of climate-resilient infrastructure solutions—such as adapted latrine pit designs in flood-prone and high water-table areas—helped reduce the risk of infrastructure failure and the need for costly reconstruction. These context-sensitive designs improved the durability of facilities and supported sustained service delivery in vulnerable regions, thereby enhancing value for money over the medium term. Similarly, the use of the mWater digital monitoring system strengthened real-time tracking of water points and school infrastructure, enabling quicker identification of functionality issues and more targeted maintenance planning. This reduced response times and improved allocation of limited operational resources.

Innovative approaches were also evident in the education sector, particularly in early childhood development. The introduction of low-cost, locally adaptable preschool models and the use of digital and radio-based learning support tools helped expand access to quality early learning opportunities in underserved areas. These innovations allowed the programme to reach more children with relatively modest additional costs, while also strengthening community involvement in preschool management. Across sectors, such innovations demonstrate how adaptive design and the use of appropriate technologies contributed to greater operational efficiency, improved service continuity, and more resilient programme outcomes in a resource-constrained and climate-vulnerable context.

#### **EQ 4.2. How has UNICEF ensured the results-based management of the programme? How is evidence utilized in the planning and execution of programme activities?**

The UNICEF Guinea-Bissau Country Programme (2022–2026) has systematically embedded results-based management (RBM) principles across all stages of its programming cycle — from planning and implementation to monitoring, reporting, and learning. Evidence from KIIs, programme documents, and monitoring systems shows that, within a challenging operating environment marked by limited institutional capacity and data constraints, UNICEF has maintained a strong commitment to accountability, evidence-based decision-making, and continuous performance improvement. The operational processes, management tools, and adaptive practices employed by the Country Office have contributed significantly to the timely and efficient implementation of programme activities, ensuring that results are not only delivered but also measured, analysed, and used to inform policy and programmatic adjustments.

UNICEF’s application of RBM in Guinea-Bissau follows the organization’s global framework but is tailored to the country’s context and institutional realities. The programme’s structure is organized around a clear results framework derived from the CPD, which articulates expected outcomes, outputs, and indicators across the priority sectors of health, WASH, education, child protection, and social inclusion. Each component includes a logical results chain linking inputs to outputs and outcomes, facilitating coherence between strategic objectives and operational execution.

RBM principles are applied consistently throughout the planning cycle. Annual Management Plans (AMPs) and Rolling Work Plans (RWPs) translate the CPD results framework into concrete, time-bound commitments that are jointly developed with government and implementing partners. This process ensures vertical alignment — from global goals to field-level deliverables — and horizontal integration across sectors. It also reinforces shared accountability, as progress against agreed indicators becomes the basis for performance monitoring and reporting.

During implementation, RBM practices emphasize timely data collection, performance tracking, and adaptive decision-making. Programme monitoring is anchored in defined indicators and targets, with results periodically reviewed at mid-year and end-of-year through structured performance reviews. Decision-making draws on multiple data sources, including RAM indicator updates entered quarterly by programme sections, routine administrative data from sector systems such as EMIS (education), DHIS2 (health and nutrition), and civil registration and vital statistics (CRVS), as well as partner progress reports, field supervision checklists, and occasional survey findings where available. **Evidence from these reviews shows that UNICEF has adjusted workplans and resource allocations** — for example, by accelerating mobile birth registration in low-coverage regions and reprioritising community mobilisation in WASH after RAM data signalled slower ODF progress. Such examples illustrate how monitoring has informed concrete operational decisions, not just reporting. Data used in these processes are typically compiled quarterly, with validation occurring through internal review meetings, comparison with partner reports, and cross-checking against sector databases where accessible. However, validation depth varies by sector and data source.

The operational processes of the Country Office are designed to reinforce RBM by linking resources, activities, and results in real time. The use of corporate management systems such as VISION, RAM, and eTools allows staff to plan, monitor, and report on performance consistently. In practice, different tools serve distinct RBM functions: RAM is the primary system for recording progress against output and outcome indicators, based on quarterly inputs from UNICEF programme sections; eTools is mainly used to track partner-level activity implementation, deliverables, and financial utilization; and VISION links expenditure data to programme outputs, supporting financial oversight and value-for-money analysis. These systems enable better integration of financial and programmatic data, enhancing transparency and efficiency. Programme managers can track expenditures against specific outputs and indicators, ensuring that operational actions remain aligned with results targets and timelines.

The use of results frameworks and performance dashboards has improved the office's ability to detect implementation delays and cost variances early. Monitoring data captured in RAM is routinely analysed to inform decision-making, with corrective measures applied promptly when deviations occur. RAM data are typically updated on a quarterly basis and reviewed during mid-year and annual performance reviews by UNICEF section leads and management. eTools data are entered continuously by implementing partners and validated by UNICEF staff during field monitoring visits and spot checks. **This linkage between monitoring evidence and operational decision-making is one of UNICEF's management strengths**, particularly in a context where government systems remain fragmented and administrative reporting is uneven. However, outcome-level analysis often relies on government administrative systems—such as EMIS (education), DHIS2 (health and nutrition), and CRVS (civil registration)—which are managed by line ministries with UNICEF technical support. These systems typically collect data monthly or quarterly, but reporting completeness and timeliness vary across regions.

Operational processes have also been adapted to local characteristics to enhance timeliness and responsiveness. Recognizing the country's logistical and institutional challenges, UNICEF has streamlined

internal procedures, simplified reporting requirements for smaller partners, and increased reliance on digital tools for data submission and monitoring. Partner reports, supervision checklists, and field monitoring visits provide complementary qualitative and quantitative data, especially in areas where national systems are weak or delayed. These adaptations have reduced administrative burdens and accelerated feedback loops, particularly for field-level activities implemented through NGOs and community-based organizations. The introduction of flexible budget management mechanisms and periodic performance dialogues with partners has further ensured that operational efficiency remains aligned with the achievement of results.

UNICEF Guinea-Bissau employs a comprehensive suite of RBM tools to ensure coherence and accountability across planning and implementation levels:

- **Results Frameworks** define outcomes, outputs, indicators, and baselines for each sector, supporting joint planning and donor reporting.
- **RAM** is used to record and analyse progress against indicators, generating mid-year and end-year performance assessments that guide programme adjustments, based primarily on UNICEF and partner-reported data, with variable integration of government administrative data.
- **eTools** monitor partnership agreements, activity progress, and financial utilization, improving coordination and real-time visibility with data entered by partners and validated by UNICEF programme and operations staff.
- **VISION** integrates financial management with programme results, ensuring alignment between expenditure and outputs and strengthening value for money.
- **Monitoring dashboards and scorecards** summarise performance trends, enabling quicker management responses. Their reliability is generally strong for financial and output-level indicators, but more limited for outcome-level and equity-focused indicators due to incomplete disaggregation (especially for disability), inconsistent subnational reporting, and delays in national data system updates.

Together, these tools have institutionalized a culture of measurement, learning, and accountability, keeping implementation focused on results rather than activities and ensuring that performance information is continuously used to guide decisions.

UNICEF has also made notable progress in institutionalizing the use of evidence and evaluative learning in programme design and adjustment. Situation analyses (SitAn), sectoral assessments, and evaluations conducted before and during the Country Programme cycle have provided the empirical foundation for strategic choices. For example, the 2019 SitAn informed the identification of key deprivation bottlenecks, which shaped the CPD results framework and sectoral priorities.

Subsequent reviews and monitoring data have been systematically used to refine programme strategies. Annual reports and mid-term reviews provided evidence on implementation progress, identifying lessons learned and areas needing additional support. **Evidence from emergency responses and supply monitoring led to adjustments in logistics planning**, such as pre-positioning essential supplies and strengthening transport arrangements for remote regions.

The Country Office also promotes a learning-oriented management culture. Evidence from monitoring and evaluation exercises is discussed in programme coordination meetings and translated into actionable decisions. Data from surveys, partner reports, and real-time monitoring help verify performance trends and

guide course corrections. This continuous feedback loop strengthens adaptive management and ensures the programme remains responsive to emerging challenges such as climatic shocks or shifts in donor priorities.

Data and system limitations - including the unavailability of recent data, irregular reporting from national systems (EMIS, DHIS2, CRVS), missing disaggregation, and limited analytical capacity in several ministries - continue to affect the timeliness and completeness of evidence use. These constraints are reflected in the evaluation matrix under EQ5, particularly indicators related to data availability and system functionality.

Overall, UNICEF has ensured results-based management of the Guinea-Bissau Country Programme through a coherent combination of structured planning, digital monitoring tools, and evidence-driven adaptation. The systematic application of RBM principles has aligned operations with strategic objectives, while integrated management systems have enhanced efficiency and accountability. Evidence — from situation analyses, evaluations, and performance monitoring — has been actively utilised to inform programme design, resource allocation, and adaptive decision-making.

The cumulative result is a management model that is both results-oriented and context-sensitive. By embedding RBM across all programme stages and cultivating a culture of evidence use, UNICEF has strengthened its ability to deliver measurable, equitable, and sustainable results for children and women in Guinea-Bissau.

## 6.5. SUSTAINABILITY

### EQ 5.1. To what extent is the programme results sustainable financially and operationally?

The sustainability of the UNICEF Guinea-Bissau Country Programme results depends on the convergence of three interrelated dimensions: (i) the continued availability of financial resources, (ii) the degree of institutional integration of interventions into national systems, and (iii) the social and operational ownership established at the community level. Evidence from KIIs and programme documentation indicates that while significant progress has been achieved in embedding programme models into national frameworks and strengthening community ownership, sustainability remains partially dependent on ongoing external support — particularly in financing and technical supervision — given the structural weaknesses of national systems. Overall, results that rely primarily on policy change, institutional norms, and community behaviours show higher sustainability prospects, whereas those requiring recurrent financing, commodities, or specialized supervision remain highly vulnerable without continued external support.

The financial sustainability of programme results in Guinea-Bissau remains a key challenge. UNICEF's interventions operate within a context of limited domestic fiscal capacity<sup>6</sup>, and recent public finance data show that the proportion of the national budget allocated to key social sectors declined from 26% in 2023 to 21% in 2024 (UNICEF budget analysis, 2024), underscoring constrained domestic fiscal space. While there have been gradual improvements in budgetary commitments for health, education, and social protection, national revenues remain volatile and heavily reliant on external assistance. This creates clear sustainability risks, as most programme components — especially in child protection, WASH, and early childhood education — continue to depend on donor and UNICEF financing to maintain service delivery standards. Recurrent costs such as community health worker (CHW) incentives, civil registration outreach, WASH operation and maintenance (O&M), and social worker case management are only partially covered by government budgets,

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<sup>6</sup> [https://www.imf.org/en/publications/selected-issues-papers/issues/2025/08/01/domestic-revenue-mobilization-in-guinea-bissau-569210?utm\\_source=chatgpt.com](https://www.imf.org/en/publications/selected-issues-papers/issues/2025/08/01/domestic-revenue-mobilization-in-guinea-bissau-569210?utm_source=chatgpt.com)

according to KILs with line ministries and financial review documents. These areas are therefore unlikely to be sustained at current scale without continued partner support.

Despite this structural constraint, UNICEF has made progress in diversifying funding sources to enhance medium-term sustainability. The Country Programme mobilizes resources from a range of donors, including bilateral agencies, thematic funds, and humanitarian mechanisms, enabling a degree of financial resilience against short-term funding fluctuations. Additionally, joint programming and cost-sharing arrangements with other UN agencies and international partners have provided economies of scale and reduced duplication in resource utilization. However, this diversification does not substitute for domestic fiscal ownership and therefore improves resilience more than long-term sustainability.

Looking ahead, the likelihood of sustained external financing for child-focused interventions remains moderate to high, given Guinea-Bissau's continued eligibility for international development assistance and UNICEF's alignment with global priorities in equity, climate resilience, and human capital development. However, evaluation matrix criteria on financial sustainability underscore that long-term continuation of results requiring recurrent inputs (supplies, staff incentives, technical supervision) is unlikely without increased domestic resources. This applies particularly to vaccine logistics, learning material provision, CHW networks, and child protection case management, all of which depend heavily on donor-financed inputs. Without strengthened domestic resource mobilization and predictable budget allocations, the continuation of key results may remain reliant on external partners beyond the current Country Programme cycle.

The outlook for maintaining or increasing funding after the current programme is mixed. While development cooperation remains a major source of social sector financing and donors continue to support child-centred programmes, global competition for resources may constrain future flows. Domestically, limited fiscal space and competing priorities persist, though participation in results-based budgeting and financial management reforms could enhance resource allocation efficiency. Continued advocacy and technical support from UNICEF and partners are therefore crucial to ensure prioritization of child-related sectors. Political instability and frequent government turnover further weaken budget predictability and medium-term expenditure planning, representing a systemic risk to sustainability.

To sustain progress, UNICEF has promoted co-financing models and used its convening role to align external funding with national frameworks. Joint financing initiatives in education and social protection have started to bridge externally driven interventions and government-owned systems, offering a pathway toward reduced dependency and more sustainable domestic investment. These arrangements are promising but remain at an early stage and have not yet resulted in substantial increases in recurrent domestic financing.

A central pillar of UNICEF's sustainability strategy has been the integration of its key interventions into government plans, policies, and service delivery frameworks. This approach has yielded tangible progress in embedding several programme components into institutional routines, thereby increasing their likelihood of continuity beyond direct UNICEF support.

In education and early childhood development (ECD), UNICEF has supported the Ministry of Education in developing national standards for preschool and basic education, integrating these into sectoral policy frameworks. This includes support to the dissemination of the National Learning Assessment (NLA) regulation, the development of the National Teacher Policy, and the formulation of the Inclusive Education Strategy, which together strengthen the policy environment for quality and equitable learning. The training of ECD educators, development of learning materials, and establishment of school management committees have been incorporated into ministerial work plans, signalling growing institutional ownership. These policy and

institutional measures are likely to be sustained, as they are embedded in ministerial frameworks; however, the financing of learning materials and teacher training remains donor dependent.

Similarly, in health and nutrition, UNICEF-supported initiatives such as immunization campaigns, maternal health outreach, and community health agent networks have been absorbed into national operational plans, with technical and logistical oversight now shared between government and partners. While institutional integration is strong, the sustainability of outreach activities and CHW networks remains uncertain due to limited domestic funding for incentives and supervision, as confirmed by KIIs with health authorities.

In WASH, UNICEF has worked closely with the Directorate of Water and Sanitation to strengthen national planning, monitoring, and maintenance systems. Many community-based WASH committees, initially established with UNICEF support, are now recognized within local governance structures and contribute to the maintenance of infrastructure through user fees and community contributions. However, major repairs and spare parts continue to depend on external financing, illustrating an operational sustainability gap. Routine minor maintenance is therefore likely to be sustained locally, whereas system rehabilitation and expansion are unlikely without continued donor support.

In social protection and child protection, integration has advanced more gradually but steadily. The institutionalization of case management tools, social worker training, and community-based protection mechanisms within ministerial routines represents an important step toward sustainability. The government's inclusion of social protection in its National Development Plan and budget frameworks reflects growing policy commitment, even if resource allocations remain modest. Case management systems and protocols are likely to endure institutionally, but service provision levels remain highly dependent on UNICEF and partner financing for personnel, transport, and supervision.

In general, the degree of integration into government plans and budgets is moderate but increasing. UNICEF's technical assistance has been critical in embedding standards, systems, and tools within public institutions, laying the groundwork for eventual self-sufficiency. The evaluation matrix highlights the remaining challenge of translating this policy integration into stable, recurrent domestic funding. High staff turnover, limited O&M financing, and political instability remain key cross-cutting risks to sustainability across all sectors.

From a social perspective, many programme components demonstrate strong sustainability potential due to deep community engagement and ownership. Community structures — such as health committees, school management boards, and WASH user groups — have been empowered to take responsibility for routine maintenance, monitoring, and advocacy. This participatory approach has enhanced local accountability and ensured the continuity of behaviours and practices introduced under the programme, even when external support temporarily wanes. Behavioural changes (e.g., hygiene practices, demand for birth registration, community oversight of schools) are therefore among the results most likely to be sustained.

Economically, sustainability varies by sector. Interventions with recurrent cost implications, such as supply chains for vaccines, education materials, or sanitation infrastructure, remain more dependent on external funding. Conversely, community-based or capacity-building interventions — such as training, awareness campaigns, and local governance strengthening — require fewer financial inputs once established and have shown resilience over time.

Operationally, the integration of UNICEF-supported systems into public service delivery frameworks has strengthened sustainability. The use of standardized tools for data collection, monitoring, and reporting (e.g., in health and child protection) has improved institutional capacity, reduced reliance on parallel structures, and aligned national practices with international standards. Over time, this convergence between programme

models and government systems increases the likelihood that results will endure, even if external funding fluctuates. However, the consistent use of these systems is still constrained by limited staffing, uneven subnational capacity, and funding for supervision, which may weaken long-term functionality.

### **EQ 5.2. To what extent does the current delivery model promote local government ownership while effectively meeting the needs of the most vulnerable populations?**

The delivery model of the UNICEF Guinea-Bissau Country Programme (2022–2026) has been designed to simultaneously strengthen national and local government ownership while ensuring equitable service delivery to the most vulnerable children and communities. In a context of institutional fragility, limited fiscal resources, and geographic disparities, UNICEF has pursued a pragmatic, multi-level approach that combines policy engagement with government and community-based implementation. Evidence from KIIs and programme reviews confirms that this dual approach has expanded service coverage, built institutional capacity, and strengthened social accountability — though ownership remains uneven and continues to evolve across sectors with stronger ownership observed in education governance and community-based WASH management, and weaker ownership in sectors requiring recurrent financing and specialized supervision such as health logistics, child protection case management, and civil registration outreach

UNICEF’s delivery model emphasizes partnership with line ministries and decentralized authorities as the foundation for sustainable results. The Country Programme operates through a joint implementation framework with government entities — aligning annual plans and budgets with national priorities. Through Rolling Work Plans and Annual Management Plans, local authorities participate in identifying priorities, planning interventions, and monitoring performance, which reinforces shared ownership and accountability.

At the national level, evidence shows that ministries now integrate UNICEF-supported interventions into sector strategies and reporting systems. At the subnational level, regional delegations, health districts, and social welfare offices have assumed increasing co-responsibility for supervision, data collection, and quality control. These collaborative arrangements have built administrative familiarity with programme standards, preparing government counterparts to gradually assume technical and managerial roles. However, this remains partial, as many local offices continue to rely on UNICEF for logistics, transport, and operational financing, particularly in remote regions and island areas where government budgets do not cover fuel, supervision visits, or outreach activities.

Accountability mechanisms have also been strengthened through joint monitoring missions and performance reviews, where government officials, partners, and UNICEF collectively assess progress and agree on corrective actions. This participatory monitoring culture enhances transparency and helps local officials see themselves as duty-bearers. Yet, evidence indicates that the depth of ownership varies, with some regions more proactive than others due to differences in staff capacity and resource availability, with higher ownership reported in regions where stable leadership and partner presence reinforce follow-up, and weaker ownership where high turnover and limited supervisory structures persist

At the community level, UNICEF’s delivery model places strong emphasis on participation and empowerment as drivers of sustainability. Interventions across education, health, WASH, and child protection systematically involve communities in planning, implementing, and maintaining services. This has generated tangible evidence of local ownership and increased demand for quality services, particularly among rural and previously underserved populations.

In education and early childhood development (ECD), school management committees and parent associations trained in governance increasingly contribute to school maintenance, advocate for teacher deployment, and mobilize local resources for infrastructure improvements. These are documented examples of community ownership in practice, including community-led initiatives to sustain and expand ECD centres in remote areas. These mechanisms have improved access for children in isolated communities and supported re-enrolment of girls and vulnerable children, according to school-level monitoring and partner reports. However, these structures still require further capacity strengthening to provide continuous and substantive support for access to quality and inclusive education, particularly in addressing the needs of children with disabilities and those at risk of exclusion. Strengthening community awareness of children's development and learning has also emerged as an important area for further investment, to ensure that families and communities are better equipped to support early learning and sustained school participation.

In WASH and health, community water and sanitation committees oversee infrastructure operation and maintenance, manage user fees, and monitor hygiene behaviours. Their continuity, even during periods of limited external supervision, demonstrates a strong sense of responsibility — though major repairs and technical troubleshooting remain beyond community capacity, limiting full operational autonomy. This model has enabled continued access to basic services in rural areas, but ownership is strongest for routine maintenance and weakest for system rehabilitation and supply chain management.

Similarly, in child protection and social inclusion, community protection networks have become essential actors in identifying vulnerable children, reporting cases, and linking families with social services. These networks increasingly internalize their roles, although continued technical support from NGOs and local authorities is still needed to ensure consistent quality of referrals and follow-up, especially for children with disabilities, survivors of violence, and children in remote communities where professional social workers are scarce.

Growing demand for services — such as additional WASH facilities, ECD centres, or health outreach sessions — further demonstrates ownership. This evolution from passive beneficiaries to active stakeholders represents a key achievement of the model. However, demand alone cannot substitute for government budget allocations or technical leadership, which remain uneven and in some cases increased demand risks outpacing local capacity to respond, particularly where staffing, transport, and supervision resources are insufficient.

A key strength of UNICEF's delivery model is the deliberate empowerment of local structures. Rather than creating parallel systems, the Country Programme invests in strengthening institutional and community mechanisms. Capacity-building has equipped school management committees, regional education directorates, community health workers, district-level supervisors, and local water technicians with essential competencies. In child protection, standardized case management tools and referral pathways are now used by both government and civil society actors, reinforcing system-building.

This capacity-development approach has also fostered inter-sectoral collaboration at local level — for example, between education and social inclusion officers addressing child marriage and school dropout. Such collaboration demonstrates potential for system-wide impact. Yet, evidence shows persistent gaps, including staff shortages, limited budgets, and reliance on UNICEF for transportation and monitoring, with weakest ownership observed in areas requiring regular field supervision and data verification.

UNICEF has pursued a gradual transition strategy to prepare government and community stakeholders to assume increasing responsibility. Technical assistance and training have strengthened the ability of national and local staff to manage programmes using standardized planning, monitoring, and reporting tools. Ministries increasingly use UNICEF-supported data systems (EMIS, DHIS2, child protection databases), reinforcing

national ownership of evidence and decision-making, though data analysis and use at decentralized level remain inconsistent.

At the community level, efforts have focused on reinforcing self-management skills and institutional linkages. Committees and local NGOs are more confident in advocating for support and mobilizing resources. Still, full operational transfer remains aspirational in sectors with high recurrent costs, such as WASH, health logistics, and ECD workforce development.

Overall, the current delivery model effectively balances service delivery for vulnerable populations with the progressive promotion of local ownership. Programme activities are increasingly embedded in government plans, institutions are stronger, and community participation has deepened. Yet ownership remains limited where structural constraints persist, including insufficient budgets, staffing gaps, and weak local supervision capacity. Conditions needed to deepen local leadership include:

- predictable domestic financing;
- strengthened regional administrative capacity;
- improved logistics and transport at decentralised levels;
- continued mentoring for community structures;
- and clear accountability frameworks linking national and subnational actors.

In sum, UNICEF’s delivery model in Guinea-Bissau has evolved beyond service substitution toward system strengthening and social empowerment. It demonstrates that development outcomes can become increasingly locally owned when built around partnership, participation, and accountability — even if full local leadership remains a medium-term goal contingent on broader systemic investments and on addressing the risk that rising community demand may exceed the current absorptive capacity of local institution.

## 6.6. EQUITY, GENDER AND HUMAN RIGHTS

### EQ 6.1. To what extent have the equity, gender, and human rights dimensions been integrated into programme planning, implementation, monitoring, and reporting?

The UNICEF Guinea-Bissau Country Programme (2022–2026) is firmly anchored in the organization’s global mandate to advance the rights of every child, with particular focus on those most marginalized. Documented evidence from the SitAn, programme plans, and monitoring systems shows that equity, gender equality, and human rights principles are progressively institutionalized across the programme cycle — from design and planning to implementation, monitoring, and reporting. While resource and data limitations still constrain full operationalization, the Country Programme demonstrates strong commitment to inclusive, rights-based development and to addressing structural inequalities affecting children and women, with the strongest GEHR integration observed in child protection and education access interventions, and comparatively weaker integration in areas requiring specialized data systems such as disability inclusion and gender-responsive budgeting.

From its inception, the Programme was designed using a rights-based and equity-focused approach aligned with the CRC, CEDAW, and national gender and inclusion frameworks. The Situation Analysis of Children and Women provided a detailed diagnosis of multidimensional deprivations, highlighting disparities by geography, gender, socioeconomic status, and disability. This evidence directly informed programme priorities and

targeting of the most underserved populations, including children in remote regions, girls at risk of early marriage or dropout, children with disabilities, and households facing poverty and weak service delivery. Geographic targeting toward high-deprivation regions reflects deliberate efforts to reduce inequities across sectors, as reflected in RAM geographic tagging of outputs and EMIS school-level data showing expansion of support in low-enrolment regions.

Human rights principles are operationalized through UNICEF's twin-track strategy of empowering rights holders and strengthening duty bearers. This shapes the programme's focus on system strengthening, capacity development, and community engagement. Policies and strategies supported under the Programme — such as education inclusion frameworks, child protection legislation, and social protection policies — are explicitly grounded in rights standards.

The human rights-based approach (HRBA) remains central to UNICEF's programming. Evidence from KIIs and documentation shows support to legislative and policy reforms aligned with international conventions, alongside capacity-building of service providers and officials. Community engagement initiatives strengthen understanding of rights among children and caregivers, encouraging them to demand quality services and report violations. Training of teachers, social workers, and health personnel on child safeguarding and non-discrimination has further institutionalized HRBA principles in frontline service delivery.

Gender equality is a cross-cutting priority integrated across design, implementation, and monitoring. The Programme recognizes intersections between gender, poverty, and geographic exclusion and incorporates gender-sensitive approaches across sectors. In education, interventions target gender parity and reduction of barriers to girls' retention, including safe learning environments and social norms influencing absenteeism and early marriage. RAM and EMIS data indicate improved attendance and retention of girls in targeted schools, particularly in upper primary grades where dropout risk is highest. In health, the focus is on equitable access to maternal and child health services and on strengthening women's role in health-seeking decisions. In child protection, actions directly address GBV through prevention campaigns, capacity building, and referral mechanisms, and challenge discriminatory practices such as child marriage and FGM. Case management data from child protection information systems show increased reporting and referral of GBV cases, suggesting improved access to protection services. Social inclusion efforts similarly promote women's participation in community structures and economic empowerment.

While evidence of gender mainstreaming is strong, gaps remain in systematic gender analysis and gender-responsive budgeting, which vary across components, particularly outside education and protection sectors, where financial tracking systems do not yet systematically tag gender-related expenditures. These limitations affect the ability to consistently measure gender outcomes and should be addressed to strengthen programme-wide coherence.

The Programme also employs participatory approaches to ensure inclusion of marginalized voices. Children, adolescents, and women from vulnerable communities contribute through consultations, FGDs, and participatory assessments, especially in education, child protection, and WASH. Adolescent participation is emphasized through youth networks and school clubs addressing rights, health, and gender issues. UNICEF's partnerships with civil society and community organizations have amplified local voices and ensured contextual relevance. Work on inclusion of children with disabilities — through accessible infrastructure and data collection on disability — has begun to address long-neglected barriers, though disability-disaggregated data remain incomplete in EMIS and DHIS2, limiting precise measurement of access and learning outcomes for CwD.

The Country Programme's monitoring and evaluation system integrates equity and gender markers across results tracking. Systems such as RAM, eTools, EMIS, and DHIS2 allow for disaggregated reporting by sex, age, and geography, and increasingly disability. RAM and partner reports provide output-level equity tracking; EMIS supports school-level sex and location disaggregation; DHIS2 captures maternal and child health service utilization by sex and geography; CRVS data inform birth registration coverage disparities. However, persistent gaps in national data systems — especially disability classification, gender-disaggregated indicators, and rural–urban disaggregation — limit comprehensive monitoring. UNICEF mitigates these gaps with complementary surveys, community monitoring, and qualitative assessments while supporting national statistical capacity to institutionalize equity-oriented data systems.

Overall, the integration of equity, gender equality, and human rights dimensions into the UNICEF Guinea-Bissau Country Programme is well established. The Programme demonstrates strong alignment between strategic objectives and principles of inclusion, participation, and accountability. Prioritization of marginalized groups, gender-sensitive programming, and participatory planning ensure interventions remain responsive to the needs of those most at risk of being left behind.

Monitoring and reporting systems — though constrained by data gaps — effectively track disparities and inform adaptive management. The human rights-based approach is reflected in both institutional capacity development and community empowerment, reinforcing the dual responsibility of duty bearers and rights holders.

In sum, the Country Programme has moved beyond a service-delivery model toward one that institutionalizes equity, gender, and human rights as operational principles. Through this approach, UNICEF ensures that progress is measured not only in aggregate results but in reduced inequalities, increased participation, and strengthened fulfilment of rights for every child in Guinea-Bissau, though further progress depends on strengthening disability data systems, institutionalizing gender-responsive budgeting, and expanding systematic gender and equity analysis across all sectors.

#### **EQ 6.2. To what extent have programme strategies improved access to services and resources for marginalized groups, including children with disabilities?**

The Country Programme systematically diagnoses access barriers during design and annual replanning, combining sector analyses with routine monitoring to map physical (distance, infrastructure, accessibility), financial (direct and opportunity costs), linguistic (local language use, literacy), and sociocultural constraints (gender norms, disability stigma, harmful practices). These assessments directly shape geographic and population targeting, prioritizing remote regions and marginalized groups such as girls, children with disabilities (CwD), out-of-school children, and households in poverty- or climate-affected areas. They also inform delivery modalities, including community-based platforms and mobile outreach with RAM geographic coding and partner monitoring reports used to track reach in underserved localities.

Barrier findings are operationalized through measures such as:

- accessibility and inclusion standards for school/WASH rehabilitation (ramps, accessible latrines, adapted learning/play materials);
- financial mitigation via no-cost essential services and bringing provision closer to households;
- linguistic adaptation of SBC materials to local languages and low-literacy users;
- sociocultural change strategies (dialogues, adolescent clubs, caregiver sessions, referral pathways);

- service integration (e.g., combining immunization, nutrition, WASH, Birth Registration and protection content);
- equity-oriented deployment of community agents and protection networks to locate and refer excluded children.

Causal link: These strategies reduce multiple overlapping barriers simultaneously, enabling children who were previously unreached to access services through familiar, lower-cost, and more inclusive channels. The Programme’s closed-loop model — where outreach findings feed back into micro-planning, procurement, and supervision — reinforces this effect, as evidenced by adjustments in outreach locations and service packages following RAM and partner monitoring reviews.

Interventions prioritize rural and peri-urban areas with the lowest baseline coverage. Rolling work plans explicitly concentrate activities in high-deprivation localities. School- and village-level platforms, mobile clinics, and outreach days expand reach beyond fixed facilities, reducing distance and transport constraints. DHIS2 outreach data and EMIS enrolment data confirm improved service reach in targeted rural zones.

Programme components embed equity filters to ensure that marginalized groups are actively reached:

- Children with disabilities (CwD): inclusive pedagogy training, classroom adaptations, accessibility standards, and community sensitization to reduce stigma and increase school and service attendance. EMIS and partner reports show increased enrolment of children identified with functional difficulties in supported schools, though national coverage data remain incomplete
- Girls/adolescent girls: GBV prevention, safe spaces, menstrual hygiene management (MHM), and targeted academic retention support. School monitoring data indicate improved attendance among adolescent girls in schools receiving MHM support
- Hard-to-reach households: community case-finding, calendar-aligned outreach, and delivery points chosen with community input.
- Linguistic minorities/low-literacy groups: localized materials and facilitation methods.

Community structures — school management committees, WASH user groups, and protection networks — play a key role in identifying excluded children, mapping out-of-school cases, and facilitating referrals. This community anchoring is one of the main mechanisms through which marginalization gaps narrow in practice.

The Programme tailors strategies by settlement type. In urban areas it leverages existing networks to address social barriers (GBV, stigma), while in rural areas it focuses on physical access, basic infrastructure, and frontline workforce enablement. This differentiated approach increases the likelihood that services reach marginalized children regardless of context.

The Country Programme has improved access to services for marginalized groups—including children with disabilities—by addressing physical, financial, linguistic, and sociocultural barriers through inclusive infrastructure, integrated outreach, and community-based delivery models. Evidence shows increased enrolment and service use in targeted areas, supported by active school committees, WASH groups, and protection networks, with monitoring evidence drawn from RAM, EMIS enrolment data, DHIS2 service utilization data, and partner reports. However, gaps persist in assistive devices, consistent accessibility standards, and disability-disaggregated data, requiring continued investment to ensure full and sustained inclusion.

The strongest gains occur in underserved rural areas with low baseline coverage; peri-urban improvements are also evident where social barriers were the main constraint. Bundled delivery is particularly effective for households facing multiple disadvantages.

Despite progress, persistent gaps remain, notably:

- limited availability of assistive devices and specialized services;
- uneven application of accessibility standards across facilities;
- incomplete disability-disaggregated data, especially regarding impairment type and severity, which can mask inequities in coverage and learning outcomes.

These gaps are partially mitigated by community mapping and qualitative checks, but strengthened disability data systems and universal application of inclusive design remain priorities.

Monitoring tools (RAM/eTools, EMIS, DHIS2) track sex and location systematically; age and disability are increasingly integrated as national systems allow. Disaggregated dashboards trigger corrective actions (e.g., relocating outreach sites, adding accessible latrines in high-CwD enrolment schools). Community feedback mechanisms confirm whether marginalized children not only reach services but use them consistently.

Overall, the Country Programme has substantially improved access to essential services for marginalized groups — including children with disabilities — by embedding barrier analysis into programme design, applying inclusive standards, and deploying integrated, community-anchored delivery models. Evidence indicates increased enrolment, utilization, and coverage in targeted areas.

To consolidate gains, further investment is needed in consistent accessibility standards, expanded availability of assistive technologies, and stronger disability-disaggregated data across national systems, ensuring that improvements in access translate into lasting, equitable outcomes for every child.

## 7. CONCLUSIONS

### **Conclusion 1 Relevance and coherence**

The Country Programme demonstrates strong strategic relevance and coherence with national priorities, UN frameworks, and international commitments, providing a solid foundation for future systems-oriented reforms

UNICEF is well positioned as a trusted technical and institutional partner to government. However, the translation of strategic alignment into sustained impact is constrained by governance weaknesses, limited institutional capacity, fragmented coordination, and high financial dependence on external partners. These structural barriers continue to limit scalability and continuity. Strengthening decentralized planning, accountability mechanisms, and inter-agency coordination will be essential to move from project-based results toward more durable systemic change.

### **Conclusion 2: Effectiveness**

The programme has achieved strong effectiveness, with notable progress in policy influence and service delivery, supported by UNICEF's technical rigor and results-based management practices

At the same time, these achievements remain highly contingent on external financing, political stability, and UNICEF's direct operational support. Limited domestic funding, uneven local ownership, and weak subnational coordination pose significant risks to the durability and scalability of results. While unintended positive effects—such as increased community mobilization and new partnerships—have emerged, persistent gaps in sustainability and coordination underline the need for a more integrated and long-term systems approach in the next cycle.

### **Conclusion 3: Efficiency**

The programme has demonstrated strong efficiency through adaptive management, streamlined operations, and effective use of digital tools and supply systems, achieving good value for money despite contextual constraints

However, continued efficiency gains will depend on simplifying operational processes, reducing reliance on ad hoc funding, and strengthening government systems to assume greater implementation responsibilities.

### **Conclusion 4: Sustainability**

While progress has been made in building institutional capacity and aligning interventions with national frameworks, sustainability remains fragile

Continued donor dependence and weak domestic resource mobilization significantly constrain long-term financial sustainability. Gains in ownership are uneven across sectors and levels of government. As such, sustainability prospects should be considered moderate and conditional, rather than robust. Stronger fiscal reforms, sustained advocacy for national investment in social sectors, and deeper institutional embedding will be critical to safeguard results beyond external funding cycles.

## **Conclusion 5: Equity, gender, and human rights**

Equity, gender, and human rights are well integrated across programme design and implementation, with targeted efforts reaching marginalized groups, including girls, children with disabilities, and remote communities

Disaggregated monitoring has strengthened accountability and adaptive programming. However, important gaps remain, particularly in the availability and systematic use of disability-disaggregated data and in the depth of gender analysis across all sectors. Institutionalizing more rigorous gender and inclusion diagnostics within government systems will be essential to sustain and deepen rights-based outcomes.

Overall, UNICEF's Country Programme in Guinea-Bissau is highly relevant, coherent, and effective in advancing child rights and strengthening systems; however, its achievements remain structurally fragile due to heavy dependence on external financing, governance constraints, and uneven national ownership. The programme has generated important results, but their durability will depend on progress in domestic resource mobilization, decentralized capacity, and institutional consolidation.

## **8. LESSONS LEARNED**

This section summarizes the key lessons emerging from the evaluation of the UNICEF Guinea-Bissau Country Programme (2022–2026). These lessons are intended to inform the design and implementation of the next country programme cycle, as well as to strengthen future cooperation frameworks with the Government, civil society, and development partners.

### **Lesson 1. Sustainability requires institutional integration and co-financing**

Sustaining programme achievements depends on embedding UNICEF-supported interventions within national systems and budgets. While UNICEF has successfully supported policy development and the integration of systems such as EMIS and DHIS2, progress remains constrained by limited domestic resource mobilization, unstable public financing, and recurring delays in donor disbursements. In addition, short project cycles and dependency on external logistics support affect continuity, particularly in high-cost sectors such as WASH and health. Strengthening national and subnational capacity, improving planning and budgeting predictability, and expanding joint government–UNICEF co-financing mechanisms remain critical to maintaining gains and reducing aid dependency.

### **Lesson 2. Decentralization is crucial for effectiveness and equity**

Programme effectiveness and equity were greatest where interventions were decentralized and community driven. Empowering local governance structures and civil society increased responsiveness to local needs, improved accountability, and strengthened ownership. However, uneven subnational capacity, limited fiscal transfers, staff turnover, and coordination gaps with decentralized services occasionally constrained implementation. Future programming should prioritise localized planning, budgeting, and monitoring mechanisms, while addressing operational constraints such as transport, supervision, and supply-chain bottlenecks that disproportionately affect remote regions.

### **Lesson 3. Integrated and multisectoral approaches enhance impact**

The evaluation confirmed that multisectoral strategies—linking health, education, WASH, child protection, and social inclusion—produce stronger and more sustainable outcomes than siloed interventions. Community-based service delivery models were particularly effective in addressing interlinked deprivations and improving cost-efficiency. However, integration depends on consistent internal coordination, including closer alignment between SBC strategies, sectoral plans, and emergency responses. Strengthening inter-agency coordination and ensuring stable financing for multisectoral packages will be essential for sustaining and scaling these approaches.

### **Lesson 4. Data systems and evidence-based planning are vital for equity**

Robust data systems are indispensable for equity-focused and evidence-based decision-making. Tools such as RAM, eTools, EMIS, and DHIS2 have improved data availability, but persistent gaps—particularly concerning gender, disability, and geographic disparities—limit comprehensive analysis. Inconsistent application of accessibility and inclusion standards is partly linked to the absence of reliable, disaggregated data at all levels. Strengthening national data governance, routine disaggregation, and local analytical capacity is essential to inform policy, track disparities, and enhance accountability for children at risk of being left behind.

### **Lesson 5. Community participation strengthens ownership and sustainability**

Meaningful community engagement emerged as a key factor for sustainability. School management committees, community WASH structures, and protection networks improved ownership and service continuity. However, community participation is often constrained by economic vulnerability, turnover of volunteer cadres, and limited linkages with local authorities. Ensuring structured feedback loops, predictable supervision, and stronger integration of community committees into formal governance systems will help shift from a beneficiary-oriented model to one in which communities act as co-creators and custodians of change.

### **Lesson 6. Mainstreaming gender equality and human rights improves quality and inclusiveness**

Integrating human rights, gender equality, and inclusion principles across programme components has improved access to services and strengthened programme quality. Effective approaches combined SBC, community empowerment, and institutional reform. However, gaps remain in consistent gender analysis, disability-disaggregated data, and the application of accessible infrastructure standards. Future programming should reinforce systematic operationalization of equity and inclusion, ensuring that girls, adolescents, and children with disabilities are prioritized in planning, budgeting, procurement, and monitoring processes.

### **Lesson 7. Operational efficiency is highly sensitive to supply-chain reliability and predictable funding**

Supply-chain bottlenecks, procurement delays, and inconsistent availability of essential materials (including accessibility-adapted items) affected the timeliness and reach of several interventions. Funding interruptions and short project cycles further limited planning horizons and created stop–start dynamics in programme delivery. Strengthening supply and logistics planning, increasing buffer stocks, and securing more predictable multi-year financing would improve continuity and reduce operational inefficiencies in future cycles.

## Lesson 8. Coordination and political stability are critical enablers of sustainability

Both internal coordination (e.g., between SBC and sectoral teams) and external coordination (with line ministries, decentralised authorities, and UN partners) strongly influenced programme coherence and results. Weak horizontal coordination at subnational levels, together with frequent political transitions and staff turnover, disrupted implementation momentum and slowed institutional learning. Enhanced inter-agency collaboration, stronger sectoral working groups, and continuity mechanisms that preserve institutional memory during political change are essential to sustain gains.

## 9. RECOMMENDATIONS

### **Recommendation 1. (Strategic) Strengthen systemic integration to enhance relevance and long-term national ownership**

**Priority:** High

**Lead responsibility:** Government (Ministries of Finance, Planning, Social Sectors)

**Key supporting role:** UNICEF

**Timeframe:** Short-Medium Term

*(Based on Conclusions 1–2: relevance and constraints)*

UNICEF should support line ministries and the Ministry of Finance to formally integrate proven programme models into sector policies, annual operational plans, and medium-term expenditure frameworks. This should include providing targeted technical assistance to national and decentralized planning units to cost priority interventions and incorporate them into routine budget submissions. Given fiscal constraints, UNICEF should prioritize low-cost, high-impact interventions and focus on leveraging existing budget lines rather than promoting the creation of parallel financing mechanisms. To enhance feasibility, institutionalization efforts should initially be piloted in a limited number of regions with relatively stronger administrative capacity before being progressively scaled up nationwide. UNICEF should also facilitate joint annual sector reviews to monitor progress, address implementation bottlenecks, and reinforce mutual accountability between central and decentralized levels..

### **Recommendation 2. (Strategic) Enhance coherence and multi-level coordination mechanisms across sectors and partners**

**Priority:** Medium

**Lead responsibility:** UNICEF + UNCT

**Key supporting role:** Government coordination bodies

*Timeframe: Short-Term*

*(Based on Conclusion 3: internal and external coherence challenges)*

UNICEF should revitalize existing inter-ministerial and inter-agency coordination platforms by supporting government counterparts to clarify mandates, update terms of reference, and align planning and reporting cycles across sectors. Rather than creating new structures, UNICEF should build on established coordination forums and promote hybrid or virtual modalities to reduce transaction costs in a resource-constrained context.

The Country Office should also introduce simple joint monitoring tools to track cross-sectoral initiatives, particularly in social and behaviour change and in emergency–development nexus programming. To improve predictability and reduce fragmentation, UNICEF should selectively pursue multi-year partnership agreements with high-performing partners where this is feasible within donor constraints.

**Recommendation 3. (Strategic) Consolidate systems strengthening gains through deeper institutional capacity development and RBM integration**

*(Based on Conclusions 4–6: effectiveness and RBM)*

**Priority:** Medium

**Lead responsibility:** Government

**Key supporting role:** UNICEF

*Timeframe: Medium-Term*

UNICEF should consolidate systems strengthening gains by supporting ministries to institutionalize results-based management tools within routine planning, supervision, and reporting processes at decentralized levels. This should involve embedding results frameworks, indicators, and simple dashboards into existing management systems rather than creating parallel tools. Capacity development efforts should prioritize modular, on-the-job training, mentoring, and peer learning approaches, which are more feasible and sustainable than stand-alone workshops in a low-capacity context. To mitigate the effects of high staff turnover and political transitions, UNICEF should support the development of simple standard operating procedures and low-cost digital repositories to safeguard institutional memory and ensure continuity of core functions.

**Recommendation 4. (Operational) Improve efficiency through strengthened supply-chain management, operational planning, and value-for-money analysis**

**Priority:** Medium–Low (Enabling)

**Lead responsibility:** UNICEF

**Key supporting role:** Government (procurement, logistics units)

*Timeframe: Short-term*

*(Based on Conclusion 7: efficiency constraints)*

UNICEF should strengthen demand forecasting and inventory management systems in collaboration with government and partners to reduce stock-outs and over-procurement, focusing initially on high-volume commodities in health and WASH where efficiency gains are most likely. The Country Office should explore local and regional procurement options where market conditions allow, in order to shorten delivery timelines and reduce transport costs. To strengthen value for money, UNICEF should institutionalize basic cost-efficiency analysis by integrating unit cost tracking and expenditure–results reviews into routine programme monitoring processes, ensuring that analytical requirements remain proportionate to available capacities..

**Recommendation 5. (Strategic and Operational) Prioritize sustainability through phased transition planning, co-financing, and long-term systems resilience**

**Priority:** High

**Lead responsibility:** UNICEF + Government (shared)

*Timeframe: Long-term*

*(Based on Conclusion 8: sustainability)*

To reduce donor dependence, UNICEF should co-develop sector-specific transition and sustainability plans with government counterparts, clearly defining which functions the state will progressively assume, associated timelines, and financing responsibilities. Given fiscal volatility, transition planning should be incremental and politically realistic, starting with functions that entail limited recurrent costs, such as supervision, data collection, and coordination, before expanding to service delivery financing. UNICEF should support ministries to define minimum service packages and their recurrent cost implications, and pilot co-financing arrangements in selected regions to test gradual cost-sharing models. Advocacy for increased domestic financing should remain aligned with national budget cycles and reform processes to maximize traction.

**Recommendation 6. (Strategic) Deepen integration of equity, gender, disability inclusion, and human rights into programme design and monitoring**

**Priority:** High

**Lead responsibility:** UNICEF (technical leadership)

**Key supporting role:** Government (policy adoption and enforcement)

**Timeframe:** Short- Medium Term

*(Based on Conclusion 9: equity, gender, HRBA)*

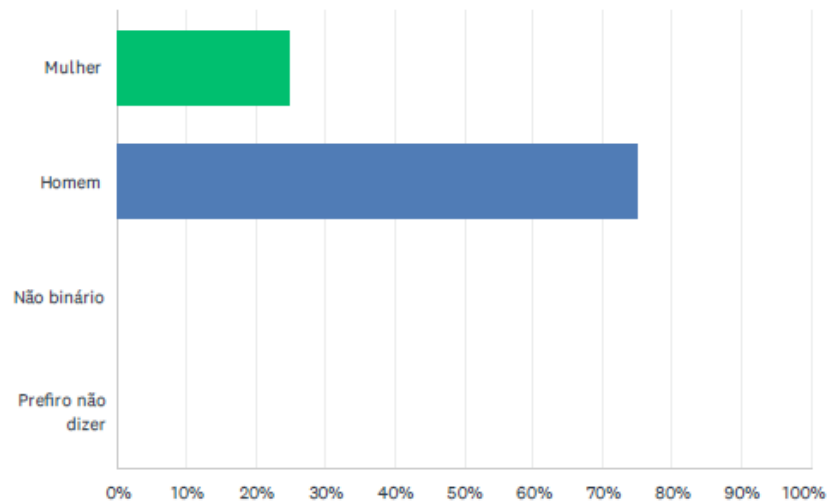
UNICEF should ensure that all new programme documents and results frameworks systematically integrate equity, gender, disability, and human rights considerations, including mandatory disaggregated indicators. Strengthening partnerships with civil society organizations representing women, youth, and persons with disabilities will be essential to ensure that marginalized groups meaningfully inform programme design and monitoring. In a resource-constrained context, UNICEF should initially prioritize low-cost measures, such as improved data disaggregation and community consultations, before progressively scaling up more resource-intensive interventions, including infrastructure adaptations and the provision of assistive devices..

## ANNEXES

### ANNEX 1 - SUMMARY OF SURVEY RESPONSES

#### P1 Qual é o seu género?

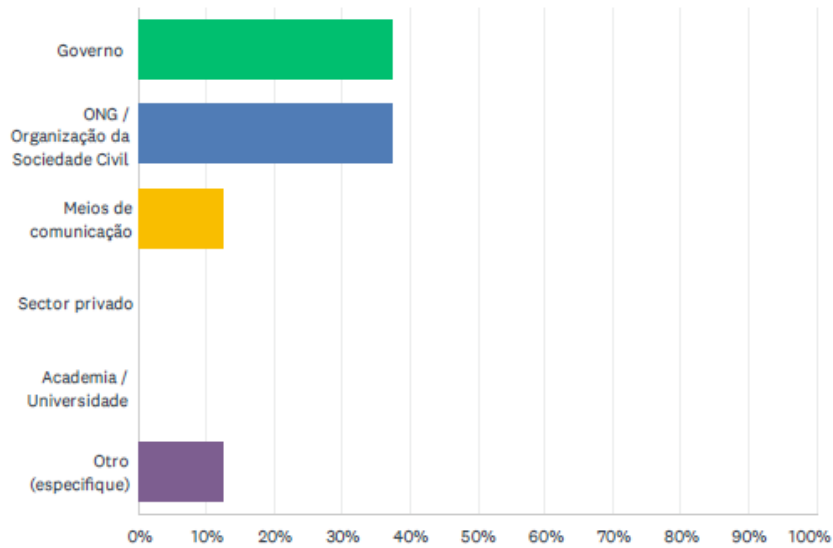
Responderam: 8 Ignoraram: 0



OPÇÕES DE RESPOSTA	RESPOSTAS
Mulher	25.00% 2
Homem	75.00% 6
Não binário	0.00% 0
Prefiro não dizer	0.00% 0
TOTAL	8

## P2 Seleccione o tipo de organização para a qual trabalha

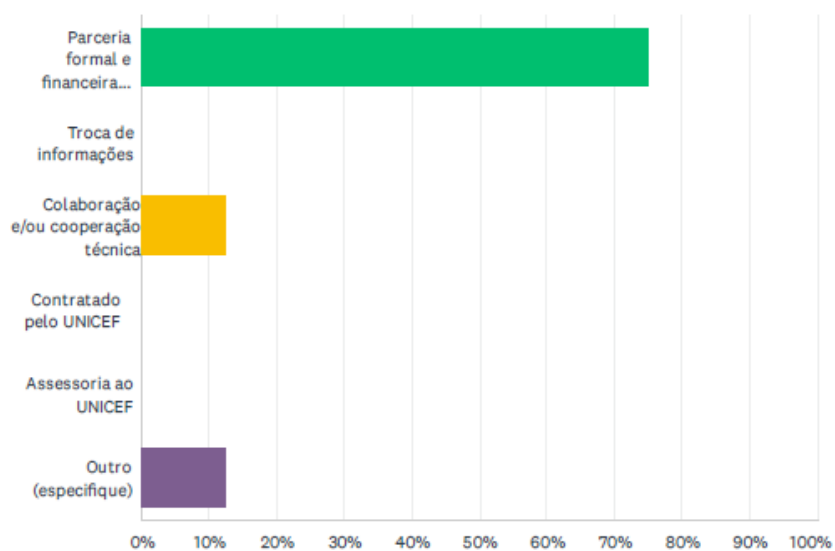
Responderam: 8 Ignoraram: 0



OPÇÕES DE RESPOSTA	RESPOSTAS
Governo	37.50% 3
ONG / Organização da Sociedade Civil	37.50% 3
Meios de comunicação	12.50% 1
Sector privado	0.00% 0
Academia / Universidade	0.00% 0
Otro (especifique)	12.50% 1
<b>TOTAL</b>	<b>8</b>

P3 Qual(is) das opções a seguir melhor descreve(m) a colaboração da sua organização com o UNICEF?(Selecione apenas uma opção)

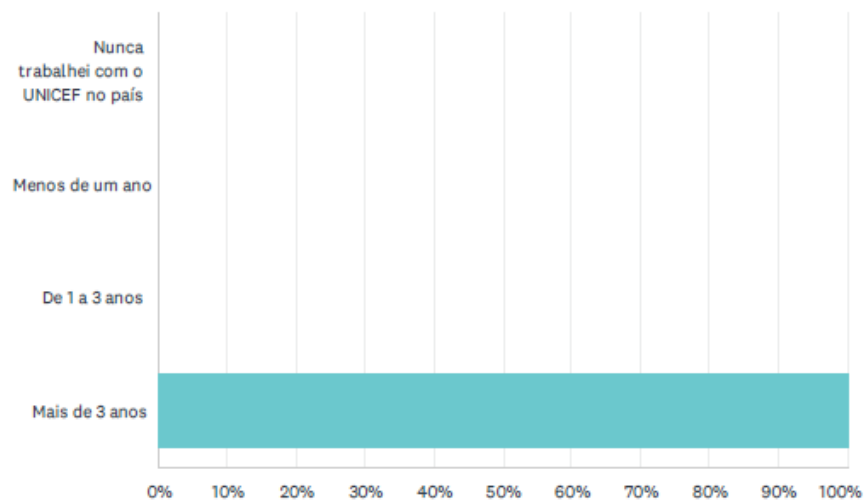
Responderam: 8 Ignoraram: 0



OPÇÕES DE RESPOSTA	RESPOSTAS	
Parceria formal e financeira (recebe fundos do UNICEF)	75.00%	6
Troca de informações	0.00%	0
Colaboração e/ou cooperação técnica	12.50%	1
Contratado pelo UNICEF	0.00%	0
Assessoria ao UNICEF	0.00%	0
Outro (especifique)	12.50%	1
<b>TOTAL</b>		<b>8</b>

P4 Há quanto tempo a sua organização trabalha com a UNICEF no país? (selecione apenas uma opção)

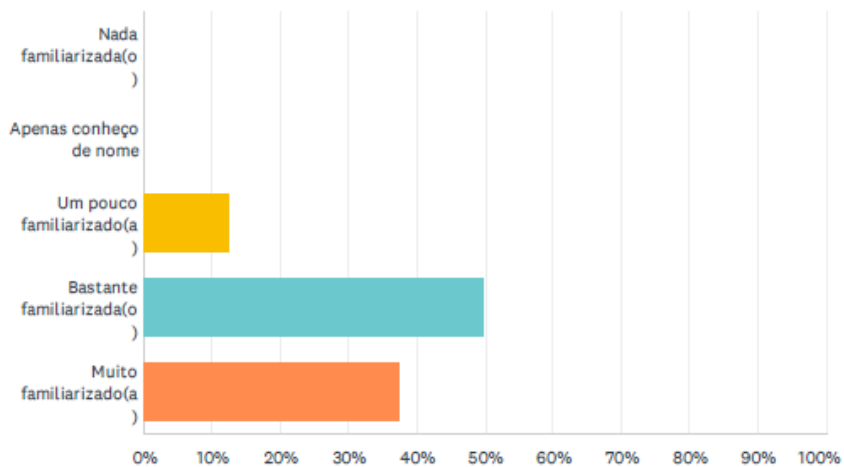
Responderam: 8 Ignoraram: 0



OPÇÕES DE RESPOSTA	RESPOSTAS
Nunca trabalhei com o UNICEF no país	0.00% 0
Menos de um ano	0.00% 0
De 1 a 3 anos	0.00% 0
Mais de 3 anos	100.00% 8
<b>TOTAL</b>	<b>8</b>

P5 Em que medida está familiarizado(a) com o trabalho do UNICEF?  
(Selecione apenas uma opção)

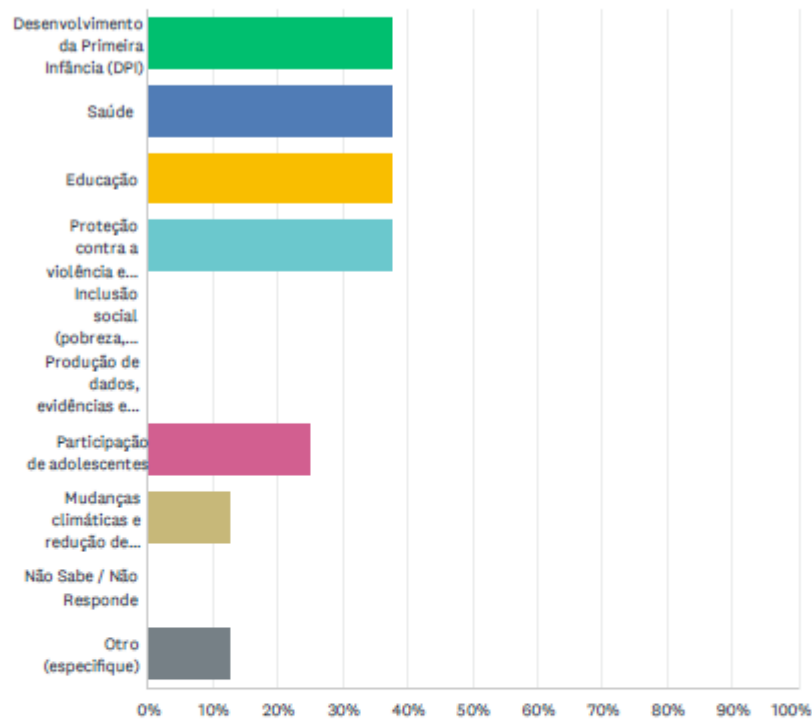
Responderam: 8 Ignoraram: 0



OPÇÕES DE RESPOSTA	RESPOSTAS	
Nada familiarizada(o)	0.00%	0
Apenas conheço de nome	0.00%	0
Um pouco familiarizado(a)	12.50%	1
Bastante familiarizada(o)	50.00%	4
Muito familiarizado(a)	37.50%	3
<b>TOTAL</b>		<b>8</b>

P6 Por favor, indique a(s) área(s) de trabalho na(s) qual(is) colaborou com o UNICEF. (Pode selecionar mais de uma opção)

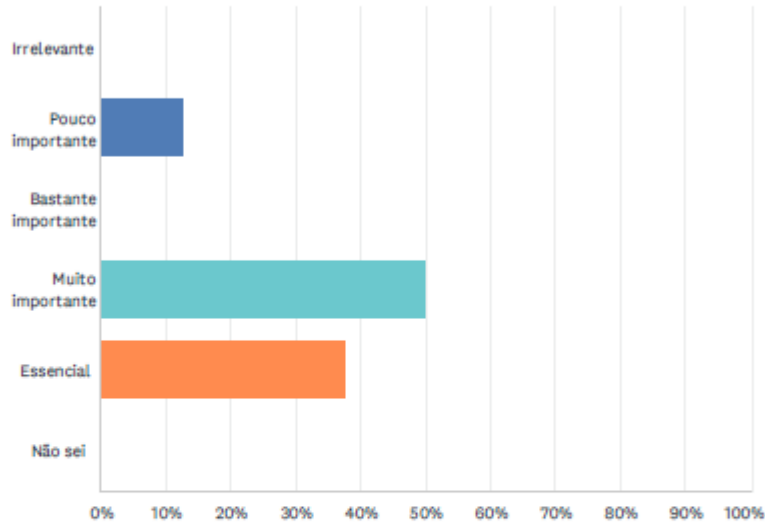
Responderam: 8 Ignoraram: 0



OPÇÕES DE RESPOSTA	RESPOSTAS
Desenvolvimento da Primeira Infância (DPI)	37.50% 3
Saúde	37.50% 3
Educação	37.50% 3
Proteção contra a violência e acesso à justiça	37.50% 3
Inclusão social (pobreza, desigualdade, coordenação territorial)	0.00% 0
Produção de dados, evidências e avaliações	0.00% 0
Participação de adolescentes	25.00% 2
Mudanças climáticas e redução de riscos de desastres	12.50% 1
Não Sabe / Não Responde	0.00% 0
Otro (especifique)	12.50% 1
Total de respondentes: 8	

P7 Qual é a importância do UNICEF para o trabalho da sua organização? (Selecione apenas uma opção)

Responderam: 8 Ignoraram: 0



OPÇÕES DE RESPOSTA	RESPOSTAS
Irrelevante	0.00% 0
Pouco importante	12.50% 1
Bastante importante	0.00% 0
Muito importante	50.00% 4
Essencial	37.50% 3
Não sei	0.00% 0
<b>TOTAL</b>	<b>8</b>

P8 Com base em sua experiência de trabalho com o UNICEF, como avaliaria a implementação das intervenções do UNICEF no país nas seguintes áreas? (Selecione apenas uma opção por critério)

Responderam: 8 Ignoraram: 0

	MUITO MAU	MAU	NEM BOM NEM MAU	BOM	MUITO BOM	NÃO SEI	TOTAL	MÉDIA PONDERADA
As intervenções estão alinhadas com as prioridades nacionais e com os resultados previstos	0.00% 0	12.50% 1	0.00% 0	25.00% 2	62.50% 5	0.00% 0	8	4.38
As intervenções são adaptadas ao contexto local	0.00% 0	0.00% 0	25.00% 2	25.00% 2	50.00% 4	0.00% 0	8	4.25
As intervenções baseiam-se em uma compreensão clara das áreas às quais se destinam	0.00% 0	0.00% 0	0.00% 0	50.00% 4	37.50% 3	12.50% 1	8	4.43
Os efeitos das intervenções podem ser sustentados ao longo do tempo	0.00% 0	0.00% 0	25.00% 2	37.50% 3	25.00% 2	12.50% 1	8	4.00
As intervenções são implementadas de forma oportuna	0.00% 0	0.00% 0	25.00% 2	50.00% 4	25.00% 2	0.00% 0	8	4.00

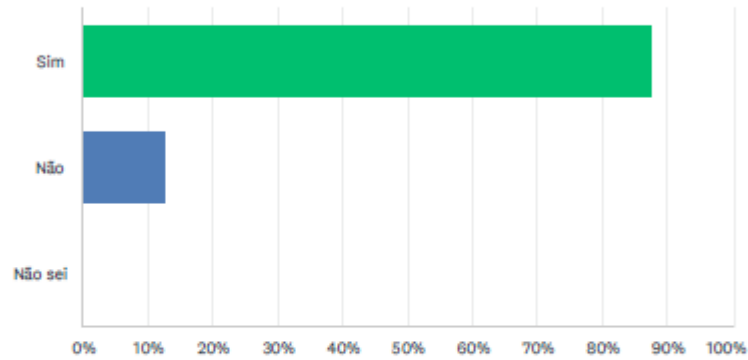
P9 Numa escala de 1 a 5, onde 1 significa "Totalmente em desacordo" e 5 significa "Totalmente de acordo", por favor, indique o quanto você concorda com as seguintes afirmações:(Selecione apenas uma opção por afirmação)

Responderam: 8 Ignoraram: 0

	TOTALMENTE EM DESACORDO	EM DESACORDO	NEM DE ACORDO NEM EM DESACORDO	DE ACORDO	TOTALMENTE DE ACORDO	NÃO SEI	TOTAL	MÉDIA PONDERADA
A UNICEF considera, em suas intervenções, as barreiras e limitações que afetam as crianças e adolescentes mais excluídos na Guiné-Bissau.	12.50% 1	0.00% 0	0.00% 0	12.50% 1	75.00% 6	0.00% 0	8	4
A UNICEF considera, em suas intervenções, as necessidades dos grupos mais excluídos.	0.00% 0	12.50% 1	0.00% 0	25.00% 2	62.50% 5	0.00% 0	8	4
A UNICEF considera as prioridades da organização ou instituição da qual você faz parte.	0.00% 0	0.00% 0	12.50% 1	50.00% 4	37.50% 3	0.00% 0	8	4
A UNICEF levou em conta a perspectiva da sua organização no desenho do programa de País 2022-2026.	0.00% 0	0.00% 0	12.50% 1	50.00% 4	37.50% 3	0.00% 0	8	4

P10 Considerando as mudanças no contexto do país, você considera que a UNICEF Guiné-Bissau conseguiu se adaptar de forma eficaz a essas mudanças?

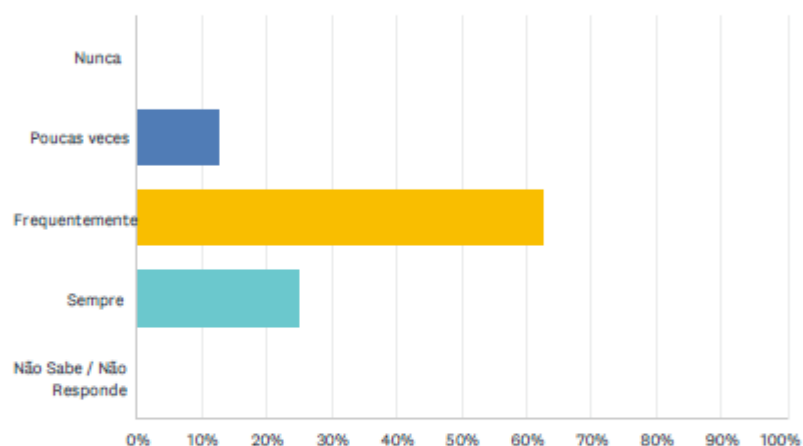
Responderam: 8 Ignoraram: 0



OPÇÕES DE RESPOSTA	RESPOSTAS	
Sim	87.50%	7
Não	12.50%	1
Não sei	0.00%	0
TOTAL		8

P11 Nas atividades com as quais você colabora ou já colaborou com o UNICEF, com que frequência você considera que as diferentes áreas de trabalho do UNICEF se coordenam de forma articulada entre si para alcançar resultados?

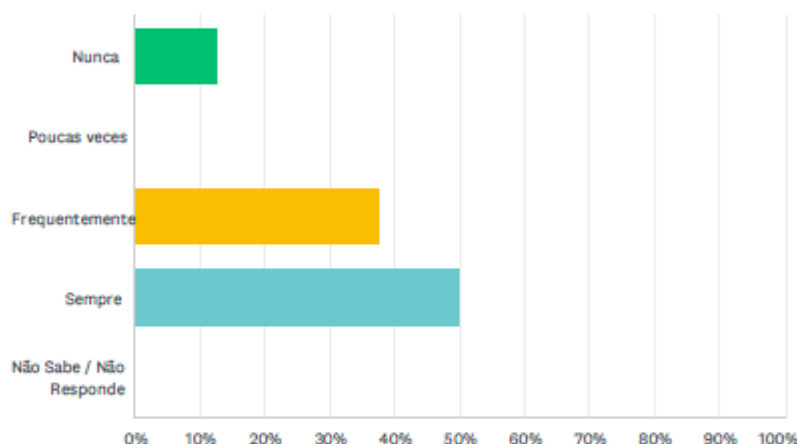
Responderam: 8 Ignoraram: 0



OPÇÕES DE RESPOSTA	RESPOSTAS	
Nunca	0.00%	0
Poucas vezes	12.50%	1
Frequentemente	62.50%	5
Sempre	25.00%	2
Não Sabe / Não Responde	0.00%	0
<b>TOTAL</b>		<b>8</b>

P12 Na experiência de trabalho da sua organização, com que frequência o UNICEF se coordena com outras instituições (por exemplo, instituições governamentais, sociedade civil, academia, etc.) para criar sinergias e evitar duplicações?

Responderam: 8 Ignoraram: 0



OPÇÕES DE RESPOSTA	RESPOSTAS	
Nunca	12.50%	1
Poucas vezes	0.00%	0
Frequentemente	37.50%	3
Sempre	50.00%	4
Não Sabe / Não Responde	0.00%	0
TOTAL		8

P13 Entendendo eficácia como o grau em que a intervenção alcançou, ou se espera que alcance, seus objetivos e resultados, incluindo os resultados diferenciados entre grupos: como você avaliaria a eficácia geral do UNICEF nos seguintes resultados relacionados à Proteção da Infância?

Responderam: 7 Ignoraram: 1

	NADA EFICAZ	POUCO EFICAZ	SATISFATÓRIO	BASTANTE EFICAZ	MUITO EFICAZ	NÃO SEI	TOTAL	MÉDIA PONDERADA
Um número maior de famílias e comunidades está consciente de que a disciplina baseada na violência, as práticas patriarcais e a violência contra mulheres e meninas são práticas prejudiciais.	14.29% 1	0.00% 0	28.57% 2	0.00% 0	42.86% 3	14.29% 1	7	3.67
O sistema de justiça possui a capacidade e as ferramentas para responder à violência de gênero contra mulheres e crianças	14.29% 1	57.14% 4	0.00% 0	14.29% 1	0.00% 0	14.29% 1	7	2.17
O sistema de justiça possui a capacidade e as ferramentas para fortalecer o sistema de justiça juvenil de acordo com as normas internacionais dos direitos da criança.	0.00% 0	42.86% 3	14.29% 1	28.57% 2	0.00% 0	14.29% 1	7	2.83
O sistema de justiça possui a capacidade e as ferramentas para priorizar sentenças sem privação de liberdade para adolescentes em conflito com a lei.	14.29% 1	28.57% 2	14.29% 1	28.57% 2	0.00% 0	14.29% 1	7	2.67
O sistema de justiça possui a capacidade e as ferramentas para garantir que o sistema ofereça apoio aos adolescentes em conflito com a lei em sua reintegração na sociedade, por meio de apoio à reabilitação e de serviços após a libertação.	14.29% 1	28.57% 2	28.57% 2	0.00% 0	14.29% 1	14.29% 1	7	2.67
O sistema de justiça possui a capacidade e as ferramentas para reduzir o internamento de crianças e adolescentes.	14.29% 1	42.86% 3	14.29% 1	14.29% 1	0.00% 0	14.29% 1	7	2.33
São concebidos e implementados modelos alternativos de cuidado de caráter familiar para crianças privadas de cuidados parentais ou em risco de perdê-los, cuja implementação é acordada. O sistema de adoção é reforçado.	14.29% 1	28.57% 2	0.00% 0	14.29% 1	0.00% 0	42.86% 3	7	2.25

O país conta com um monitoramento independente do sistema de proteção e do sistema de responsabilidade penal adolescente, e realiza o acompanhamento da situação de crianças e adolescentes em extrema vulnerabilidade, como as crianças em situação de mobilidade humana.	28.57%	28.57%	0.00%	28.57%	0.00%	14.29%	7	2.33
	2	2	0	2	0	1		

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P14 Entendendo eficácia como o grau em que a intervenção alcançou, ou se espera que alcance, seus objetivos e resultados, incluindo os resultados diferenciados entre grupos: como você avaliaria a eficácia geral do UNICEF nos seguintes resultados relacionados à Inclusão Social?

Responderam: 7 Ignoraram: 1

	NADA EFICAZ	POUCO EFICAZ	SATISFATÓRIO	BASTANTE EFICAZ	MUITO EFICAZ	NÃO SEI	TOTAL	MÉDIA PONDERADA
Melhoria da capacidade nacional para prestar e supervisionar serviços de desenvolvimento da primeira infância de alta qualidade, focados nas famílias mais excluídas e nas crianças com deficiência.	14.29% 1	14.29% 1	14.29% 1	0.00% 0	28.57% 2	28.57% 2	7	3.20
Melhoria do conhecimento e fortalecimento da capacidade das famílias, escolas, centros de saúde e outros serviços para a infância, para promover a amamentação; prevenir o sobrepeso e a obesidade infantil; e promover o bem-estar psicoemocional, especialmente na adolescência. (Nutrição)	0.00% 0	42.86% 3	0.00% 0	14.29% 1	14.29% 1	28.57% 2	7	3.00
O sistema educativo reforçou as capacidades para garantir que um número maior de adolescentes — especialmente os mais desfavorecidos — concluam no prazo o ciclo superior do ensino secundário, com mais aprendizagens e competências do século XXI.	0.00% 0	14.29% 1	42.86% 3	14.29% 1	28.57% 2	0.00% 0	7	3.57
O sistema educativo reforçou as capacidades para uma educação inclusiva e para garantir que um número maior de crianças e adolescentes com deficiência tenha acesso a uma educação inovadora e de qualidade.	0.00% 0	28.57% 2	28.57% 2	14.29% 1	28.57% 2	0.00% 0	7	3.43
Fortalecimento da capacidade do governo e do sistema político para conceber e implementar programas sociais que respondam efetivamente à vulnerabilidade infantil	0.00% 0	28.57% 2	28.57% 2	14.29% 1	14.29% 1	14.29% 1	7	3.17

causada pela pobreza e pelo impacto das mudanças climáticas.

O país desenvolve e implementa uma estratégia de promoção da saúde mental e do bem-estar psicoemocional de adolescentes e jovens.	14.29% 1	28.57% 2	0.00% 0	14.29% 1	14.29% 1	28.57% 2	7	2.80
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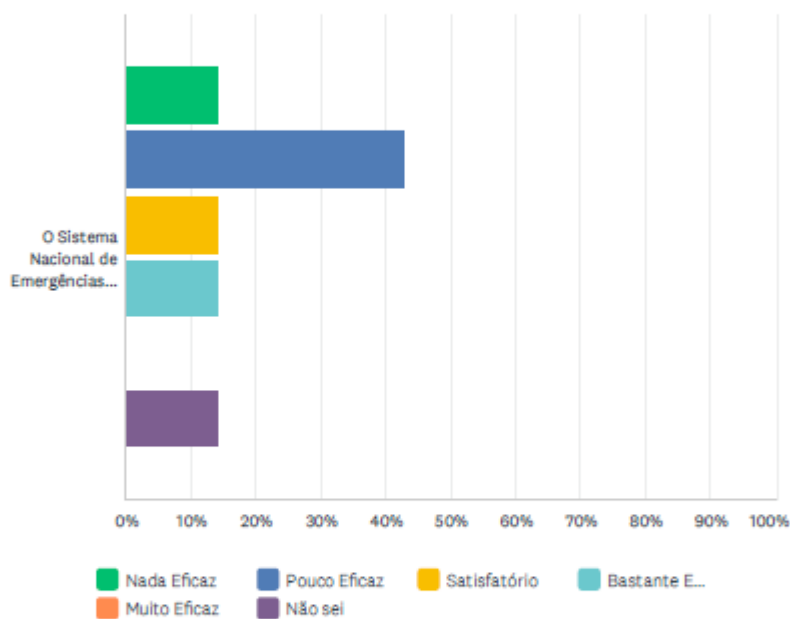
**P15 Entendendo eficácia como o grau em que a intervenção alcançou, ou se espera que alcance, seus objetivos e resultados, incluindo os resultados diferenciados entre grupos: como você avaliaria a eficácia geral do UNICEF nos seguintes resultados relacionados à Mobilização Social?**

Responderam: 7 Ignoraram: 1

	NADA EFICAZ	POUCO EFICAZ	SATISFATÓRIO	BASTANTE EFICAZ	MUITO EFICAZ	NÃO SEI	TOTAL	MÉDIA PONDERADA
O público em geral, os responsáveis pela tomada de decisões (públicas e privadas), os meios de comunicação, os profissionais, os trabalhadores comunitários e as famílias demonstram maior conscientização, compreensão e compromisso com os direitos das crianças e dos adolescentes.	14.29% 1	14.29% 1	14.29% 1	14.29% 1	28.57% 2	14.29% 1	7	3.33
Um número maior de adolescentes, especialmente os mais vulneráveis, participa dos processos de tomada de decisão que os afetam e em temas que lhes preocupam e nos quais demandam participação.	0.00% 0	28.57% 2	28.57% 2	14.29% 1	14.29% 1	14.29% 1	7	3.17
A base das políticas nacionais e subnacionais é cada vez mais empírica, com dados que permitem monitorar e promover os direitos das crianças e dos adolescentes (especialmente os mais desfavorecidos), assim como avaliar os programas.	0.00% 0	28.57% 2	28.57% 2	14.29% 1	14.29% 1	14.29% 1	7	3.17

P16 Entendendo eficácia como o grau em que a intervenção alcançou, ou se espera que alcance, seus objetivos e resultados, incluindo os resultados diferenciados entre grupos: como você avaliaria a eficácia geral do UNICEF nos seguintes resultados relacionados à Atenção a Emergências?

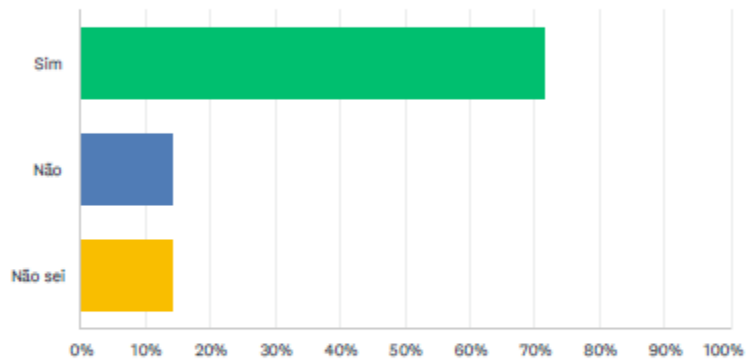
Responderam: 7 Ignoraram: 1



	NADA EFICAZ	POUCO EFICAZ	SATISFATÓRIO	BASTANTE EFICAZ	MUITO EFICAZ	NÃO SEI	TOTAL	MÉDIA PONDERADA
O Sistema Nacional de Emergências possui capacidades e ferramentas para proteger os direitos das crianças, adolescentes e suas famílias diante de eventuais emergências.	14.29% 1	42.86% 3	14.29% 1	14.29% 1	0.00% 0	14.29% 1	7	2.33

P18 Sua organização participou em atividades do UNICEF Guiné-Bissau voltadas ao fortalecimento das capacidades internas da sua organização?

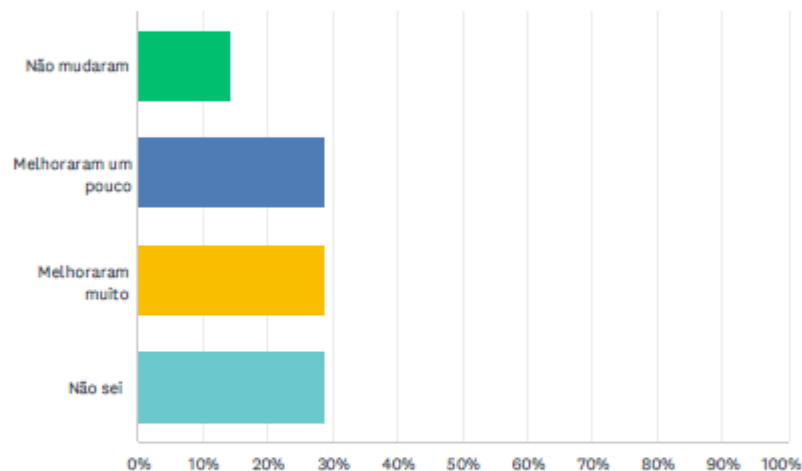
Responderam: 7 Ignoraram: 1



OPÇÕES DE RESPOSTA	RESPOSTAS	
Sim	71.43%	5
Não	14.29%	1
Não sei	14.29%	1
TOTAL		7

P19 Você considera que as capacidades internas da sua organização para o atendimento de meninas, meninos e adolescentes mudaram a partir do fortalecimento realizado com o UNICEF Guiné-Bissau?

Responderam: 7 Ignoraram: 1



OPÇÕES DE RESPOSTA	RESPOSTAS	
Não mudaram	14.29%	1
Melhoraram um pouco	28.57%	2
Melhoraram muito	28.57%	2
Não sei	28.57%	2
<b>TOTAL</b>		<b>7</b>

P20 Quão adequados você considera os seguintes recursos e capacidades do UNICEF Guiné-Bissau para a obtenção de resultados?

Responderam: 7 Ignoraram: 1

	NADA ADEQUADO	POUCO ADEQUADO	ADEQUADO	MUITO ADEQUADO	NÃO SEI	TOTAL	MÉDIA PONDERADA
Recursos humanos	14.29% 1	0.00% 0	57.14% 4	28.57% 2	0.00% 0	7	3.00
Recursos financeiros	0.00% 0	42.86% 3	42.86% 3	14.29% 1	0.00% 0	7	2.71
Estrutura institucional do UNICEF	14.29% 1	14.29% 1	42.86% 3	28.57% 2	0.00% 0	7	2.86
Presença em campo	0.00% 0	42.86% 3	28.57% 2	28.57% 2	0.00% 0	7	2.86
Capacidades do pessoal do UNICEF	0.00% 0	0.00% 0	14.29% 1	85.71% 6	0.00% 0	7	3.86
Processos administrativos do UNICEF	0.00% 0	28.57% 2	42.86% 3	28.57% 2	0.00% 0	7	3.00
Comunicação e coordenação com contrapartes	0.00% 0	28.57% 2	28.57% 2	42.86% 3	0.00% 0	7	3.14
Estratégias de monitoramento e medição de resultados	0.00% 0	14.29% 1	57.14% 4	28.57% 2	0.00% 0	7	3.14

P21 Quão adequados você considera os seguintes recursos e capacidades da sua organização para a obtenção dos resultados esperados do trabalho com o UNICEF?

Responderam: 7 Ignoraram: 1

	NADA ADEQUADO	POUCO ADEQUADO	ADEQUADO	MUITO ADEQUADO	NÃO SEI	TOTAL	MÉDIA PONDERADA
Recursos humanos	0.00% 0	0.00% 0	85.71% 6	14.29% 1	0.00% 0	7	3.14
Recursos financeiros	0.00% 0	28.57% 2	42.86% 3	28.57% 2	0.00% 0	7	3.00
Estrutura institucional	0.00% 0	14.29% 1	57.14% 4	28.57% 2	0.00% 0	7	3.14
Capacidades de monitoramento e avaliação do pessoal	0.00% 0	28.57% 2	42.86% 3	28.57% 2	0.00% 0	7	3.00

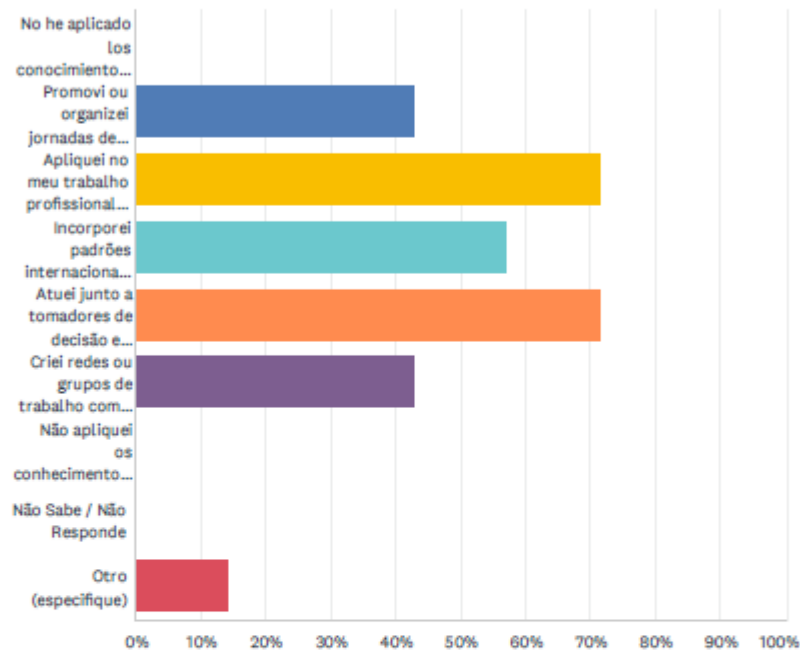
P22 Em que medida você concorda ou discorda com as seguintes afirmações?

Responderam: 7 Ignoraram: 1

	DISCORDO COMPLETAMENTE	DISCORDO PARCIALMENTE	CONCORDO	CONCORDO PLENAMENTE	NÃO SEI	TOTAL	MÉDIA PONDERAD
A equipe do programa contou com os recursos humanos adequados durante toda a implementação.	14.29% 1	0.00% 0	57.14% 4	28.57% 2	0.00% 0	7	3.0
Tivemos acesso aos suprimentos e materiais necessários de forma oportuna.	0.00% 0	28.57% 2	42.86% 3	14.29% 1	14.29% 1	7	2.8
As alocações orçamentárias foram suficientes para realizar as atividades planejadas de forma eficaz.	0.00% 0	57.14% 4	14.29% 1	28.57% 2	0.00% 0	7	2.7
Fui informado(a) e envolvido(a) nas discussões sobre a realocação de recursos ou alterações orçamentárias.	0.00% 0	0.00% 0	42.86% 3	28.57% 2	28.57% 2	7	3.4

P23 Como você aplicou no seu trabalho profissional os conhecimentos/capacidades adquiridos nas atividades, capacitações e/ou colaborações com o UNICEF?(Pode selecionar mais de uma opção)

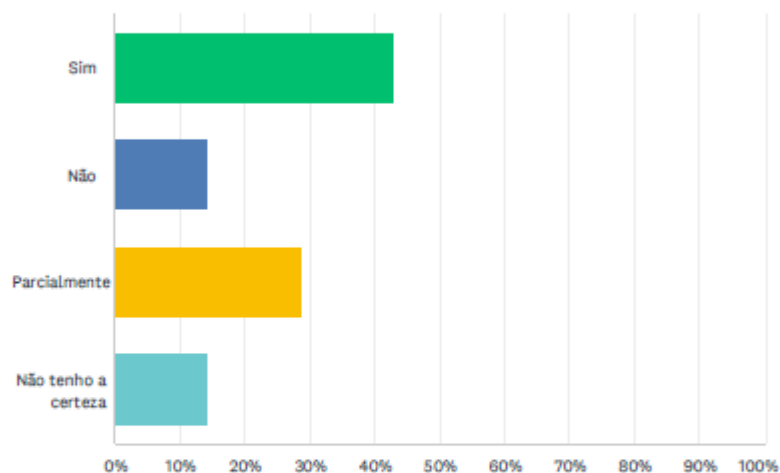
Responderam: 7 Ignoraram: 1



OPÇÕES DE RESPOSTA	RESPOSTAS
No he aplicado los conocimientos/capacidades adquiridas	0.00% 0
Promovi ou organizei jornadas de capacitação para colegas, contrapartes e/ou beneficiários da instituição ou organização a que pertencço.	42.86% 3
Apliquei no meu trabalho profissional novas ferramentas, protocolos e metodologias para a proteção dos direitos das crianças e adolescentes.	71.43% 5
Incorporei padrões internacionais de direitos humanos e dos direitos da infância nas minhas decisões e atividades.	57.14% 4
Atuei junto a tomadores de decisão e colegas para promover a adoção de medidas para a proteção das crianças e adolescentes.	71.43% 5
Criei redes ou grupos de trabalho com outros atores para troca de informações, experiências e boas práticas.	42.86% 3
Não apliquei os conhecimentos/capacidades adquiridos.	0.00% 0
Não Sabe / Não Responde	0.00% 0
Otro (especifique)	14.29% 1
Total de respondentes: 7	

P24 Você continuará utilizando e aplicando os conhecimentos, habilidades, ferramentas e metodologias adquiridas sem mais apoio externo do UNICEF?

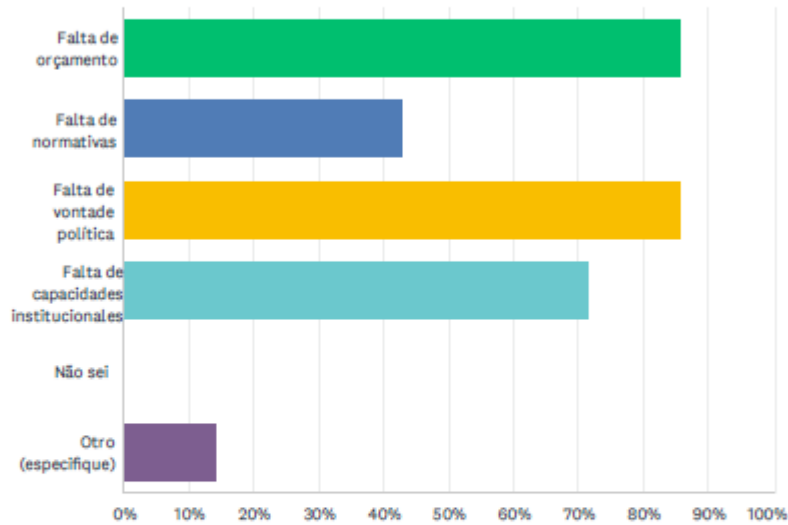
Responderam: 7 Ignoraram: 1



OPÇÕES DE RESPOSTA	RESPOSTAS	
Sim	42,86%	3
Não	14,29%	1
Parcialmente	28,57%	2
Não tenho a certeza	14,29%	1
TOTAL		7

P25 Que fatores você considera que podem afetar a sustentabilidade dos resultados alcançados até o momento?(Pode selecionar mais de uma opção)

Responderam: 7 Ignoraram: 1



OPÇÕES DE RESPOSTA	RESPOSTAS
Falta de orçamento	85.71% 6
Falta de normativas	42.86% 3
Falta de vontade política	85.71% 6
Falta de capacidades institucionales	71.43% 5
Não sei	0.00% 0
Otro (especifique)	14.29% 1
Total de respondentes: 7	

P26 Em que medida você considera que as seguintes abordagens foram integradas nas atividades implementadas em colaboração com o UNICEF Guiné-Bissau?(podem consultar algumas definições de apoio depois da pergunta)

Responderam: 7 Ignoraram: 1

	NADA INTEGRADO	POUCO INTEGRADO	INTEGRADO	MUITO INTEGRADO	NÃO SEI	TOTAL
Abordagem de igualdade de gênero	14.29% 1	0.00% 0	28.57% 2	57.14% 4	0.00% 0	7
Abordagem de Direitos Humanos	0.00% 0	14.29% 1	28.57% 2	57.14% 4	0.00% 0	7
Abordagem de equidade	0.00% 0	0.00% 0	42.86% 3	57.14% 4	0.00% 0	7
Abordagem de interculturalidade	0.00% 0	14.29% 1	42.86% 3	28.57% 2	14.29% 1	7
Abordagem de deficiência	0.00% 0	14.29% 1	85.71% 6	0.00% 0	0.00% 0	7
Abordagem do ciclo de vida	0.00% 0	0.00% 0	71.43% 5	14.29% 1	14.29% 1	7

## ANNEX 2 - LIST OF STAKEHOLDERS ENGAGED IN DATA COLLECTION

N	Government Partners	Name of DG/Focal Point
1	Direção Geral de Saúde Materno Infantil	Waldina da Silva Barbeiro
2	Direção de Serviços de Alimentação, Nutrição e Sobrevivência da Criança	Elsa Geralda Mbotto
3	Direcção-Geral do Ambiente	João Lona
4	Direção Geral de Estudos, Planificação e Avaliação do Sistema Educativo (DGEPAE)	Idrissa Camara
5	Instituto Nacional para o Desenvolvimento da Educação (INDE)	Lívio da Silva
6	Direção Geral de Identificação Civil, Registos e Notariado	Dr. Raul Gomes
7	Direção Geral de Inclusão e Solidariedade Social	Dr. Carlos Tipote
8	Direcção-Geral do Centro Nacional de Comunicação Social Educativa e Formação Multimédia	Linda Indjai
9	Direção Geral do Plano e Integração Regional	Issa Jandi

N	CSO Acronym	Sector / Field
1	Associação dos Amigos das Crianças	Child Protection
2	RENAJI GB	Acess to Learning
3	GAECA Palmeirinha	Acess to Learning
4	ASIC	WASH
5	Associação de Saneamento Básico Proteção da Água e Ambiente de Bafata	WASH
6	Associazione Italiana Amici di Raoul Follereau	Health & Nutrition
7	Fundação de Assistência Médica Internacional	Health & Nutrition

N	UNICEF Staff	Name / Job
1	Chief CSD	Renato Pinto
2	Community Health	Umaro Ba
3	Nutrition	Iama Sanha
4	WASH	Aminta Medina
5	Chief Education	Kenji Ohira
6	Education Specialist	Lucy Monteiro
7	Education Officer	Ligia Balde
8	ECD Officer	Carla Jauad

N	UNICEF Staff	Name / Job
9	Chief Protection	Sonia Polonio
10	MGF Officer	Silvina Sico
11	Social Inclusion	Mamadu Balde
12	SBC Officer	Deborah Herbert

## ANNEX 3 – EVALUATION MATRIX

Evaluation Criteria	Evaluation questions	Sub Questions	Methods	Indicators	Sources
<b>1. Relevance</b> The extent to which the Country programme is relevant to the national priorities, including the needs and priorities of rights holders.	1.1) To what extent does the Country programme's design and objectives align with and support Guinea-Bissau's national development priorities and policy frameworks?	<p>To what extent are the Country Programme's strategic priorities reflected in Guinea-Bissau's National Development Plan (Plano Nacional de Desenvolvimento) and other key policy documents (e.g. sectoral strategies for education, health, child protection)?</p> <p>To what extent does the Country Programme's addresses critical child rights gaps and needs of the most vulnerable, following preexisting evidence (SITAN, etc.)</p>	Semi-structured Interviews  Desk Review  Online Survey	<p>Degree of alignment between CPD outcomes and national development strategies and sectoral policies (e.g., education, health, child protection).</p> <p>The extent to which the programme addresses critical child rights gaps and needs of the most vulnerable.</p> <p>Evidence of strategic prioritization in programme design and implementation based on gap analysis.</p>	<ul style="list-style-type: none"> <li>● Project CP documents, as well as materials used and generated during the development process (assessments, minutes, reports), among other UNICEF documents.</li> <li>● Sustainable Development Goals and their progresses reports for the country.</li> <li>● Legal framework (programmes, policies, plans, laws, decrees, other relevant administrative resolutions).</li> <li>● Perceptions, opinions, and/or qualitative contributions from qualified informants through Interviews with authorities and technical staff, among others linked to UNICEF's work in the country.</li> <li>● Online survey responses</li> </ul>
	1.2) To what extent has UNICEF integrated the needs and priorities of rights holders, including marginalized and vulnerable groups,	What mechanisms (e.g., community consultative forums, child-friendly feedback channels) were established to solicit input from children, adolescents and caregivers—particularly	Semi-structured Interviews  Desk Review	Degree of participation of communities and excluded groups in the planning, implementation, and evaluation of the	<ul style="list-style-type: none"> <li>● Project CP documents, as well as materials used and generated during the development process (assessments, minutes, reports), among other UNICEF documents.</li> </ul>

Evaluation Criteria	Evaluation questions	Sub Questions	Methods	Indicators	Sources
	into the design and implementation strategies of the Country programme?	<p>those from marginalized or vulnerable groups—during programme formulation?</p> <p>How representative were these consultations in terms of gender, age, disability status, geographic location and socio-economic background?</p> <p>To what extent did UNICEF use disaggregated data (by sex, age, disability, geographic location) and qualitative assessments to identify the needs and priorities of different rights-holder groups?</p>	<p>Focus-Groups discussions</p> <p>Online Survey</p>	<p>programme (Key interventions)</p> <p>Evidence of formal mechanisms to ensure the meaningful participation of children in the design and monitoring of the programme (Key interventions)</p>	<ul style="list-style-type: none"> <li>● Perceptions, opinions, and/or qualitative contributions from qualified informants through Interviews with authorities and technical staff, among others linked to UNICEF's work in the country.</li> <li>● Perceptions, opinions, and/or qualitative contributions from Rights holders: Parents/caregivers with children, adolescents, Community people in locations covered by the programme</li> <li>● Online survey responses</li> </ul>
<p><b>0. Coherence</b></p> <p>The extent to which the programme's components, strategies, and interventions are aligned and mutually reinforcing with each other as well as with broader policies, frameworks, and programmes at the local, national, and international levels</p>	<p>2.1) To what extent is UNICEF's Country programme aligned with national priorities and complementary to government and other development actors in addressing children's issues?</p>	<p>To what extent has the Country programme has considered and integrated the priorities of other non-governmental actors, such as CSOs and private sector partners</p> <p>Degree to which the Country programme is To what extent is UNICEF's Country programme aligned with global priorities (SDGs and UNICEF Strategic Plan, United Nations cooperation Framework)</p>	<p>Semi-structured Interviews</p> <p>Desk Review</p> <p>Online Survey</p>	<p>Evidence of alignment of the programme with the priorities established by the government in its national policies and strategies (Results / Lines of action)</p> <p>Evidence of alignment of the programme with the priorities established by relevant national CSOs (Results / Lines of action)</p>	<ul style="list-style-type: none"> <li>● Project CP documents, as well as materials used and generated during the development process (assessments, minutes, reports), among other UNICEF documents.</li> <li>● Documents and Reports from CSOs and other development partners</li> <li>● Legal framework (programmes, policies, plans, laws, decrees, other relevant administrative resolutions) from government and other development partners</li> </ul>

Evaluation Criteria	Evaluation questions	Sub Questions	Methods	Indicators	Sources
		<p>Degree to which extent have Country programme interventions developed other strategic partnerships (with civil society, academia, UNS, donors, and others) that contributed to increasing the impact of UNICEF interventions</p>			<ul style="list-style-type: none"> <li>● Perceptions, opinions, and/or qualitative contributions from qualified informants through Interviews with authorities and technical staff, among others linked to UNICEF's work in the country.</li> <li>● Online survey responses</li> </ul>
	<p>2.2) How effectively is the Country programme coordinated with the initiatives of other UN agencies and development partners to enhance collective outcomes and reduce duplication?</p> <p>To what extent is the Country Programme coherently integrated with the strategies and programming of other UN agencies and development partners, in ways that foster complementarity, reduce duplication, and enhance collective outcomes?</p>	<p>Degree to which the Country programme's objectives, activities, and implementation timelines are aligned and complement those of other UN agencies and development partners</p> <p>What mechanisms are in place to ensure coordination and complementarity with other UN agencies and development partners?.</p> <p>Degree to which Country programme interventions avoid duplication and foster synergies with other partners' interventions To what extent does UNICEF contribute to common results frameworks and collective outcome measurement systems,?</p> <p>How do government counterparts and stakeholders perceive the</p>	<p>Semi-structured Interviews</p> <p>Desk Review</p>	<p>Demonstrated coherence of programme results and strategies with global priorities, notably the SDGs and UNICEF Strategic Plan.</p>	<p>Project CP documents, as well as materials used and generated during the development process (assessments, minutes, reports), among other UNICEF documents.</p> <ul style="list-style-type: none"> <li>● Documents and Reports from CSOs and other development partners</li> <li>● Legal framework (programmes, policies, plans, laws, decrees, other relevant administrative resolutions) from government and other development partners</li> <li>● Perceptions, opinions, and/or qualitative contributions from qualified informants through Interviews with authorities and technical staff, among others linked</li> </ul>

Evaluation Criteria	Evaluation questions	Sub Questions	Methods	Indicators	Sources
		coherence and added value of UNICEF's role?			to UNICEF's work in the country.
<p><b>3. Effectiveness</b></p> <p>(The extent to which the Country Programme has achieved or is likely to achieve its outcomes and outputs)</p>	<p>3.1) To what extent has UNICEF successfully achieved and is it projected to attain the intended outcomes of the CP by the conclusion of its cycle?</p>	<p>Degree to which the Country programme contributed to the improvement of child well-being at scale and achieved the programmatic priorities</p> <p>To what extent has the Country Programme achieved its planned outcomes to date, based on available monitoring data and reports ?</p> <p>To what extent have the intended changes in knowledge, attitudes, behaviours, and access to services been observed among targeted children, caregivers, and communities?</p>	<p>Semi-structured Interviews</p> <p>Desk Review</p> <p>Online Survey</p>	<p>Level of achievement of annual programmatic priorities based on indicators, targets, and narrative data from annual management plans</p> <p>Level of achievement of short, medium and long-term programme results according to what is established in the Theory of Change and the targets set in the CPD for each Line of Action (Results / Lines of action)</p>	<ul style="list-style-type: none"> <li>●Project CP documents, as well as materials used and generated during the development process (assessments, minutes, reports), among other UNICEF documents.</li> <li>●Perceptions, opinions, and/or qualitative contributions from qualified informants through Interviews with authorities and technical staff, among others linked to UNICEF's work in the country.</li> <li>●Online Survey Responses</li> </ul>
	<p>3.2) What are the unexpected positive and negative results arising from the outcomes of the CP efforts?</p>	<p><u>Are there any perceived</u> results (positive or negative) that were not originally anticipated in the programme design or theory of change?</p>	<p>Semi-structured Interviews</p> <p>Desk Review</p>	<p>Nature, significance, and frequency of unexpected positive and negative outcomes associated with the Country Programme, as reported by stakeholders and supported by documentary or observational evidence.</p>	<ul style="list-style-type: none"> <li>●Project CP documents, as well as materials used and generated during the development process (assessments, minutes, reports), among other UNICEF documents.</li> <li>●Perceptions, opinions, and/or qualitative contributions from qualified informants through Interviews with authorities and technical staff, among others linked</li> </ul>

Evaluation Criteria	Evaluation questions	Sub Questions	Methods	Indicators	Sources
<p><b>4. Efficiency</b> (The extent to which the Country programme's inputs and outputs were optimally allocated and streamlined to ensure the programme delivers results in an economic and timely way)</p>	<p>4.1) How adequately has the operational capacity of the programme, including its human resources and supplies, supported the achievement of intended results within the designated timeframe and in a cost-efficient manner?</p>	<p>Degree to which the use and diversification of resources allow for adequate and timely implementation of the Country</p> <p>To what extent does the Country Office have the appropriate staffing structure, skill mix, and deployment at national and subnational levels to implement the programme effectively and efficiently?</p> <p>How has UNICEF adapted its human resource capacity to address evolving needs, emergencies, or operational bottlenecks?</p>	<p>Semi-structured Interviews Documentation Desk Review</p>	<p>Degree of adequacy of resource prioritization criteria in relation to the priorities established by the programme Extent to which financial and human resources were prioritized and allocated in line with programmatic goals and timelines</p> <p>Evidence of budget allocation and expenditure aligned with the priorities and strategic objectives defined by the programme (Key interventions)- Evidence of timely and efficient budget execution aligned with planned results across key programme components.</p> <p>Level of budget execution and achievement of planned results with the available resources (Results)</p>	<p>to UNICEF's work in the country.</p> <ul style="list-style-type: none"> <li>● UNICEF financial insights, donor reports and monitoring data</li> <li>● Perceptions, opinions, and/or qualitative contributions from qualified informants through Interviews with UNICEF team</li> </ul>
	<p>4.2) How has UNICEF ensured the results-based management of the programme? How is evidence utilized in the planning and execution of</p>	<p>Degree to which UNICEF's operational processes contribute to timely and efficient implementation for achieving programmatic results</p>	<p>Semi-structured Interviews Desk Review</p>	<p>Evidence of adjustment of UNICEF's operational processes to the particularities of the national context (Key interventions)</p>	<ul style="list-style-type: none"> <li>● UNICEF financial insights, donor reports and monitoring data</li> <li>● Perceptions, opinions, and/or qualitative contributions from qualified informants</li> </ul>

Evaluation Criteria	Evaluation questions	Sub Questions	Methods	Indicators	Sources
	programme activities?	<p>To what extent has the Country Programme applied results-based management principles across planning, implementation, monitoring, and reporting?</p> <p>What RBM tools and systems (e.g., results frameworks, performance indicators, RAM, eTools) have been used to track progress and inform decision-making?</p> <p>Ways in which operational processes have been adapted, taking into account the characteristics of the programme and its context</p> <p>To what extent have evidence (evaluations, reviews, or situation analyses) influenced programme design or adjustments?</p>		<p>Extent to which RBM tools and processes (e.g., results frameworks, performance monitoring, work planning) were used to guide programme planning and review.</p> <p>Evidence of programmatic adjustments informed by monitoring data, evaluations, or contextual analysis</p> <p>Level of contribution (usefulness) of each of these key operational processes to the effective and efficient implementation of the CPD, including the achievement of programmatic results</p> <p>Stakeholder perceptions of the usefulness of RBM in supporting effective and timely decision-making</p>	through Interviews with UNICEF team UNICEF
<p><b>5. Sustainability</b></p> <p>(The extent to which the net benefits of the intervention are likely to continue or persist, including an examination of the financial, economic, social, environmental, and institutional capacities of the systems needed to sustain net benefits over time)</p>	5.1) To what extent are the programme results sustainable financially and operationally?	<p>Availability and likelihood of continued financial resources (government, donor, or other) to maintain and scale programme</p> <p>To what extent have key interventions been integrated into government plans, budgets, or financing frameworks (at national and/or subnational levels)?</p>	Semi-structured Interviews Desk Review Online Survey	<p>Percentage of programme activities that continue to be implemented with local (non-programme) resources one year after programme funding ends.</p> <p>Extent to which programme results, approaches, or services have been integrated into</p>	<p>● Project CP documents, as well as materials used and generated during the development process (assessments, minutes, reports), among other UNICEF documents.</p> <p>● Perceptions, opinions, and/or qualitative contributions from qualified informants</p>

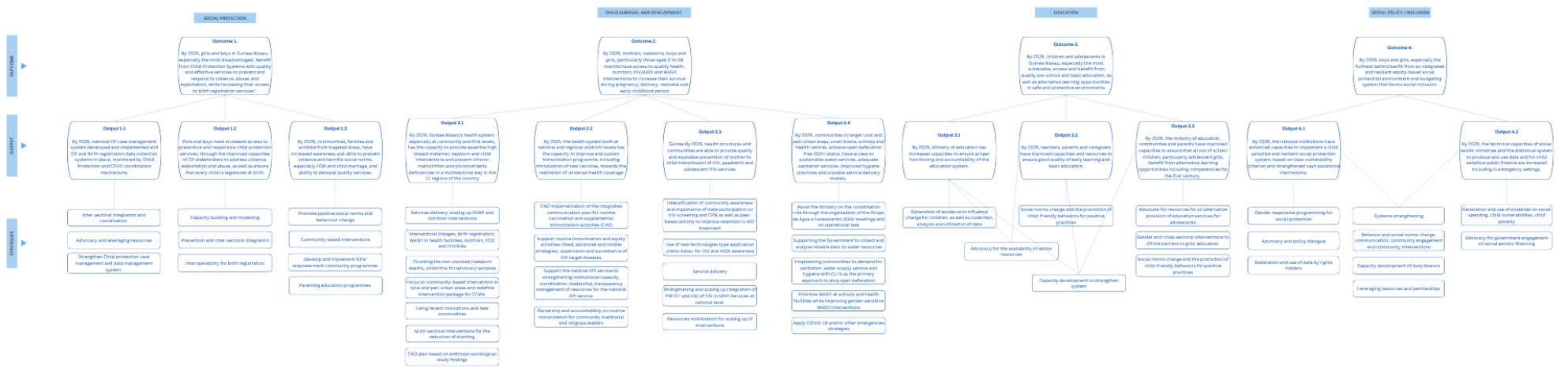
Evaluation Criteria	Evaluation questions	Sub Questions	Methods	Indicators	Sources
		<p>Results after external support ends. What is the likelihood that domestic or external funding will be maintained or increased to support the continuation of programme results after the Country Programme ends?</p> <p>Degree to which programme components are social and economically sustainable after external support ends.</p> <p>Degree to which programme components have been integrated into national or local systems, policies, and routines (e.g., public sector budgets, service delivery frameworks).</p>		<p>government plans, systems, or budgets.</p> <p>Availability and commitment of national or local resources (financial, human, institutional) to continue or scale key interventions post-UNICEF support.</p> <p>Perceived likelihood of continuation of key programme benefits by government and implementing partners</p>	<p>through Interviews with authorities and technical staff, among others linked to UNICEF's work in the country.</p> <ul style="list-style-type: none"> <li>● Online Survey Responses</li> </ul>
	<p>5.2) To what extent does the current delivery model promote local government ownership while effectively meeting the needs of the most vulnerable populations?</p>	<p>Level of engagement, ownership, and accountability demonstrated by key actors and institutions in sustaining the programme's results What evidence exists of increased community ownership, demand for services, or local initiative to maintain or expand programme achievements? How have local structures (e.g., school management committees, child protection</p>	<p>Semi-structured Interviews Desk Review Focus-Groups discussions Online Survey</p>	<p>Percentage of local government representatives who report active involvement in the planning and delivery of services that address the needs of the most vulnerable Evidence of active and meaningful involvement of local government actors in the design, implementation, and monitoring of key programme interventions</p>	<ul style="list-style-type: none"> <li>● Project_CP documents, as well as materials used and generated during the development process (assessments, minutes, reports, workplans, MOUs), among other UNICEF documents.</li> <li>● Perceptions, opinions, and/or qualitative contributions from qualified informants through Interviews with authorities and technical staff, among others linked</li> </ul>

Evaluation Criteria	Evaluation questions	Sub Questions	Methods	Indicators	Sources
		<p>networks) been empowered to sustain results?.</p> <p>How have stakeholders, including government and communities, been prepared to take over roles and responsibilities?</p>		<p>Degree to which extent local government demonstrates capacity to assume the response to the needs of the most vulnerable populations.</p> <p>The extent to which the delivery model has improved local capacities to identify, reach, and serve the most vulnerable populations.</p> <p>Degree of meeting the most vulnerable populations' needs.</p>	<p>to UNICEF's work in the country.</p> <ul style="list-style-type: none"> <li>● Perceptions, opinions, and/or qualitative contributions from Rights holders: Parents/caregivers with children, adolescents, Community people in locations covered by the programme</li> <li>● Online survey responses</li> </ul>
<p><b>6. Equity, Gender, and Human Rights</b></p>	<p>6.1) To what extent have the equity, gender, and human rights dimensions been integrated into programme planning, implementation, monitoring, and reporting?</p>	<p>To what extent have equity, gender equality, and human rights principles informed the selection of priorities, target groups, and geographic areas during programme design and implementation? Degree to which the gender approach is integrated (in its dimensions of inclusion, participation, and equitable power relations) in the design and implementation of the Country programme How were the voices and perspectives of marginalized groups (e.g., girls, children with disabilities, children in rural or conflict-affected</p>	<p>Semi-structured Interviews Desk Review Online Survey</p>	<p>Evidence of alignment of programme actions with relevant normative frameworks (Convention on the Elimination of All Forms of Discrimination Against Women, the International Convention on the Rights of Persons with Disabilities) Extent to which programme design and implementation are guided by relevant international human rights and gender equality frameworks.</p> <p>Evidence of explicit integration of gender perspective in the design and implementation of the Country programme (Incorporation of GPR</p>	<ul style="list-style-type: none"> <li>● Project reference_____ documents CEDAW, CRC, CRPD, UPR recommendations, and alignment with UNICEF's GAP and HRBA (Human Rights-Based Approach), as well as materials used and generated during the development process (assessments, minutes, reports), among other UNICEF documents.</li> <li>● Perceptions, opinions, and/or qualitative contributions from qualified informants through interviews with authorities and technical staff, among others linked to UNICEF's work in the country.</li> </ul>

Evaluation Criteria	Evaluation questions	Sub Questions	Methods	Indicators	Sources
		<p>areas) integrated into the planning process?</p> <p>To what extent does the monitoring system track progress and outcomes disaggregate by sex, age, disability, location, and other relevant equity markers?</p> <p>Degree to which the equity approach (fair distribution of benefits and resources, considering the needs and circumstances of different groups) is integrated in the design and implementation of the Country programme</p> <p>Degree to which the human rights approach has been integrated in the design and implementation of the Country programme, empowering rights holders and strengthening the capacity of duty bearers to fulfil their obligation</p>		<p>recommendations, analysis, compliance with GAP Standards)</p> <p>Evidence of integration of the equity approach in all components of the programme, including planning, implementation, monitoring, and evaluation (e.g., stakeholder analysis, promotion of participation of people with disabilities, presentation of disaggregated data for this population)</p>	<ul style="list-style-type: none"> <li>● Online survey responses</li> </ul>
	<p>6.2) To what extent have programme strategies improved access to services and resources for marginalized groups, including children with disabilities?</p>	<p>How effectively have barriers to access—such as physical, financial, linguistic, or sociocultural obstacles—been identified and addressed in the design of interventions? Evidence that programme interventions have specifically targeted and reached marginalized groups, including children</p>	<p>Semi-structured Interviews Desk Review Focus-Groups discussions</p>	<p>Evidence of increased or improved access to basic services (e.g., education, health, protection) for marginalized groups, including children with disabilities.</p> <p>Extent to which programme strategies included specific mechanisms (e.g.,</p>	<ul style="list-style-type: none"> <li>● Project documents, as well as materials used and generated during the development process (assessments, minutes, reports), among other UNICEF documents.</li> <li>● Perceptions, opinions, and/or qualitative contributions from qualified informants through Interviews with</li> </ul>

Evaluation Criteria	Evaluation questions	Sub Questions	Methods	Indicators	Sources
		<p>with disabilities, in both urban and rural areas. To what extent have programme strategies led to increased enrolment, utilization, or coverage of services among disadvantaged populations?</p>		<p>inclusive infrastructure, adapted materials, targeted outreach) to reduce barriers to access for marginalized populations.</p> <p>Stakeholder perceptions of improvements in inclusion, participation, and quality of services for marginalized groups</p>	<p>authorities and technical staff, among others linked to UNICEF's work in the country.</p> <ul style="list-style-type: none"> <li>● Online survey responses</li> </ul>

# ANNEX 4 – COUNTRY PROGRAMME’S THEORY OF CHANGE



## **ANNEX 5 – THEORY OF CHANGE (SHORT VERSION)**



## ANNEX 6 – RAM INDICATORS EDUCATION

Indicators	Baseline Year	Baseline Value	Target Year	Target Value	Actual	Rating
Percentage of children age 36-59 months attending an early childhood education programme	2021	14,3	2022	15	-	-
			2023	16	-	-
			2024	17	-	-
			2025	18,5	-	-
			2026	20	-	-
			End of Term Target	20	-	-
Primary education net attendance rate (22-01-L2-41)	2021	68,7	2022	70	70%	Partially Achieved
			2023	72	70%	Partially Achieved
			2024	74	70%	Partially achieved
			2025	76	-	-
			2026	78	-	-
			End of Term Target	78	-	-
Rate of out-of-school children of primary and lower secondary school age	2021	25,5	2022	25	25%	Partially Achieved
			2023	24	25%	Partially Achieved
			2024	23	25%	Partially achieved
			2025	21,5	-	-
			2026	20	-	-
			End of Term Target	20	-	-
Gross enrolment ratio in pre-primary education (22-01-L2-13)	2021	24	2022	27	27%	Partially Achieved
			2023	29	27%	Partially Achieved

Indicators	Baseline Year	Baseline Value	Target Year	Target Value	Actual	Rating
			2024	30	24%	Partially achieved
			2025	32	-	-
			2026	32	-	-
			End of Term Target	32	-	-
Gross intake ratio to last grade of lower secondary	2021	43	2022	45	45%	Partially Achieved
			2023	46	45%	Partially Achieved
			2024	46	43%	Partially achieved
			2025	47	-	-
			2026	47	-	-
			End of Term Target	47	-	-
Percentage of children (Grade 2-3 and 5-6) achieving minimum proficiency levels in reading and mathematics	2021	23	2022	29	29%	Partially Achieved
			2023	35	29%	Partially Achieved
			2024	42	23%	Partially achieved
			2025	52	-	-
			2026	52	-	-
			End of Term Target	52	-	-
Percentage of children at grade 2-3 achieving minimum proficiency levels in reading and mathematics	2021	5	2022	10	10%	Partially Achieved
			2023	15	10%	Partially Achieved
			2024	21	5%	Not achieved
			2025	25	-	-
			2026	25	-	-

Indicators	Baseline Year	Baseline Value	Target Year	Target Value	Actual	Rating
			End of Term Target	25	-	-
Percentage of children at grade end of primary (at Grade 5-6) achieving minimum proficiency levels in reading and mathematics	2021	42	2022	47	47%	Partially Achieved
			2023	55	47%	Partially Achieved
			2024	64	42%	Partially achieved
			2025	74	-	-
			2026	74	-	-
			End of Term Target	74	-	-
Gross enrolment ratio in pre-primary education	2021	23,5	2022	23,5	23.5%	Fully Achieved
			2023	23,5	23.5%	Fully Achieved
			2024	25	23.5%	Mostly achieved
			2025	27	-	-
			2026	32	-	-
			End of Term Target	32	-	-

Source: RAM

## ANNEX 7 – RAM INDICATORS CHILD PROTECTION

Indicators	Baseline Year	Baseline Value	Target Year	Target Value	Actual	Rating
Number of girls and boys who have experienced violence reached by health, social work or justice/law enforcement services	2021	479	2022	551	674	Fully Achieved
			2023	633	728	Fully Achieved
			2024	700	776	Fully achieved
			2025	800	-	-

Indicators	Baseline Year	Baseline Value	Target Year	Target Value	Actual	Rating
			2026	900	-	-
			End of Term Target	3584	-	-
Percentage of young women and men aged 18-29 who experienced sexual violence by age 18, by sex and age	2021	0	2022	0	0%	Fully Achieved
			2023	0	0%	Partially Achieved
			2024	0	0%	Fully achieved
			2025	0	-	-
			2026	0	-	-
			End of Term Target	0	-	-
Proportion of children under five years of age whose births have been registered with a civil authority, by age	2021	46	2022	46	46%	Fully Achieved
			2023	46	46%	Fully Achieved
			2024	46	46%	Fully achieved
			2025	55	-	-
			2026	55	-	-
			End of Term Target	55	-	-
Percentage of children under one whose births are registered	2021	36	2022	36	36%	Fully Achieved
			2023	36	36%	Fully Achieved
			2024	36	36%	Fully achieved
			2025	42	-	-
			2026	42	-	-
			End of Term Target	42	-	-
	2021	26	2022	26	26%	Fully Achieved

Indicators	Baseline Year	Baseline Value	Target Year	Target Value	Actual	Rating
Women (20-24 yrs) married before age 18			2023	26	26%	Fully Achieved
			2024	24	24%	Fully achieved
			2025	24	-	-
			2026	24	-	-
			End of Term Target	24	-	-
Women (20-24 yrs) married before age 15	2021	8	2022	8	8%	Fully Achieved
			2023	8	8%	Fully Achieved
			2024	8	8%	Fully achieved
			2025	8	-	-
			2026	8	-	-
			End of Term Target	8	-	-
Number of adolescent girls receiving prevention and care interventions to address child marriage	2021	907	2022	1859	7066	Fully Achieved
			2023	2859	10157	Fully Achieved
			2024	3859	18938	Fully achieved
			2025	4859	-	-
			2026	19295	-	-
			End of Term Target	19295	-	-
Proportion of children aged 1 to 14 years who experienced physical punishment or psychological aggression by caregivers in the past month	2021	75,8	2022	75,8	75.8%	Fully Achieved
			2023	75,8	75.8%	Fully Achieved
			2024	75,8	75.8%	Fully achieved
			2025	68	-	-
			2026	68	-	-

Indicators	Baseline Year	Baseline Value	Target Year	Target Value	Actual	Rating
			End of Term Target	68	-	-
Percentage of girls age 0-14 years who have undergone Female Genital Mutilation	2021	30	2022	30	30%	Fully Achieved
			2023	30	30%	Fully Achieved
			2024	30	30%	Fully achieved
			2025	25	-	-
			2026	25	-	-
			End of Term Target	25	-	-

Source: RAM

## ANNEX 8 – RAM INDICATORS CSD

Indicators	Baseline Year	Baseline Value	Target Year	Target Value	Actual	Rating
Births attended by skilled health personnel (doctor, nurse, midwife, or auxiliary midwife)	2021	42	2022	55	61%	Fully Achieved
			2023	57	71%	Fully Achieved
			2024	58	58%	Fully achieved
			2025	60	-	-
			2026	60	-	-
			End of Term Target	60	-	-
Percentage of children 0-11 months vaccinated with 3 doses of DTP-containing/Penta vaccine nationally	2021	71	2022	82	78%	Partially Achieved
			2023	85	86%	Fully Achieved
			2024	88	73%	Mostly achieved
			2025	90	-	-
			2026	90	-	-

Indicators	Baseline Year	Baseline Value	Target Year	Target Value	Actual	Rating
			End of Term Target	90	-	-
Percentage of districts that have at least 80% of children 0-11 months vaccinated with three doses of DTP-containing/Penta vaccine	2021	27	2022	50	45%	Partially Achieved
			2023	70	72%	Fully Achieved
			2024	90	72%	Not achieved
			2025	100	-	-
			2026	100	-	-
			End of Term Target	100	-	-
Country has interrupted wild poliovirus transmission	2021	Yes	2022	Yes	Yes	Fully Achieved
			2023	Yes	Yes	Not Achieved
			2024	Yes	Yes	Fully achieved
			2025	Yes	-	-
			2026	Yes	-	-
			End of Term Target	Yes	-	-
Country has been verified/validated as having eliminated maternal and neonatal tetanus	2021	Yes	2022	Yes	Yes	Fully Achieved
			2023	Yes	Yes	Fully Achieved
			2024	Yes	yes	Fully achieved
			2025	Yes	-	-
			2026	Yes	-	-
			End of Term Target	Yes	-	-
Percentage and number of pregnant women living with HIV with lifelong access to ART for PMTCT and for their own health	2021	57	2022	65	23%	Not Achieved
			2023	70	24%	Not Achieved
			2024	75	35%	Not achieved
			2025	80	-	-
			2026	80	-	-
			End of Term Target	80	-	-
	2021	203027	2022	239416	244445	Fully Achieved

Indicators	Baseline Year	Baseline Value	Target Year	Target Value	Actual	Rating
Number of children aged 6-59 months who received: (a) vitamin A supplements in semester 1; (b) vitamin A supplements in semester 2			2023	277307	283031	Fully Achieved
			2024	300079	365985	Fully achieved
			2025	306681	-	-
			2026	306681	-	-
			End of Term Target	306681	-	-
Percentage of infants aged 0-5 months who are exclusively fed with breast milk	2021	59	2022	59	59%	Fully Achieved
			2023	59	59%	Not Achieved
			2024	65	59%	Mostly achieved
			2025	65	-	-
			2026	65	-	-
			End of Term Target	65	-	-
Percentage of children aged 6-23 months receiving a minimum number of food groups	2021	12,5	2022	13	12.5%	Fully Achieved
			2023	16	14%	Partially Achieved
			2024	17	14%	Not achieved
			2025	18	-	-
			2026	18	-	-
			End of Term Target	18	-	-
Proportion of population practising open defecation	2021	10,3	2022	9	9.2%	Fully Achieved
			2023	8	5.27%	Fully Achieved
			2024	7	4%	Fully achieved
			2025	6	-	-
			2026	5	-	-
			End of Term Target	5	-	-
Number of people still practicing open defecation	2021	203256	2022	189428	189428	Fully Achieved
			2023	169625	12874	Fully Achieved
			2024	148774	62819	Fully achieved

Indicators	Baseline Year	Baseline Value	Target Year	Target Value	Actual	Rating
			2025	126770	-	-
			2026	104196	-	-
			End of Term Target	738793	-	-
Percentage of children under five who are stunted	2021	28	2022	27	28%	Partially Achieved
			2023	26	28%	Partially Achieved
			2024	25	28%	Not achieved
			2025	24	-	-
			2026	23	-	-
			End of Term Target	23	-	-

Source: RAM

## ANNEX 9 – RAM INDICATORS SOCIAL INCLUSION

Indicators	Baseline Year	Baseline Value	Target Year	Target Value	Actual	Rating
Number of children living in poverty according to the national multidimensional poverty line	2021	441060	2022	16789	-	-
			2023	20270	20270	Not Achieved
			2024	26627	Data Not Available	No data
			2025	28343	-	-
			2026	34678	-	-
			End of Term Target	34678	-	-

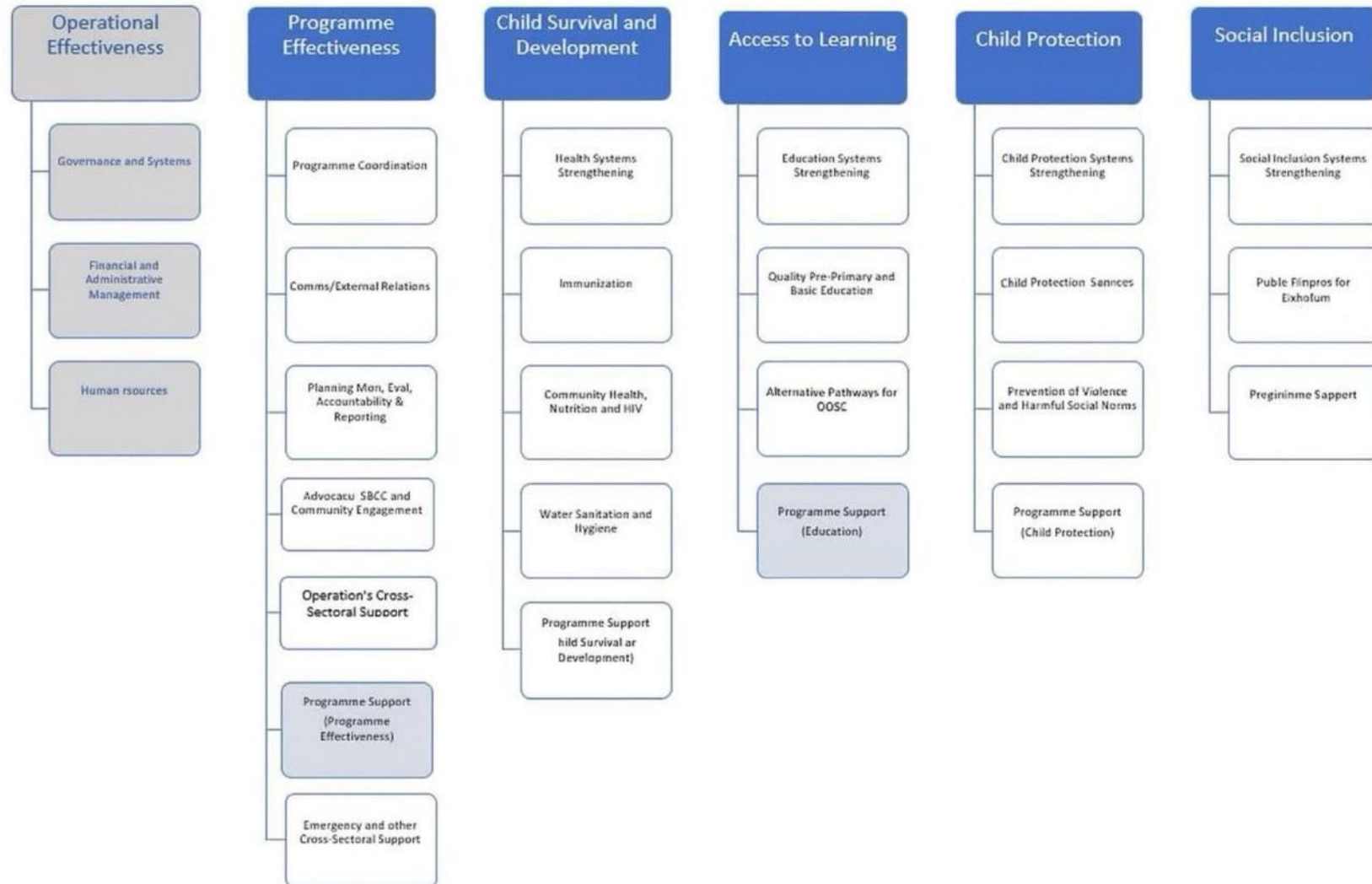
Source: RAM

## ANNEX 10 – RAM INDICATORS WASH

Indicators	Baseline Year	Baseline Value	Target Year	Target Value	Actual	Rating
Number of additional people living in the newly certified Open Defecation Free (ODF) communities as a result of UNICEF CATS programming during the year of reporting	2021	101120	2022	57500	20936	Partially Achieved
			2023	57500	77554	Fully Achieved
			2024	57500	15549	Not achieved
			2025	57500	-	-
			2026	57500	-	-
			End of Term Target		-	-
Number of men and women, girls and boys, who gained access to basic sanitation services in the reporting year only, as a result of UNICEF direct support	2021	65780	2022	43125	7339	Not Achieved
			2023	43125	58165	Fully Achieved
			2024	43125	39244	Mostly achieved
			2025	43125	-	-
			2026	43125	-	-
			End of Term Target	215625	-	-
Number of schools supported by UNICEF during the year of reporting with separate sanitation facilities for boys and girls	2021	6	2022	0	0	Fully Achieved
			2023	20	44	Fully Achieved
			2024	10	5	Partially achieved
			2025	10	-	-
			2026	10	-	-
			End of Term Target	50	-	-
Number of additional people using basic sanitation services as a result of	2021	65780	2022	43125	7339	Not Achieved

Indicators	Baseline Year	Baseline Value	Target Year	Target Value	Actual	Rating
direct UNICEF-supported development (non-emergency) programmes during the year of reporting (as defined by the JMP: improved facilities not shared with other households)			2023	43125	58165	Fully Achieved
			2024	43125	39244	Mostly achieved
			2025	43125	-	-
			2026	43125	-	-
			End of Term Target	215625	-	-
National Plan to End Open Defecation finalized and adopted	2021	Not available	2022	Adopted	No	Not Achieved
			End of Term Target	Adopted	No	Not Achieved
Number of regions declared ODF	2021	1	2022	2	0	Not Achieved
			2023	2	0	Not Achieved
			2024	3	0	Not achieved
			2025	3	-	-
			2026	3	-	-
			End of Term Target	3	-	-

## ANNEX 11 – COUNTRY PROGRAMME STRUCTURE



Source: UNICEF Guinea Bissau Programme of Cooperation 2022-2026

## ANNEX 12 – SUMMARY OF STAKEHOLDERS’ ROLES

Stakeholder Category	Role in the Country Programme
<b>Financial contributors (donors and funding partners)</b>	Provide financial resources that enable implementation of programme activities, systems strengthening, and humanitarian or resilience interventions aligned with national priorities.
<b>Government institutions (national and decentralized)</b>	Lead policy formulation, planning, regulation, and oversight of child-related services, and progressively assume responsibility for service delivery, coordination, and system management.
<b>Technical partners (UN agencies, development partners, research institutions)</b>	Provide specialized technical expertise, normative guidance, capacity development, and support for multisectoral coordination and policy dialogue.
<b>Service providers (NGOs, CSOs, community-based organizations, private sector where relevant)</b>	Deliver services and implement programme interventions at community and facility levels, support community engagement, and contribute to reaching vulnerable populations.
<b>Community structures and local leaders</b>	Facilitate community mobilization, social norms change, and local ownership of interventions, while supporting identification and referral of vulnerable children and families.
<b>Rights-holders (children, adolescents, caregivers)</b>	Participate in and benefit from programme interventions, inform programme design through feedback and engagement mechanisms, and contribute to accountability for service quality and accessibility.
<b>Accountability and oversight actors (parliamentary bodies, audit institutions, civil society watchdogs, media)</b>	Promote transparency, monitor public resource use and service performance, and strengthen accountability for child-related policies and commitments.

## ANNEX 13 – ETHICAL APPROVAL



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### *Ethical Review Approval*

To: Spero KOUDOUKPO, MBA  
From: HML IRB  
Subject: Study #3048  
Date: 28-Aug-2025

Dear Spero KOUDOUKPO, MBA,

The protocol **UNICEF Guinea-Bissau Country Programme (2022-2026) Evaluation CPE, 3048** was assessed through a research ethics review by Health Media Lab Institutional Review Board. This study's human subjects' protection protocols, as stated in the materials submitted, received research ethics review approval on 28-Aug-2025.

You may rely on this IRB for review and continuing ethical oversight of this study. You and your project staff remain responsible for ensuring compliance with the IRB's determinations. Those responsibilities include, but are not limited to: 1) ensuring prompt reporting to HML IRB of proposed changes in this study's design, subject risks, informed consent, or other human protection protocols and providing copies of any revised materials; 2) conducting the research activity in accordance with the terms of the IRB approval until any proposed changes have been reviewed and approved by the IRB, except when necessary to mitigate hazards to subjects; 3) promptly reporting any unanticipated problems involving risks to subjects or others in the course of this study; and 4) notifying the IRB when your study is complete.

The approval of your study is valid through 27-Aug-2026, by which time you must submit a continuing review report either closing the study or requesting permission to continue for another year. Please submit your report by so that the IRB has time to review and approve your report prior to the expiration date. For instructions on how to manage an approved study refer to: [How to Manage an Approved Study](#).

Health Media Lab IRB is authorized by the U.S. Department of Health and Human Services, Office of Human Research Protections (IRB #00001211, IORG #0000850), and has DHHS Federal-Wide Assurance approval (FWA #00001102).

If you have any questions, please contact us at [admin@hmlirb.com](mailto:admin@hmlirb.com).

Sincerely,

A handwritten signature in black ink, appearing to read "D. Anderson", is positioned above the printed name and title.

D. Michael Anderson PhD, MPH  
IRB Chair & Human Research Protections Director  
[dma@hmlirb.com](mailto:dma@hmlirb.com)

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