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GOVERNMENT OF
THE REPUBLIC OF
GUINEA BISSAU

UNITED NATIONS
CHILDREN'S
FUND

GOGB - UNICEF

MASTER PLAN
OF
OPERATIONS
1994 - 1997



BISSAU, JULHO/1993

824-GW93-11273

GOVERNMENT OF
THE REPUBLIC OF
GUINEA-BISSAU

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MASTER PLAN OF OPERATIONS 1994 - 1997

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BISSAU, JULY/1993

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PREAMBLE

The Government of the Republic of Guinea-Bissau, hereinafter designated as "The Government" or GOGB, and

The United Nations Children Fund, hereinafter referred to as "UNICEF",

AWARE of the problems affecting children and women in Guinea-Bissau, and of the commitment that the two parties made to implement the Declaration of World Summit for Children, through the implementation of the National Plan of Action for the Survival, Protection and Development of Children until the year 2000,

MOVED by the desire to renew and consolidate the gains achieved during the Country Programme 1989-1993, which showed the imperious need to promote an integrated coordination of services to the benefit of children,

WILLING to establish a new Country Programme for the period 1994-1997 which sees actions to reach the intermediate goals of the National Plan of Action, adopted by the Consensus of Dakar, in November 1992, as its first priority,

SURE of establishing a joint cooperation agreement to implement the objectives of this four-year plan and of its execution modalities as well as of the responsibilities of the partners implementing the specific objectives of programmes and projects contained in this Master Plan of Operations, hereinafter designated as "MPO",

STATING that these responsibilities will be undertaken in a spirit of mutual friendly cooperation,

AGREE THE FOLLOWING:

ARTICLE I

BASIS OF RELATIONSHIP

1. The Basic Agreement signed between the Government and UNICEF on 26 February 1976 provides the basis of the relationship between the Government and UNICEF. The MPO shall be interpreted and implemented in the light of that agreement.

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2. The MPO comprises two parts:

- PART I: Master Plan of Operations, consisting of 15 articles describing the situation of children and women in Guinea-Bissau, with priorities, objectives, strategies, management responsibilities and commitments of the Government and UNICEF.

- PART II: Programme Plans of Operation, is comprised of five sectoral plans, namely: Health, Water and Environmental Sanitation, Basic Education, Advocacy and Social Mobilization, Planning, Monitoring, Evaluation and Programme Support. These plans describe the programmes and projects jointly developed by the Government and UNICEF which aim at the possibilities of survival and development of children and women within the context of the goals set for the 1990s. The technical support and materials needed for the implementation of the Plans of Operations are also specified. These two parts of the Master Plan of Operations constitute Guinea-Bissau Country Programme of Cooperation.

3. The MPO comprises all the programmes, projects and activities to be funded by UNICEF for the period January 1994 to December 1997. It replaces all prior plans of operation signed between the GOGB and UNICEF.

ARTICLE II

THE SITUATION OF CHILDREN AND WOMEN IN GUINEA-BISSAU

General Framework

4. Classified among the ten (10) poorest countries in the world (164th on the 1993 HDI ranking), the Republic of Guinea-Bissau is a small country which lies on the African west coast, between the Republic of Senegal to the north and the Republic of Guinea (Conakry) to the east and south. The country has as its longest longitudinal distance of 330 km and latitudinal of 193 km, and an overall surface of 36,125 sq. kms. To the west, there is the Bijagos archipelago, encompassing a group of 80 large and small islands, of which only twenty are inhabited.

5. According to official estimates, the national population average growth is 2.7 percent, with a total of 983,367 inhabitants in 1991. The overall population is estimated at 1,056,000 inhabitants in 1993 with 43.4 percent under 15 years and 16.3 percent under 5 years.

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The Economy

6. After five years of implementation of the Structural Adjustment Programme (SAP), the macroeconomic indicators show that the country still lives under an increasing dependence from abroad. The Gross Domestic Product, despite an average growth of around 5 percent since 1986, recorded lower rates for the biennium 1990-91, 3.4 percent and 2.8 percent respectively which is just enough to offset the population growth. The GDP in 1991 was estimated at US\$ 210 million, i.e. around US\$ 200 per capita, being lower than the average of the ECOWAS countries (US\$319) and the LDCs (US\$ 227).

7. Concerning the State Budget, the deficit remains high, standing in 1991, at 19 percent of the GDP and at almost 30 percent of State Budget revenues. On the positive side, this shows an improvement as compared to the situation in 1989, when the deficit reached a level of more than 70 percent of public revenue.

8. The external debt went from US\$ 494 million in 1988 to an estimated amount of US\$ 597 million in 1992. This process reveals an annual average growth of US\$ 30 million and represents about triple the GDP. External aid intervenes at three levels - food aid, aid to the balance of payment and projects' investments - which benefitted in 1991 by 3 percent, 22 percent and 75 percent respectively in overall external aid. The overall amount of external aid rose from US\$ 45.2 million in 1986 to US\$ 60.7 million in 1989. This trend changed in the past two years, decreasing from US\$ 57.7 million in 1990 to US\$ 40 million in 1991.

9. Ninety percent of the Public Investment Programme (PIP) is implemented through external aid, which is given mainly through grants. In fact, in 1990, 56 percent of the PIP funding came as grant aid. External aid is still more important in the social sector, as well as the grants, especially for education and information.

Health and Nutrition

10. The Infant Mortality Rate (IMR) is one of the highest in the world, with 146 deaths per 1000 live births in 1990. The real rate is probably higher, due to the weak data base, the incomplete recording of births and deaths, and measles epidemics which still occur every two years. It is possible that a child in three dies before reaching five years of age.

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11. Most deaths occur during the first weeks of life, with neonatal mortality rates between 8 and 20 percent. Around 30 percent of deaths occur within the period of three days, and 65 percent within the period of two weeks. In 1988, all available data stressed the high neonatal mortality rate due to tetanus. Neonatal tetanus seems to be more serious in the rural areas of some regions, where around 50 percent of neonatal deaths are attributed to tetanus.

12. Among Guinean children, malaria and diarrhoea diseases are responsible for 22 percent of mortality affecting children under five years of age. Malaria is the prevailing disease and according to surveys carried out in 1988 it was an important cause of mortality and morbidity affecting the population in general.

13. It is estimated that each child between 6 and 18 months is victim of diarrhoea diseases five or six times per year; the estimation for malaria is eight bouts per year. Measles is still one of the primary diseases responsible for mortality affecting the infant population. This is due mainly to the serious impairment of the body pneumonia, diarrhoea and malnutrition.

14. A national survey on the nutritional situation reveals in 1988 that moderate and severe malnutrition affect most of the infant population, but more deeper analysis should be undertaken to assess the real situation.

Education

15. Education in Guinea-Bissau comprises formal (public and private schools) and non-formal education (koranic schools). In the school year 1989-1990, 82,744 pupils enrolled in the BE (Basic Education). The schooling rate in the 1988 Situation Analysis was 37.2 percent of the age group 7-14. This analysis has shown a regressive trend in recent years as compared to previous ones, and reflects negative projections by the mid-1990s.

16. The enrolment rate in secondary education is the lowest in Africa. In 1989-1990, a total of 5,385 pupils were enrolled, of which only 35 percent were female. From 1981-1982 to 1988-1989, the secondary education schooling rate went down from 4.7 percent to 4.2 percent.

17. In 1988-1990, the asymmetry concerning the proportion of girls in basic education is still lower (51.3 percent for boys and 28.4 percent for girls) as compared to previous years, with the result that only 34.2 percent of pupils in basic education are female.

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There are still serious distortions at the regional level, with the schooling rate for basic education varying from 58 percent in Bolama-Bijagós and 57 percent in Cacheu, to 21 percent in Gabú, (zone of influence of koranic schools).

18. The productivity of the education system continues to be very low. Of each 100 pupils which enter the first year, only 37 complete the Ensino Básico Elementar (EBE), 8 the Ensino Básico Complementar (EBC) and 1 the Ensino Secundário Geral (ESG). In 1988-1989, the dropout rate for the EBE/EBC was 8.2 percent. A total of only 55.2 percent of enrolled pupils were successful. These data indicate that, in financial terms, there is a considerable waste of resources, since the country is spending three times the amount it should spend.

Water and Sanitation

19. In 1991 there were 2,714 water points with a coverage rate of drinking water supply for the rural population was estimated at 42 percent. The projected rate for 1993 is 47 percent. Concerning sanitation, there is an estimation of 30 percent for urban and peri-urban areas and 18 percent for the rural population. In the country, water-borne diseases continue to be the cause of a large number of deaths, especially children. Community participation and social mobilization are equally considered as essential components in activities for this sector, namely in management and maintenance of water points.

Children in Difficult Circumstances (CEDC)

20. Lack of data and studies do not allow a measure of the magnitude of problems affecting the CEDC. Society's disarticulation reflects the loss of authority of parents and elders, leading to situations which are becoming social problems: the increase in prostitution and the earlier age of involvement, the increase in the number of street children, the rise of child delinquency and the number of rapes performed by children. This new phenomena is aggravated by child alcoholism and infanticide done by mothers. Unfortunately such observations are not yet documented. Researches and surveys will be undertaken to contribute to define policies and strategies to readdress the situation.

The Situation of Women

21. Guinean women constitute 56 percent of population. According to law they have the same rights and duties as men, but in reality

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the multiple roles they have constitute a heavy burden on their health, equilibrium and potential.

22. Maternal mortality rate is about 914 per 100,000 live births. The main cause is linked to pregnancy related complications and problems at birth.

23. Anemia and malaria are the primary causes for birthing complications. These are aggravated by communications problems, premature delivery and age of mother, and the number of spacing of births. It is estimated that only 27 percent of women give birth in health facilities and that a large share of them are on obstetric risk.

14. Notwithstanding the fact that Guinea-Bissau does not have reliable data concerning the impact of AIDS on mortality rate, it is estimated that impact is being increasingly felt. It is estimated that at least 10 percent of the adult population is seropositive. In 1991, 165 cases of AIDS were registered. Guinea-Bissau thus becomes a high risk country if one takes into consideration the existing low reporting rates. The sex ratio for AIDS and seropositive cases is 1.

25. The adult literacy rate is estimated to be 32 percent, being 50 percent for men and only 24 percent for women. According to well informed people, only 10 percent of the population can read and write in Portuguese (the official language in the country) at an adequate level to be able to work and perform functional activities.

Social communication

26. Oral communication is still the most important form of social communication. The National Radio Station covers all the national land, but does not reach all women, especially those overburdened with domestic duties. Television is still at an experimental phase, working with very limited resources.

27. The democratization process constitutes an opportunity to put children first. However, the economic situation and the restrictions stemming from the SAP and the high levels of external debt are factors which constrain the achievement of goals for the 1990s.

28. The promotion of a great alliance and partnership in developing and improving basic services benefitting children and women will enable the country to face the challenge contained in

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the National Plan of Action guaranteeing the future of children in Guinea-Bissau.

ARTICLE III

THE PAST COUNTRY PROGRAMME AND ITS ACHIEVEMENTS

29. The GOGB-UNICEF Country Programme 1989-1993 encompasses four programme areas, namely: i. Strengthening of primary health care, divided into three projects: mother and child health, immunization and essential drugs; ii. Water and Sanitation, divided in two regional projects: Rural Sanitation in Bafatá and Gabú regions and Well-Diggers Training and Well Construction in São Domingos and Bigene; iii. Social Communication; and iv. Planning, Control, Evaluation and Programme Support. Adding to these activities, the preparation of a Regional Summit for Children, and the elaboration of the National Plan of Action were also carried out. The main components and the strategic lines are as follows:

30. Health Programme. This component is based on three projects, namely: Strengthening Primary Health Care, which aimed at improving the basic health infrastructure, ensuring and defining the health staff training and reinforcing the sectoral policy to reduce child and maternal mortality. In spite of the efforts made, there has been limited progress in the fulfillment of this objective. This due largely to shortages, structures capable to manage the units and equipment provided by the country programme, as well as the lack of financial resources to fund recurring costs arising from these services. The Mid-Term Review recommended the horizontal integration of PHC and EPI to increase effectiveness and reduce costs. In fact, from 1992, the Primary Health Care component was integrated into one programme to revitalize primary health care to implement the "Bamako Initiative" in the country. An interesting and promising experience is taking place in Gabú, a Region in the northwest of the country, with the collaboration of an Italian NGO (GVC). Funding provided by the Dutch Government has enabled the extension of this experience to two other Regions in 1993: Cacheu and Quínara. The Expanded Programme of Immunization component, backbone of the health programme, made significant progress in mobilizing communities to utilize vaccination services. The strengthening of the programming and management capacities at the regional level has ensured the sustainability of services provided. The cold chain has been reinforced and the vaccines, fuel and necessary equipment, storing, distribution and control system reinforced as well. The immunization coverage in 1992 for DTP3/OP3

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(0-11ms) reached 66 percent. The coverage rate for TT2 for women in child bearing age reached 22 percent in 1988 reaching 35 percent in 1992. Efforts are being made to reduce the drop-out rate, improve the management and maintenance of equipment and vehicles, and strengthen the programme supervision and monitoring system. The Expanded Programme of Immunization is expected to be integrated within the revitalizing of the PHC Programme in the course of the next Country Programme cycle. This thus constituting the backbone of the Primary Health Care Programme, based on co-management and co-financing of services at the community level.

31. Water and Sanitation Programme. This is being executed in three regions of the country: Cacheu, Bafatá and Gabú. The Well-Diggers Training and Well and Latrine Construction Project is being implemented in the São Domingos and Bigene sectors, of the Cacheu Region. This project is currently in its fourth and last phase of implementation. Up to now, 286 wells were constructed, to the benefit of 34,000 people and a total of 75 well-diggers were trained. The fourth phase has focused its activities on the building of a Well-Diggers School in São Domingos; the curriculum and the training programme are currently being prepared. This project has benefitted from DANIDA funding. A GOGB/DANIDA/UNICEF joint evaluation is foreseen for the second half of 1993. The second component of the Water and Sanitation Programme is the Rural Sanitation Project in Bafatá and Gabú. This project has been suffering from a lack of human and financial resources. A weak supervision and an almost non-existent monitoring have hindered the coordination both of the national counterpart and of other international cooperation partners. In spite of the difficulties encountered, the project benefitted approximately 50,000 people through animation activities. These helped to reinforce community participation at the water point management committee level in the Gabú Region. Hygiene related aspects, water utilization, the treatment and control of diarrhoea diseases and the promotion of the rights of the child have been the underlying themes in the messages disseminated during the animation sessions. The lack of human and financial resources has impeded the extension of activities to the Bafatá Region as it was foreseen. Bearing in mind the recommendations of the Mid-Term Review, this project will be reoriented to complement the water supply and sanitation project financed by UNCDF in the Gabú and Oio Regions and the animation component will be integrated into the São Domingos project. To that effect, the Animation Project in the Regions of Gabú, Oio and Cacheu will be centered in animation, health education, hygiene and environmental protection components.

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32. Social Communication Programme which was a component of the Health Programme, started its education and advocacy activities around the Expanded Programme of Immunization in 1986. Since then it has produced large quantities of graphic material and organized several events which helped to increase the vaccination coverage in the country as its major outcome. It was only from January 1991, that the GOGB decided to create the Gabinete Nacional de Comunicação Social (National Office for Social Communication) and consider funding in its operating budget, taking care of the recruitment and payment of national staff. With the absence of the education component, this project has focused its efforts on the development of an educational social communication strategy using formal and traditional communication channels. Three weekly radio programmes and a monthly TV programme broadcast messages about child survival and development. Various programmes aimed to promote women participation in the process leading to social changes. A monthly publication "O Comunitário" has allowed the spread of news, such as, messages about the well-being of children and women as well as to serve as a link of communication between the central level, the provinces, the regions and the rural sectors.

33. Programme Planning, Monitoring, Evaluation and Programme Support was a component of the past cooperation programme which did not have a systematic development. Spot actions meant to promote the adoption of the World Summit for Children recommendations, support in the preparation of the National Plan of Action, and training in planning related issues have been its more salient achievements. The programme will be reoriented in the next programming cycle to establish a data base. This will enable the monitoring of the progress made in achieving the goals for the 1990s as well as the monitoring and evaluation of the implementation of the Convention on the Rights of the Child and the situation of women and children in the country.

ARTICLE IV

OBJECTIVES OF THE NATIONAL PLAN OF ACTION FOR THE 1990s

34. The National Plan of Action, taking into consideration the goals set for the 1990s Decade, aims at reaching the following objectives by the year 2000:

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Population, Health and Nutrition:

- a) to reduce child mortality (<1 year) : from 146 to 98, per 1000 live births;
- b) to reduce under 5 mortality rate: from 246 to 164, per 1000 live births;
- c) to reduce maternal mortality; from .914 to 457, per 100,000 live births;
- d) to reduce malnutrition: moderate malnutrition, from 40 percent to 20 percent and severe malnutrition from 2.8 percent to 1.4 percent;
- e) to strengthen and extend the Bamako Initiative, developing mother and child health programmes, as well as nutrition and immunization programmes.

Water and Sanitation:

- a) to increase drinking water coverage from 47 percent to 86 percent;
- b) to increase sanitation structures coverage from 30 percent, in urban areas, and from 18 percent, in rural areas, to 52 percent.

Environment

- a) To improve national production levels as well as housing conditions;
- b) To adopt and/or apply the necessary laws with a view to improving children and women's living conditions;
- c) to eradicate traditional practices which have negative effects on the health of women and children and to free children from child labor;
- d) to raise agricultural and fisheries productivity and production;
- e) to improve the living conditions of children and women through interventions for the protection of the environment.

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Education

- a) to raise the net schooling rate for children between 7 and 12 from 39.9 percent to 80 percent;
- b) to reduce the illiteracy rate from 68 percent to 30 percent;
- c) to raise the number schooled (children in all ages) to 70 percent;
- d) to raise the success rate at the end of basic primary education (4 years) to 90 percent;
- e) to raise the number for girls in school to 60 percent;
- f) to reduce the illiteracy rate for adult men from 50 percent to 20 percent;
- g) to reduce the illiteracy rate for adult women from 76 percent to 35 percent and increase pre-school enrolment rate by 30 percent.

Children in Difficult Circumstances

- a) To define a policy based upon the understanding of the situation and of its causes to facilitate the adoption of corrective measures;
- b) to support and instigate a situation analysis that will enable the definition of a policy based upon the understanding of the situation and of its causes and to facilitate the adoption of corrective measures adapted to the country's situation.

Social Communication

- a) To rationalize and mobilize social communication and animation channels;
- b) to support the development of the mass media;
- c) to mobilize and integrate traditional, religious and local participation groupings;

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- d) to stimulate social communication initiatives oriented to the benefit of children and women both in rural and urban areas.

35. The Country Programme of Cooperation between UNICEF and the Government of Guinea-Bissau is ending in 1993. Taking into consideration the recommendations issued in the Consensus of Dakar in November 1992, the intermediate goals for 1995 have been deemed as a stage of the Country Programme cycle. An evaluation on the achievement of these goals will rectify, reorient, and reinforce the implementation of programmes and projects included in the NPA and finally readjust the goals for the year 2000. Article X sets out the conditions under which UNICEF will support the monitoring and evaluation of the intermediate goals and those of the NPA.

ARTICLE V

COUNTRY PROGRAMME 1994-1997 GOALS AND PRIORITY AREAS OF COOPERATION

Programme of Cooperation Priorities

36. The programmes of the Master Plan of Operations will contribute towards reaching the specific objectives of the sectoral plans of action for the 1990s. Particular attention will be given to the implementation of the intermediate goals adopted by the Consensus of Dakar for 1995, the implementation of the Convention on the Rights of the Child, the recommendations of the World Declaration on Education for All, Universal Child Immunization and the application of the principles set by the Bamako Initiative to reinforce primary health care.

37. The choice of programmes and projects contained in the Country Programme corresponds to the Government's needs and priorities for the social sector, namely: a) to reinforce the national public health system, and the primary health care in particular, on a sustainable basis, b) to improve the quality of services provided in the health, education and water supply sectors, c) to seek alternatives for basic education at the community level to ensure and increase access, especially for girls, to basic education and raise women's literacy rates.

38. The Mid-Term Review carried out in July 1991, recommended to concentrate interventions to guarantee their sustainability through

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the reinforcement of national capacities and the reinforcement of community participation.

Country Programme Goals

39. The Country Programme aims:

- a. To ensure the survival of children and women thus contributing to reduce child and maternal mortality rates;
- b. To contribute towards improving living conditions through the education, protection and development of children and women;
- c. To contribute towards the strengthening of institutions and communities' capacities to ensure the maximal utilization of services and resources being made available.

Impact Objectives

40. The impact objectives set for the period 1994-1997 are the following:

- a. To contribute towards reducing the mortality rate for children under 5 from 246 to 197 per 1000 live births (or 20 percent) by 1997;
- b. To contribute towards reducing maternal mortality rate from 914 to 594 per 100,000 live births, by 1997;
- c. To contribute towards improving the nutritional conditions of 50 percent of pregnant women and of children under 5, by 1997;
- d. To contribute towards reducing the incidence of nutritional deficiencies caused by lack of iodine and vitamin A, by 1995;
- e. To contribute towards ensuring access to drinking water and sanitation of 60 percent of the rural population and to 30 percent of the urban population by 1997;
- f. To contribute towards decreasing the illiteracy rate from 68 percent to 54 percent by 1997;

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- g. To promote access of children to basic education, child girls in particular, to contribute towards increasing access to basic education from 39.9 percent to 50 percent by 1997.

ARTICLE VI

STRUCTURE OF THE 1994-1997 COUNTRY PROGRAMME

41. As described in Article I, paragraph two, of the MPO, the 1994-1997 Country Programme comprises five programmes corresponding to three priority UNICEF intervention sectors in Guinea-Bissau: Health, Water and Environmental Sanitation, Basic Education, reinforced by an Advocacy and Social Mobilization programme. A programme for the strengthening of Planning, Monitoring and Evaluation of the National Plan of Action and the monitoring of the Convention on the Rights of the Child will interlink the Country Programme's components.

42. The projects identified in the context of each programme are defined according to the priority problems whose solution is foreseen to reach the goals set for the 1990s. The projects identified are the following:

- * Health Programme: Strengthening of Primary Health Care through Bamako Initiative

- * Basic Education Programme:
 - Project 01: Support to early childhood community initiatives
 - Project 02: Support to local initiatives as alternative to formal basic education

- * Water and Environmental Sanitation Programme:
 - Project 01: Maximization of the São Domingos Hydraulic Training Center
 - Project 02: Support to Animation, Health Education and Monitoring

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* Advocacy and Social Mobilization Programme:

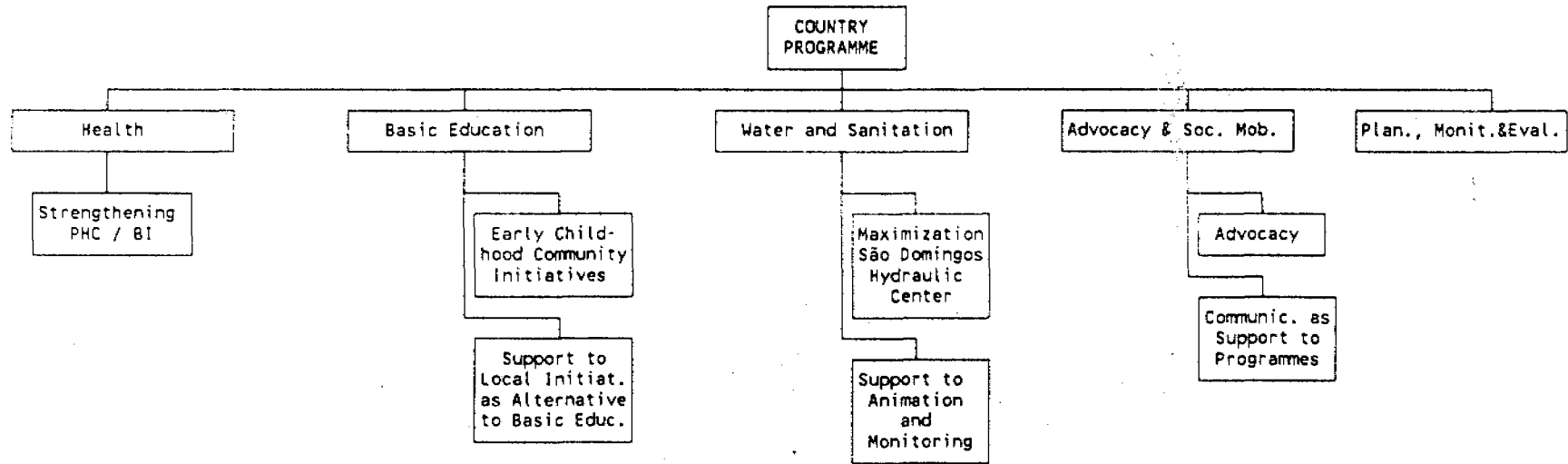
Project 01: Advocacy for the survival, development and protection of children and women

Project 02: Social Communication in support to sectoral programmes

* Planning, Monitoring and evaluation Programme

43. The Country Programme's structure is shown in the next page, together with the strategic lines proposed to reach its objectives.

GUINEA-BISSAU'S COUNTRY PROGRAMME STRUCTURE 1994-1998



MAIN STRATEGIES

OUTCOMES

R	-	MANAGEMENT	----->	NATIONAL CAPACITY BUILDING
E	-	SUPERVISION		|
I	-	TRAINING	----->	SUSTAINABILITY
N	-			|
F	-	EDUCATION		COMMUNITY EMPOWERMENT
O	-	SOCIAL MOBILIZATION	----->	|
R	-	ANIMATION	----->	PARTICIPATION / DECENTRALIZATION
C	-			|
E	-	COORDINATION	----->	EFFICIENCY
M	-	INTERSECTORAL		EFFECTIVENESS
E	-	INTERVENTIONS		
N				
T				

ARTICLE VII

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THE COUNTRY PROGRAMME STRATEGIES

44. Taking into consideration the lessons learned from the past, as well as the country's size, the Programme aims at nationwide coverage, but this does not impede the intensification of certain interventions in regions where the past country programme had carried out positive experiences and fostered the integration of neglected communities in the Cacheu and Gabú Regions. The Programme will also provide a progressive support to cost effective and low cost local initiatives which constitute alternatives to high cost conventional interventions.

45. All programmes and projects seek to ensure their sustainability through the reinforcement of national capacities and the reinforcement of the targeted communities towards enhancing and ensuring the improvement of the quality of services provided.

46. Responding to both the national policies and those of UNICEF, the Programme aims to reach its goals and objectives through the following strategies:

- * Consolidation of programmes supported by past cooperation: Expanded of Immunization, Essential Drugs, Water Supply and Rural Animation Programme in São Domingos (Cacheu Region) and Gabú, and in the field of Social Communication.
- * Reinforcement of primary health care by putting into practice the Bamako Initiative principles, thus integrating EPI, mother and child health and essential drugs vertical programmes into only one programme to revitalize and strengthen PHC.
- * Acceleration of decentralization process to guarantee an effective community participation and to optimize the use of resources through a synergy of interventions at local level, using the health centre and regional coordination mechanisms as programming units.
- * Development of services in both rural and urban areas. Despite the existing disparities between the rural and urban worlds, and the trends of urban population growth, the country programme will promote actions in both urban and rural areas through sectoral projects in health, nutrition, education, water supply and sanitation. UNICEF assistance will complement actions already undertaken by

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other international cooperation partners working in urban areas such as the World Bank, SNV, and UNCDF.

- * Reinforcement of national and communities capacities through training, technical assistance and support the establishment of management, monitoring and control systems, as well as to guarantee the institutional development to ensure their sustainability.
- * Use of social mobilization and communication to disseminate messages and knowledge of community leaders and population at large to promote changes in living conditions of children and women employing animation and communication techniques to ensure an active participation of the population in the co-management and co-financing of basic services.
- * Promotion of intersectoral collaboration and partnership to ensure efficiency in the use of the limited resources that both UNICEF and the country have available. This synergy will be particularly implemented in the fields of health, nutrition, water and sanitation, education and communication.
- * Harmonization of United Nations programming cycles and promotion of joint UN strategies of cooperation. A particular effort will be made to reinforce inter-agency cooperation in the field of strategies, programming, monitoring and evaluation of programmes and projects of common interest. The formulation of joint strategies of cooperation in the fields of poverty alleviation, health, nutrition, education, water and sanitation, women in development and social communication and information will increase cost-effectiveness and will contribute to facilitate the coordination and implementation of United Nations strategies in Guinea-Bissau in the future programming cycle.

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ARTICLE VIII

OBJECTIVES OF SECTORAL AND SUPPORT PROGRAMMES

47. The programme of cooperation defines the objectives of sectoral and support programmes as follows:

48. In the field of health, the programme's intentions:

- * to ensure access to primary health care by the overall population, emphasizing preventive care and health education. The programme seeks to establish a cost recovery system at the health centre level to revitalize the existing structures and ensure their sustainability, through the Bamako Initiative principles. To that end, particular attention will be given to training, improvement of accessibility to services, monitoring, and supervision in order to increase coverage and guarantee an improvement in the quality of services delivered.
- * to contribute towards the establishment of a nutritional surveillance system to detect nutritional deficiencies, to promote breastfeeding, to monitor growth and to provide nutrition education as part of the package of services provided by health centres.

49. In the field of basic education, the Programme intends:

- * to contribute towards ensuring access to basic education, placing particular attention on pre-school education at the community level, local initiatives as alternative to primary education and adult education, to reach the goal of increasing the overall schooling rate to 70 percent and reducing the illiteracy rate, especially for women and girls.
- * to contribute towards the strengthening of national capacities in the field of data collection and analysis and in the monitoring and evaluation of specific education projects.

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50. In the field of water and sanitation, the programme seeks:

- * to contribute towards increasing the population's access to drinking water and sanitation facilities through education and promotion campaigns to ensure the use of services provided. These campaigns will be carried out in the Cacheu, Oio and Gabú Regions, areas where UNICEF has supported activities in previous years.
- * to reinforce the National Animation Department's capacities through training, and production of animation material to increase community participation in development, management and co-financing of basic services. A monitoring and evaluation system for the Water and Sanitation Master Plan for the Decade will also be reinforced in coordination with the Secretariat of State of Planning.
- * to prepare messages and disseminate educational materials to communities for the protection and correct management of the environment and to ensure changes in some traditional practices which jeopardize climatic and environmental conditions.

51. In the field of Advocacy and Social Mobilization, the programme aims:

- * To contribute towards the effective application of the Convention on the Rights of the Child (CRC) and of the National Plan of Action (NPA) through advocacy and mobilization of society's resources.
- * To contribute towards a sustainable change in behaviour of the population targeted by sectoral programmes, to allow a greater and effective utilization of basic services and guarantee their sustainability.

52. In the field of planning, monitoring and evaluation, the Programme intends :

- * to strengthen the planning system capacity, both at the national and peripheric levels, to ensure the monitoring and evaluation of the NPA and of the Decade's goals.
- * to contribute towards improving data collection and analysis, to keep a permanent analysis system concerning the situation of women and children in Guinea-Bissau,

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particularly on children in especially difficult circumstances, and on urban poor.

- * to ensure training in the programming, monitoring and evaluation of intermediate goals and of the NPA in order to reach the goals for the 1990s as well as to monitor the application of the Convention of the Rights of the Child.
- * to ensure support to programmes in the management and logistics field to ensure control and effectiveness of programme activities.

ARTICLE IX

PROGRAMMES GEOGRAPHICAL COVERAGE

53. All programmes will have a nationwide coverage, with exception of the water and sanitation programme, which will have specific interventions in the Cacheu, Gabú and Oio Regions. The choice of these regions was dictated by the following criteria:

- relative importance of existing problems in the selected regions (schooling rates, illiteracy rate, services coverage rates, levels of community participation);
- experience gathered by UNICEF and other cooperation partners (UNCDF, UNDP, SNV, French Cooperation, GVC) in the selected regions;
- potentiality of communities to contribute towards solving their own specific problems.

54. The Programme's interventions will be developed in a progressive manner until reaching the whole country. This progression is shown on a matrix containing the interventions foreseen in the context of the programme's geographical coverage:

GUINEA-BISSAU

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PROGRAMMES GEOGRAPHICAL COVERAGE MATRIX

PROGRAMME / PROJECT	REGIONS																																											
	Bafatá				Biombo				Bolama				Gabú				Oio				Quinara				Cacheu				Tombali				S.A.B											
	1	2	3	4	1	2	3	4	1	2	3	4	1	2	3	4	1	2	3	4	1	2	3	4	1	2	3	4	1	2	3	4	1	2	3	4								
1. HEALTH		X	X	X							X	X																											X	X	X	X	X	X
1.1. Strengthening PHC/BI					X	X	X	X					X	X	X	X	X	X	X	X	X	X	X	X	X	X	X	X	X	X	X	X												
2. BASIC EDUCATION																																												
2.1. Pre-school education		X	X	X									X	X	X	X	X	X	X	X	X	X	X	X					X	X	X	X	X	X	X	X	X	X	X	X				
2.2. Support to initiatives as alternative to B. Educ.		X	X	X									X	X	X	X	X	X	X	X	X	X	X	X	X	X	X	X	X	X	X	X	X	X	X	X	X	X	X	X				
3. WATER AND SANITATION																																												
3.1. São Domingos Hydraulic Training Centre																													X	X	X	X												
3.2. Animation													X	X	X	X	X	X	X	X					X	X	X	X																
3.3. Monitoring	X	X	X	X	X	X	X	X	X	X	X	X	X	X	X	X	X	X	X	X	X	X	X	X	X	X	X	X	X	X	X	X	X	X	X	X	X	X	X	X				
4. ADVOCACY AND SOCIAL MOBILIZ.																																												
4.1. Advocacy	X	X	X	X	X	X	X	X	X	X	X	X	X	X	X	X	X	X	X	X	X	X	X	X	X	X	X	X	X	X	X	X	X	X	X	X	X	X	X	X				
4.2. Social Communication		X	X	X	X	X	X	X					X	X	X	X	X	X	X	X	X	X	X	X	X	X	X	X	X	X	X	X	X	X	X	X	X	X	X	X				
5. PLANNING, MONITORING AND EVALUATION	X	X	X	X	X	X	X	X	X	X	X	X	X	X	X	X	X	X	X	X	X	X	X	X	X	X	X	X	X	X	X	X	X	X	X	X	X	X	X	X				

1 = 1994

2 = 1995

3 = 1996

4 = 1997

X = Progressive Interventions

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ARTICLE X

MONITORING AND EVALUATION OF THE COUNTRY PROGRAMME

55. The broad control of the Country Programme will be under the Ministry of Foreign Affairs and Cooperation. The Secretariat of State of Planning will be in charge of technical coordination and monitoring. These two control and coordination bodies will be supported by the National Commission for Children, which is composed of senior officers or heads of departments of Health, Education, Natural Resources, Social Affairs and Women's Promotion Ministries as well as the Secretariats of State of Information and Planning.

56. The specific responsibilities concerning sectoral programmes management, implementation, control and evaluation are described in the respective sectoral programmes of operations in the second part of this MPO.

57. The evaluation of the Country Programme will analyze the pertinence, effectiveness and impact of interventions, utilizing various methodologies and techniques in accordance with the outcomes expected and the target population:

- * anthropological techniques, MARP/RAP, direct observations and interviews allowing a better understanding of the causes and problems and to reach the community to find solutions to problems found.
- * identification of sentinel sites to ensure feedback at community level. These sites will enable a rapid assessment on services coverage, as well as of costs of activities carried out by the programmes. Particular attention will be paid to the identification of sites to ensure community involvement in the research process.
- * a systematic analysis of projects' trends will be carried out, on a semi-annual basis and an annual review, involving all partners, will be carried out to allow programming adjustments and the formulation of annual plans of action.
- * a mid-term review will take place at the beginning of 1996 to evaluate progress in the achievement of goals set for the year 2000. This review will enable an assessment of objectives obtained to accelerate or reprogram activities according to existing opportunities or

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limitations as well as to update indicators for the monitoring of the goals set for the decade and of the MPO.

- * Specific evaluations will take place to measure the impact of interventions and assess their short- and long term feasibility and sustainability.

58. Evaluation of specific projects will be carried out involving the targeted population to obtain their commitment in the programming, management, control and evaluation process.

59. Sectoral Plans of Operation contain a specific chapter on programmes and projects monitoring and evaluation. Impact and performance indicators are also mentioned which will enable a measure of the degree of objectives achieved. Those indicators must be in limited numbers to guarantee efficiency in data collection and analysis and to be compatible with those for the National Plan of Action and the indicators for the monitoring of the goals for the Decade.

60. The Country Programme will seek to establish and develop data gathering and analysis capacities at various levels:

- * At the national level through the reinforcement of existing institutions at the sectoral and intersectoral level and reinforcing the capacity of the Secretariat of State of Planning in the field of compilation, analysis and dissemination of information on social situation in general and on the situation of children and women in particular.
- * At the peripheric level the proposed strategies will allow the rationalization and coordination of existing systems at the regional and sectoral levels to facilitate the data collection and analysis to better plan and ensure an effective management of projects.
- * At the community level the Programme will support existing systems and will aim at coordinating functional mechanisms developed or already existent, particularly at the health centres level (HC management committees) and water (water points management committees). The introduction of a methodology consisting of active research and training in simple monitoring and evaluation techniques will be carried out to enable the provision of information for advocacy purposes on children growth

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monitoring, nutritional surveillance status, monitoring of child death causes, etc.

ARTICLE XI

PROGRAMME MANAGEMENT AND RESPONSIBILITIES

61. The Ministry of Foreign Affairs and Cooperation, jointly with the Secretariat of State of Planning, will be responsible for the coordination and control of the execution of the MPO. To that effect, periodical meetings will be convened between the partners involved to analyze programmes' development, namely:

- * an annual review, which will take place at the end of each year, in order to assess progress made during that year and prepare the Plan of Action for the following year;
- * a mid-term review of the Country Programme in the first half of 1996 to assess the achievement of intermediate goals and to adjust objectives for the following years;
- * a final Programme review meeting in 1997 to evaluate programme performance and impact;
- * meetings for the preparation of the 1998-2002 Country Programme to update the situation of children and women, analyze trends of major problems affecting them and proposing strategies to solve them within the context of the goals for the 1990s.

62. To ensure coordination and efficiency in the utilization of resources, not only within the Programme's boundaries but also as they relate to other cooperation programmes existent in the country. A permanent coordination and monitoring mechanism will be set at two levels:

- * A Country Programme Coordination Committee, composed of the Secretary of State of Planning, the Director General of Cooperation, the Director General of Planning and the UNICEF Representative.
- * A Technical Committee composed of senior staff from Ministries in charge of each of the sectoral programmes: Ministry of Public Health, Ministry of Education,

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Ministry of Natural Resources, Ministry of Social Affairs and Women's Promotion, Secretariat of State of Information, Directorate General for Cooperation, representatives of UN agencies and NGOs involved in programmes activities, and UNICEF.

63. The Coordination Committee will act at the decision making level and will guide the Programme's execution to ensure the achievement of those objectives for which the MPO was prepared. The Coordination Committee will have the following functions:

- * Approve and return for review the sectoral Annual Plans of Actions submitted by the Technical Committee;
- * Assess progresses made in the implementation of the plan of operations, every six months (twice a year) or, under request from a member of the Committee, to examine exceptional matters related to programmes functioning and orientation;
- * Provide guidelines for the programming of activities for the following year;
- * Introduce corrective measures and propose solutions to problems found in the course of the execution of the plan of operations.

64. The Technical Committee will act as secretariat for the Coordination Committee and will meet once every four months, or in case of need, under request of one of its members. This committee will be responsible for:

- * monitoring the implementation of the MPO and of the sectoral plans of operation;
- * supervising the preparation of annual plans of action of each project included in the sectoral plans of operations to be submitted by the Technical Committee to the Coordination Committee for appraisal before the end of each year;
- * Analyzing all the requests not included in annual plans of action so as not to affect implementation levels previously set;
- * Preparing the Annual Review meeting of the Country Programme, for which it will request a periodic status

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report from each executing agency on the implementation of their respective programmes and projects.

- * Preparing the reports on meetings held by the Coordination Committee and of sending a copy of that report to each of its members, within the time frame of a month.
- * Preparing the Report of the Annual Review concerning the achievements of the Plans of Operations and prepare appropriate recommendations for the Coordination Committee's appraisal and decision.
- * Preparing the Mid-Term Review and the terms of reference for the Country Programme's final evaluation and for the next CPE.

RESPONSIBILITIES OF TECHNICAL MINISTRIES

65. The Ministries of Public Health, Education, Natural Resources, Social Affairs and Women's Promotion, and the Secretariats of State of Planning and Information will be in charge of the execution of programmes in their respective fields of competence, benefiting from UNICEF's material, financial and technical support.

66. Technical Ministries will be in charge of the preparation and presentation of annual reports and annual plans of action, which will be analyzed by the Technical Committee every four months and in the annual review meetings convened by the Coordination Committee.

67. A semi-annual monitoring meeting will take place at the level of each technical ministry to analyze the status of the annual plans of action and problems affecting the implementation of projects and propose solutions.

68. Activities to be developed by NGOs and community entities will be the object of an agreement defined and signed by the respective supervising Ministry and UNICEF. These agreements must be in accordance with the objectives and terms of the respective sectoral plans of operation and of this MPO.

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ARTICLE XII

COLLABORATION WITH OTHER AGENCIES AND PARTNERS

69. The Country Programme comprises programmes and projects that are directly or indirectly related both with programmes developed by other agencies from the United Nations System and multi- and bilateral cooperation agencies.

70. The coordination and participation in the fulfillment of objectives contained in the National Plan of Action is essential to ensure complementarity of contributions and efforts towards its implementation. The exchange of information and the joint participation in monitoring, consultation and evaluation meetings is necessary to avoid duplication and wasting of resources.

71. The Agencies of the United Nations System and main donors intervene in the following areas of common interest:

- * UNDP intervenes in the fields of education, water supply and sanitation, women in development, health, social communication, planning and macroeconomic analysis.
- * WHO provides technical and financial support to health planning, sanitation, reinforcement of primary health care, and training. Support to control diarrhoeal diseases and AIDS programmes in particular.
- * UNFPA provides contribution to the strengthening of mother and child services, health education and in the field of family planning and family life education.
- * World Bank, as far as social sectors are concerned, provides financial and technical support in the fields of training of health staff, information, education and communication (IEC), education, water supply and sanitation and the social dimension of structural adjustment.
- * FAO develops activities in the fields of rural development, irrigation, food security and nutrition.
- * WFP, jointly with UNHCR, supports emergency programmes in favour of Casamance refugees and provides food for schools and health units.

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- * UNESCO provides technical assistance, through UNDP in the fields of education planning, preparation of curricula and training of teachers.
- * The European Economic Community and other bilateral donors, such as Portuguese, French, Dutch, Danish, Swedish and Chinese (Taiwan) Cooperations, provide support in the fields of health, education, water and sanitation, women in development and support to community and rural development.
- * NGOs, both national and international, and religious grouping and community groups participate in the development of health, education, water, sanitation, women's development, food security, nutrition and craftsmanship projects among others. Particular attention will be paid to the integration of these groupings and NGOs in the process leading to the implementation of programmes and projects to the benefit of children and women, especially those linked to the NPA's objectives.

ARTICLE XIII

GOVERNMENT COMMITMENTS

72. The Government will provide the staff, the facilities where the projects will be located, various materials, technical assistance and the recurring costs needed for the normal functioning of the programmes and projects. The MPO does not contain contributions from non-governmental organizations related to the specific plans of operations.

73. Government's contribution is estimated at US\$ 2,361,600.00 distributed as follows:

	US\$
Health	1,616,000.00
Basic Education	172,000.00
Water and Sanitation	190,000.00
Advocacy and Social Com.	303,600.00
Planning, Mon. & Eval	80,000.00
Total US\$	2,361,600.00

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74. The Government will be responsible for customs clearance, reception, warehousing, distribution, accounting and control of the utilization of all materials and equipment made available by UNICEF. Materials provided by UNICEF will be kept and accounted for separately. The accounting procedures for supplies, equipment and cash will conform to the government's general accounting procedures and provide the information required by UNICEF.

75. The Government will ensure that each department and agency concerned, at central, regional and peripheric levels, will report to UNICEF and the Technical Committee on a periodical basis, on activities developed and on the utilization of funds and resources made available to specific programmes and projects, as established in Article XIV of this MPO.

76. The Government will facilitate and cooperate in the organization of field visits and study tours, together with UNICEF staff, with the purpose of assessing progress made in the Programme's implementation and to gather information for control, monitoring and evaluation purposes.

77. The Government will authorize the publication, through various national and international mass media, of the results of the Country Programme and the experience derived from its implementation.

78. The Government will be responsible for the establishment and functioning of the Coordination Committee and the Technical Committee mentioned in Article XI of this MPO.

79. The Government will be responsible for dealing with any claim which may be brought by third parties against UNICEF, its Advisers, officers and employees. UNICEF and its Advisers, officers and employees will not be responsible for any claim and liabilities resulting from operations carried out under this cooperation agreement, except where it is mutually agreed by the Government and UNICEF that such claims or liabilities arise from a serious negligence or misconduct of such UNICEF advisers, officers or employees.

80. Notwithstanding previous paragraphs, the Government will ensure or indemnify UNICEF civil liability under the laws in force in the country, as far as programmes and project vehicles are concerned.

81. Concerning transfer of funds to programmes in the scope of this MPO, the Government accepts to open a bank account for each

PLAN OF OPERATIONS

specific programme or project, into which UNICEF will deposit funds needed for the execution of activities according to the Annual Plans of Action. The Government will present a monthly report describing the utilization of funds, with a copy of the bank statement for verification by UNICEF accounting services. An annual expenditure plan, based on the annual plan of action, approved by the Coordination Committee mentioned in Article XI of this MPO will be submitted by the Government to UNICEF before the beginning of those activities for which the funding is required.

82. The Annual Plan of Action will contain a list of annual objectives, activities and tasks to be carried out, number and quality of beneficiaries, timetables, responsibilities, costs per activity and a detailed budget for each activity, indicating both Government's and UNICEF's contribution.

83. Advances to the Government will be accounted for by the executing agency. Every three months it will send the financial reports with the original supporting documents on the expenses made in accordance with estimates shown in the annual plan of action and in the detailed budget submitted to UNICEF for the financing of that activity. No more funds will be advanced before the Government sends supporting documentation justifying the expenses made for UNICEF appraisal and approval. A new transfer of funds will be made only when the supporting documents are accepted by UNICEF's accounting services.

84. To facilitate this process the Government will establish an administrative reports system for each project to inform UNICEF on a periodical basis of the utilization of supplies, equipment and cash for programmes and projects. A consolidated annual report will be submitted by the executing agencies on the status of projects' equipments, their distribution and utilization.

85. The Government and UNICEF will consult each other to publish the findings of their evaluations and research, as well as, reports and results of studies related to programmes included in this MPO. Joint documents concerning these evaluations, studies and research will be published with the formal agreement of the Government and UNICEF.

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ARTICLE XIV

COMMITMENTS OF UNICEF

86. The UNICEF Executive Board will approve the amount of US\$ 3,000,000 from its General Resources for the period January 1994 to December 1997 in support of the programmes specified in the Plans of Operations.

87. In addition, the Executive Board will authorize the Executive Director to seek supplementary funding to support the implementation of the Plan of Operations in the equivalent of US\$ 6,000,000, under reserve from funds allocated by UNICEF for specific purposes. The availability of those funds will be subject to donors awareness and interest in funding the projects proposed through UNICEF. In this respect, UNICEF will make its best efforts to advocate, before the international community, to obtain such financial support.

88. The above funding proposals and commitments are independent of those fundings received in response to emergency appeals which may be launched by the Government along the period of operation of this MPO.

89. UNICEF support to the development and implementation of the MPO may include appropriate supplies and equipment, transportation, technical staff, research funds, studies, training, consultancy, social mobilization and advocacy, control and programmes' evaluation, information, communication and staff support.

90. Specific details on the allocation and yearly phasing of UNICEF assistance budget can be found within each Programme Plan of Operations in the second part of this MPO. Each year these budgets will be reviewed and further detailed through the preparation of Annual Project Plans of Action. Table I below presents the overall allocation of funds by programme for the 1994-1997 period:

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TABLE I
INDICATIVE FIGURES OF UNICEF PROGRAMME BUDGET ALLOCATION
1994-1997

PROGRAMME		1994	1995	1996	1997	TOTAL	%
A. Health and Nutrition	GR	300.0	300.0	300.0	300.0	1200.0	40.00
	SF	650.0	650.0	650.0	650.0	2600.0	43.33
	T	950.0	950.0	950.0	950.0	3800.0	42.22
B. Basic Education	GR	150.0	150.0	150.0	150.0	600.0	20.00
	SF	280.0	280.0	280.0	280.0	1120.0	18.67
	T	430.0	430.0	430.0	430.0	1720.0	19.11
C. Water and Sanitation	GR	100.0	100.0	100.0	100.0	400.0	13.33
	SF	500.0	500.0	500.0	500.0	2000.0	33.33
	T	600.0	600.0	600.0	600.0	2400.0	26.67
D. Advocacy/ Social Mobilization	GR	80.0	80.0	80.0	80.0	320.0	10.67
	SF	50.0	50.0	50.0	50.0	200.0	3.34
	T	130.0	130.0	130.0	130.0	520.0	5.78
E. Support to Planning, Monitoring and Evaluation	GR	50.0	50.0	50.0	50.0	200.0	6.67
	SF	20.0	20.0	20.0	20.0	80.0	1.33
	T	70.0	70.0	70.0	70.0	280.0	3.11
F. Programme Support	GR	70.0	70.0	70.0	70.0	280.0	9.33
	T	70.0	70.0	70.0	70.0	280.0	3.11
TOTAL	GR	750.0	750.0	750.0	750.0	3000.0	100%
	SF	1500.0	1500.0	1500.0	1500.0	6000.0	100%
TOTAL		2250.0	2250.0	2250.0	2250.0	9000.0	100%

Source: Estimations for Plan of Operations 1994-97. UNICEF.xxxx

91. In case the implementation of some programmes is revealed to be considerably below the annual estimates, and after a consensus is reached at the Coordination Committee level, funds may be reallocated to other programmes with better implementation rates. To that effect, all changes in financial allocations which are superior to 20 percent of project funds to be reprogrammed must be previously authorized by UNICEF Programme Division.

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92. UNICEF may provide financing for a limited number of professionals assigned by the Government to programmes as "cooperantes". This support will be for fixed term periods and cannot be extended beyond the plans of operations contained in this MPO.

93. In the context of the country programme, UNICEF will not pay neither salaries nor subsidies to the Government which correspond to programmes and projects recurrent costs. On an exceptional basis, UNICEF will provide financial support to facilitate projects' management and operations, to ensure distribution and control of resources made available to the projects concerned.

94. UNICEF will consult with Ministries, Agencies and suppliers interested in the ordering and call-forwarding of supplies and equipment. UNICEF will keep relevant officials informed on the movement of commodities to facilitate clearing, warehousing and timely distribution.

95. UNICEF maintains the right to request the return of any equipment supplied by it, which is not used for the project purpose specified in the plan of operations and project plan of action.

96. Supplies and equipment furnished by UNICEF, in the context of this Country Programme, will be transferred to the Government at the time of their arrival in the country. The transfer will be considered done when the competent authority has signed the Government's receipt.

97. Vehicles assigned to programmes and projects will be handed over to the Government as loans for a period of three years. During that time the vehicles will still be UNICEF's property. After those three years, the vehicles will be immediately transferred to the Government, which will be responsible for their maintenance, repairing and recurring operating costs.

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ARTICLE XV

FINAL DISPOSITIONS

98. The Master Plan of Operations will come into effect upon the signature of the Parties and will be understood to cover programme activities to be implemented during the period January 1994 to 31 December 1997.

99. The Master Plan of Operations and Programme Plans of Operations may be modified by mutual consent of the Government and UNICEF. Annual Plans of Action for the projects covered by this Plans of Operations will be prepared and approved by the implementing and coordinating Government agencies in cooperation with UNICEF as stated in Article XI of this MPO. Annual Plans of Action will be reviewed for development content and budgetary clearance by the Secretariat of State of Planning.

100. No part of this Plan of Operations shall in any way be construed to waive the protection of UNICEF accorded by the contents and substance of the United Nations Convention on Privileges and Immunities to which the Government of the Republic of Guinea-Bissau is a signatory.

101. In witness whereof, the parties hereto have signed the Master Plan of Operations in five copies in Portuguese and five in English, on _____ of _____ of 1994, in Bissau, Republic of Guinea-Bissau.

The Minister of Foreign Affairs
and Cooperation

UNICEF Representative

Signed on behalf of the Government
of the Republic of Guinea-Bissau

Signed on behalf of
the United Nations
Children Fund

PART II

***SECTORAL PROGRAMMES PLANS OF
OPERATIONS***

CHAPTER I

***STRENGTHENING OF PRIMARY HEALTH
CARE THROUGH BAMAKO INITIATIVE***

SECTORAL PROGRAMMES PLANS OF OPERATIONS

PROGRAMME: STRENGTHENING OF PRIMARY HEALTH CARE THROUGH BAMAKO INITIATIVE

SECTORAL PROGRAMME: HEALTH

GEOGRAPHICAL COVERAGE: Nationwide

TARGET POPULATION: 1,065 inhabitants (13 percent children < 5 and 22 percent women)

SUPERVISING MINISTRY: Ministry of Health

EXECUTING ENTITY: Directorate of Public Health

MAIN DONOR: UNICEF

OTHER PARTNERS: Ministry of Finance
Ministry of Social Affairs
Ministry of Territorial Administration
Ministry of Education
Secretariat of State of Information
Secretariat of State of Planning
WHO
UNDP/UNFPA
Swedish Cooperation
Dutch Cooperation
RADDA BARNEN, DANIDA/DCA, CECI, CUAMM, MANITese, MISEREOR, Religious Groups, British Volunteers, GVC, National NGOs.

PROGRAMME'S BUDGET: US\$ 5,914,000

Distributed as follows:

Government	US\$ 1,616,000
UNICEF	US\$ 3,800,000
Community	US\$ 498,000

SECTORAL PROGRAMMES PLANS OF OPERATIONS

PROGRAMME SUMMARY

Guinea-Bissau is characterized by high infant, juvenile and maternal mortality rates.

The primary causes behind the above mentioned rates continue to be malaria, diarrhoeal diseases, and acute respiratory infections associated with malnutrition. These are the most frequent causes, directly and indirectly, of maternal mortality. The situation analysis shows that the underlying causes are the malfunctioning and poor quality of peripheric health services, which are not capable of guaranteeing an effective, continual and efficient coverage to the population.

The Plan of Operations intends to reduce infant, juvenile and maternal mortality rates as well as malnutrition.

The strategies set out are:

- Promotion of intra- and intersectoral collaboration between various public departments and donors, to improve service delivery.
- Promotion of community participation in the diagnosis and in solving problems and in co-management and co-financing to guarantee the community empowerment and sustainability of services delivered.
- Utilization of modern mass media and traditional channels of communication to inform individuals, families and communities on health and nutrition problems and support social mobilization to increase coverage and community involvement.
- Training of national human resources in health management technologies, to increase the effectiveness and efficiency to ensure its sustainability.

SECTORAL PROGRAMMES PLANS OF OPERATIONS

I. PROGRAMME'S CONTEXT

A. The Situation of the Sector

Health Situation

The main indicators characterizing mother and child health situation are:

- Under 5 Mortality Rate (U5MR) 246/1000 n.b.
- Infant Mortality Rate (IMR) 146/1000 n.b.
- Total annual deaths of under 5 10,000
- Maternal mortality rate 914/100,000 n.b.
- Total annual births 42,000
- Children 0-4 years with malnutrition 40 percent
- Children from 0-4 years with grave malnutrition 2.8 percent
- Children with low weight at birth 20 percent
- Anaemia in women of fertile age 74 percent

Diarrhoea, malaria, acute respiratory infections, measles and problems associated with malnutrition are responsible for 70 percent of deaths of children of less than 5 years. Neo-natal tetanus is responsible for 30 percent of the deaths in the neo-natal period.

Hemorrhages aggravated by anaemia and malaria, infections and abortions are the principal causes of maternal death.

Children are breastfeed until they are 2 years old, and often breastfeeding is prolonged until the child is 3 years of age. The waste of the first breast milk occurs in most ethnic groups. Breastfeeding takes place 4 or 5 days after birth. In this period of time it is usual to feed the children with water mixed with sugar or home made tea, which demonstrates the non-exclusivity problem, at least in the first days of the babies' life.

SECTORAL PROGRAMMES PLANS OF OPERATIONS

Another problem is the late and sudden introduction of supplementary feeding, thus contributing towards a decline in the child's growth between 6 months and 3 years of age, as well as in the occurrence of diarrhoeal diseases.

It exists a lack of iodine in the country's Northern and Eastern Regions, but no data is available to measure the problem.

There are no data available on avitaminosis A.

The global health situation is profoundly marked by the financial and economic crisis that the country is currently facing, as well as by the measures taken in the context of the Structural Adjustment Programme.

Health System

In 1976 the Government of Guinea-Bissau adopted the "HEALTH FOR ALL BY THE YEAR 2000" as national health policy. Recently, it adopted the primary health care development plan 1989-1995 with the following objectives:

- To ensure that 80 percent of the population has access to health services;
- To guarantee that the eight components of primary health care, including essential drugs, be offered in each health centre;
- To decentralize the health services;
- To develop the necessary human resources for the fulfillment of these tasks.

Guinea-Bissau approved a three phase health development plan, in accordance with WHO Regional Committee's guidelines. In 1987 the WHO Regional Committee for Africa adopted the Bamako Initiative approach. This means to revitalize the health system by providing maternal and child health activities so as to ensure better quality of services provided, guaranteeing its sustainability.

The health system provides health care to the population through the Ministry of Public Health and non-governmental organizations that are active in the context of the national health policy.

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Traditional medicine is carried out in the whole country, but it has no formal articulation with the health system.

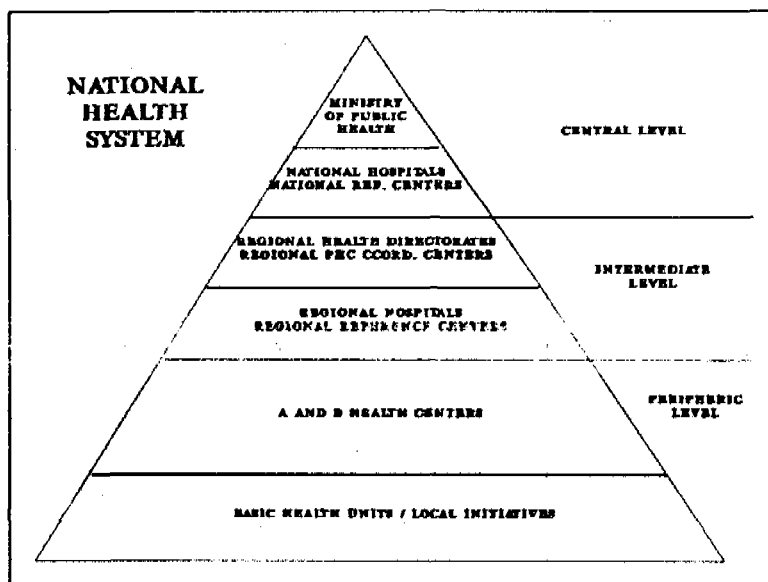
In 1976, the national health plan was drawn up, and since 1977 "Village Pharmacies" were created. Those pharmacies became later the "Basic Health Units" in the framework of the Community Development Project. Activities of this project were integrated into the Direction of Primary Health Care, which is part of the National Directorate of Public Health.

The health system is structured in three levels: peripheric, intermediate and central, containing 598 Basic Health Units, 114 Health Centers, 13 Sectoral Hospitals, 5 Regional Hospitals and 7 Reference Centres. It is estimated that only 40 percent of the population has access to health services.

The peripheral level is structured by the Sectoral Hospital, Health Centers and Basic Health Units.

Basic Health Units

Basic Health Units are on the forefront of the health care system. They cover an average of 1,000 inhabitants and provide pre natal consultations, diagnosis and treatment for the six most frequent diseases or health problems prevalent in the country.



(*) See note below.

- (*) A Health Center: Corresponds to the old "Sectoral Hospital";
B Health Center: Corresponds to the old "Health Center";

Other elements of the National Health System:

- private network of medical consultants;
- nurseries;
- private pharmacies;
- religious and military health centers;
- dentist cabinets;
- NGOs working of health field

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They are constructed and managed by the population. The Ministry of Health provides training, equipment and essential drugs necessary for six months of functioning. Health Centres and the Sectoral Hospitals are organized and managed by the Ministry of Health through the regional coordinations.

The Intermediate Level

This level comprises the Regional Health Directorate and the Regional Hospital. The Regional Directorate is responsible for coordinating and supervising the implementation of different national programmes in the sectors, which integrate and manage the health system at the regional level. The Regional Hospital provides services more complex than those provided at the peripheric level.

The Central Level

This level is composed of the Ministry of Health, National Hospitals and Reference Centers. The Ministry is responsible for the implementation of governmental health policy. The National Hospitals provide specialized services not provided by the regional/intermediate levels. The reference centres are in charge of specific areas. These centres are: the National Laboratory of Public Health, the Mental Health Center, the Rehabilitation Centre, the Pneumotisiology Centre, the Leprosy Hospital, the Mother and Child Health Centre and the Centre of Tropical Medicine in Bissau.

The adequate functioning of the health system is characterized by the lack of qualified personnel at all levels, as well as by the poor distribution of medical staff. In almost all the Regions, the number of nurses and midwives is 50 percent less than needed in these areas. Bissau is the only exception, with a coverage of 180 percent.

There are:

- 1 doctor for every 8,000 inhabitants
- 1 certified nurse and health agent for every 730 inhabitants
- 1 certified midwife and assistant for every 2,100 women in child-bearing age
- 1 basic-health worker for every 630 inhabitants

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- 1 trained traditional midwife for every 165 women in child-bearing age.

Source: MINSAP Planning Office

There still exists a lack of experience in terms of national human resources at the central and intermediate levels affecting the management of health units in the field of planning, training, monitoring and evaluation. There is a need to reinforce the Ministry of Public Health's capability in the organization of the information system to effectively monitor health programmes.

The health system still lacks the financial capability to maintain its functioning level with a minimum of quality. Thus, it is absolutely necessary to change the current trends reducing the funds destined to health sector. Improvement and strengthening of involvement of community participation in the functioning of health units and for the international community to rationalize the contribution to the health sector are essential to ensure the sustainability of services.

B. Past Cooperation

Achievements and Constraints

- . **Support to basic health structures and training.** Support was provided to complete the work in Basic Health Units and to furnish minor materials, as requested by the Ministry of Public Health.
- . **Expanded Programme of Immunization.** There was a clear improvement concerning immunization coverage since 1989.

The EPI continues to be, in essence, a vertical programme, despite the important efforts undertaken towards its integration in the primary health care system at the regional level.

Concerning the EPI organization, there is a systematized immunization activity in all the regions, set up in fixed, outreach and mobile posts, under the guidance of regional primary health care teams.

The immunization coverage has had a relative increase between 1989 and 1992 for children under one year of age:

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BCG	from 90 to 100 percent
DPT/OP3	from 50 to 66 percent
MEASLES	from 44 to 60 percent
TT2	from 29 to 35 percent (pregnant women)

In the past two years, there were no cases of polio reported. However, measles and neo-natal tetanus cases are reported every year. The drop-out rate between the first dose and the subsequent doses is still high.

Essential Drugs Programme . There is a national essential drugs list containing generic drugs that are used by the national health system. The level of utilization of each drug (health structure) is described in this form. There is a list of 40 drugs that are used in basic health units.

The Essential Drugs Programme has functioned on a regular basis developing the following activities:

- regular supply of drugs to health centres in each region;
- regular functioning of the Central Drugs Depot, which is in charge of carrying out the management and distribution of drugs as well as to receive and process drug requests to be submitted to donors for financing;
- pharmaceutical staff benefitted from training in the area of stock control and computing. Training activities on the rational utilization of drugs were undertaken in the Regions of Gabu and Oio;
- the logistic system has functioned, based on the Central Depot, thus enabling the supply of drugs to Regions on a quarterly basis, and as an effective form of support to the Bamako Initiative in the Gabu Region for the monthly distribution of drugs to Health Centres from the Central Depot;
- Regular supervision activities have been carried out in the Regions by the Directorate of Pharmaceutical Services;

Communication and Social Mobilization. The main activities have been the dissemination of messages

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through social communication channels aiming at mobilizing the population to immunize their children against preventable diseases through EPI and against infectious diseases affecting children and pregnant women.

EPI and Epidemiological Surveillance Bulletins, Annual EPI calendars and posters on vaccination related themes were produced. Radio programmes in the country's main languages, radio plays and TV clips were produced. The "Comunitário" newspaper and several social mobilisation events were carried out to support UCI strategy.

The Social Communication Programme supported by UNICEF still lacks a proper articulation with the health sector, namely with the Health Education Department at the Ministry of Public Health.

An adequate collaboration between the health sector and the water and sanitation sector was not set up during the implementation of the current cooperation programme, as was foreseen. This situation has to be improved in the next programming cycle. It has not been possible to assess the real impact of social communication activities through changes in parents' behaviour towards their children. It therefore becomes necessary to analyze the contents of messages and to measure whether they reach their target population.

II. PRIORITY PROBLEMS TO BE ADDRESSED BY THE PROGRAMME

The Health System in Guinea-Bissau reveals the following problems:

- Insufficient access to PHC by the majority of children and women;
- Poor quality of services delivered;
- Lack of motivation;
- Shortage of drugs and consumable materials at the health structures level;

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- Deficient management and inadequate planning in the use of resources available at all levels of the health system;
- Irregular functioning of health services due to lack of resources, even to cover recurring costs from peripheral health structures, and low community participation in solving their own problems;
- Low education and information levels of individuals, families and communities, on health problems;
- No participation of communities and peripheral levels (HC and SH) in decision-making concerning their health problems;
- Traditional cultural patterns which affect children's and women's health in a negative way.

III. PROGRAMME GOALS AND OBJECTIVES

The Government of Guinea-Bissau adopted the goals proposed by the United Nations for the year 2000 and, on the other hand, approved the Consensus of Dakar recommendations, where intermediate goals were established until the year 1995.

The achievement of these goals involve a general effort to solve structural problems behind the country's economic and social underdevelopment. It also involves the development of specific sectoral programmes oriented to strategic aspects in the health field.

The Programme of Cooperation 1994-1997 between Guinea-Bissau and UNICEF seeks to contribute to the fulfillment of the following goals and objectives:

- a) **Goals of the health sector to be fulfilled by 1995:**
 - i) To increase from 63 percent to 80 percent the average coverage level against diphtheria, whooping cough and polio. To keep the current level of 1991 immunization coverage against tuberculosis (94 percent).
 - ii) To increase from 52 percent to 90 percent the immunization coverage against measles and to reach 70 percent of women in child-bearing age for anti-tetanus.

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- iii) To contribute towards reaching 80 percent in the use of oral-rehydration therapy to prevent dehydration caused by diarrhoea.
 - iv) To contribute towards the elimination of disorders caused by iodine deficiency and lack of vitamin A.
 - v) To encourage all mothers (100 percent) to breastfeed their children exclusively, for a period of time between four and six months of age and to promote breastfeeding until the child is two years old or older, and to start complementary feeding at 4 or 6 months.
- b) **Goals of the health sector to be reached by 1997**
- i. To contribute towards reducing child mortality rate from 146/1000 to 117/1000 live births and under 5 mortality rate from 246/1000 to 197/1000 live births;
 - ii. To contribute towards reducing maternal mortality rate from 914 to 594/100.000 live births;
 - iii. To contribute towards the reduction of protein-energetic malnutrition affecting children under 5 years from 40 percent to 25 percent;
 - iv. To reduce the number of underweight birth babies from 20 percent to 12 percent;
 - v. To reduce the occurrence of anaemia, due to iron deficiency, in pregnant women from 75 percent to 35 percent;
 - vi. To contribute towards a reduction in malaria related mortality rates, ARI and diarrhoeal diseases in children between 0 to 5 years of age from 160/1000 to 128/1000.

The revitalization of the PHC current working system, through Bamako Initiative, into an effective system, with a corresponding increase in effective populations coverage, mothers and children in particular, in terms of essential health care (minimal package), curative, preventive and promotional health care, improving quality, and on a continued basis, will largely influence the main causes of infant/juvenile mortality and will therefore contribute towards an improvement in health indicators and consequently in the fulfillment of the 1994/1997 Country Programme's objectives.

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Objectives of the Health Programme

General objective

The Programme seeks to ensure access to primary health care (supplying mother and child curative and preventative care and access to good quality of basic services) to 80 percent of the total population by 1997.

Specific objectives

a) To ensure effective coverage to 90 percent of the target population in terms of preventive and promotional health care and to 50 percent of population, by 1997, through the adoption of the outreach strategy at the health centres level and the training of staff from all SH/HC:

- in the correct management and treatment of the most frequent diseases
- in mother and child health care, family planning
- in the prevention of disorders caused by hypovitaminosis A and lack of iodine
- in the prevention of anaemia as a result of iron deficiency
- in the monitoring of growth and development of children under 5 years
- in identification, treatment and prevention of local pandemics, particularly malaria
- in the promotion of basic education, including health education focused on AIDS, in health structures and villages.
- in training of all village health workers and matrons in the correct use of oral rehydration salts and in promotion of mother and child health by 1995.

b) To ensure the availability, utilization and rational management of essential drugs and supplies (material and consumable) in 90 percent of Health Centres in the country by 1997

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through the improvement of health staff training in technical and managerial capabilities at all levels and through community empowerment.

c) To ensure sustainability of 90 percent of the country's Health Centres by 1997 through the formation of a co-financing system concerning recurrent costs, and through the promotion of co-management and community solidarity (ABOTA).

d) To promote exclusive breastfeeding to children between 4 and 6 months and stimulate its continuation until they are 2 years old, also the introduction of supplementary food, starting from the moment children reach 4 months of age, in all women.

e) To reinforce and enlarge immunization activities in all health structures, including those that are not yet covered by the Bamako Initiative.

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LOGICAL FRAMEWORK

PROGRAMME OBJECTIVES: Contribute to the reduction infantile/juvenile mortality rates and maternal mortality rate			
CRITICAL CONDITIONS	OBJECTIVES	INDICATORS	MODALITY OF VERIFICATION
<p>Correct management of minimal package (curative, preventive and promotional care), availability and drugs and vaccines good storing conditions</p>	<p>IMPACT: To reduce child and juvenile mortality rates To reduce maternal mortality rate To reduce moderate and severe malnutrition rates</p>	<p>Child mortality rate Juvenile mortality rate Maternal mortality rate % of moderate and severe malnutrition</p>	<p>Epidemiological surveillance reports Sentinel post Nutrition surveys Mortality surveys.</p>
<p>Vaccine administration Diagnosis e treatment and supply of essential drugs . Activity recording Administration of vitamin A and iodine oil capsules. Availability of child's card. Mobilization and health education</p>	<p>EFFECT: ◆ 90.000 0-5 years old children and 120.000 women in child-bearing age will be protected from main causes of child, juvenile and maternal mortality rates ◆ 80% of 0-1 year old children will be fully immunized ◆ 70% of women in child-bearing age will be vaccinated against tetanus (2 doses) ◆ 100% of children will receive vitamin A and iodine oil in risk areas ◆ 80% of 0-5 years old children will have a regular growth monitoring</p>	<p>% of first medical appointments which received treatment and have paid for the appointments Vaccination coverage rate Number of Vitamin A and Iodine oil distributed % of children with regular growth monitoring</p>	<p>Information/management support Monitoring Survey on coverage rate</p>
<p>Organizing of outreach strategy at each health centre Sensitization of populations and authorities on health Community participation Microplanning of activities</p>	<p>SERVICE: Utilization of preventive and promotional services by 90% of population Utilization of curative services by 50% of population Co-management (management committees and health centre teams) from 90% of health centres</p>	<p>DTC1 and VAT1 coverage rate Number of first contacts relative to target population Number of management meeting with active participation from health management committees</p>	<p>Information/management support Routine reports Survey on coverage rate</p>

SECTORAL PROGRAMMES PLANS OF OPERATIONS

PROGRAMME OBJECTIVES: Contribute to the reduction infantile/juvenile mortality rates and maternal mortality rate			
CRITICAL CONDITION	OBJECTIVES	INDICATORS	MODALITY OF VERIFICATION
<p>Availability of essential resources</p> <p>Availability of trained and supervised personnel</p>	<p>OUTPUT:</p> <p>131 Duly rehabilitated and equipped health centres and with motorcycles for the outreach strategy and supplied with fuel, lubricants, drugs, vaccines and materials.</p> <p>131 health centre teams trained in the use of charts and in the management of other elements from the minimal package and in health management</p> <p>131 health centres teams regularly supervised by the regional health team</p> <p>131 management committees trained in management, accounting, working of health centres and community health.</p> <p>1020 VHW and matrons trained or upgraded</p> <p>240 new BHU set up and 335 BHU rehabilitated</p> <p>738 BHU regularly supervised by health centre's team.</p> <p>8 regional (drugs, material and fuel) depots constructed.</p>	<p>Number of health centres rehabilitated and equipped</p> <p>Number of personnel trained</p> <p>Number of monitoring and supervision reports prepared</p> <p>Number of elements of management committees trained</p> <p>Number of VHW and matrons trained and upgraded</p> <p>Number of BHU trained or rehabilitated</p> <p>Number of regional depots constructed</p>	<p>Activity Supervision</p> <p>Execution reports</p>
<p>Availability of funds and personnel</p>	<p>INPUT:</p> <p>Construction Materials</p> <p>Equipments</p> <p>ED, vaccines, information supports, office material</p> <p>Training, supervision costs, monitoring and evaluation meetings</p> <p>131 health centre teams duly trained and upgraded, namely in ORT, ARI, CD monitoring, breastfeeding and vaccination techniques</p> <p>Prevention of Avitaminosis A and iodine deficiency</p>	<p>Input number and monetary value</p>	<p>Supporting evidence</p> <p>GFSS reports</p>

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IV. STRUCTURE AND COMPONENTS OF THE PROGRAMME

HEALTH PROGRAMME/IMPLEMENTATION OF BANAKO INITIATIVE TO REINFORCE PRIMARY HEALTH CARE

C	IMPROVEMENT OF PERIPHERICAL
O	HEALTH SERVICES AND SUPPLY OF PHC
M	"MINIMAL PACKAGE"
P	SUPPORT TO HEALTH SERVICE
O	MANAGEMENT AND COMMUNITY
N	PARTICIPATION
E	NUTRITION
N	
T	ACCELERATION OF IMMUNIZATION
S	ACTIVITIES

V. PROGRAMME STRATEGIES

The following strategies should be adopted to reach the above mentioned objectives:

SECTORAL PROGRAMMES PLANS OF OPERATIONS

a. Delivery of Health Care Minimal Package

HEALTH ACTIVITIES MINIMAL PACKAGE	
<p><u>In the interior</u> Health Centers</p>	<p>Curative consultations Family planning Deliveries Pre-natal consultation (prevention of anaemia and malaria treatment) Vaccination Supply of Iodine and Vitamin A Child growth control and identification of malnutrition and its adequate channeling Identification of lepra and tuberculosis cases Individual and collective health education</p>
<p><u>At the villages</u> Through outreach strategy</p>	<p>Individual and collective health education Promotion of ORS at family level and at the BHUs Promotion of malaria treatment and anaemia prevention on pregnant women Vaccination/Supply of Iodine and Vitamin A < 5 years old child growth control and identification of tuberculosis and lepra cases BHU supervision Monitoring of health management committees performance Promotion of hygiene and basic sanitation at the village level</p>

i) **Increasing accessibility**

- Provision of good quality health care services (minimal package) by duly trained staff, at the Health Centre level.
- Provision of integrated, good quality health care services (minimal package) by duly trained Health Centers' staff, at village level, using the outreach strategy.
- Provision of basic mother and child care, including ORT, and family planning by duly trained matrons in all villages having a BHU.

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ii) Ensuring availability of resources

- Establishing regional drug depots enabling the decentralization in the distribution network of essential drugs.
- Involvement of communities in the co-financing as a complement to the State and external cooperation.
- Promotion of rational use of drugs through the standardization of diagnosis and treatment methods (ordinogram).
- Management of drugs, vaccines, revenues and other essential materials. This management process should be supervised on a regular basis by health and community members, through the establishment of periodical monitoring exercises.

iii) Improving utilization of services

- Physical rehabilitation and supply of adequate equipment, and to ensure sufficient, qualified and polyvalent staff in all Health Centres.
- Reorganization of Health Centres' activities to better utilize their staff and the minimal package of activities in order to increase the use of services and reduce the drop-out rates (each mother/child contact with Health Centres would be ensured one or several good quality service(s)).

iv) Improving quality

- Training of Health Centres' staff to enable them to carry out correct management of each element of the minimal package in order to allow them to become competence through experience, having the capability to deliver essential services (minimal package). Curative consultations, included in the minimal package, will be carried out based on the Manual on Diagnosis and Treatment (ordinogram) and patients will obtain the drugs according to the standardized treatment prescribed for their disease and at a fixed, pre-established fee.
- Regular supervision and monitoring of curative consultation to ensure technical quality.

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v) Increasing coverage

- The functioning of the minimal package, in an integrated approach, both at health structures level (Health Centres) and at the village level, allowing an effective increase in essential services coverage and acting upon conditioning factors and the primary causes of mother and child mortality (malaria, diarrhoea and dehydration, acute respiratory diseases, pregnancy related problems and malnutrition).

b) Strengthening of management and support capabilities at the health system and community levels.

To provide training on health planning and management to the central, regional and peripheric levels. This training aims:

At the central level

The harmonization and coordination of the revitalization process of primary health care.

The promotion of an intra- and intersectoral coordination and a rational utilization of resources.

The coordination of operational researches.

At the regional level

Taking into account the fact that the strategical PHC unit comprises three peripheric levels (Health Centres and Basic Health Units), the regional level (Regional Director and the regional Health team), these staff must be trained to enable them to undertake the planning of medical activities at the regional level and to organize a support system for activities at the regional level (training, supervision, monitoring and evaluation), particularly concerning logistics, to guarantee the supply of drugs, vaccines, consumables and in microplanning.

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Formulating a correct management mechanism of the region's financial resources (provided by the community, the State and donors): detailing a budget for the whole region and a distribution of resources depending on existing needs.

At the local level

Planning and organizing activities in the Health Centres and sectoral hospitals and in outreach strategy, social mobilization, rehabilitation therapy, malaria prevention and other health activities, as well as promoting community participation and supporting the organization of community management committees.

At the community level

To allow members of the management committees to know the functioning of Health Centres, and to learn current accounting and organization modalities involving community participation.

c) Co-management of basic-health activities and participation in cost recovery:

Extension of the Gabú Region experience in co-financing, in which the revenue resulting from the selling of drugs at Health Centre level is divided into four parts, one part being earmarked for the replenishment of drug stocks, one part to finance activities carried out at the Regional level, and another part to finance activities programmed by the management committee at the level of health centres and villages and the remaining centres towards stimulating health staff and one part is transferred to the central level.

A second modality would be the establishment of an agreement between the community, the State and donors to cover the different expenses necessary for the effective functioning of the health system (recurrent costs, regional health system's operating costs, infrastructure and equipment investment costs, and costs involved in the purchase of essential drugs).

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Participation in cost recovery should have taken into consideration the community's payment capability, the need of a greater financial participation by the State in health expenses, (primary health care, particularly), and also, on the part of donors, the necessary support for a self-sustained health system.

d) Community empowerment

The involvement of community will be assured through the organization of health management committees in each health center for which training, animation and support will be provided to guarantee community participation.

Health management committees should have the following role: drugs management, finance, direct services (planning and monitoring of health activities at the community/level), service and resource management, health education promotion.

Consolidation and extension of the Abota System experience consisting of the pre-payment of drugs, as well as village health workers and matrons from BHU in the organizing of health activities, in the context of the outreach strategy (vaccination, identification of cases of malnutrition, tuberculosis and leprosy, among others).

Communities, through their management committees, should carry out the following activities:

- Active identification of target groups for vaccination.
- Promote health activities in the family context: for instance, ORT, exclusive breastfeeding, malaria prevention, family planning, AIDS prevention.
- Analysis of nutritional problems and promotion of community activities aiming to solve them.
- Monitoring of coverage rates.
- Carrying out of microplanning.
- Supervision, of human resources to guarantee quality of services.
- Establishment of fees to be paid. Identification and definition of protective measures on behalf of the poor.

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e) Monitoring and Microplanning

The monitoring and microplanning of the main activities will be undertaken at the Health Centre level, in villages, and in the outreach strategy context. To that effect it will be necessary to gather adequate indicators. All regional health officers, as well as central level officers, should take part in that process. Coordination with the National Health Information and Planning System will be necessary.

f) Promotion of intra- and intersectoral collaboration:

Creation of mechanisms enabling collaboration within the Ministry of Public Health so that the different aspects concerning the system's revitalization, such as, training, logistics, information systems, social communication, etc., be well equated.

Creation of mechanisms at the central level/MOH to harmonize activities undertaken by major donors in the health field and guaranteeing their better utilization.

Promotion of intersectoral collaboration with other Ministries and/or Public Departments with converging activities, in legal, institutional, and financial terms, in order to revitalize the health system.

Creation of mechanisms of intersectoral collaboration at the regional level through the Regional Health Director to guarantee collaboration of administrative authorities, communities and sectors related to basic education, rural development, water and sanitation, women promotion, that are represented in the regions.

g) Availability of essential drugs, vaccines and basic supply

Community involvement in the management and utilization of essential drugs, vaccines and basic materials in complement to Government and donors contribution.

h) Strategies for nutritional problems

Development of communities capabilities to enable them to carry out, in collaboration with health staff, the following activities:

SECTORAL PROGRAMMES PLANS OF OPERATIONS

- Assessment of community's nutritional status.
- Growth monitoring through the child's medical card.
- Analysis of underlying causes of the nutritional status of the communities.
- Decision-making aiming to solve their problems.

i) Information and Social Mobilization

Development of a set of communication messages and social mobilization activities, to harmonize efforts undertaken by institutions involved in the programme's implementation, especially the targeted communities, for the fulfillment of the objectives. UNICEF will provide support through the Advocacy and Social Mobilization Programme's activities to harmonize interventions carried out by different institutions.

VI. ACTIVITIES

The Programme seeks to improve peripheric health services and supply of the minimal package of health care through:

- Rehabilitation of peripheric health infrastructures.
- Provision of drugs, vaccines, materials and information support.
- Ensuring the minimal package in health centres and villages included in the outreach strategy.
- Creation of management committees in each health area.
- Creation of new BHUs and rehabilitation of old ones, accompanied by the involvement of matrons who will be subsequently trained.
- Carrying out of monitoring and microplanning at the local level.

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Management and support to service delivery activities

- Training

Training of staff at all levels (community, peripheric, regional and central) in health technology, management and microplanning.

A trainer's team will be trained at the central level, having the responsibility to subsequently train all elements at different levels (central, regional, local and community).

- Logistics

The renewal and maintenance of transport means for supervision of activities and for the transportation of drugs, vaccines and other equipment to health centres.

The renewal and maintenance of motorcycles and fuel for the transportation means and cold chain.

The correct storing and timely distribution of drugs, vaccines and other materials to health centres.

- Management

a) Supervision activities. These activities will be carried out mainly by elements from the regional team for HC and villages and by elements from the central level to the Regions. The supervision has the purpose of assessing the level of implementation (regional and health area plans) and the training of staff in health areas. Supervision will also be carried out from Health Centres to BHUs and has the purpose of keeping up the improved level of performance achieved by matrons.

b) Periodic coordination of activities. Coordination meetings will take place involving the Director General of Public Health and UNICEF.

Planning of regional activities and preparation of annual budgets at the regional level.

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Management, at the regional level, of funds coming from cost recovery system (BI), the "Abota" system, Government and donors.

- c) Monitoring and microplanning. Quarterly regional monitoring and microplanning meetings concerning activities at the level of health areas.

Co-management of Health Centres and co-management of funds at the local level.

- d) Evaluation. The evaluation of activities at the level of each Region and the annual reviews of activities carried out in the context of the Health Programme.

The project's final evaluation by 1997 in order to assess the Programme's impact.

- Information and Social Mobilization

Health information at the level of health centres to improve utilization of health units.

Production of radio and TV programmes and publication of articles on newspapers and use of traditional channels of communication to spread messages to sensitize populations towards the adoption of attitudes favoring health promotion, child protection and child development.

Mobilization of political and religious authorities and notable persons to obtain their support towards the implementation of the Health Programme at the central and community level.

- Technical Assistance

Technical assistance will be provided to the Ministry of Public Health to facilitate the implementation of the Programme. At the central level, there will be a need for support in elaborating of legal instruments for the revitalization of the primary health care system.

Support to the coordination of operational research activities and management at the regional level.

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Support to the programme's management as well as to monitoring of various activities by UNICEF staff.

Nutrition related activities

- Nutritional Surveillance

Preparation of technical regulation concerning the growth monitoring of children under 5 years of age for staff of HC and SH.

Universalization of the child's health card in all HC and SH.

Identification and upgrading of health personnel in the utilization and correct interpretation of child's cards.

Identification and channelling of children suffering from severe malnutrition to reference centres.

Preparation and promotion of education material for health services and communities to facilitate mother's, family's and community's participation in the child's growth and development monitoring.

Early and adequate treatment of children suffering from diarrhoea, malaria and intestinal parasitosis.

Prevention of low birth weight.

Weighing and recording the weight of newborns.

Guidance and, if necessary, treatment of mothers affected by malnutrition.

Prevention and early treatment of nutrition related diseases (anaemia and nutritional deficiencies).

Spreading of information to communities and populations at large in an attempt to decrease the number of teenager mothers.

Spreading of messages, concerning the importance of child's growth and development monitoring, through modern mass media and traditional channels of communication.

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- Breastfeeding Promotion

Sensitization and training of all HC and SH staff concerning the promotion of breastfeeding.

Training of people from the communities themselves, to carry out post-birth house visits, to help mothers solve problems that occur during early breastfeeding days.

Continuous supervision and evaluation of training impact.

Promotion of annual education campaigns on breastfeeding, reinforcing positive aspects of that practice in the country.

Integration of 5 regional hospitals to the Baby Friendly Hospital Initiative.

Purchase of materials for hospitals to improve birth and housing conditions.

- Fighting nutritional deficiencies

Implementing research to find the prevalence of hypovitaminoses A, iodine deficiency and anaemia due to iron deficiency.

Identification of the most affected groups and risk areas.

Preparation and review of a plan of action against iodine deficiency, hypovitaminoses A and anaemia due to iron deficiency.

Purchase of iodine oil tablets (if necessary), vitamin A (if necessary) and iron sulfate to fulfill the needs expressed in the plan of action.

Elaboration of legislation governing consumption of iodine salt by the population.

Implementing training on an annual basis for the rational and adequate use of iodine capsules, vitamin A and iron sulfate and supervision of the use of iodine salt by the population.

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Creation of demand through social marketing techniques.

Supervision and evaluation of activities carried out.

- Reinforcement of Immunization Activities

To ensure and improve vaccination activities, decreasing drop-out rates and skipped vaccinations for children and women in child-bearing age, in health centres not covered by the Bamako Initiative.

To ensure vaccination in areas not covered by the Bamako Initiative through the outreach strategy.

To ensure vaccination in health structures at the level of regional offices and national reference services.

To ensure the adequate functioning of the cold chain and logistics at the central, regional and peripheric levels.

To sensitize populations through communication and social mobilization to increase demand for vaccination.

VI. TARGET POPULATION AND GEOGRAPHICAL COVERAGE

Target Population

The country's population benefiting from the Health Programme will be the following:

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REGION	N° OF HEALTH CENTERS	TOTAL POPULATION	CHILDREN 0-11 MONTHS	CHILDREN 1-4 YEARS OLD	CHILD-BEARING AGE WOMEN
Gabú	16	145.000	5.400	18.550	32.000
Cacheu	18	151.500	5.600	19.300	33.400
Quinara	13	47.800	1.800	6.000	10.500
Biombo	7	61.500	2.300	7.900	13.500
Oio	16	162.200	6.000	20.800	35.700
Bafata	13	152.100	5.600	19.500	33.500
S. A. Bissau	13	240.000	8.900	30.800	52.800
Tombali	18	78.200	2.900	10.000	17.200
Bolama/ Bijagos	17	26.900	1.000	3.500	5.900
TOTAL	131	1.065.200	39.500	136.350	234.500

Notes: The population targeted by immunization will be the overall population

Concerning the extension of the Bamako Initiative the benefiting population will be the target population in Regions where this Initiative will be implemented, according to the availability of funding.

Geographical coverage

This Programme aims at a gradual nationwide promotion of the Bamako Initiative. Its extension to the Cacheu, Quinara, Oio and Biombo Regions is foreseen for 1994, to the Bafata Region and Autonomous Sector of Bissau for 1995 and for the Tombali and Bolama/Bijagos Regions for 1996.

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Number of Health Centres in the above mentioned regions to benefit from the implementation of the BI.

Year	1994	1995	1996	1997
Health Centers - Start	54	26	35	0
Health Centers - Functionment	16	70	96	131

A total of 131 Health Centres will be operational at the end of the Programme. UNICEF will intervene in 1994 in the Cacheu, Gabú and Quinara Regions and will mobilize funds for its extension to other Regions.

Activities undertaken in the context of "acceleration of vaccination" will be developed during the time-frame of the programme's implementation at the national level, including Regions that have not yet benefitted from the extension of the Bamako Initiative.

Activities related to the distribution of Vitamin A and iodine oil will take place only in Regions where the problem has been identified.

VII. RELATIONSHIP WITH OTHER PROGRAMMES AND PARTNERS

Articulation with other MOH programmes

The Health cooperation programme UNICEF/MOH is an integral part of the national health plan. In this context, the health programme will act in close collaboration with other MOH programmes, namely the health management programme and projects in support to PHC at the regional level.

UNICEF Programmes

The UNICEF/MOH programme aims to promote the survival and development of children and women. There must exist a synergy between the different programmes (Water and Sanitation, Basic Education, Social Mobilization, and Planning).

The water and sanitation sector has an important role to play as far as the health of populations in the target areas is

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concerned. The integration of this sector is crucial not only with respect to the supply of drinking water and environmental sanitation but also in the field of sensitization and training of communities on health education and hygiene.

Education must play an important role in the training of community members, teaching them attitudes and practices favoring the protection of the family as well as in the training of communities members.

The social mobilization, planning, monitoring and evaluation programmes are directly integrated into the context of the health programme, particularly to mobilize and sensitize the communities and reinforce the information system.

It is difficult to separate the 1994-1997 UNICEF/MOH cooperation programme from all the other health programmes that are carried out by other partners in Guinea-Bissau.

It has been stated by donors a desire to coordinate their interventions in this field in order to increase effectiveness and efficiency of the external cooperation.

The main partners supporting the health sector, by area of intervention are:

ESSENTIAL DRUGS

ASDI/Swedish Cooperation
Dutch Cooperation
French Cooperation
World Health Organization/PASI
AIFO
UNICEF

REHABILITATION OF INFRASTRUCTURES

World Bank
Dutch Cooperation
French Cooperation
DCA/DANIDA-Denmark
NGOs operating at the regional level
Republic of China

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TECHNICAL ASSISTANCE

WHO
UNICEF
Bilateral donor and
ONGs operating at the regional level

TRAINING

WHO
UNICEF
World Bank
Bilateral donors
NGOs operating at the regional level

LOGISTICS

Dutch Cooperation
French cooperation
DANIDA
NGOs operating at the regional level
WHO
UNICEF

VIII. PROGRAMME MANAGEMENT

National level: The Programme will be managed by the Ministry of Public Health in collaboration with other Ministries, more specifically, the Ministries of Social Affairs and Women's Promotion, Education, Natural Resources, Territorial Administration, the Secretariat of State of Information and the Secretariat of State of Planning.

The Directorate of Public Health is in charge of coordination and monitoring of Programme activities.

Regional level: The Programme will be under the responsibility of Regional Health Directors, Regional political and administrative authorities, and community leaders.

UNICEF will provide technical assistance and funding to ensure the management coordination, monitoring and evaluation of the programme.

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IX. PROGRAMME BUDGET

The following table shows the contribution of different partners for each activity, Government, UNICEF and Community.

HEALTH PROGRAMME (in '000 US\$)

Activities	Source	1994	1995	1996	1997	Total
Essential resources	GOVERNMENT	156,0	115,0	156,0	80,0	507,0
	UNICEF	600,0	600,0	600,0	600,0	2400,0
	COMMUNITY	8,0	35,0	48,0	66,0	157,0
Training and Supervision	GOVERNMENT	28,0	38,0	52,0	52,0	170,0
	UNICEF	90,0	90,0	90,0	90,0	360,0
	COMMUNITY	0,0	0,0	0,0	0,0	0,0
Microplanning, Monitoring and Evaluation	GOVERNMENT	0,0	0,0	0,0	0,0	0,0
	UNICEF	25,0	25,0	25,0	25,0	100,0
	COMMUNITY	21,0	29,0	39,0	39,0	128,0
Technical Assistance	GOVERNMENT	0,0	0,0	0,0	0,0	0,0
	UNICEF	190,0	190,0	190,0	190,0	760,0
	COMMUNITY	0,0	0,0	0,0	0,0	0,0
Staffing and Facilities	GOVERNMENT	222,0	231,0	243,0	243,0	939,0
	UNICEF	0,0	0,0	0,0	0,0	0,0
	COMMUNITY	35,0	48,0	65,0	65,0	213,0
Social Mobilization	GOVERNMENT	0,0	0,0	0,0	0,0	0,0
	UNICEF	30,0	30,0	30,0	30,0	120,0
	COMMUNITY	0,0	0,0	0,0	0,0	0,0
Studies and Researches	GOVERNMENT	0,0	0,0	0,0	0,0	0,0
	UNICEF	15,0	15,0	15,0	15,0	60,0
	COMMUNITY	0,0	0,0	0,0	0,0	0,0
Total	GOVERNMENT	406,0	384,0	451,0	375,0	1616,0
	UNICEF	950,0	950,0	950,0	950,0	3800,0
	COMMUNITY	64,0	112,0	152,0	170,0	498,0

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UNICEF will contribute with an amount of US\$ 1,200,000 from General Resources. An additional amount of US\$ 2,600,000 will be provided from Supplementary Funds, depending on the availability of earmarked funds from donors. The itemized budget is shown on the following table:

Estimated UNICEF Commitments for the Health Programme
(in US\$ '000)

Activity/year	1994	1995	1996	1997	Total
Essential resources	600,0	600,0	600,0	600,0	2400,0
Training and Supervision	90,0	90,0	90,0	90,0	360,0
Microplanning, Monitoring and Evaluation	25,0	25,0	25,0	25,0	100,0
Technical Assistance	190,0	190,0	190,0	190,0	760,0
Social Mobilization	30,0	30,0	30,0	30,0	120,0
Studies and Researches	15,0	15,0	15,0	15,0	60,0
Total	950,0	950,0	950,0	950,0	3800,0
General Resources	300,0	300,0	300,0	300,0	1200,0
Supplementary Funds not available	305,0	255,0	0,0	0,0	560,0
Supplementary Funds not available	345,0	395,0	650,0	650,0	2040,0
Total	950,0	950,0	950,0	950,0	3800,0

X. PROGRAMME MONITORING AND EVALUATION

At the beginning of the Programme UNICEF and the Ministry of Health will establish a set of indicators to monitor the programme, taking into account the following aspects:

An annual plan of action will be prepared for each year of the programme implementation and it will be the reference for monitoring purposes.

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* The Programme implementation

- Number of Health Regions benefiting from the implementation of the Bamako Initiative
- Number of revitalized health centres
- Number of population covered by the Bamako Initiative
- Number of staff trained at each level
- Number of population covered by services delivered in areas not covered by BI.
- Number of health management committees trained and in operation.

* Execution level

- Availability
- Accessibility
- Adequate coverage
- Effective coverage

* Financial monitoring

- Financial data from each Health Centre
- Share of cost recovered
- Share of funds allocated to different budget lines (at the Regional level).

Data that cannot be collected by the routine data collection system (NIS/National Health Information System) will be obtained through surveys carried out to that effect or through sentinel sites.

An annual programme's review meeting will be held and two evaluations will take place, the first being at the end of 1995 (to assess the degree of achievement of intermediate goals) and another in 1997. These evaluations will be conducted by an international team with participation of all partners involved in the Programme (Government, Multilateral and Bilateral donors, NGOs and the community) to evaluate the programme's performance and measure the impact of its interventions.

A Mid-Term Review will take place in 1996 as part of the monitoring system.

CHAPTER II

BASIC EDUCATION PROGRAMME

SECTORAL PROGRAMMES PLANS OF OPERATIONS

PROGRAMME: BASIC EDUCATION

SUPERVISING MINISTRY: Ministry of National Education

EXECUTING AGENCIES: Education's Directorate General, Primary Education Directorate, Adult Education and Literacy Department

TARGET POPULATION: 101,500 inhabitants

MAIN DONOR: UNICEF

OTHER PARTNERS: UNDP, UNFPA, UNESCO, World Bank, Rädde Barnen, Sweden, Ministry of Public Health, Ministry of Social Affairs and Women Promotion, Secretariat of State of Information, Secretariat of State of Planning, NGOs, Churches, Parents' Associations, Communities.

PROGRAMME BUDGET: US\$ 1,932,000.00

Government		172,000.00
UNICEF	GR	600,000.00
	SF	1,120,000.00
Communities		40,000.00
TOTAL US\$		1,932,000.00

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PROGRAMME SUMMARY

The Basic Education Sector faces a critical situation, with schooling rates of 39.9 percent and an illiteracy rate of 68 percent (76 percent for women), with regressive trends and marked gender and regional disparities. In addition, there is a low level of service delivery for early childhood, school infrastructures are in a very deteriorated condition and short in number. Teachers have low qualifications.

The programme seeks to increase access to primary education from 39.9 percent to 50 percent, adult literacy from 32 percent to 46 percent and pre-school services coverage rate from 1 percent to 5 percent. Particular attention will be paid to pre-school education at the community level through the training of mothers and girls and support to local initiatives as alternatives to formal basic education and to adult education (for women in particular).

The basic education programme consists of two projects: Support to Early Childhood Community Initiatives and Support to Local Initiatives as Alternative to Formal Basic Education.

I. PROGRAMME CONTEXT

A. The Situation of the Education Sector in Guinea-Bissau

The analysis on the situation of education has shown that the education system is extremely weak and continues to be inaccessible to over half of the school age population. At the same time, pre-school services are almost non-existent and the ones available are accessible only to a small portion of the population.

The country inherited a great cultural and educational backwardness from colonial times. Mistakes made in the context of the literacy campaign carried out after independence, and current financial difficulties, have worsened the previous situation.

The educational sector has the strategic yet complex role of formulating a nationalistic program that would integrate the multi-ethnic and linguistic roots of the population, in order that this knowledge and experience could be conserved and reciprocated.

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The cultural dimension by itself carries a considerable weight. The deep gender and regional disparities, schooling and literacy indicators are more linked to the existence of certain cultural variables than to economic ones.

The situation of the main indicators is as follows:

1. Official sub-sector

The situation at the population level.

In the country there are no services available to children between 0 and 3 years of age, and services available for children between 3 and 6 years of age reach only 1 percent.

At the primary education level, the schooling rate shows a regressive trend between 1981-1982 and 1989-1990 falling from 44.23 percent to 39.9 percent. In 1993, from a total of 213,000 school age children, the system was able to absorb only 95,000, due to the lack of facilities and staff. This shows that official education has no possibilities for a larger absorption rate.

The success rate is equally low: 37 percent of children who start the first year complete the elementary basic education (first four years), and only 8 percent complete primary education (six years), a completion rate of 14.4 percent and 3.1 percent respectively from the 7-12 age group.

The high level of failures is reflected on the average of 12 years of studies needed for the completion of primary studies.

Adult illiteracy rate is 68 percent, 50 percent for men and 76 percent for women.

Ten percent of the population do not have a functional reading and writing level in portuguese, the country's official language.

Gender disparities deepen still further. The ratio boys/girls went from 1/1.17 in 1981/1982, to 1/1.74 in 1989/1990 and to 1/1.80 in 1990/1991.

The main efforts are currently being applied to formal education, which shows no possibility of reversing current negative trends in the short and medium term.

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Curricula Situation.

The official language (portuguese), does not in reality represent the country linguistically. The utilization of this language in the first years of basic education is an obvious cause of the existing drop-out rate. Children normally and naturally understand and speak their mother tongue.

Another cause is the inability to adapt specifically to local and regional circumstances, especially in rural areas, which is reflected, in a lack of interest and a greater drop-out rate.

On the other hand, there is no curricula for pre-school education and adult literacy.

Human Resource Situation

- Lack of certified teachers, with a large percentage without even minimum qualifications. In 1989-1990 only 11 percent of teachers in complementary basic education and 4,5 percent in secondary basic education had a certificate.
- Lack of in service training courses for the few available personnel with qualifications.
- Lack of motivation, fostered by a low wage incentive, with long delays in the payment of these meager salaries (three to four month delays).
- Loss of many school days due to teachers strikes.

Infrastructure and material situation.

- Shortage and deterioration of infrastructures and school furniture due to the low level of investment. The Ministry of Education's share in the investment budget was only 0.6 percent in 1991.
- Lack of educational material both in quantity and quality.

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2. The Private Sub-Sector.

This sub-sector is composed of:

Institutions with financial capacities

- In general, they are for society's economically advantaged, including for the most part, foreign children, guaranteeing a higher teaching level;
- Their curriculum is independent from the Ministry of Education's official curriculum;
- High enrolment fees, thus inaccessible to the majority of the population.

Religious Institutions

Catholic Church

- Access to external funding
- Teaching based on the official curriculum, with additional religious education
- Payment of low school fees
- Non profit purposes

Islamic Church

- Self-financing, with a considerable percentage of external funding
- Currently without an organic relationship to official education
- Existence of two types of schools: traditional Koranic and Madrassa
- Traditional Koranics school provide only religious teaching, while madrassa schools are currently in an opening process providing, besides religious teaching, a small curriculum including mathematics and other subjects still at an embryonic stage
- Functioning in precarious conditions.

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Institutions created by the Community

- Run by teachers chosen by the community themselves, not formally recognized.
- Significant shortage in infrastructures and equipment.
- Great pedagogical deficiencies, with a teaching methodology developed on a spontaneous basis.
- Work based on the official curriculum.
- Fulfillment of community needs, which is visible through high enrolment rates, showing an upward trend.
- They function in many cases as a complement to official education.
- They have a continuous education calendar in comparison with official education that loses considerable time due to teachers strikes.
- A self-financing system based on monthly fees, between PG 5,000 to PG 20,000 Pesos from the first to the fourth year (USD 0.50 to USD 2.00) enabling poor sections of populations to have access to them without major difficulties. These fees allow just the payment of the teaching personnel, but insufficient for the purchase of adequate equipment and maintenance.

3. External Cooperation

There is a group of 12 major agencies supporting this sector. Three of them contribute 68.5 percent of the overall aid.

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MAIN AGENCIES COOPERATING IN THE EDUCATION SECTOR, 1990-96

Donor	Period	Amount US\$	%
1. ADB	1991-95	15.2	28.5
2. SIDA	1992-96	11.6	21.8
3. FAO/WFP	1992-96	9.7	18.2
4. WORLD BANK	1989-93	4.7	8.8
5. PASI	1990-92	3.1	5.8
6. AFRICARE	1989-93	1.5	2.8
7. UNDP/UNESCO	1986-92	1.2	2.2
8. CILSS/EEC	1990-93	0.9	1.7
9. SOS/KINDERDORF	1991-92	2.0	3.8
10. OTHERS	1990-94	2.7	5.1
TOTAL		53.3	100.0

SOURCE: Programa de Cooperação ASDI/MEN, Plano de Acção 1992-96.

All agencies competed, regrettably in an anarchic way to several components, namely: construction, equipment, production of educational material and teacher training.

INTRA-SECTORAL DISTRIBUTION OF EXTERNAL COOPERATION

Sub-Sector	Amount US\$	percent
Teacher training and technical	36.77	69
Basic Education (3 levels)	13.32	25
Institutional support	3.19	6
TOTAL	53.30	100

SOURCE: Programa de Cooperação ASDI/MEN, Plano de Acção 1992-96.

B. Past Cooperation

The education component was not part of the 1989-93 cooperation programme. During the Mid-Term Review it was agreed that UNICEF should consider support to the education sector, taking into account the low schooling and literacy rates prevailing in the country, which is particularly affecting women and girls.

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In this respect, and with support from the global funds of UNICEF, and in collaboration with the government, it has been identified intervention areas in the context of the Sector's Master Plan for the Decade. This document was prepared by the government in January 1993 with the support of UNDP and UNESCO.

After discussion with International Cooperation partners, particularly with UNESCO and UNDP, it was agreed that UNICEF will provide support to adult education, girls and women in particular, children in pre-school age at the community level, and provide support to local initiatives as alternative to formal basic education.

II. PRIORITY PROBLEMS ADDRESSED BY THE PROGRAMME

This programme is in accordance with the government education policies, particularly those included in the Master Plan for the Decade, which sets out policy guidelines and defines strategies for the sector.

This Master Plan aims at the goals defined at the Conference on Education for All by the Year 2000, as well as recommendations issued from the World Summit for Children, and the Dakar Consensus as well.

The National Plan of Action for the Decade's objectives are the following:

- a. To extend intervention favoring early childhood education through low cost interventions carried out at the family and community level;
- b. To support initiatives which will ensure access to basic education to 70 percent of children, especially girls, to contribute towards a decrease in gender disparities;
- c. To reduce illiteracy rate from 76 to 54 percent, particularly for women;
- d. To contribute towards providing of skills for life and information in order to improve children and women's living conditions, particularly girls and CEDC, using mass education, social mobilization, modern mass media and traditional communication channels.

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III. PROGRAMME OBJECTIVES

The basic education programme has the following objectives by 1997:

- a) Contribute to increase access to primary education, from 39.9 percent to 50 percent, particularly for girls;
- b) Contribute to reduce the illiteracy rate from 68 percent to 54 percent, particularly for women;
- c) Contribute to increase early childhood education from 1 percent to 5 percent

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LOGICAL FRAMEWORK

<p>Programme Objective: Ensure basic education to children at elementary school level, as well as to illiterate young people and adults, allowing them to have the capacity and indispensable knowledge for their socio-economic development, particularly the protection, development and survival of their children.</p>			
CRITICAL CONDITIONS	OBJECTIVES	INDICATORS	MEANS OF VERIFICATION
<ul style="list-style-type: none"> * Political will to apply reforms adopted. * Availability of internal and external financial resources. 	<p><u>Impact:</u> Strategy for the universalization of basic education prepared and adopted by the Government.</p>	<ul style="list-style-type: none"> * Existence of plans, decrees governing their entry in force, etc... Quality. 	<ul style="list-style-type: none"> * Reading of documents formal programme evaluations (to take place at mid-term and in the end).
<ul style="list-style-type: none"> * Results accepted by decisions-making level. 	<p><u>Effect:</u> Experimenting with new educational approaches under execution.</p>	<ul style="list-style-type: none"> * Outcome of learning processes. CAP of suburban communities. 	<ul style="list-style-type: none"> * Execution of studies certifying CAP purchase.
<ul style="list-style-type: none"> * Good coordination of a set of interventions at the level of pilot schools and villages. 	<p><u>Services:</u> 8 pilot communities in the first year, with education services for all, pre-school, primary and adult education.</p> <ul style="list-style-type: none"> . Coordination at the local level with health, water and sanitation and rural animation UNICEF programmes. . 48 new regional centres for 0-6 year old children. . 50 community schools . 150 madrasa schools . 9 regional women's centre. <p><u>RESULTS:</u></p> <p><u>Timely child and pre-school development:</u></p> <ul style="list-style-type: none"> - Development of a new model to focus attention on children: - 48 centres for 0-6 years children - 4.320 children (400% rise in coverage rate) - 270 community women and girls empowered. 	<ul style="list-style-type: none"> * Number of schools and classes working correctly. 	<ul style="list-style-type: none"> * Visits to schools and classes * Monitoring reports * Operational evaluations after two years.

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CRITICAL CONDITIONS	OBJECTIVES	INDICATORS	MEANS OF VERIFICATION
<ul style="list-style-type: none"> * Adequate staff allocated to pilot schools. * Collaboration obtained from local authorities and hydraulics, forest, health, etc. services. * Effective alliances with other community development projects, NGO's etc. (most trained and will be part of it). 	<ul style="list-style-type: none"> - Plan of pre-school curricula for the country - Training at national level, as well as at the level of the 8 region and the SAB <p><u>Basic Primary Education:</u></p> <ul style="list-style-type: none"> - 50 community schools - 150 madrasa schools: <p>Technical assistance and kit of basic educational equipment (21% of overall number of education establishments).</p> <ul style="list-style-type: none"> - 328 Assisted teachers - 8.245 Pupils - Plan of curriculum for madrasa schools. <p><u>Adult literacy and education:</u></p> <ul style="list-style-type: none"> - 27.269 men - 50.642 women able to read and write. - 10.000 young trainers trained. - 660 women empowered in - 9 Regional empowerment women's centres - Designing of regular literacy Programme - Literacy Programmes developed for the country's two main ethnic groves. 	<ul style="list-style-type: none"> * Number of people trained * School Manuals and other educational material published. * Carrying out of classes on an experimental basic. * Investment made management committees in operation. * Educational Material published * Carrying out of classes on in experimental basic. * Number of people trained. 	<ul style="list-style-type: none"> * Visits to schools and classes * Monitoring reports * Examination of educational material
<ul style="list-style-type: none"> * Availability of funds and staff 	<p><u>RESOURCES:</u></p> <ul style="list-style-type: none"> - Nursing schools, schools and women's centres equipment. - Production of literacy manuals in the fula and balanta languages. - Annual training seminars on pre-schooling and alternative basic education. - Production of social communication support material. 	<ul style="list-style-type: none"> * Volume, number and value 	<ul style="list-style-type: none"> * Supporting evidence * GFSS Reports

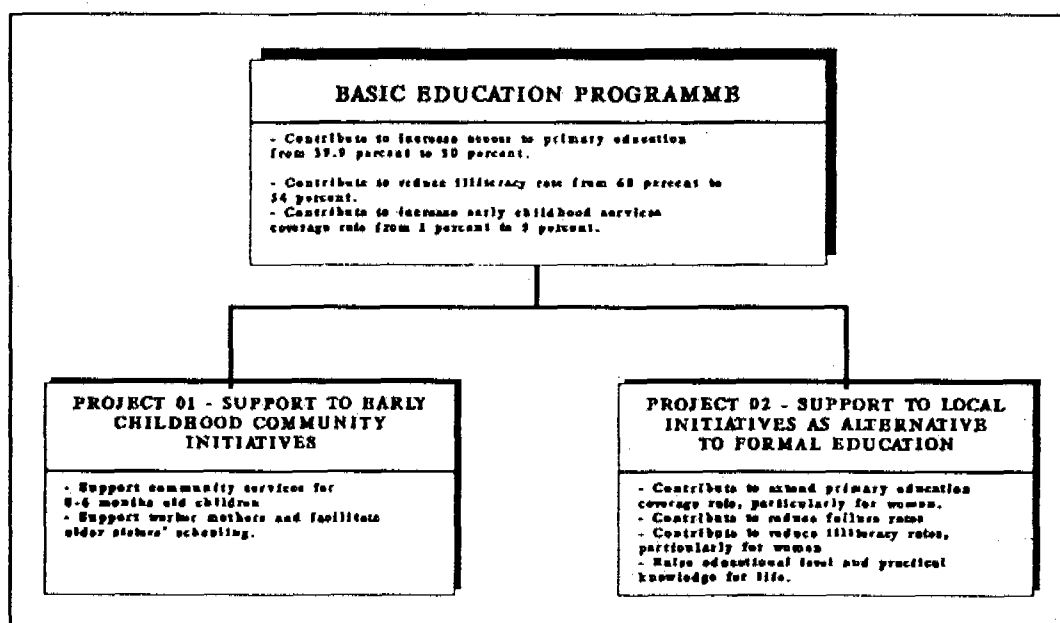
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IV. PROGRAMME COMPONENTS AND STRUCTURE

The Basic Education Programme comprises two components:

Project 01: Support to early childhood community initiatives.

Project 02: Support to local initiatives as alternative to formal basic education



V. PROGRAMME STRATEGIES

The proposed strategies to reach the above mentioned objectives are the following:

- Recovery of traditional community self-management techniques in the field of basic education as the starting point towards the definition and building of an appropriate educational alternative for the country. This means the recognition and validation of the role played by culture, the family and the community in the fulfillment of populations basic learning needs.

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- Mobilization and empowerment of communities as the most important resources available, these currently being under utilized. The benefiting population will be called upon to take part in the project management and co-financing, including the identification of problems to be solved, the planning of the programmes designed, its promotion, implementation, monitoring and evaluation. This participation will be extended to parents' associations and community leaders.
- Developing an extension of pre-school and adult literacy community services, women in particular, and of strategies to promote an increase of enrolment in basic education.
- Improvement of the arena in which learning takes place, through the linkage of the learning process to real situations in everyday life, especially in the area of adult education.
- To improve the national management capability, both linked to the official system's structure, and to communities themselves, through training, reinforcement of project planning, designing and evaluation capabilities, improvement of statistics, data collection and analysis.
- Pilot experiences will be implemented in the first year in limited areas, from a geographical standpoint. In the second year, an adjustment of the model and methodology will take place and an extension process will begin to expand the interventions to the whole country.
- Coinciding choice of areas of operation with those where the Bamako Initiative and the Water and Sanitation Programme will be applied, to stimulate synergism effects.
- Concentration of early childhood, primary and adult education activities in the same geographical areas. Thus communities as a whole will benefit.
- Coordination of educational activities, jointly with Health Centers, and in support of growth monitoring activities, epidemiological surveillance, immunization

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and exchange of information on the same target population.

- Preparation of an intensive literacy campaign, to be implemented in 1996, focusing particularly on women in the five Regions with the higher illiteracy rates.
- Utilization of communication and social mobilization techniques as permanent support to projects.
- Development of methodologies and systems to find ways, with external aid, to cover initial costs related to pre-school and primary education, the remaining costs being covered by the communities.
- Priority to human resource development through training and permanent upgrading.
- Promotion of a strong political commitment from all partners in the education fields and targeted communities, so as to ensure the Programme's success.
- Parents framing will be an integral part of training and social mobilization activities to improve basic education levels, particularly for women and girls.

VI. TARGET POPULATION AND GEOGRAPHICAL COVERAGE

The Programme intends to promote activities nationwide but priority will be given to areas where regional and gender disparities are more marked, and mother and child mortality rates are higher.

In the first year, pilot experiences will take place in the Sonaco Sector (Gabú Region), and two neighbourhoods in the Autonomous Sector of Bissau. In the second year, the programme will be expanded to the whole Gabú Region and in the following years, it will be extended to the Bafatá, Oio, Quínara and Tombali Regions as well as to the overall Autonomous Sector of Bissau.

The target population will be women, girls and children of pre-school age. Particular attention will be paid to Regions where other programmes will be intervening in the health, water and sanitation areas, to ensure synergism of interventions at the local level.

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Direct beneficiaries from these services will be:

- 4,320 under 6 year children
- 8,200 primary school pupils
- 27,000 men
- 51,000 women
- 270 women and girls benefiting from early childhood services
- 540 women benefiting from education in 9 Female Education Centres
- 10,000 young teachers and 200 literacy and adult education teachers

VII. RELATIONSHIP WITH OTHER PARTNERS

The Programme will be linked to the following fields:

- Primary Health Care, Health Education and Education for Family Life.
- In the Water and Sanitation context, functional literacy contents will be oriented towards strengthening utilization of water and sanitation services and environmental hygiene. *
- Monitoring of health conditions of children under 5 year old to contribute to reduce mortality and morbidity rates caused by transmissible and preventable diseases through the dissemination of "Facts for Life".
- Education for Life will be the goal of interventions in the education field at all levels.
- The preparation of educational and training material for the development of project activities will receive support from the Social Mobilization Programme. *
- Articulation of converging activities carried out by other international cooperation partners (UNESCO, UNDP, UNFPA, WFP and Sweden), national NGOs and community associations.

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VIII. PROGRAMME MANAGEMENT

The Ministry of Education will be the supervising executing agency through its Education National Directorate. A programme coordinating committee within the Ministry will be set up with the purpose of ensuring the project's implementation as well as the monitoring and reprogramming of its activities when and if required. This Committee will be composed of representatives from INDE, the Ministry of Social Affairs and Women's Promotion, the Pre-school Education, Basic Education, Literacy and Adult Education Departments.

This Programme's two components will be coordinated by the Ministry of Education through its departments for specific areas. The Ministry of Women's Promotion will also integrate the projects' team.

UNICEF will provide technical assistance at the central, regional and local levels, through a specialized education officer to support the programme in planning, monitoring, coordination, control and evaluation of activities.

IX. PROGRAMME BUDGET

The Programme's overall cost is estimated at US\$ 1,932,000, distributed as follows:

BASIC EDUCATION PROGRAMME - BUDGET

SOURCE	(USD'000)
GOVERNMENT	172.0
UNICEF GR	600.0
UNICEF SF	1.120.0
COMMUNITIES	40.0
TOTAL	1.932.0

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UNICEF will seek an amount of US\$ 1,120,000 from supplementary Funds subject to the availability of earmarked funds for specific purposes.

BASIC EDUCATION PROGRAMME - UNICEF'S PARTICIPATION (in US\$ '000)

Activities/Year	1994	1995	1996	1997	TOTAL
General Resources	150	150	150	150	600
Supplementary funds	280	280	280	280	1.120
TOTAL	430	430	430	430	1.72

X. PROGRAMME MONITORING AND EVALUATION

An annual Plan of Action will be prepared in collaboration with the executing entities and coordinated by the Education Directorate.

1. Monitoring and evaluation activities will be preceded by the following activities:
 - A project feasibility study, will be the first evaluating stage, to identify the social, material, technical, political and institutional needs.
 - Setting-up of a Baseline through available information, complemented by data collection at the local level.
 - Adjustment of the Sectoral Plan of Operations according to the implementation rate of the programme's objectives.
 - Monitoring and evaluation of data collected and the project's work plan by the communities involved.
 - Participative Selection of Monitoring and Evaluation Indicators.

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2. The monitoring and evaluation system will be as follows:

- Semi-annual monitoring at the central and local level.
- Formulation of the Annual Plan of Action
- Annual Reviews
- Participative Mid-Term Review and Updating of the Sectoral Situation Analysis
- Participative Evaluation at the end of the Programme's fourth year.

Based on the indicators chosen for the monitoring of project activities, a Data Collection and Analysis System will be set up on a quarterly basis in coordination with the Secretariat of State of Planning, in order to measure the degree of achievement of objectives set for the period.

A Mid-Term Review on the 1994-1997 Education Programme will enable the assessment of projects' achievement and the introduction of corrective measure for the future.

Projects' progress reports will be analyzed in meetings held for programme reviews and for the annual programming of the country programme as a whole. A final projects' evaluation will be undertaken in 1997 to put into practice the findings in the following programming cycle.

Pedagogical methods and teachers' training monitoring and evaluation mechanisms will be set up whenever possible, aiming at improving teaching quality.

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XI. BASIC EDUCATION PROGRAMME

PROJECT 01: SUPPORT TO EARLY CHILDHOOD COMMUNITY INITIATIVES

SUPERVISING MINISTRY: MINISTRY OF NATIONAL EDUCATION

MAIN DONOR: UNICEF

OTHER INTERNATIONAL AND NATIONAL PARTNERS: UNESCO, UNFPA, RÄDDA BARNEN
MINISTRY OF PUBLIC HEALTH
MINISTRY OF SOCIAL AFFAIRS AND WOMEN'S PROMOTION
SECRETARIAT OF STATE OF PLANNING
NGOs, CHURCHES, COMMUNITIES

PROJECT BUDGET: US\$ 870,000
Distributed as follows:

Government		US\$ 75,000
UNICEF	GR	US\$ 270,000
	SF	US\$ 500,000
Community		US\$ 25,000

1. Programme's context

Main problems

The low pre-school coverage shows that, from a population of 118,000 children in the 3-6 age group, only 1,136 (0.96 percent) have access to education services. At the same time, the 0-3 age group lacks any services at all. This indicates that the education sector has not given priority to pre-school education.

An adequate nutritional status becomes then a major factor, taking into consideration that nutritional imbalances cause disorders that are translated into growth disorders and slow learning, and in some cases, causing irreversible damages to the life of the child.

The Guinean mother, both in the city and in rural areas, has as her main responsibility the feeding of her family. Little time

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is left available to take care of her children. Quite often this task falls to an older sibling or neighbor youngster which, in most cases, is a young girl. This situation results, then, in no schooling opportunity for these girls.

The Ministry of Education has 48 pre-school teachers, most of them in the Autonomous Sector of Bissau. 39.6 percent of them lack specific training. At the regional level, one can observe a lack of qualified staff and regional structures to provide technical and pedagogical assistance to teachers involved in this area. At the central level there are only 3 teachers with pre-school certificate and with little experience. There is no curriculum for teacher training, nor does there exist in the country any training institution for pre-school teachers.

Communities themselves have developed spontaneous answers. Men and women take care of children during the time their mothers are away. This shows the existence of community resources mobilized to fulfill these needs.

The project intends to make use of this community interest, empowering them to set up a new method to fulfill children's needs in a more complete and sustainable way.

Articulation with other Projects

The Project will have linkages with local health services through nutritional surveillance and children's growth and development monitoring. This articulation should be undertaken in two directions: to communicate to health services the existence of risk situations at an early stage and, in collaboration with health services, to recommend special care be taken concerning children with health problems.

The monitoring of the vaccination's calendar will be carried out at school level. Also, school visits will take place to enable the completion of the vaccination programmes for children.

Through education on hygiene habits, the Education Programme will be linked to the Water and Sanitation Programme to make children become instruments of change to improve their health conditions and families behaviour.

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2. Project Objectives

a. General objectives:

- a.1 To support the development of community services to children in the 0-6 age group, through the integral fulfillment of children's needs, raising coverage rates from 1 percent to 5 percent, in 48 high risk communities, in the field of protection, care and development.
- a.2 To support working mothers in taking care of their pre-school age children, to raise the schooling rate for girls who otherwise take care of the little children.

b. Specific objectives

- b.1 To carry out an adequate growth monitoring for children at the critical phase of early childhood.
- b.2 To create learning and social conditions to ensure a higher success rate for children at school.
- b.3 To draw mothers and girls from communities capable of providing early childhood educational care.
- b.4 To spread knowledge among communities on child care and development.

3. Operational Strategies

- Community participation in pre-school construction, management and co-financing.
- Training of local human resources (mothers and girls).
- Utilization of local materials.
- Utilization of mass media for populations' advocacy.
- Seeking of support from religious institutions and spiritual leaders at the local level.
- Coordination of tasks concerning promotion and prevention, epidemiological surveillance, children's

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growth monitoring and immunization, all at the health centres level in each area.

4. Specific Activities

* At the central level:

- Detection, analysis and recovery of experiences of pre-school education existing in the country and in the sub-Saharan region.
- Holding of a national seminar (on an annual basis) focusing on pre-school education.
- Broadcasting of community experiences and local initiatives in the construction of educational material and children's toys.
- Cooperation in the preparation and implementation of curricula for the 0-3 and 3-6 age groups.

* At the local level:

- Local feasibility study on pre-school activities
- Census on children in corresponding age groups.
- Establishment of the project's monitoring and evaluation indicators.
- Sensitization of local and regional authorities as well as populations.
- Construction of 48 "djemberen" centres with the involvement of communities.
- Purchase of basic equipment for the above mentioned 48 centres.
- Holding of two annual training courses for mothers, girls and teaching agents in the above mentioned 48 centres.

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- Production of educational material, utilizing local materials and considering ideas developed by the communities themselves. X

5. Project Management.

The Project will be coordinated by the Education's Directorate General through its Pre-School Department, with participation of a representative from the Ministry of Social Affairs and Women's Promotion.

At the local level, coordinating teams will be composed of community supervisors, community members and parents of benefiting children.

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6. Project Budget

PROJECT 01: SUPPORT TO EARLY CHILDHOOD COMMUNITY INITIATIVES BY SOURCE OF FUNDING (in US\$ '000)

Activities	Source	94	95	96	97	TOTAL
Essential Resources	UNICEF	51	75	72	78	276
	GOVERNMENT	4	4	4	3	15
	COMMUNITY	1	2	4	5	12
Training and Capacitation	UNICEF	78	79	81	81	310
	GOVERNMENT	-	-	-	-	-
	COMMUNITY	-	-	-	-	-
Planning Monit. and Evaluation	UNICEF					
	GOVERNMENT	3	3	3	5	14
	COMMUNITY	-	-	-	-	-
Social Mobilization	UNICEF	10	10	10	10	40
	GOVERNMENT	-	-	-	-	-
	COMMUNITY	-	-	-	-	-
Technical Assistance	UNICEF	40	30	30	30	130
	GOVERNMENT	-	-	-	-	-
	COMMUNITY	-	-	-	-	-
Staff	UNICEF	0	0	0	0	0
	GOVERNMENT	15	15	15	15	60
	COMMUNITY	1	2	4	6	13
SUB.TOTALS	UNICEF	182	188	196	204	770
	GOVERNMENT	19	19	19	18	75
	COMMUNITY	2	4	8	11	25
TOTAL		203	211	223	233	870

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**PROJECT 01
SUPPORT TO EARLY CHILDHOOD SERVICES COMMUNITY ALTERNATIVES
BY CATEGORY OF ACTIVITY (in 000 de US\$)**

Activities/year	1994	1995	1996	1997	TOTAL
Essential Resources	51	75	72	78	276
GR	18	27	26	27	98
SF	33	48	46	51	178
Training and capacitation	78	70	81	81	310
GR	27	25	28	28	108
SF	51	45	53	53	202
Planning, Monitoring and Evaluation	3	3	3	5	14
GR	1	1	1	2	5
SF	2	2	2	3	9
Social Mobilization	10	10	10	10	40
GR	3	3	4	4	14
SF	7	7	6	6	26
Technical Assistance	40	30	30	30	130
GR	15	10	10	10	45
SF	25	20	20	20	85
General Resources	64	66	69	71	270
Supplementary funds	118	122	127	133	500
TOTAL	182	188	196	204	770

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PROJECT 02: SUPPORT TO LOCAL INITIATIVES AS ALTERNATIVE TO FORMAL BASIC EDUCATION

SUPERVISING MINISTRY: MINISTRY OF EDUCATION

MAIN DONOR: UNICEF

OTHER INTERNATIONAL COOPERATION PARTNERS: UNDP, UNESCO, UNFPA, SIDA, WORLD BANK

OTHER NATIONAL PARTNERS: MINISTRY OF PUBLIC HEALTH
MINISTRY OF SOCIAL AFFAIRS AND WOMEN'S PROMOTION
SECRETARIAT OF STATE OF PLANNING
NGOs, CHURCHES, COMMUNITIES

PROJECT'S BUDGET: US\$ 1,062,000
distributed as follows:

Government		US\$	97,000
UNICEF	GR	US\$	330,000
	SF	US\$	620,000
Community		US\$	15,000

1. Context

The project will be developed around two basic education axes: Education of school age children and adult education, both placing emphasis on girls and women.

The general situation of school age children

- Low coverage rate by official services (39.9 percent)
- High drop-out rates
- Lack of strategies to reach the school age population
- Increase in profound regional and gender disparities
- Inadequate or highly deteriorated infrastructures both in official, religious and community schools

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- Low qualifications in human resources
- Society's dissatisfaction towards official primary education, both in terms of its quality and contents
- Increasing presence of private schools
- Request for the incorporation of madrassa schools into official curricula in the education plans, including the teaching of religion
- Lack of guidance by the Ministry of Education of private schools thus hindering pedagogical support and activity supervision.

The situation concerning adult education

- Low general literacy rate (32 percent), women in particular (24 percent).
- Increase in regional and gender disparities.
- Lack of specialized human resources in this field.
- Lack of a definition of basic technical and pedagogical aspects.
- Indecision concerning ways to address the linguistic problems and those of mother tongue.

The choice of areas of intervention will be based on a double criteria:

The deep differences between the capital and the rest of the country concerning schooling rates and literacy in general, and the existence of deep gender disparities affecting girls and women.

Coordination at the local level of the Primary Health Care and Water and Sanitation Programmes will be an important asset. *

Extent of community participation and the importance the project gives to social communication in the expansion of activities.

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2. Objectives.

2.1. Concerning primary education

- a. Contribute towards an increase of primary education's coverage rates from 39.9 percent to 50 percent, by 1997.
- b. Contribute towards a reduction of 20 percent of the failure rates.
- c. Contribute towards an increase of school retainment by 20 percent.

2.2. Concerning adult literacy and education

- a. Contribute to reduce adult illiteracy rates from 68 percent to 54 percent, concentrating activities in five regions where illiteracy rates in general and women's illiteracy rate in particular are higher.
- b. Contribute to raise educational level and practical skills for life of 60 percent of population with emphasis on women and girls .

3. Operational strategies

- Identification of elements and alternative proposals to formal primary education.
- Acceleration through a combining of strategy involving regular activities and intensive literacy campaigns of the following aspects:

Definition of pedagogical techniques in the literacy process in Guinea-Bissau.

Qualification of human resources for literacy processes, both from Ministry of Education and non Governmental sectors and from the community themselves.

- Mobilization and full participation of local society's institutions in project planning, monitoring and evaluation: local communities,

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community leaders, local associations, education field and social development partners, Islamic Cultural Union (madrassa schools), Islamic League (Koranic schools) Catholic Church and the mass media.

- Mobilization of local resources and of central and regional support.
- Mobilization of assistance from other external and national partners for the extension of experience.
- Formulating mechanisms enabling extension of experiences from pilot areas to the whole regions.
- Social communication in support of literacy by mass media in order to sensitize political and social leaders as well as communities.
- Mobilization and social communication through traditional channels.
- Coordination in health centres involved in epidemiological surveillance, health monitoring, promotion and prevention, and employing studies related to the education and health conditions of individual and families.

4. Specific activities

4.1. Community schools

- Preparation of a training and teacher's upgrading programme.
- Organization of two annual seminars for the 30 community schools currently existing in Bissau and the additional five new ones projected for each year.
- Provide 50 basic kits, made up of educational-pedagogical material and furniture for pupils.

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4.2 Madrassa schools

- Organization of a seminar for analysis and preparation of curricula for madrassa schools.
- Organization of an annual training seminar and teacher's training for madrassa schools
- Provision of 150 basic educational-pedagogical equipment.

4.3 Adult literacy

- Technical assistance to the regular literacy programme on the following themes:
 - * Development of a literacy methodology.
 - * Education for women and their families, with emphasis on traditional cultural practices affecting women's and children's health.
 - * Elaboration of programming methodologies.
- Identifying, recording and analyzing literacy experiences in the country and abroad.

Organization of two national seminars on adult literacy.
- Launching of five pilot literacy experiences between 1994-95: four in fula villages (Sonaco sector, Gabu Region) and one in a Balanta language village, Quentoe, in the Oio region.
- Organization of preparatory activities for a regional literacy campaign in 1996.
- Preparation of pedagogical-educational material for trainers and the target population.
- Designing of training programmes for trainers.

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4.4 Adult Education at the community level

- Education of mothers and girls concerning child care, protection and development.
- Education for family life, with emphasis on family planning, women's situation in the community, and traditional cultural practices affecting women and children's health.
- Establishing nine female learning centres, with capacity for 30 women and girls in each. That is, two centres in Gabu and seven centers in the remaining regions. Developing of practical activities to improve local population's living conditions and revenues.

5. Project's Management.

At the Central Level: The Ministry of Education through its Education Director General and its Primary Education Directorate and the Adult Education and Literacy Department will be in charge of the project's coordinations. The Ministry of Social Affairs and Women's Promotion will be part of the coordinating team.

At the Local Level: The coordination of activities will be under the MEN's regional office and the benefiting community. Community and targeted people representatives will take part in all levels of the Project's planning, implementation, monitoring and evaluation.

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6. Project's Budget

**PROJECT 02/ SUPPORT TO LOCAL INITIATIVES AS ALTERNATIVE
TO FORMAL EDUCATION
BY SOURCE OF FUNDING (in 000 US\$)**

Activities/year	Source	94	95	96	97	TOTAL
Essential Resources	UNICEF	121	126	95	97	439
	GOVERNMENT.	6	6	6	7	
	COMMUNI.	2	2	2	2	8
Training and capacitation	UNICEF	73	62	65	55	255
	GOVERNMENT.	-	-	-	-	-
	COMMUNI.	-	-	-	-	-
Planning, Monitoring and Evaluation	UNICEF	4	4	4	4	16
	GOVERNMENT.	-	-	-	-	-
	COMMUNI.	-	-	-	-	-
Social Mobilization	UNICEF	10	10	10	10	40
	GOVERNMENT.	-	-	-	-	-
	COMMUNI.	-	-	-	-	-
Technical Assistance	UNICEF	40	40	60	60	200
	GOVERNMENT.	-	-	-	-	-
	COMMUNI.	-	-	-	-	-
Staff	UNICEF	-	-	-	-	-
	GOVERNMENT.	18	18	18	18	72
	COMMUNI.	1	2	2	2	7
TOTAL		275	270	262	255	1.062

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**PROJECT 02/ SUPPORT TO LOCAL INITIATIVES AS ALTERNATIVE
TO FORMAL EDUCATION BY CATEGORY OF ACTIVITY**

**UNICEF PARTICIPATION
(in 000 US\$)**

Activities/year	1994	1995	1996	1997	TOTAL
Essential Resources	121	126	95	97	439
GR	42	44	33	34	153
SF	79	82	62	63	286
Training and capacitation	73	62	65	55	255
GR	26	22	23	19	90
SF	47	40	42	36	165
Planning, Monitoring and Evaluation	4	4	4	4	16
GR	1	1	1	2	5
SF	3	3	3	2	11
Social Mobilization	10	10	10	10	40
GR	3	4	4	3	14
SF	7	6	6	7	26
Technical Assistance	40	40	60	60	200
GR	14	13	20	21	68
SF	26	27	40	39	132
General Resources	86	84	81	79	330
Supplementary funds	162	158	153	147	620
TOTAL	248	242	234	226	950

CHAPTER III

***WATER AND ENVIRONMENTAL
SANITATION PROGRAMME***

SECTORAL PROGRAMMES PLANS OF OPERATIONS

PROGRAMME: WATER AND ENVIRONMENTAL SANITATION

PROJECTS:

1. MAXIMIZATION OF THE SAO DOMINGOS HYDRAULIC TRAINING CENTRE.
2. SUPPORT TO ANIMATION AND MONITORING.

GEOGRAPHICAL COVERAGE: REGIONAL LEVEL: São Domingos, Bigene and Cacheu Sectors in the Cacheu Region; Bissorã and Farim Sectors in the Oio Region; Pitche and Sonaco Sectors in the Gabú Region.
NATIONAL LEVEL: Support to Animation Department and Planning Directorate.

TARGET POPULATION: 141,000 inhabitants.

MAIN DONOR: UNICEF

RESPONSIBILITIES AND ADMINISTRATION: Ministry of Natural Resources/DGRH, through its Water Supply and Planning Directorates

OTHER COOPERATING PARTNERS: UNDP/UNCDF
WHO
FAC
SNV
NGOs

PROJECT'S BUDGET: US\$ 2,674,000

Distributed as follows:

Government	US\$ 190,000.00
UNICEF	US\$2,400,000.00
Community	US\$ 84,000.00

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PROGRAMME SUMMARY

The drinking water supply, sanitation and hygiene sector is considered a priority sector by the Government of Guinea-Bissau. Despite various efforts undertaken, there are problems of technical, socio-cultural, institutional, organizational and of a financial nature which still linger on: inadequate provision in meeting populations needs; precarious hygiene and environmental conditions; lack of integration affecting the water-sanitation-hygiene components; lack of development in the prevention of waterborne diseases; low community participation, difficulties in the mobilization of funds for sanitation and recurring costs; shortage of equipments and problems related to management and maintenance of systems.

The Water and Sanitation Programme seeks to eliminate some of the problems mentioned above, with general objectives being:

- . To reduce waterborne diseases, namely diarrhoeal diseases and promote utilization of ORT/ORS by the targeted population;
- . To contribute towards an improvement in access to drinking water, sanitation and hygiene;
- . To ensure a better water service delivery and management;
- . To promote protection of the environment.

The specific strategies to reach the above mentioned objectives are:

- . Consolidation and expansion of existing programmes.
- . Acceleration of the decentralization process and the reinforcement of community participation.
- . Reinforcement of national capabilities.
- . Social mobilization and promotion of community empowerment.
- . Promotion of inter-sectoral collaboration with other partners.

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The Programme comprises two projects:

Project 1. Maximization of the S. Domingos Hydraulic Training Centre.

This project has the following components:

- Training of human resources.
- Well construction, maintenance and repair.
- Rural development and environmental protection

Project 2. Support to animation and monitoring of the water and sanitation master plan.

This project comprises the following components:

- Support to the Animation Department at the national level.
- Promotion of animation and health education in the Cacheu, Gabu and Oio regions.
- Monitoring of the water and sanitation master plan at national level.

I. PROGRAMME CONTEXT

A. The sectoral situation

1. Drinking water supply sub-sector.

a) Rural areas

The country's rural population was in 1991, 983,367 inhabitants, which is 80 percent of the total population, distribution being 3,412 villages, with under 500 inhabitants, and 200 small centers, with between 500 and 2,000 inhabitants.

The water supply is provided through modern constructions, wells, and superficial and deep boreholes which were principally funded by the external cooperation. Besides the construction of infrastructures, assisted programmes aim at the implementation of animation activities to ensure community participation in the installation, maintenance, and repairing of pumps.

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It is estimated that in 1991 only 42 percent of the rural population had access to potable water.

The overall number of existing water points at that time was about 843 wells and 1,148 boreholes equipped with manual pumps. The current number of water points is around 2,300 but the needs are estimated at 2,732 water points and for the year 2001 the estimated number will be 3,944.

The lowest coverage rate is found in the northern provinces namely in the Biombo, Oio and Cacheu regions. The southern province shows a high coverage rate and the Tombali and the Quinara Regions have a reasonable coverage rate.

However, there are some difficulties which hinder attempts to maximize the current drinking water coverage:

- If, until the year 2001, the efforts being undertaken do not keep at the rate of 42 percent they will fall to 34 percent due to the population growth.
- Technical problems make the expansion very difficult (rise in the sun level, water acidity, depleted wells)
- Constant needs, in terms of construction maintenance and rehabilitation, of water points.
- Shortage of financial means and high construction costs.
- Very little involvement of target populations in management, maintenance and conservation of existing services.

b) Urban areas

According to estimates the urban population in Guinea-Bissau, (represented in 1991) was at 20 percent of the overall population. The population is distributed in three large centers:

Bissau, Gabu and 36 other small urban and semi-urban centers.

Almost all of these centers are supplied through underground water, coming from water sources with varying depths.

The number of boreholes equipped with pumps in rural areas and for irrigation was estimated at 279 in 1989. According to a recent survey covering only 78 deep boreholes, only 43 percent of the

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visited boreholes were being exploited. Most secondary centers are supplied on a distribution network. There are 40 secondary centers equipped with a water distribution network.

The urban population rate with access to water supply is very low (estimated at 18 percent). In Bissau the estimated rate is 20 percent. Needs expressed in units per semi-urban centers are estimated at 50 lts./inh/day and in Bissau the average consumption is 90 lts./inh/day.

Meanwhile the operating conditions of the equipment in approximately 95 percent of urban centers function deficiently.

2. Sanitation and hygiene sub-sector.

a) Rural areas.

Recent estimates describe the rural population covered by sanitation facilities at 18 percent, while that figure was estimated to be 1.8 percent in 1984. Most facilities are very basic and are not in accordance with technical and hygiene regulations.

b) Urban Areas

The urban population covered by adequate sanitation facilities is 30 percent. However, the sewage network in Bissau is obsolete and almost non-existent. Neighborhood houses are only equipped with non-ventilated latrines.

There is not a network for disposal of dirty water in semi-urban centers.

Garbage disposal becomes difficult and the population cohabitates with garbage and domestic animals. This situation affects children especially who do not have available playgrounds.

The sanitation sub-sector is made worse by the following problems:

- Low volume of investments channelled into the sanitation field.
- Rain water collection containers, in rural areas are used as rubbish storing places, thus worsening the population health conditions, particularly for children.

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- There is little information on knowledge, attitudes and practices of the population concerning behaviour in personal and environmental hygiene.

B. Past Cooperation

The previous programme of cooperation started in 1989 and will be concluded in 1993. It was composed of two projects:

- . Animation and mobilization of rural communities in the Gabu and Bafata regions.
- . Construction of wells and well-diggers training in the Cacheu region.

The Gabú and Bafatá regions project had three phases: the first phase was from 1977 to 1981; the second phase from 1982 to 1986, followed by an additional period of three years, and a third phase from 1990 to 1993.

Following a joint agreement between the government and UNDP/UNDTCD/UNICEF, the objective, during the first two phases, was to improve the living conditions of rural populations through a water supply to villages with more than 50 inhabitants, covering therefore a total of 50,000 peasants. The third phase was characterized by the sensitization and mobilization of rural communities towards obtaining their participation in the use of water, maintenance and conservation of water points; and participation in co-financing for maintenance and repair.

During those phases the following results were achieved:

- 651 boreholes constructed and equipped with manual pumps, benefiting around 50,000 inhabitants;
- 14 villages benefitted from 21 latrines;
- 39 village mechanics were trained and a decentralized maintenance system was introduced;
- 6 animators and 11 promoters were trained;
- 25 villages, that is 15,000 inhabitants, benefitted from activities resulting from community sensitization and mobilization.

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- Participation in co-financing for maintenance of manual pumps.

The Cacheu region project was implemented in the S. Domingos sector during its first three phases, being extended to the Bigene sector during its fourth and last phase (1990 to 1993). The project adopted a strategy of well-diggers training and well construction. Well-diggers training integrated two technical aspects: construction and simple animation techniques as well as health education. Another project objective was the transformation of well-diggers school into a national training center to enable the fulfillment of the country's needs in terms of training of elementary staff linked to water and sanitation.

Meanwhile since 1986 well-diggers training was interrupted by austerity measures introduced by the government. In the first quarter of 1993 the well-diggers school was completed becoming the National Hydraulic Training Center.

During the project's four phases, 1980-1993 the projects activities could be summarized as follows:

Activities Implemented and their Cost

Phases	Well Diggers Trained	Animators Training	Wells Constructed	Maintenance Installed Pumps	VillageMechanics Trained	Budget (US\$)
1 st Phase 1979/1984						955,874.00
2 nd Phase 1987/1989	76		200			650,000.0
3 rd Phase 1987/1989	(de 1982/86)					
4 th Phase 1990/93		11	121	10	8	2,100,000.0
TOTAL	76	11	321	10	8	3,705,874.00

At the end of the fourth phase the coverage rate in water supply will be 75 percent relative to the 400 wells foreseen at the beginning of the project, for a population estimated to be about 62,500 inhabitants.

Broadly speaking these two projects fulfilled their objectives beyond expectations. Both had parameters in the areas of influence concerning intra- and intersectoral integration, after a cooperation experience between agencies. Some of the results are very obvious: The existence of trained well-diggers, animators and village mechanics; several water construction benefiting around

SECTORAL PROGRAMME PLANS OF OPERATIONS

120,000 inhabitants; some experience by rural populations in the management of water points; the construction of the S. Domingos national training center for water and finally the experience accumulated by the DGRH in the sector, which may bring future benefits.

However, project development faced some difficulties due mainly to the lack of monitoring and evaluation related to planned actions; insufficient funding; weak activation of the animation component concerning the mobilization of communities towards the maintenance and repairing of water points as well as systematic on utilization of clean water and personal and environmental hygiene regulations; insufficient ability of DGRH in terms of leadership, execution, management and monitoring of projects.

II. PRIORITY PROBLEMS ADDRESSED BY THE PROGRAMME

1. The weak coordination between the government and the different international organizations working in the sector has made the government's coordination task more difficult which led to a duplication of efforts and a lack of the minimum of synergy.
2. High production unit costs, estimated at around US\$ 8,500 per well.
3. Populations beliefs and cultural attitudes do not allow neither an adequate use of drinking water nor the observation of personal hygiene and sanitation rules.
4. The low rainfall levels that have taken place the last few years may jeopardize, if this trend continues, agricultural activities as well as underground water sources, taking into consideration the low level of attention paid to environmental protection (bush fires, irrational exploitation of forests, etc).
5. The low community participation of populations benefiting from water and sanitation infrastructures, especially in maintenance, due to the lack of an effective animation service at the national level.

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III. GOALS AND OBJECTIVES

The Government of Guinea-Bissau and UNICEF adhered to the "Health for All by the Year 2000" objective and adopted the PHC strategy whereby water and sanitation constitute one of the seven basic components.

Meanwhile, the GOGB and UNICEF committed themselves to pursue the objectives set in the context of the Drinking Water and Sanitation Decade and the Water Sector Master Scheme which foresaw universal access to drinking water and adequate sanitation. The World Summit for Children, in which the Head of State participated, considered the sector as being one of the top priorities for the 1990s and it was ratified in the National Plan of Action.

a. Programme General Objective

The Programme aims to ensure access to drinking water to 85 percent of the rural population in its area of influence and access to sanitation to 50 percent of that population by 1997 and to contribute to the reduction by 80 percent, of the incidence of diseases related to the lack of potable water and the lack of environmental hygiene.

b. Programme Specific Objectives

- . To contribute towards the optimization of the Sao Domingos Hydraulic Training Centre;
- . To improve attitudes and behaviour of 85 percent of the rural population concerning the utilization of drinking water and of 50 percent concerning sanitation rules;
- . To contribute towards the maintenance and correct use of existing water and sanitation infrastructures, as well as environmental protection in the Cacheu, Oio and Gabú Regions;
- . To strengthen national capacities in the fields of planning, management and monitoring of goals set by the Water Master Plan to ensure the provision of 25 litres of water per capita/day;

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c. Sector Goals by 1997

The goals to be achieved are as follows:

- . Increase drinking water coverage rate in rural areas to 85 percent, in the targeted area of the project 1;
- . Increase rural sanitation coverage rate to 50 percent, in the targeted area of the project 1.

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LOGICAL FRAMEWORK OF THE WATER AND ENVIRONMENTAL SANITATION PROGRAMME

CRITICAL CONDITIONS	OBJECTIVES	INDICATORS	MEANS OF VERIFICATION
<ul style="list-style-type: none"> ▶ To perpetuate programme activities so as to sustain and improve its impact 	<p style="text-align: center;"><u>Impact</u></p> <ul style="list-style-type: none"> ▶ Ensure access to water and sanitation. ▶ To contribute towards a reduction in waterborne diseases 	<ul style="list-style-type: none"> ▶ Number of Water points and latrines constructed. ▶ Number of diarrhoea case. 	<ul style="list-style-type: none"> ▶ Health statistics ▶ Studies, surveys evaluation
<ul style="list-style-type: none"> ▶ Programme's correct execution ▶ Correct execution of health and education programmes 	<p style="text-align: center;"><u>Effects</u></p> <ul style="list-style-type: none"> ▶ Improve attitudes and behavior. ▶ To contribute towards the maintenance and use of infrastructures. 	<ul style="list-style-type: none"> ▶ Populations participation ▶ Setting-up of management committees 	<ul style="list-style-type: none"> ▶ In loco observations ▶ Health statistics ▶ Village enquiries
<ul style="list-style-type: none"> ▶ Facilities in good working conditions ▶ Management committees in operation ▶ Coordination with other programmes ▶ Programme's effective management and organization. 	<p style="text-align: center;"><u>Service</u></p> <ul style="list-style-type: none"> ▶ Water and sanitation for 78 000 inhabitant in rural areas ▶ Maintenance of water points, health education, monitoring for 163,901 inhabitants. 	<ul style="list-style-type: none"> ▶ Percentage of inhabitants with access to drinking water ▶ Percentage of inhabitants with access to latrines ▶ Management committees in operation ▶ Percentage of water points repaired by population ▶ Population's financial participation in water point and manual pump repairing ▶ Water storing condition ▶ Food operation methods and conditions ▶ Water points and environmental hygiene conditions in general. 	<ul style="list-style-type: none"> ▶ In loco observations ▶ Surveys interviews ▶ Obtaining of information from health and education services.
<ul style="list-style-type: none"> ▶ Facilities and equipment technical monitoring ▶ Quarterly monitoring of plans of action and necessary corrective measures ▶ Revision of costs ▶ Popular participation's 	<p style="text-align: center;"><u>Results</u></p> <ul style="list-style-type: none"> ▶ 120 water points set up ▶ 4.000 latrines constructed ▶ 1 wells diggers association in operation ▶ 140 health agents trained in animation techniques ▶ 70 village teachers trained in animation techniques ▶ 30 animators trained ▶ 400 management committees in operation ▶ 192 wells-diggers trained ▶ 80 schools with nurseries ▶ 80 wells repaired ▶ educational and audio-visual material utilized ▶ water, sanitation and animation monitoring. 	<ul style="list-style-type: none"> ▶ Number of water points and latrines ▶ Wells-Diggers association's organizing quality ▶ Number of basic health agents and teachers trained in animation ▶ Number of animation trained ▶ Number of management committees set up ▶ Number and quality of nurseries ▶ Number of wells repaired ▶ Type of audiovisual, educational and pedagogical material utilized ▶ Quality of national center on hydraulics training's services ▶ Monitoring quality. 	<ul style="list-style-type: none"> ▶ In loco observation ▶ Reports ▶ Interviews
<ul style="list-style-type: none"> ▶ Work performance ▶ Animation and sensitization ▶ Valid technical training ▶ Effective popular participation. ▶ Programme's correct management. 	<p style="text-align: center;"><u>Investment</u></p> <ul style="list-style-type: none"> ▶ Material and equipment ▶ Construction materials ▶ Equipment operation ▶ Wages ▶ Technical Assistance 	<ul style="list-style-type: none"> ▶ Number, volume, value and quality of investment ▶ Government contribution level ▶ Population contribution level ▶ Equipment operating conditions ▶ N° days/man/activity 	<ul style="list-style-type: none"> ▶ Justification ▶ Financial Report

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IV. PROGRAMME STRUCTURE AND COMPONENT

WATER AND ENVIRONMENTAL SANITATION

- *To contribute towards ensuring access to drinking water and sanitation.*
- *To contribute towards a reduction in the number of waterborne diseases.*

PROJECT 01: OPTIMIZATION OF SÃO DOMINGOS HYDRAULICS TRAINING CENTER.

- *Support to the hydraulics training center at the national level;*
- *To support the Wells-Diggers Association;*
- *Financing of water and sanitation infrastructures.*
- *Support to community development.*

PROJECT 02: SUPPORT TO WATER AND SANITATION MASTER SCHEME ANIMATION AND MONITORING.

- *Support to DGRH'S Animation Department at the national level;*
- *Animation and health Education in the Cacheu, Oio and Gabú Regions;*
- *NPA/Water and Sanitation's Monitoring, at the national level.*

To achieve these objectives the programme will adopt the following strategies:

- a) Support the Government in the coordination of the water and sanitation sector through monitoring of sector's inputs and outputs, and the progress achieved in relation to the Sectoral Master Plan's objectives.
- b) To substantially increase efficiency in the use of human and physical resources related to the São Domingos and Gabu projects through the training of cadres and community members, the formation of management and

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monitoring systems and the reinforcement of the national capacities of the institutions involved in the water, sanitation, and environmental hygiene sector, as well as in the planning, monitoring, and evaluation fields.

- c) To promote cost-effective interventions and introduce low-cost technological solutions, easily reproduced, to increase the coverage rate in this sector, for populations not yet reached, on a self-sustained basis (latrines that are acceptable from a cultural point of view, opening of wells with manual drills, planting of forest specimens, etc).
- d) To continue synergism actions in the field of nutrition, education, and health, to maximize the effect of activities undertaken by the Water and Sanitation Sector, to implement the objectives set out in the Master Plan, as well as the NPA objectives, supported by social mobilization activities at the local level.
- e) Support to local initiatives focused on protecting and reconstructing Guinea-Bissau's natural resources, soil, water sources and fauna (e.g. reforestation initiatives in villages and small towns, supported by mass education).
- f) Carrying out of an effective documentation on information attained from experiences undertaken to mobilize additional resources and adapt policies in the sector, to facilitate the acceleration of coverage services, for those who have not yet been covered, on a sustainable basis.
- g) Promote the reinforcement of community participation through animation and training activities from planning up to the execution, management, financing and monitoring of activities.

VI. TARGET POPULATION AND GEOGRAPHICAL COVERAGE

The Programme foresees the implementation of two projects, one in the North and one in the East, (the most neglected Regions of the country), and in sectors with, and/or implementing water supply and sanitation activities.

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A monitoring system for these activities and their content in the Water Master Plan will be set up at the national level.

The Table below describes the coverage for drinking water in the Programme's influence sectors and the target population:

REGIONS	SECTORS	WATER POINTS	COVERAGE RATE	POPULATION
Cacheu	São Domingos	120	74%	24.941
	Bigene	190	75%	37.728
	Cacheu	16	15%	15.994
Oio	Farim	56	23%	36.212
	Bissorã	67	34%	44.236
Gabú	Sonaco	174	82%	31.568
	Pitche	145	74%	29.338
	Pirada	128	85%	22.547
			TOTAL	242.562

VII. RELATIONSHIP WITH OTHER PROGRAMMES AND PARTNERS

a) Between the two projects

Both Programme's projects aim to improve the populations health and environmental conditions and both are integrated in its general actions.

Project 1 should not only collaborate with Project 2 in training activities, but since these have converging areas of influence, they should also share in animation activities, especially in villages where new wells will be constructed, to ensure the maintenance and sustainability of services provided.

b) WATSAN Programme and other UNICEF assisted sectoral programmes

Health and Education, at the local level, should cooperate with those from Water and Sanitation in activities aimed at health

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education, environmental hygiene and in applying sanitation and environmental protection rules. The whole programme will be supported by the Social Communication Project for the promotion of messages linked to water and sanitation.

c) THE WATSAN Programme and other United Nations and NGOs Organizations

Project 2, in particular, should participate in the planning of activities carried out by the Oio and Gabu project, (funded by UNDP/UNCDF), related to animation, and health education. Jointly with WHO and UNDP, Project 2 will support the monitoring and evaluation of the Sectoral Master Plan (WASAMS).

VIII. PROGRAMME MANAGEMENT

The Programme will be under the supervision of the Ministry of Natural Resources/Directorate General of Water Resources through its Water Supply and Planning Directorates.

The National Directorate of Hydric Resources, through its animation Department and its decentralized services, will be in charge of the Programme's implementation and monitoring, in close collaboration with the Planning Directorate.

The Programme's coordination will be assured by the Planning Directorate in collaboration with the CIMA (Interministerial Water Committee). This structure should ensure intersectoral coordination between the Ministries of Health, Education, Social Affairs, the Secretariat of State of Planning and the Secretariat of State of Information.

UNICEF will provide technical assistance and funding to ensure the management, monitoring and evaluation of the programme.

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IX. PROGRAMME BUDGET

Contribution from the GOGB, UNICEF and communities are shown in US\$ on the Table below. The overall budget amounts to US\$ 2,674,000 distributed as follows:

PROGRAMME	SOURCE	1994	1995	1996	1997	TOTAL
Project 01	Government	6.5	6.5	6.5	6.5	80.0
	UNICEF	364.0	354.0	339.0	343.0	1,400.0
	Community	5.0	5.0	5.0	5.0	20.0
Project 02	Government	17.5	17.5	17.5	17.5	110.0
	UNICEF	280.0	250.0	250.0	220.0	1,000.0
	Community	16.0	16.0	16.0	16.0	64.0
TOTAL	Government	24.0	24.0	24.0	24.0	190.0
	UNICEF	644.0	604.0	589.0	563.0	2,400.0
	Community	21.0	21.0	21.0	21.0	84.0

UNICEF will contribute with an amount of US\$ 400,000 from its General Resources and an additional sum of US\$ 2,000,000 from Supplementary Funds subject to the availability of funds for specific purpose contributions. The detailed budget outlining UNICEF contribution is shown on the following table:

PROGRAMME'S PROJECTS	1994	1995	1996	1997	TOTAL
PROJECT 1	364.0	354.0	339.0	343.0	1,400.0
PROJECT 2	280.0	250.0	250.0	220.0	1,000.0
Total	644.0	604.0	589.0	563.0	2,400.0
GR:	100.0	100.0	100.0	100.0	400.0
SF:					
Available	30.0	30.0	30.0	30.0	120.0
Non-Available	514.0	474.0	459.0	433.0	1,880.0
TOTAL	644.0	604.0	589.0	563.0	2,400.0

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X. PROGRAMME MONITORING AND EVALUATION

An annual plan of action will be prepared for each project. The planning of activities will take place between October and November each year. The plan should mention activities to be developed by the projects, other institutions and by the population as well as an estimated budget for the partners involved.

The Plan of Action will be the reference for monitoring purposes. Quarterly reports will be prepared and sent to the central level for analysis and reprogramming.

A first Programme's evaluation, on the services delivered, will take place by the end of 1995. A second evaluation, in the last year (1997), will measure project's impacts and consequently those of the Programme.

A Mid-Term Review will take place in 1996 as part of the intermediate evaluation of the 1994-1997 GOGB-UNICEF Country Programme.

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XI. PROJECTS' SUMMARY:

PROJECT 1: MAXIMIZATION OF THE SAO DOMINGOS WATER TRAINING CENTER

This Project has the following components:

- Training of Human Resources
- Well and latrine construction, maintenance and repair
- Rural Development and Environmental Protection

SECTORAL PROGRAMME: WATER SUPPLY AND SANITATION

SUPERVISING MINISTRY: MINISTRY OF NATURAL RESOURCES/Directorate General of Hydric Resources, through its Water Supply and Planning Directorates

MAIN DONOR: UNICEF

COOPERATING ORGANISMS: UNDP/UNCDF, SNV/H14 Project, FAC/France

PROJECT BUDGET: US\$ 1,500,000

Distributed as follows:

Government	US\$ 80,000
UNICEF	US\$ 1,400,000
Community	US\$ 20,000

GEOGRAPHICAL COVERAGE: São Domingos, Bigene and Cacheu Sectors in the Cacheu Region

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TARGET POPULATION:

REGIONS	SECTORS	POPULATION			
		Men	Women	Coverage Rate	Total
CACHEU	São Domingos	12.613	12.329	74%	24.942
	Bigene	17.921	19.807	75%	37.728
	Cacheu	7.402	8.592	15%	15.994
TOTAL		37.936	40.728		78.664

CONTEXT

This Project will be the follow-up of the previous São Domingos Water Supply, Sanitation and Well-Diggers Training Project with some alterations: to promote privatization of services, extend water supply and sanitation to the Cacheu region, expand the services of the Water Training Centre in São Domingos to the national level and reinforce national and community capacities to ensure the sustainability of interventions.

The privatization of drinking water supply is in accordance with the Water Supply Sector Master Plan and provide well-diggers with an opportunity to join together as an enterprise or Association, resulting in obvious advantages, namely in the reduction of costs of wells per unit, and to help services to become self-sufficient.

The funding of over 120 wells will continue to benefit populations from three Sectors, increasing drinking water coverage rate from 60 to 85 percent in the Cacheu region, by 1997.

PROJECT OBJECTIVES

General Objectives

- a) To support, dynamize and expand National Hydraulic Training Centre activities to the whole country.
- b) To transform well-diggers teams into an Association of Well-Diggers.

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- c) To finance water and sanitation infrastructures to benefit 22 percent and 30 percent of the rural population respectively in the Cacheu Region.

Specific Objectives

- a) To increase coverage rate and to ensure the use of the water supply from 60 to 85 percent of targeted population by 1997.
- b) To increase water consumption to 25 lts/per capita/day.
- c) To reduce average cost of well construction costs by 70 percent, from approximately US\$ 8,500 to US\$ 2,500.
- d) To increase coverage rate and ensure a good use of health services to 50 percent of the most neglected populations.

OPERATIONAL STRATEGIES

The Project must implement the following strategies in order to reach its objectives:

- a) Use of the National Water Training Centre, for training on hydraulic constructions, construction of latrines and training of animation officers, at the basic and intermediate level, and to guarantee trained staff to fulfill needs at the national level.
- b) Utilization and mobilization of well-diggers to set-up an association as a way not only to alleviate the budget burden of the State, but also of promoting privatization in the sector, in accordance with the Water and Sanitation Master Plan.
- c) Funding of well construction to small associations and enterprises as a way to reduce unit costs resulting from the construction of water points.
- d) Participation of families in co-financing of activities directed at promoting the construction of latrines in a self supported manner of construction.
- e) Extension of water and sanitation activities to the Cacheu region, as a way to increase the Region's coverage rate.

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- f) Utilization of social communication techniques through mobile plays, utilization of audiovisual means, and radio programmes to reinforce community participation and decentralization.
- g) Research and implement low-cost water and sanitation infrastructure construction methods to reduce cost of services provided.
- h) Introduction of microplanning and monitoring techniques at the community level to mobilize the co-management and co-financing of services to ensure its sustainability.

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PROJECT 01 SPECIFIC ACTIVITIES

Specific Activities	1994	1995	1996	1997	Total
To finance the construction of 120 wells	30	30	30	30	120
To build 40 public latrines in school and basic health units	10	10	10	10	40
To promote the construction of 4.000 latrines in a supported self construction regime	1.000	1.000	1.000	1.000	4.000
To train 10 monitors for the São Domingos hydraulics centre	10	-	-	-	10
To train 192 wells-diggers at national level	48	48	48	48	192
To train 40 wells-diggers so as to create an association in S. Domingos	40	-	-	-	40
To train 6 drivers and 10 equipment operators for the wells-diggers association in S. Domingos	16	-	-	-	16
To train 140 basic health officers in animation techniques for the programme's zone of influence	70	70	-	-	140
To train 70 village teachers in animation techniques for the programme's zone of influence	40	30	-	-	70
To train 30 animators for the project's area of influence	30	-	-	-	30
To train other staff in water and sanitation activities nation wide	to be determined	idem	idem	idem	idem
Social mobilization: . To broadcast the wells-diggers Association; . To promote mobile plays . To design posters, video and radio programmes, etc.	80% of targeted population	idem	idem	idem	idem
Research and investigation (*): . To study new construction techniques so as to reduce unit costs					
Technical Assistance (**)					

(*) Along the project's implementation phase

(**) When necessary

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PROJECT MANAGEMENT

The project's management at the regional level must be under the responsibility of a Project Director, appointed by the National Directorate of Hydric Resources, possessing intermediate or high level qualifications and with good knowledge of water supply and sanitation related services, as well as training.

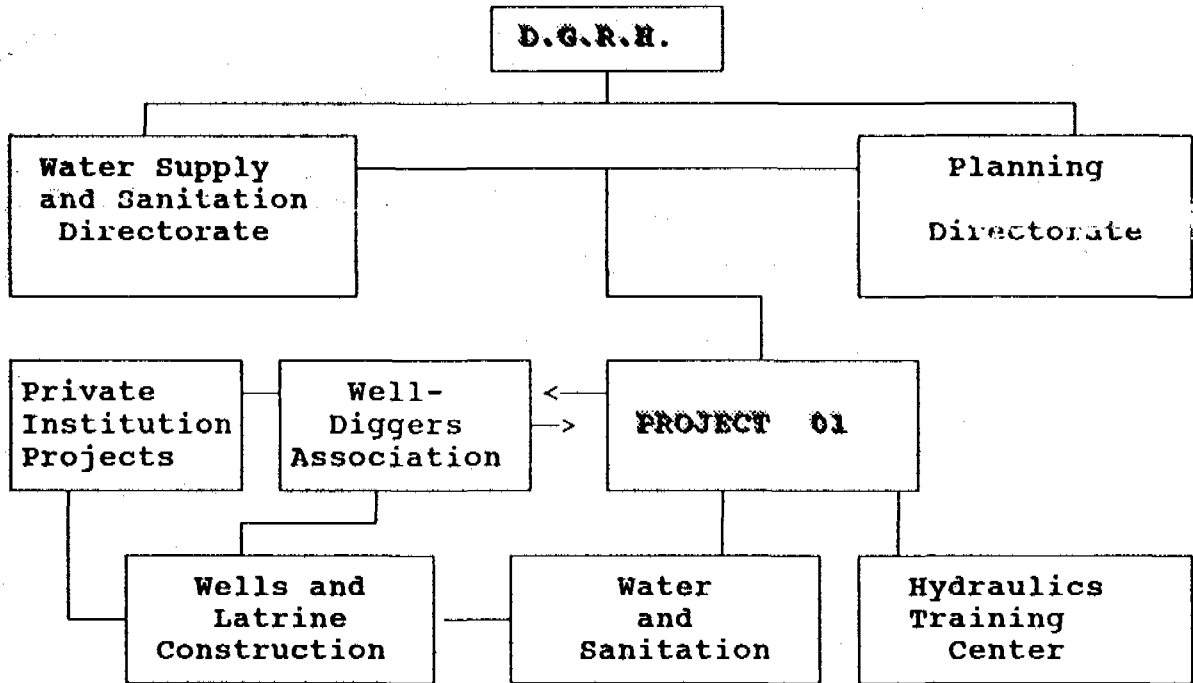
The Project Director will have the following functions:

- a) To plan and coordinate the construction of new water points.
- b) To provide administrative and financial management
- c) Planning of training activities at the Hydraulic Training Centre.
- d) Coordination of all water and sanitation activities between the DGRH/Regional authorities/Association of well-diggers/communities.

The Hydraulic Training Centre will have a Pedagogical Director in charge of all management and training matters.

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**PROJECT'S ORGANIGRAMME
PROJECT 1**



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PROJECT BUDGET

**UNICEF PHYSICAL AND FINANCIAL INPUTS
(in US\$ '000)**

PHYSICAL INPUTS NAMES ASSISTANCE	ANNUAL FINANCIAL DISTRIBUTION				TOTAL
	1994	1995	1996	1997	
1. Construction of wells and latrines	105.0	105.0	105.0	105.0	420.0
1.1. Promotion of latrine construction	50.0	50.0	50.0	50.0	200.0
2. Equipment for Wells-Diggers Association	15.0	15.0	10.0	8.0	48.0
3. Equipment for Hydraulic Center	10.0	10.0	10.0	10.0	40.0
4. Pedagogical and educational material for Hydraulic Center	10.0	10.0	10.0	10.0	40.0
5. Training and monitoring of Wells-Diggers Association	10.0	10.0	10.0	10.0	40.0
6. Vehicles and motorcycles	33.0	18.0	10.0	10.0	71.0
7. Social mobilization	10.0	10.0	15.0	15.0	50.0
8. Research and Investigation	10.0	15.0	8.0	15.0	48.0
9. Logistics operations	27.0	27.0	27.0	16.0	97.0
10. Freight	10.0	10.0	10.0	10.0	40.0
11. Programme support	50.0	50.0	50.0	50.0	200.0
12. Technical Assistance	14.0	14.0	14.0	14.0	56.0
13. Monitoring and Evaluations	10.0	10.0	10.0	20.0	50.0
TOTAL	364.0	354.0	339.0	343.0	1,400.0
Resources					
General Resources	50.0	50.0	50.0	50.0	200.0
Available Supplementary Resources	15.0	15.0	15.0	15.0	60.0
Non-Available Supplementary Resources	299.0	289.0	274.0	278.0	1,140.0
TOTAL	364.0	354.0	339.0	343.0	1,400.0

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GOVERNMENT PHYSICAL AND FINANCIAL INPUTS (in US\$ '000)

PHYSICAL INPUTS NAMES ASSISTANCE	ANNUAL FINANCIAL DISTRIBUTION				TOTAL
	1994	1995	1996	1997	
1. Wages	2.5	2.5	2.5	2.5	10.0
2. Insurance and circulation rate	0.5	0.5	0.5	0.5	2.0
3. Fuel	1.5	1.5	1.5	1.5	6.0
4. Vehicle maintenance and repairing	2.0	2.0	2.0	2.0	8.0
5. Facilities, equipment and maintenance	13.5	13.5	13.5	13.5	54.0
TOTAL	20.0	20.0	20.0	20.0	80.0

ESTIMATION OF INPUTS PROVIDED BY POPULATION (in US\$ '000)

PHYSICAL INPUTS NAMES	ANNUAL FINANCIAL DISTRIBUTION				TOTAL
	1994	1995	1996	1997	
Labor	3.5	3.5	3.5	3.5	14.0
Local construction materials	1.5	1.5	1.5	1.5	6.0
TOTAL	5.0	5.0	5.0	5.0	20.0

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PROJECT 02. SUPPORT TO ANIMATION AND MONITORING OF WATER AND SANITATION MASTER PLAN.

This project has the following components:

- Support to Animation Department/Dir. General of Hydric Resources at the national level
- Animation and Health Education in the Cacheu, Oio and Gabú Regions
- Monitoring of Water/Sanitation Master Plan

SECTORAL PROGRAMME:

WATER AND ENVIRONMENTAL SANITATION

SUPERVISING MINISTRY:

MINISTRY OF NATURAL RESOURCES/DGRH, THROUGH ITS WATER SUPPLY/SANITATION AND PLANNING DIRECTORATES

MAIN DONOR:

UNICEF

COOPERATING ENTITIES:

UNDP/UNCDF, WHO, FAC (France)
Ministry of Health
Ministry of Education
Ministry of Agriculture
H14 Project (Dutch)
NGOs

PROJECT BUDGET:

US\$ 1,174,000.00

Distributed as follows:

Government	US\$ 110,000
UNICEF	US\$ 1,000,000
Community	US\$ 64,000

GEOGRAPHICAL COVERAGE:

Cacheu, São Domingos and Bigene Sectors, in the Cacheu Region; Bissorã and Farim Sectors in the Oio Region; Pirada, Pitche and Sonaco in the Gabú Region.
Nationwide Coverage: Monitoring and technical assistance for animation.

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TARGET POPULATION :

REGIONS	SECTORS	POPULATION			
		Man	Women	Coverage Rate	Total
CACHEU	São Domingos	12.613	12.329	74%	24.942
	Biqene	17.921	19.807	75%	37.728
	Cacheu	7.402	8.592	15%	15.994
OIO	Bissorã	21.377	22.859	34%	44.236
	Farim	17.427	18.885	23%	36.212
GABÚ	Pirada	10.939	11.608	85%	22.547
	Pitche	14.508	14.828	74%	29.336
	Sonaco	15.312	16.255	82%	31.567
TOTAL		199.499	121.863		242.562

For a long time, authorities linked to the rural water supply sector were concerned with the provision of water to populations, paying less importance to rural animation activities, which were of extreme importance. It was found subsequently that a large number of water points constructed were not considered by populations as being their property. Also, maintenance and hygiene activities around those points were neglected.

This project aims essentially to reinforce the animation service linked to personal hygiene, education, health and environmental education, maintenance of water points as well as contributing towards the reinforcement of national capacities in terms of planning, management and monitoring of activities in the sector.

OBJECTIVES

General Objectives

- a) To raise the level of community participation in the adequate use of water and sanitation infrastructures.

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- b) To contribute towards the improvement of populations' and environmental health, through a change in behaviour.
- c) To contribute towards improving the monitoring of water and sanitation activities at all levels.

Specific Objectives

- a) To raise to 50 percent the number of women who wash their hands before preparing food.
- b) To contribute towards reducing, by 80 percent, the cases of diarrhoea in the Regions under the project's influence.
- c) To provide health education to 100 percent of villages with water point management committees.
- d) To provide training and upgrading in animation and health techniques to animators and health workers in the areas of the project where the Bamako Initiative will be implemented.
- e) To raise the population's awareness to environmental sanitation and protection.
- f) To strengthen the Animation Department's abilities enabling it to carry out its planning, organization, supervising and monitoring activities at the national level;
- g) To reinforce the Planning Department's ability to monitor the achievement of the Water and Sanitation Master Plan goals.
- h) To reinforce the community's capacities to ensure the co-financing and co-management of services.

OPERATIONAL STRATEGY

To reach the above mentioned objectives, the Programme will implement the following strategies:

- a) Use of already existing animators and recruitment of new ones, to become mobilization workers, together with teachers and health agents, in the context of water points management committees.

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- b) Application of KAP/RAP methodologies, to integrate communities in discussions and in solving their own problems.
- c) Permanent training of the water points management committees, in matters related to health education, environment preservation and maintenance of water and sanitation infrastructures so that these committees are seen by communities as their leaders in those matters.
- d) Introduction of hygiene, health education and environment preservation in school curricula to sensitize children in early ages about the importance of protection of the environment.
- e) Social mobilization, through mass media and the Social Communication Project, to involve community participation in several activities to be developed.
- f) Reinforcement of existing means at central level to enable a better monitoring of animation activities as well as statistical data collection and data processing activities through the use of the WASAMS in coordination with WHO.

Activities:

1) Support to the Animation Department.

- Provide technical assistance on animation methodologies, community development and local management;
- Training in data collection, analysis, monitoring and evaluation;
- Training in animation and social mobilization techniques;
- Designing of training and animation materials.

2) Animation and Health Education at the regional level (Oio, Cacheu and Gabú).

- Training of community workers;
- Preparation of an animation plan at the village level;

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- Preparation of a supervision plan of water point and community groups;
 - Training of community members in microplanning, management and monitoring techniques, at the local level;
- 3) **Monitoring of the Water and Sanitation Master Plan.**
- Training in data collection and analysis techniques;
 - Training in planning, monitoring and evaluation techniques;
 - Computing training for national staff linked to WATSAN;
 - Creating a database for monitoring and evaluation for projects included in the Sectoral Master Plan;
 - Maintenance of the WASAMS information network.

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PROJECT 02: SPECIFIC ACTIVITIES

SPECIFIC ACTIVITIES	1994	1995	1996	1997	TOTAL
To train 5 higher staf from the animation department	5	-	-	-	5
To retrain 10 computing operators	10	-	-	-	-
To train 5 enquirers on data gathering	5	-	-	-	5
To keep a data gathering system in the project's area of influence	-	-	-	-	3
To train 3 officery from the office in planning, organization and data gathering.	3	-	-	-	3
To Monitor animation activities in 37 Sectors	-	-	-	-	37
To create 3 supervision teams	3	-	-	-	3
To create 8 animation sub-teams	8	-	-	-	8
Provide training to 30 animators	30	-	-	-	30
Reciclar 30 animadores anualmente	-	-	-	-	30
To provide training on water and infrastructure maintenance to wells management commites in 400 wells.	100	100	100	100	400
To provide training on animation techniques for 140 basic health officers.	70	70	-	-	140
Designing of training and animation material (kits).	70	-	-	-	70
To provide training on animation techniques to village teachers on environmental activities.	40	30	-	-	70
To keep an animation service concerning health education and environmental prospection in village with drinking water supply.	-	-	-	-	400
To sensitize children towards the introduction of nurseries on 80 rural schools	20	20	20	20	80
Social Mobilization:(*) . To broadcast the wells-diggers Association; . To promote mobile plays . To design posters, video and radio programmes, etc.	-	20	20	20	100
Technical Assistance (**)	-	-	-	-	-

(*) To be undertaken in accordance with the social mobilization programme and needs.

(**) When necessary

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PROJECT MANAGEMENT

At the sectoral level (8 Sectors), the Project will be managed by animation teams (1 per sector), who will have under their responsibility to the implementation of the animation activities to be developed in several villages. These animators should participate, together with the communities, in the planning and organization of those activities.

At the Regional level three supervision teams (1 for each Region) will be set up, in Cacheu, Oio and Gabú, under the responsibility of the Director of the Project.

These officers will be the linkage between the Project and the animation level. They will undertake the annual planning of activities, together with Health, Education and Agriculture services as well as the animators.

At the National level the project will be led by a Project Coordinator, possessing intermediate/high level training, and a good knowledge of planning and animation techniques. He/she will be appointed by the DGRH.

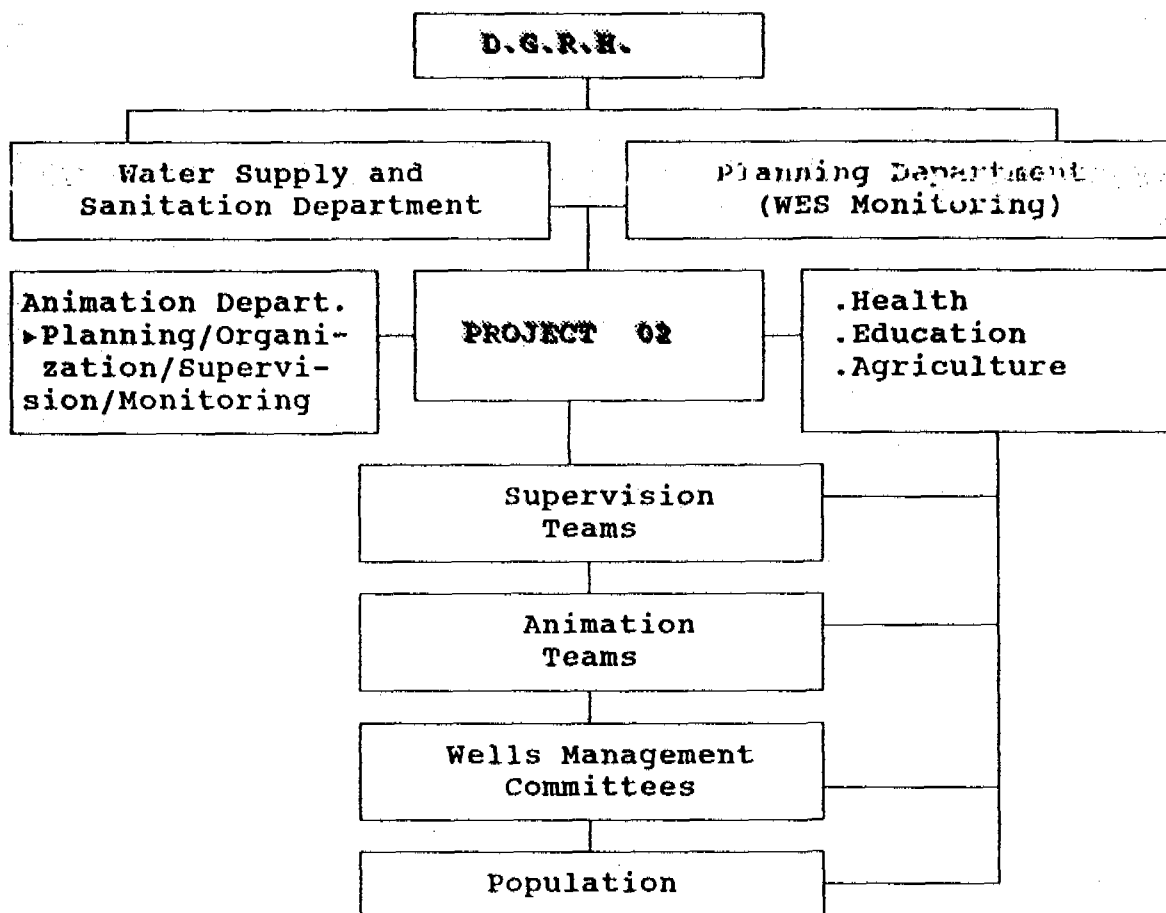
The Project Coordinator will undertake, together with Health, Education and Agriculture officers in charge of the animation, planning, monitoring and supervision teams, the annual plan of action to take place at village level.

The Project Coordinator will additionally undertake the following tasks:

- Administrative and financial management;
- Preparation of quarterly reports which will be sent to the DGRH, Secretary of State of Planning, and UNICEF;
- The supervision and monitoring of activities;
- Planning and coordination of training and animators upgrading activities.

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PROJECT 2 EXECUTION ORGANIGRAMME



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**GOVERNMENT PHYSICAL AND FINANCIAL INPUTS
(in US\$'000)**

DENOMINATION OF PHYSICAL INPUTS SERVICES AND ASSISTANCE	ANNUAL FINANCIAL DISTRIBUTION				TOTAL
	1994	1995	1996	1997	
Wages and Trips	10.0	10.0	10.0	10.0	40.0
Insurance and Circulation rates	2.5	2.50	2.5	2.5	10.0
Fuel	2.5	2.5	2.5	2.5	10.0
Maintenance and repairing	2.5	2.5	2.5	2.5	10.0
Installation, equipment and maintenance	10.0	10.0	10.0	10.0	40.0
TOTAL	27.5	27.5	27.5	27.5	110.0

**ESTIMATION OF COMMUNITY INPUTS
(in US\$'000)**

DENOMINATION OF PHYSICAL INPUTS	ANNUAL FINANCIAL DISTRIBUTION				TOTAL
	1994	1995	1996	1997	
Labour	3.0	3.0	3.0	3.0	12.0
Local materials	3.5	3.5	3.5	3.5	14.0
Construction materials	6.5	6.5	6.5	6.5	26.0
Manual pumps spare parts	3.0	3.0	3.0	3.0	12.0
TOTAL	16.0	16.0	16.0	16.0	64.0

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PROJECT BUDGET

UNICEF PHYSICAL AND FINANCIAL INPUTS (IN US\$ '000)

PHYSICAL INPUTS NAMES PROVISION AND ASSISTANCE	ANNUAL FINANCIAL DISTRIBUTION				TOTAL
	1994	1995	1996	1997	
1 - Training	40.0	40.0	40.0	30.0	150.0
2 - Animation	25.0	25.0	20.0	10.0	80.0
3 - Monitoring and Supervision	25.0	25.0	25.0	20.0	95.0
4 - Animation material	20.0	20.0	20.0	20.0	80.0
5 - Equipments	20.0	20.0	15.0	10.0	65.0
6 - Vehicles and spare parts	50.0	20.0	30.0	10.0	110.0
7 - Social mobilization	30.0	30.0	30.0	30.0	120.0
8 - Logistics operation	25.0	20.0	25.0	20.0	90.0
9 - Freight	10.0	10.0	5.0	5.0	30.0
10- Programme support	20.0	20.0	20.0	20.0	80.0
11- Technical Assistance	10.0	10.0	10.0	10.0	40.0
12- Monitoring and evaluation	5.0	10.0	10.0	35.0	60.0
TOTAL	280.0	250.0	250.0	220.0	1,000.0
Resources					
General Resources	50.0	50.0	50.0	50.0	200.0
Available supplementary resources	15.0	15.0	15.0	15.0	60.0
Non-Available supplementary resources	215.0	185.0	185.0	155.0	740.0
TOTAL	280.0	250.0	250.0	220.0	1,000.0

CHAPTER IV

***ADVOCACY AND SOCIAL MOBILIZATION
PROGRAMME***

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PROGRAMME'S NAME: Advocacy and Social Mobilization

PROGRAMME'S PROJECTS:

1. Advocacy for the survival, development and protection of children and women
2. Social communication in support to sectoral programmes

GEOGRAPHICAL COVERAGE: National

TARGET POPULATION: Eighty percent of total population, particularly women and children living in urban and rural areas and communities targeted by sectoral programmes (Health, Water and Sanitation, and Education)

RESPONSIBILITIES AND ADMINISTRATION: Secretariat of State of Information

OTHER PARTNERS:

- FAO
- FNUAP/UNDP
- WHO
- World Bank
- Ministry of Health
- Ministry of Education
- Ministry of Natural Resources
- Ministry of Social Affairs and Women Promotion
- Secretariat of State of Planning
- NGOs
- Mass media and traditional channels of communication

PROGRAMME'S BUDGET: US\$ 827,000

Distributed as follows:

Government	US\$ 303,600
UNICEF	US\$ 520,000
Communities	US\$ 4,000

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PROGRAMME SUMMARY

The underlying causes of mortality and morbidity affecting children under five years of age, child malnutrition and maternal mortality in Guinea-Bissau reveal that considerable improvements must take place in the fields of health, education, and water and sanitation, namely through a transfer of knowledge to alter attitudes and traditional practices.

The high population's illiteracy rate, for women in particular, and the low impact of modern mass media on the rural community and especially on women, lead to a quasi-perpetuation of traditional negative practices.

Taking into account these facts, the Advocacy and Social Mobilization Programme aims to encourage communities, (women in particular) to enable them to become development agents through education and training in life skills. To that end, research and studies will be carried out to identify alternative communication channels to reach the population, again women in particular.

The Programme will equally contribute to the preparation of a national communication and social mobilization strategy, to utilize resources channeled to information, mass education and communication.

The Programme's broad objective is to allow the acceleration of activities towards the child's survival and development, as well as of those activities aimed at improving women's living conditions which will contribute to the achievement of NPA's goals.

The Programme will reinforce social mobilization activities in the context of sectoral programmes, through training to the benefit of communication officers. This achieved through the publication "Facts for Life", translated into the main local languages, as well as preparation of educational materials, and of audio-visuals, with particular emphasis on the diseases which are the primary causes of mother and child mortality.

The main elements in the programme's strategy are social mobilization, operational research for the identification of appropriate communication channels, especially involving women and girls and reinforcement of national mass media capacities. The programme will be conceived as a multisectoral process, which supposes a good intra- and intersectoral coordination.

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The programme aims at a nationwide coverage but will pay special attention to women and children living in especially difficult circumstances. Communities will be the programme's direct targets, equally covering the decision making bodies and community members as actors in the development process.

I. PROGRAMME'S CONTEXT

Social mobilization is a process through which people are empowered to achieve social change in a sustainable and cost-effective manner. The mobilization process takes place at different levels in the country's society (at the community and central level), with different target groups. Advocacy is a key strategy used in the mobilization process. Social communication (also sometimes described as Information, Education and Communication) is an activity used in advocacy or in increasing use and access to information by vulnerable groups.

The conceptual framework guiding the Programme is the following:

DECISION ORGANS	STIMULATE POLITICAL WILL AND REVISION OF POLITICS
Service suppliers and programmes counterparts	Better quality services and priority to the user's perspective
Services partners (i.e. NGOs and community organizations)	Mobilization of their targets - mobilization of resources - contributions in kind (i.e. free broadcasting, etc.
Organizations at community level	Contribute to management and financing of services, contributing to its sustainable utilization
Communities (beneficiaries, etc.)	Change in behaviour and bigger demand and utilization of services

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A. The situation in the social communication sector

A number of laws were approved to allow the creation of private mass media. The context for mobilization and advocacy is changing as the country engages itself in a democratization process. A national body, the National Council for Social Communication was created. This Council is composed of members of the Popular National Assembly, as well as public and private mass media. This new body should help in the creation of a more favourable climate to advocacy efforts in favour of women and children.

The country has a very high illiteracy rate, over eight main languages, over thirty ethnic groups and a relatively small population. These reasons are why social communication efforts should be undertaken at two levels: nationwide and provincial/regional level.

The National Radio covers the whole country, but there are no data available on its effective utilization. The station has low capacity to enable the production of field programmes. The national television - TVE-GB - is still at an experimental phase, and its broadcasts are run by the Portuguese Cooperation. Over 80% of its programmes are imported from Portuguese speaking countries (especially Portugal and Brazil). There is an attempt to install community sets (working with solar power) in rural areas. The impact of this action has not yet been assessed.

Written press has a very limited coverage. The National News Agency has a good network of field correspondents covering the country. Other than the public newspaper "Nó Pintcha", a number of private newspapers were created (Expresso Bissau, Baguera, Ganga Real and Corubal). There are also initiatives towards the creation of private radio stations. These initiatives will provide Guineans with a larger choice of mass media and will undoubtedly affect their perception of Government bureaucracy and its reality.

There also exist a number of informal channels among which are:

"Régulos", traditional chiefs;

"Marabús", in islamic societies, traditionally known as "muro", considered as being spiritual advisers, healers and psychiatrists and, consequently, traditional authorities.

"Djambacús or Baloberos", who play an important role in animist societies (the majority of the Guinean population).

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They often have influence on a whole community due to their "power".

"Djidius or Griots", traditional artists with large penetration among populations. Their songs are based and inspired on oral tradition.

Experience demonstrated that utilizing them in a constant and well programmed manner, especially when one deals with actions at the village level, their power is undoubtedly enhanced.

A National Office for Social Communication (GNCS) was set up at the Secretariat of State of Information, with UNICEF support, to better focus Government's attention on social communication in favour of children and women. This office produces a monthly publication, and three weekly radio programmes, as well as audio-visual material. All these materials are addressed to the local population.

There is also a National Commission for Children (CNI) which was created in 1991 as a follow-up to the World Summit for Children. The CNI is coordinated by the Minister for Social Affairs and Women's Promotion and it has an interministerial nature. It meets on an irregular basis.

There are several NGOs in the development field as well as a coordinating body - SOLIDAMI -, despite the fact that there is no register of all national NGOs.

B. Past cooperation

In September 1990, two historical events in favour of children occurred in the national scene. The ratification of the Convention on the Rights of the Child (less than a year after its adoption by the United Nations General Assembly) and the organization of the National Summit for Children. Guinea-Bissau ratified the Convention in 1990 and the Head of State took an active part in the World Summit, after the Provincial Conferences which culminated in the Bissau Declaration stating the goals for the 1990s.

A number of actions were carried out in Guinea-Bissau. The establishing of a National Commission for Children, responsible for monitoring the implementation of Summit's goals. Also, the preparation of a National Plan of Action (NPA), approved by the Head of the State, and the creation of a Child's Fortnight", are some examples of that commitment.

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Activities achieved can be summarized as follows:

The Social Communication Project/GNCS enabled the Guinean Government to foster a better awareness on children's problems and mobilize all Government's development partners to commit themselves, in a more decisive manner, to the cause of children and women, as well as development and protection.

The main endeavor has been to support the National Office of Social Communication (GNCS) in the dissemination of messages through the mass media aiming at mobilizing populations to immunize their children against preventable infectious diseases.

Several materials were produced in this field: EPI and Epidemiological Bulletins, Annual EPI calendars, posters on vaccination related themes, radio programmes in the country's major local languages, radio plays, TV clips and the "Comunitário" newspaper. Concerning the "Comunitário", it must be said that it filled a gap which existed in the few existing written press organs.

During past cooperation there was no adequate collaboration between the GNCS and other sectoral programmes, as was foreseen. It was not possible to assess either the real impact of social communication activities, through changes in parents' behaviour towards their children's health, or in the use being made of basic services supported by UNICEF.

It was thus necessary to evaluate the contents of messages and to verify whether they reached their target groups. Under request from the Secretariat of State of Information, a Reflection Day was organized, focusing on an analysis of the GNCS' performance and on perspectives for the future.

As a follow-up a rapid assessment was carried out with support of UNICEF Headquarters. This evaluation recommended a restructuring of the GNCS and its reorientation into a research and assessment body, in order to measure the impact of messages on target populations and the consequent increase in the capability of the national mass media.

Concerning women's development, the Social Communication Project/GNCS, in close collaboration with the Ministry of Social Affairs and Women's Promotion, religious institutions, (Islamic and Catholic) and national NGOs, events were promoted where some of the main problems affecting Guinean woman were

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analyzed. Some special radio and TV programmes, as well as articles in the written press, were produced, covering women's economic, political and social development.

The Government and UNICEF have had a close coordination in the organization of special events, namely the "Child's Fortnight", which was held as part of the celebration of the African Children Day. The commemoration of the International Women's Day and the launching of the Report on the State of the World's Children constitute other achievements deserving mention in the context of this collaboration.

Despite the excellent cooperation between UNICEF and its partners, and despite activities carried out in the last years, there is still a great deal to be done to inform and sensitize populations, decision makers and people in charge of development at different levels. Particularly, there is a need to find solutions to the following problems:

- Lack of coordination of activities between different partners in the field of social communication and mobilization;
- Shortage of financial resources and equipment. Most partners (UNICEF included) suffer from inadequate budgets, lack of material, equipment, and staffing);
- Weak or no utilization of traditional channels in the field of advocacy and mobilization. Up to now the emphasis has been given to the use of modern channels of communication;
- Lack of data on listening audiences and on the impact of mass media and messages on target populations.

II. PRIORITY PROBLEMS ADDRESSED BY THE PROGRAMME

The analysis of the social mobilization and communication sector includes an identification of existing potential, its role and impact on community, institutional support, sector's difficulties and weaknesses, beneficiaries attitudes and beliefs, and the potential to change behaviour.

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The main problems are:

- Weak utilization of social mobilization structures for socio-economic development objectives;
- Inadaptation of radio and TV programmes concerning objectives in favour of children and women;
- Obstacles to free circulation of communication aids produced by projects, either due to lack of motivation or ignorance on the part of those involved;
- Lack of knowledge by the majority of Guinean population concerning the Convention on the Rights of the Child;
- A certain ignorance about the NPA's objectives and goals and the inexistence of resources mobilized both at the internal and external levels, for its implementation;
- Lack of coordination among social communication bodies and sectors to implement a joint Information, Communication and Social Mobilization strategy.

III. PROGRAMME'S GOALS AND OBJECTIVES

Concerning social mobilization and communication, the GOGB decided to utilize social communication means, mobilize populations by the use of animation techniques, support mass media development, as well as to mobilize and integrate traditional, religious and local groups, towards the fulfillment of goals set for the Decade.

GENERAL OBJECTIVES

- . To contribute towards an effective application of the Convention on the Rights of the Child (CRC) and of the National Plan of Action (NPA) through advocacy and mobilization of society's resources;
- . To contribute towards a sustainable change in behaviour of the population targeted by sectoral programmes, to allow a greater, and more effective utilization of basic services to guarantee their sustainability.

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SPECIFIC OBJECTIVES

- . To mobilize resources for the implementation of the NPA at all levels
- . To promote the CRC and Women's Legal Status
- . To restructure the GNCS to become the technical mechanism to provide social communication support to programmes.
- . To mobilize communities towards a better utilization and management of basic services;
- . To mobilize and use traditional channels for a better application of "Facts for Life" related messages addressed to rural areas and poor urban communities.

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PROGRAMME'S LOGICAL FRAMEWORK

CRITICAL CONDITIONS	OBJECTIVES	INDICATORS	MODALITY OF VERIFICATION
<p>political will to put into practice actions recommended by summit on infancy</p> <p>Availability of internal and external financial resources</p>	<p>IMPACT: Implement policies and programmes in favour of children and women particularly actions recommended by summit on infancy and the convention on the rights of the child</p>	<p>Existence of national plan of action for infancy and programmes in favour of children and women</p> <p>Alteration of all legislation to the detriment of children and women</p>	<p>Reading of documents</p> <p>Formal programme evaluation</p> <p>Guinean legislation and convention</p>
<p>Continued political commitment</p> <p>Continued media mobilization</p>	<p>EFFECTS: Harmonization of legislation</p> <p>Information concerning women and children relative to commitments made by guinea-bissau's partners in preparation of development plans</p> <p>Budgets meant for those programmes in favour of children and women and which were actually disbursed</p> <p>Reinforcement of the "great alliance" for questions related to children and women</p>	<p>Existence of special programmes for children and women</p> <p>Existence of budget lines</p> <p>Answer to partners relative to mobilization actions, e.G. Fund raising</p>	<p>Analysis of national budget</p>
<p>Media availability coordination and collaboration between different partners</p>	<p>SERVICE: Contents of convention and national plan of actions texts distributed to deputies, ngos, associations and groupings, administrative authorities, schools, mosques, decisions making centres and planners at all level</p>	<p>Number of people who know CRC and NPA contents</p>	<p>Deputies' attitudes in the course of people national assembly sessions</p> <p>Visits to schools appraisal of exhibitions carried out in schools</p>
<p>Availability of partners, namely deputies and administrative authorities</p> <p>Ministry of Education's political will</p> <p>Media availability, public ones and particular</p> <p>Human and financial means available to the ministry of social affair's advancement</p>	<p>OUTPUT: Survey on listening audiences</p> <p>Brochure on rights of the child</p> <p>"Great alliance partners informed"</p> <p>Primary education teachers trained on education for development</p> <p>Primary education pupils trained on rights of the child</p> <p>Media productions, stamps, competitions, awards, etc.</p>	<p>Number of seminars held</p> <p>Number of media productions actually made</p>	<p>Monitoring off radio and tv programmes</p> <p>Analysis of materials produced</p> <p>Supporting evidence</p>

IV. PROGRAMME'S STRUCTURE AND COMPONENTS

SOCIAL MOBILIZATION

PROJECT 01:

"ADVOCACY"

- Resource mobilization for the implementation of the NPA
- Promotion of CRC and improvement of the juridical status of women
- Advocate in favour of CEDC.

PROJECT 02: SOCIAL COMMUNICATION AS SUPPORT TO SECTORAL PROGRAMMES

- Reinforcement of national capacities through GNCS
- Support to sectoral programmes

V. PROGRAMME'S STRATEGY

- The Advocacy and Social Mobilization Programme is conceived as horizontal strategy to support the GOGB's advocacy towards the fulfillment of the goals for the Decade and the implementation of the Convention on the Rights of the Child.

Social Mobilization is a strategy which will penetrate all areas and programmes to ensure an effective change in behaviour leading to an increased use of services by the beneficiaries.

- Operational research will be undertaken to identify different communication channels which will enable, the assimilation of populations and determine new communication channels at the intermediate and peripheric levels. A particular emphasis will be given to communication activities involving women and girls.
- Intersectorial relationship, to create collaboration

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mechanisms between Ministries which will allow better use of human and material resources in support of different sectoral programmes and meet the intermediate goals.

- The principle of progression through selected phases, depending on the programme's priorities, will be adopted and regularly adjusted in accordance with the Programme's needs.
- Building of national capacity. The strengthening of identified governmental and non-governmental institutions to undertake sensitization and mobilization actions concerning the NPA and the CRC.
- Support to sectoral programmes. The revitalization of health and water and sanitation services through the development of appropriate communication activities that will better utilize those services, and to improve the survival, development and protection of children and women. To support the implementation of the Bamako Initiative and stimulate the creation of a national legislation that will provide the legal basis to extend this initiative to the whole country.
- Utilization of informal communication channels. Promotion and development of these channels to utilize "Facts for Life", as a way to reinforce community participation in promoting their development.

VI. TARGET POPULATION AND GEOGRAPHICAL COVERAGE

The Programme has a nationwide coverage. It will intervene specifically in accordance with sectoral needs in given areas (new activities, epidemics, mobilization campaigns...). Women and Children and the most vulnerable groups, will be the primary target of the Social Mobilization Programme.

Communities benefiting from interventions by the Country Programme's different sectors will be the target of this programme and should be well identified. Other than those groups directly targeted by the programme, its activities expects to reach a larger share of the population through informal channels of communication.

The Advocacy Project will strive to sensitize the decision-makers, as well as the families, namely:

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Members of Government, the National Commission for Children (CNI), the National Assembly (ANP), Government regional officers, Mayors and senior administrative officers at the central, regional and sectoral levels;

Mass media, political parties, Associations and institutions of social, cultural and economic character.

Traditional communication channels, religious groups, traditional leaders and NGOs.

VI. RELATIONSHIP WITH OTHER PROGRAMMES AND PARTNERS

a) At the Country Programme's level

The Programme's two essential projects, "Advocacy" and "Social communication as Support to Programmes" keep a relationship of interdependence and complementarity with projects from other components of the Country Programme.

The Health Programme encompasses a complete set of actions related to prevention and education where social mobilization has a key role to play. The successful experience with the Bamako Initiative in the Gabú Region and its implementation in other regions of the country (Oio, Cacheu, Biombo and Quínara), is based upon the principle of community participation in co-financing and co-management of health centres. Problems can be found not only in the provision of information but especially concerning changes in behaviour at the family level and in consolidation of gains in control of transmissible diseases and in the prevention of diarrhoeal diseases, malaria, acute respiratory diseases, nutritional surveillance, breastfeeding, pregnancy, growth monitoring, as well as assistance to service delivery at home.

In the field of the Water and Sanitation Programme, the Social Mobilization Programme will support community animation, health education, drinking water supply and sanitation in order to fulfill sectoral objectives and community involvement.

Concerning the Education Programme, the Social Mobilization Programme will provide support to elaborate and disseminate messages through the schools. It will support functional literacy and post-literacy as a key element in the promotion of messages linked to the Convention on the Rights of the Child and "Facts for Life", paying particular attention to women and girls.

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In the field of planning, monitoring, and evaluation will contribute to disseminate the information on the situation of children and women, and the findings of major evaluations.

The programme will also provide support to mobilize the communities to participate in data collection and analysis of problems at local level.

b) At the partner's level

There is a relatively large number of donors in the country and many of them are active in this sector. The WHO is funding a National Plan of Action against AIDS; the World Bank is supporting the Ministry of Health' IEC Programme; the UNFPA has a series of IEC training activities and supports the Education for Family Life Project; the FAO is supporting a Rural Communication Project (with a Rural Radio component) implemented by the Secretariat of State of Information. Other bilateral donors are also involved: France supports the revitalization of the National Radio; Germany (through UNESCO's PIDC) is supporting the revitalization of the N6 Pintcha newspaper; Sweden has recently provided equipment for the National Printing Office and Portugal provides technical and financial support to TVE-GB.

The UNDP requested UNICEF to take the leading role in the development of a joint United Nations strategy for Communication and Information, which is already being drawn up. UNICEF and other partners (FAO and World Bank) will help the Government in defining a national communication strategy to reduce the risk of duplication and overlapping. An effective decentralization at the provincial level may help to provide new opportunities to all donors involved in the sector. Each donor can give its support towards capacity building in light of its own comparative advantage. For instance: bilateral donors for equipment; the FAO with training; UNICEF and WHO in the development of audiovisual materials and health related messages, FNUAP in supporting training and preparation of didactic material on life skills.

VIII. PROGRAMME'S MANAGEMENT

The Programme will be managed by the Secretariat of State of Information, in collaboration with the Ministry of Social Affairs and Women's Promotion. Other departments will be associated in certain specific Programme's activities, such as:

- Ministry of Education,

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- Ministry of Public Health,
- Ministry of Natural Resources,
- Ministry of Justice,
- Ministry of Territorial Administration,
- Ministry of Administrative Reform, Civil Service and Labour,
- Secretariat of State of Planning.

At the regional level, activities will be monitored and supervised by the Presidents of Regional State Committees. Various NGOs which work with children and women, will be associated in the Programme's execution. A technical committee will prepare the annual plan of action to ensure participation by all partners. This committee will meet on a semi-annual basis to review progresses and introduce, if needed, some modifications.

UNICEF will provide technical assistance and funding to ensure the management, coordination, monitoring and evaluation of the programme.

IX. BUDGET

For the 1994-1997 period, the Government contribution will cover costs related to personnel, infrastructure and the organization of events. The estimated figure is US\$ 303,600.

UNICEF will contribute US\$ 320,000 from its General Resources and US\$ 200,000 from Supplementary Funds, in accordance with the availability of funds earmarked for specific purposes.

Communities will contribute US\$ 4,000 including some related costs to local construction in the development of some mobilization activities.

Therefore, the Programme's overall cost is US\$ 827,000 distributed as follows:

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PROJECT	FUNDING	1994	1995	1996	1997	TOTAL
PROJECT 01: ADVOCACY	GOVERNMENT	20.5	20.5	20.5	20.5	82.0
	UNICEF	50.0	50.0	50.0	50.0	200.0
	COMMUNITIES	0.5	0.5	0.5	0.5	2.0
PROJECT02: SUPPORT TO SOCIAL COMMUNICATION PROGRAMMES	GOVERNMENT	55.4	55.4	55.4	55.4	221.6
	UNICEF	30.0	30.0	30.0	30.0	120.0
	COMMUNITIES	0.5	0.5	0.5	0.5	2.0
TOTAL	GOVERNMENT	75.9	75.9	75.9	75.9	303.6
	UNICEF	80.0	80.0	80.0	80.0	320.0
	UNICEF	50.0	50.0	50.0	50.0	200.0
	TOTAL	130.0	130.0	130.0	130.0	520.0
	COMMUNITIES	1.0	1.0	1.0	1.0	4.0

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UNICEF contribution's detailed budget is as follows:

ACTIVITIES	# IN THOUSANDS OF DOLLARS								TOTAL	
	1994		1995		1996		1997			
	GR	SF	GR	SF	GR	SF	GR	SF	GR	SF
TRAINING:	10.0	5.0	10.0	5.0	10.0	5.0	10.0	5.0	80.0	40.0
MASS MEDIA JOURNALISTS AT CENTRAL AND REGIONAL LEVEL	10.0	5.0	10.0	5.0	10.0	5.0	10.0	5.0		
"GREAT ALLIANCE"	20.0	10.0	20.0	10.0	20.0	10.0	20.0	20.0		
STUDIES:	6.0	3.0	6.0	3.0	6.0	3.0	6.0	3.0	60.0	40.0
LEGAL TEXTS COMPARATIVE STUDIES	6.0	2.5	6.0	2.5	6.0	2.5	6.0	2.5		
EVALUATIONS	5.0	2.5	6.0	2.5	5.0	2.5	6.0	2.5		
SURVEYS	16.0	10.0	16.0	10.0	16.0	10.0	16.0	10.0		
MEDIA PRODUCTIONS:	*	3.0	*	3.0	*	3.0	*	3.0	*	40.0
RADIO	*	6.0	*	6.0	*	6.0	*	6.0	*	
TELEVISION	*	2.0	*	2.0	*	2.0	*	2.0	*	
WRITTEN PRESS		10.0		10.0		10.0		10.0		
EQUIPMENT:	10.0	10.0	10.0	10.0	10.0	10.0	10.0	10.0	40.0	40.0
MATERIAL SUPPORT TO MASS MEDIA										
VARIOUS PUBLICATIONS:	*	6.0	*	6.0	*	6.0	*	6.0	*	20.0
BROCHURES	*		*		*		*		*	
CARTOONS	*		*		*		*		*	
PLAYS	*		*		*		*		*	
POSTERS	*		*		*		*		*	
EXHIBITIONS	*		*		*		*		*	
COMPETITIONS AND MUSICAL EVENTS	*		*		*		*		*	
SPECIAL EVENTS:	4.0	6.0	4.0	5.0	4.0	6.0	4.0	6.0	40.0	20.0
CHILD'S FORTNIGHT	1.0		1.0		1.0		1.0			
LAUNCHING OF ANNUAL REPORT ON CHILDREN'S WORLD	1.0		1.0		1.0		1.0			
WOMEN'S DAY	2.5		2.5		2.5		2.5			
GCO	0.6		0.6		0.6		0.6			
CONCERTS	10.0		10.0		10.0		10.0			
FUND RAISING ACTIVITIES SEVERAL SPECIAL EVENTS										
TECHNICAL ASSISTANCE	26.0		26.0		26.0		26.0		80.0	
SUB-TOTAL	80.0	60.0	80.0	60.0	80.0	60.0	80.0	60.0	320.0	200.0
TOTAL									520.0	520.0

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X. PROGRAMME MONITORING AND EVALUATION

An annual programme review meeting will be held as part of the global country programme monitoring system.

A Mid-Term Review will be held as part of the evaluation of the Country Programme implementation.

A final evaluation will take place in 1997 to analyze achievements and use its findings in the preparation of the new country programme.

The Programme's impact will be evaluated through research and surveys prepared for that purpose. The funds raised, and the number of mass media productions will reveal the degree of success. A study on the audiences reached will be undertaken in an early stage.

Indicators will be chosen to measure the direct and indirect impact of Programme activities.

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XI. PROJECTS' SUMMARY

PROJECT 01: ADVOCACY

SECTORAL PROGRAMME: ADVOCACY AND SOCIAL MOBILIZATION

SUPERVISING MINISTRY: SECRETARIAT OF STATE OF INFORMATION

MAIN DONOR: UNICEF

COOPERATING PARTNERS: Ministry of Social Affairs and Women's Promotion; Ministry of Public Health; Ministry of Education; Ministry of Natural Resources; Ministry of Rural Development and Agriculture; Secretariat of State of Information; Secretariat of State of Planning.

PROJECT 01's BUDGET: US\$ 364,000

Distributed as follows:

Government	US\$ 20,400
UNICEF	US\$ 120,000
Community	US\$ 2,000

CONTEXT

The greatest challenge facing any attempt to improve the situation of children and women, depends on the ability to translate political will and commitment into reality.

Guinea-Bissau is a good example of a country where the socio-political atmosphere provides opportunities to attain satisfactory results.

The Government's political will to solve problems facing women and children, the increasing awareness of a national commitment towards Child's Survival, Development and Protection, are obvious signs in the national determination to find ways to fulfil the World Summit for Children goals.

Taking into consideration Guinea-Bissau's socio-economic conditions, one can say that advocacy becomes an insurmountable

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necessity and a strong tool to commit communities and decision-makers in the development process.

PROJECT OBJECTIVES

- To support the mobilization of community, Government and donor resources for the NPA's implementation;
- To support the CRC's effective promotion, ensuring its implementation at the national and regional levels;
- To improve women's status and ensure their effective participation in development (at least 80% of them) by 1997.

SPECIFIC OPERATIONAL STRATEGIES

To make that social priorities are progressively attempted by decision-makers and communities.

The execution and monitoring of the National Plan of Action and the application of the Convention on the Rights of the Child will be considered as a turning point for advocacy purposes.

Special events, to support programmes, will mobilize and sensitize decision-makers and communities, using national and international artists, with media support.

World Children's Day, African Children's Day, and the launching of the annual Report on the State of the World's Children and World Women's Day, will always be opportunities to draw attention to decision-making centres and populations at large, presenting problems related to Child's Survival, Development and Protection through round tables, conferences, seminars, workshops, competitions, cultural and sporting events. A particular emphasis will be given to regular vaccination activities and to the achievement of the intermediate goals.

Every potential funding source, national or external, will be mobilized through a well organized and convincing information campaign. Mass media will be mobilized to increase their programming allotment to problems related to the survival, development and protection of children and women.

Beneficiaries from this project will be children, parents, women, (in rural and urban communities) community leaders,

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Government officers (at all levels), NGOs, Associations and Groupings, mass media, politicians, members of parliament and traditional leaders.

SPECIFIC ACTIVITIES

The Project intends to carry out the following activities to reach the above mentioned objectives:

- . Production and broadcasting of information related to NPA objectives;
- . Organization of information meetings and/or workshops for partners involved in the "Partnership Movement": members of parliament; representatives from various ministerial departments; members of the National Women's commission; journalists; mayors; religious leaders; trade unions; members from the private sector; artists and intellectuals (musicians, painters, poets, writers, etc.)
- . Special events promotion of Greeting Card Operation. Organization of a ceremony with attendance from the country's leaders, and the participation of several Ministerial Departments, donors and national mass media.

Launching of the "State of the World's Children Report" and of the State of Women and Children in Guinea-Bissau.

Child's Fortnight (June):

- World Children's Day (June);
- African Children's Day (June);
- World Women's Day (March);
- . Fund raising through various activities (TV and radio campaigns, conferences, information meetings, etc.)
- . Organization of media campaigns focused on Child Survival, Development and Protection (CSDP) as well as on the status of women.
- . Development of actions to sensitize decision-making bodies towards a readaptation of laws to apply the CRC.
- . Promotion of a large interchange of information between countries in the region and in the sub-region focused on interventions benefiting children and women.

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- . Undertaking surveys on health/nutrition, hygiene, situation of children living in especially difficult circumstances, and on the impact of communication activities for CSDP and promotion of social mobilization strategies in rural and poor urban areas.
- . Lead decision centres toward the creation of a legal basis allowing an extension of the Bamako Initiative countrywide.
- . Organization of information seminars on NPA objectives and on their monitoring at all levels.
- . Promotion of training seminars for journalists.
- . Production and co-production of audiovisual materials relating to CSDP and the CRC.
- . To provide support in the preparation of supporting materials for advocacy campaigns on health, education and sanitation activities at the village level.
- . Implementation of an intensive and progressive media campaign through the production of radio, TV and newspaper programmes.
- . Reinforcement of national media capacities through training, in development of communication system and methodologies, and supporting the production of material.

The Advocacy Project approach will be developed, in light of its objectives and targets. The Table that follows describes channels and activities set for each target group:

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TARGET	CHANNEL	ACTIVITY
Decision organs	Modern media (radio, TV and written press)	Meetings, ateliers, articles, radio and TV programmes, special events
Rural Population	Radio, theater, traditional communicators, administrative authorities and political leaders, opinion leaders.	Production of radio programmes in the main local languages, TV programmes, and production of posters
Urban Population	TV, radio, written press, theater, etc.	News, production of posters, special programmes
Associations and Groups (women and young)	Interpersonal communication, mass media, etc.	Meetings/ateliers, special broadcasts, movie projection, documentaries, document distribution
Schools	Media, interpersonal communication, teachers	Broadcasting of infantile programmes based on CRC and NPA, contests, stories, etc.
Journalists	Training, national capacity building	Meetings/seminars, training sessions, supply of equipment
Administrative Authorities	Media, interpersonal communication	Information sessions, brochures, press articles, media productions
Village Associations	Traditional leaders, local authorities, radio programmes in national languages, traditional artists ("dgidius").	Seminars, news in local languages, cultural events, theater, etc
Traditional Authorities	Interpersonal communication	Information/advocacy
"Dgidius" (traditional artists)	Advocacy, interpersonal communication	Training and information sessions, elaboration of messages, pedagogical support, supply of minor materials
Rolling theater		Training and Information sessions, elaboration of scenarios, supply of minor materials

PROJECT MANAGEMENT

The National Commission for Children (CNI), a body of a multisectoral nature, and the Ministry of Social Affairs and Women's Promotion will be the primary partners involved in the preparation and implementation of advocacy activities. Due to their roles and functions, they will become catalysts facilitating the promotion of decision making and involvement of partners and communities.

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PROJECT BUDGET

The Project's overall cost is US\$ 343,600 distributed as follows:

PROJECT	FUNDING	1994	1995	1996	1997	TOTAL	
PROJECT 01: ADVOCACY	GOVERNMENT	20.5	20.5	20.5	20.5	82.0	
	UNICEF	GR	50.0	50.0	50.0	50.0	200.0
		SF	20.0	20.0	20.0	20.0	80.0
		T	70.0	70.0	70.0	70.0	280.0
	COMMUNITY	0.5	0.5	0.5	0.5	2.0	

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**ADVOCACY PROJECT
BUDGET BY ACTIVITY
(in 000 US\$)**

ACTIVITIES	SOURCES	YEARS								TOTAL	
		1994		1995		1996		1997		GR	SF
		GR	SF	GR	SF	GR	SF	GR	SF		
SPECIAL EVENTS	GOVERNMENT	5.0	.	5.0	.	5.0	.	5.0	.	20.0	.
SEMINARS	UNICEF	10.0	5.0	15.0	5.0	10.0	5.0	10.0	5.0	40.0	20.0
CONFERENCES	COMMUNITY	0.2	.	0.2	.	0.2	.	0.2	.	0.8	.
PRODUCTION OF ADVOCACY	GOVERNMENT	1.5	.	1.6	.	2.0	.	2.0	.	7.0	.
AND FUND RAISING	UNICEF	20.0	10.0	15.0	10.0	10.0	10.0	20.0	10.0	65.0	40.0
INSTRUMENTS	COMMUNITY	0.2	.	0.2	.	0.2	.	0.2	.	0.8	.
STAFF AND FACILITIES	GOVERNMENT	7.5	.	7.5	.	7.5	.	7.5	.	30.0	.
	UNICEF	.	.	.	.	.	.	.	.	.	.
	COMMUNITY	0.1	.	0.1	.	0.1	.	0.1	.	0.4	.
COOPERATION WITH THE MEDIA	GOVERNMENT	6.5	.	6.5	.	6.5	.	6.5	.	26.0	.
	UNICEF	10.0	6.0	10.0	5.0	10.0	5.0	10.0	10.0	40.0	20.0
	COMMUNITY	.	.	.	.	.	.	.	.	.	.
PROJECT SUPPORT	GOVERNMENT	.	.	.	.	.	.	.	.	.	.
	UNICEF	10.0	.	10.0	.	10.0	.	10.0	.	40.0	.
	COMMUNITY	.	.	.	.	.	.	.	.	.	.
TOTAL	GOVERNMENT	20.5	.	20.5	.	20.5	.	20.5	.	82.0	.
	UNICEF	50.0	20.0	50.0	20.0	50.0	20.0	50.0	20.0	200.00	80.0
	COMMUNITY	0.6	.	0.6	.	0.6	.	0.6	.	2.0	.

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UNICEF SPECIFIC CONTRIBUTION TO THE ADVOCACY PROJECT

UNICEF will provide US\$ 50,000 from General Resources and US\$ 20,000 from Supplementary Funds (in accordance with the availability of funds earmarked for specific purposes), distributed as follows:

ACTIVITIES	YEARS								TOTAL	
	1994		1995		1996		1997		GR	SF
	GR	SF	GR	SF	GR	SF	GR	SF		
SPECIAL EVENTS/SEMINARS/ COLOQUIES	10.0	5.0	15.0	5.0	10.0	5.0	10.0	5.0		
PRODUCTION OF ADVOCACY AND FUND RAISING INSTRUMENTS	20.0	10.0	15.0	10.0	10.0	10.0	20.0	10.0		
COOPERATIONS WITH MASS MEDIA	10.0	5.0	10.0	5.0	20.0	5.0	10.0	5.0		
PROJECT SUPPORT	10.0	0.0	10.0	0.0	10.0	0.0	10.0	0.0		
TOTAL	50.0	20.0	50.0	20.0	50.0	20.0	50.0	20.0	200.0	80.0
GENERAL RESOURCES	50	0	50	0	50	0	50	0	200.0	
NON-AVAILABLE SUPPLEMENTARY FUNDS		20.0		20.0		20.0		20.0		80.0
GRAND TOTAL	70.0		70.0		70.0		70.0		280.0	

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PROJECT 02: "Social Communication Support to Programmes"

SECTORAL PROGRAMME: ADVOCACY AND SOCIAL MOBILIZATION

SUPERVISING MINISTRY: SECRETARIAT OF STATE OF INFORMATION

MAIN DONOR: UNICEF

COOPERATING PARTNERS: Ministry of Social Affairs and Women's Promotion; Ministry of Public Health; Ministry of Education; Ministry of Natural Resources; Ministry of Rural Development and Agriculture; Secretariat of State of Information; Secretariat of State of Planning, NGOs.

PROJECT 02's BUDGET: US\$ 343,600

Distributed as follows:

Government	US\$ 221,600
UNICEF	US\$ 120,000
Communities	US\$ 2,000

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CONTEXT

Social communication is an instrument to raise the population's awareness in order to increase their participation in their own development process. The lack of population feedback, relative to services meant for their benefit, reduces the possibilities in acquiring essential knowledge leading to an improvement in living conditions. At the same time, the lack of dialogue with populations leads to a situation whereby decision makers base their programming of activities upon ignoring the most pressing needs of beneficiaries.

The Social Communication Project as Support to Programmes aims to fulfil sectoral objectives in Health, Education, Water and Sanitation for the promotion of behavioural change and improvement in the quality of social and basic services delivered.

The fulfillment of the above mentioned objectives requires a national capacity building to provide a national mass media with a greater and more effective use of formal and informal communication channels.

PROJECT OBJECTIVES

This project has the following specific objectives:

- a) Strengthen the existing national capacity and restructure the GNCS in order to develop appropriate communication strategies and materials.
- b) Support the Sectoral Programmes' interventions, and develop capacities at the provincial level in support of the implementation of relevant social communication strategies at the local level.

PROJECT OPERATIONAL STRATEGIES

The Project will be based upon the following strategic approaches:

1. Strengthening of national capacities in the fields of information and communication;

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2. Support information and communication decentralization and reduce the gap between Regions, gender issues, urban and rural areas;
3. Undertake research and surveys on new approaches towards Social Mobilization and Communication;
4. Reinforce the role of traditional channels, especially in rural areas;
5. Sustain information structures focusing on development and protection of children and women, as well as on support structures;
6. Reinforce community participation and community capacities.

SPECIFIC ACTIVITIES

The Project aims:

1. Promotion of a National Conference for the promotion of a social communication and information national strategy;
2. Organization of an information seminar with churches, NGOs, the private sector and other associations on social communication focused on CSDP concerns.
3. Promotion of working meetings on communication/social mobilization, with decision makers in Ministries and with other partners in the area of social communication;
4. Production of materials, to be used by officers and communicators, based upon guidelines provided by "Facts for Life" (FFL), as well as, on the prevention and treatment of diarrhoea, immunization and the prevention of nutritional deficiencies.
5. Production of training materials for literacy campaigns and for mobilization focusing on health, education and other related concerns to children living in difficult circumstances

PROJECT MANAGEMENT

The Secretariat of State of Information will be UNICEF's partner in the organization of "Social communication Activities".

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However, the Ministries of Public Health, Social Affairs and Women's Promotion, Natural Resources, Rural Development and Agriculture and the Secretariat of State of Planning, through their sectoral Programmes, will have a liaison role with the Project. This will facilitate and foster efforts towards the fulfillment of sectoral objectives in Health, Water and Sanitation and Education to promote a change in behaviour and improve the quality of social services being delivered .

PROJECT BUDGET

The Project's overall cost is estimated at US\$ 364,000, distributed as follows:

PROJECT	FUNDING	1994	1995	1996	1997	TOTAL
PROJECT 02:	GOVERNMENT	56.4	56.4	56.4	56.4	221.6
SOCIAL COMMUNICATION IN SUPPORT TO PROGRAMMES	GR	30.0	30.0	30.0	30.0	120.0
	UNICEF SF	30.0	30.0	30.0	30.0	120.0
	T	60.0	60.0	60.0	60.0	240.0
	COMMUNITY	0.5	0.5	0.5	0.5	2.0

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**BUDGET PER ACTIVITY
"SOCIAL COMMUNICATION PROJECT AS SUPPORT TO PROGRAMMES"**

ACTIVITIES	SOURCES	YEARS								TOTAL	
		1994		1995		1996		1997		GR	SF
		GR	SF	GR	SF	GR	SF	GR	SF		
TRAINING	GOVERNMENT	10.0	.	10.0	.	10.0	.	10.0	.	40.0	.
	UNICEF	5.0	10.0	5.0	10.0	5.0	10.0	5.0	10.0	20.0	40.0
	COMMUNITY	0.1	.	0.1	.	0.1	.	0.1	.	0.4	.
MEDIA PRODUCTIONS	GOVERNMENT	28.0	.	28.0	.	28.0	.	28.0	.	112.0	.
	UNICEF	*	10.0	*	10.0	*	10.0	*	10.0	*	40.0
	COMMUNITY	0.1	.	0.1	.	0.1	.	0.1	.	0.4	.
STAFF AND FACILITIES	GOVERNMENT	10.0	.	10.0	.	10.0	.	10.0	.	40.0	.
	UNICEF	.	.	.	.	.	.	.	.	.	.
	COMMUNITY	0.2	.	0.2	.	0.2	.	0.2	.	0.8	.
EQUIPMENT AND MATERIALS	GOVERNMENT	.	.	.	.	.	.	.	.	.	.
	UNICEF	5.0	10.0	5.0	10.0	5.0	10.0	5.0	10.0	20.0	40.0
	COMMUNITY	.	.	.	.	.	.	.	.	.	.
PROJECT SUPPORT	GOVERNMENT	7.4	.	7.4	.	7.4	.	7.4	.	29.6	.
	UNICEF	20.0	.	20.0	.	20.0	.	20.0	.	80.0	.
	COMMUNITY	.	.	.	.	.	.	.	.	.	.
TOTAL	GOVERNMENT	65.4	.	65.4	.	65.4	.	65.4	.	65.4	.
	UNICEF	30.0	30.0	30.0	30.0	30.0	30.0	30.0	30.0	30.0	30.0
	COMMUNITY	0.4	.	0.4	.	0.4	.	0.4	.	2.0	.

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GOVERNMENT CONTRIBUTION TO SOCIAL COMMUNICATION AS SUPPORT TO SECTORAL PROGRAMMES BUDGET BY ACTIVITY (000 us\$)

ITEMS			1994	1995	1996	1997	TOTAL
. WAGES			10.0	10.0	10.0	10.0	40.0
. MAINTENANCE AND CONSERVATION			9.4	9.4	9.4	9.4	38.6
. RADIO PROGRAMMES:							
- VOZ DI TABANCA IN CRIOULO	1X4X12=48	US\$10.5	46.5				
- VOZ DI TABANCA IN NATIONAL LANGUAGES	1X8X12=96	US\$7.5					
. BAMBARA DI PADIDA	1X4X12	US\$10.5					
	Sub-Total:	US\$28.5					
. TELEVISION PROGRAMMES:							
- "CRIANÇA, ESTA NOSSA RESPONSABILIDADE	1X12=12	US\$15.0					
- EDUCATIONAL SPOTS	2X4X12=96	US\$3.0		46.5	46.5	46.5	186.0
	Sub-Total:	US\$18.0					
. WRITTEN PRESS			10.0	10.0	10.0	10.0	40.0
TOTAL			75.9	75.9	75.9	75.9	303.6

The detailed budget relating to UNICEF contribution is as follows:

ACTIVITIES	YEARS								TOTAL	
	1994		1995		1996		1997		GR	SF
	GR	SF	GR	SF	GR	SF	GR	SF		
TRAINING/SEMINARS/ COLOQUIES	6.0	10.0	6.0	10.0	6.0	10.0	6.0	10.0	20.0	40.0
PRODUCTION OF MASS MEDIA MATERIAL	.	.	.	.	.	.	.	.	.	.
MATERIAL AND EQUIPMENT	6.0	20.0	6.0	20.0	6.0	20.0	6.0	20.0	20.0	80.0
TECHNICAL ASSISTANCE TO PROJECT	20.0	.	20.0	.	20.0	.	20.0	.	80.0	.
TOTAL	30.0	30.0	30.0	30.0	30.0	30.0	30.0	30.0	120.0	120.0
GENERAL RESOURCES	30.0		30.0		30.0		30.0		120.0	
NON-AVAILABLE SUPPLEMENTARY FUNDS		30.0		30.0		30.0		30.0		120.0
GRAND TOTAL	60.0		60.0		60.0		60.0		240.0	

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PROGRAMME: SUPPORT TO PLANNING, MONITORING AND EVALUATION

SUPERVISING MINISTRY: Ministry of Finance

EXECUTION ENTITY: Secretariat of State of Planning

GEOGRAPHICAL COVERAGE: National

TARGET POPULATION: Sectoral Planning Units of social sectors, professionals of planning system and community leaders.

MAIN DONOR: UNICEF

OTHER PARTNERS: Ministry of Public Health
Ministry of National Education
Ministry of Natural Resources
Secretariat of State of Information
Ministry of Territorial Administration

UNDP
WHO
UNESCO
FAO
UNFPA
World Bank
WFP

PROGRAMME'S BUDGET:

US\$ 384,000	
Government	US\$ 80,000.00
UNICEF	US\$280,000.00
Community	US\$ 24,000.00
TOTAL	US\$384,000.00

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PROGRAMME SUMMARY

The Programme Support to Planning, Monitoring and Evaluation seeks to strengthen programming national capacity in favour of children and women, especially focusing on monitoring of goals for the 1990s, monitoring of programmes and projects of the social sectors, application of the Convention on the Rights of the Child (CRC), and the situation of children living in especially difficult circumstances.

The Programme comprises the support to Planning, Monitoring and Evaluation, which aims to ensure the establishment of an appropriate monitoring system concerning the NPA and the CRC and to guarantee programme and project management and control through the implementation of simple control, monitoring and evaluation systems.

I. PROGRAMME'S CONTEXT

A. The Situation

Poverty is widespread in the country, reflected in social indicators shown in Article II of this Master Plan. Situation analysis has demonstrated that the Structural Adjustment Programme, started in 1987, has not produced the expected results. The population has wages and consumption levels which are well below those existing before the implementation of the SAP. This fact deserves careful analysis, especially the SAP's impact on vulnerable groups of Guinean society. This should then lead to elaborate proposals for poverty alleviation.

There is the need to build national capacities at several levels: a) in the field of the formulation of social policies, identification and monitoring of indicators allowing for an analysis of living conditions for children and women in particular; b) in the collection and analysis of social sectors data enabling the NPA's implementation monitoring, and in the application of the Convention on the Rights of the Child; c) and finally in the analysis of the situation of children living in especially difficult circumstances.

B. Past Cooperation

The preceding cooperation had foreseen some monitoring and evaluation mechanisms which never became operational. Other than the Mid-Term Review carried out in July 1991, and the evaluation of

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EPI, no other monitoring and evaluation exercise took place during the Programme's implementation. Only last year, annual plans of action were elaborated for each of the specific programmes and four monthly monitoring reviews took place, involving the national counterparts.

At the same time, the monitoring of the situation of children and women was not carried out on a systematic basis and there was a lack of indicators which would allow an appropriate data collection and analysis of the situation. Therefore, the lack of data makes an assessment difficult concerning existing trends and on the impact of interventions supported by UNICEF in the past.

C. Problems to be addressed by the Programme

The causes of problems that affected the previous Programme of Cooperation can be found in weaknesses concerning the programme and project programming system, and in the lack of projects with a systematic and clear programming framework to take into account the real national capacities needed to guarantee sustainability.

The major problems can be summarized as follows:

- Lack of reliable data at the national and sectoral levels;
- Lack of appropriate programme and project design and monitoring systems;
- Incomplete project formulation, often not taking into account the national counterpart's most effective contribution to guarantee sustainability of activities carried out by projects;
- Lack of analysis and monitoring mechanisms concerning social sectors, children and women in particular;
- Weaknesses of the central and sectoral planning and management system.

III. PROGRAMME GOALS AND OBJECTIVES

The Programme provides an answer to the need stated both by the Government and UNICEF to establish a monitoring and evaluation system concerning projects funded by international cooperation within a spirit of mutual collaboration and increasing

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intervention efficiency. It provides an answer as well to the recommendations issued by the World Summit for Children to set a monitoring mechanism for the goals of the 1990s. It also intends to keep a permanent data collection system to update the situation analysis of children and women in Guinea-Bissau.

The programme intends:

- a. To establish a data collection and monitoring system concerning key indicators in order to allow a permanent situation analysis of children and women;
- b. To measure the impact of the NPA and the Country Programmes interventions through key indicators chosen for that purpose;
- c. To set up monitoring and evaluation mechanisms for social sector projects;
- d. To set up a monitoring and evaluation mechanism for the application of the Convention on the Rights of the Child in Guinea-Bissau.

IV. PROGRAMME COMPONENTS AND STRUCTURE

In accordance with the programme's objectives, UNICEF will provide institutional and operational support to the Secretariat of State of Planning concerning the establishment of a planning, monitoring and evaluation system of social programmes and the application of the CRC.

The Programme will be based on two axes:

- Support in the preparation of a national strategy for the monitoring of social indicators programmes, and projects;
- Implementation of an efficient data collection, and analysis system concerning the situation of children and women in the context of the application of the CRC.

To that effect, the existing planning structure will be reinforced in terms of materials and technical abilities to raise its productivity in the field of data collection, analysis and publication of information relative to the situation of children and women, and on the impact of interventions to improve the population's living conditions.

**PLANNING, MONITORING,
EVALUATION AND
PROGRAMME SUPPORT**

- Contribute to improve baseline data and analysis
- Contribute to maximize use of resources.
- Reinforce planning, monitoring and evaluation national capacities through training / technical assistance.

**SUPPORT TO PLANNING,
MONITORING AND EVALUATION**

- Permanent situation analysis of children and women.
- Studies and Researches
- Monitoring of NPA and Decade goals.
- Monitoring of CRC

The establishment of a permanent mechanism to monitor the situation of children and women, will be object of particular attention in order to enable data collection and analysis for the definition of social policies and advocate in favour of children and vulnerable groups.

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LOGICAL FRAMEWORK OF THE PLANNING, MONITORING AND EVALUATION PROGRAMME

CRITICAL CONDITIONS	OBJECTIVES	INDICATORS	MEANS OF VERIFICATION
Acceptance of information Available Resources	The programme wants policies and programmes to take into consideration evolution of indicators on children and women.	Policies adopted. Analyses carried out.	Situation Analysis; Legal texts; Programme review.
Political Will Reliable Methods and data	The programme aims at as analysis of indicators as an input for the adoption of decisions and the formulation of policy in favour of children and women.	Specific data Rapports.	Documents; Correspondence
Timing of information gathering Possibility of broadcasting the results	Setting-up of a data gathering system. Two situation analyses published. Evaluations available at regular intervals.	Number of distributed rapport. Number of updated of publications. Data gathered. Situation analyses available.	Available Reports; Available Analyses.
Training supply, according to needs Government effective participation Community effective participation	16 Regional officery; 4 at the central level. 100 Community agents trained in micro planning, techniques in 8 regions plus autonomous sector of Bissau. Designing of training material.	Number of officers trained. Number of benefiting institutions. Number of benefiting institutions. Number of courses provided. Number of manuals produced.	Statistical reports. Progress reports. Supervision reports. Manuals available.
Non-available laws Application of CDC Lack of information on rights of children and women	Studies on the convention's implementation Legal texts revised Articles to be broadcast by mass media Seminars for leaders and journalists Educational material on the CDC	Number of studies Education laws Number of articles Number of radio and TV programmes broadcast. Number of seminars. Number of trained journalists Number of brochures produced and distributed.	Studies Available Laws Legal dispositions applied Progress reports Programmes executed Activity reports Available brochures

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V. STRATEGIES

The strategies articulate the following axis: planning, monitoring and evaluation.

Planning: based on the existing system, the formulation of projects connected to the social sectors will be revised, if necessary, to guarantee its pertinence and coherence with the national development policy. The existing coordination mechanisms at the interministerial level as the National Children's Commission will be reactivated to establish a mechanism of follow-up of the National Plan of Action for the Decade. The system of microplanning basically will be introduced at local level (health centers, education and water points) to guarantee the participation of communities and of women in particular.

Monitoring: based on two levels of intervention, namely the monitoring of programs and specific projects; and the monitoring of the condition of women and children. At the level of monitoring of projects will be carried out the establishment of a simple, but rigorous system of control of "intrants" and "extrants" utilizing the structures already existing (periodic follow-up meetings, standardized reports, common mechanism of justification of achievements, mechanisms of reprogramming). Concerning the condition of women and children, the national capacity of data collection and analysis will be reinforced (monitoring of nutritional condition, epidemiological surveillance, monitoring of schooling levels, civil state, basic service coverage, etc). The other part, starting from the selection of key indicators linked to the goals of the Decade, the existing vacuums of lack of information will be filled in through the establishment of sentinel sites at health centers level and their management committees as a base for the involvement of communities in data collection and simple analysis. A data bank also will be established concerning studies, research and surveys carried out by diverse partners of cooperation both national and international, which will serve to up-date the situation analysis on a periodic basis.

Evaluation: mechanisms of annual evaluation of activities achieved will be established utilizing the data collected through the monitoring system. Additionally, mid-term reviews will permit analysis of each particular UNICEF-assisted programs: Health, Basic Education, Water and Sanitation, and Social Mobilization, of which an evaluation at the end of the programming cycle will be conducted. In terms of evaluation, it is necessary that these

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evaluations are scheduled a year before the new programming cycle so the results can serve as a baseline for the programming of the following country programme.

VI. TARGET POPULATION AND GEOGRAPHICAL COVERAGE

This programme has a nationwide coverage since it was conceived to support Country Programme's sectoral components which have both national and regional coverage.

At the national level, the main beneficiaries will be the Secretariat of State of Planning and the sectoral planning units (social sectors in particular).

At the regional level, the programme aims to cover the whole country (8 regions plus the Autonomous Sector of Bissau), to decentralize the monitoring process through key indicators defined by the World Summit for Children. The main beneficiaries will be regional authorities and communities involved in programmes and projects supported by UNICEF.

The target population is composed of officers chosen from the planning office of social sectors' departments. It includes staff selected by their executing units and members of the targeted communities.

VII. RELATIONSHIP WITH OTHER PROGRAMMES AND PROJECTS

The planning, monitoring and evaluation programme will allow improvement in the control of the Country Programme's implementation as a whole and of sectoral programmes in particular.

To that effect, a choice of key indicators for analysis, monitoring, and evaluation will take place at the beginning of the Programme.

A data collection and monitoring system for those indicators will be set up at the level of each sectoral programme, to reinforce and improve the health, education, water and sanitation and information system. Each sector planning office will be responsible for the system's management. The sectoral offices will report on a quarterly basis to the Secretary of State of Planning on the activities carried out, their reports being based on statistical data related to indicators in their field of competence.

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A working relationship with the United Nations Agencies and the World Bank will be sought with the intent of formulating a joint monitoring and evaluation system for the social sector and to monitor the goals for the 1990s.

VIII. PROGRAMME'S MANAGEMENT

This programme intends to build national capacities, in the context of existing planning bodies, so as to improve the statistical data collection related to social sectors and maintain a permanent situation analysis system for children and women.

A coordination system for the monitoring of the NPA will be set up at the Secretariat of State of Planning, in coordination with the CNI, to keep a monitoring system for the indicators chosen for the Decade, in general, and of the NPA and sectoral programmes, in particular. The monitoring of the CRC will be undertaken by the SSP in agreement with the Ministry of Social Affairs and Women's Promotion.

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IX. BUDGET

The overall Programme's budget is estimated at US\$ 280,000 for four years, of which US\$ 200,000 will be covered by UNICEF General Resources and US\$ 80,000 will be covered by supplementary funds to be obtained for specific purposes. The Government will contribute US\$ 80,000 to cover wages and operating costs.

The distribution of the budget according to funding source is as follows:

Funding source	1994	1995	1996	1997	Total
Government contribution	20	20	20	20	80
UNICEF contribution	70	70	70	70	280
GR	50	50	50	50	200
SF	20	20	20	20	80
Community contribution	6	6	6	6	24
Grand Total	96	96	96	96	384

X. PROGRAMME'S MONITORING AND EVALUATION

The programme's implementation level will be reviewed every four months and an annual review will be carried out in the course of the programmes' execution. An evaluation of this component will take place, as an integral part of the Country Programme's evaluation, in 1997.

Indicators will be chosen during the first year of implementation to monitor the achievement of the intermediate goals by 1995 and the achievements of the World Summit Goals.

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PROGRAMME SUPPORT TO PLANNING, MONITORING AND EVALUATION

EXECUTION ENTITY: Secretariat of State of Planning

SUPERVISING MINISTRY: Ministry of Finance

MAIN DONOR: UNICEF

OTHER PARTNERS: Ministry of Public Health
Ministry of National Education
Ministry of Natural Resources
Secretariat of State of Information
Ministry of Territorial Administration

UNDP
WHO
UNESCO
FAO
UNFPA
World Bank
WFP

PROGRAMME'S BUDGET: US\$ 384,000

Government	US\$ 80,000.00
UNICEF	US\$280,000.00
Community	US\$ 24,000.00
TOTAL	US\$384,000.00

1. Project's Objective

The planning, monitoring and evaluation Programme aims:

- a. To establish a data collection and monitoring system related to key indicators which will enable a permanent situation analysis of children and women;
- b. To monitor basic indicators to measure the impact of the NPA and Country Programme implementation;
- c. To formulate a monitoring and coordination mechanism for social sector related projects;

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- d. To establish a monitoring and evaluation system related to the application of the Convention on the Rights of the Child and of the vulnerable groups.

2. Project's target population and geographical coverage

Government officers directly involved in UNICEF supported programmes and projects will be the priority targets of this programme.

The programme will ensure the training of national professionals in each sectoral Ministry (Health, Education, Natural Resources and Information), in the regions, and in the Autonomous sector of Bissau, on programme and project formulation, and on monitoring and evaluation. Community leaders will also be trained on microplanning and monitoring techniques.

3. Activities

Activities developed by the project will be as follows:

- setting up of a monitoring system concerning key indicators related to the achievement of NPA goals, through the strengthening, of existing data processing units at the social sectors level;
- setting up of programming and monitoring instruments: annual plans of action, quarterly reports, monitoring of financial implementation;
- development of computer programs to process data related to monitoring the situation of children and women;
- training and information seminars on the NPA and on the CRC and their respective degrees of implementation;
- updating the situation analysis of children and women every two years;
- carrying out of studies and operational research, to be defined in the context of the annual plans of action;
- designing of evaluation plans and terms of reference;
- preparation of annual cooperation programme reviews;

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- preparation of the mid-term review to take place in 1996;
- preparation of the 1994-1997 Country Programme evaluation by 1997.

4. Social Mobilization

Jointly, with the Advocacy and Social Mobilization Programme, the Planning, Monitoring and Evaluation Programme will organize review and information meetings. These will disseminate the findings of the situation analysis and of the programmes and projects monitoring and their evaluation.

In 1995, a publication on the Situation of Children and Women in Guinea-Bissau will be prepared to distribute as an instrument for advocacy and fund-raising purposes.

5. Programme management

The programme will be executed by the Secretariat of State of Planning in close coordination with sectoral and regional planning units and in collaboration with the CNI and UNICEF.

UNICEF will provide technical assistance through a specialized officer in planning, monitoring and evaluation.

6. Budget

UNICEF will contribute US\$ 280,000 of which US\$ 200,000 will come from General Resources. This amount will be distributed as follows:

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**UNICEF CONTRIBUTION BY ACTIVITY
(in 000 US\$)**

Activity		1994	1995	1996	1997	Total
Establishing a monitoring system	GR	10.0	10.0	10.0	10.0	40.0
	SF	--	--	--	--	--
Annual monitoring visits	GR	2.5	2.5	2.5	2.5	10.0
	SF	--	--	--	--	--
Evaluation and mid-term review of CP	GR	--	--	10.0	--	10.0
	SF	--	--	--	--	--
Studies and research	SF	10.0	--	--	--	10.0
	SF	5.0	5.0	5.0	5.0	20.0
Analysis and publication on the situation of women and children	GR	--	25.0	15.0	25.0	65.0
	SF	5.0	5.0	5.0	5.0	20.0
Training	GR	5.0	--	--	--	5.0
	SF	5.0	5.0	5.0	5.0	20.0
Material and equipment	GR	17.5	7.5	7.5	7.5	40.0
	SF	10.0	10.0	10.0	10.0	40.0
CRC monitoring	GR	5.0	5.0	5.0	5.0	20.0
Total	GR	50.0	50.0	50.0	50.0	200.0
	SF	20.0	20.0	20.0	20.0	80.0
Grand Total	T	70.0	70.0	70.0	70.0	70.0

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The precise amount for the establishing of impact evaluations will be budgeted in each sectoral project.

Community contribution is estimated at US\$ 24,000 and the Government's contribution is estimated at US\$ 80,000, this covers the programme's recurring costs (wages and operating costs).