



**Executive Board of the  
United Nations Development  
Programme and of the  
United Nations Population Fund**

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**UNITED NATIONS POPULATION FUND**

**Country programme document for Guinea-Bissau**

Proposed UNFPA assistance: \$8 million: \$4 million from regular resources and \$4 million through co-financing modalities and/or other, including regular, resources

Programme period: Five years (2008-2012)

Cycle of assistance: Fifth

Category per decision 2005/13: A

Proposed indicative assistance by core programme area (in millions of \$):

	Regular resources	Other	Total
Reproductive health	2.1	3.0	5.1
Population and development	0.8	0.5	1.3
Gender	0.6	0.5	1.1
Programme coordination and assistance	0.5	-	0.5
Total	4.0	4.0	8.0

## I. Situation analysis

1. Since the 1998-1999 civil war, the Government of Guinea-Bissau has struggled to meet the basic needs of the population. Following elections in 2005, the Government has faced challenges in its efforts to achieve the Millennium Development Goals while consolidating peace and democracy.

2. The prevailing instability has exacerbated poverty. Sixty-five per cent of the population lives on less than \$2 a day. Twenty per cent of the population lives in extreme poverty, surviving on less than \$1 per day, with women and youth particularly affected. The Government has developed a poverty reduction strategy for 2005-2008, as well as a strategy to reform the defence and security sector.

3. In 2005, the population was estimated at 1.3 million. According to the National Institute of Statistics and Census, the annual population growth rate is 1.9 per cent, and the total fertility rate is 6.8 children per woman. The contraceptive prevalence rate for modern contraceptives is only 6.1 per cent, and the unmet need for family planning is 25 per cent among women aged 15-49 years.

4. Social indicators are of concern. Life expectancy is only 45.4 years. The infant mortality rate rose from 124 deaths per 1,000 live births in 1999 to 138 deaths per 1,000 live births in 2000. The under-five child mortality rate increased from 203 deaths per 1,000 live births in 1999 to 223 deaths per 1,000 live births in 2000. The maternal mortality ratio is approximately 700 deaths per 100,000 live births. The high rate of maternal mortality is due primarily to the lack of emergency obstetric care and the shortage of qualified health personnel to assist with deliveries. Health personnel assist in only 39 per cent of deliveries. In addition, only 35 per cent of the population lives within five kilometres of a health centre.

5. HIV/AIDS is a major challenge to development. In 2002, the prevalence rate for HIV-1 was 4 per cent, and the prevalence rate for HIV-2 was 2 per cent. The HIV prevalence rate among pregnant women is 8.7 per cent. The lack of knowledge about HIV/AIDS and the low condom usage rate have fuelled the epidemic.

6. The well-being of young people is hampered by early and unwanted pregnancies; unsafe abortions; HIV/AIDS; low educational levels; and the lack of employment opportunities. Seeking to improve their economic prospects, many young people have migrated from the country.

7. Women represent 51.6 per cent of the population, but are underrepresented in decision-making bodies, including in parliament, where they account for only 13 of 100 members. The ratio of girls to boys enrolled in primary school is 0.97. With respect to literacy, 76.2 per cent of women are illiterate, compared to 47.4 per cent of men. Female genital cutting affects 44.5 per cent of women, and gender-based violence is common.

## II. Past cooperation and lessons learned

8. The fourth country programme (2003-2007) was carried out amid social and political instability. Only one-fifth of health centres that existed prior to the war are still in operation. Of these, 73 per cent offer a minimum package of reproductive health services, and 50 per cent offer basic emergency obstetric care.

9. The UNFPA-supported programme improved access to integrated, high-quality reproductive health services. It also supported the opening of a second youth centre, which increased access for youth to reproductive health information, counselling and services. Extending and institutionalizing the multipurpose youth centres and peer education are considered national priorities that will be integrated into the national youth strategy.

10. The Government adopted a national population policy in 2004. The country

programme helped to integrate population issues into the national development framework. The Government is planning to undertake a general population and housing census, which will generate data for planning purposes. As a result of a 2004 decree, the Government has integrated population education into the curricula of all primary schools. Plans call for population education to be integrated into secondary schools as well.

11. With respect to gender, activities and advocacy carried out by parliamentary networks and non-governmental organizations (NGOs) increased awareness of violence against women and of harmful practices, including female genital cutting.

12. However, the impact of the programme interventions was limited, due to: (a) a scarcity of qualified personnel; (b) operational deficiencies in the health and educational systems; and (c) insufficient international support for post-conflict reorganization efforts. There is also a need to reinforce support to civil society organizations and community associations to ensure that interventions benefit the most vulnerable populations. In addition, the Government and UNFPA should build partnerships with other United Nations organizations and with international NGOs, as well as encourage South-South cooperation, particularly with Portuguese-speaking countries.

### III. Proposed programme

13. The proposed country programme is based on the United Nations Development Assistance Framework (UNDAF). It is aligned with the national poverty reduction strategy and the Millennium Development Goals. National priorities include: (a) reinforcing governance, modernizing public administration and ensuring macroeconomic stability; (b) promoting economic growth and job creation; (c) increasing access to social services and improving basic infrastructure; and (d) improving living conditions for vulnerable groups.

14. The UNDAF addresses the post-conflict situation, including the need to consolidate peace and democracy, protect human rights and promote development. The UNDAF priorities are: (a) governance; (b) growth and the reduction of poverty; and (c) social protection and human development. The UNFPA country programme contributes to achieving these goals.

15. Cross-cutting strategies will seek to: (a) reinforce national capacities; (b) improve the health information system; (c) reinforce population and development, reproductive rights and gender issues in the institutional and legal environments; (d) change unfavourable attitudes towards reproductive health, HIV/AIDS and gender equality; (e) promote civil society involvement; (f) reinforce strategic and operational partnerships; and (g) strengthen South-South cooperation and subregional approaches.

#### *Reproductive health component*

16. This programme component is linked to the UNDAF outcome relating to human development. It has two programme outcomes: (a) the population, in particular, vulnerable groups, exercises its right to access high-quality reproductive health services, information and education; and (b) increased institutional and policy responses to prevent HIV/AIDS. This will be achieved through three outputs.

17. Output 1: The availability of reproductive health services, including family planning and maternal and neonatal health care, is improved nationwide, and HIV/AIDS prevention services are integrated into the minimum package of health services. UNFPA will help the Government to develop an action plan supporting the 2006 Maputo Plan of Action, ensuring that elements of the plan are integrated into the 2008-2012 national health development programme. This output will be achieved by: (a) implementing the road map to reduce maternal mortality; (b) reinforcing the importance of family planning and the required workforce capacity in this area; (c) integrating HIV/AIDS prevention into the

reproductive health package; (d) ensuring reproductive health commodity security; and (e) scaling up community health insurance initiatives.

18. Output 2: Improved decision-making for responsible lifestyles and behaviour among young girls and boys, with regard to social and civic duties, relationships, and reproductive and sexual health, in target programme communities. These results will be achieved by: (a) advocating the ratification of the African Youth Charter, developing a national youth policy and implementing a national youth action plan to scale up youth programmes; (b) strengthening services and information on reproductive health in the multipurpose youth centres and supporting the youth networks; (c) developing life skills using peer education networks and including population education programmes in primary and secondary schools; and (d) strengthening youth networks in the area of population and development.

19. Output 3: Increased availability and use of accurate, relevant information on safe sexual behaviour, including information on the prevention of and testing for sexually transmitted infections and HIV/AIDS, among vulnerable populations, especially young people and women, in target areas. The programme will help to implement the 2007-2011 national strategic plan to combat HIV/AIDS. This will be achieved by: (a) reinforcing behaviour change communication, especially for young people, pregnant women and commercial sex workers; (b) preventing and managing sexually transmitted infections; (c) preventing mother-to-child transmission; and (d) strengthening capacity for voluntary testing and counselling programmes.

#### *Population and development component*

20. This component relates to the UNDAF outcome on developing strategies to promote growth and reduce poverty. There are two outcomes: (a) national institutions develop strategies to promote growth, create employment and reduce poverty; and (b) national institutions and civil society are able to effectively plan for, manage and respond to humanitarian crises, in

accordance with international standards. There are three outputs within this component.

21. Output 1: Reproductive health, gender and population issues are integrated into a monitoring and evaluation system for the national poverty reduction strategy and the Millennium Development Goals. The proposed country programme will: (a) strengthen the capacity of the National Institute of Statistics and Census to establish a database within an integrated management information system and to disseminate data; (b) assist in finalizing the population and housing census and in analysing population issues; and (c) support the implementation of the first demographic and health survey.

22. Output 2: Reproductive health, gender and population issues are operationalized in the workplans of key social sector departments at national and community levels, in line with the poverty reduction strategy and the Millennium Development Goals. This output seeks to strengthen the national capacity to address population, reproductive health and gender issues, in order to improve social programmes and policy development and to foster multisectoral dialogue and cooperation.

23. Output 3: Reproductive health, gender and population issues are included in a national early warning system and an emergency preparedness plan. The programme will build institutional capacity to assess the needs of vulnerable populations in the event of natural or man-made disasters. It will also support research and studies to identify and address these needs.

#### *Gender component*

24. The outcome of the gender component is: institutions reform and consolidate laws and regulatory frameworks, in order to ensure respect for human rights and political stability.

25. Output 1: Enhanced functioning of legal instruments and social protection mechanisms to combat gender-based violence and ensure gender equity and equality and respect for human rights.

Through this output, UNFPA will contribute to the UNDAF outcome on governance. The proposed programme will strengthen national and local capacities through civil society organizations, parliamentary networks and community associations in order to: (a) enforce gender equality and equity; (b) promote women's rights; and (c) prevent gender-based violence and harmful practices.

#### **IV. Programme management, monitoring and evaluation**

26. The country programme will use national execution modalities and the harmonized approach to cash transfers. UNFPA and the Government will carry out an institutional analysis to define needs and to develop a training plan, particularly in the areas of results-based management, monitoring and evaluation.

27. The Ministry of Foreign Affairs, International Cooperation and Communities will coordinate the country programme, with the Ministry of Economy, Planning and Regional Integration coordinating the technical aspects of the programme.

28. The Ministries of Public Health; National Education and Higher Education; Youth, Culture and Sports; National Solidarity, Family and Poverty Eradication; and Economy, Planning and Regional Integration will implement the country programme, along with NGOs. The programme will build partnerships to strengthen research, data analysis and programme implementation. Youth networks, women's networks and religious leaders will assist in advocacy efforts to alter attitudes and behaviour. UNFPA will undertake joint programmes in the following areas: (a) HIV/AIDS; (b) health and youth development; and (c) gender. UNFPA and the Government will develop a country programme action plan and a resource mobilization plan.

29. Monitoring and evaluation will be carried out within the context of the UNDAF, using results-based management techniques. UNFPA and the Government will conduct annual programme

reviews, a midterm review in 2010 and a final evaluation in 2012.

30. The UNFPA country office in Guinea-Bissau consists of a representative, an assistant representative, an operations manager and various support staff, as per the approved country office typology. UNFPA will earmark programme funds for one national programme officer in reproductive health and one in monitoring and evaluation. In addition, UNFPA expects to recruit national project personnel in the areas of communication, youth and gender. The UNFPA country technical services team in Dakar, Senegal, will provide technical support. National and international consultants will provide assistance as required.

**RESULTS AND RESOURCES FRAMEWORK FOR GUINEA-BISSAU**

<p><b>National priorities:</b> (a) reinforcing governance, modernizing public administration and ensuring macroeconomic stability; (b) promoting economic growth and job creation; (c) increasing access to social services and improving basic infrastructure; and (d) improving living conditions for vulnerable groups</p> <p><b>UNDAF outcome:</b> vulnerable groups use quality basic social services, and national institutions continuously develop human capital</p>				
<b>Programme component</b>	<b>Country programme outcomes, indicators, baselines and targets</b>	<b>Country programme outputs, indicators, baselines and targets</b>	<b>Partners</b>	<b>Indicative resources by programme component</b>
Reproductive health	<p><u>Outcome 1:</u> The population, in particular, vulnerable groups, exercises its right to access high-quality reproductive health services, information and education</p> <p><u>Outcome indicators:</u></p> <ul style="list-style-type: none"> <li>Percentage of women who have had four prenatal care visits is increased from 24% to 90%</li> <li>Percentage of births assisted by qualified health workers is increased from 38.8% to 50%</li> <li>Contraceptive prevalence rate for modern methods increased from 6.1% to 15%</li> </ul> <p><u>Outcome 2:</u> Increased institutional and policy responses to prevent HIV/AIDS</p> <p><u>Outcome indicators:</u></p> <ul style="list-style-type: none"> <li>At least 70% of young people aged 15-24 years used male condoms during last sexual encounter</li> <li>At least 90% of 15- to 24-year-olds have accurate knowledge of sexually transmitted infections and HIV/AIDS</li> </ul>	<p><u>Output 1:</u> The availability of reproductive health services, including family planning and maternal and neonatal health care, is improved nationwide, and HIV/AIDS prevention services are integrated into the minimum package of health services</p> <p><u>Output indicators:</u></p> <ul style="list-style-type: none"> <li>Number of health centres offering a minimum package of reproductive health services is increased from 73 to 90</li> <li>Number of hospitals providing comprehensive emergency obstetric care and of health centres providing basic emergency obstetric care is increased from one to four</li> <li>Procurement and distribution of reproductive health commodities are ensured</li> </ul> <p><u>Output 2:</u> Improved decision-making for responsible lifestyles and behaviour among young girls and boys, with regard to social and civic duties, relationships, and reproductive and sexual health, in target programme communities</p> <p><u>Output indicators:</u></p> <ul style="list-style-type: none"> <li>At least 50% of in-school and out-of school youth have access to activities relating to reproductive health, HIV/AIDS, citizenship and the development of life skills</li> <li>Percentage of young people in youth centres taking advantage of reproductive health services</li> </ul> <p><u>Output 3:</u> Increased availability and use of accurate, relevant information on safe sexual behaviour, including information on the prevention of and testing for sexually transmitted infections and HIV/AIDS, among vulnerable populations, especially young people and women, in target areas</p> <p><u>Output indicators:</u></p> <ul style="list-style-type: none"> <li>At least 90% of the population aged 15-24 years can accurately identify one method of preventing HIV/AIDS</li> <li>At least 10% of persons infected with a sexually transmitted infection are treated and counselled</li> <li>Number of centres offering voluntary, anonymous counselling and testing for HIV increased from 2 to 20</li> </ul>	<p>Ministry of Public Health; Directorate-General of Health and Family Health Services; Directorate of Health Education, Information and Communication; UNDP; United Nations Children’s Fund (UNICEF); World Health Organization (WHO); NGOs; Community-based organizations</p> <p>Ministry of National Education and Higher Education; Secretariat of State for Youth, Culture and Sports; National Institute of Youth; UNICEF; WHO; UNDP; Community media and radio programmes; Youth associations and networks</p> <p>National secretariat of the campaign to combat HIV/AIDS; International Monetary Fund; World Bank; UNICEF; WHO; UNDP; Joint United Nations Programme on HIV/AIDS; Youth associations; NGO networks</p>	\$5.1 million (\$2.1 million from regular resources and \$3 million from other resources)

<b>UNDAF outcome:</b> the population, national institutions and organizations improve systems of production; diversify activities; and contribute to the reduction of poverty and to environmental sustainability				
<b>Programme component</b>	<b>Country programme outcomes, indicators, baselines and targets</b>	<b>Country programme outputs, indicators, baselines and targets</b>	<b>Partners</b>	<b>Indicative resources by programme component</b>
Population and development	<p><u>Outcome 1:</u> National institutions develop strategies to promote growth, create employment and reduce poverty</p> <p><u>Outcome indicator:</u></p> <ul style="list-style-type: none"> <li>• Effective use of data for development and research to integrate population problems into programme development</li> </ul> <p><u>Outcome 2:</u> National institutions and civil society are able to effectively plan for, manage and respond to humanitarian crises, in accordance with international standards</p> <p><u>Outcome indicator:</u></p> <ul style="list-style-type: none"> <li>• Reports on early warning indicators available</li> </ul>	<p><u>Output 1:</u> Reproductive health, gender and population issues are integrated into a monitoring and evaluation system for the national poverty reduction strategy and the Millennium Development Goals</p> <p><u>Output indicators:</u></p> <ul style="list-style-type: none"> <li>• Reliable and up-to-date data on population, reproductive health and gender are made available and disaggregated by region and sex</li> <li>• Integrated information system is functioning and using development-sector data</li> </ul> <hr/> <p><u>Output 2:</u> Reproductive health, gender and population issues are operationalized in the workplans of key social sector departments at national and community levels, in line with the poverty reduction strategy and the Millennium Development Goals</p> <p><u>Output indicators:</u></p> <ul style="list-style-type: none"> <li>• At least three national strategies centred on the Millennium Development Goals are implemented: (a) the promotion of gender equality and equity; (b) the development of youth; and (c) health</li> <li>• Percentage of action plans developed</li> </ul> <hr/> <p><u>Output 3:</u> Reproductive health, gender and population issues are included in a national early warning system and an emergency preparedness plan</p> <p><u>Output indicators:</u></p> <ul style="list-style-type: none"> <li>• Percentage of institutional and civil society frameworks that include emergency preparedness and the collection and rapid analysis of data</li> <li>• Contingency plan integrating reproductive health and gender-based violence dimensions is available and updated annually</li> </ul>	<p>Ministry of Economy, Planning and Regional Integration; National Institute of Statistics and Census; Sectoral ministries; UNDP; UNICEF; African Development Bank; World Bank</p> <hr/> <p>Ministry of Economy, Planning and Regional Integration; Directorate-General of Planning; Sectoral ministries; UNDP</p> <hr/> <p>Ministry of the Interior; Ministry of National Solidarity, Family and Poverty Eradication; NGOs; Community organizations</p>	<p>\$1.3 million (\$0.8 million from regular resources and \$0.5 million from other resources)</p> <hr/> <p>Total for programme coordination and assistance: \$0.5 million from regular resources</p>
<b>UNDAF outcome:</b> national institutions govern according to human rights principles, laws, and the principles of transparent and effective management of the resources of the country				
Gender	<p><u>Outcome 1:</u> Institutions reform and consolidate laws and regulatory frameworks, in order to ensure respect for human rights and political stability</p> <p><u>Outcome indicators:</u></p> <ul style="list-style-type: none"> <li>• Human rights, particularly gender equality and equity, are incorporated into legal texts</li> <li>• Level of female representation in positions of authority, decision-making and the electoral process is increased by at least 30%</li> </ul>	<p><u>Output 1:</u> Enhanced functioning of legal instruments and social protection mechanisms to combat gender-based violence and ensure gender equity and equality and respect for human rights</p> <p><u>Output indicators:</u></p> <ul style="list-style-type: none"> <li>• Number of government institutions and NGOs with updated analysis and summaries of gender-related data using agreed instruments</li> <li>• At least two centres for victims of domestic violence and gender-based violence are equipped to provide high-quality psychosocial and legal support</li> </ul>	<p>Ministry of National Solidarity, Family and Poverty Eradication; Ministry of Justice; Institute for Women and Children; Parliament; Networks of women ministers and parliamentarians; NGOs</p>	<p>\$1.1 million (\$0.6 million from regular resources and \$0.5 million from other resources)</p> <hr/> <p>Total for programme coordination and assistance: \$0.5 million from regular resources</p>