

Guinea-Bissau

PROJECT OVERVIEW

The project is an integral part of the fourth Country Programme between UNFPA and the Government of Guinea-Bissau (2003–2007).

It supports RH activities in Guinea-Bissau, specifically in the health regions in the north of the country, complementing other components of UNFPA's Reproductive Health Sub-programme.

The initiative integrates the Roadmap for Maternal and Neonatal Mortality Reduction adopted by Guinea-Bissau to meet MDG 5 in December 2006. The strategies deployed have assisted the government in formulating its own RH policy and by integrating reproductive health into the new National Health Development Plan (2008–2012).

This was the only programme operating in RH in its three intervention areas. Its strategy was to improve access to high quality RH services by integrating RH components into the national health system. This has been achieved by integrating a minimum package of RH activities at every level of the health pyramid.

UNFPA has supported Guinea-Bissau in adopting an integrated and holistic approach to RH, to better respond to the needs of individuals. The project supported the technical and financial integration of RH into public health services and ensured contraceptive supply at the national level.

It has enhanced programmatic linkages with Guinea-Bissau's global health system, the integration of other key partners in the field of RH, and has promoted a global and concerted approach to RH issues.

Community-based health mutual schemes

Challenges posed by the high cost of transportation to and from health facilities and of drugs are a significant factor in the country's poor reproductive health indicators and play an important role in its persistently high maternal mortality rates. The project launched an initiative to ensure women's access to delivery services through reducing the time spent to reach health facilities. Health mutual insurance funds were created through financial contributions provided by women at the community level and are

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Direct recipients are pregnant women during or after childbirth and others of childbearing age. Services provided consist primarily of transport for patients and treatment costs, including caesarean interventions. The active collaboration of traditional and religious leaders in supporting this scheme has played an important role in generating commitment and in gathering momentum.

Launched through existing community associations in collaboration with community health services and regional officials, the involvement of local structures has fostered strong community participation and adherence to financial contributions and has spurred the involvement of other partners including the World Bank.

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FACTFILE

Title Delivery of Quality Integrated Reproductive Health Services in the Regions of Cacheu, Sao Domingos, Biombo and Oio

Aim Improved access to quality RH services for the population in project regions by integrating RH components into the national health system.

Duration 66 months: 2003–2008

Budget US\$1.899 million

KEY ACHIEVEMENTS

- ▶ Community-based financing schemes have increased access to essential RH services.
- ▶ Capacity building of health cadres and support for the minimum package.
- ▶ The development of key national policies and procedures in reproductive health.



SUSTAINABILITY

Many core programme activities including best practices have been integrated into national strategic policy documents including the PNDS II (National Health Development Plan, 2008–2012) and the Roadmap for Maternal and Neonatal Mortality Reduction. These activities have been incorporated within the current UNFPA and government Country Programme (2008–2012). The health mutual fund initiative is in a phase of scaling-up and adoption at the national level with strong community level involvement.

The generalized integration of caesarean kits into emergency obstetrics services introduced by the programme is currently being mainstreamed into all hospitals at a national level, with the strong support of other partners (including UNICEF, WHO and French Cooperation). The government has integrated this initiative into its 2009–2014 health development framework as part of the PNDS II.

Support for the minimum package of RH activities

Support provided through the project was instrumental in improving access to essential RH services. By project end, the minimum package of RH activities – including family planning, basic emergency obstetric care, STI/HIV and young people’s RH services – was almost universally available in health centres (from only half at project start).

Capacity building among key health staff, including doctors, nurses, midwives and assistants, was an essential pillar of the project.

Around 90% of health workers were trained in various areas such as the syndromic management of STIs, contraceptive supply logistics, post-abortion care, emergency obstetric care and use of the partogramme (a tool used to chart the progress of labour and to alert staff to potential complications).

Two hospitals (the National Reference Hospital and Canchungo Hospital) were able to offer caesarean services, including blood transfusion as well as post-abortion care, and the facilities were provided with emergency obstetrics, caesarean and delivery kits. The availability of affordable kits was a key factor in increasing the use of caesarean sections.

Taken together, this support in capacity building, equipment and supplies has certainly promoted access to key RH services in programme regions and has contributed to substantial improvements in skilled birth attendance, antenatal and post-natal coverage, and management of complications of childbirth across the project regions.

Technical assistance provided through the project has made an important contribution to the development of key national policies and procedures.

The development of key national policies and procedures in reproductive health

The programme has assisted the Government of Guinea-Bissau to formulate its RH policy and to integrate the RH component into its health policy – the human resources component in the National Health Development Plan and roadmap for reducing maternal mortality.

Technical assistance provided through the project has made an important contribution to the development of key national policies and procedures. This has included the elaboration of the HIV/AIDS Strategic Plan (2007–2011), the 2007–2012 Strategic Plan for IEC and RH, and protocols on clinical procedures for HIV/AIDS and prevention of mother-to-child transmission strategy.

LESSONS LEARNED

Structural problems within the care system and in particular those of human resources are critical in Guinea-Bissau. The project has contributed to raising the skills of health personnel in the field of RH and emergency obstetric care in particular, and the involvement of midwives in this area, but was not able to resolve the more widespread and entrenched problem of human resource development (quantitative deficiencies, inadequate distribution, poor motivation, lack of career prospects etc).

Interventions in the area of sexual and reproductive health require structural reforms in the care system. This will require concerted and scaled-up efforts among the country’s development partners. In the case of Guinea-Bissau it is paramount that the RH component in the National Health Development Plan receives sufficient human and financial resources in order to cover the entire country and to reach the most vulnerable population segments.

