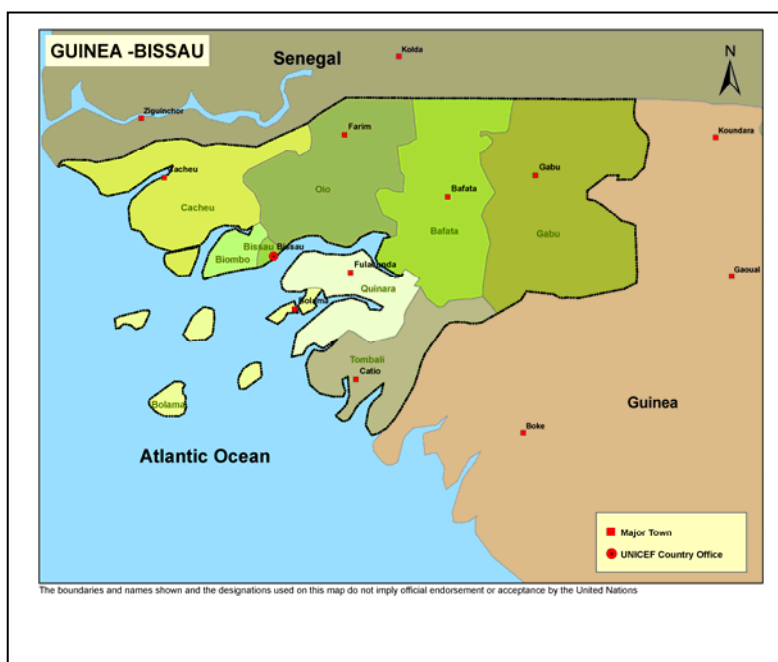


For every child  
Health, Education, Equality, Protection  
ADVANCE HUMANITY



# UNICEF HUMANITARIAN ACTION GUINEA-BISSAU IN 2008



### CORE COUNTRY DATA

Population under 18 (thousands)	889
U5 mortality rate *	223
Infant mortality rate *	138
Maternal mortality ratio (2005, adjusted)	1,100
Primary school enrolment ratio *	80
Primary school enrolment ratio for girls *	52
% U1 fully immunized (DPT3)	77
% population using improved drinking water sources *	38
Estimated adult HIV prevalence rate (aged 15-49), end-2005	3.8
% U5 suffering moderate and severe malnutrition *	8.9

Source: *The State of the World's Children 2008*

\* Multiple Indicator Cluster Survey 2006

Guinea-Bissau is hardly recovering from the 1998-99 civil war which hit the already weak government structures and infrastructures. Most humanitarian needs have their roots in the endemic poverty of the country, which confines populations in the bondage of extreme vulnerability, low level of knowledge and lack of access to minimum commodities. Child mortality rates are rising, while the lack of infrastructures has disintegrated the health system, qualified health personnel and equipment. Essential drugs are not reaching the populations in need.

### Summary of UNICEF financial needs for 2008

Sector	US\$
Health and nutrition	520,000
Water, sanitation and hygiene	350,000
<b>Total*</b>	<b>870,000</b>

\* The total includes a maximum recovery rate of 7 per cent. The actual recovery rate on contributions will be calculated in accordance with UNICEF Executive Board Decision 2006/7 dated 9 June 2006.

### 1. CRITICAL ISSUES FOR CHILDREN

Guinea-Bissau is hardly recovering from the 1998-1999 armed conflict which has led to political instability, insecurity and stagnation or slowing down of the economy affecting the already weak governmental structures and private sector. The social sectors, particularly health and education, have been severely hit by the deterioration of health infrastructures, cold-chain equipments and transport means. Moreover, continuing political instability and structural deficiencies pose a major challenge to the delivery of quality and adequate health services. Results from the recent Multiple Indicator Cluster Survey (MICS 2006) indicate an increase in child mortality rates, with an infant mortality rate of 138 deaths per 1,000 live births and under-five mortality rate of 223 per 1,000 live births. These rates were at 203 and 124 respectively in 2000. The maternal mortality ratio is as high as 1,100 maternal deaths per 100,000 live births. Malaria, acute respiratory infections, diarrhoea and malnutrition remain the major killers of children. Only 39 per cent of under-five children sleep under insecticide-treated mosquito nets, 4 per cent are severely malnourished and 19 per cent suffer from moderate malnutrition. Less than 1 per cent of households consume adequately iodized salt. Access to potable water has not improved since 2000. Only 38 per cent of the population has access to drinkable water; and a mere 30 per cent of the population has knowledge of minimum hygiene practices. HIV prevalence among pregnant women is estimated at 7 per cent. Knowledge of HIV/AIDS is still limited, with only 19 per cent of the population capable of identifying prevention methods. According to MICS 2006, 22 per cent of girls aged 15-19 years have had sexual experiences before the age of 15 years. Although there is no confirmed quantifiable data, more than 1,500 children are estimated to be living with HIV/AIDS.

At this trend, it is obvious that Guinea-Bissau is unlikely to meet the Millennium Development Goal 4 (MDG 4) and will rather return to its 1990 level by the year 2015.

### 2. KEY ACTIONS AND ACHIEVEMENT IN 2007

In an effort to help Guinea-Bissau to eliminate maternal and neonatal tetanus and within the accelerated child and development strategy, UNICEF organized a national campaign targeting 320,000 women of childbearing age, procured all doses of vaccines required for the two rounds (the third round is planned for early 2008), provided technical training to vaccinators, supervisors, social mobilization animators, and handled logistics for vaccination, supervision, monitoring and evaluation. This campaign was an opportunity to mobilize mothers and encourage early and exclusive breastfeeding and to sensitize communities on safe hygiene practices. Some 200,000 under-five children received vitamin A supplementation and deworming treatment. Impregnated mosquito nets were also distributed to 60,000 under-five children.

UNICEF trained more than 60 health workers on prevention of mother-to-child transmission of HIV and 50 Ministry of Health staff on the new guidelines for the treatment of malaria.

As Guinea-Bissau is a cholera-prone country with yearly outbreaks, prevention was continued in 2007. Activities included the promotion of safe hygiene practices, including handwashing, in 100 schools and in communities as well as water disinfection at household level. UNICEF also supported the construction of 200 family latrines in the south of the country which, along with a number of neighbourhoods in Bissau, the capital, is considered particularly vulnerable to cholera. Finally, UNICEF supported the extension of water supply systems in two neighbourhoods.

In addition, local authorities, teachers and non-governmental organizations were trained in emergency response, with particular emphasis on child protection and on UNICEF's cooperation mechanism in emergencies. As part of its emergency preparedness effort, UNICEF prepositioned essential emergency supplies to ensure the rapid delivery of essential supplies to 10,000 people.

### 3. PLANNED HUMANITARIAN ACTION FOR 2008

#### **Coordination and partnership**

UNICEF remains an active member of the UN Country Team (UNCT), participating in monthly partner meetings, leading the HIV/AIDS and the education groups. Close contacts are pursued with humanitarian NGOs present in the country, which were key in implementing activities during the last social conflict in March 2006. During this emergency, UNICEF coordinated water, sanitation and hygiene, therapeutic feeding, education and protection sectors within the cluster approach.

#### **Regular programme**

Guinea-Bissau's regular programme for 2008-2012 is under preparation. The Country Programme document approved by the UNICEF Executive Board in September 2007 is in line with the national Poverty Reduction Strategy Paper, which gives priority to the most vulnerable people. Humanitarian preparedness and response activities are incorporated into each of UNICEF's main programmes: child protection, child survival, education and HIV/AIDS. Community organizations as well as local government entities, where they exist, are working as either experts implementing activities or as supervisors and monitors, while the central level is kept informed through regular planning and monitoring meetings. The communities are viewed as sustainable mechanisms for child survival and development.

#### **Health and nutrition (US\$ 520,000)**

Approximately 120,000 most vulnerable under-five children and 36,000 pregnant women living in rural areas will benefit from the following key activities:

- Procure and distribute essential drugs, micronutrients and health kits to 60 health centres;
- Train 120 health staff in quality management of malaria, diarrhoea, acute respiratory infections and severe malnutrition;
- Train 480 community health workers in providing basic health and nutrition services (including quality treatment of malaria, diarrhoea, acute respiratory infections) as well as the promotion of family health and nutrition good practices (early and exclusive breastfeeding, handwashing, use of insecticide-treated mosquito nets);
- Provide long-lasting insecticidal nets for some 30,000 newborns and 30,000 pregnant women;
- Provide support to the 14 existing therapeutic feeding centres run by Caritas for the benefit of 200 severely malnourished children (\$30,000);
- Support two rounds of vitamin A supplementation and deworming for all 200,000 under-five children (\$80,000).

#### **Water, sanitation and hygiene (US\$ 350,000)**

Some 120,000 people, focusing particularly on children and women, will be reached through implementation of the following activities:

- Drill 50 new boreholes and rehabilitate 100 existing boreholes to provide safe drinking water;
- Construct 1,000 community latrines;
- Train 100 local water management committee members and local water authorities on management, operation and maintenance;
- Promote health and hygiene education and hygiene awareness in 50 schools and 500 local communities;
- Monitor and evaluate the project.