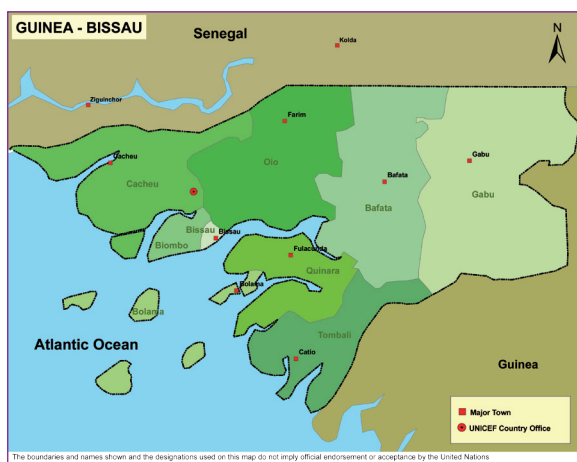


UNICEF HUMANITARIAN ACTION GUINEA-BISSAU IN 2009



Core Country Data	
Population under 18 (thousands)	918
U5 mortality rate*	223
Infant mortality rate*	138
Maternal mortality ratio**	1,100
Primary school enrolment ratio (2000–2007, net, male/female)	53/37
% U1 fully immunized (DPT3)	63
% Population using improved drinking-water sources	57
% HIV/AIDS prevalence, 2007	1,8
% U5 suffering moderate and severe underweight/stunting	19/41

Sources: *The State of the World's Children 2009*, * Multiple Indicator Cluster Survey 2006, ** WHO/UNICEF/UNFPA/World Bank estimates, 2005

In Guinea-Bissau, more than half of the 918,000 children under age 18 live in dire conditions. This post-conflict country has not yet recovered from a decade of instability, and is characterized by extremely weak public and private sectors, and social infrastructures in serious decay. Due to recurrent political instability, few development partners are present, and investments by public and private sectors are still very limited. Budgetary problems are hindering the delivery of social services. The majority of the population lives in extreme poverty, aggravated by high levels of illiteracy, harmful traditional practices, limited access to essential commodities and low-quality basic social services. Over 280,000 vulnerable children and 30,000 women will benefit from the emergency support requested.

Summary of UNICEF Emergency Needs for 2009*	
Sector	US\$
Health and Nutrition	535,000
Water, Sanitation and Hygiene	856,000
Education	535,000
Mine Action	156,000
Total**	2,082,000

* Funds received against this appeal will be used to respond to both the immediate and medium-term needs of children and women as outlined above. If UNICEF should receive funds in excess of the medium-term funding requirements for this emergency, UNICEF will use those funds to support other underfunded emergencies.

** 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 AND WOMEN

Guinea-Bissau is a post-conflict country that has yet to emerge from a decade of political instability. The destruction of social infrastructures occurred during the 1998–1999 war has been followed by lack of investment in the public and private sectors, resulting in further decay of the few existing infrastructures. Government budgetary problems are recurrently resulting in non-payments of state employees' salaries, which affects provision of the little basic social services available. This state of affairs is particularly harsh on the most vulnerable groups – among them children, adolescents and women. The Government lacks the human and financial resources to invest in development, and enormous efforts will be required to improve the socio-economic situation.

Results from the latest 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 an under-five mortality rate of 223 per 1,000 live births. 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 children under age five sleep under insecticide-treated mosquito nets. Four per cent of children are severely underweight and 19 per cent suffer from moderate underweight; 19.5 per cent are severely stunted and 40.9 per cent moderately stunted; 1.7 per cent are severely wasted and 7.2 per cent moderately wasted. Less than 1 per cent of households consume adequately iodized salt. Only 57 per cent of the population have access to drinkable water; and a mere 30 per cent know minimum hygiene practices. Knowledge of HIV/AIDS is still limited, with only 19 per cent of the population and 16 per cent of the youth capable of identifying methods of prevention.

Since May 2008, the country is plagued by a massive cholera epidemic, which as of 2 November had resulted in a total of 13,327 cases, with 218 deaths (fatality rate at 1.6 per cent). About 18 per cent of cases are found among children under age 15. Cholera is endemic in the country, and epidemics occur recurrently almost every year. Among the reasons for these epidemics are the dilapidated water and sanitation infrastructures (when not totally inexistent), poor quality basic health and education services and limited knowledge and practice of hygienic behaviours.

Approximately 1,500 children are estimated to be living with HIV/AIDS and 17,000 to have lost at least one parent to AIDS. Out-of-school children and adolescents suffer an additional vulnerability in Guinea-Bissau: the recent massive increase of drug trafficking through the country puts young people particularly at risk, as these children and adolescents can be easily targeted by unscrupulous traffickers, ready to profit of the risk-taking inclination of adolescents. Due to the lack of primary schools, vocational training and life skills-based curricula, the opportunities for adolescents to complete basic education, escape an adulthood of illiteracy and access adequate employment opportunities are extremely limited.

Guinea-Bissau is still contaminated by landmines and explosive remnants of war (ERWs), consequence of the 1963–1974 Liberation War, the 1998–1999 armed conflict and the long-term instability on Senegal's Casamance border. In Brá, one of Bissau's neighbourhoods, where an army arsenal blew up in 1998, ERWs remain a threat that has been recently reconfirmed by a series of accidents, the latest of which occurred in April 2008, where a child was involved. After the 1998 conflict, mine-risk education (MRE) activities were carried out with the support of UNICEF and other partners. Since 2004, however, MRE activities have suffered of funding shortage, and – tragically – the mine/ERW contamination has become a 'forgotten' emergency.

2. KEY ACTIONS AND ACHIEVEMENTS IN 2008

Two very successful vitamin A supplementation and deworming campaigns have resulted in over 90 per cent coverage of children aged 6–59 months. During the third round of the maternal and neonatal tetanus campaign, targeting 320,000 women of childbearing age, 87 per cent of women completed the three doses required. New vaccines for children (pentavalent and yellow fever) have been introduced within routine vaccination activities since September 2008 with the aim of reaching 55,000 infants, who are also receiving impregnated mosquito nets. An assessment of the 24 nutrition treatment centres across the country was carried out and a nutritional survey initiated (to be completed early 2009) in order to better understand the scope of the current nutrition insecurity, and identify and implement adequate strategies through key interventions.

In coordination with other partners, such as the World Health Organization (WHO), the National Red Cross Society, Médicos do Mundo-Portugal, Médecins Sans Frontières-Spain and Médecins Sans Frontières-Switzerland, UNICEF has contributed substantially to the national response to a cholera epidemic which, after five months since its start in May 2008, has already affected 12,225 persons and resulted in 201 deaths (data of 21 October 2008). UNICEF's support to the Ministry of Health has focused and is continuing to focus on massive awareness-raising of preventive measures and hygiene

practices through face-to-face communication and radio broadcasting as well as water and sanitation intervention activities, targeting the capital Bissau and the regions hardest hit, and procurement and distribution of emergency supplies. A hygiene campaign focusing on schoolchildren started in concomitance with the recent reopening of the school year. UNICEF was able to reach about 80 per cent of the capital's population (estimated at approximately 400,000 people) with information on how to prevent cholera and demonstration of correct hygiene practices, including handwashing with soap or ash and disinfection of drinking water. All functioning water reservoirs in the capital Bissau and over 1,500 traditional wells have been disinfected, and bleach and soap distributed to over 4,000 families. More than 45,000 litres of bleach, 150 cholera beds and 10,000 sachets of oral rehydration salts (ORS) were donated to the Ministry of Health and 5,000 ORS sachets to the Red Cross Society. UNICEF also provided 72 m² tent and other supplies to increase the capacity of the National Hospital. Some 700 members of communication and disinfection brigades were trained to inform the population and follow up on cases at household level. UNICEF is supporting local and international NGOs to carry out communication, disinfection and water and sanitation activities in the most affected regions.

3. PLANNED HUMANITARIAN ACTION FOR 2009

Coordination and Partnership

UNICEF is an active member of the UN Country Team and participates in meetings organized on a monthly basis. Since May 2008, UNICEF has taken up the role of Inter-agency Emergency Coordinator and is keeping close relationships with humanitarian NGOs present in the country, which were crucial partners during the June 2008 torrential rain emergencies and the cholera epidemic that is besieging the country since May 2008. UNICEF is cluster lead for nutrition, water, sanitation and hygiene (WASH), education and protection.

Linkages of HAR with the Regular Programme

Humanitarian preparedness and response activities are part of each of the Country Programme 2008–2012 main components: child protection, child survival, education and HIV/AIDS. Communication for behaviour change is a major strategy for the African Child Survival and Development initiative, which is focusing on the promotion of early and exclusive breastfeeding, good hygiene practices – including handwashing – and the use of impregnated mosquito nets to ensure high-impact interventions for the reduction of child mortality and morbidity.

Given the enormity of Guinea-Bissau's needs and the continuing harsh humanitarian situation, UNICEF will focus in 2009 on a few most effective key interventions to reduce mortality and morbidity among children and women: provide a package of basic health interventions; prevent/control the incidence of future cholera epidemics; prevent mine/ERWs accidents; and prevent adolescents' enrolment in illegal activities.

Health and Nutrition (US\$ 535,000)

For 2009, the overall goal is to reduce the mortality rate of children under age five due to malnutrition and waterborne diseases through the implementation of high-impact interventions in health and nutrition. Approximately 120,000 most vulnerable children under age five and 30,000 pregnant women living in rural areas will benefit from the following key activities:

- Procure and distribute essential drugs, micronutrients and health kits to 30 health centres, benefiting about 400,000 people;
- Train 60 health staff in quality management of malaria, diarrhoea and acute respiratory infections, and train 48 health staff in management of severe acute malnutrition;
- Train 60 midwives in early detection of at-risk pregnancies, in clean deliveries and management of complicated deliveries.
- Train 120 community health workers in providing basic health and nutrition services – including quality treatment of malaria, diarrhoea and acute respiratory infections, detection and referral of at-risk pregnancies, community-based management of mother and newborn – as well as in promoting family health and good nutrition practices – early and exclusive breastfeeding, handwashing, use of impregnated mosquito nets, community-based prevention of malnutrition and referral of children who are at risk or malnourished;

- Provide impregnated mosquito nets for some 30,000 children and 30,000 pregnant women (50 per cent coverage);
- Provide support to the 24 existing therapeutic feeding centres for the benefit of 350 severely malnourished children;
- Support two rounds of vitamin A supplementation, iodine supplementation and deworming for all 272,000 children under age five.

Water, Sanitation and Hygiene (US\$ 856,000)

For 2009, the overall goal is to reduce the occurrence and incidence of cholera, prevent further outbreaks and improve emergency response in hotspot areas. Some 300,000 people living in poor neighbourhoods in the capital Bissau and other risk areas will be targeted through the following key activities:

- Develop an integrated cholera prevention action plan and its implementation before the start of the 2009 rainy season;
- Improve the hygiene conditions of 500 selected traditional wells in peri-urban neighbourhoods of the capital Bissau by improving hygienic water fetching, protecting wells from contamination and periodically disinfecting wells and other water sources, benefiting approximately 50,000 vulnerable people;
- Promote latrine use through setting-up of latrine Sanplat selling points;
- Promote household water treatment and handwashing as high-impact and low-cost health interventions through awareness-raising campaigns and demonstration in 41,600 households, benefiting at least 250,000 people;
- Train government personnel on information management and mapping of cholera cases;
- Conduct anthropological study to identify barriers to behaviour changes;
- Preposition emergency supplies for 10,000 people;
- Provide technical support – Wash Emergency Coordinator.

Education (US\$ 535,000)

For 2009, the overall goal is to improve the social and educational integration of out-of-school children and adolescents, give them a second chance for basic and vocational education, life skills, education for citizenship and human rights, and prevent adolescents' enrolment in conflicts, militias and drug trafficking. Six thousand adolescents will benefit from the following key activities:

- Assess priority needs of communities and undertake market survey to determine vocational training needed;
- Train 500 teachers in the teaching of transversal issues, such as life skills, human rights, gender equality and education for peace;
- Support community initiatives in building appropriate school structures through capacity-building and provision of materials not available locally;
- Finalize the Education Development Sectoral Plan, with clear definition of strategies for the inclusion of out-of-school children;
- Develop and implement education sector policies and plans, including on second opportunity and vocational training;
- Supply construction materials for 30 schools;
- Provide basic education and vocational training to 6,000 adolescents.

Mine Action (US\$ 156,000)

For 2009, the overall goal is to raise awareness on the threat of landmines and explosive remnants of war (ERWs) in particular in schools and most affected areas, and how to minimize the risk. Some 20,000 children will be reached through the following activities:

- Provide refresher courses to 70 schoolteachers already trained in 2004, and train another 70 in the autonomous sector of Bissau and in the north of the country (border with Senegal's Casamance Province) where mine accidents occurred recently;
- Support and monitor the mine-risk education (MRE) basic school course;
- Design and disseminate new MRE information materials;
- Disseminate messages in local languages through local radios and face-to-face communication within communities, aiming to reach at least 50,000 people.