

## UNICEF GUINEA-BISSAU

### SITUATION OF WOMEN AND CHILDREN IN GUINEA-BISSAU

Guinea-Bissau is a fragile post conflict country, with weak infrastructures and private sector. It is still recovering from the armed conflict of 1998-1999, which resulted in political instability, insecurity, weak law enforcement and economic stagnation. The population is estimated at 1.6 million with 900 thousand of children under 18 years of age.

The country ranks 175 out of 177 nations according to the 2008 UN Human Development Index. The socio-economic and financial situation has continued to deteriorate and children's life conditions are getting worse.

#### Child Survival

Children do not have access to basic health services in both rural and urban areas. Cost and distance are barriers to health care. Facilities that exist tend to be without maintenance, budget and are inadequately supplied.

Child mortality rates are rising. Since 2000, the infant mortality rate has increased from 124 to 138 and the under-five mortality rate from 203 to 223 per 1,000 live births, according to the results of the 2006 Multiple Indicator Cluster Survey (MICS 2006). The



main causes of childhood deaths in Guinea-Bissau are diseases which are easily preventable, including malaria, acute respiratory infections, diarrhea and malnutrition.

**Guinea-Bissau is one of 39 countries considered by UNICEF as facing an emergency situation according to the Humanitarian Action Report 2008.**

Less than 50% of children under five receive adequate malaria treatment. Malnutrition is a serious problem, with 4% of children severely malnourished and 19% suffering from moderate malnutrition. Less than 1% of households consume adequately iodized salt. Only 16% of newborns are breastfed exclusively for the first 6 months of their life.

The maternal mortality ratio is one of the highest in Africa, at 1,100 per 100,000 live births. Only seven countries have higher maternal mortality ratios, including Afghanistan, Niger and Chad.

Only 60% of the population has access to potable water and that has not improved since 2000. The health outcomes for the children and women of Guinea-Bissau are poor and associated with a health system that is under-funded, inefficient and very weak in terms of infrastructure, equipments and qualified human resources.

**Child mortality rates are increasing. Maternal mortality rates are among the highest in the world.**

## Education

The education system in Guinea-Bissau is very weak. More than 45% of school-age children do not have access to school owing to lack of infrastructures and of qualified and motivated teachers. Only 28% of children of primary school age (7-12 years old) are enrolled in school. Some 37% of primary school attendants are aged between 13 and 17 due to the high repetition rate (15%). Only 12% of girls complete the primary cycle against 18% of boys as a result of girls work in household chores, agriculture and small business.

**Only 28% of children 7-12 years old, are enrolled in primary school.**

Some 37% of teachers have no teaching skills and only 14% of schools offer a complete primary cycle of six years. The inadequate curriculum, school manuals and school infrastructures, and frequent and long teachers strikes contribute to high drop-out and repetition rates, especially for girls. Gender disparities were reduced in the three regions of

UNICEF intervention during the period of 2004-2007 where 80% of boys and 75.5% of girls were enrolled and reached grade five. The attendance rate increased from 41% in 2004 to 57% in 2006 – 55% for girls and 59% for boys.

## Protection

The judicial system and social protection structures are very weak or non-operational due to lack of law enforcement, of funds and absence of qualified human resources. Other barriers to the fulfillment of children's rights are the lack of knowledge, as well as negative cultural practices and behaviors. *Talibes* children (who attend Koranic schools and frequently are beggars), and children being trafficked into neighboring Senegal are becoming a pressing issue. According to a study completed in 2006, there are over 2,000 child *talibes* in Guinea-Bissau, and the majority of the estimated 120,000 *talibes* children in Dakar, Senegal are from Guinea-Bissau.

Only 39% of children under five years have been registered at birth. The most commonly mentioned reasons for non-registration are the high cost (34%); long distance to a registration office (26%) and no knowledge of where to go for birth registration (19%). Nevertheless there are untold reasons for not registering children in some ethnic groups, based on traditional beliefs and practices that prevent parents from giving a name to a child before a certain age. Female genital mutilation and cutting (FGM/C) continue to be a common practice, affecting 45% of women aged 15-49 years. Early and forced marriages are also quite common in Guinea-Bissau.

## HIV/AIDS

Knowledge of HIV/AIDS is still limited, with only 19% cent of the population capable of identifying methods of prevention. The youth remain extremely vulnerable to HIV infection with only 17% of young women between 15 and 24 years have comprehensive knowledge of prevention measures

**It is estimated that every year some 5,000 HIV positive women give birth – only 1% of them has access ARV and other preventative methods to protect their children from HIV/AIDS.**

Children in Guinea-Bissau are severely affected by HIV/AIDS. The prevalence among pregnant women is estimated at 7%. Every year some 5,000 HIV positive women give birth. In 2007 only 1% of them had access to prevention of mother to child transmission interventions, exposing about 1500 newborns to HIV infection. ARV treatment is provided to only 860 adults and 39 children.

## COUNTRY PROGRAMME EXPECTED RESULTS

The 2008-2012 Country Programme has been designed to contribute to the attainment of the MDGs and the poverty reduction within the national Poverty Reduction Strategy Paper (PRSP) framework. The Programme aims to achieve specific results in four major areas: Child Protection and Rights Promotion; Child Survival; Basic Education and Gender Equality; and HIV/AIDS. Advocacy, Information and Communication; and Monitoring and Evaluation are two cross-cutting strategic components.

In the next five years, the programme will achieve these results:



- (a) A national system of child protection will be in place and operational;
- (b) Strategic information on vulnerable children will be available and data collection mechanisms for child protection indicators conducted on a routine basis;
- (c) Under-five mortality rate will be reduced from 223 to 180 and the infant mortality rate from 138 to 100 per 1,000 live births;
- (d) 30% of households will consume iodized salt;
- (e) 80% of boys and girls will be enrolled in primary school and 60% of them will complete primary education;
- (f) 50% families will have adopted good hygiene practices, use potable water and safe waste disposal;
- (g) 50% of HIV-positive pregnant women who attend ante-natal care will have access to an integrated package of prevention of mother-to-child transmission (PMTCT) services and 100% of their newborns will receive quality pediatric care;
- (h) 60% of at-risk adolescents and young people will receive adequate information and relevant life skills to reduce their risk of and vulnerability to HIV/AIDS; and
- (i) children, young people and families will have changed behaviors and attitudes with regard to birth registration, HIV/AIDS prevention, hand-washing, early and exclusive breastfeeding, girls' education and protection against negative and harmful practices.

## MAIN STRATEGIES

The Country programme will be implemented nation-wide in order to ensure equity among all children. Main strategies to reach these children include:

- Delivery of a minimum package of health interventions, with community delivery and advanced strategies through campaigns on child survival coupled with social mobilization for behavior change at communities and family levels;
- Capacity building of social services workers;
- Rehabilitation/construction of water points in schools and health centers;
- Implementation of the Essential Learning Package in schools, training of teachers in modern teaching methodologies and child rights;
- Increasing access to information on HIV/AIDS, skills and services so as to create an enabling and protective environment for the most at risk adolescents;
- Involvement of community, religious and traditional leaders in planning key activities to secure community ownership and sustainability.

The main strategies will be based on the support of the integration of child protection issues and programmes into the framework of social policies and other national development plans. They include a national policy on child registration at birth, support community-led approaches in tackling harmful practices, strong advocacy and policy dialogue at all levels in order to promote favorable attitudes and protective environment for children.

Nation-wide communication strategy in support to hand washing/hygiene, early and exclusive breast-feeding and use of impregnated mosquito nets will be designed, delivered and sustained for five years. Other issues will be added to the strategy as it progresses, such as malaria, diarrhea diseases and acute respiratory infection. The Programme will reinforce community dialogue facilitated by trusted community leaders, so that parents and care-givers can place the three key behaviors (hand washing, early and exclusive breast-feeding for the first 6 months of the infant life, use of mosquito nets) within the context of their culture and socio-economic status.

## Partnerships

UNICEF continues to strengthen its collaboration with other United Nations agencies. For community services and advanced strategic interventions for child survival and maternal health, cooperation with WHO and UNFPA are instrumental. For the development of policies in education, improving healthy and safe learning environment, and for quality education, UNESCO, the World Bank and WFP are the major partners. UNDP, UNFPA, WHO, WFP and UNICEF have developed and are implementing a joint HIV/AIDS Programme. Agreements have been signed with Plan International, UNFPA and TOSTAN on the issue of Female Genital mutilation/cutting (FGM/C).

Alliances with Community-based Organizations (CBOs), religious and traditional leaders, youth and women's organizations and other local associations to tackle sensitive issues affecting protection of children's and women's rights continue to be developed and strengthened. In emergency preparedness and response, UNICEF ensures that children's and women's rights are respected under the Core Commitment for Children through participation in the United Nations Country Team, together with the Office for the Coordination of Humanitarian Affairs, the Government and other humanitarian actors including the International Committee of the Red Cross, the National Red Cross, Caritas and the Adventist Development and Relief Agency.

**UNICEF works with other UN agencies, government partners, community-based organizations, religious and traditional leaders, youth and women's local associations and communities to help children realize their rights to health, education and protection.**