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UNITED NATIONS FUND FOR POPULATION ACTIVITIES

PROPOSED PROJECTS AND PROGRAMMES

Recommendation by the Executive Director

Assistance to the Government of Guinea-Bissau

Support for a comprehensive population programme

Proposed UNFPA assistance: \$2.1 million, of which \$1.3 million is to be committed from UNFPA's regular resources. If UNFPA's funding situation permits, the balance of up to \$0.8 million will be provided by UNFPA. If and to the extent this is not the case, UNFPA will seek to cover the shortfall from other sources, including multi-bilateral sources.

Estimated value of the Government's contribution: To be determined

Duration: Four years

Estimated starting date: January 1987

Executing agencies: Government of Guinea-Bissau
United Nations International Labour Organisation (ILO)
United Nations Educational, Scientific and Cultural Organization (UNESCO)
World Health Organization (WHO)
United Nations Children's Fund (UNICEF)

Government co-ordinating agency: Ministry of Planning

GUINEA-BISSAU

Demographic facts

Population by sex		Population density (/sq. km.) ..	25
Total (in 1000)	889	Average annual change	
Male (in 1000)	432	Population increase (in 1000)	20
Female (in 1000)	458	Births (in 1000)	38
Sex ratio (/100 females)	94.4	Deaths (in 1000)	19
Population in year 2000 (in 1000)	1,229	Net migration (in 1000)	0
Population by age group		Rate of annual change	
Age 0-14 (in 1000)	362	Population change total (%) ..	2.08
Age 15-64 (in 1000)	489	Urban (%)	4.6
Age 65 + (in 1000)	38	Rural (%)	1.1
Age 0-14 (percentage)	40.7	Crude birth rate (/1000)	40.8
Age 15-64 (percentage)	55.0	Crude death rate (/1000)	20.0
Age 65 + (percentage)	4.3	Natural increase (/1000)	20.8
Age indicators		Net migration (/1000)	0.0
Median age	19.9	Fertility and mortality	
Dependency: age 0-14	74.0	Total fertility rate	5.38
Dependency: age 65 +	7.7	Completed family size	N/A
Dependency: total	81.8	Gross reproduction rate	2.65
Youth: 15-24 (in 1000)	158	Net reproduction rate	1.80
Women: 15-49 (in 1000)	211	General fertility rate (/1000)	173
Urban-rural population		Child-woman ratio	N/A
Urban population (in 1000)	241	Infant mortality rate (/1000).	132
Rural population (in 1000)	648	Life expectancy: male	43.4
Per cent urban (%)	27.1	Life expectancy: female	46.6
Per cent rural (%)	72.9	Life expectancy: total	45.0
Agricultural population density		GNP per capita	
(/hectare of arable land)	1.83	(U.S. dollars, 1984)	N/A

Sources: Area and population density on arable land: derived from Food and Agriculture Organization of the United Nations, FAO Production Yearbook 1980; gross national product per capita: World Bank, World Development Report 1986; completed family size: Noreen Goldman and John Hobcraft, "Birth Histories", in Comparative Studies, No. 17, (International Statistical Institute: Voorburg), 1982; all other data: Population Division, United Nations Department of International Economic and Social Affairs, World Population Prospects, Estimates and Projections as Assessed in 1984 (United Nations publication, Sales No. E.86.XIII.3) - "population by sex" through "life expectancy: total" as of 1985-1990.

I. SUMMARY

1. The United Nations Fund for Population Activities (UNFPA) proposes to support a first comprehensive population programme in the amount of \$2.1 million over a four-year period, starting January 1987, to assist the Government of Guinea-Bissau to achieve its population and development objectives. Should resources not become available to UNFPA for the funding of the entire programme, UNFPA proposes to commit \$1.3 million from its regular resources. If UNFPA's funding situation permits, the balance of up to \$0.8 million will be provided by UNFPA. If and to the extent this is not possible, UNFPA will seek to cover the shortfall from other sources, including multi-bilateral sources.

2. The programme is based on the recommendations of a 1985 needs assessment mission. In consultation with Government, UNFPA has identified the following needs for assistance: (a) the strengthening and expansion of maternal and child health and family planning (MCH/FP) services; (b) population information, education and communication (IEC) in support of MCH/FP, focused on reducing the number of unwanted pregnancies; (c) data collection to provide the country with the basic information required for socio-economic development planning, thus encouraging research into unwanted pregnancies, abortions and the status of women; and (d) promotion of women's active participation in socio-economic development.

3. All projects under the proposed programme, as in all UNFPA-assisted programmes, will be undertaken in accordance with the principles and objectives of the World Population Plan of Action, that is, population policies should be consistent with internationally and nationally recognized human rights of individual freedom, justice and the survival of national, regional and minority groups (para. 14 (d)), respect for human life is basic to all human societies (para. 14 (e)), and all couples and individuals have the basic right to decide freely and responsibly the number and spacing of their children and to have the information, education and means to do so (para. 14 (f)).

II. BACKGROUND

1. Guinea-Bissau, which became independent in September 1973, has been designated by the United Nations General Assembly as a least developed country. In a country torn by a protracted war of liberation and with economic and political institutions totally disrupted, the Government's foremost priority, over the past decade, has been the reconstruction of the administrative framework necessary to tackle the nation's pressing economic and social problems. The Government's major thrust has been the rehabilitation of the production system, mainly in the agricultural sector which supports over 95 per cent of the population. An intermittent drought over the past few years has hampered progress. Other major problems facing the Government are a lack of basic infrastructure, inadequate basic data, shortage of trained human resources and an unbalanced spatial distribution of population exacerbated by the drought.

5. The 1979 population census provided the Government with its first insight into the country's population problem, one which the Government viewed mainly as relating to the health sector. The first four-year development plan (1983-1986) merely presented population data from the 1979 census without any specific objective. There was no explicit Government population policy although the Government attached great importance to the improvement of MCH in order to counter high maternal and infant mortality.

6. During the colonial period, medical care was limited to the few urban centres inhabited by expatriates. Generally, health conditions were poor; medical personnel was limited, infant mortality was very high and endemic diseases were widespread. More than a decade after independence, there is still little reliable information available at the national level to assess the progress achieved by massive immunization programmes and expanded health care. However indicators such as life expectancy and maternal and infant mortality rates suggest, with little doubt, that health conditions are still precarious. Malaria, diarrhoeal diseases, measles and respiratory diseases are the four major causes of death, and malnutrition, particularly among children aged 0 to 5 years, is prevalent. A survey conducted in 1982 in Bissau, the capital, involving 744 children disclosed that 25 per cent suffered from malnutrition. A similar study, in 1983, in the rural area of Boe involving 1,510 children aged 0 to 6 years revealed that nearly 23 per cent of them suffered from malnutrition. Sexually transmitted diseases for which no data exist present another cause for government concern.

7. Because of critical human resources shortages in nearly all sectors, an assessment of improvements in levels of development are hard to come by and real progress is sometimes difficult to analyse. However, the impact of UNFPA assistance is perceptible and can be assessed by Government's recognition of family planning as one of several initiatives to improve the welfare of mothers and children. This is reflected by an ever increasing number of MCH centres with integrated family planning services as well as by Government's plans to implement nation-wide population education and training programmes in family health for rural women. Furthermore, the role of population in development and the need for reliable population data from censuses continue to receive increasing attention from the country's leadership. This is evidenced by ongoing efforts to strengthen the capability of the Directorate of Statistics to collect, process and analyse demographic, social and economic data. To this end, the Government is currently negotiating with the United Nations Development Programme (UNDP) and the Government of Portugal for an extensive programme of assistance in that area. By creating and raising awareness of population issues, training personnel and upgrading infrastructure, UNFPA has helped to establish minimal conditions for the implementation of a larger population programme.

III. REVIEW OF PAST ASSISTANCE

8. For the period 1976-1986, UNFPA's assistance to Guinea-Bissau totalled over \$1.5 million. Apart from assistance to the 1979 census, a one-time operation, UNFPA's experience in Guinea-Bissau has been limited to the execution of a single MCH/FP project.

Maternal and child health and family planning

9. Improvement of family health. This project sought to address the problems of high maternal and infant mortality as well as the lack of basic infrastructure and trained personnel in the health sector. MCH and child-spacing were integrated into the basic health services, mainly in the Bissau and Gabu areas. An ad hoc evaluation conducted by WHO in November 1984 stressed the achievements of the project in the areas of training, upgrading the medical infrastructure and integrating family planning into MCH services. The ongoing project has increased awareness of MCH/FP services through seminars and a radio programme on MCH/FP. The MCH centre in Gabu was renovated and supplied with necessary medical equipment. However, the concept of population issues is fairly new to the Government and health sector activities have so far been mainly curative and limited to routine services. From an administrative point of view, procurement of equipment and supplies has been seriously hampered by the scarcity of trained human resources and by the fact that, although a coastal State, the country faces severe communication and transportation problems. UNFPA assistance provided 2 fellowships in obstetrics/gynecology, 15 in health education, 8 in family planning and 3 in public health. In addition, training was provided for 465 health workers and 100 traditional birth attendants. Total assistance allocated to date amounted to \$521,000. The project is jointly executed by the Government, WHO and UNESCO.

Basic data collection and analysis

10. Population census. Several population censuses were conducted in Guinea-Bissau during the colonial era, but little record remains of these undertakings. Demographic data used in Guinea-Bissau up to 1979 were at best rough estimates based only on a 1950 census. Although the 1979 census was a definite improvement with regard to the availability of population data required for development planning, it did not address such problems as weak institutional capability and statistical data base, the lack of skilled manpower and basic infrastructure. One major reason for these shortcomings was that the census data were processed in Lisbon, there being neither processing facilities nor adequately trained personnel in the country. As a result, only a limited number of staff could be trained on the job. To date, some of the census publications have not been completed, thus contributing to the incompleteness of the census. Nevertheless, the 1979 population census has been the first and only data collection operation of any significance conducted at the national level, providing the only statistical information now available to the Government for planning purposes. A total of nearly \$1 million was allocated for this project, which was executed by the United Nations.

11. Pre-project activity in demographic training. This project aimed to build up a national capability to deal with population-related matters by providing training in statistics and demography for nationals personnel. UNFPA assistance has provided for two fellowships in demography and statistics, at the National School of Administration, Dakar, Senegal. An amount of approximately \$28,000 has been allocated to this ongoing project, executed by the Government.

Other external assistance

12. Although Guinea-Bissau has received much external assistance to promote its socio-economic development, the country receives very limited assistance for population activities. WHO, UNICEF, UNDP, the World Food Programme (WFP), the United Nations Development Fund for Women (UNIFEM) and UNFPA are the sole donors providing population assistance. Activities receiving support include health, integrated rural development, improvement of statistics and assistance to women's programmes. Among the agencies involved, UNDP will start its third programme of assistance (1987-1991) and UNIFEM is very active in the country promoting the status of women. A joint UNDP, UNIFEM and UNFPA integrated rural development programme for women has now been agreed upon by all parties and is due to start in September 1987. Major bilateral donors assisting Guinea-Bissau in the health sector include Canada, China, France, Sweden and the Union of Soviet Socialist Republics. Assistance is mainly for infrastructure support and equipment, training and the provision of experts. Of the few non-governmental organizations operating in population-related fields, OXFAM and the Quakers focus on the provision of hospital equipment.

IV. FINDINGS OF THE NEEDS ASSESSMENT MISSION

13. At the request of the Government, a population needs assessment mission visited Guinea-Bissau in March 1985. The proposed programme will be the first comprehensive programme of long-range assistance and will be based on the mission's recommendations.

14. In the context of continued assistance to the national MCH/FP programme, the mission recommended that the project team be strengthened through additional staffing and training. The mission further recommended the introduction of family planning in the training curriculum of health personnel and the strengthening of health education activities in referral centres. With respect to the problem of teenage pregnancies and other sex-related issues, the mission recommended the establishment of a special service unit for teenagers as well as better co-ordination with the national women's and youth organizations and the Ministry of Education for the formulation and implementation of appropriate strategies to deal with teenage problems. It was also recommended that a national nutrition service be established within the MCH/FP referral centres which, in collaboration with the Ministries of Agriculture and Health, would develop a nutrition information and monitoring system. A final recommendation concerns the organization of a subregional course on the management of family planning programmes to be conducted for the Portuguese-speaking countries in Africa.

15. In order to ensure co-ordination among the many government agencies, the mission recommended the establishment, under the auspices of the Ministry of Information, of a national council for the promotion of population and development IEC. Other recommendations covered the formulation and introduction of a sex education project in training schools for teachers; support to a out-of-school sex education project with the involvement of the Ministry of Information; implementation of a pilot project in IEC activities through traditional channels of

communication; and strengthening the capacity of the Ministry of Education's audio-visual centre. The mission further recommended the organization of a training course on population for the mass media to ensure more effective and comprehensive coverage of population issues. Also recommended was a study on the appropriateness of a system of data collection and exchange of audio-visual materials on population among Portuguese-speaking countries in Africa. The mission further emphasized the need to tackle sexually transmitted diseases, teenage pregnancies and other issues such as female circumcision.

16. The mission noted a disturbing lack of statistical data, the extreme weakness of the Directorate of Statistics, a critical shortage of personnel trained in various statistical areas and a chronic lack of logistical support. It recommended support to: (a) improve the data collection systems including civil registration; (b) improve the capabilities of the National Statistical Office through the provision of essential equipment such as printing, data processing and office equipment; (c) train national personnel in statistics, demography and related areas through fellowships and on-site training; (d) organize various data collection operations including a national demographic survey, a national fertility survey and the 1990 population census; and (e) ensure close collaboration with UNDP and the Portuguese Government to strengthen the country's statistical system.

17. The mission recommended support for a detailed analysis of the 1979 population census and the development and organization of a research programme on traditional birth-spacing methods, unwanted pregnancies and abortion. With regard to the latter, the mission recommended the processing of abortion-related data available in hospitals to obtain information on the age, marital status, literacy level, area of residence and ethnic group of the women surveyed. It also urged co-ordination between the National Institute for Studies and Research and other institutions such as the National Statistical Office and research units in certain ministries. Continued assistance was also recommended for the training of personnel in demography and related fields.

18. The mission observed that, although population variables had heretofore hardly been taken into account in development plans, there was a growing recognition of the role of population in development. In order to capitalize on the momentum gained, the mission recommended the establishment of a population unit within the Ministry of Planning. However, the Government and UNFPA concurred that the creation of such a unit might be premature, especially in view of Guinea-Bissau's shortage of trained personnel.

19. The mission recommended support for projects centred on women, particularly those designed to alleviate domestic drudgery and ensure the full participation of women in the development process. In this regard, the mission expressed support for the proposed integrated rural development project for women to be jointly funded by UNDP, UNIFEM and UNFPA. The mission further recommended that support be given to complete the family code which has been under preparation for the past decade. Another activity recommended for assistance was the establishment of kindergartens to allow women time for greater participation in development activities.

V. PROPOSED PROGRAMME 1987-1990

20. The proposed programme represents UNFPA's first comprehensive programme of assistance to Guinea-Bissau. While the proposed programme is based upon the findings and recommendations of the needs assessment mission, only those priority areas agreed on between the Government and UNFPA are covered by the programme. This programme is comprised of projects in the areas of MCH/FP, population IEC, population dynamics and special programmes. Its overall goal is to strengthen national institutional capability which will, in turn, lead to the formulation of a population policy in line with the socio-cultural and economic realities of the country.

Maternal and child health and family planning

21. National maternal and child health and family planning project. The Government's objective in the health sector is to make health care available to all by the year 2000. To this end, it has embarked on a health policy which focuses on primary health care and gives priority to preventive care. Although there is a satisfactory average of one bed for 323 people, this conceals the fact that, in view of the extreme poverty of the country, most health centres in the regions are poorly equipped and cannot provide adequate care. The overall objective of this project is to strengthen MCH/FP services in the eight centres already covered during the first phase (1980-1985) as well as to introduce the same services in four new centres. The Government's primary objective is to reduce morbidity and maternal and infant mortality. UNFPA assistance would cover expanded MCH/FP activities and strengthen programme activities initiated in 1980. Specific project activities will include IEC activities for MCH; research into societal attitudes towards gender roles; training, with special attention given to qualified women for project implementation, monitoring and evaluation; renovating and equipping the four new MCH centres and equipping and providing family planning services in the Gabu referral centre. Among other donors, the World Bank will assist the Government in the context of its population, health and nutrition project whose health components include strengthening of the health ministry's planning and management capacity, financing of selected operational costs and rehabilitation of major regional hospitals. The UNFPA-supported components would be executed by the Government, WHO, UNESCO and UNFPA. UNFPA proposes assistance in the amount of \$425,000 for a four-year period.

Population information, education and communication

22. Family life education in and out of school. The Government intends to implement a family life education programme at the national level as a contribution to improving the status of women in Guinea-Bissau. It is envisaged that project activities would encourage increased age at marriage, child-spacing and the development of responsible attitudes toward sex and parenthood, particularly among young people. The project will also address attitudes and behaviours as they relate to traditional gender roles. Activities of the proposed IEC project will be implemented in and out of school and will be supplemented by a training course in population for national media representatives in the context of a UNESCO-executed project for the improvement of the national radio information services. Limited

assistance will also be given to the audio-visual centre of the Ministry of Education for the production of audio-visual materials. UNFPA proposes an amount of \$500,000 for this project to be executed by the Government, ILO and UNESCO.

Basic data collection and analysis

23. Population census. This project will seek to update data from the 1979 census as well as to provide the Government with a strengthened statistical base for the formulation of a population policy. In planning to conduct its next census in 1989, Government has accorded priority to the collection of vital statistics and has established an office for this purpose. All facets of the project will complement a project funded by UNDP and the Portuguese Government aimed at strengthening the country's statistical system. UNFPA proposes assistance in the amount of \$730,000 for the census project to be executed by the United Nations.

Population dynamics

24. Demographic training. Guinea-Bissau urgently needs assistance to develop accurate data on population dynamics for planning purposes. There is no reliable information available on such factors as marriage patterns, traditional contraceptive practices, nutrition, abortion or duration of breastfeeding. There is also a lack of staff trained in statistics and demography. This project would complement two projects proposed by the World Bank on the one hand, and UNDP and the Government of Portugal on the other. The World Bank's health and population project will, among other things, provide technical assistance for the analysis of the 1979 census and for the implementation of a national demographic and health survey. UNFPA will continue to provide assistance to train statisticians and demographers over a three-year period. The project will ensure gender parity in participation to guarantee that issues of direct relevance to women are included in future development planning. This project will be directly executed by the United Nations. UNFPA proposed \$270,000 in assistance.

Women, population and development

25. Strengthening the capabilities of the Women's Democratic Union through training in family health. At the official level, the role of women is viewed as crucial and fundamental. The conviction that there can be no real progress without improving the status of women and ensuring their full participation in development is an integral part of government policy which stems from the important contribution made by women in the war of liberation. Thus, the Government has undertaken a number of initiatives focused on the specific needs and concerns of women. This proposed project centres on integrated development for women in selected regions and Bissau and will be funded jointly by UNDP, UNIFEM and UNFPA. The project will include both income-generating activities and training in family health, family welfare and food conservation. UNFPA proposes assistance in the amount of \$175,000 for this project to be executed by the Women's Democratic Union.

Monitoring and evaluation

26. The programme as well as its component projects will follow the UNFPA guidelines on monitoring and evaluation of UNFPA-supported projects and programmes. There will be periodic country reviews with participation by Government and UNFPA officials. As this is the first country programme in Guinea-Bissau, special attention will be paid to monitoring and evaluating the contribution of the individual projects to increasing the institutional capability in population matters. These issues will be a priority item in the agenda of country and tripartite reviews. Each project formulated under this country programme will have a plan for its monitoring and evaluation. At the time of formulation, it will be decided if a project requires a more elaborate evaluation exercise. A UNFPA independent in-depth evaluation may take place before programme delivery is completed.

Financial summary

27. As indicated in paragraph 1, a programme of \$2.1 million is proposed, of which \$1.3 million will be committed from UNFPA's regular resources. This commitment of \$1.3 million would cover all projects but at the lower level as indicated in the table below. If UNFPA's funding situation permits, the balance of up to \$800,000 will be provided by UNFPA. If and to the extent this is not possible, UNFPA will seek to cover the shortfall from other sources including multi-bilateral sources. The following table shows how the programme areas will accommodate these two levels of funding.

	<u>UNFPA regular resources</u>	<u>Other sources including multi- bilateral sources</u>	<u>Total</u>
	\$	\$	\$
Maternal and child Health and family planning	425 000	-	425 000
Information education and communication	200 000	300 000	500 000
Basic data collection and analysis	430 000	300 000	730 000
Population dynamics	70 000	200 000	270 000
Women, population and development	175 000	-	175 000
Total	<u>1 300 000</u>	<u>800 000</u>	<u>2 100 000</u>

VI. RECOMMENDATION

28. The Executive Director recommends that the Governing Council:

(a) Approve the programme for Guinea-Bissau in the amount of \$2.1 million for four years;

(b) Authorize the Executive Director to commit an amount of \$1.3 million from UNFPA's regular resources;

(c) Further authorize the Executive Director to provide the balance of up to \$0.8 million from UNFPA's regular resources, if such resources are available. If and to the extent that they are not, further authorize the Executive Director to seek to cover the shortfall from other sources, including multi-bilateral sources;

(d) Authorize the Executive Director to allocate the funds and make appropriate arrangements with the Government of Guinea-Bissau and with the executing agencies.

