ANNUAL REPORT 2021
SUMMARY OF THE MAIN RESULTS
Preface

The year 2021 was very complex, but it was also an opportunity to serve and advance towards ensuring that every pregnancy is wanted, every childbirth is safe and every young person's potential is fulfilled. In 2021, the Guinea-Bissau country office has worked diligently with its partners, local government officials, citizens, youth, and friends to seek out ways to increase the capacity and efficiency of fundamental sexual and reproductive health services across the country. We carefully looked at and evaluated all areas of the country, including the Bijagos Islands and other hard-to-reach regions to come up with solutions to ensure reliable access to all. We fully understand that we need to communicate passionately with the community as we can all accomplish greater objectives collectively and not unilaterally. It is both prudent and necessary to educate our citizens and empower them to continue to be active and engaged concerning their health outcomes.

For the coming years, the 7th Country Programme (2022-2026) will start in January 2022, and some of the challenges we face will be to achieve the Sustainable Development Goals and reach the three zeros by 2030: (i) zero unmet needs for family planning; (ii) zero preventable maternal deaths and (iii) zero violence and harmful practices against women and girls. Partnerships with the government, the United Nations, the private sector, youth, community and professional networks, and civil society organizations are critical in galvanizing support, resources, innovation, and initiatives to achieve the desired results.

The United Nations Population Fund (UNFPA), will support the Government of Guinea-Bissau to organize the General Population and Housing Census scheduled to take place in 2023. UNFPA Guinea-Bissau has made significant progress to increase sexual and reproductive health services for women, adolescents, and youth. The country office is excited to continue our work to make life safer and healthier for all Bissau-Guineans.
Our country office makes strong efforts to reach all regions of Guinea-Bissau, including the more rural and geographically isolated areas.

MAIN INTERVENTION AREAS:

Sexual and Reproductive Health
Gender Equality and Women’s Empowerment
Population Dynamics
Adolescents and Youth
COUNTRY CONTEXT

The UNFPA country office in Guinea Bissau is dedicated to providing quality reproductive health care services such as family planning and emergency obstetric services and assisting in the procurement of essential commodities to prevent and treat sexually transmitted infections.

The UNFPA also organizes educational reproductive health group sessions run by trained counselors. This way, we fulfill our multilateral approach of engagement with youth and women to promote respect for reproductive rights.

- **Population of about 1.9 million.**
- **22.2%** of women (15-49) have an unmet need for family planning.
- **20.2%** of the population use modern contraceptive methods.
- **Maternal mortality ratio of 900/100,000** live births.
- **Human development index: 0.461**
- **Adult HIV prevalence rate of 4.0% (women aged 15-49).***
- **51.8%** Female Genital Mutilation (15-49) rate.

Source:
- Mics 2018-2019
- Mics 2014
- Spectrum Files
- UNAIDS 2021 Estimates
Sexual and Reproductive Health
Improved capacity of Emergency Obstetric and Newborn Care (EmONC) facilities in 6 health regions through formative supervision;

7 maternal death review committees are functional in 7 regions;

Repaired 40 cases of fistulas, 27 of which were complex during the fistula campaign and 13 simple ones in routine;

Trained 126 midwives in 03 complementary trainings, namely:

Trained 38 midwives in Tocology/Partogram in 5 regions;

Trained 12 midwives in Obstetrical Ultrasound;

Trained 20 specialized midwives in the field of pedagogical and technical supervision;

Trained 28 midwives in Family Planning;

Trained 28 midwives in EmONC.
Comprehensive Family Planning and HIV Prevention

- Enrolled **14,988** new acceptors in modern contraceptive methods;
- Supplied **3,743** modern contraceptive methods to former users;
- Supplied **11** health regions with at least one of the following items: contraceptive products, condoms and vital supplies, including those providing obstetric and neonatal; None of the **11** health regions had stock-outs of at least **3** methods;
- Created **2** associations of sex workers and provided **1** integrated FP/HIV/SR service package.
Ami Campini says she’s lucky to be alive. The mother of four was seven months pregnant with her fifth child when she and her family moved from the northern part of the country to the Quinara region in the southwest where they own farmland for the start of farming season.

Within two weeks of arriving, she started bleeding – enough to warrant a visit to a health centre. But workers at the centre were on strike, so she was sent to another facility, which didn’t have an ultrasound machine to diagnose her condition. An ambulance transported her to the Regional Hospital of Buba, located about 27 kilometres away, but because of poor road conditions, the trip took more than an hour.

Ms. Campini finally had a Caesarean section, delivering a 1.3-kilogram girl she named Zita. At such a low weight, the premature baby was not expected to survive. But after 24 hours, she was able to nurse and both mother and child left the hospital after 17 days.

We considered saving only the mother’s life, as situations of retroplacental hematoma are rarely successful,” recounted Dr. Sonia Bako, a UNFPA-supported specialist in obstetrics and gynaecology with the United Nations Volunteers programme. “This case was a real miracle because we managed to save the life of the mother and the baby.”

The national average rate of maternal mortality is estimated at 900 per 100,000 live births but 3,015 in the Quinara region. Prior to Dr. Bako’s arrival in June, the hospital faced significant gaps in providing quality maternal health services because of a lack of skilled personnel. During Ms. Campini’s operation, a general practitioner was in the operating room, learning from Dr. Bako to be able to perform Caesarean sections by herself in the future.

Despite Ms. Campini’s arduous experience, she focuses on what really mattered: “I was saved thanks to the existence of the operating room and the hospital’s health professionals who spared no effort to help me.”
Results Achieved

- The revised curriculum documents for grades 6, 8 and 9 are available.
- The project document 'Functional literacy of women and youth in political participation' is available;
- Strengthened the capacity of 14 facilitators of 03 youth and civil society platforms (RENAJ, CNV & RENAJELF), on forced/early marriages, FGM, SRH, HIV/STI, COVID-19;
- Sensitized 5 regions on FGM, forced/early marriage, SRH, HIV/STI and COVID-19;
- Strengthened the capacity of 276 young people (123 girls and 153 boys) in SRH/HIV/STI;
- Distributed 60,919 condoms in 7 health regions (Tombali, Bafatá, Bubaque, Quinara, Gabu, SAB and Bolama) during May 1 celebration, and in other activities and programmatic dates for youth;
- Strengthened the capacity of 30 health professionals from 6 regions (SAB, Bafata, Bolama, Bubaque, Gabu, Quinara e Tombali) in the delivery of Youth Friendly Services.
- Trained 17 Young Leaders and 44 peer educators on support adolescent and youth access to Sexual and Reproductive Health information and services in the regions of (SAB, Bafatá, Bolama, Bubaque, Gabu, Quinara and Tombali).
Gender Equality and Women’s Empowerment
Gender Based
Violence Hamful Practices and Gender Equality

- Strengthened the capacity in implementation of the protocol for the treatment of GBV/FGM cases in 04 new regions of the country. In total 10 regions.

- Revitalized 06 men’s clubs in the 06 regions;

- Sensitized 11,303 people, including 447 religious and traditional leaders, 5,966 women and girls, and 5057 men and young people and health technicians on forced marriage, COVID-19 and other harmful practices.

- Trained 49 members of the defense and security forces on FGM.

- 82 communities in 06 regions (SAB, Cacheu, Quinara, Tombali, Oio, Bafata, Gabu) have publicly declared the abandonment of FGM.
Population Dynamics
Production and Dissemination of Data

- The reports of the 2 studies conducted are available:
  
  1- Mapping of the economic realities of the intervention areas (Bissau - Bafata - Gabu) for the identification of value chains with high potential for wealth creation and employment.
  
  2- CAP study in the field of SRAJ for identification of specific needs of integrated services SRMNIA/STI/TB/HIV/Malaria and Nutrition.

- Strengthened the capacity of 22 national experts in capturing the Dividend, programming and operations, including the ICPD+25 agenda.

- The essential documents necessary for the preparation and implementation of the RGPH-4, are updated and available, namely: The PRODOC, the budget, the chronogram and the resources mobilization plan.

- Equipped the Central Census Office with computers and its accessories, furniture, 2 cars, generator and office equipment.

- Consultant hired to revise and update relevant documents for the preparation and implementation of the 4th General Population and Housing Census.

Other Results
Stories of Change
Unexpected Triplets
A Life-Changing Blessing

Abuda Nantombe 32 years’ old and her husband N’omana Naneque 63 years’ old, both farmers, were cautiously optimistic when they found out they were expecting their third child.

Abuda was staying at her son in law’s house in Buba 11 days before she delivered. She arrived from Fulacunda a city sector 32 kilometres away from Buba, Quinara region (Southern province of Guinea-Bissau), when she started feeling increasing fatigue. However, little did she know she was expecting triplets.

On 25th December 2021, delivered to triplets, a real Christmas gift, two girls (Indira and Sonia) and a boy (Adão), named after the medical team that supported her delivery, were born with 1850 grams, 1900 grams and 1860 grams respectively.

Four months on Abuda recalls the traumatic experience "I was very happy with the birth of the three babies, but worried at the same time". Said Abuda, after giving birth to 3 small but healthy babies.

At four months, the triplets are back to the health centre for their first ever routine for their weighing, immunization vaccine and are looking healthy. Currently Sonia has 3050 grams, Indira has 2878 grams and Adao has 3035 grams.

Despite being a farmer, with very limited financial conditions, Abuda hasn’t received kind of support from the government. Instead, she was fully supported by relative who never left her since the triplets were born.
Abuda Nantombe experience is very peculiar as she never had consultation or an ultrasound scan before the delivery. Thus, only after the delivery of the first baby the midwife noticed that her belly was still large.

From that moment she decided to call the whole team, consisting of: gynaecologist, anaesthetist, instrumentalist, local doctor, midwife and cleaning technician.

It was Abuda’s eighth pregnancy, so she should have been immediately transferred to the operating bloc, which was ready for the operation. However, they could not transfer her to the bloc because she came with dilation, at an advanced stage of labor, meaning she had to be submitted to normal delivery. Gladly the deliveries went very well under the supervision of Dr. Bako Sonia and the operating room team ready to act at the slightest problem.

"she was very lucky to come to buba and have a team ready" recounted Dr. Sonia Bako, a UNFPA-supported specialist in obstetrics and gynaecology with the United Nations Volunteers programme.

Buba hospital has the only operating bloc that is functional in the whole southern province. Prior to Dr. Sonia and her team composed of two consultants recruited by UNFPA (an anaesthesiologist and a surgical assistant) arrival, the regional hospital was facing significant gaps in providing quality maternal health services due to unavailability of equipment and limited skilled personnel.

"she was very lucky because it is a risky delivery due to being triplets, being an unknown triplet pregnancy, first and second babies coming through the feet (pelvic), and risk postpartum haemorrhage due to uterine over distension causing permanent bleeding" said Dr. Sonia, “we had to give her a blood transfusion because she was already anaemic at that stage”, she concluded.

According to Dr. Sonia "It is very important for women to have consultation and ultrasound as early as 2 months of pregnancy, and follow up monthly" to save the lives of mothers and their new-borns.

Abuda’s very first ultrasound in the first trimester would have diagnosed her as having a multiple pregnancy and she would have been advised of this while receiving close and well supervised follow-up.
Partners