



**Executive Board of the
United Nations Development
Programme, the United Nations
Population Fund and the United
Nations Office for Project Services**

Distr.: General
1 December 2021

Original: English

First regular session 2022

31 January to 4 February 2022, New York

Item 10 of the provisional agenda

UNFPA – Country programmes and related matters

United Nations Population Fund

Country programme document for Guinea-Bissau

Proposed indicative UNFPA assistance:	\$15.5 million: \$4.5 million from regular resources and \$11.0 million through co-financing modalities or other resources
Programme period:	5 years (2022-2026)
Cycle of assistance:	Seventh
Category:	Tier I
Alignment with the UNSDCF cycle	United Nations Sustainable Development Cooperation Framework, 2022-2026



I. Programme rationale

1. The demographic projection of the National Statistical Institute estimates that the population of Guinea-Bissau is 1,637,995 (2020), of which 51 per cent are women. According to the same source, the country is characterized by a young population, with 26.7 per cent under the age of five, 43 per cent below the age of 15, and 78 per cent under age 35. The population growth rate is estimated at 2.2 per cent while maternal mortality is at 746 per 100,000 live births (multiple indicator cluster surveys, 2014). The population is mainly living in six regions (Gabu, Bafata, Tombali, Quinara, Sector Autónomo de Bissau, Bolama/Bijagos) that represent 67 per cent of the country, of which 53 per cent are under the age of 20.

2. The country faces enormous adverse effects of climate change, exposing the poor and those in vulnerable situations to further vulnerability to climate-related extreme events and other economic, social and environmental shocks and disasters. On average, 5 per cent of the population is annually affected by droughts and future climate conditions, according to the United Nations International Strategy for Disaster Reduction (UNISDR 2018). Islands and coastal areas are more prone to adverse climate events impacts. According to UNISDR, most of the flood-affected people are concentrated in the south-western part of the country, in the Quinara province.

3. From 1994 to the peaceful election of 2019, Guinea-Bissau has shown structural conflict factors at the political, institutional, security and economic level. This has been highlighted in the common country assessment as well as in the conflict analysis. As a consequence, the *Human Development Report 2020* ranked Guinea-Bissau 175 among 189 countries on the human development index,¹ and its gross domestic product per capita was \$733.

4. The common country assessment has noted that teenage fertility is high at 137 per thousand, aggravated by limited access to adequate sexual and reproductive health and rights services for young people. The 2010 poverty assessment shows that young people aged 15 to 24 represent 61 per cent of the workforce, but only 10.6 per cent of them (4.6 per cent for women) are employed.

5. The adolescent fertility rate is 112 per thousand in Gabu, 102 per thousand in Bafata, 123 per thousand in Tombali, 87 per thousand in Quinara, for a national average of 84 per thousand. When it comes to sexuality before the age of 15, Bafata is at 89 per cent, Quinara 71 per cent, Tombali 66 per cent, the Sector Autónomo de Bissau 61 per cent, for a national average of 44 per cent. The national average for child marriage is 30 per cent, while it is 52 per cent in Gabu, 39 per cent in Bafata, and 35 per cent in Tombali. All groups of left behind people in rural and peri-urban areas in the six regions will be assisted.

6. Female genital mutilation affects 52.1 per cent of women between the ages of 15 to 49, whereas, among young girls aged 0 to 14 years, 29.7 per cent were the target of this harmful practice, according to multiple indicator cluster surveys 2018. The same source shows that 25.7 per cent of women aged 18 to 49 were married under the age of 18, and 8.1 per cent under the age of 15, with high consequences for teenage fertility, obstetric fistula, and maternal and neonatal mortality.

7. The socioeconomic situation of youth and women worsened with the COVID-19 pandemic, leaving them without protection, with no possibility of escaping poverty or economic dependency from their parents or partners, and with greater risks of suffering from gender-based violence.

8. Slow improvements in sexual and reproductive health and rights are attributed to a range of structural deficiencies that have impacted negatively on women and youth access to those services: non-existent and poorly implemented policies, inadequate infrastructure, poor health facilities and equipment; insufficient qualified human resources; lack of availability

¹ Human Development Report, 2020.

of reproductive health commodities; and limited access to – and poor quality of – basic and comprehensive emergency obstetric and neonatal care.

9. The contraceptive prevalence rate is estimated at 21.2 per cent among women in a union, with an unmet need of 21.1 per cent (multiple indicator cluster surveys 2018). The contraceptive prevalence rate is relatively low, due to the lack of community leaders' involvement, lack of accessibility of sexual and reproductive health and rights services, frequent stock-outs of contraceptive commodities, and lack of a government budget line for reproductive health commodities and supplies to sustain use and demand. UNFPA is the largest partner supporting the government in family planning; therefore, increasing investment in that area in Guinea-Bissau should be considered. Very few youths are adequately prepared for their sexual lives because of deep-rooted, complex gender and traditional norms that limit access to accurate and appropriate sexual and reproductive health and rights information and services.

10. According to the National Secretariat Against AIDS (2015), HIV affected about 3.5 per cent of the population aged 15 to 49. The most HIV-affected categories are pregnant women (5 per cent), street vendors (7.7 per cent) and key populations (8.9 per cent). The country programme will strengthen national capacities to address HIV in the above-identified populations, including young people in the six regions, and help the Government scale it up to the other regions.

11. The leaving-no-one-behind analysis shows the multiple contexts of Guinea-Bissau² and identifies who is extremely vulnerable or excluded within the known vulnerable groups (who is the poorest and most marginalized among women, children, youth and persons with disabilities), what are the factors of vulnerability, poverty and deprivation, in what geographic area the most vulnerable are located, what opportunities exist in each context, and what the main gaps and challenges are. This has been taken into consideration in the development of this country programme to change and to transform people's lives, as well as to suggest innovative interventions that can guarantee no one is left behind. Women, girls, youth and persons with disabilities in rural and peri-urban areas will be the main target of this country programme.

12. Faced with these challenges, Guinea-Bissau places sexual and reproductive health and rights (SRHR) among the priorities of its development agenda. In addition to the adoption of the International Conference on Population and Development (ICPD) and the voluntary commitments made on the 25th anniversary of ICPD (ICPD+25) at the Nairobi summit, the country has integrated these SRHR issues into its development strategies. To accompany the Government in meeting those challenges, UNFPA has positioned itself to play a key role in human capital development, as prioritized in the UNSDCF, by increasing delivery of health services for women and girls and by participating in policy dialogues to advocate for increased government funding for the health and social service sectors. Furthermore, country office interventions are in line with the UNFPA Strategic Plan, 2022-2025, together with the UNSDCF theory of change, both of which emphasize that social services and institutions should strengthen service delivery capacity and access to adequate supplies, reduce communication barriers, and train professionals in the provision of culturally sensitive services. The interventions aim to promote inclusive access to quality essential social services to vulnerable groups, mainly composed of women, girls, young people and persons with disabilities.

13. The participation of youth and women in decision-making is also weak, as is the national data system which suffers from inadequate availability of timely, quality, disaggregated population data to inform the development and humanitarian interventions.

14. Guinea-Bissau has ratified the core United Nations human rights treaties, such as the Convention on Civil and Political Rights, the Convention on Economic, Social and Cultural Rights, the Convention Against Torture, the Convention on the Elimination of Discrimination Against Women, the Convention on the Rights of the Child, and the Convention on the Rights

² UNDP Guinea-Bissau, 2020.

of Persons with Disabilities. All are relevant for UNFPA to advocate for women's sexual and reproductive health and rights as it relates to multiple human rights, including the right to life, the right to be free from torture, the right to health, the right to privacy, the right to education, and the prohibition of discrimination.³ The human rights-based approach will be applied throughout the country programme process while emphasizing men's involvement in sexual and reproductive health.

15. Guinea-Bissau is committed to implementing various recommendations it received in the context of the third cycle of the Universal Periodic Review of the United Nations Human Rights Council in 2020. Several of the 197 recommendations received focused on women's right to health, which also include their sexual and reproductive health. Among others, recommendations call on Guinea-Bissau to ensure the decentralization of sexual and reproductive health services at local levels. The country also accepted recommendations to strengthen its efforts to combat violence against women and girls, including female genital mutilation. Twenty-two recommendations mentioned specifically the latter. They called on Guinea-Bissau to adopt additional measures to combat discriminatory practices against women and girls and enforce the implementation of existing laws through awareness-raising and enforcement activities. The country programme will help Guinea-Bissau fulfil those commitments.

16. The country has experienced peace for the past eight years, and this normalcy is an opportunity to implement the minimum initial service package in reproductive health and gender-based violence services. The minimum initial service package will be the cornerstone for UNFPA, in the country's humanitarian preparedness, conflict and climate change.

17. The sixth country programme and its extension, 2016-2021, contributed sensibly to the above issues and more specifically to: (a) increased emergency obstetrics and neonatal care services and rehabilitated eight health facilities; (b) revised the national reproductive health policy; (c) elaborated and implemented four new national policies and strategies (national youth policy, obstetric fistula strategy, strategy for maternal death surveillance and response, and a national family planning strategic plan; (d) contributed to increased modern contraceptive prevalence from 14.4 to 21.2 per cent; (e) introduced comprehensive sexuality education nationwide in school grades 5 to 6; (f) disseminated the national gender equality and equity policy; (g) revised the national female genital mutilation policy; and (h) paved the way for the fourth census.

18. The gender equality and human rights component has recorded good results in the fight against female genital mutilation and early/forced marriage, with around 50 communities who have declared having abandoned female genital mutilation. It initiated the involvement of men from an integrated perspective. It has succeeded in establishing a synergy between public authorities, civil society and social communities.

19. Lessons learned, as highlighted in the last country programme evaluation, include: (a) the number of new users captured during the one-week family planning communication campaigns is 30 times higher than routine family planning services, and almost 40 per cent of new family planning users for the year are reached through the one-week family planning communication campaigns; (b) the UNFPA leadership role is critical to supporting the fourth census due to its comparative advantages and recognized expertise in this domain; (c) UNFPA has played a catalytic role in scaling up the integrated comprehensive sexuality education curriculum in primary and secondary schools; and (d) UNFPA provision of contraceptive and lifesaving medicines to nationwide health facilities is paramount to securing the delivery of major sexual and reproductive health services. UNFPA comparative advantages and innovative approaches will be linked to outcomes 1 and 3 of the UNSDCF to "deliver as one" with other United Nations organizations.

³ [United Nations High Commissioner for Human Rights website](#) on health-related human rights.

II. Programme priorities and partnerships

20. The final evaluation of the previous country programme, 2016-2021 – together with the Strategic Plan, 2022-2025, the human rights obligations undertaken by Guinea Bissau and the recommendations the country has received from United Nations mechanisms – have informed the priorities of this country programme, which is aligned with the UNSDCF. It contributes to UNSDCF outcome 1 (by 2026, people in Guinea-Bissau enjoy improved democratic governance, peace and rule of law and their basic needs are met) and outcome 3 (by 2026, the population of Guinea-Bissau, especially the most vulnerable, will have increased and equitable access and use of essential quality social services, including in emergencies). Both the country programme and the UNSDCF are aligned with the National Development Programme, 2020-2023. The country programme contributes to Sustainable Development Goals 1, 3, 4, 5, 8 and 17 and is aligned with the UNFPA Strategic Plan, 2022-2025, for which it contributes primarily to ending unmet need for family planning and, secondarily, to reducing preventable maternal death and gender-based violence and harmful practices, while considering the Government's voluntary commitments made at the Nairobi summit and reconfirming the international normative framework and conferences.

21. The country programme is people-centred, designed to reach those left furthest behind, and reflects the principles of national ownership and stakeholder engagement and accountability to the target population. It will take advantage of the transition period from the United Nations Peacebuilding Office for Guinea-Bissau to the normal United Nations country team, and it positions UNFPA to bridge the gap between humanitarian, development and peacebuilding continuum, including contributions to sustaining peace and prevention of violent conflict. Concerning the closing of the United Nations mission and remaining peacebuilding priorities, the programme will give due attention to emergency preparedness, responses, mitigation and contribution to resilience-building. Furthermore, the programme will undertake an evaluation of the education curriculum to identify gaps and update the content of the actual comprehensive sexuality education programme. In the meantime, comprehensive sexuality education will be integrated into the curriculum of schoolteachers. UNFPA is committed to a human-rights based approach to development cooperation. As such, this programme aims to further the realization of human rights as laid down in the Universal Declaration of Human Rights and other international human rights instruments. Human rights principles (universality and inalienability; indivisibility; interdependence and inter-relatedness; non-discrimination and equality; participation and inclusion; accountability and the rule of law) will guide programming in all sectors and all phases of the programming process. The programme will contribute to develop the capacities of duty-bearers to meet their obligations and of rights-holders to claim their rights.

22. The country programme contributes to the achievement of universal access to sexual and reproductive health and rights through zero unmet need for family planning, thereby helping to fulfil women's right to health and several recommendations of the United Nations Human Rights Council to which Guinea-Bissau committed in 2020. A major commitment of the country office is to enrol 269,820 new family planning users (half of the population falling under the family planning unmet needs in the country) who will incidentally contribute to reducing fertility rate, maternal mortality, and impact positively on the life of women and youth, as highlighted in a recent 'leaving no one behind' study in Guinea Bissau. With due consideration of the availability of support from UNFPA Supplies, the programme is confident to be able to fulfil the commitment. This is in line with the Government's choice to increase the contraceptive prevalence rate to 31.7 per cent by 2025. Men's involvement in sexual and reproductive health and rights will be strengthened through the dynamization of existing men's clubs and the creation of new ones. Besides this, youth associations, religious leaders and traditional leaders will be called on to better include men in reproductive health programmes in general and in family planning in particular. By committing to enrolling 269,820 new family planning users over the country programme cycle, the programme will contribute to reducing the unmet needs by half and taking the contraceptive prevalence rate to 28.5 per cent. Studies have shown that the segment of the population aged 14 to 29 is the

one to focus on for a rapid increase in the contraceptive prevalence rate. During the last 10 years, the prevalence has increased by 0.5 points per year; since 2014, it has increased to 1.5 points per year, mainly carried by the 14 to 29 age group.

23. Data generation, analysis and use, and youth empowerment, will be cross-cutting issues throughout the country programme.

24. To achieve its objectives, the country programme will ensure the nationwide provision of reproductive health commodities as well as the development of policies and strategies. It will deliver an integrated package of sexual and reproductive health and rights services in six regions (Gabu, Bafata, Tombali, Quinara, the Sector Autónomo de Bissau, Bolama/Bijagos) chosen because of the size of the population and its ICPD indicators lagging, as shown in the rationale. All groups of left-behind people in rural and peri-urban areas in the six regions will be assisted.

25. In line with United Nations reform, UNFPA will partner with UNDP and the United Nations Children's Fund (UNICEF) to implement programmes to address gender-based violence, with UNDP, UNICEF and the World Health Organization (WHO) to improve maternal health and address family planning unmet needs, with the United Nations Capital Development Fund (UNCDF), the United Nations Industrial Development Organization (UNIDO), and the World Food Programme (WFP) to empower youth and harness the demographic dividend and submit proposals to access peacebuilding funding, and with UNICEF to address comprehensive sexuality education and gender-based violence in and out of school. Strategic partnerships will be strengthened with key line ministries, United Nations organizations, and the private sector. Collaborating with civil society organizations, including various networks of journalists, parliamentarians, religious leaders, youth and women groups, will be critical in reaching out to hard-to-reach communities, ensuring that no one is left behind and the Government's voluntary Nairobi commitments are fulfilled. The programme's mode of engagement will be capacity development, advocacy and policy dialogue, knowledge management, coordination, partnership and South-South and triangular cooperation, and service delivery. The results, good practices, and lessons learned will be documented.

26. The country programme will strengthen national capacity in the human rights-based approach to programming, especially for family planning, prevention and management of cases of obstetric fistula (early identification of cases through community-based surveillance and fistula cases management), accountability, with a focus on 'last-mile' assurance processes.

27. The country programme will enhance the capacities of the national statistics system to produce, analyse and use disaggregated population data to inform policy decision-making and development programming. It will improve national population data systems to map and address inequalities; advance the achievement of the Sustainable Development Goals and the national voluntary commitments to the ICPD Programme of Action; and strengthen interventions in humanitarian crises. Data collection, analysis and dissemination will be crosscutting throughout the programme, with a special focus on the fourth census.

28. The country programme will empower young leaders to innovate and create sustainable enterprises in selected value chains in Gabu, Bafata and Bissau, which are in line with the commitment of Guinea-Bissau to "intensify government initiatives to address youth unemployment through professional training" (Universal Periodic Review recommendation number 119.93).

29. The country programme will also focus on accelerating the reduction of unmet need for family planning (Strategic Plan outcome 1) and gender-based violence and harmful practices (Strategic Plan outcome 3). Innovative approaches will be incorporated through new technology devices, and information technology platforms will be fully used to democratize knowledge and facilitate widespread coverage to reach as many people as possible. The programme will also take advantage of knowledge exchanges with other countries and

through the South-South and triangular cooperation to build on available innovative approaches and experiences.

30. Concerning climate change and regional threats, the country programme will integrate concerns related to gender-based violence, family planning, sexual and reproductive health and rights, and youth issues in all United Nations approaches under the leadership of the Resident Coordinator. Regarding political instability, under the leadership of the Special Representative of the Secretary-General, a common United Nations approach will be developed, and an orientation given by the Secretary-General. However, the country office will continue working at the technical level with non-governmental and grassroots organizations, while the situation improves.

A. Reduction in the unmet need for family planning accelerated

31. *Output 1: Strengthened national capacity to promote quality demand of family planning for men, women, adolescents, and young people, including the most vulnerable, disabled, and marginalized people, to claim their rights to access sexual and reproductive health and rights services, and wellbeing, including in humanitarian settings.*

32. This output will contribute to the quality of care and services as well as adolescents and youth outputs of the Strategic Plan, 2022-2025, and engage actors who would traditionally do not participate in the health sector. For instance, religious leaders, women groups, youth networks, journalists and parliamentary networks and organizations who may exert a strong influence on people's perceptions and behaviour towards a given health issue, in this case, family planning, sexual and reproductive health, thereby helping people in Guinea Bissau to enjoy their human right to health.

33. By end of 2026, the country programme will build on progress made at the national level to (a) strengthen community health workers and community leaders to advocate and sensitize communities on integrated sexual and reproductive health and rights; (b) support youth and adolescent networks to access sexual and reproductive health and rights information and services (in Bissau, Gabú and Bafatá); (c) strengthen national statistic system capacity to collect, manage, disseminate, and use disaggregated data for evidence-based decision-making; (d) support advocacy for the creation of a reproductive health commodities budget line with the network of parliamentarians; (e) strengthen religious leaders (Muslim and Christian) capacity to communicate on family planning; (f) support the integration of sexual and reproductive health and rights/family planning and comprehensive sexuality education in the curriculum/manuals for initial teachers' training; (g) provide support to revise elementary schools' curricula to integrate updated comprehensive sexuality education contents; (h) sensitize persons with disabilities' associations on sexual and reproductive health/family planning services in the six regions; (i) develop memoranda of understanding with community radios on sexual and reproductive health/family planning messages; (j) support behavioural communication change on sexual and reproductive health/family planning and gender equality (in Gabú, Bafatá, and Bissau); (k) provide support to radio and online spaces to sensitize them on adolescent and youth sexual and reproductive health; and (l) support the rehabilitation/construction of multifunctioning youth centres (in Gabu and Bafata).

34. *Output 2: Strengthened capacity of health facilities to provide quality gender-responsive integrated sexual and reproductive health and rights services that include comprehensive family planning and sexually transmitted infections/HIV services to men, women, adolescents, and youth, especially the marginalized and furthest behind, including in humanitarian settings.*

35. This output will contribute to the quality of care and services and humanitarian outputs of the Strategic Plan, 2022-2025, by expanding universal access to health (development) in fragile and conflict-affected settings (humanitarian) in a way that promotes and advocates for equitable access to essential sexual and reproductive health services, including family planning and medical aspects of gender-based violence (social cohesion, resilient and robust response to recurrent crises), and contributes to addressing the root causes of tension and

marginalization (peacebuilding). This output will address sexually transmitted infections among youth by increasing sensitization and enhancing service providers' skills for prevention and treatment. It will also support the fight against the COVID-19 pandemic, mainstream resilience, prevention, preparedness and early action. Partnerships with youth organizations will be developed or enhanced, and partnerships with civil society organizations will be strengthened. The contraceptive prevalence rate has been increasing steadily since the 2000s, with an average increase of 0.5 points per year since 2014; this increase has been around 1.5 points per year. The segmentation between urban and rural and married and unmarried, associated with the population's behaviour in family planning consumption, gives a clear vision of the lever on which to act to increase the number of new users and consequently increase the prevalence rate. The unmarried age group 14-29 years in rural areas is where all attention will be needed to achieve the target. During annual family planning campaigns, the number of new users enrolled is 30 times higher than normal routine enrolments. Two campaigns per year will be organized to reach the enrolment numbers the country programme is committed to reaching.

36. The assumption is that resources to procure and distribute contraceptives and reproductive health services will be available and sufficient throughout the programme period, and the key risks are country instability and community opposition to reproductive health services targeting adolescents

37. By the end of 2026, the country programme will strengthen the capacity of health professionals (midwives, doctors, nurses) in sexual and reproductive health and rights services, including family planning, in the six regions, which constitutes a shift from the previous programme's focus on strengthening national capacity. Specifically, the programme will: (a) support innovative approaches, such as voluntary contraceptive surgery where feasible in the six chosen regions (the Sector Autónomo de Bissau, Bafatá, Gabú, Quinara, Tombali et Bolama/ Bijagós) and youth-friendly service provision in Gabú, Bafatá and the Sector Autónomo de Bissau; (b) support another innovative strategy where family planning technology will be integrated in the midwives' school curriculum; (c) strengthen capacity of midwives, doctors, and nurses on HIV counselling and medical treatment of gender-based violence in the six regions; (d) strengthen capacity of health professionals and non-professionals at the national level in the minimum initial service package; (e) strengthen capacity of community health workers on family planning community-based distribution in the regions; (f) support institutionalization of maternal death surveillance and response in the six chosen health regions, as well as making available personal protective equipment; (g) strengthen national capacity and systems for collecting, managing, disseminating and using evidence-based data for humanitarian development and programming, and (h) strengthen the national capacity to implement medical protocols for treatment of gender-based violence and female genital mutilation survivors.

B. Reduction in gender-based violence and harmful practices accelerated

38. *Output 3: Strengthened national capacity to stimulate and induce human rights and gender equality, prevent and respond to gender-based violence and harmful practices, and promote empowerment of women and girls, especially the most vulnerable and left behind, including in humanitarian settings.*

39. This output will contribute to gender and social norms, population change and data. It will focus on advancing gender equality and human rights to empower women and girls and marginalized and excluded populations to exercise their reproductive rights free of coercion, discrimination and violence. It will also strengthen accountability mechanisms and address the overlapping forms of inequality, disempowerment and discrimination of those groups left furthest behind. Ensuring that women have better access to economic and productive opportunities, sexual and reproductive health and reproductive rights, and real decision-making power in public and private spheres will further ensure equitable and sustainable development. On a pilot basis, a one-stop centre to provide gender-based violence victims with psychosocial, medical, judicial and life-skills support will be opened in Bissau.

40. By end of 2026, the country programme will support (a) one-stop centres to give adequate responses to gender-based violence survivors; (b) develop and implement gender policy actions plan; (c) foster men's involvement to eliminate gender-based violence and promote use of sexual and reproductive health/family planning services through men's clubs in the six regions; (d) strengthen national systems to collect, analyse and promote use of disaggregated data on different forms of gender-based violence/harmful practices through the gender-based violence information management system platform; (e) support the Ministry of Women to develop, implement and disseminate the national policy on the elimination of child marriage with other United Nations organizations; (f) support online platform settings to report gender-based violence and female genital mutilation cases; (g) strengthen management information systems on gender-based violence; (h) advocate for the adoption and scaled-up implementation of laws, policies and regulations of international legal frameworks and human rights standards; (i) document best practices and successful innovations; (j) strengthen national capacity to prevent and respond to gender-based violence and harmful practices; (k) promote empowerment of women and girls, especially the most vulnerable and left behind, including in humanitarian settings (in Gabu, Bafata, and Bissau).

III. Programme and risk management

41. This country programme document outlines UNFPA contributions to national results and serves as the primary unit of accountability to the Executive Board for results alignment and resources assigned to the programme at the country level. Accountabilities of managers at the country, regional and headquarters levels concerning country programmes are prescribed in the UNFPA programme and operations policies and procedures, and the internal control framework.

42. Institutional arrangements include supporting the State Secretary of Planning in conducting the implementation of the African Union roadmap on the demographic dividend, the ICPD Programme of Action and the voluntary Nairobi commitments. It will also support the preparation, organization and implementation of the fourth population and housing general census with the National Statistics Institute.

43. The State Secretary of Planning, together with line ministries and UNFPA, will jointly coordinate programme monitoring and reviews. Development partners, local donors and stakeholders will take part in those monitoring missions. The implementing partners will be selected and assessed as per UNFPA policies and procedures. The preferred implementation modality will be national execution, and all partners will conform to the principles of results-based management, accountability, and prevention of sexual exploitation and abuse. The harmonized approach to cash transfers (HACT) will be fully implemented with spot checks, programmatic monitoring and audit to mitigate risks, based on annual assurance and work plans.

44. Partners have shown confidence in the stability of Guinea-Bissau to increase investment for development activities. UNFPA will use a partnership and resource mobilization strategy to fully implement the country programme. The programme will leverage collaboration opportunities within the United Nations country team in the context of the common chapter for joint programming. Partnerships will be strengthened with multilateral and bilateral donors, civil society organizations, faith-based organizations, academic research institutes and the private sector. Special emphasis will be given to domestic resource mobilization and South-South and triangular cooperation.

45. The country office consists of a representative, an assistant representative, an operations manager, international/national programme officers and support staff. The human resource plan will align with programme priorities to enable the effective delivery of activities. Additionally, the country office will practice flexibility and responsiveness to seek technical assistance from consultants, United Nations Volunteers, other country offices, the regional office, and UNFPA headquarters in a proactive, efficient manner.

46. The country office will update and implement annually an emergency preparedness plan to strengthen the humanitarian response capacity of the country programme. In the case of

an emergency, the programme priorities and funds allocation will be reoriented, in consultation with the Government and United Nations country team, to address humanitarian needs.

47. The potential risks that could threaten programme implementation, such as political instability, security, including regional threats, impunity, side effects of drug trafficking, corruption, and persistence of the COVID-19 pandemic and other epidemics which may arise, will be addressed through contingency planning. The census is the activity that has increased the volume of funds to be mobilized. However, during a cabinet meeting the Government has committed to top up the census budget, should there be any shortfall in resources mobilized for it.

IV. Monitoring and evaluation

48. UNFPA will implement the country programme according to the result-based management approach. Reporting analysis and feedback, quarterly joint field visits, and annual programme reviews will be conducted in line with the UNSDCF monitoring plan.

49. Progress towards targets and gathering experiences, recommendations, best practices and lessons learned will inform key priorities for this programme cycle. A midterm review will be conducted in the third year to gauge programme delivery and make programme execution adjustments.

50. An evaluation will be conducted to assess the effectiveness of the partnership strategies and interventions adopted by the United Nations country team to achieve the UNSDCF outcomes and results. Thematic evaluations will be conducted to assess the achievements of the programme; identify factors that may have facilitated or constrained achievements of intended results; draw lessons learned from the design-through-implementation programming phases to inform donors; and identify and document UNFPA contributions to national priorities. The internal monitoring capacity of UNFPA staff and partners will be enhanced through various training events at the national, regional and international levels.

51. At the beginning of the programme, a survey will be conducted to determine the baselines of programme indicators, update existing indicators, and set unknown indicators.

RESULTS AND RESOURCES FRAMEWORK FOR GUINEA-BISSAU (2022-2026)

NATIONAL PRIORITY: Enhance human capital and improve the living conditions of the population.				
UNSDCF OUTCOME INVOLVING UNFPA: By 2026, the population of Guinea-Bissau, especially the most vulnerable, will have increased and equitable access and use of essential quality social services, including in emergencies.				
RELATED UNFPA STRATEGIC PLAN OUTCOME(S): Reduction in the unmet need for family planning accelerated.				
UNSDCF outcome indicators, baselines, targets	Country programme outputs	Output indicators, baselines and targets	Partner contributions	Indicative resources
<p><u>UNSDCF outcome indicators:</u></p> <ul style="list-style-type: none"> Reduce maternal mortality by 1.5 points by 2026 <i>Baseline: 746 per 100 000 live births;</i> <i>Target: 497 per 100 000 live births</i> Percentage of births attended by a skilled health worker <i>Baseline: 54%;</i> <i>Target: 60%</i> <p><u>Related UNFPA Strategic Plan transformative results indicator(s):</u></p> <ul style="list-style-type: none"> Need for family planning satisfied with modern methods <i>Value: 75%</i> Maternal mortality ratio <i>Value: 70 per 100 000 live births</i> 	<p>Output 1. Strengthened national capacity to promote quality demand of family planning for men, women, adolescents, and young people including the most vulnerable, disabled, and marginalized people, to claim their rights to access to sexual and reproductive health and rights services, and wellbeing, including in humanitarian settings.</p>	<ul style="list-style-type: none"> Number of youth networks equipped with knowledge and skills to support demand for family planning initiatives in Bafata, Gabu, and Bissau <i>Baseline: 0; Target: 300</i> Number of men's clubs in the six regions reorganized and functional <i>Baseline: 6; Target: 9</i> A national comprehensive sexuality education curriculum updated, aligned with international standards and implemented at the national level <i>Baseline: No; Target: Yes</i> 	<p>Ministry of Public Health, Ministry of Women, State Secretariat of Youth, Culture and Sport, State Secretary of Planning and Regional Integration, non-governmental organizations, community-based organizations, United Nations organizations, development partners</p>	<p>\$8.4 million (\$3.0 million from regular resources and \$5.4 million from other resources)</p>
	<p>Output 2. Strengthened capacity of health facilities to provide quality gender-responsive integrated sexual and reproductive health and rights services that include comprehensive family planning services and sexually transmitted infections/HIV to men, women, adolescents, youth especially marginalized and furthest behind, including in humanitarian settings.</p>	<ul style="list-style-type: none"> Percentage of maternity delivery rooms in the six targeted regions (rural and peri-urban areas) that offer an integrated reproductive health service package <i>Baseline: 45%; Target: 100%</i> Number of new family planning users in rural and peri-urban areas enrolled at the national level <i>Baseline: 26,365; Target: 269,820</i> Number of professionals trained on the minimum initial service package and other medical and technical areas in the 6 targeted regions <i>Baseline: TBD; Target: 180</i> 	<p>Ministry of Public Health, Ministry of Women, State Secretariat of Youth, State Secretary of Planning and Regional Integration, culture and sports non-governmental organizations, community-based organizations, United Nations organizations, development partners</p>	<p>\$4.5 million (\$1.0 million from regular resources and \$3.5 million from other resources)</p>
NATIONAL PRIORITY: Consolidate the democratic rule of law, reform and modernize public institutions.				
UNSDCF OUTCOME: By 2026, the people of Guinea Bissau enjoy improved democratic governance, peace and rule of law and their needs are met.				
RELATED UNFPA STRATEGIC PLAN OUTCOME(S): Gender equality and women's empowerment.				
UNSDCF outcome indicators, baselines, targets	Country programme outputs	Output indicators, baselines and targets	Partner contributions	Indicative resources

<p><u>Related UNFPA Strategic Plan transformative results indicators:</u></p> <ul style="list-style-type: none"> Gender inequality index Value: 0.3; 1=inequal 0=equal 	<p>Output 3. Strengthened national capacity to stimulate and induce human rights and gender equality, prevent and respond to gender-based violence and harmful practices, and promote empowerment of women and girls, especially the most vulnerable and left behind, including in humanitarian settings.</p>	<ul style="list-style-type: none"> A pilot one-stop centre for gender-based violence survivors is set up and operational in Bissau <i>Baseline: No; Target: Yes</i> A plan of actions for national gender policy is developed at the national level and implemented in the six regions <i>Baseline: No; Target: Yes</i> Number of men’s clubs trained and equipped in the new approach to fighting against gender-based violence and harmful practices and promoting family planning in the six regions <i>Baseline: 0; Target:11</i> Number of communities that abandoned female genital mutilation in the six regions <i>Baseline: 42; Target:250</i> 	<p>Ministry of Women, Family and Social Cohesion, Ministry of Public Health, Ministry of Finance, United Nations organizations, civil society organizations, State Secretary of Planning and Regional Integration</p>	<p>\$2.6 million (\$0.6 million from regular resources and \$2.0 million from other resources)</p>
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