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**UNFPA – Country programme s and related matters**

**United Nations Population Fund**

**Country programme document for Guinea**

Proposed indicative UNFPA assistance: \$19.5 million: \$12.0 million from regular resources and \$7.5 million through co-financing modalities and/or other resources, including regular resources

Programme period: Five years (2018-2022)

Cycle of assistance: Eighth

Category per decision 2013/31: Red

Proposed indicative assistance (in millions of \$):

Strategic plan outcome areas		Regular resources	Other resources	Total
Outcome 1	Sexual and reproductive health	6.1	5.4	11.5
Outcome 2	Adolescents and youth	2.4	0.5	2.9
Outcome 3	Gender equality and women's empowerment	2.3	1.6	3.9
Programme coordination and assistance		1.2	-	1.2
<b>Total</b>		<b>12.0</b>	<b>7.5</b>	<b>19.5</b>

## I. Programme rationale

1. The 2014 population and housing census estimated the Guinean population at 10,523,261, with an annual growth rate of 2.8 per cent. Women, of whom 46 per cent were of reproductive age, accounted for 51.7 per cent of the population. Adolescents aged 10-14 years accounted for 11.8 per cent.

2. According to the 2012 Demographic and Health Survey (DHS), the maternal mortality ratio was 724 per 100,000 live births. It was estimated at 550 per 100,000 live births in 2016 by the Multiple Indicator Cluster Survey. The percentage of skilled birth attendance was 45 per cent. The 2013 national evaluation of emergency obstetric and neonatal care has shown that no health centre was offering basic emergency obstetric and neonatal care and only 32 per cent of facilities were providing comprehensive emergency obstetric and neonatal care. Skilled midwives account for only 6 per cent of the health workforce. The prevalence of obstetric fistula was estimated at 0.6 per cent for women aged 15-49 years (16,992 cases).

3. The average number of children per woman was 5.6 (Census 2014), while the modern contraceptive prevalence rate was 4.6 per cent among married women (2012 DHS). Only 45.3 per cent of women of reproductive age (15-49 years) have their need for family planning with modern methods met. The 2015 reproductive health commodity survey has revealed stock-out of contraceptive and life-saving products respectively in 21.8 and 20.8 per cent of health facilities.

4. Adolescents and youth (aged 10-24 years) account for 31 per cent of the population, with a dependency ratio of 76.7 per cent among young people aged 15-24 years. The country profile shows that a window of opportunity for the demographic dividend has been open since 2007, and the need to strengthen investments for adolescents and youth, who represent 14 per cent of total fertility. A further highlight is the extent of adolescent pregnancy, and the low level of access for young people to sexual and reproductive health services, which was 58.3 per cent in 2016. HIV/AIDS prevalence was estimated in 2016 at 1.7 per cent nationally, 1.3 per cent among girls aged 15-24 years and 0.9 among young boys of the same age.

5. Violence against women remains a concern. Despite its legal prohibition, female genital mutilation continues to prevail, with a 97 per cent prevalence among women aged 15-49 years, and 60 per cent of women declared having been married before the age of 18 years.

6. The Ebola virus disease, ending in January 2016, caused a humanitarian crisis that affected 3,358 people and caused 2,088 deaths. The country has begun to implement its post-crisis recovery and resilience plan, to which this programme is aligned.

7. In this context, the seventh country programme has contributed to achieving the key following results:

8. In reproductive health: (a) introduction of long-term family planning methods in 293 health facilities and provision of community-based services in 1,800 villages; (b) deployment of 175 midwives, 3,600 community workers and equipment for 320 health facilities; (c) availability of essential emergency obstetric and neonatal care in 63 per cent of targeted health centres and 100 per cent of targeted referral hospitals; (d) update of health services norms and procedures; (e) establishment of two new units for the management of obstetric fistula in Nzérékoré and Labé, in addition to the one in Kankan; (f) treatment of 425 women with fistula with a success rate of 96 per cent; (g) increased coverage of the fourth antenatal consultation with one in the ninth month, from 50.3 per cent in 2013 to 69.8 per cent in 2016; (h) increased number of facilities offering at least three contraceptive methods, from 83 per cent in 2013 to 97 per cent in 2016

9. For adolescent and youth sexual and reproductive health: involvement of 49 youth associations and networks in the training of peer educators; integration of adolescent and youth reproductive health services in 76 health facilities; increased access to health services and information for adolescents and youth, from 24 per cent in 2013 to 58.3 per cent in 2016.

10. In gender equality: (a) development of seven national reference documents, four law enforcement texts on reproductive rights and an action plan on United Nations resolution 1325; (b) public declaration against female genital mutilation and child marriage abandonment by 133 communities; (c) care for 4,277 female victims of violence in 16 health facilities and 15 police and gendarmerie units; (d) Income-generating activities for 200 women treated for obstetric fistula and 524 women and girls from disadvantaged areas, including widows and Ebola survivors.

11. In population and development: implementation of the third census and the fifth national Multiple Indicator Cluster Survey; development of three socio-economic databases at the sectoral level; mainstreaming the demographic dividend in the 2016-2020 national economic and social development plan.

12. In response to the Ebola virus: (a) continuous provision of reproductive health services in the programme targeted facilities and in 34 new health facilities; (b) increased utilization of targeted health facilities from 39 per cent to 75 per cent; (c) 18,843 contacts traced through a mobile telephone application used by 784 community workers; (d) community reluctance waived in 132 villages; (e) provision of hand washing and dignity kits for 2,000 families.

13. The evaluation of the seventh country programme highlighted a number of lessons learned: take humanitarian crisis situations into account in programming and strengthening the staff's capacity to respond; strengthen the mobilization of qualified financial and human resources for the provision of quality sexual and reproductive health services; reinforce the involvement of parliamentarians, religious and traditional leaders networks in changing social norms and behaviours.

14. In light of the lessons learned, the proposed programme aims to improve its contribution to ensure universal access to reproductive health, with a specific focus on the most vulnerable and marginalized people, particularly young people and women.

## **II. Programme priorities and partnerships**

15. The proposed country Programme derives from the UNDAF Framework 2018-2022. It is aligned to the 2016-2020 National Social Economic Development Plan and the Sustainable Development Goals. It is in line with the UNFPA 2018-2022 Strategic Plan and takes into account the strategic orientations of the business model for countries classified in the "Red Quadrant". It has been developed through an inclusive and participatory process, led by the Ministry of Planning and International Cooperation. As part of the Delivering as One approach, it contributes to UNDAF outcomes 1, 3 and 4, by strengthening two of the four pillars of the 2016-2020 National Economic and Social Development Plan: promotion of good governance for sustainable development; and inclusive development of human capital.

16. The programmatic priorities proposed will be implemented through a partnership framework described as follows: The Ministry of Planning and International Cooperation will ensure the overall coordination of the country programme. Ministries in charge of health, youth, social action, and civil society organizations will ensure the implementation of the programme. Civil society organizations will include non-governmental organizations, networks of religious leaders, parliamentarians, traditional communicators, journalists, youth, and women community organizations. Bilateral and multilateral technical and financial partners and the private sector will be resource mobilization partners for the implementation of the programme. UNFPA will build more complementarity and synergy with other United Nations organizations for the resource mobilization and the technical and financial assistance, in line with UNDAF implementation. Joint programmes will be developed in specific areas in accordance with the Delivering as One principles.

### **A. Outcome 1: Sexual and reproductive health**

17. Output 1: National capacities of health facilities are strengthened to scale up emergency obstetric and neonatal care, obstetric fistula treatment, and medical management of gender-based violence according to quality standards, including in

humanitarian situations. The following strategies will be implemented to reach 210,000 women: (a) improve access to sexual and reproductive health services through the provision of community-based services and the deployment of midwives; (b) equip 102 health facilities and strengthen the capacity of 300 service providers to provide integrated services (emergency obstetric and neonatal care, fistula, gender-based violence), including in humanitarian situations; (c) strengthen the initial and continuous training of midwives, including for respectful maternity care; (d) integrating the Minimum Initial Service Package into the national contingency plan; (e) produce and use disaggregated data and evidence on sexual and reproductive health.

18. Output 2: National capacities to secure reproductive health commodities and provide quality family planning services are improved. This output will enable the enrolment of 105,000 new contraceptive users by: (a) upgrading the national reproductive health commodity management system, through five restored regional warehouses, 306 health personnel trained on supply chain management and 102 targeted health facilities provided with contraceptives and consumables; (b) increasing the demand of family planning through 3,600 community workers trained and equipped for the provision of information and services; (c) increasing access to information and integrated community-based services through the involvement of men, women's groups, networks and associations promoting access to health services; (d) the provision of services in humanitarian crisis situations; (e) producing and using disaggregated data on reproductive health commodities.

## **B. Outcome 2: Adolescents and youth**

19. Output 1: Access to sexual and reproductive health information and services is enhanced for adolescents and young people in the programme areas. The following strategies will be implemented to reach 1,000,000 adolescents and young people: (a) introduction of comprehensive sexuality education in the formal and informal educational system; (b) provision of adolescent and youth-friendly health information and services, including HIV/AIDS prevention in formal and informal settings; (c) development of strategic partnerships to mainstream the demographic dividend into policies and programmes, (d) production and use of disaggregated sexual and reproductive health data for adolescents and young people.

## **C. Outcome 3: Gender equality and women's empowerment**

20. Output 1: National capacities for the prevention and management of gender-based violence and female genital mutilation are increased, including in humanitarian crisis situations. The following strategies will be implemented to reach 1,400,000 women and girls: (a) Involvement of networks to raise awareness on female genital mutilation and gender-based violence including child marriage; (b) diagnosis and implementation of community-based solutions by at least 300 communities; (c) involvement of men for the promotion of reproductive health and the fight against harmful practices in at least 300 communities; (d) strengthening the multisectoral approach to prevention and response in at least 300 communities; (e) empowering vulnerable women and girls in more than 300 communities through income-generating activities and sensitization on their rights; (f) strengthening technical capacities to respond to humanitarian crisis situations; (g) producing and using disaggregated data on gender-based violence.

## **III. Programme and risk management**

21. The programme will be implemented in an integrated manner, giving priority to the national execution modality. The partnership and resource mobilization plans will accompany the implementation of the programme.

22. In order to consolidate achievements and improve results, the programme will continue its implementation through the decentralized and satellite offices in the regions of Kankan, Labé, Nzérékoré and Kindia. The head of those sub-offices and branches will report to the Deputy Representative, and will benefit from monitoring and supervision from the Representative and the Deputy Representative. The will extend its interventions by providing an integrated package of services in the regions of Mamou and Conakry

with funds raised from the Belgian cooperation agency. Some components of the proposed programme will have national coverage because of their normative nature.

23. The programme will be implemented with a Representative, a Deputy Representative, an International Operations Manager, programme officers, and support staff. After an analysis of the human resources strengths and weaknesses, a skills development plan will be developed for the programme implementation staff. The Regional Office for West and Central Africa, UNFPA headquarters and external experts will provide programmatic and technical support on an ad hoc basis. The programme will also make use of South-South cooperation.

24. In partnership with UNICEF and UNDP, a joint risk analysis of implementing partners will be conducted when starting the programme, through a micro-assessment, in line with the harmonized approach for cash transfers. Synergies and joint interventions will be developed with other United Nations organizations.

25. Annual audits will be implemented by private audit firms following the strengthening of the government national auditing body. Evaluations and audits of non-governmental implementing partners will be carried out in accordance with UNFPA policies and procedures. Pre-audit and spot-check missions will be conducted regularly by UNFPA in order to ensure effectiveness of the financial control mechanisms and quality of the accounting documents.

26. Implementation of the proposed programme will be facilitated by an environment characterized by: (i) the political will and commitment of national authorities and other technical and financial partners to mainstream the demographic dividend in development policies and strategies; (ii) a joint commitment of the Government and the United Nations organizations to strengthen the operationalization of the Delivering as One approach.

27. During its implementation, potential programme risks include: socio-political unrest; sociocultural constraints; inadequate financial resources; lack of adequate human resources; and natural disasters and epidemics.

28. 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 with respect to country programmes are prescribed in the UNFPA programme and operations policies and procedures, and the internal control framework.

#### **IV. Monitoring and evaluation**

29. The proposed programme monitoring and evaluation mechanisms will be integrated into the national and UNDAF monitoring and evaluation systems. It will include thematic evaluations, annual reviews, midterm evaluation, as well as follow-up activities of joint programmes implemented under the Delivering as One framework. Through a detailed monitoring and evaluation plan developed for results and accountability, the programme will contribute to monitoring implementation of the National Economic and Social Development Plan, in line with the ICPD Plan of Action and the SDGs.

30. The programme will provide technical and financial support to the implementation of the large-scale data collection operations in alignment with the National Strategy for Statistics Development in order to ensure availability of quality data for development. It will support national capacity-building strategies for planning, monitoring and evaluation, and put in place mechanisms for documentation and dissemination of good practices and lessons learned. It will also facilitate inter-institutional communication to maintain the strategic positioning of UNFPA and its mandate.

## RESULTS AND RESOURCES FRAMEWORK FOR GUINEA (2018-2022)

<b>National priority:</b> Promoting inclusive development of human capital. Promoting good governance for sustainable development				
<b>UNDAF Outcome:</b> By 2022, national institutions at decentralized and central level are inclusive and guaranteeing the rule of law, democracy, security, social peace and effective institutional governance in accordance with the principles of human rights.				
<b>Indicators:</b> Ibrahim Governance Index (Baseline: 43.7%, Target: 50%). Proportion of women among national and local elected representatives (baseline: 21.9%, Target: 40%)				
<b>UNDAF Outcome:</b> By 2022, especially the most vulnerable populations have increased and equitable access and use quality basic social services.				
<b>Indicators:</b> Maternal mortality ratio (Baseline: 550, Target: 343 per 100,000). Proportion of deliveries attended by skilled health personnel (Baseline: 45%; Target: 70%). Indicator 7: Primary completion rate (Baseline: 58.9%; Target: 70.7%).				
UNFPA strategic plan outcome	Country programme outputs	Output indicators, baselines and targets	Partners	Indicative resources
<b>Outcome 1: Sexual and reproductive health</b> <u>Outcome indicator(s):</u> <ul style="list-style-type: none"> <li>Percentage of women of reproductive age (15-49 years) who have their need for family planning met with modern methods. Baseline: 45, 3%; Target: 65%</li> <li>Percentage of live births attended by skilled attendants Baseline: 45 %; Target: 70 %</li> <li>Percentage of women aged 15-49 years who have received 4 or more antenatal care visits during pregnancy Baseline: 56%; Target: 80 %</li> <li>Proportion of obstetric complications treated in a health facility providing EmOC (basic or comprehensive) Baseline: 10 %; Target: 50 %</li> </ul>	<u>Output 1:</u> National capacities of health facilities are strengthened to scale up emergency obstetric and neonatal care, obstetric fistula treatment, and medical management of gender-based violence, according to quality standards, including in humanitarian situations	<ul style="list-style-type: none"> <li>Number of health facilities in the intervention area offering: EmOC B (Baseline: 43, Target: 50) and EmOC C (Baseline: 11; Target: 17)</li> <li>Number of women treated for obstetric fistula. (Baseline: 1000; Target 1500)</li> <li>Number of response plans from maternal mortality reviews supported (Baseline: 31; Target: 50)</li> <li>Number of targeted health facilities integrating medical care for GBV (Baseline: 22; Target: 44)</li> </ul>	Ministries of Health, Youth, Social Action, Education, Communication, UNICEF, WHO, WFP, USAID, Executive Secretariat of the National AIDS Committee, Networks of Religious Leaders, Parliamentarians, Journalists, Association of Midwives, Private sector, Belgium, Japan, China, France	\$5 million (\$3.3 million from regular resources and \$1.7 million from other resources)
	<u>Output 2:</u> National capacities to secure reproductive health commodities and provide quality family planning services are improved	<ul style="list-style-type: none"> <li>Proportion of health facilities offering at least 3 modern contraceptive methods (Baseline: 99%, Target: 100%)</li> <li>Proportion of targeted villages covered by a supply of community-based services with at least 3 modern contraceptive methods. (Baseline: 0%, Target: 50%)</li> <li>Percentage of health facilities targeted in the intervention areas that have not experienced a shortage of contraceptive and life-saving products during the last 6 months Contraceptives: Baseline: 72%, Target: 90% Life-saving products: Baseline 79.2% Target 90%</li> <li>Number of networks (religious groups, parliamentarians, women, journalists) involved in promoting demand for family planning services (Baseline: 3; Target: 6)</li> </ul>	Ministries of Health, Social Affairs, Youth, Education, WHO, UNICEF, USAID, ADB, World Bank, European Union, JICA, NGOs Networks of religious leaders, parliamentarians, REFMAP, Journalists, Association of Midwives, Private sector. Belgium, Japan, China, France	\$6.5 million (\$2.8 million from regular resources and \$3.7 million from other resources)
<b>National priority:</b> Promoting inclusive development of human capital				
<b>UNDAF Outcome:</b> By 2022, especially the most vulnerable populations have increased and equitable access and use quality basic social services				

<p><b>Indicator:</b> Primary completion rate (Baseline: 58.9%, Target: 70.7%)</p> <p><b>UNDAF Outcome:</b> By 2022, national institutions, the private sector and local communities implement policies that improve productive employment and entrepreneurship among women, youth and people living with disability</p> <p><b>Indicators:</b> Youth unemployment rate. Baseline: 7.3%, Target: 5.3%. Proportion of young people among employers. Baseline: 56%, Target: 65%</p>				
<p><b>Outcome 2: Adolescents and youth</b></p> <ul style="list-style-type: none"> <li>• Adolescent (aged 15-19 years) birth rate. Baseline: 28 %; Target: 15 %</li> <li>• Youth dependency ratio (aged 15-24 years) Baseline: 76, 7 %; Target: 69%</li> <li>• Number of national policies and strategies with desegregated data on adolescents and youth Baseline: 3; Target: 6</li> </ul>	<p><b>Output 1:</b> Access to sexual and reproductive health information and services is enhanced for adolescents and young people in the programme areas</p>	<ul style="list-style-type: none"> <li>• Number of health facilities integrating adolescent and youth SRH (Baseline: 76; Target: 100)</li> <li>• Percentage of formal training structures in the programme areas offering comprehensive sexual education (Baseline: 0, Target: 50%)</li> <li>• Number of youth empowerment organizations that integrate SRH (Baseline: 5; Target: 30)</li> <li>• Number of thematic and research reports on youth produced (Baseline: 2, Target: 4)</li> </ul>	<p>Ministries of Youth, Health, Social Action, Communication, Education, UNICEF, WHO, USAID, Network of religious, parliamentary leaders, REFMAP, Journalists, Midwives Association, Private sector , Japan, Belgium, France</p>	<p>\$2.9 million (\$2.4million from regular resources and \$0.5 million from other resources)</p>
<p><b>National priority:</b> Promoting good governance for sustainable development</p> <p><b>UNDAF Outcome:</b> By 2022, national institutions at the central, decentralized and decentralized level are inclusive and guarantee the rule of law, democracy, security, Social peace and effective institutional governance in accordance with the principles of human rights.</p> <p><b>Indicators:</b> Ibrahim Governance Index. Baseline: 43.7%, Target: 50%. Proportion of women among national and local elected representatives. Baseline: 21.9%, Target: 40%.</p> <p><b>UNDAF Outcome:</b> By 2022, national institutions, the private sector and local communities implement policies that improve the productive employment and entrepreneurship of women, youth and people with disabilities. <b>Indicator:</b> Proportion of women among employers. Baseline: 27.07%, Target: 40%</p>				
<p><b>Outcome 3: Gender equality and women's empowerment</b></p> <ul style="list-style-type: none"> <li>• Number of laws that allow women of reproductive age (15-49 years) access to sexual and reproductive health care, information and education Baseline: 2; Target: 5</li> <li>• Proportion of girls and women aged 15-49 years who have undergone female genital mutilation Baseline: 97 %; Target: 80 %</li> <li>• Proportion of women aged 20-24 years who were married or in a union before age 18 Baseline: 60%; Target: 45%</li> <li>• Percentage of women aged 15-64 years who have been a victim of violence during the 12 last months Baseline: 80, 2 %; Target: 50 %</li> </ul>	<p><b>Output 4:</b> National capacities for the prevention and management of gender-based violence and FGM are increased, including in humanitarian crisis situations</p>	<p><b>Output indicators:</b></p> <ul style="list-style-type: none"> <li>• Number of women / girls' organizations receiving socio-economic support (Baseline: 33, Target: 133)</li> <li>• Number of communities/villages reporting the abandonment of FGM (Baseline: 233, Target: 633)</li> <li>• Number of judicial police units (including courts) integrating legal and judicial assistance into the package of services offered to victims of gender-based violence Baseline: 21; Target: 33</li> <li>• Number of gender studies and research reports produced Baseline: 4; Target: 7</li> </ul>	<p>Belgium; Japan; International NGOs, networks of parliamentarians, religious leaders (Christians and Muslims), journalists, traditional communicators</p>	<p>\$3.9 million (\$2.3 million from regular resources and \$1.6 million from other resources)</p>