

## Format for the Country Program Performance Summary

This format is mandatory to be submitted to the Executive Board (EB) alongside the Country Program Documents (CPDs). The summary format should factor in all evaluative evidence, such as the latest country program evaluation, and will be posted together with other mandatory documents for access by the Executive Board.

A. Country Information		
Country name: Guinea		
Category per decision 2007/42:	Current program period: 2013-2017	Cycle of assistance: 7 <sup>th</sup>

B. Country Program Outputs Achievement <i>(please complete for all your CP outputs)</i>			
<b>Output 1 :</b> By 2017, reliable data on population dynamics, youth, gender equality and reproductive health services collected, analyzed and disseminated to users and decision-makers			
Indicators	Baseline	Target	End-line data
• Existence of a Multi-Sectoral and operational database	0	1	1
• Number of thematic data analysis of the 3 <sup>rd</sup> General Population and Housing Census (GPHC), the Demographic Health Survey (DHS) / Multiple Cluster Indicator Survey (MICS) and other surveys	0	9	9
<p><b>Key Achievements</b></p> <p>In collaboration with other partners, the program supported the Government in mobilizing financial and technical resources for the 3<sup>rd</sup> General Population and Housing Census, the fifth national multi-indicator survey and the establishment of the three socio-economic databases.</p> <ul style="list-style-type: none"> <li>✓ in-depth study on vulnerability among adolescents and youth, the determinants of gender based violence in Guinea;</li> <li>✓ the 2016-2020 national economic and social development plan took into account the demographic dividend;</li> <li>✓ the establishment of four databases at the departments of social action, planning, youth and Kankan administrative region;</li> <li>✓ the civil registration activities in Conakry, Kindia, Kankan, Labe, Mamou and Nzerekore were assessed.</li> <li>✓ these results will contribute to improve strategies related to coverage and help to update population projections;</li> <li>✓ the communication and the follow up of ICPD recommendations, the publication of the population and development bulletin;</li> <li>✓ the program highly contributed to the development of different national strategic documents (PRSP 2013-2015, 2016-2020 national economic and socio-development plan).</li> </ul>			
<b>Output 2:</b> By 2017, national legislation on gender equality, reproductive rights, HIV / AIDS, GBV, FGC / is adapted to international conventions and disseminated through national structures, women's networks and associations.			
Indicators	Baseline	Target	End-line data
• Number of enforcement provisions relating to laws on reproductive rights, AIDS, GBV and FGC that are effectively applied	0	4	4

• Number of communities that have declared abandonment of female genital cutting / excision	<b>284</b>	<b>334</b>	<b>417</b>
• Number of health facilities that offer support to victims of GBV	<b>6</b>	<b>31</b>	<b>31</b>

**Key Achievements**

In the area of gender equality and equity, the program contributed to:

- ✓ the development of seven national strategy papers and four law enforcements documents on reproductive rights, HIV / AIDS, and violence against women;
- ✓ the development of an action plan of 1325 CEDAW resolution;
- ✓ the public declaration of abandonment of female genital cuttings and child marriages by 133 communities;
- ✓ the medical and legal assistance of 4277 women and girls victims of violence in 15 health facilities and 15 police offices;
- ✓ the socioeconomic assistance through income generating activities for 530 fistulas treated, 524 vulnerable women and girls, including Ebola widows and those living in high conflict risk areas.

**Output 3:** By 2017, national capacities of health facilities to scale up emergency obstetric and neonatal care (EmONC) and Fistula treatment are enhanced.

Proportion (%) of pregnant women having had four antenatal visits, including one at the 9 <sup>th</sup> month	50,3%	75%	69,8%
Number of health facilities that offer basic emergency obstetric and neonatal care (EmONC)	72	200	126
Number of health facilities that offer comprehensive emergency obstetric and neonatal care (EmONC)	19	47	11
Number of women treated for obstetric fistula	332	1000	757

**Key Achievements**

Despite the outbreak of Ebola virus disease, the seventh country program contributed to improve the access to maternal health services, particularly the basic and comprehensive emergency obstetric and neonatal care in the health centers (63% coverage) and at the referral hospitals (23% coverage). The program contributed to scale up antenatal care coverage and family planning through capacity building of 451 providers and the deployment of 1,500 community health workers. In addition, the program helped to strengthen the national health system through the recruitment and deployment of 140 midwives to increase the utilization of emergency obstetric and neonatal care services.

**Output 4:** By 2017, national system for reproductive health commodity security (RHCS) is reinforced

Number of national staff trained in logistics management	40	474	474
Number of health facilities that have not experienced contraceptive stock-out during the last six months.	110	320	291
Number of health facilities that have not experienced 10 Life-Saving Commodities stock-out during the last six months.	91	247	207

**Key Achievements**

- ✓ The implementation of the reproductive health commodity security plan (RHCS) contributed to build the capacity of 474 health staff in supply chain and commodity stock management. This enabled the program to avoid contraceptive stock out in 291 health facilities, and 10 lifesaving commodities stock out in 207 health facilities.
- ✓ The reproductive health commodity survey conducted in 2015 pointed out that 78.2% of health facilities did not experienced no stock out of contraceptives. Furthermore, the survey showed that 79% of health facilities did not experienced stock out of the 10 lifesaving commodities.
- ✓ The procurement chain was strengthened through the upgrading 280m<sup>2</sup> of storage space in the National Commodity Warehouse.
- ✓ A cold chain of 40m<sup>3</sup> was established in Kankan, Labe and Nzerekore regional warehouses.

**Output 5:** By 2017, national capacities for the implementation of community-based family planning activities enhanced

• Number of villages that offer health community-based reproductive health services integrating the maternal and new-born health package.	5250	6750	6750
• Percentage of health facilities that offer at least 3 modern methods of contraception	83%	100%	97%

**Key achievements**

- ✓ Through the implementation reproductive health commodity security plan, the program contributed to increase the proportion of health facilities that provide at least three contraceptive modern methods from 83% à 97 %.
- ✓ The recruitment and deployment of 1,500 community health workers and 140 midwives increased the utilization of family planning services.

**Output 6:** By 2017, essential sexual and reproductive health services, including HIV/AIDS are accessible to young people (including adolescents)

• Number of health facilities having integrated SRH for young people into their services	10	200	76
• Number of youth associations/networks and the facilities involved in peer learning focusing on live skills in SRH and HIV.	22	50	49

**Key achievements**

- ✓ The involvement of 49 youth associations/networks in the training of peer educators and the integration of user friendly services in 76 health facilities increased the access of adolescents and young people to reproductive health services and information from 24 to 58.3 %.
- ✓ The training of 68 service providers contributed to the provision of quality friendly youth and adolescents integrated reproductive health services.
- ✓ The promotion of peer education was reinforced through the integration of the live skill curricular for youth and adolescents.
- ✓ The provision of audio-visual materials and equipment for 11 youth centers and 49 youth associations increased demands of reproductive health services through peer education activities.

C. National Progress on Strategic Plan Outcomes <sup>1</sup>	Start value	Year	End value	Year	Comments
<b>Outcome 1: Increased availability and use of integrated sexual and reproductive health services (including family planning, maternal health and HIV) that are gender-responsive and meet human rights standards for quality of care and equity in access</b>					
Percentage in which at least 95% of service delivery points in the country have seven life-saving maternal/reproductive health medicines from the WHO priority list	37%	2012	84%	2016	
Contraceptive prevalence rate (total)	6%	2012	Not available	2016	DHS4 planned for 2017 will show the real situation.
Proportion of demand for contraception satisfied (total)	45,3 %	2012	Not available	2016	2500 couple year protection distributed. The 2017 DHS to show the real situation.
Percentage in which at least 60% of service delivery points in the country have no stock-out of contraceptives in the last six months	27%	2012	71%	2016	
Percentage in which at least 80% of live births in the country are attended by skilled health personnel	45%	2012	50%	2016	
Number of adapted and implemented protocols for family planning services in the country that meet human rights standards including freedom from discrimination, coercion and violence	1	2012	4	2016	
Percentage of women and men aged 15-49 who had more than one sexual partner in the past 12 months who reported use of a condom during their last intercourse (female/male)	29%	2012	Not available	2016	1,500 community workers were deployed on the ground community based awareness and condom distribution. The 2017 DHS to show the real situation.
Has the country increased the national budget for sexual and reproductive health by at least 5 per cent?	2.9%	2012	7.5%	2016	The government is committed to increase the budget to 10% by 2020.

<sup>1</sup> The format is aligned to the UNFPA Strategic Plan outcomes, 2014-2017.

### **Summary of National Progress**

The government improved : (i) the availability and the use of preventive, curative and promotional maternal and neonatal health services, including FP, PMTCT, nutrition in the health facilities and at community level ; (ii) maternal health service provision both in the health facilities and the community; (iii) the access and the utilization of preventive, curative and promotional adapted to the needs of adolescents and young people; (iv) the use of family and community practices that have a beneficial effects on maternal, neonatal and child health and the abandonment of harmful traditional practices.

The interventions resulted at : (i) increased percentage of assisted births in the public health facilities from 45 % in 2012 to 50 % in 2015; (ii) HIV/AIDS prevalence maintained at 1,7 % in 2015; (iii) the ratio of one medical doctor per 10 000 inhabitants increased to 1,6 per 10 000 during the period under report; (iv) improved modern health care service utilization from 0.28 in 2011 to 0.40 in 2015; (v) increased rate of ANC 4 visits from 46 % in 2011 to 56.6% in 2015. Moreover, because of Ebola virus disease outbreak, the availability of essential health kits and other medical equipment was improved in the health facilities from 39% in 2013 to 57.2% in 2014.

In terms of employment, a youth employment national policy was developed particularly for those between 15 and 35 years old

### **UNFPA's Contributions**

A level of achievement of 58.7% for the output 3: “By 2017, national capacities of health facilities to scale up emergency obstetric and neonatal care (EmONC) and Fistula treatment are enhanced” is associated with a very low level of achievement (only 8%) of the outcome “improved access and utilization maternal and neonatal health services”. The information is effective for 2 of the 3 indicators of this outcome. There is a direct causal link between the output and the outcome indicator. The causal chain between outcome 1 and one of its indicators remains confused. Instead of contributing to it, the indicator " maternal mortality Ratio" is logically an expected result after the outcome has been achieved. Thus, the formulation of the 3rd indicator of the outcome have to be corrected and reformulated as to "Caesarean section rate at least 5%" instead "Caesarean section rate less than 5%"

A high level achievement (91.6%) for the output 4: “By 2017, national system for reproductive health commodity security (RHCS) is reinforced” and (98.5%) for the output 5: “By 2017, national capacities for the implementation of community-based family planning activities enhanced “ is associated with a low level of achievement (35%) of the outcome of the 2014-2017 UNFPA's strategic plan “Access to Quality family planning services for individuals and couples and their use for reproductive purposes”. This inconsistency is probably linked to the interference of the socio-behavioral environment and the ambiguity of the free FP services. All 3 indicators of this outcome have been documented. The third indicator seems to measure an output related to availability of services. This indicator does not appear to be logically related to the output that is supposed to induce it. Thus, it relates to a FP service modality offered in a health facility, while the output is focusses on strengthening the community based FP. The outputs are indeed relevant pillars for the achievement of the outcome 1. However, there is missing output on the capacities of the health facilities for a logical formulation with respect to this outcome 1.

A level of achievement of 62.25% for the output 6: “By 2017, essential sexual and reproductive health services, including HIV/AIDS are accessible to young people (including adolescents)” is associated with a low level (34%) of outcome 1 of UNFPA 2014-2017 SP.

There is no perceptible logical difference between the output and the outcome in terms of results. The outcome seems to simply appear to be the set and the output the element. Thus, the output as formulated would be an indicator. The information is effective for one of the three indicators of this outcome 1. There is direct causal link between the output and the indicator of the concerned outcome. On the other hand, the second indicator (adolescent birth rate) is at more advanced level on the logical scale of results than the outcome it should measure.

<b>Outcome 3: Advanced gender equality, women's and girls' empowerment, and reproductive rights, including for the most vulnerable and marginalized women, adolescents and youth</b>					
Does the country have the gender equality national action plans that integrate reproductive rights with specific targets and national public budget allocations?	No	2012	Yes	2016	
Proportion of taken actions by the country on all of the Universal Periodical Review (UPR) accepted recommendations on reproductive rights from the previous reporting cycle	0%	2012	60%	2016	
Percentage of women aged 15–49 who think that a husband/partner is justified in hitting or beating his wife/partner under certain circumstances	92%	2009	80%	2016	GBV national survey
<b>Summary of National Progress</b>					
<p>The Government adopted its National Gender Policy (NGP) in January 2011. In this regard, the mechanisms for conflict prevention, management and resolution have been strengthened both at national and at community level. Initiatives took into account the participation of women in political and public decision-making processes as well as for their protection against gender-based violence in accordance with the Conventions on the Elimination of All Forms of Discrimination Against Women (CEDAW) and United Nations Security Council resolutions 1325, 1820, 1888, 1889 and 1860 on women, peace and security. Programs to introduce human rights principles towards women and girls and respect for the international commitments were established.</p> <p>With regard to the women empowerment, the Government implemented the following strategic measures: (i) strengthening the capacity of all actors (state and non-state institutions) in the area of human rights and other issues such as report writing reports to conventional bodies; (ii) establishment of human rights protection office; (iii) the introduction of human rights principles, conflict management and peacebuilding curricula in schools; (iv) the promotion of gender equality in particular with regard to rights for property, working conditions and addressing gender-based violence; (v) improving the conditions of all detainees, including women and minor children; (vi) compliance with the procedures for custody and detention; (vii) implementation of the International Convention on Human Rights and (viii) establishment of functional literacy and professional centers for 5,000 of out-of-school and drop-out of school youth and adults.</p> <p>In addition, the proportion of women in non-farm paid employment increased from 21.3% in 2012 to 27.1% in 2014. As a result, the proportion of women in parliament rose from 16.5% in 2007 to 21.9 per cent in 2015.</p>					
<b>UNFPA's Contributions</b>					
<p>A performance of 99.7% was associated with almost unacceptable level (49%) of the outcome 3 of the UNFPA 2014-2017 SP. Two of three indicators of this outcome are informed. The causal link between the output and the concerned outcome's indicator is partial (progress in gender equality and reproductive rights, particularly through law enforcement and policy implementation). The causal chain between outcome 3 and its indicators seems to be incomplete. In addition, one indicator on the improvement of the reproductive situation and another on the law enforcement mechanism there is missing indicator on the completeness of the legal framework.</p>					
<b>Outcome 4: Strengthened national policies and international development agendas through integration of evidence-based analysis on population dynamics and their links to sustainable development, sexual and reproductive health and reproductive rights, HIV and gender equality</b>					
Has the country had at least one census of good quality that was processed, analyzed and disseminated following internationally agreed recommendations (during the last 10 years)?	No	2012	Yes	2014	

Has the country collected, analyzed and disseminated a national household survey that allows for the estimation of key population and reproductive health indicators (in the last 5 years)?	Yes	2012	Yes	2016	DHS 2012 MICS 2016
Has the country completed evaluations on strategic interventions around sexual and reproductive health and adolescent and youth?	Yes	2012	Yes	2014	Survey on adolescents and youth Vulnerability
Proportion of new national development plans that address population dynamics by accounting for population trends and projections in setting development targets	100%	2012	100%	2016	

**Summary of National Progress**

The creation of national strategy and development offices improved the availability and accessibility of data for decision making.

A sectoral data base was set up in each government departments. A DevInfo multi-sectoral database serving as an interface to sectoral databases is set up in the National Institute of Statistics.

The third General Population and Housing Census was carried out in March 2014. Other national surveys were conducted to monitor government actions: the 4th Demographic and Health Survey in 2012, the light survey for the poverty assessment in 2012, the determinants of gender-based violence prevalence in Guinea in 2013, the ESCOMB in 2014, the 5th Multi-Indicator Survey in 2016; the National Survey on Vulnerability of Adolescents and Youth in 2015, National Survey on Population and gender issues have been integrated into the following national strategy papers: the Poverty Reduction Strategy 2013-2015, the Five-Year Plan 2011-2015, the National Health Development Plan 2016-2024, the National Development Plan Economic and social development 2016-2020.

Guinea participated in the three evaluations, respectively, in 1999, 2004 and 2009, and recommendations were made for countries to pursue efforts to achieve the objectives of the ICPD / IPAP and the final evaluation in 2014.

The country took part in the three Poverty Reduction Strategy Papers evaluations and the annual reviews of the Millennium Development Goals.

In addition, United Nations Development Framework (UNDAF) was also assessed.

**UNFPA's Contributions**

An achievement 100% was associated with a high level (83%) of outcome 4 of the UNFPA 2014-2017 SP Improved data availability and analysis for decision-making and Improved policy formulation around population dynamics, sexual and reproductive health and gender equality. The 2 indicators of this outcome are filled in.

<b>D. Country Program Resources</b>						
<b>SP Outcome</b>	<b>Regular Resource (Planned and Final Expenditure)</b>		<b>Others (Planned and Final Expenditure)</b>		<b>Total (Planned and Final Expenditure)</b>	
<b>Choose only those relevant to your CP</b>						
Increased availability and use of integrated sexual and reproductive health services	\$5,064,607	\$4,709,272	\$11,670,145	\$7,744,334	\$16,379,418	\$12,808,942
Youth policies and programs, and increased availability of comprehensive sexuality education	\$951,962	\$939,391	\$723,079	\$520,808	\$1,675,041	\$1,460,199

Advanced gender equality, women's and girls' empowerment, and reproductive rights	\$1,479,813	\$1,377,437	\$2,320,288	\$1,192,016	\$3,800,100	\$3,159,453
Strengthened national policies and international development agendas through integration of evidence-based analysis on population dynamics	\$2,867,824	\$2,480,813	\$2,883,655	\$2,768,955	\$5,751,480	\$5,249,769
Program coordination and assistance	\$1,037,349	\$970,241	\$-	\$-	\$970,241	\$970,241
<b>Total</b>	<b>\$11,401,555</b>	<b>\$10,477,154</b>	<b>\$17,597,167</b>	<b>\$12,226,113</b>	<b>\$28,576,280</b>	<b>\$23,648,604</b>