

## Guinea

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### Executive Summary

Guinea, with a population of 10.5 million people, is among the least developed countries in the world, ranking 182 out of 192 countries on the 2015 United Nations Human Development Index. Over half the population – 55.2 per cent – live in poverty and cannot afford or access social services including health, education, sanitation or clean drinking water.

Guinea has one of the highest maternal mortality rates globally, with 724 deaths per 100,000 live births. Infant and under-five mortality rates are high (123 per 1,000). A nutrition survey conducted in 2016 found that the rate of chronic malnutrition in Guinea is 25.9 per cent, and 16.3 per cent of children under the age of five are underweight.

The Ebola virus disease (EVD) epidemic that ended in June 2016 deteriorated the country's health indicators. Health consultations decreased by 58 per cent, assisted delivery decreased by 11 per cent, hospitalization decreased by 54 per cent, immunization rates decreased by 30 per cent. An estimated 6,233 orphans who lost their parents to Ebola are being cared for by community and extended family. Child marriage is high with 21 per cent adolescent girls married before the age of 15, and 52 per cent before the age of 18. Though the Government adopted legislation to sanction female genital mutilation/cutting (FGM/C), 97 per cent of women and girls aged 15 to 49 years in Guinea. The net enrolment rate in primary school recovered its level before the epidemic, which was 69 per cent.

UNICEF fostered multi-sector collaboration and complementarity to improve children's health, development, wellbeing and rights in line with the Sustainable Development Goals (SDG). This included prioritizing a swift resumption of basic social services, including the return of children to schools and measures to protect affected and vulnerable populations.

UNICEF efforts and support significantly contributed to ending Ebola virus disease in Guinea and, following the latest flare up in Koropara in March 2016, maintaining Zero EVD. Capitalizing on its efforts, UNICEF pursued integrated community health programming through 350 community platforms, women and youth groups. UNICEF helped enrol over 30,525 children in infant and young child feeding (IYCF) programmes, and treated more than 27,000 children suffering from malnutrition.

UNICEF worked with the Government to initiate the child-friendly community approach (Communes Amies des Enfants) that targeted 10 of the most vulnerable and deprived districts for a holistic, universal and qualitative service delivery package for health, nutrition, water and sanitation and hygiene (WASH), child protection, and education programmes.

In 2016, Guinea continued to face challenges of polio eradication: 12 out of 38 districts did not meet the quality standards for vaccination. The percentage of children fully immunized increased but remained low: 53 per cent of children aged 12-23 months were fully immunized based on a 2016 survey, up from 37 per cent in 2012. The prevalence of female genital mutilation/cutting remained high at an estimated 97 per cent.

UNICEF Guinea built strategic partnerships at the grass-roots level and strengthened community-based networks in all sectors with 40 national and international civil society organizations (CSOs); and maintained a collaborative partnership with the Government on

the basis of its respected reputation.

UNICEF Guinea benefited from the trust of the donor community that helped secure more than US\$30 million in 2016 from donors such as the European Union (EU), World Bank, IDB, GAVI, Global Fund, the Government of Japan, French Funds Muskoka and the Government of Spain.

Working with UN agencies, UNICEF engaged UNFPA and UNDP in joint planning and programming. UNICEF brought a comparative advantage with its respected field presence which was further strengthened during the Ebola crisis with a reliable network of partnerships with NGOs, CSOs and community-based organization (CBOs) across all communities.

## Humanitarian Assistance

In January 2016, the World Health Organization (WHO) declared the end of the Ebola virus disease outbreak. WHO's declaration, however, warned the world about potential flare-ups of Ebola. In March, seven new cases were notified bringing the total confirmed cases in Guinea to 3,358. UNICEF rapidly responded to the new cases by deploying rapid response teams in support of the Government-led response and in coordination with other partners.

The CO supported the Government to develop a contingency plan for EVD and other epidemic diseases. It includes US\$200,000 for supplies, three long-term agreements (LTAs) for transportation and storage, and five contingency partnership cooperation agreements.

UNICEF Guinea mobilized emergency funding with Multi Partner Trust Fund (MPTF) and Central Emergency Response Fund (CERF) and within 72 hours UNICEF set-up the rapid response base camp in the epidemic hot spot, Koropara. The base camp housed teams from WHO, World Food Programme (WFP), UN Office for Project Services (UNOPS), IOM, Red Cross, Rural Radio, and social mobilization NGOs such as AGIL, CEAD, AACG, in total gathering 200 individuals. Logistics such as catering, water supply and waste management were provided by UNICEF-funded partners (CEAD, AGIL, AACG and the national water agency). UNICEF provided internet access with the installation of a VSAT kit and material and technology on the site of Koropara and provided phones to UN agencies and key partners.

The camp supported the micro 'containment', in Guinea referred to as 'micro-cerclage'. The micro-cerclage involved a closed monitoring in the epicentre of the affected area to limit population movement, particularly those who were contacts with those who were infected with the virus, providing humanitarian assistance for 21 days. Accompanying measures included vaccination, the distribution of food and cash transfer for 1,081 contacts, free health care and communication for behaviour change. UNICEF supported 350 community health workers (CHWs) who were rapidly trained and deployed in affected villages to support door-to-door visits for suspected case screening. Emergency health kits were provided to mobile clinics, and six health facilities in the affected region were provided with medicines, consumables and equipment. UNICEF's social mobilizers worked on the front line with health professionals and with dignified and secure burial teams. Social mobilization was held and 2,155 hand washing kits distributed. This integrated package addressed rumours as well as population and individual reluctance. Mass media reached 1,636,000 individuals over the course of three months.

UNICEF Guinea's rapid and effective response to the flare-up of the Ebola virus demonstrated that it could maintain a rapid response capacity when needed. The CO prepositioned contingency stock (equipment for infection control and prevention, measles kit, cholera kit and mosquitos), and community platforms were set up in 584 villages and 106

communes. This was significant given the decrease in emergency funding. Maintaining this capacity through 2017 will be extremely important, but difficult in a less favourable funding environment.

The humanitarian context was also characterized by the recurrent outbreak of measles, meningitis and polio. In 2016, six polio campaigns rounds were conducted. The latest round in December 2016 registered excellent performance (90 per cent) in 70 per cent of districts (26 of 38 districts) compared 21 per cent of districts (eight of 38 districts) in the previous rounds.

UNICEF provided support to strengthen national polio campaigns and improve national coverage through:

**Coordination and partnerships:** building partnerships with community-based organizations to increase community engagement; setting-up national, regional and district coordination committees; reinforcing local governance in two regions (polio epicentre) through establishment of local accountability structures and development of district micro-plans;

**Logistics:** vaccine storage capacity was strengthened at all levels with the installation of 209 refrigerators and vaccines availability was ensured during polio campaigns with two trucks made available to the Extended Programme of Immunization (EPI);

**Communication:** UNICEF supported the production and dissemination of audio and video spots, 15 billboards, 317 banners, 10,000 leaflets, 6,300 flyers, 5,500 posters, 1,100 t-shirts and caps. UNICEF performed outreach activities for religious leaders, political and administrative authorities across 38 districts and 410 health centres. The CO successfully engaged CSOs in community educational talks and door-to-door visits;

**Human resources:** deployment of at least two UNICEF staff in each of the 21 priority districts and training of media professional supervisors;

**Innovation:** supervision mechanisms and community engagement were enhanced through local governance, vaccinator's geo-localization and integration with WASH interventions. Since the seventh campaign, the CO provided support to reach the unreached by setting up checkpoints (at markets, schools, mines).

## Emerging Areas of Importance

**Social movements for change.** Building on the social mobilization work accomplished during the Ebola crisis, UNICEF engaged in partnerships to drive social movement for change, particularly in rural areas. During the 2015 annual review with Government and partners, UNICEF elaborated the 2016-2017 biannual plan with a focus on community-based direct interventions by women's groups, youth groups, unions, CSOs and faith-based organizations.

Examples of best practice include: a network of 4,000 religious leaders who committed to end female genital mutilation/cutting; a network of 6,606 parent association members to promote girl education and peace building; 2,868 women's groups contracted and trained to fight chronic and acute malnutrition; 8,700 U Reporters and 22,500 youth engaged in community platforms to voice their actions for demand and supply of services. Previously established platforms were a key determinant for better immunization coverage and epidemic alert capacity.

**Urbanization and children.** Given the rural to urban migration trend in Guinea, suburbs of the main towns, and of Conakry particularly, are becoming pockets of poverty and vulnerability. Vulnerable children and women living in those areas don't have access to basic

social services; needs are mainly for health and WASH interventions. For the polio campaign in December 2016, 850,000 children were targeted in suburbs; and 150 suburbs benefited from a water point giving to 88,500 additional people access to safe drinking water. The CO supported the pre-positioning of WASH kits in eight cholera hot spots including 81,300 bottles of chlorine, 10 cans of granulated chlorine and 212,324 units of soap.

## Summary Notes and Acronyms

AACG	Association des animateurs communautaires en Guinée
AGIL	Association pour la Promotion de la Gouvernance et des Initiatives Locales
AWP	Annual Work Plan
BCP	Business Continuity Plan
C-IMCI	Community-based integrated management of childhood illnesses
C4D	Communication for Development
CBO	Community-Based Organisations
CBO	Community-based Organization
CEAD	Centre d'étude et d'appui au développement
CERF	Central Emergency Response Fund
CHW	Community Health Workers
CLTS	Community-Led Total Sanitation
CMT	Country Management Team
CO	Country Office
CPD	Country Programme Document
CSO	Civil Society Organizations
CSOs	Civil Society Organisations
DCT	Direct Cash Transfer
DHS	Demographic and Health Survey
DPS	Direction Provinciale de la Santé (Provincial Direction of Health)
EDS	Enquête Démographique et de Santé (Demographic Health Survey)
EPI	Extended Programme of Immunization
ERM	Enterprise Risk Management
EU	European Union
EU	European Union
EVD	Ebola Virus Disease
FGM/C	Female Genital Mutilation/Cutting
GAVI	Global Alliance for Vaccines and Immunization
ICT	Information Communication Technology
IDB	Islamic Development Bank
IOM	International Organisation for Migration
IYCF	Infant and Young Child Feeding
IYCF	Infant and Young Child Feeding
MICS	Multiple Indicator Cluster Surveys
MISC	Multiple Indicator Cluster Survey
MoH	Ministry of Health
MPTF	Multi Partner Trust Fund
NGO	Non-Governmental Organisations
PNDS	Health National Development Plan
PSE	Education Sector-wide Programme

SDG	Sustainable Development Goals
SDG	Sustainable Development Goals
SITAN	Situation Analysis
UNCT	United Nations Country Team
UNOPS	United Nations Office for Project Services
WASH	Water Sanitation and Hygiene
WASH	Water and Sanitation and Hygiene
WFP	World Food Programme
WHO	World Health Organization

## Capacity Development

Social mobilization and community engagement were decisive strategic pillars in eliminating the Ebola virus disease in Guinea. UNICEF Guinea contributed to build-up this strong asset through community platforms in more than 350 communities. The members of the platforms were community-based surveillance for Ebola and other epidemic diseases using technology such as rapid SMS (Rapid Pro). UNICEF contributed to increase the number of functional rural radios to 33 across the country. To build a child-sensitive social advocacy, UNICEF linked the child-focused rural radio programme with all community platforms in the country. In November 2016, 1,230 youth were trained on the essential family practices package and were on the front line to implement preparedness interventions such as hygiene prevention and hygiene kit distribution.

In 2016, 72 education in emergency focal points were trained to face emergency situations, and 10,405 teachers trained to provide psychosocial support to emotionally affected students. UNICEF supported the Ministry of Pre-University Teaching in launching a pilot initiative to collect school data using digital technology in 50 sous-prefectures.

UNICEF trained 233 health care professionals on new-born care and 27 technicians on the use and maintenance of provided equipment. In addition, six health facilities were rehabilitated and six EVD/epidemic treatment units were built and equipped with a contribution of Multi Partner Trust Fund (MPTF).

UNICEF supported the implementation of the integrated management of child illness (IMCI) at community level with a total of 2,950 community health workers (CHW) and 172,944 children under five benefited from care.

The CO supported the Ministry of Health (MoH) and civil society partners to attend a five-country community for development (C4D) capacity-building workshop for EVD vaccine introduction, organized by WCARO with WHO, CDC and the London School of Hygiene and Tropical Medicine in Dakar in September 2016.

## Evidence Generation, Policy Dialogue and Advocacy

In 2015, UNICEF had set up the national anthropological laboratory, LASAG (Laboratoire d'Analyse Socio Anthropologique de Guinée) that produced studies on FGM/C and on social barriers to immunization, funded by UNICEF.

In the education sector, UNICEF financed two studies: one on out of school children in Guinea and one on the student learning assessment in the Telimele pilot project that accelerated girls' education.

The CO produced a situation analysis (SITAN) that provided an analysis on inequity in Guinea. The SITAN together with the National Vulnerability Study, were a solid basis for the

Government to elaborate its first National Social Protection Policy document in December 2016. UNICEF provided leadership in supporting the Government to conduct a Multiple Indicator Cluster Survey (MICS) and the report will be final in early 2017.

UNICEF advocacy enabled the recruitment of 5,000 teachers in the civil service and 500 as contract workers to deal with the lack of trained teachers in schools. In the WASH sector, the Country Office advocated for domestic funding mobilization and for the Government to fulfil its commitment with the WASH COMPACT by mobilizing a national counterpart.

UNICEF worked with religious leaders from the Muslim community to ensure that they integrate in their preaching the fact that the practice of female genital mutilation/cutting is not prescribed by the Koran. This led to the adoption of the Fatwa against the practice of FGM/C.

In the health sector, UNICEF advocacy resulted in the validation of the monitoring and evaluation plan for the 2015-2024 Health National Development Plan (PNDS) and the 2017 Operational Annual Plan by the committee for health coordination sector. The CO supported the validation of the health national COMPACT, translating Guinea's partners and Government commitments in financing the PNDS.

## Partnerships

In 2016, UNICEF Guinea capitalized on a portfolio of partnerships established during the Ebola virus disease crisis. The CO collaborated with the EU, Japan, World Bank and the Islamic Development Bank. An additional US\$30 million was mobilized for WASH, protection and health interventions. Financial and technical health partners entrusted UNICEF as the lead vis-a-vis the Government. UNICEF coordinated the health sector partners to elaborate the National Health Plan and COMPACT document.

Within the United Nations Country Team, UNICEF worked with UN agencies to implement the 'Joint Kankan Programme' to holistically address children and women needs in one of the most vulnerable regions of the country.

UNICEF partnered with the Government (Ministry of Youth) and two private telecom companies, Orange and MTN, to launch the U-Report, a social media platform for youths. More than 8,000 youth were registered.

UNICEF Guinea's strategic vision is to build a social movement for change, targeting more than 200,000 youth to build social platforms that deliver services on child protection, education, health, nutrition and hygiene promotion.

UNICEF carried forward the establishment of the "Groupe Sectoriel de l'Education" (GSE) that enables permanent coordination and dialogue between the four Ministries of Education and the Technical and Financial Partners, including representatives of International NGOs. UNICEF remained a contributor to the common fund for Education and continued to influence policies towards a child friendly school model.

A network of 151 NGOs and CSOs across the country is pushing the agenda of 'a Promise Renewed' and 'Scaling Up Nutrition' in which women and youth groups are playing a major role. For instance, more than 770 women groups are now involved in scaling-up the use of micronutrients powder in more 17,000 households in the country.



## South-South Cooperation and Triangular Cooperation

In 2016, the CO shared its lessons learnt from its response to the Ebola virus disease epidemic with UNICEF Sierra Leone and UNICEF Liberia, particularly on communication for behaviour change related to the introduction of the EVD vaccine and communications for development uses of anthropological studies in the outbreak. With the support of the UNICEF Regional Office two workshops were held in Dakar gathering major universities and professional from the five EVD-affected countries.

In innovation, the CO supported the participation of a young Guinean U-reporter to a regional youth camp in Senegal, where the Guinean experience of putting in place U-Reporters platforms for service delivery for children and women was shared.

Building on Mauritania's success story, the CO strategically involved religious leaders to share harmonized messages, passed in 3,000 mosques and preach about the fact that the practice of female genital mutilation/cutting is not prescribed by the Koran. Religious leaders from various Muslim countries were invited to share their knowledge in a national workshop in August 2016 on FGM/C and Islam.

UNICEF Guinea welcomed a delegation of the Benin Education Ministry and facilitated field visits and knowledge exchanges with the Guinean Ministry on the initiative of children governments in school. This initiative promoted by UNICEF and scaled-up by the Government ensured pupils have a voice and participate in school development.

During the regional HACT workshop in Casablanca, the CO shared its experience on HACT with transfer of competences with the Government Supreme Audit Institution that handled for the first time an audit for 22 government entities. As a result, a joint road map was validated and implemented with UN agencies.

## Identification and Promotion of Innovation

During the EVD crisis, the country brought innovation by partnering with communities for a social movement for change. Building on its success, in 2016 UNICEF introduced the rapid SMS to monitor maternal health in the country; 496 maternal deaths were reported from data collected and reported by health centres. Subsequently maternal death audits were conducted and recommendations made to improve service delivery in 42 health centres.

To improve polio immunization rate in the district of Siguiri, the epicentre of the polio outbreak, UNICEF initiated a geo-localization itinerary through smartphones provided to vaccinators. The innovation helped track and immunize 300,000 additional children.

A pilot project to support the national system to collect school data using digital technology was launched. The pilot provided real time data for decision-making on education system management, and for UNICEF to adapt its response and planning for the most vulnerable children.

## Support to Integration and Cross-Sectoral Linkages

Support to integration and cross-sectoral linkages was a challenge---a work in progress with Government at the central and the decentralized level, within the UN agencies, with partners and in UNICEF Guinea itself.

However, the CO pushed the agenda for integration and cross-sectoral linkages, including the initiative of child-friendly districts/communes with an integrated approach of service delivery and improved governance at the communal level in 10 pilot communes. The initiative had a team site accessible to all staff for joint planning and monitoring, and to share

lessons learned.

The implementation of birth registration with the involvement of the health and education sectors was another example of good practice.

To improve integration, the CO developed a situation analysis (SITAN) based on a life cycle approach. This is provided a causal analysis that addresses the needs of children in a holistic way. The new Country Programme Document (CPD) for the period 2018-2022 will incorporate cross-sectoral linkages following the theories of change derived from the SITAN.

In the Forest Region of N'Zérékoré, the CO implemented three European Union (EU) funded projects in 42 rural districts, integrating of child protection, health and WASH interventions. A common set of indicators, a joint monitoring road map, joint reporting and a joint results matrix were developed to ensure cross sectoral linkages, and C4D is key for the integration process. C4D activities were designed to respond to WASH, health and nutrition needs in the implementation of EU projects, and regular meetings were held for joint planning.

During the EVD flare up in March 2016, C4D activities were held along with health and wash interventions. Communications were merged with WASH kit distributions, as free health care was merged with communication for protective behaviours.

### **Service Delivery**

UNICEF Guinea streamlined programmatic visits and annual partnership reviews to ensure an accountability framework focusing on results. One key recommendation was to move toward an integrated and convergent programming. As a result, the CO developed an innovative strategy 'Child Friendly Districts/Communes' for universal coverage on health, nutrition, WASH, child protection and education. The approach empowered communities to plan child-sensitive interventions and to increase ownership to sustain UNICEF interventions.

In 57 communities, youth were involved in immunization promotion that reached 500,000 children. Mobilised youth distributed hygiene kits to 20,000 households and eased the birth registration process for 16,000 children. UNICEF shared its approach and experience with other UN agencies, UNDP and UNFPA particularly, and the approach will inform the jointly-developed 2018-2022 CPDs. In agreement with Government, the approach will be scaled up to 30 additional districts/communes in 2017.

UNICEF Guinea contributed to the preparation of the Post-EVD Recovery Plan and the establishment of the National Recovery and Resilience Post-EVD Fund for 2016-2018. The Guinea EVD Recovery Plan, however, was underfunded. Recognizing the challenges in implementing the Recovery Plan, including the effective mobilization of resources, UNICEF supported the Government to diversify funding with the establishment of a trust fund (US\$589 million) presented to the donor community in New York on September 22, 2016.

### **Human Rights-Based Approach to Cooperation**

This year, for the first time in Guinea, ten reported cases of child victims of female genital mutilation/cutting led to the conviction of perpetrators. This was the result of advocacy against this harmful practice supported by UNICEF in 2016 and previous years.

UNICEF set up 870 village councils for child protection that played a key role as a mechanism for reporting child abuse and child rights violation at the community level, and as a platform to provide response. Innovations such as SMS rapid pro and U-Reports helped strengthened the human rights-based approach.



In Guinea, the laws and regulations that protect children face challenges in application. In 2016, UNICEF supported the Government to elaborate the first National Policy for Social Protection.

In 2016, for the first time, with UNICEF support, Guinea was in the process of finalizing its periodic report on the implementation of the UN Convention on the Rights of the Child (UNCRC) to the Committee on the Rights of the Child in Geneva. The process was led by the Ministry of Social Affairs in a participatory and inclusive manner with sectoral ministries contributing to the preparation of the report through an inter-ministerial committee.

Guinea submitted complementary information to the Committee on the reports submitted in 2014 on the optional protocols to the Convention on the Rights of the Child, namely the Optional Protocol on the sale of children, child prostitution and child pornography, and on the Optional Protocol on the involvement of children in armed conflict. UNICEF supported a civil society organization to prepare the shadow reports to both Optional Protocols and UNICEF prepared the confidential reports to the Committee. The process updated the current post-EVD crisis context, as the crisis tremendously hindered all efforts pertaining to strengthening the protection of children.

## Gender Equality

UNICEF Guinea focused on the following gender priorities and gender mainstreaming areas: ending child marriage; adolescent health prevention (HIV); preventing sexual and gender-based violence; and girls' education

UNICEF worked in 11 prefectures that benefited from the complete package of programme interventions for access and retention of preschool age girls (four to five years old), primary school age (six to 11 years) and girls older than primary school-age. Graduated women hired as community animators carried out sensitization activities and empowered 6,606 parents' associations and 1,178 mothers of girl students' associations. With this community based strategy, combined with school supplies for girls and the initiative to tutor little girls by young girls, the net enrolment rate for girls in primary school in the 11 prefectures rose from 40 per cent in 2012 to 56 per cent in 2016. This year, 169,275 girl students benefited from UNICEF education programme by a variety of means.

For young girls, strategic prevention activities took place in specific communities to protect uncut girls or girls who were not subjected to child marriage. A total of 19,689 identified uncut girls and 14,929 identified unmarried adolescent girls were protected.

Community-based child protection networks in five prefectures and in the capital city stopped nine cases of mass FGM, thus saving the girls. In these localities, the child protection network set up a monitoring system around the children to ensure continuous protection.

A total of 101,079 adolescent girls were supported to have their birth registered.

In adolescent health, UNICEF partnered with UNFPA, UNAIDS and the ministries of youth, communication and health to promote HIV/AIDS prevention, sexual and reproductive health through 45 youth platforms that reached 325,000 adolescents.

2016 expenditures:

Ending child marriage: US\$125,000

Adolescent health prevention (HIV): US\$200,000

Preventing SGBV: US\$450,000

Girls' education: US\$500,000

## Environmental Sustainability

Guinea's long-term development is expected to be significantly affected by rising sea levels and salt water intrusion (particularly on the islands) and more rainfall variability, including more frequent short and intense rains, and more frequent drought periods north of the coastal zone.

In 2016, UNICEF extended access for safe drinking water in vulnerable areas to the islands. On Dary Island, UNICEF financed an impluvium building. The project executed by Charente Maritime Cooperation provided safe water to 1,000 individuals. The island's situation was exemplary of climate change impact, as the island's water shortfall was worsened by climate-affected refugees who fled a neighboring island that was left with no drinkable water source.

The Country Office also took measures to assess and reduce its environmental footprint. A task force developed an action plan that was endorsed by the country management team (CMT). The office installed a mixed system, combining three energy sources, public electricity, generator and solar energy in the area office in Kankan that reduced UNICEF footprint and fuel consumption. The innovation also ensured a business continuity plan (BCP) with the permanent access to information communication technology (ICT) resources and to secure IT equipment from power cuts.

In programming, UNICEF worked with the Government within the expanded programme on immunization (EPI) to install 220 solar power refrigerators and to support the national vaccine cold chain. UNICEF's objective was to replace all refrigerators in health centres that were powered by gas, a source of carbon emission.

The use of renewable energy was extended to 177 health centres and 70 water points across the country.

## Effective Leadership

Overall the Country Office's evaluation function in 2016 was rated fair by the GEROS. The CO recognized the area of weaknesses and took actions to improve the IMEP management, and to implement evaluations' recommendations. The external evaluation of the CSD programme was designed and the process is under way for the evaluation to take place in early 2017.

In 2016, the following studies, surveys and evaluations were completed.

A mid-term evaluation 'Girls' Education Acceleration Project' (PAEF) in Telimele Prefecture;  
A study on the employment of young people and women in Guinea;  
A study on out of school children.

Further studies, surveys and evaluations:

- The MICS 2016;
- Anthro-sociological study on child marriage;
- Evaluation of the impact of FGM/C strategies;
- Evaluation of the child survival development programme to provide information for UNICEF interventions in Guinea.

The CO built on available reports concerning immunization to improve the country's performance on polio and measles immunization. During the December 2016 Polio campaign, UNICEF providing leadership to support the country and bring the overall

percentage of non-immunized children under the threshold of five per cent.

In preparation for the CP 2018-2022, the office will rely on evaluation findings and recommendations to construct theories of change and the result frameworks.

## **Financial Resources Management**

The country management team approved a consolidated process for direct cash transfers (DCT) management, including liquidation that clearly linked the budget control and financial procedures with the country HACT manual. DCT disbursements were done quarterly, based on the annual work plan (AWP) allowing the CO to improve DCT monitoring. As a result, the CO maintained good performance: DCT over six months under the two per cent required threshold; zero per cent over nine months, and 100 per cent of utilization of all ORR/ORE expiring on December 31, 2016.

There were 26 micro-assessments completed this year (18 planned); 162 programmatic visits (140 planned); 56 spot checks conducted (52 planned) and 22 scheduled audits (out of 24 planned).

The implementation of quarterly disbursement, the management of the CO internal pool for transaction, and the Global Shared Services Centre helped the CO to reduce significantly transaction costs.

Following internal audit recommendations on the financial resource management that was rated medium, the CO took immediate action to:

- Strengthen bank optimization process to ensure that end-of-month bank balances are maintained within set limits.
- Ensure that cash transfers to implementing partners are processed and liquidated promptly, and that activities funded through reimbursement are authorized before implementation.
- Ensure that activities recorded in FACE requests are clearly linked to signed work plans or Programme Cooperation Agreement/SSFAS as well as a list of implementing partners
- Maintain authorized partners to sign FACE forms together with their specimen signatures. Further train staff and partners on how to use FACE forms.

The transition process to the GSSC had few challenges. Internally, the sections were apprehensive during the first two months of the transition. As a result, the number of transactions dropped. As the sections became comfortable with the submissions, the service level agreement (processing time of transactions by the GSSC) took a toll.

## **Fundraising and Donor Relations**

On March 2016, UNICEF Guinea's request for an ORR ceiling increase was approved bringing the limit from US\$57,000,000 to US\$67,000,000; as of the end of 2016 third quarter, the gap for ORR fund was 9 per cent. The figures indicate that the CO capacity to raise flexible ORR from public and private sectors to fund the CP was adequate. Donors included the European Union, the World Bank, the Islamic Development Bank, the US Government, Japan and GAVI.

Resource mobilization was monitored during the country management team meetings; the country strategy was tailored to the post-EVD recovery programme and advocate with donor community. To maintain a good standard of reporting, the CO developed an accountability framework with clear roles and responsibility from data monitoring, RAM quality control, and narrative quality checklist including a timeline.

As of November 2016, 92 per cent of the CPD OR ceiling was absorbed. During the annual review with the Government, the current trend of OR was assessed and a recommendation made to request an increase OR ceiling in the first quarter of 2017.

Even though the UNICEF Guinea was successful in meeting and exceeding the resources required for its CPD 2013-2017, the mobilized resources were not flexible enough to cover the OR PBR cost distributions.

## Evaluation and Research

Overall the CO evaluation function in 2016 was rated fair by the GEROS. The CO recognized the areas of weakness, and took actions to improve the management of the IMEP implementation and use of evaluation recommendations to improve programme design and effectiveness. The external evaluation of the Child Survival and Development Programme was designed and for the evaluation in 2017.

In 2016, the following studies, surveys and evaluations were completed.

- A mid-term evaluation of the "Girls' Education Acceleration Project" (PAEF) in Telimele Prefecture;
- A study on the employment of young people and women in Guinea;
- A Study of out of school children.

Further studies, surveys and evaluations were underway:

- MICS 2016 (results in 2017);
- Anthro-sociological study on child marriage;
- Evaluation of the impact of FGM/C strategies;
- Evaluation of the Child Survival and Development Programme to provide information for UNICEF interventions in Guinea.

The CO built on existing reports on immunization to improve the country's performance on polio and measles immunization. During the December 2016 Polio campaign, UNICEF provided leadership to support the country and bring the overall percentage of non-immunized children under the threshold of 5 per cent.

In preparation to the CP 2018-2022, the CO relied and will continue to rely on evaluation findings and recommendations to construct Theories of Changes and results frameworks.

## Efficiency Gains and Cost Savings

In 2016, the CO pursued cost savings on field missions by renewing and increasing its car park and improving the management of field missions through integrated monthly mission plans. The CO shared offices with UN Agencies, including UNFPA, in Kankan and Nzerekore.

The development of LTAs for the supply of key administrative services (such as vehicle maintenance, office equipment maintenance, rental vehicles) avoided placing orders in piecemeal at varying prices at a substantial advantage by increasing the effectiveness of transactions and reducing service costs estimated at US\$100,000.

The continued use of solar panels to supply energy to the central office in Conakry and Kankan zonal office reduced operational expenses related to the consumption of electricity from the power plant or fuel consumption to power generators. The replacement of gas-powered cold chain refrigerators by 200 solar power refrigerators in health centres produced a gain of \$12,000 fuel cost in support to the Government.

The CO transaction pool initiative streamlined and improved the office processes for gains in time and human resources.

## Supply Management

On a supply plan value up to US\$6,418,267, the total implementation value was: US\$7,835,000 with an implementation rate of 122.07 per cent as of 31 December 2016 of which US\$1,207,000 was for local procurement.

On contract plan up to US\$4,171,884, the total value of implementation was US\$3,378,509 with an implementation rate of 81 per cent as of 31 December 2016. UNICEF explored entering a strategic partnership with the warehouse Pharmacie Centrale de Guinee to develop a joint supply management approach, particularly for nutritional products. The in-country distribution of supplies was handed by UNICEF through local transport holding LTAs. A mechanism was put in place to undertake end-user monitoring of programme supplies.

Value of supply inputs (goods and services):

<b>Supplies</b>	<b>Value of all supply input (goods and services) in US\$</b>
Programme supplies	US\$8,489,672
Operational supplies	US\$767,388
Services	US\$3,275,118
Services with Construction	US\$3,549,062
Services Construction via NGOs	US\$1,347,347
<b>Total</b>	<b>US\$17,428,587</b>

Value of supplies channelled via Procurement Services:

<b>Procurement Service</b>	<b>Value of supplies channelled via Procurement Services</b>
Channelled via regular Procurement Services	US\$3,780
Channelled via GAVI	US\$2,913,605
<b>Total</b>	<b>US\$2,917,385</b>

Value of locally managed procurement

<b>Supplies</b>	<b>Value of locally managed procurement</b>
Programme supplies	US\$2,888,247
Operational supplies	US\$767,388
Services	US\$3,549,062
<b>Total</b>	<b>US\$7,204,698</b>

### Inventory of programme supplies controlled by the UNICEF Guinea CO:

The value of the inventory of programme supplies controlled by Guinea CO as of 4 January 2017 was US\$2,972,288 of which US\$599,546 were supplies prepositioned for Emergency.



### **Programme supplies issued from local warehouses controlled by the UNICEF Guinea CO:**

The value of programme supplies issued from local warehouses controlled by the Guinea CO on 4<sup>th</sup> January 2017 was \$ 7,616,568.

Value of supplies managed by the Guinea CO controlled warehouses through the year:

The total value of supplies managed by the Guinea CO controlled warehouses through 2016 was US\$10,588,856.

### **Security for Staff and Premises**

UNICEF Guinea maintained MOSS compliance for the staff and premises. Additional office space was secured at the central office to improve working conditions. In addition, rehabilitation work was undertaken in Conakry, Kankan and Nzerekore to improve security for staff.

The UNICEF Country Office worked closely with UNDSS for field operation, premises and international staff home security assessments. It reinforced all aspects of MOSS through the swift implementation of recommendations, following the audit recommendation on MOSS review of International staff home.

The Country Office communication tree in emergencies was tested successfully.

### **Human Resources**

In consideration of the results-based management (RBM) approach, the CO adjusted the staffing structure in the phase out the L-3 emergency status, and aligned it with the programmatic needs and available funds. The CO faced significant shortfall in OR funding and used US\$1,200,000 RR funds to bridge the gap.

Information sharing and group training sessions enhanced staff capacity in the new e-PAS system including training and orientation to all staff on 'ACHIEVE'. A schedule was developed for completion of the open e-PAS by all staff. By the end of first of the quarter 2016, the 2015 PER completion rate stood at 100 per cent.

The Guinea CO had three key action points resulting from the Global Staff Survey. An action plan was developed with Local Security Associate involvement. At year-end, 70 per cent of the action plan was completed.

A slight improvement was registered on gender parity as the overall ratio moved from 39 per cent female representation in 2015 to 43 per cent in 2016.

The UN Care activities and 'HIV in the workplace' were covered with sensitization meetings targeting staff and dependents held by the UN Medical Doctor at the UNICEF premises and at the UN Dispensary and organization of "Health Days" by the local staff association.

Although no formal training in emergency response procedures (ERP) took place, issues related to the emergency response were covered in the office's ERM plan, as key factors and risks impacting were identified and mitigation measures developed.

With an internal road map that included the establishment of a local GSSC Team, the office secured an effective and successful transition and transfer of human resource transactions

to Budapest.

The 2016 office learning plan approved 31 activities for a total cost of US\$114600 of which 11 were implemented for a cost of US\$53,822.

### Effective Use of Information and Communication Technology

During the Ebola epidemic flare up in March, UNICEF activated the partnership agreement signed with the Luxembourg Government for rapid deployment of the system 'emergency.lu', a public service made available to the humanitarian community to ensure continuity of communication in emergency contexts. This system allows the installation of a satellite that enables the communication of teams in the field and with their base, and strengthened the coordination efforts and the effectiveness of humanitarian response. WIFI access distributed throughout the operational camp (set up and managed by UNICEF team) brought essential communication tools to approximately 200 agents of the National Agency for the Fight against EVD epidemic, UNICEF, WHO, IOM, UNOPS, Red Cross and NGOs.

UNICEF Guinea supported the Ministry of Education to obtain real time reliable school statistics permitting decision-making in school system management and enhancing preparedness capacity of the next school year. Support is given as a collection of data through shelves.

The Office installed a mixed system combining three energy sources: public electricity, generator and solar energy in Kankan office reducing UNICEF foot print and fuel consumption. The innovation ensured business continuity plan (BCP)/DRP functionality in terms of permanent access to ICT resources and to secure IT equipment from power cuts.

The ICT units provided 10 trainings sessions on Office 365 tools and developed a team site that enhanced its capacity to address change during the GSSC transition.

The communication tools and technique were upgraded with the installation of a videoconference high-quality system in four premises (two zonal offices, two at central office) giving the opportunity to zonal offices in Nzérékoré and Kankan to participate in mandatory and thematic meetings, increasing team work and efficiency and reducing travel cost. The CO also developed the Rapidpro and U Report.

### Programme Components from RAM

#### ANALYSIS BY OUTCOME AND OUTPUT RESULTS

**OUTCOME 1** By the end of 2017, women, children, especially the most vulnerable have access to and utilize high-impact health interventions and communities know and adopt the Essential Family Practices of Health to reduce maternal and infant mortality including by emergency situations.

#### Analytical Statement of Progress:

Updated data in the health sector are expected from the MICS, whose data will be available in February 2017.

In 2012, the DHS showed that the child mortality rate was 123 per 100,000 live births. The infant mortality rate was 34, between 0-1 month and 33 between 1 and 12 months. The maternal mortality rate increased from 724 in 2012 to 860 per 100,000 live births in 2014.

Although the national budget allocated to the health sector increased from 4.42 per cent in 2016 to 3.22 per cent in 2015, (the highest budget allocation rate since 2006), it is still far

from the target established (seven per cent by 2017). Human resources were insufficient in quality and quantity, and deployed in an inequitable manner; more than 50 per cent of qualified health workers are in Conakry and in rural areas many health facilities and hospitals are under staffed. The EVD epidemic lowered health indicators.

To ensure quality maternal care, midwifery kits containing drugs and consumables were provided to 120 health facilities, resulting in care provision for nearly 200,000 women. In addition, 30 motorcycle ambulances were given to health posts to reduce disparities and provide services to children and women living in remote and hard to reach areas. Regarding newborn health, the technical platform for newborn care improved from six neonatal resuscitation units in 2015 to 16 neonatal resuscitation units in 2016; the number of newborn corners in health centres increased from 18 to 198 during the same period.

Despite low immunization coverage among children from 12-23 months, progress was made from 2012 to 2016. The DHS showed 37 per cent of children aged 12-23 months were fully immunized in 2012 compared to 53 per cent from the immunization coverage survey carried out in 2016. The number of health centres with a functional refrigerator increased from 88 in 2015 to 94 in 2016. Also, administrative data showed that 88 per cent of children received Penta 3 in 2016 compared to 66 per cent in 2015.

In 2016, UNICEF contributed to health system strengthening to address the impact of EVD, major achievements included: 1) Evidence-based strategic planning: development and implementation of 8 regional plans and 38 district operational plans, 2) Logistics and supply chain system strengthening: provision of drugs, medical equipment, supply, vaccines and cold chain, ambulances and supervision, 3) Capacity building: training and supervision of 233 health workers and 648 community health workers, 4) Health services delivery: routine immunization and campaigns, maternal and neonatal health services, prevention and care of childhood illnesses including malnutrition.

C4D activities in support of health interventions focused on strengthening the capacities of national government services and civil society/CBOs on effective communication on EVD and ways of preventing the resurgence of the deadly disease through a change of behaviour. In that light, implementing partners that were active during the EVD response were trained on interpersonal communication techniques to provide them with skills and knowledge to conduct community dialogue on issues related to the disease. A network of C4D partners in response to EVD was set up and its capacities strengthened to deal with an outbreak. Besides capacity building, C4D was instrumental in maintaining an operational coordination unit in all affected areas with the aim to ensuring a quick response in case of an emergency. The network includes religious and traditional organizations, local NGOs, women and youth associations.

At community level, 'watchdog' (monitoring) committees were set up to encourage community participation and household access to information and ways of preventing the disease. More than 780 'watchdog' committees were set up and more than 200,000 people were sensitized through door-to-door activities, educative talks and mass communication activities. Emphasis was laid on proper hygiene and sanitation and on other lifesaving interventions. At the community level, service delivery was strengthened through the training of 2,900 CHWs on integrated CCM in 27 out of 38 districts and the distribution of iCCM - related drugs. This led to the management in 2016 of 34,403 cases of malaria, 15,612 cases of diarrhoea, 14,293 of acute respiratory infections and 1,145 of malnutrition cases detected and referred.

The implementation was done in partnership with the Ministry of Health and other line ministries, community leaders and their representatives, local NGOs (AACG, AGIL) and international NGOs (Child Fund and RTI), and UN agencies. The collaboration helped

ensure the delivery of primary health services for the populations in remote and most vulnerable areas. The main constraints encountered during this year were related to the lack of government funding for health service provision and the scarcity of human resources (quantity and quality). Despite efforts made to overcome these constraints, the office still faced critical challenges to ensure the availability and equitable utilization of essential maternal, newborn, and child health services, both at the facility and community level.

**OUTPUT 1** By the end of 2017, the national funding of high-impact interventions for reducing maternal and child mortality due to preventable diseases through vaccination and killing diseases of pregnant women and children, is increased by 10 points of percentage.

**Analytical Statement of Progress:**

The share allotted to the health sector in the national budget is very low, less than 5 per cent (far from reaching Abuja objectives). UNICEF and partners advocated to the Government to increase the portion of the health budget in the total budget by 10 per cent by 2019. The health portion improved from 3.22 per cent in 2015 to 4.42 per cent in 2016.

UNICEF supported technically and financially the development of the National Health Sectoral Plan 2016-2018. The National Health Compact was developed and signed in 2016. UNICEF supported the production of national health accounts for 2011, 2012 and 2013. Their approval and dissemination are planned for early 2017.

UNICEF supported the development and adoption of the National Community Health Strategy, the roadmap for the reduction of maternal, neonatal and child deaths. UNICEF Guinea contributed to the development of the National Strategy for Maternal Health including Adolescent Health, the development of an integrated communication plan for immunization, the launch of the Effective Vaccine Store Management (EVSM)/Vaccine Management Assessment (VMA) and its subsequent improvement plans.

**OUTPUT 2** By the end of 2017, reliable data, disaggregated by sex, capturing effectiveness and impact of preventive, curative and promotional interventions with high impact on health of mother and child are regularly produced and used at all levels.

**Analytical Statement of Progress:**

The CO supported the Service Availability Readiness Assessment in 2016 (SARA). By the end of 2015, statistical yearbooks were not available, as was the case for the past four years. In 2016, with UNICEF financial and technical support, statistical yearbooks for 2012, 2013 and 2014 were produced and approved at national level. The release of the statistical yearbooks of 2015 and 2016 was planned for early 2017.

In the context of health information system reform, UNICEF supported the implementation of the District Health Information System (DHIS). The pilot phase provided a catalogue for standard indicators and modules for national professionals. The DHIS was operational in two regions and will be scaled up in six additional regions in 2017.

RapidPro is an electronic reporting system used to provide data on maternal and child mortality on a real-time basis. The DHIS is available and used in 410 health structures across the country, though reports completeness is still weak.

The CO supported the country to conduct the assessment of the national campaign against measles along with the national coverage in routine immunization, as part of the underway MICS.

**OUTPUT 3** By end 2017, at least 80 per cent of children (girls and boys) under one year are fully vaccinated and 95 per cent of target children are covered by local or national campaigns against polio and measles; 85 per cent of pregnant women especially those living in areas with low coverage, are completely vaccinated, make their third EIC and 75 per cent of births are attended by skilled personnel in ten rural districts including in emergency situations.

**Analytical Statement of Progress:**

The programme achieved satisfactory coverage in newborn corners and neonatal units (177 units available compared to 156 units planned) to strengthen the quality of essential newborn care in regional and district hospitals and health centres.

A total of 120 healthcare facilities (hospitals and health centres) were provided with equipment and delivery kits. Despite programmes efforts, the functionality of the newborn corners is not optimal due to lack of power supply. The CO ordered solar power kits and plans were underway to install them in early 2017. UNICEF trained 233 health care professionals on newborn care and 27 technicians on the use and maintenance of neonatal equipment.

Further efforts will be made for the implementation of maternal and neonatal death audits, only conducted in three out of eight regions.

A total of 30 motorcycle ambulances were given to health posts to facilitate the access of pregnant women living in remote areas. This complements the 100 ambulances given to the Ministry of Health between 2014-2015. Antenatal consultations 4 (ANC 4) data were not available in the 2014 Statistical Yearbook but the programme used the figures of ANC 3. UNICEF contributed to increase ANC coverage from 50 per cent to 72.4 per cent, as per administrative data.

Concerning the immunization of children, all routine EPI antigens were available at the central level. However, stock-outs were notified at the district and health centre levels. According to administrative data the programme supported the country in reaching a high coverage of Penta 3, up to 88 per cent (2016). To enhance immunization coverage, a mother-child week was held in September 2016. The preliminary results of this week shows that up to 45,070 children who missed their schedule were immunized.

The CO supported the strengthening of the cold chain system with the purchase and installation of 219 refrigerators (33 refrigerators in 33 health posts, 155 refrigerators in health centres, 31 refrigerators installed at the health district level and a cold room installed at the central level). The maintenance of the cold chain system was strengthened with the training and support of four technicians. The CO reinforced the EPI by purchasing two trucks and 100 motorcycles for health districts. Maternal, neonatal and child health interventions including immunization, were supported by a strong social mobilization and communication for behaviour change strategy. To promote demand for health services, UNICEF mobilized a wide range of actors including religious and traditional leaders, women and youth networks and community radio stations. These actors played an important role in providing the platforms for community dialogue on health-related issues. They encouraged community participation in health activities.

Efforts will reinforce the immunization of pregnant women against tetanus, as only 51 per cent received the second dose of tetanus vaccine (TT2). During the week of mother-child, a VAT vaccination campaign for pregnant women was organized in six priority districts. A second campaign was carried out in late December, with figures expected end of January



2017.

**OUTPUT 4** By end 2017, at least 70 per cent of children especially those living in areas of difficult access, receive adequate health care for priority diseases, including malaria, acute respiratory infections (ARI) and diarrheal diseases including in emergency situations and at least 50 per cent of households know and adopt the Essential health Family Practices with involvement of men and an increased participation of women in health care decisions

**Analytical Statement of Progress:**

In 2016, iCCM was implemented in 27 districts out of 38 with a total of 2,950 operational CHWs; 646 new CHWs were trained and equipped with drugs (Amoxicillin, SR/ZINC, Paracetamol) and data management tools. In addition, 914 former CHWs received refresher training on the promotion of essential family practices including birth registration and iCCM. A total of 172,944 children under five benefited from the CHW programme. Among these children, 34,403 suffered from malaria, 15,612 had diarrhoea and 14,293 were diagnosed with acute respiratory infections. A systematic screening of malnutrition was done for the 172, 944 children which led to the detection and referral of 1,145 malnutrition cases towards health centres.

As part of community empowerment and engagement, 376 platforms were set up and are functional at community level. CHWs participated fully in the mass distribution of mosquito campaign organized in May and in polio and measles campaigns.

Despite achievements, some villages do not have resident CHWs in their communities, and recurring drug-outs of essential drugs in health facilities are critical bottlenecks to the delivery of equity focused community based interventions.

UNICEF supported the implementation of these interventions by developing partnerships with international and national NGOs (RTI international, Child Fund, AACG and AGIL).

Educational talks, home visits and home care management were supported and contributed to restore confidence and raised the level of use of health facilities.

During the year, the CO supported the MoH in conducting a study assessing the implementation of the activities of maternal health, neonatal and childhood by the community health agents prior to and during the EVD epidemic.

**OUTPUT 5** Project support (health staff salary)

**Analytical Statement of Progress:**

Ministry of Health capacity was weakened by the EVD outbreak and the country faced other outbreak such as polio and measles. In addition, the health system recovery plan required a strong technical support from partners. Thus, despite the decrease of EVD cases by the end of 2015, at the beginning of 2016 the CO continued with an important number of staff to keep central, regional and district levels technical support. A total of 25 staff were needed to accompany the Government, distributed as follow:

- Eight IPs: one P5 (the CSD chief, supervising the Health, Nutrition, HIV and WASH sections)
- Three P4 and 4 P3
- Nine NOs (among whom five are based in the 3zonal offices)
- Four UNV and three stop-team Polio
- One programme assistants (GS)

The total support cost for the Health section amounted US\$1,900,921 in 2016, of which 66 per cent were emergency funds (ORE).

## **OUTPUT 6 Interventions in Humanitarian Response EVD**

### **Analytical Statement of Progress:**

During 2016, the health system continued to suffer from the impact of the EVD outbreak. A new outbreak was declared in March 2016 that was controlled within three months and it was limited to two districts. As of June 1st, 2016, there were 3,811 cases, among which 749 children and 2,536 deaths (including 519 children 0-17 years).

UNICEF deployed its Rapid Response teams in support of the Government-led response and in coordination with national NGOs such as AGIL, AACG and CEAD, and UN sister agencies (WHO, UNOPS, IOM and WFP). The epidemic was brought under control demonstrating the critical importance of maintaining surveillance systems and rapid response capacity to quickly respond to new flare-ups.

To contribute to the achievement of the objectives defined in the national response plans (case management, surveillance, safe burial), the CO focused on three Strategic Pillars, urgently improving access to quality health by providing 60 health centres with essential medical and nutrition supplies and maintaining quality WASH services in the health centres in the Nzérékoré region. The CO contributed to preventing avoidable disease/death by reinforcing community-based services through outreach community health interventions reaching 1,500,000 people in the Forest Region. Outreach activities were made along with hygiene and soaps in 100,000 households.

In the context of health system strengthening and post-EVD recovery plan, and with the generosity of the Islamic Development Bank, the CO supported health system recovery by the acquisition of equipment for an amount of US\$5,593,678. This included: laboratory equipment (bacteriology, biochemistry, haematology, parasitology, immuno-serology, immuno-hematology/blood bank, WASH/destruction of waste, storage), reagents and consumables, protection and infection control equipment for 200 health centres, and finally equipment for collecting, transport and management of biomedical waste for the benefit of 410 health centres. The CO equipped four isolation units and 41 laboratories.

In addition, six health facilities were rehabilitated and six isolation units were built and equipped (in Yomou, Dinguiraye, Mandiana, Dalaba, Tougué, and Fria) with a contribution from MPTF. Two community treatment centres were built with UNICEF support in 2015 and functional until November 2016 and continued to receive suspected cases. As flare-ups are likely to occur in the future, UNICEF Guinea maintained its Rapid Response capacity and the CO prepositioned contingency stock (equipment for infection control and prevention, measles kit, cholera kit and mosquitos (LLITs)), and community platforms were set up in 584 villages and 106 communes.

## **OUTPUT 7 Responses to health emergencies**

### **Analytical Statement of Progress:**

The CO supported 100 additional health personnel deployed in various health centres since August 2016. The CO supported their recruitment and training on immunization, and provided incentives such as living expenses during campaigns. Also, diversified and high-level technical assistance was made available to the EPI during 2016 with one P4 responsible for strategic planning and international lobbying, and a cold chain logistics

specialist (P3), a maintenance technician, an international immunization specialist (P3), an international specialist in communication, four national communication specialists and seven others assigned to the level of the region, as well as a data management national specialist and four UN volunteers for data management assigned to the regional level. All these technical assistants strengthened the skills of the Ministry of Health staff.

In 2016, six polio campaign rounds were conducted and four rounds got good performances with more than 95 per cent of children vaccinated. The last round (December 2016) registered excellent performance in 70 per cent of districts (26 of 38 districts) compared 21 per cent of districts (eight of 38 districts) in the previous round. UNICEF provided support in different areas to strengthen the quality of national polio campaigns and improve national coverage:

- 1) Coordination and partnerships: building partnerships with CBOs to increase community engagement, setting-up national, regional and district coordination committees, reinforcing local governance in two regions (polio epicentre) through establishment of local accountability structures and development of district micro plans,
- 2) Logistics: Vaccine storage capacity was strengthened at all levels with the installation of 209 refrigerators (health centres, health posts). Vaccine availability was ensured during polio campaigning in 2016, vaccine distribution was provided by the two trucks made available to the EPI Unit by UNICEF,
- 3) Communication: for mass media activities UNICEF supported the production and dissemination of audio and video spots, 15 billboards, 317 banners, 10,000 leaflets, 6,300 flyers, 5,500 posters, 1,100 t-shirts et caps. In addition, a charity ball was organized with high level representatives from different ministries giving the opportunity to expand the audience to additional line ministries. UNICEF performed outreach activities to religious leaders, political and administrative authorities across 38 districts and 410 health centres. The CO engaged civil society in community educational talks and door-to-door visits,
- 4) Human resources: deployment of at least two UNICEF staff in each of the 21 priority districts, contribution to the training of supervisors of media professionals,
- 5) Innovations: supervision mechanisms and community engagement were enhanced through local governance (regional and district accountability structures), geo-localization of vaccinators, integration with WASH interventions. The CO provided support to reach the unreached by setting up checkpoints in markets, schools, mining areas, etc.

**OUTCOME 2** By 2017, infant and maternal malnutrition is reduced to the most vulnerable and households adopt favourable behaviours to good nutrition and food hygiene

#### **Analytical Statement of Progress:**

UNICEF supported the Government in developing national policy and multisectoral action plan gathering both specific and sensitive nutrition interventions. UNICEF supported the Government in the costing of this multisectoral plan and sharing of knowledge and experience through the participation to the SUN International Conference in Nairobi. Many convergence initiatives with other sectors for scaling up essential interventions to impact nutrition (WASH in Nutrition) were implemented including the institutionalization of the Week of the Mother-Child Health to provide the health and nutrition package to woman and child. With MPTF support, UNICEF Nutrition section mobilized civil society and women parliamentarians to get them involved in advocacy and action for nutrition. Various coordination platforms for nutrition were implemented at national and in eight regions.

To develop national expertise in nutrition, UNICEF supported the University of Conakry in the development of their MSC Nutrition and mentored 30 students in Nutrition research.

With UNICEF's advocacy, the First Lady of the Republic is a Nutrition SUN ambassador for Guinea, the Ambassador of France is the TFP focal point for Guinea. The President made nutrition a priority and chose as his special advisor the previous General Director of FAO to develop and pilot a national plan for nutrition and food security.

Seven studies were conducted to generate evidence and focus UNICEF priorities and strategies including three abstracts accepted for the Micronutrient Forum 2016 and a new smart plus survey on going in Kankan NZérékoré to provide updated baseline in the two regions and enable Child Survival and Development Programme and convergence

The UNICEF nutrition section focused its strategy on reducing chronic malnutrition with four lines of interventions turning community empowerment, partnership and multisectoral convergence. A focus was on the health of the mother and the environment of the child to support and protect the 1,000 days of life or 'window of opportunity' to prevent irreversible damage of malnutrition in children. The Nutrition section developed a community strategy emphasizing the empowerment of women for resilience through building and mentoring women's groups to identify their problems and get involved as volunteers in actions oriented to their own communities.

For the implementation of food fortification initiative at home and especially in the component of communications for behaviour change and promoting good feeding practices, 838 women's groups were identified and trained more than 100 per cent of what was planned for the year 2016. Through these groups, powders are introduced on a small scale in five prefectures (Faranah, Dabola Kissidougou, Dinguiraye, Mali) more than 7,000 head of household women were sensitized on good nutrition practices, 390 women's groups were trained on the use of the 'boite a images', an image-based adult learning tool. To provide an enabling environment to the nutrition baby-friendly hospital a community initiative was implemented 22 CSU were trained and evaluated on the conditions of baby-friendly certification. Nearly 36,000 severely malnourished children under five years old received quality nutrition care through the 410 OTP/health facilities. The overall performance of IMAM programme was optimal according to SPHERE standards with 87.3 per cent of cured, 2.9 per cent of deaths and 9.6 per cent defaulters.

A total of 47 outpatient facilities out of 52 planned received commodities and support from WASH to build infrastructure for drinking water and sanitation (WASH in Nutrition).

One Mother-Child Health Week campaign was conducted this year in September to catch up the routine VAS and immunization. To improve the VAS coverage UNICEF through the Canadian Fund planned to reinforce the routine by integrating and scaling the REC approach and supporting the Institutionalization of the Mother-Child Health Week twice a year

To support food fortification in Guinea, UNICEF distributed 20 barrels of 25kg of potassium iodate to 89 local producer associations to support the iodization and the improvement of the quality of local salt produced. 454 quality control service agents from the trade ministry were trained and equipped with MBI kits to support the implementation of decrees on fortification. A survey on the availability of iodized salt in Guinea in the market was conducted.

Guinea piloted the home food fortification within five districts; 7,392 children received PMM and their mothers were aware of food diversification.

Almost 7,000 mothers of children 6-23 months received message and hygiene kit for the prevention of malnutrition (helminth infections in children).

UNICEF supported the Guinean Alliance for Food Fortification to boost the coordination of this platform gathering the private sector and Government and NGO to discuss on the main bottlenecks in the production and marketing of fortified foods in Guinea (salt, flour, and oil).

**OUTPUT 1** By the end of 2017, the national financial support for the promotion of exclusive breastfeeding and complementary feeding in order to reduce malnutrition rates is increased by 10 points of percentage.

**Analytical Statement of Progress:**

The Nutrition section supported the Government in developing national policy and multisectoral action plan gathering both specific and sensitive nutrition interventions. The national Nutrition policy was available awaiting the Prime Minister's endorsement.

UNICEF developed communication strategies to encourage the commitment of Government to consider Nutrition among the national priorities. The First Lady was briefed and accompanied by UNICEF to be nominated SUN ambassador for Guinea and 16 women parliamentarians were sensitized and involved in advocacy and action for nutrition.

To stimulate the Government in supporting nutrition interventions, UNICEF supported a national workshop on the costing of the multisectoral plan and the exercise was reinforced with the participant of the officials of Guinea in the SUN International Conference in Nairobi where several countries shared knowledge and experiences. Coordination platforms for nutrition (GTRAN) were set up at national and in eight regions.

**OUTPUT 2** By the end of 2017, statistical data, disaggregated by sex, on nutritional status are produced in real time and used for programme and strategic decision making.

**Analytical Statement of Progress:**

Effort and resources were invested in studies to understand the situation and better focus priorities and strategies. Nutritional data were updated regularly (seven studies conducted during the year, among them three abstracts accepted for the Micronutrient Forum as lesson learn and best practices). Interventions and stakeholders mapping (4W: Who, What, Where, When), nutrition landscape, quantitative and qualitative study on the impact of EVD on nutrition and the health system in Guinea.

**OUTPUT 3** By the end of 2017, the rate of exclusive breastfeeding (0-6 months) increased by 22 points and 30 per cent of children aged 6-23 months in particular those from disadvantaged areas, receive acceptable food of supplementation through the adoption by households of Essential Family Practises of nutrition and at least 80 per cent of severe acute malnourished children are screened and receive quality care in health facilities and communities including in emergency situations.

**Analytical Statement of Progress:**

In line with the national post-EVD health system recovery plan, UNICEF Nutrition section focused its strategy on reducing chronic malnutrition with four lines of intervention focusing on governance, community empowerment, partnership and multisectoral convergence. A focus was on the health of the mother and the environment of the child to support and protect first 1,000 days of life, called 'window of opportunity'. This aim was to prevent irreversible damages of malnutrition on children. The Nutrition section developed a community-based strategy emphasizing the empowerment of women for resilience through women's groups and mentoring throughout the country. This strategy aimed to bring women



to identify their problems and get involved in their own communities.

UNICEF identified and supported 2,868 women's groups in six regions. Among them, 390 women's groups were trained to conduct the introduction of Multiple Micronutrients Powders in five prefectures (Faranah, Dabola, Kissidougou, Dinguiraye and Mali) to enrich the complementary food of children ages 6-23 months. Through this pilot project more than 7,000 head of households were sensitized on good Nutrition practices.

To provide an enabling environment to nutrition, the baby friendly hospital and community initiative was implemented in 22 hospitals and health facilities and personnel were trained. As a result, they were assessed and 100 per cent granted the baby friendly certification.

UNICEF supported the provision of quality nutrition care to 34,885 severely malnourished under five children through 410 outpatient care/health facilities. The overall performance of IMAM programme is optimal according to SPHERE standards with 87,3 per cent of cured, 2,9 per cent of deaths and 9,6 per cent defaulters.

47 out of 52 planned out patient received commodities and support from WASH to dispose of appropriate infrastructure for drinking water and sanitation (WASH in Nutrition).

**OUTPUT 4** By the end of 2017, 90 per cent of children (girls/boys) aged 6 to 59 months receive micronutrient supplementation (Vitamin A, zinc, iron) and those of 12-59 months are dewormed every 6 months; 80 per cent of pregnant women receive iron supplementation / folic acid and the proportion of households consuming iodized salt increased by 23 points of percentage

#### **Analytical Statement of Progress:**

In the fight against micronutrient deficiency disorders, vitamin A supplementation is essential. In Guinea routine Vitamin A supplementation is very low or non-existent. To cope with this situation, Nutrition section joined forces with the Immunization section (EPI) for the implementation of two annual Mother and Child Health weeks. Based on its success and with support from Canadian fund, UNICEF was in the process of institutionalizing the Mother-Child Health Week.

A survey on the availability of iodized salt in the market was conducted. Based on the evidence generated, efforts were undertaken to support food fortification strategies (support local producers) for producing iodized salt, train and equip the quality control service of the trade ministry for the implementation of the law relative to food fortification).

UNICEF distributed 20 barrels of 25kg of potassium iodate to 89 local producer associations to support the iodization and the improvement of the quality of local salt produced; 454 quality control service agents from the trade ministry were trained and equipped with MBI kit test and I-check to support the implementation of decrees on fortification.

To improve the complementary food and prevent micronutrient deficiencies among children ages 6-23 months, a pilot project was implemented in five districts; 7,392 children received Multi Micro Nutrient Powders and their mothers were sensitized on food diversification.

Almost 7,000 mothers of 6-23 month olds received messages and hygiene kits for the prevention of malnutrition.

Support was provided to the prime minister to re-launch the Guinean Alliance for Food Fortification a platform involving civil society the private sector and Government to monitor

the application of the decrees regarding the production and marketing of fortified foods in Guinea (salt, flour, oil).

## **OUTPUT 5 Nutrition Project Support Staff**

### **Analytical Statement of Progress:**

The nutrition programme has been running in 2016 with a total of 8 staff members:

- two IPs: one P4 (the chief of section) and 1 P3,
- five NOs (two in Conakry and three in zonal offices), and
- one programme assistant (GS).

In addition, the nutrition programme recruited through the UNDP UN volunteers programme 8 UNV professionals to improve the quality of care through on job training and supervision and support data management, monitoring and reporting in on IMAM in the 8 regions of Guinea.

The total support cost for the Nutrition section amounted US\$761,503.89 in 2016, of which US\$481,278.51 were emergency funds (ORE) to fight EVD.

## **OUTPUT 6 EVD emergencies**

### **Analytical Statement of Progress:**

Non applicable for 2016

**OUTCOME 3** By 2017, children (including teenagers) and women especially the most vulnerable have access to and use the appropriate high-impact interventions to reduce transmission, morbidity and mortality related to HIV/AIDS and eliminate HIV transmission from mother to child.

### **Analytical Statement of Progress:**

In 2016, the HIV/AIDS component mostly focused on developing strategic document, reinforcing coordination at all levels, increasing geographic coverage for women, children and adolescent to have access to high impact interventions in order to reduce HIV/AIDS linked transmission, and eliminate mother to child HIV transmission.

Although there been an increase in the number of integrated MNCH/PMTCT sites (135 in 2013, 262 in 2014 and 297 in 2015, 313 in 2016), needs to integrate PMTCT into ANC sites remain a priority so as to further reduce the inequities in access to PMTCT services and accelerate the elimination of new paediatric infections in Guinea.

25 per cent of seropositive women expected in 2016 received ARV treatment for PMTCT (1,698 out of 6,662 - Data from SPECTRUM). 92 per cent of seropositive women attending to prenatal consultation received ARV treatment for PMTCT (1,698 out of 1,845 women identified HIV positive in PMTCT services).

Despite progress registered, very few exposed children benefitted from early infant diagnosis to be put on early treatment for better survival. Indeed 16 per cent (290 of 1,845) of exposed children benefitted from early infant diagnosis (EID). During the year, HIV programme coped with the low uptake of exposed children benefiting from early infant diagnosis by organizing a campaign to catch missing children. As a result, 1,452 exposed children were covered by

EID.

A real progress is observed on the infected children receiving ART treatment. Indeed 1,646 infected children under 15 years old received ART. UNICEF supported the national situation analysis of children on HIV treatment providing reliable evidence to Government in developing a national scaling up plan for children treatment and care.

Concerning youths, UNICEF supported the promotion of activities related to Youth reproductive health, youth-friendly health services, and adolescent development (YFHSAD). Indeed, UNICEF involved national NGOs (AGBEF and FMG) for the implementation of YFHSAD in 27 youth structures. In addition, UNICEF supported the increase of youth knowledge on prevention methods by the training of 102 youth peer support individuals globally, geographical coverage, accessibility and utilization of PMTCT and Paediatric services and support including treatment of infected adolescents remain a challenge in light of current results in 2016

**OUTPUT 1** By the end of 2017, political and budgetary dialogue is strengthened, and at least 90 per cent of programme managers, service providers including Community and national level increased capacity to plan, implement and monitor high impact HIV interventions for children, women and adolescents (s) based on equity, gender and analysis of bottlenecks and disparities

**Analytical Statement of Progress:**

UNICEF supported with success the validation of the option B to B + transition plan for scaling up the elimination of mother-to-child HIV transmission programmes. The CO supported a specific HIV paediatric programme SITAN to guide better planning in the HIV sector. UNICEF supported the revision/development and validation of an integrated training kits for Maternal Neonatal Child Health, Prevention Mother to Child Transmission, Paediatric ARV treatment (MNCH/PMTCT/ART paediatric).

A training manual and integrated media communication for MNCH/PMTCT/ART paediatric, aiming to be used by community stakeholders, were developed.

UNICEF supported HIV coordination on M&E component (data collection, reporting and data management), with a HIV/M&E specialist hired to support the MoH and paid by UNICEF. As part of the operational and strategic partnership to accelerate the scaling up of the MNCH/PMTCT/PECP interventions, UNICEF developed four partnership agreements with NGOS including two networks of people living with HIV. The structures, including the National Programme Against Aids (PNPCSP), National Family Health Department (DNSF), National Aids Committee (CNLS), Strategy and Development Bureau (BSD), and Regional Health Office (DRS) benefitted financial and technical support.

**OUTPUT 2** By end 2017, at least 90 per cent of HIV positive pregnant women receiving ARVs for PMTCT and the proportion of infected children, including adolescents living with HIV receiving antiretroviral treatment increased by 15 points in the geographical areas contributing more than half of the unmet needs in PMTCT and paediatric AIDS

**Analytical Statement of Progress:**

From sectorial review data

- 71 per cent of pregnant women (116,584 out of 163,473) attending PMTCT sites were HIV tested and know their HIV status.

- 92 per cent (1,698 out of 1,845) of HIV-positive pregnant women received ARV prophylaxis in PMTCT sites in the three quarters of 2016 (data completeness of 50 per cent of sites),
- 64 per cent of exposed children (1,178 out of 1,845) benefited from ARV prophylactic,
- 16 per cent (290 of 1,845 HIV) of exposed children benefited from early infant diagnosis. During this year, the HIV programme coped with the low uptake of exposed children benefiting from early infant diagnosis by organizing a campaign to catch missing children. As a result, 1,452 new children were covered.
- 1,646 infected children under 15 years old received ART. UNICEF supported the national situation analysis of children on HIV treatment providing reliable evidence to Government in developing a national scaling up plan for children treatment and care.

Progress on availability inputs was observed with the support of UNICEF. To ensure all time ARV and reagents availability in targeted health centres, UNICEF supported the setup of drugs and commodities management and monitoring. As a result, 96 per cent of tested pregnant women and 86 per cent of exposed children were put under ARV treatment. However, these data show that very few children or their mothers and pregnant women in need are captured by the programme. Consequently, there should be re-thinking of the programme with innovative approaches that will boost and accelerate access and utilization of these services such as service delivery modes, mobile clinics, and outreach services.

Some constraints of the present programme include weak leadership and coordination of PMTCT activities, frequent shortages of HIV screening tests, ARVs and related commodities, added to weak monitoring and data reporting system. These issues will be dealt with in the 2017 work plan.

**OUTPUT 3** By end 2017, at least 60 per cent of adolescents and women, especially the most vulnerable in the geographical areas with increased vulnerability, acquire knowledge and behaviours to reduce the risk of HIV and increase the demand and use of high-impact interventions.

#### **Analytical Statement of Progress:**

UNICEF supported the promotion of activities related to Youth reproductive health, youth-friendly health services, and adolescent development (YFHSAD). Indeed, UNICEF involved national NGOs (AGBEF and FMG) for the implementation of YFHSAD in 27 youth structures in all regions of Guinea (eight regions).

In addition, UNICEF supported the increase of youth knowledge on prevention methods by the training of 102 youth peer support individuals.

Thanks to UNICEF and donors support, the 2015 ESCOMB survey showed that:

- 24.70 per cent of youth have a good knowledge of HIV prevention method,
- 60.60 per cent of sexually active youth are using condoms,
- 58 per cent of youths know their HIV status

UNICEF will support in 2017 the strengthening of national multi-sectorial coordination mechanisms.

## **OUTPUT 4** Project staff support for HIV/AIDS

### **Analytical Statement of Progress:**

The HIV/AIDS programme ran in 2016 with a total of nine staff members, among whom two IPs (two P3) and three NO, three UNVs and one GS. In the field (zonal offices), the Health national officers were dealing with the HIV/AIDS component as well.

The total support cost for the HIV/AIDS section amounted US\$469,188 in 2016.

## **OUTPUT 5** Emergencies

### **Analytical Statement of Progress:**

The HIV programme ensured the continuity of HIV-related services in Nzérékoré region that faced an EVD disease flare-up in March 2016, where 137 HIV-positive pregnant women received ARV treatment and 22 exposed children received ARV prophylaxis.

**OUTCOME 4** By 2017, the prevalence of diarrhoea is reduced by 15 per cent and the incidence of helminth infections reduced by 10 per cent and at least 30 per cent of parents, guardians, heads of families and children wash their hands with soap and water at crucial moments, consume drinking safe water and know how to treat water at their home before consumption and use hygienic.

### **Analytical Statement of Progress:**

Some indicators related to mortality and morbidity were missing and will be available with the ongoing MICS survey.

In 2016, 88,500 people gained access to safe drinking water in 295 most vulnerable villages and communities.

For the sanitation and hygiene component, 189,299 people are now living in 711 open defecation free villages and practicing best hygiene promotion including hand washing with soap. The CLTS approaches included a hygiene component on hand washing with soap at critical times.

The CP advocated for domestic funding mobilization with the DGIS project and supported the CLTS strategy and action plan for scaling up. The Government filled their commitment with the WASH COMPACT by mobilizing national counterpart funds for the rehabilitation of 60 hand pumps in Forécariah district within the DGIS project.

In March 2016, the Programme contributed successfully to the integrated response of the flare-up of EVD in Koropara in the Forest Guinea region. The experience gained from the previous outbreak contributed to the rapid containment of the EVD.

In July 2016, the Programme contributed to the WASH assessment of the area of the Hepatitis E epidemic namely in sub prefectures of Bankon, Franwalia and in the urban commune of Siguiri. For the response, the programme distributed 1,296 WASH kits to affected villagers along with social mobilization activities.

The Programme supported the prepositioning of supply in cholera hotspots in June and July but no cholera case was reported.

**OUTPUT 1** By the end of 2017, political, programmatic and budgetary dialogue with partners of the sector at all levels is enhanced for cost efficient approaches to improve the environment and reduce the incidence of waterborne diseases for children, including in emergency situations.

**Analytical Statement of Progress:**

It is worth noting that some indicators related to mortality and morbidity were missing and will be available with the ongoing MICS survey.

In 2016, additional 88,500 people gained access to safe drinking water in 295 most vulnerable villages and communities.

In the sanitation and hygiene component, the Programme implemented the CLTS approach including a hygiene part on hand-washing with soap at critical times. As a result, 189,299 people live in 711 Open Defecation Free (ODF) villages and comply with best hygiene practices including hand washing with soap.

With the DGIS, the Programme advocated for domestic funding mobilization and supported the CLTS strategy scaling up action plan.

The Government fill its commitment with the WASH compact by mobilizing counterpart funds for the rehabilitation of 60 hand pump in Forécariah district (as a component of the DGIS project).

In March 2016, the Programme contributed successfully to the integrated response of the resurgence of EVD in Koropara in the Guinea forest. The experience gained from the previous outbreak contributed to the rapid containment of the EVD.

The Programme supported the prepositioning of supply in cholera hotspot in June and July but no cholera case was reported.

**OUTPUT 2** By the end of 2015, an additional 1.5 million population uses drinking water and sanitation services, and improves hygiene practices such as washing hands with soap and water treatment at home in communities, schools and health facilities in disadvantaged areas

**Analytical Statement of Progress:**

A total 711 villages reached the free open defecation status allowing 189,299 people to live in ODF communities in Guinea with direct UNICEF support. The programme supported the revision of the strategy with the aim to scale up the CLTS in Guinea along with a validated action plan.

88,500 additional people have access to safe drinking water in 2016 in 295 vulnerable communities. In each community, a water point committee been set up for sustainable water point community based management. The programme strengthened communal civil service workers in planning and assessment. The programme involved communal councils in site identification and management therefore improving their accountability.

Sixty boreholes were rehabilitated by Government using the counterpart funding of the Netherland support (DGIS WASH project) in Forecariah prefecture.

The water and sanitation survey funded by European Union is underway. A comprehensive picture of the WASH sector situation will be available through the PROGRESS database managed by SNAPE (Service National d'Amenagement des Points d'Eau) by early 2017.

With the support of DGIS project and in close partnership with AKVO, an information management system will be well-defined for a regular update and country wide statistical yearbooks.

As far as WASH in school is concerned, 280 teachers were trained on hygiene promotion in school.

Thanks to the post EVD recovery plan, the country received funds for the WASH in Health facilities, allowing the improvement of 153 health facilities across the country. The programme took this opportunity to implement its WASH in Health strategy at country level in close partnership with WHO.

**OUTPUT 3** The prevalence of diarrhoea is reduced by 15 per cent and the incidence of helminth infections reduced by 10 per cent and at least 30 per cent of parents, guardians, heads of families and children wash their hands with soap and water at critical times, consume drinking water and know how to treat water at home before consumption and use hygienic latrines

**Analytical Statement of Progress:**

Within the first quarter of 2016, the WASH cluster was decommissioned transitioning towards WASH working group that members met regularly to discuss on WASH issues or urgencies, including lessons learnt and experiences sharing. This working group involves Government, civil societies and UN agencies.

At national level, the National Committee for the EVD epidemic response had transitioned to a new structure called National Health Security Agency.

In closed partnership with the Nutrition implementing partner, the WASH programme supported WASH in Nutrition strategy for the first time and reached more than 12,000 malnourished mother-child.

In partnership with UNICEF Regional Office, the WASH programme organized a training on WASH in emergency. The workshop took place in Kindia and reached 60 participants. To date, no cholera case was reported in the country however, in close partnership with the DPLM (Direction de Prevention et de Lutte Contre les Epidemies) the WASH programme supported the prepositioning of WASH kits in eight cholera hot spots including 81,300 bottles of chlorine, 10 cans of HTH and 212,324 units of soap.

In March 2016, the programme supported an integrated response to EVD Virus Disease flare up in Forest Guinea, reaching 15,085 persons with WASH kits for hand-washing promotion

**OUTPUT 4** Project support for WASH staff

**Analytical Statement of Progress:**

The WASH programme was running in 2016 with a total of nine staff members: one IP; one P4 (the chief of section); six NOs (among whom four are based in the three zonal offices), and two VNUs. The total support cost for the Health section amounted US\$561,585 in 2016.

**OUTCOME 5** By the end of 2017, 15 per cent of preschool children have access to quality early childhood education; 70 per cent of school-age children are enrolled in primary school



and at least 40 per cent of 12-year-old children complete a full cycle of primary school; parity between boys and girls is realized for related indicators.

#### **Analytical Statement of Progress:**

The EVD epidemic dramatically impacted the education system. Overall the school enrolment rates dropped sharply between 2014 and 2015 and recovered modestly thereafter. At national level, the net enrolment rate decreased from 66 per cent (61 per cent for girls) in 2012 to 64 per cent (58 per cent for girls) in 2015, before increasing to 69,6 per cent in 2016 (62,6 per cent for girls). Concerning the rates of the 19 prefectures where the Education Programme was focused, figures observed the same tendency and showed a significant recovery in 2016 including rates for girls with UNICEF programme support to parent sensitization about back-to-school campaign at community level by community animators, Pupils' Parents Associations and Girls' Students Mothers Associations.

Integrated efforts undertaken on girls' enrolment to quality education in Telimele were demonstrated with three additional points on girls' enrolment rates between 2015 and 2016. A student learning assessment conducted in May 2016 showed an increase of 10 points in the Telimele students average score in 2016 compared to 2013.

UNICEF as lead partner supported coordination at regional and prefectural level and the setup of a permanent dialogue mechanism, namely Education Sector Group, focusing on the strategic plan and the follow up of the sector plan implementation. This will improve the effectiveness of development aid to the education sector. The on-going recruitment of 5,000 teachers for primary and secondary schools reduces education charges placed on parents' shoulders and improve access to school.

Steps taken to implement the programme, financed by the Education Basket Fund, included the primary school and college construction programme, large donation of textbooks and a teachers' training that will impact at school level by 2017.

UNICEF reinforced the capacities of Ministry of Education to produce annual statistics and to manage disaster and emergency situations through the training of focal points in Prefectural Directorates of Education.

Education results were achieved with funding support from Canal+ via the French UNICEF Committee for the Girls Education Programme in Telimele; the EU/ECHO for the Education in Emergency; and the thematic global funding and UNICEF regular resources. The implementation was done mainly through the Government in partnership with NGOs like Enfance Du Globe, Plan Guinée and Club Ami du Monde.

**OUTPUT 1** By 2017, the Education Sectorial Programme is updated; policies and strategies aiming to feed and/ or operationalize it in order to accelerate access, maintenance and children's successfulness in school and their completion of primary schooling, particularly the most vulnerable girls and children including in emergency situations, are developed / updated and with increased financial allocations from the Government, local authorities and development partners.

#### **Analytical Statement of Progress:**

The 2015-2017 Education PSE turned its third and last year of implementation. Partners joined forces by contributing to an aligned financial mechanism, the FoCEB, US\$51 million composed of GPE funds under the supervision of the World Bank (US\$37,8 million), funds of AFD US\$11,860,750 (11 million euro,) and UNICEF (US\$1 million). The first year of FoCEB implementation encountered delay due to a discontinued dialogue between Government and

partners, and a new FoCEB team coordination. Nevertheless, the last joint supervision mission in November 2016 appreciated efforts made by the Government to stay on track. Education partners secured resources to develop the sector wide diagnosis (Country Status Report) and the Ten-Year Education Plan (2018-2028) with the technical support of UNESCO-IIEP Pole of Dakar scheduled to start in January 2017. With UNICEF advocacy, the Government agreed to include a chapter on early childhood education in the upcoming Education Country Status report. The inclusion of the chapter will promote planning for the expansion of early learning opportunities in the country.

UNICEF supported the dissemination of several policy and strategic documents elaborated last year, namely the Girl's Education Policy document, the Inclusive Education Strategy, the strategies for schooling children attending Koranic centres and for ensuring an accelerated primary education to over-aged children. The sensitized population---mainly ministries' de-concentrated structures and local parents' associations---were asked to encourage implementation.

Other planned policy and strategy documents such as the Teachers' Management Policy and the Disaster Risk Reduction Strategy were postponed to 2017.

With UNICEF advocacy, the Government recruited 5,000 new civil servant teachers in 2016 and the part of the national budget dedicated to the education sector increased from 12.8 per cent in 2015 to 14.9 per cent in 2016.

**OUTPUT 2** By 2017, the management, coordination, monitoring and evaluation of the implementation of the Education Sectorial Programme at central, decentralized and community levels are supported by reliable statistical data, disaggregated by sex and area of residence (rural/urban), produced and disseminated in time.

#### **Analytical Statement of Progress:**

The steering mechanisms of the PSE were functional at national and decentralized levels and support of UNICEF was provided at the two levels.

At national level, UNICEF as lead of education partners, provided technical assistance to an annual sector wide review of the PSE implementation, allowing participants to discuss the achievements and the main bottlenecks affecting access to quality education.

UNICEF established with Government in August 2016 the Education Sector Group (GSE) that enables permanent coordination and dialogue between the four Ministries of Education and the Technical and Financial Partners, including representatives of International NGOs. Participants agreed to open representation to national NGOs, Pupil Parent Associations Federation and the teachers syndicate. The GSE will be particularly important to the perspective of the joint supervision of the sector diagnosis and the 2018-2028 Strategic Sector Plan elaboration. Three GSE meetings were held since August 2016.

At de-concentrated level, one out of the two statutory meetings of the eight regional steering committees for education and the 38 prefectural steering committees for education were held in September 2016. It was an opportunity for the regional and prefectural heads of education and partners, NGOs and civil society to evaluate jointly the past school year results and prepare for the next school year 2016-2017.

Beside supporting the yearly national school census that provided updated educational data, the Ministry of Pre-University Teaching in collaboration with UNICEF launched a pilot initiative to collect school data using digital technology in 50 sous-prefectures. Digital tablets are parameterized and application tested to start implementation at the beginning of 2017.

UNICEF supported the generation of evidence to better define its intervention strategy to vulnerable children, as well as to feed future reflections throughout the 2018-2028 strategic plan elaboration. One study on out-of-school children highlights children profiles, their family

context and causes of un-schooling including poverty, school failure, lack of motivation, physical disability, search of lucrative activities, domestic work overload for children, lack of teachers or long distance to school. It pointed out that every investigated household had at least one unschooled child. Concerning girls' education, recommendations included opening night classes for girls working in the market and as domestic help during the day, providing better hygiene and wash in school, setting up school feeding and protecting pupils particularly girls from violence in school.

The second study on the student learning assessment in Telimele, housing the UNICEF pilot project for accelerating girls' education, showed a significant increase of student learning during the three year programme. Active teaching application, daily homework, school supplies donation or no double-shift classroom are identified as key factors of the good results observed.

**OUTPUT 3** By 2017, in 11 prefectures benefiting from the complete package of programme interventions, access and retention of girls with preschool age (4-5 years) and school age (6-11 years) and girls over school-aged (10-14 years), including in emergency situations, to quality preschool and primary education services, in healthy environments, protecting and fulfilling the physical and Community dimensions of the child-friendly school approach, girl-friendly school APPROACH are increased by 6 points, 20 points and 25 points respectively.

#### **Analytical Statement of Progress:**

Following the significant decrease of enrolment figures during the EVD period, the 2015/16 statistics showed a return to increasing trend, even though the level of indicators are still low compared to the ones of West African countries

UNICEF continued the implementation of downstream activities, especially through graduated women hired as community animators, who carried out strong sensitization activities and supported community and children participation in the life of school. Since September 2016, the project changed supervision from NGO to de-concentrated ministry bodies for sustainability reasons.

Through the community animators and NGOs, 6,606 Pupils' Parents Associations and 1,178 Mothers of Girls' Students Associations were set up or revitalized and made functional. They were involved in the co-management of schools, mobilized the other parents for the retention of their children at school, especially girls, identified the out-of-school children and ensured their enrolment, and contributed to the implementation of community-based educational innovations promoted by the programme.

In addition, access to school was pushed through the construction of six new durable schools of three classrooms and 35 temporary classrooms with a duration estimated up to 10 years. All classrooms were duly equipped.

A pilot initiative concerning a three-year accelerated primary education for over-aged children to prepare them for the national exam of primary school completion as well as a pilot for schooling children attending Koranic centres was ongoing and will be evaluated and documented by 2017.

**OUTPUT 4** By 2017, in 19 prefectures and in the peri-urban area of Conakry, Dubreka and Coyah, innovations and gender sensitive teaching methods and focused on learners are effectively implemented, gradually scaled up with special focus on the qualification of teachers, availability of teaching materials and participation of girls and boys, and improve to 10 points the success of student learning.

**Analytical Statement of Progress:**

Although disaggregated data of national exams are not yet available for the school year 2015-2016 (to measure progress in the 19 prefectures), the teaching quality is certainly an important challenge in Guinea.

UNICEF contributed to improve the quality of education by supporting the training of teachers especially for the implementation of pedagogical innovations, the development of didactic tools and the distribution of school materials.

At national level, 5,708 teachers of primary school identified as of medium level and 3,331 teachers identified as low achievement benefited from training through the FoCEB on the regular school programme. The pilot initiative concerning pre-service training for preschool educators in three Teacher Training Colleges was ongoing for the third year with UNICEF support. A new cohort was recruited in September 2016, representing together 493 educators being trained.

Concerning active pedagogy, UNICEF collaborated with Government and technical and financial partners to harmonize an approach, support active teaching and for a common roadmap in scaling-up. The experimentation of active teaching methods was implemented on the ground in 479 primary schools of the prefecture of Telimele. One hundred more teachers received a solid training and close pedagogic supervision with monthly sharing sessions on practices. A learning assessment of Telimele students was conducted in April 2016 and shows encouraging results with a 10 point score increase from 2013 to 2016.

A total of 195,170 students benefited from school supplies to support their access to school and the effectiveness of their learning.

**OUTPUT 5 Project support for the Education staff.****Analytical Statement of Progress:**

The Education Programme was running in 2016 with a total of eight staff members:

Two IPs: one P4 (the head of the section) and one P3,

Five NOs (four are based in the three field offices)

One programme assistant (GS).

The total support cost for the Education section amounted US\$679 228.

**OUTPUT 6 Emergency Education****Analytical Statement of Progress:**

The Education cluster joint coordination by UNICEF and the MoE was a success and the mechanism was suspended with the end of the epidemic statement. UNICEF reinforced the capacities of MoE to manage disaster and emergency situations. A total of 72 education in emergency focal points from 21 Prefectural Directorate of Education were trained. With support from the Regional Office (WCARO), an assessment of the impact of the EVD epidemic on the education system and the response in Guinea was conducted. A total of 10,405 teachers have now the ability to provide psychosocial support to emotionally affected students.

A contingency plan for education is available with a stock of school supplies to cover the educational needs of 10,000 children of preschool and primary school in case of emergency.

A radio programme was developed and emissions broadcasted throughout 12 rural radios. It offered catch-up courses in the main primary school basic subjects (French, Numeracy, Sciences), and conveyed EVD epidemic prevention messages, promoting in the meantime values and related behaviours of mutual assistance, solidarity, social responsibility and citizenship.

**OUTCOME 6** By end of 2017, 60 per cent of children (girls and boys), adolescents and women, particularly the most vulnerable in priority intervention areas, enjoy adequate protection against exploitation, abuse, violence; and benefit from socio-professional reintegration; birth registration is improved from 43 to 70 per cent; FGM/C, early pregnancies and child marriages under 15 are reduced by 5 per cent and 15 per cent for those under 18.

**Analytical Statement of Progress:**

2016 was a challenging year for the Child Protection Sector in general; the Programme transitioned from the emergency response to a development approach. At the end of the crisis, resources allocated to the sector were tremendously reduced, including human resources and financial. The lack of adequate resources for the sector was challenging to pursue strategic interventions initiated as part of the emergency response to the EVD crisis.

The child protection programme nevertheless achieved major breakthroughs for the children of Guinea. Strategic achievements laid down the foundation that will enable to build a child protection system. At upstream level, UNICEF supported the Government to develop the first ever Child Protection National Action Plan. It is a three year, budgeted action plan that will provide the foundation to facilitate the implementation of the National Child Protection Policy and enable to effectively advocate for adequate national budget allocation to the protection sector.

In a context where funding for child protection interventions were scarce, it is important to note that through a strategic partnership and funding with the EU, and in collaboration with the Ministry of Interior and Decentralization, UNICEF developed with key stakeholders a project that will lead into the reform and modernization of the Civil Registration and Vital Statistics systems (CRVS) of Guinea in the coming two years.

UNICEF contributed to generate evidence and knowledge through several researches and studies to further inform child protection issues within Guinea. The evidence generated will develop evidence-based programmes, awareness raising and advocacy strategies in the best interest of the most vulnerable women and children. The programme explored the possibility of using technology to strengthen real time monitoring and reporting mechanism of key child protection indicators through SMS monitoring.

In 2016, the Child Protection Programme placed emphasis on prevention activities and one of the key strategic interventions was to mainstream within primary education a training module for teachers on how to communicate with pupils about child protection issues and particularly about child marriage and FGM/C. Sets of communication toolboxes, developed in collaboration with the Ministry of Education, that focus on child marriage and FGM/C, were developed and used to facilitate teachers to communicate with pupils on such sensitive subjects. This is a strategic approach that will lead to change within the values of children at a very young age. The programme worked with religious leaders from the Muslim community to ensure that they integrate the fact that the practice of FGM/C is not prescribed by the Koran into preaching. This strategic alliance built a foundation that led to the adoption of the Fatwa against the practice of FGM/C.

For the first time in Guinea, the courts convicted perpetrators of FGM/C including professionals such as nurses and women traditional cutters. Even though the number of cases remained low, it set a precedent upon which the Government with UNICEF support and other key stakeholders will build upon to ensure that the new disposition of the Penal Code that criminalized FGM/C is enforced.

The Child Protection programme continued to provide support to children affected by EVD; 6,153 orphans, 800 caregivers, and women head of households who were cured from EVD were provided with psychosocial counselling. One of the main achievements from the EVD experience was to integrate within the Child Protection network system as a component on emergency preparedness and response as part of the Action Plan.

**OUTPUT 1** By the end of 2017, laws, policies and programmes promoting child rights and protection of girls, boys and women - with particular attention to the most vulnerable - are strengthened and the national budget increased by 7 per cent for the sector.

**Analytical Statement of Progress:**

UNICEF support strengthened the national legal and policy framework for Child Protection with seven instruments, three were implemented and two pending for finalization and adoption. This includes:

- (i) A 2015 adopted revised version of the national policy for child protection. This policy focuses on prevention through continuous empowerment of families and communities. It focused on the need for development of social work, for continuous strengthening of institutions involved in child protection and as well of community-based interventions in view to secure access of quality services for the most vulnerable children, particularly those hardest to reach, both in normal situation and humanitarian settings,
- (ii) A 2015 costed EVD post recovery plan for Child Protection,
- (iii) A 2015 draft of the revised Children's Code developed in line with the recommendations of the Geneva Committee on Child rights, to strengthen legal provisions against child marriage, FGM/C, juvenile justice and to guarantee provision of appropriate response to affected children and families in emergency settings, (iv) A 2015 national strategy on psychosocial support, (v) The 2014 adopted national policy for the justice system reform which took in account juvenile justice thanks to UNICEF advocacy and technical assistance provided by an international expert.

This advocacy was based on the 2004 assessment report on juvenile justice carried in 2016, UNICEF supported the Government to develop the first ever Child Protection National Action Plan. It is a three year, budgeted action plan, under validation, that will run from 2017 to 2019. This is a strategic tool to contribute to the implementation of the Child Protection National Policy 2015-2025. The plan was developed through a participatory and consultative process, with all key stakeholders through a national inter-ministerial committee led by the Social Affairs Ministry.

The Budgeted National Child Protection Action Plan will provide a foundation to advocate for effective and adequate national budget allocation to the protection sector.

To further strengthen the overall child protection policy framework, the Government of Guinea responded to the AU call to end child marriage: UNICEF supported the launch of the AU campaign against child marriage, which resulted in the adoption of National Action Plan to combat child marriage. One of the main components of the action plan, a socio-anthropological study on the determinants to this harmful practice is currently being implemented.

Through a EU funded project, and implemented in collaboration with the Ministry of Interior and Decentralization, UNICEF supported the reform and modernization of the Civil Registration and Vital Statistics systems. An agreed upon road map will lead into the reform of the national policy and legal framework pertaining to CRVS, on the other hand, institutional reforms will be modelled in one region (Nzerekore).

The National 2008 Child Code was revised and is aligned with international instruments.

This year for the first time, ten reported cases of children victims of FGM/C led to the conviction of perpetrators, whom were nurses and women traditional cutters.

**OUTPUT 2** By the end of 2017, a system for collecting and managing data between the central and sub prefectural levels to track birth registration, violence, exploitation and abuse against to girls and boys is regularly informed by the community-based protection mechanism; information is used for decision making.

**Analytical Statement of Progress:**

In 2016, UNICEF supported the generation of evidence that would be of use to support social and economic reintegration of the most vulnerable adolescents and women. With Peace Building Funds, and partnership with the Ministry of Labour, the Ministry of Youth and the Ministry in charge of vocational and professional training, UNICEF undertook a study on potential access to employment for women and adolescents within the mining industry as well as within the agriculture sector.

This study led to the development of a national programme to enable access to work for women and adolescents.

UNICEF supported the Government to undertake an anthropological study on the determinants of child marriage, which is deeply rooted within social norms. The report of the study will inform strategic interventions to address child marriage in Guinea.

To improve the collection of child protection data, UNICEF worked with the ministry in charge of social affairs to set up a monitoring and reporting mechanism that uses mobile phones short messages services (SMS). The system uses technology to set up a real-time monitoring system of key child protection indicators. The monitoring system counts 240 focal actors derived from different child protection NGOs, equipped with smartphones and knowledge of how to collect the required data and send monthly updates using SMS. The data collection system was strengthened at all levels. At community level, the community-based child protection structures were equipped with registries in which data are compiled and documented on all reported cases of abuse against children, and on vulnerable children. At central level, a data base was setup within the ministry in charge of social affairs, in which all collected data will be fed in.

**OUTPUT 3** By the end of 2017, state services (health, education, security, social and judicial protection) and civil society organizations, in the targeted areas, are able to prevent and respond to violence against girls and boys (with particular attention on birth registration, FGM/C and child marriages and early pregnancy) including in emergencies.

**Analytical Statement of Progress:**

In 2016, there was ownership of child protection concepts and strategies by different key stakeholders at community and at institutional level. The development of standardized training and awareness modules on child protection, which allowed standardized key messages, was an important contributor to the ownership.



As part of the strategic partnership with UNFPA, and the American Embassy in Guinea, UNICEF, in consultation with the Ministry of Social Affairs, and the Ministry of Education, supported the development of training modules on child protection with a focus on child marriage and FGM/C. The modules were mainstreamed in the primary school curricula, 2,556 primary school teachers were equipped with knowledge and supporting material to enable them, teach primary school children on child protection with a specific focus on child marriage and FGM/C.

In addition, 2,074 child protection actors and members of the community-based child protection networks benefitted from capacity-building sessions on how to prevent violence, identify child victims and facilitate referral, and on monitoring and reporting. The community-based child protection networks in target regions of interventions identified 7,464 children victims or at risk, and ensured 2,066 received adequate care and support; 1,393 were girls.

Strategic prevention activities took place within specific communities that declared their commitment to stop the practice of subjecting children to FGM/C or to child marriage, to protect uncut girls or girls who were at risk of child marriage. A total of 19,689 identified uncut girls and 14,929 identified unmarried adolescent girls were protected. The community-based child protection networks in five prefectures and in the capital city stopped nine cases of mass FGM, thus saving the girls. In these localities, the child protection networks set up strong monitoring system around the children to ensure their continuous protection.

A total of 263,220 children out of whom 101,079 adolescent girls were support to have their birth registered.

**OUTPUT 4** At the end of 2017, in the targeted areas, at least 50 per cent of communities experiencing violence, abuse and exploitation against girls and boys, strengthened their capacity to prevent, respond and undertake actions to abandon those practices (with particular attention to FGM/C, early marriage and forced pregnancies, and birth registration) and the ability of boys and girls to claim and exercise their rights increased, including in emergency situations.

**Analytical Statement of Progress:**

Working in close partnership with CSOs, 10,122 community dialogues on child protection with a focus on FGM/C were organized and contributed to the public declaration in 680 villages to end the practice.

The programme strategically involved religious leaders as allies, which led in harmonized messages passed in 3,000 mosques preaching about the fact that the practice of FGM/C is not prescribed by the Koran. A Fatwa against the practice of FGM/C was adopted: this is a major breakthrough that will support the abandonment of the practice.

It is noteworthy that the Penal Code was revised to include in its article 259 the practice of FGM/C as a criminal offense. The Penal Code is now fully aligned with the Children's Code, which already under its article 407 clearly stated the FMG/C as a criminal offense.

**OUTPUT 5** Project support for staff protection

**Analytical Statement of Progress:**

2016 was characterized by significant reduction in staff for the Child Protection Programme. The team composed of ten staff: four women and six men; two IP and seven NO and one GS.

Within the main office, the Chief of Section, P4, works directly with one NOC who is on an NOB post. These two staff were supported in their work with a team of staff on TA: one IP at P1, and two NOB. Four staff at NOB level were deployed in three sub offices. A GS staff was recruited on TA to provide support to the Section up to March 2016.

The prevailing context includes the transition from the post-EVD crisis to a new development phase in which Child Protection provides guidance and leadership to Government counterparts while ensuring adequate strategic fundraising, evidence generation and delivering effectively for the children. Thus, the composition of the team was challenging. Using the opportunity of the new CPD and new CPMP, the Section will have to rethink strategically the type of staffing required to carry forward to child protection agenda in Guinea.

The main challenge faced by the team is that all posts except the Chief of Sections are OR-funded. In the post-EVD context securing all these positions will depend on the capacity to fundraising very quickly.

## **OUTPUT 6 EVD emergencies**

### **Analytical Statement of Progress:**

In 2016, in the post-EVD context, the Child Protection programme focused its interventions to provide care and support to children affected by EVD, and particularly 6,153 orphans due to EVD. The children were provided with a package of services including psychosocial support and education kits. In addition, 800 caregivers, mostly women head of households who were cured from EVD, were provided with psychosocial counselling. The counselling was extended to other nearby relatives and neighbours.

UNICEF, as the Child Protection Sub-Cluster, led the child protection preparedness and response. UNICEF ensured that the existing child protection system was strengthened to effectively respond to the EVD crisis at all levels. One of the main achievements from the EVD experience was to integrate within each of the Child Protection network structure, a component on emergency and response as part of their Action Plan.

Out of 26 Minimum Standards for Child Protection in Emergency, developed at Global Level, UNICEF led and facilitated the validation of 13 in Guinea.

**OUTCOME 7** By 2017, economic and social policies and programmes are result-focused, monitored, evaluated and disseminated and contribute to reducing disparities, vulnerability and child poverty and to the consolidation of peace.

### **Analytical Statement of Progress:**

In 2016, the CO continued to support the Government in its efforts to implement the social inclusion dimension. UNICEF provided technical and financial support to the following projects and programmes:

- Development of the National Economic and Social Development Programme (PNDES 2018-2020) with a focus on the priorities of children and women,
- Preparation of the National Social Protection Policy, which allowed the establishment of a formal social protection system in Guinea to combat extreme poverty and the vulnerability of the poorest children,
- Support to the development of 30 local development plans in 30 rural communes of Guinea with a focus on planning responsive to the needs of children.

During the year, programme and policy documents were developed or updated through an evidence-based approach. Quantitative and qualitative evidence was generated since 2013, 2014, 2015 and 2016 through studies, evaluations and surveys. The evidence generated was instrumental in the design of the National Plan for Economic and Social Development (PNDES) 2016-2020 and the Strategic Moment of Reflection 2016, in preparation of the next CPD 2018-2022.

**OUTPUT 1** End 2017, the Government adopted a pro-poor programming and budgeting approach, gender sensitive and equitable at national level and a planning approach that puts boys and girls at the centre of national development processes and reduces inequalities.

**Analytical Statement of Progress:**

In March 2016, UNICEF contributed to the capacity building of 47 officials from the Ministries of the Budget, the Ministry of the Economy and Finance including Social Ministries through a national workshop on child-friendly public finances (PF4P) with the establishment of a taskforce under the leadership of the Prime Minister.

During the period, the social policy programme supported Government in the preparation of the new National Programme for Economic and Social Development (PNDES 2018-2020). UNICEF advocacy permitted the integration of children and women priorities in the policy document.

The social policy programme piloted the production of the SITAN that highlighted the extent and degree of children's deprivation, provided strategic and operational elements for the preparation of the next 2018-2022 programme of cooperation.

In 2016, UNICEF in collaboration World Bank and ILO supported Guinea Government to elaborate its first social protection policy, validated on September 28, 2016. UNICEF contributed to the organization of a Regional Forum on Social Protection of Guinea under the theme: "Guinea toward inclusive social protection". The forum provided the key recommendations:

- The imminent introduction of the institutional arrangements envisaged in the document of National Policy of Social Protection for the first quarter of 2017,
- The adoption by the National Assembly of a Code on Social Protection for the 2017 Session of the Law,
- The creation of a budget line in the national budget and the allocation of substantial resources for the implementation of social protection in Guinea.

At local level, the programme contributed to elaborate 30 local development plans in 30 communes making them child sensitive and child inclusive by introducing specific needs of children and women for the fulfilment of their rights and respond to deprivations. Although proportions of social sectors in national and communal budgets were low, it is observed a high sensitivity of authorities to build child-centred budgets and programmes.

The programme developed a convergent and multisectoral approach 'Communes Amies des Enfants' in 10 communes that enabled an integrated package of services to improve the situation of children of the most vulnerable and poor in Guinea.

UNICEF pursued advocacy to put children at the centre of budgeting and programming accordingly to the central role they will be playing in new PNDES programme.

**OUTPUT 2** By the end of 2017, data collection systems and mechanisms for monitoring of social indicators are functional and responsive to equity, gender and human rights. A framework for monitoring and evaluation of equity is implemented and measures the lifting of barriers and bottlenecks limiting the improvement of living conditions of children and women.

**Analytical Statement of Progress:**

In line with the recommendations of the Audit, in 2016 the CO strengthened its efforts in terms of evaluation, surveys, studies and followed-up to ensure the production of relevant and reliable evidence in response to high demand disaggregated information, particularly to inform the situation of children in the country and enable better decision-making and strategic and / or programmatic guidance.

UNICEF coordinated on the basis of the following standards:

- A mid-term evaluation of the "Girls' Education Acceleration Project" (PAEF) in Telemele Prefecture,
- A study on the employment of young people and women in Guinea,
- A Study of Children out of School.

Further studies, surveys and evaluations are underway:

- MICS 2016 survey whose preliminary results are expected early January 2017,
- Anthro-sociological study on child marriage (in the process of being finalized),
- Evaluation of the impact of FGM/C strategies (in progress),
- Evaluation of the Child Survival and Development Programme to contribute to providing relevant information for UNICEF interventions in Guinea.

Evidence from studies and surveys played a key role in improving advocacy and programming at the national and local levels and in designing the new cooperation programme between UNICEF and Guinea for the period 2018-2022. For example, the SITAN 2016 provided a detailed and relevant analysis of the deprivation of the rights of children and women with a focus on equity, gender and including a specific impact assessment of EVD virus Children and women.

The recommendations made contributed to the 2016 SMR of Guinea.

The mid-term evaluation of the Telemele programme strengthened strategies and interventions to achieve project results.

The CO built on available reports in immunization to improve the country performance on polio and measles immunization, during December 2016 Polio campaign providing leadership to support the country bringing the overall percentage of non- immunized children under the threshold of 5 per cent. In preparation to its new CP 2018-2022, the CO will rely on evaluation findings and recommendation construct the theories of Changes and its results framework.

**OUTPUT 3** Preparation and Responses to Emergencies

**Analytical Statement of Progress:**

For the year 2016, the CO carried out major activities in the framework of enhancing resilience sponsors, strengthening post-EVD national systems, preparedness and response to emergencies.

For example, in the context of emergency preparedness, the CO with the support of the UNICEF Regional Office trained some 40 persons from the Government technical services at the central and decentralized level, national NGOs and International.

As part of the response to the resurgence of the Virus EVD disease in the rural municipality of Koropara (Guinee Forestière), UNICEF contributed to:

- The distribution of 2.155 hand-washing kits in households, schools and health facilities in the sub-prefecture of Koropara
- 3,347 households were sensitized and 104 community meetings were held for strengthening behaviour change
- Support to strengthen health communication through the distribution of 165 image boxes in communities
- The health structures were equipped with infection prevention control equipment in the prefecture of Nzérékoré
- The deployment of the minimum WASH package in the 10 schools in the affected commune of koropara (education in hygiene, distribution of hygiene and sanitation kits)
- Establishment of ecological clubs, development of EHA action plans, training of teachers
- The rehabilitation of 16 water points for 8,000 people in Koropara and the capacity building of 16 water point management committees
- In the capital of the rural commune (Koropara), a mini-adduction of drinking water was equipped with Solar Pump and connected on three stand pipes in the city of koropara.

These achievements were possible due to coordination of the Sub-Cluster, the NGOs and the Government as well as the donors.

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- 3,347 households were sensitized and t 104 communities
- 154 sprayers in the prefecture of Nzérékoré, to ensure the disinfection of the premises
- WASH package in 10 schools in the rural commune of koropara
- Development of EHA action plans, training of teachers and women's association members
- 16 water points for 8,000 people and improved hygiene practices and building of 16 water point management committees.

These achievements were possible due to coordination of the Sub-Cluster, the NGOs and the Government as well as the TFPs.

## **OUTPUT 4 Project support staff PSPS**

### **Analytical Statement of Progress:**

The Social Policy and PM&E section ran in 2016 with a total of seven staff members, Two IP: P4 (chief of section), and then as 1 Planning Specialist since September 2016), Two NOs (a Social Policy Specialist and Data Manager in charge of the Rapidpro project), One assistant programme (GS)  
One NO in place for six months M&E specialist  
One NOD (on TA) to work on the MICS 2016.

The total support cost for the section amounted US\$998,147 in 2016, mainly from RR resources (ORE funds to salaries-only amounted to US\$302,954).

## **OUTCOME 8 MANAGEMENT**

### **Analytical Statement of Progress:**

The CO improved risk management and accountability. In 2014, a RCSA exercise was conducted that resulted in the risk profiling. Furthermore, in January 2015 in the aftermath of the EVD crisis, the office developed an ERM plan that was closely monitored and reported on. An internal audit was conducted in February - March 2016, outcome of which was overall satisfactory since out of the 25 observations, only 6 were of high priority. Actions to monitor and close these observations are undergoing and well on track. In addition, major processes and procedures in Programme management, and Operations support were reviewed with active involvement and participation of all staff members. Taking advantage of the transition to the GSSC transaction processing, the office established an internal GSSC Team that not only reviewed and aligned internal processes and procedures with GSSC standard operating procedures, but ensured the office's smooth transition to GSSC. To ensure programme effective delivery, the office provided timely and effective delivery of goods and services, particularly emergency programme supplies during the EVD Crisis and procurement services particularly with high proportion of institutional and individual contracts having been outsourced from national expertise. The HACT scale-up is on track because of completion of the micro-assessment of major IPS, development and implementation of an Assurance Activity being closely monitored. Major office governance committees were established and operational, some meeting more frequently than others. Through the Office learning plan and regular briefing sessions, staff members increased their knowledge and capacity in different areas of programme and operations management.

## **OUTPUT 1 Staff and premises security (Human Capacity)**

### **Analytical Statement of Progress:**

The CO maintained high level of MOSS compliance for the staff and premises, additional office space was secured at the central office to improve working condition, in addition rehabilitation work was undertaken in Conakry, Kankan and Nzerekore to improve security for staff. The country closely worked with UNDSS for field operation, premises and international staff home security assessments. The CO reinforced all aspects of MOSS through the swift implementation of recommendation following the audit MOSS review of International staff home.

## **OUTPUT 2** Staff and non state cost supporting the governance systems

### **Analytical Statement of Progress:**

The CO Annual Management Plan outlined key programmatic and operation priorities including monitoring of DCT, grants, donor reports, supply and human resources. The CO management performances were monitored and reduced the number of office committees to the minimum required for more efficiency and accountability. The CO agreed to maintain and keep functional four mandatory committees as recommended by Headquarters namely CMT, JCC, CRC, PR, PSB. All other committees were discontinued. For the background information, the CO established 12 regular committees in addition to two to three working groups or task forces.

A key priority for the CO in 2016 was the implementation of a strengthened HACT, with an assurance plan activities including programmatic visits, spots checks, and audits.

Given the country's political and social context, the CO conducted BCP training and exercises. As part of the interagency support to the Government DDR programme (COPIA) the CO conducted a climate risk assessment in the context of developing country programme.

On a Supply Plan value up to US\$6,418,267, the total implementation value was: US\$7,835,000.00 with an implementation rate of 122.07 per cent as of 31 December 2016 of which US\$1,207,000.00 for local procurement.

On contract plan up to US\$4,171,884.00, the total value of the implementation is US\$3,378,509 with an implementation rate of 81 per cent as of 31 December 2016.

UNICEF explored the possibility to enter a strategic partnership with the warehouse of Pharmacie Centrale de Guinee (PCG) to develop a joint supply management approach, particularly for nutritional products. The in-country distribution of supplies was handed by UNICEF through local transporters holding LTAs. A mechanism was put in place to undertake the end users monitoring of Programme supplies.

The value of the inventory of the programme supplies controlled by Guinea CO as of 4 January 2017 was US\$2,972,288 of which US\$599,546 were supplies prepositioned for Emergency. The value of programme supplies issued from local warehouses controlled by Guinea CO on 4th January 2017 was US\$7,616,568. The total value of supplies managed by Guinea CO controlled warehouses through 2016 was 10,588,856\$.

## **OUTPUT 3** Staff and non staff costs improving financial resources and stewardship.

### **Analytical Statement of Progress:**

The CMT approved a consolidated process for DCT management including liquidation that clearly link the budget control and financial procedures with the country HACT manual. DCT disbursements are done on a quarterly basis based on the AWP allowing CO to improve DCT monitoring. As a result, the CO maintained good performance: DCT over 6 months under the 2 per cent required threshold and 0 per cent over nine months, and 100 per cent of utilization of all ORR/ORE expiring on December 31, 2016.

A total of 26 micro-assessments completed this year (18 initially planned) and 162 programme visits took place (140 initially planned); 56 spot checks were conducted (52 initially planned), as well as 22 scheduled audits (out of 24 initially planned).



The implementation of quarterly disbursement, the management of the CO internal pool for transaction, and the GSSC helped CO to reduce significantly transaction costs.

Following internal audit recommendations on financial resources management that were rated medium, CO took immediate action to:

- Strengthen its bank optimization process to ensure that end-of-month bank balances are maintained within set limits
- Ensure that cash transfers to implementing partners are processed and liquidated promptly, and that activities funded through reimbursement are authorized before implementation
- Ensure that activities recorded in FACE requests are clearly linked to signed work plans or Programme Cooperation Agreement/SSFAS as well as a list of implementing partners,
- Maintain authorized partners to sign FACE forms together with their specimen signatures
- Further trained staff and partners on how to use FACE forms.

The transition process to the GSSC came with few challenges. Internally, the sections showed some apprehension during the first two months of the transition. As a result, the number of transactions dropped. When the sections started to feel comfortable with their submissions, the service level agreement (processing time of transactions by the GSSC) took a toll.

#### **OUTPUT 4** Staff and non staff costs improving human resources management.

##### **Analytical Statement of Progress:**

In consideration of the Result Based Management approach the CO adjusted its staffing structure to phase out the L-3 emergency and align it with the programmatic needs and available funds. The CO faced significant shortfall in OR funding and used US\$1,200,000 RR funds to bridge the gap.

Information sharing and group training sessions took place to enhance the capacity of staff in the new e-PAS system including training and orientation to all staff on 'ACHIEVE'. A schedule was developed for completion of the open e-PAS by all staff. By the end of first of the quarter 2016, the 2015 PER completion rate stood at 100 per cent.

The CO had three key actions points resulting from the Global Staff Survey. To address these issues an action plan was developed with LSA involvement. At year-end, 70 per cent of the action plan was completed.

A slight improvement was noticed regarding gender parity as the overall ratio moved from 39 per cent female representation in 2015 to 43 per cent in 2016.

The UN Care activities and HIV in the workplace were covered with sensitization meetings targeting staff and dependents held by the UN Medical Doctor in UNICEF premises and at the UN Dispensary and organization of 'Health Days' by the LSA.

Although no formal training in ERP took place, issues related to the emergency response were covered in the office's ERM plan, as key factors and risks impacting were identified and mitigation measures developed.

With an internal road map that included the establishment of a local GSSC Team, the office secured an effective and successful transition and transfer of human resource transactions

to Budapest.

The 2016 office learning plan approved 31 activities for a total cost of US\$114,600 of which 11 were implemented for a cost of US\$53,822.

## **OUTCOME 9 Programmes Effectiveness Outcome to supporting the achievement of the programme Outcomes**

### **Analytical Statement of Progress:**

During the year 2016, UNICEF fostered multi-sectoral collaboration and complementarity to improve child health, development, wellbeing and rights in line with the SDG agenda. This included prioritizing quick resumption of basic social services including the return of children to schools and measures to protect affected and vulnerable populations.

In 2016, UNICEF significantly contributed to ending EVD in Guinea, and maintaining Zero EVD following the latest flare up in Koropara on March 2016. UNICEF played a major role in pursuing integrated community health programming through 350 community platforms, women and youth groups that enrolled more than 30,525 children in IYCF programmes, and treated more than 27,000 children suffering from malnutrition.

UNICEF initiated with the Government the child friendly community approach (Communes Amies des Enfants) that targeted 10 among the most vulnerable and deprived districts for a holistic, universal and qualitative service delivery package on health, nutrition, WASH, child protection and education.

In 2016, the country continued to face major challenges on the agenda of Polio eradication in which 23 districts out of 38 have yet to meet the quality standards for vaccination, the percentage of children fully immunized remain low at less than 30 per cent. Also in child protection, the prevalence of FGM/C remains high, estimated at 97 per cent.

The country positioned itself well building alliances and productive partnerships, the CO maintained and consolidated excellent collaborative partnership with Government that is the basis of its reputation and name recognition.

The CO benefited from the trust of the donor community that helped secure more than US\$30 million from major donors such as the EU, World Bank, IDB, GAVI, Global Fund, Government of Japan.

Working closely with UN agencies, UNICEF moved to engage UNFPA and UNDP toward a joint planning and joint programming, UNICEF brought its comparative advantage of strong field presence having strengthened during the EVD crisis a reliable network of partnership with NGOs, CSOs and CBOs across all communities.

## **OUTPUT 1 Programme Coordination covers the supporting component required to achieve programme results**

### **Analytical Statement of Progress:**

In 2016, technical health partners entrusted UNICEF as the lead vis-a-vis the Government, and therefore UNICEF coordinated the health sector partners in support to the Government to elaborate the National Health Plan and the subsequent COMPACT document.

Within the UNCT, UNICEF is closely working with UN agencies to implement the "Joint Kankan Programme" and address in a holistic way children and women needs in one of the

vulnerable regions in the country.

The CO continued to support the Government in the response against the EVD epidemic (March 2016 flare up in Nzerekore region), as well as supporting the implementation of the regular programme.

In 2016, the SMR and its conclusions provided an agreed perspective on UNICEF Guinea's evolving role and positioning. It was a broad orientation for the CO and other levels of the organization on UNICEF strategic focus in future programming activities, including a forthcoming Mid Term Review, if there is one, and/or the next UNDAF(s) and CPs. The CO with regional level involved 151 external partners (national, UN, civil society, etc.) in the strategic moments of reflection.

**OUTPUT 2** Activities related to the external relations, management of partnership with donors and public advocacy

**Analytical Statement of Progress:**

The UNICEF global communication and public advocacy strategy was by the CO to develop a local communication and public advocacy strategy.

UNICEF Guinea advocacy efforts influenced the development of policies for children through various platforms, mainly the mass media and national consultations frameworks. Advocacy from UNICEF helped mobilize substantial resources that lay the foundation for an effective response including strengthening the health system and the initiation of a social mobilization strategy. This advocacy targeted many donors like the World Bank, United States, Japan, EU, the Islamic Development, Spain, Canada, United Arab Emirates, etc.

UNICEF advocacy included making reference to the inclusion of child protection, survival and development and education issues with gender approach in all aspects of the EVD response, especially for orphaned and separated children.

UNICEF regularly informed its audiences through regular press releases and social media posts in English and French. UNICEF followed a strategy using multiple channels including approaches such as the web, Facebook, Flickr, Tumblr, Instagram, YouTube and Twitter. UNICEF secured coverage throughout 2016 in international media outlets such as CNN, Reuters, DPA, AFP, AP, Le Monde, El Pais, El Diario, Radio COPE, BBC, RFI, The New York Times and national media outlets in Guinea. International media NGOs were used including Internews, Hirondele and BBC Media Action.

UNICEF Guinea frequently posted updates about the emergency and its response on Twitter, Facebook, Flickr and Tumblr pages.

Resources mobilization was monitored during CMT meeting with the country strategy tailored to the post EVD recovery programme and advocate with donors, in order to maintain good standard of reporting. As of November 2016, 92 per cent of the CPD OR ceiling was absorbed during the annual review with the Government the current trend of the OR resources was assessed and recommendations made to request an increase OR ceiling in the first quarter of 2017. Even though the CO was successful in meeting and exceeding the resources required for its CPD 2013-2017, the mobilized resources are not flexible enough to cover the OR PBR cost distributions.

Many video reports were made with a focus on children and the EVD Response. These reports were published on YouTube and shared by our Headquarters in New York.

### **OUTPUT 3** Actions related to mainstreaming cross sectoral approaches and operational support for delivery of programme results

#### **Analytical Statement of Progress:**

Support to integration and cross-sector linkages remains a challenge and a work in progress with Government both at the central and decentralized levels, within the UN agencies, partners, and within UNICEF. However, given successes, the country pushed the agenda for integration and cross-sectoral linkages. Good practices were the initiative of child-friendly districts/communes and the implementation of key initiatives such as birth registration working with the health and education sector. To better improve integration, the CO developed the SITAN based on the life cycle approach. This provided a causal analysis to address children that is more holistic. In the forest region of Nzerekore, the CO implemented three EU funded projects in 42 rural districts through the integration of child protection, Health and WASH interventions. A common set of indicators, joint monitoring road map, joint reporting and joint results matrix were developed to ensure cross sectoral linkages.

UNICEF initiated with the Government the child friendly commune approach (Communes Amies des Enfants) that targeted 10 of the most vulnerable and deprived districts for a holistic, universal and qualitative service delivery package on health, nutrition, WASH, Child Protection, and Education.

### **OUTPUT 4** Effective Planning & Monitoring of Country Programme Results

#### **Analytical Statement of Progress:**

Upon receiving the preliminary audit recommendations conducted in March 2016, the country developed a proactive action plan to address all recommendations, effective actions were prioritized and implemented in the following areas:

Planning, monitoring and evaluation: the country organized a training workshop on RBM with the support of the Regional Office, key competencies were transferred to Government and partners. This helped the sectorial focal points from the Government to strengthen the quality control process jointly with UNICEF. The RBM principles were used to prepare the SMR and the Programme Strategic Notes for the upcoming CPD.

Strengthening HACT implementation: The CO achieved a milestone through an agreement with the Government state comptroller to develop and implement an audit plan for Government partners, 22 ministries and national institution were audited, subsequently UNICEF and the Government designed an accountability framework on the recommendation to improve the overall programme cooperation. UNICEF, UNFPA and UNDP agreed through an inter-agency memo to conduct joint assurance activities for shared partners. Efforts on capacity building was pursued by CO and all active partners received HACT training,

Contingency Plan for post EVD: The CO maintained funded emergency output in its 2017 AWP with clear deliverables for Rapid Response Teams that were effective in responding to the March 2016 EVD flare up to polio and measles outbreaks.

In January 2016, the CO revised its ERM including key elements of its BCP. CMTs were held monthly with a systematic agenda based on the Field Research Group scorecards. In addition to the regular CMT and other statutory committee meetings, the CO held five extraordinary CMTs to ensure and reinforce participatory process on major managerial decisions related to the audit, office staffing, Strategic Moment of Reflection, AMP review, staff survey and office retreat.

The CO managed the phasing out of the EVD L-3 emergency regarding the reduced scope of the programme, planning reviews, decreased financial resources, Programme Cooperation Agreement closures, human resource downsizing and donor relationship.

Overall the CO provided strong leadership in terms of vision and organizational reputation. Challenges remained in Government capacity development, ownership on programme management and financial resource management.

## Document Centre

### Evaluation and Research

Title	Sequence Number	Type of Report
Etude sur les enfants hors de l'école	2016/003	Study
Evaluation à mi-parcours du projet d'accélération de l'Education des filles dans la Préfecture de Téliélé	2016/002	Evaluation
Etude sur les opportunités d'emploi des jeunes et des femmes dans les secteurs des mines et de l'agriculture en Guinée	2016/001	Study